



Derby and Derbyshire
Safeguarding Children Partnership

Derby and Derbyshire Integrated Working

Graded Care Profile

Assessment Tool Template April 2020

Version	Author/s	Amendments	Signed off by	Date	Review Date
1.	Head of Service and Team Manager, People Services, Derby City Council and Principal Practitioner Early Help, Derbyshire County Council	-	DSCB Policy and Procedures Group	February 2017	Subject to publication of NSPCC GCP2 and local review
2.	DDSCP Task and Finish Group		DDSCP Policy & Procedures Group	May 2020	May 2022

Key for Scoring

1 = Child's Needs Met

All the child's needs are met.

2 = Met most of the time

Most of the time the essential needs of the child are met.

3 = Not met most of the time

Most of the time the essential needs of the child are not met.

4 = Never met

The child's essential needs are not met.

A – Area of Physical Care

Sub Areas	1 Child's Needs Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
1. HEALTHLY EATING 				
a. Healthy Food 	Parent / carer is aware of and provides healthy food and drink.	Parent / carer aware and provides healthy food sometimes but not all of the time.	Parent / carer mainly provide unhealthy food e.g. fattening, salty or sugary foods.	Healthy food not considered or provided.
b. Quantity 	Amount provided is appropriate to the child's needs.	Most of the time quantity of food is of adequate amount – but at times can be variable.	Variable to low or too much food is offered.	Child is mostly starved or routinely overfed.
c. Specific requirements, if appropriate	Specific dietary requirements are fully met.	Most of the time specific dietary requirements are met	Most of the time the specific dietary requirements are not met.	Specific dietary requirements not met or ignored.
d. Preparation 	Food is well prepared for whole family, always meeting the child's needs.	Most of the time the preparation is adequate although it can be variable.	Most of the time the preparation is not adequate, child's needs and tastes are not taken into account.	No preparation or effort is made, the child eats when and what they can.
e. Organisation 	Meals are well organised and the family sits together at regular times.	Most of the time there is some organisation, although timing and seating arrangements are variable.	Most of the times meals are disorganised with no clear meal times.	No organisation, chaotic, children eat when and what they can.

Comments

A – Area of Physical Care continued...

2. HOUSING 				
Sub Areas	1 Child's Needs Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
a. Kitchen, toileting, bathing, sleeping and household heating facilities 	Essential and additional facilities present.	Most of the essential facilities are present.	Most essential facilities not present.	No facilities present.
b. Maintenance 	House is well maintained.	Largely adequate, although some areas of slight repair required.	In disrepair, despite the fact that the parent could fix it.	Dangerous disrepair, despite being allowed to repair things themselves.
c. Cleanliness and decor 	House is clean and decorated appropriately; the child's taste has been accommodated.	Most of the time the house is reasonably clean, some redecoration is needed.	Most of the house is dirty / smelly — including the child's bedroom. Most of the house is in need of redecoration.	All of the house has ingrained dirt and smells and is in need of complete redecoration.
d. Clutter and Hoarding  (Consider using Hoarding assessment tool)	House is tidy. Belongings are stored appropriately.	Most of the time belongings are stored appropriately.	Most of the house is cluttered, with belongings in disarray, across living areas and floor space.	The level of clutter poses a risk to health, safety and hygiene.
NOTE: Discount any direct external influences like repair done by other agency but count if the carer has spent a loan or a grant on the house or had made any other personal effort towards house improvement. Is the property rented? Who is responsible for any repairs?				

Comments

A – Area of Physical Care continued

3. CLOTHING (INCLUDING SCHOOL WEAR) AND SHOES				
Sub Areas	1 Child's Needs Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
a. Right for the Weather 	Child is well protected from all weather conditions.	Most of the time the child is adequately dressed for all weather conditions.	Most of the time, the child is not adequately dressed for all weather conditions.	No suitable clothing to protect from all weather conditions.
b. Do they fit 	Clothing/shoes are well fitting.	Most of the time the fitting is fine, however sometimes clothing/shoes don't fit.	Most of the time the clothing/shoes do not fit.	All of the time the clothing/shoes do not fit.
c. Look 	Clothing is well cared for and clean.	Most of the time the clothing is adequately cared for although sometimes not clean.	Most of the time the clothes are dirty smelly and not cared for.	The child's clothes are dirty, worn, smelly, and in disrepair.

Comments

A – Area of Physical Care continued...

4. HYGIENE, CONSIDER WASHING, BATHING, BRUSHING TEETH, SKIN/ HAIR CARE AND NAPPY CHANGING 				
Sub Areas	1 Child's Needs Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
Age 0 to 4 	Child is bathed regularly and is clean.	Most of the time the child is washed, although occasionally dirty.	Most of the time the child is not washed and is dirty and/or smelly.	Child is seldom bathed or washed and is dirty and smelly all of the time.
Age 5 to 10 	Parent / carer takes an active role in supporting and developing hygiene needs; child is supervised, encouraged and clean.	Most of the time the child is clean — occasionally dirty with lapses in parental involvement.	Most of the time, little parental involvement in child's hygiene needs, the child is dirty or smelly.	Parent / carer shows no concern or awareness, child is dirty and smelly.
Age 11+ 	Parent / carer frequently reminds child about hygiene needs, follows up and checks. Provides all necessary resources.	Parent / carer inconsistently reminds child, provides basic items.	Parent / carer rarely reminds child, provides minimal items.	Parent / carer ignores the child's hygiene needs, or doesn't remind child, and shows no concern.

Please be aware of the needs of an adolescent child during puberty and if they have access to the appropriate personal hygiene products. e.g. shaving equipment, deodorant, sanitary protection. In addition also consider the child's developmental needs and whether this would require additional assistance due to learning and/or physical disability.

Comments

A – Area of Physical Care continued...

5. HEALTH For consideration:				
<ul style="list-style-type: none"> • Are the children registered with a GP and dentist? • Does the child have a learning and/or physical disability? 				
Sub Areas	1 Child's Needs Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
a. Seeking medical opinion 	Parent / carer seek suitable medical advice when child is ill. Also seeks preventative health advice.	Most of the time the parent/ carer seek suitable medical advice when child is ill.	Delayed or does not seek appropriate medical attention. Often seeks medical attention which is inappropriate	Parent / carer only seek help or advice when child is seriously ill or not at all. Persistently seeks medical attention which is inappropriate
b. Follow up 	All appointments kept, quickly rearranges if unable to attend.	The child is not taken to one or two appointments, or parents cancel one or two appointments and may delay in re-arranging.	The child is not taken to most of the follow up appointments, or parents cancel most appointments.	The child is not taken to follow up appointments or parents always cancel. May give misleading explanation.
c. Health checks and development 	Up to date with health and developmental checks. Immunisation status up to date. Up to date with dental and optician visits. Parent / carer seek advice in addition to scheduled health checks.	Up to date with most of the child's health and developmental checks but needs to be reminded. Same for dentist and optician. Immunisation status incomplete.	Child is rarely brought to health and developmental checks. Immunisations incomplete. Needs to be constantly reminded and checking to ensure attendance. Not registered with a GP or dentist - and optician where appropriate.	Child is never brought to health and developmental checks and isn't registered with a GP or dentist. Parents avoid home visits by health practitioners.
d. Disability /chronic illness / illness	The parent / carer comply with medical advice/treatment.	Compliance is generally good, but lacking from time to time	Poor or disguised compliance with medical advice/treatment.	Poor or disguised compliance with medical advice/treatment.
e. Children requiring additional	Fully engaged in therapy programme.	Tries to facilitate recommendations of therapy	Not pro-active. Needs to be reminded by	Parents / carers do not engage with the therapy

therapeutic input	Equipment/orthotics well maintained and used as recommended. Good results being achieved and sustained.	programme. Equipment readily available and used frequently. Therapists satisfied with progress	professionals to adhere to therapy plan. Equipment / orthotics not always utilized or available. Progress less than would be expected.	plan. Makes excuses for why equipment not be used or made available. Therapists concerned about progress.
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Comments

Additional Notes / Physical Care Section Analysis

B – Area of Care of Safety

1. SAFETY IN PARENT'S / CARER'S PRESENCE				
Sub Areas	1 Child's Needs Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
a. Awareness of parent / carer 	Fully and proactively aware of all safety issues.	Most of the time aware of safety issues but occasionally risks missed.	Most of the time there is a casual approach to safety which potentially puts child at risk.	Careless disregard or casual approach to safety, even when the risk is apparent which puts the child at risk.
b. Practice: Parent's/carer's safety related behaviour – within the immediate environment – consider CRE risks				
(0 to 4) 	Parent / carer is vigilant and effective measures are taken against any imminent and perceived dangers.	Most of the time measures taken against imminent dangers but not always effective.	Most of the time few or ineffective measures — child inadvertently exposed to danger. Any improvement not sustained.	Child exposed to danger — no protective measures in place.
Age 5 to 10 age 	There is good supervision to keep the child safe.	Most of the time there is some supervision indoors and outdoors; intervenes in time for obvious danger.	Most of the time minimal supervision fails to prevent problem; intervenes only after an accident.	No supervision or child is blamed for any accidents, or intervenes after an accident or no safety measure subsequently put in place.
Age 11 	Parent / carer allows child out in safe surroundings within agreed times. Parent / carer checks at regular or agreed times and swiftly if child not back within time limit.	Most of the time parent is aware of child's whereabouts outdoors. Believes it is safe as long as child returns on time.	Most of the time parent is not concerned about child being out in the day, only concerned about late nights.	Parent / carer is not bothered despite knowledge of dangers outdoors, or only bothered if the child is out late at night or does not return.

Comments

B – Area of Care of Safety continued

Sub Areas	1 Child's Needs Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
c. Online safety (including gaming, online apps, social media and chat rooms) appropriate for age	All available safety measures in place, and parent / carer closely monitors what child is viewing and seeks appropriate advice and support.	Most of the time some safety measures in place, parent / carer inconsistently monitors what child is viewing. Will follow advice if given.	Most of the time parent/ carer has casual approach to online safety and does not seek or follow any appropriate advice or support.	Despite understanding the dangers, of online safety by parent /carer, no action is taken.
<p>Note: consider the length of time the child has access to the online world and ensure this doesn't not impact on routine, e.g. sleep routines, school attendance and the impact on peer friendships and relationships.</p>				
d. Safety in traffic				
Infant	Infant well secured. Parent / carer proactively aware of safety issues around traffic.	Most of the time infant is secured, Parent/carers is sometimes unaware of safety issues around traffic	Most of the time infant is usually not safely secured. Most of the time parent/carers is unaware of safety issues around traffic.	Unsecured. Parent/carers has no awareness of safety issues around traffic.
Toddler	Hand is always held and walking is at child's pace, road safety encouraged.	Toddler expected to walk closely with parent / carer at child's pace.	Toddler left far behind parent / carer when walking, no consideration of child's pace.	Toddler left to wander /run ahead and parent/carers unaware /unconcerned.
Primary school age	Child escorted safely when crossing a busy road.	Child escorted safety most of the time when crossing a busy road.	Child not escorted safety most of the time when crossing the road. Parent believes that the child can do this on their own.	Child crosses a busy road alone without parent giving any concern or thought.

B – Area of Care of Safety continued

Sub Areas	1 Child's Needs Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
<p>e. Practical safety features in the home (smoke alarms, nappy sacks, cords, medication, batteries, household cleaning products and safe sleeping)</p>	<p>All safety equipment and practical measures in place and always used.</p>	<p>Adequate essential safety measures and some practical measures in place. Inconsistently used.</p>	<p>Minimal safety measures in place. Few practical safety features which are rarely used.</p>	<p>Careless disregard for safety. Child dangerously exposed to harm.</p>
<p>f. Child has a chronic health issue or condition which could potentially impact on their safety e.g. diabetes, obesity, asthma, allergies or a swallowing problem.</p>	<p>Parent / carer take appropriate precautions to ensure the child's safety. Follows professionals' advice regarding the management of the child's issue or condition.</p>	<p>Does appreciate the potential harm which may be caused to the child by their condition. Sometimes needs reminding to take precautions.</p>	<p>Requires frequent prompts and reminders to ensure the child remains safe. Advice rarely followed.</p>	<p>Never considers the impact of the condition on the child's safety. Ignores advice to reduce the risk of harm.</p>

Comments

B – Area of Care of Safety continued...

2. SAFETY WHEN PARENT/ CARER IS ABSENT	
1. Child's needs met	4. Never met
Consider all carers for this child or children.	
Child is left in the care of a person that you know and who, to the best of your knowledge, is a suitable competent carer.	Child is left with a person you: <ul style="list-style-type: none"> • Don't know very well • Have only just met • Known to be aggressive or violent • Known to use drugs and/or alcohol regularly • Known to use drugs and/or alcohol when children are present • Known to have very little experience of childcare • Known to be very disorganised Child left unattended

Comments

Additional Notes / Safety Section Analysis

C – Area of Care, Love and Attachment (Signal's: Crying, smiling, eye contact, arms held up, avoidance)

1. PARENT / CARER RESPONSIVENESS				
Sub Areas	1 Child's Needs Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
a. Sensitivity 	Parent / carer anticipate or picks up subtle signals - verbal or nonverbal and responds appropriately.	Parent / carer sometimes anticipate or picks up subtle signals - verbal or nonverbal, although signals may have to be very obvious to get a response.	Most of the time parent / carer is unresponsive to signals which need to be repeated or prolonged to get a response.	Parent / carer do not respond to signals from child and is insensitive to distress over any length of time.
b. Response timing 	Parent / carers responses are well timed or anticipated.	Most of the time parent / carer responds in a timely way and sometimes anticipates.	Most of the time parent / carers responses are delayed.	No responses from parent / carer even when the child is distressed.
c. Quality of attachment/ relationship 	Parent / carer is emotionally warm and appropriately responds to the child.	Most of the time the parent / carer is emotionally warm and appropriately responsive.	Most of the time the parent / carer is not emotionally warm or appropriately responsive unless the child is visibly distressed.	Parent / carer do not show any emotional warmth and is unresponsive or inappropriately responsive to the child, even if child visibly distressed.

Comments

C – Area of Care, Love and Attachment continued

2. MUTUAL ENGAGEMENT				
Sub Areas	1 Child's Needs Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
<p>a. Starting interactions</p> 	Both parents / carer and child consistently initiate/reciprocate interactions — although usually more so from the parent.	Most of the time parent/carer and child initiate/reciprocates the interactions — occasionally more so from the child.	The child instigates the majority of the interactions, sometimes they display anxious and /or demanding behaviours and the parent/carer may or may not respond appropriately.	Child is ignored or there is little interaction between parent/carer and child and /or interaction from parent is inappropriate. Child is avoidant, resigned, apprehensive or fearful.
<p>b. Quality of the relationship between parent and child</p> 	Both parents / carer and child get pleasure from interactions. Child/carer clearly enjoys it.	Most of the time the parent / carer and child gain pleasure from the interaction,	Most of the time the interaction is functional with little enjoyment from child or parent / carer; at times the parent can appear indifferent.	Only interacts for practical purposes, no pleasure gained by parent/carer. Indifferent to child's attempts to interact for pleasure.
<p>Caution: If child is presenting with distressing/challenging behaviours, scoring in this sub-area (mainly quality item) can be affected unjustifiably. Scoring should be done on the basis of score in area of 'carer' (C/1) alone and problem noted as comments.</p>				

Comments

Additional Notes / Care, Love and Attachment Section Analysis

D – Area of Developmental Care and Esteem

1. STIMULATION – (parents should be fully engaged and be able to prioritise a child’s needs over their own. e.g. use of mobile technology)				
Sub Areas	1 Always Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
Age 0-2 years				
a. Interactive stimulation 	Plenty of appropriate stimulation e.g. smiling, talking, touching, looking. Plenty of equipment.	Most of the time parent provides adequate and appropriate interactive stimulation.	Parent/carer doesn't provide adequate appropriate interactive stimulation. Most of the time the baby is left alone with unsuitable stimulation, e.g. TV or mobile technology	Parent provides little or no interactive stimulation; mobility can often be restricted (confined to cot, push chair or car seat).
Age 2-5 years				
a. Interactive stimulation 	i. Interactive stimulation e.g. talking to, playing with, reading stories and topics. Plenty and good quality.	i. Sufficient and of satisfactory quality.	i. Variable/Scarce, even if doing nothing else.	i. Nil.
b. Toys	ii. Toys and gadgets e.g. items of uniform, sports equipment, books. Plenty and good quality.	ii. Provides all that is necessary and tries for more, makes do if unaffordable.	ii. Lacking on essentials.	ii. Nil, unless provided by other sources e.g. gifts or grants.
c. Outings	iii. Outings e.g. taking the child out for recreational purposes. Frequent visits to child centered places locally and away.	iii. Enough visits to child centered places locally e.g. parks and occasionally away.	iii. Child simply accompanies, holidays or locally e.g. shopping. Plays out doors in neighbourhood.	iii. No outings for the child, may play in the street.
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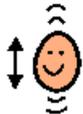
d. Celebrations	iv. Celebrations both seasonal and personal, child made to feel special.	iv. Equally keen and eager but less showy.	iv. Only seasonal, low key to keep up with the rest	iv. Even seasonal festivities absent or dampened. No interactive stimulation at all.
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Sub Areas	1 Always Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
Age 5+ Years Interactive stimulation				
a. Educational Support	Parent / carer show an active interest in schooling. Joins in school activities to support the child at school and at home.	Most of the time essential elements of the child's schooling are maintained, however less active participation in child's schooling.	Most of the time the parent/ carer do not support essential elements of the child's schooling; education is not effectively maintained.	Parent / carer gives no educational support and can even be obstructive.
b. Sport & Leisure	Parent is constructively involved and takes children to venues	Most of the time the parent is supportive of local sporting activity, may or may not attend to support the child	Most of the time parent is not supportive of sporting and leisure activities. Child finds their own activities	Parent does not support child's sport or leisure activity and can even be obstructive
c. Peer group interaction	Parent / carer proactively organise, facilitates and supports child's peer group interactions.	Most of the time parent/ carer is supportive of child's interaction with peer group, unless occupied with own non-essential activities.	Most of the time parent/ carer doesn't support children in interaction with peers; only gets involved in significant problems.	Parent / carer completely uninvolved with child's peer group; remains so even if child having problems.
d. Children with identified developmental delay e.g. speech and language	Follows recommended programmes to support and encourage development. Spends the best possible amount of time engaging in reciprocal / interactive play with the child. Professionals note improvement in child's	Struggles to find time to complete recommended programmes. Need encouragement or reminders from professionals. Child making less progress than would be expected.	Requires frequent reminders from professionals to undertake recommended programmes. Teaching aids not readily available. Concerns about child's progress	Little evidence that recommended programmes are being undertaken. Teaching aids cannot be located. Child making little progress or showing signs of regression.

	skills and abilities.			
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Comments

D – Area of Developmental Care and Esteem continued...

Sub Areas	1 Always Met	2 Met Most of the Time	3 Not Met Most of the Time	4 Never Met
1. Approval 	Parent / carer talks about child with delight and praises them spontaneously; gives child generous emotional reward for achievement.	Most of the time the parent/ carer agrees when others praise the child, but limited in their own praise.	Most of the time the parent/ carer does not praise their child's achievements and is mostly indifferent to others praise of their child.	No recognition of child's achievement. If child is praised by others, this is rejected or the child is criticised.
2. Disapproval 	Disapproval measures are mild verbal sanctions and are consistent and suitable for the child's age and understanding; response is always appropriate.	Most of the time disapproval measures are in place although can be applied inconsistently.	Most of the time disapproval measures are negative, parent / carer is harsh, tends to shout with more severe sanctions being used.	All of the time parent / carer uses cruel language or physical punishment and may scapegoat or ridicule the child
3. Acceptance 	Unconditional acceptance. Always warm and supportive regardless of child's achievements/behaviour. Carer responds appropriately to poor behaviour/lack of achievement.	Most of the time the parent displays unconditional acceptance, is warm and supportive regardless of child's achievements/behaviour. Carer responds appropriately most of the time to poor behaviour/lack of achievement.	Most of the time the parent/ carer doesn't display unconditional acceptance, warmth or support regardless of child's achievements/behaviour. Carer responds doesn't respond appropriately most of the time to poor behaviour/lack of achievement.	Indifferent if child is achieving or behaviour is poor but rejects child if mistakes are made or child fails. Exaggerates child's mistakes

NOTE: If the style of parenting (over protective, permissive to foster independence, authoritarian) or type of values instilled is of concern, or a child is treated differently to another sibling, please consider completing a separate section for each sibling or make a note in the corresponding comment

box on the record sheet.

Comments

Additional Notes / Care and Esteem Section Analysis

Scoring Sheet

AREAS	A <input type="checkbox"/> PHYSICAL	B <input type="checkbox"/> SAFETY	C <input type="checkbox"/> LOVE & ATTACHMENT	D <input type="checkbox"/> ESTEEM
Subareas	1 <input type="checkbox"/> NUTRITION	1 <input type="checkbox"/> IN PRESENCE	1 <input type="checkbox"/> CARER	1 <input type="checkbox"/> STIMULATION
Items	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/>	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/>	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Age 0 - 2 a <input type="checkbox"/> <small>Complete age category as appropriate</small> Age 3 - 5 a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> Age 5+ a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/>
	2 <input type="checkbox"/> HOUSING	2 <input type="checkbox"/> IN ABSENCE	2 <input type="checkbox"/> MUTUAL ENGAGEMENT	2 <input type="checkbox"/> APPROVAL
	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/>		a <input type="checkbox"/> b <input type="checkbox"/>	
	3 <input type="checkbox"/> CLOTHING/ SCHOOLWEAR			3 <input type="checkbox"/> DISAPPROVAL
	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>			
	4 <input type="checkbox"/> HYGIENE			4 <input type="checkbox"/> ACCEPTANCE
	5 <input type="checkbox"/> HEALTH			
	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/>			

Summary Sheet

Name (Child): _____ Date of Birth: _____

Main Carer/s: _____

Carer/s signature/s of consent to complete a GCP: _____

Scorer's Name: _____

Scorer's signature: _____ Date: _____

Area	Sub Area	Overall Sub-Area Score	Overall Area Score	Comments
A. PHYSICAL	1. NUTRITION			
	2. HOUSING			
	3. CLOTHING/ SCHOOLWEAR			
	4. HYGIENE			
	5. HEALTH			
B. SAFETY	1. IN CARER'S PRESENCE			
	2. IN CARER'S ABSENCE			
C. LOVE AND ATTACHMENT	1. CARER			
	2. MUTUAL ENGAGEMENT			
D. DEVELOPMENT CARE AND ESTEEM	1. STIMULATION			
	2. APPROVAL			
	3. DISAPPROVAL			
	4. ACCEPTANCE			

Additional notes / actions and comments from child / parent / carer

I have seen the completed GCP scores for my child:

Signed: _____ Date: _____