



# Graded Care Profile

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# Background of the GCP

- ◆ Designed originally by a GP in Luton
- ◆ Was rolled out nationally in 2007
- ◆ Based on Maslow's Hierarchy of Needs
- ◆ Identifies four areas of care: Physical, Safety, Responsiveness and Esteem
- ◆ These are then broken down into sub-area

A Area of Physical Care		NUTRITION NUTRITION				
Sub-areas	1 All Needs Met	2 Essential Needs Met	3 Some Essential Needs Unmet	4 Many Essential Needs Unmet	5 Most/ all Essential Needs Unmet	
1) Nutrition						
<b>A. Quality</b> 	Provides excellent quality and healthy food and drink <input type="checkbox"/>	Provides reasonable quality and healthy food and drink. <input type="checkbox"/>	Provides reasonable quality healthy food but inconsistently. <input type="checkbox"/>	Provides poor quality food or an unhealthy diet through lack of awareness or effort. Improves when prompted. <input type="checkbox"/>	Does not consider the health or quality of diet. When prompted, very little improvement. <input type="checkbox"/>	
<b>B. Quantity</b>	Enough food all of the time. <input type="checkbox"/>	Enough food nearly all the time. <input type="checkbox"/>	Enough food most of the time. <input type="checkbox"/>	Sometimes not enough food. <input type="checkbox"/>	Not enough food most of the time. <input type="checkbox"/>	
<b>C. Preparation</b>	Always carefully prepared or cooked for the child. <input type="checkbox"/>	Well prepared and usually taking account of the child's needs. <input type="checkbox"/>	Prepared mainly to meet the parent's needs. The child's needs sometimes accommodated. <input type="checkbox"/>	Often little preparation. The child's needs and tastes are not accommodated or the child inappropriately prepares their own meal. <input type="checkbox"/>	Hardly ever any preparation. Child lives on snacks/cereals/junk food and is expected to prepare their own food. <input type="checkbox"/>	
<b>D. Organisation</b> 	Meals organised and well timed. Family sitting together to eat food. <input type="checkbox"/>	Well organised, often seating together and regular timing of meals. <input type="checkbox"/>	Organised sometimes, irregular timing, seating may be an issue. <input type="checkbox"/>	Not well organised, no clear meal times. <input type="checkbox"/>	Chaotic, eat when and whatever food is there. <input type="checkbox"/>	

# Case study

# Uses of GCP

- ◆ To compliment assessment process with children further to e.g. Single Assessment, Family CAF and Health Needs Assessment
- ◆ Standardised assessment of neglect
- ◆ Identifies specific areas of need and strengths
- ◆ An early intervention tool

# Uses of GCP

- ◆ Informs the referral process
- ◆ Identify needs of each individual child in a family
- ◆ Objective tool
- ◆ Evaluate changes for children
- ◆ Recognised within the court arena
- ◆ Reflects the MOSI levels

# Feedback from workers

- ◆ ‘user friendly’
- ◆ ‘easy to do’
- ◆ ‘I could understand and relate it to what I was wanting to assess’
- ◆ ‘allayed my concerns about the child’
- ◆ ‘helped me see the wood for the trees’



# Feedback from workers

- ◆ ‘highlighted an area of need that I wasn’t aware of’
- ◆ ‘made me feel more confident about working with neglect’
- ◆ ‘I don’t have to worry about my own prejudices’

# Summary

- ◆ Empowered workers to make difficult decisions
- ◆ Supports families to understand the concerns of workers and their own situation
- ◆ Enables focussed interventions
- ◆ Gives a benchmark to monitor change

# Summary

- ◆ Provides a framework for us to proactively work with neglect
- ◆ Facilitates partnership working, with families and other agencies
- ◆ Promotes a shared language between agencies

# What next

- ◆ Launch of new GCP in early 2016
- ◆ Training to be rolled out, via the LSCB, across the county

# Any questions?