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

#### Sub-areas

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Needs Met</td>
<td>Essential Needs Met</td>
<td>Some Essential Needs Unmet</td>
<td>Many Essential Needs Unmet</td>
<td>Most/all Essential Needs Unmet</td>
</tr>
</tbody>
</table>

#### 1) Nutrition

<table>
<thead>
<tr>
<th>A. Quality</th>
<th>Provides excellent quality and healthy food and drink</th>
<th>Provides reasonable quality and healthy food and drink</th>
<th>Provides reasonable quality healthy food but inconsistently</th>
<th>Provides poor quality food or an unhealthy diet through lack of awareness or effort, improves when prompted</th>
<th>Does not consider the health or quality of diet. When prompted, very little improvement</th>
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<tbody>
<tr>
<td>B. Quantity</td>
<td>Enough food all of the time</td>
<td>Enough food nearly all the time</td>
<td>Enough food most of the time</td>
<td>Sometimes not enough food</td>
<td>Not enough food most of the time</td>
</tr>
<tr>
<td>C. Preparation</td>
<td>Always carefully prepared or cooked for the child</td>
<td>Well prepared and usually taking account of the child's needs</td>
<td>Prepared mainly to meet the parent's needs. The child's needs sometimes accommodated</td>
<td>Often little preparation. The child's needs and tastes are not accommodated or the child inappropriately prepares their own meal</td>
<td>Hardly ever any preparation. Child lives on snacks/cereals/junk food and is expected to prepare their own food</td>
</tr>
<tr>
<td>D. Organization</td>
<td>Meals organised and well timed. Family sitting together to eat food</td>
<td>Well organised, often seating together and regular timing of meals</td>
<td>Organised sometimes, irregular timing, seating may be an issue</td>
<td>Not well organised, no clear meal times</td>
<td>Chaotic, eat when and whatever food is there</td>
</tr>
</tbody>
</table>
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?