

**GRADED CARE PROFILE**

Child’s Name

Date of Birth

Age

Agency

Date completed

Client Number

**Using the Graded Care Profile**

The Graded Care Profile is an assessment tool, which can be used to assist in the assessment of neglect. The tools will identify strengths and difficulties across a number of child development areas. It is likely to be triggered by concerns about the care the child is receiving. Whilst it may be focussed on assessing difficulties, the Graded Care Profile also identifies strengths. Focussing on strengths assists the assessor to appreciate the potential that exists within the family for change and improvement. This potential will inform decisions about possible support or interventions to meet areas of need.

***The Graded Care Profile has been adopted by the Children’s Safeguarding Partnership Board in Cambridgeshire where neglect is an area of concern for a child's welfare. The 'tools' can be used across the Effective Support for Children and Families Continuum of Need and by professionals from various agencies.***

**How to use the Graded Care Profile:**

* Work through the four areas, ticking the description that best describes the care that the child receives
* Use the Scoring Grid at the end of each area section to record a baseline score for each item
* Use the Scoring Grid to record an ‘overall score’ for each sub-area (see Summary Guidance)
* Use the Scoring Grid to record any areas that you consider should be flagged for attention/intervention.
* Use the Scoring Grid to record relevant comments/ evidence in relation to strengths and difficulties.
* Transfer the sub-area scores to the Summary Score sheets
* Use the ‘Areas flagged for intervention’ sheet to identify the needs assessed and action/ interventions indicated.
* Record your decisions and further actions on the final sheet.
* Needs and interventions can then be incorporated into the care planning processes of the relevant agency or inserted into the Early Help form.
* Guidance notes are available to support the use of this tool.

**A**

Area of Physical Care

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

**A. Quality**

Consistently provides good quality and healthy food and drink

Provides reasonable quality and healthy food and drink but not always consistently

Quality of food varies

Provides poor quality food or an unhealthy diet through lack of awareness or effort. Improves when prompted.

Does not consider the health or quality of diet. When prompted, very little improvement.

**B. Quantity**

Enough food all of the time.

Enough food nearly all the time.

Enough food most of the time.

Sometimes not enough food or inappropriate

feeding

Not enough/too much food most of the time.

**D. Organisation**

Meals organised and well timed. Family sitting together to eat food. Babies’ food well prepared and eye contact during feeding

Well organised, family often eating together, regular timing of meals. Some understanding of baby’s needs during feeding.

.

Organised sometimes , irregular timing

Not well organised, no clear meal times.

Chaotic, eat when and whatever food is there.

**C. Preparation**

Always carefully prepared or cooked for the child.

Well prepared and usually taking account of the child’s needs.

Prepared mainly to meet the parent’s needs. The child’s needs sometimes accommodated.

Often little preparation. The child’s needs and tastes are not accommodated or the child inappropriately prepares their own meal.

Hardly ever any preparation. Child lives on snacks/cereals/junk food and is expected to prepare their own food.

**A. Maintenance**

Well maintained Additional features that benefit the child. e.g. insulation, double glazing, draught proofing and house safe for children.

Reasonably well maintained and some additional features. Efforts made to benefit the child only lacking if issues such as money interfere

No additional features but well maintained.

In disrepair. Some repairs could be carried out by the parents

Dangerous disrepair (exposed nails, live wires) and some repairs could be carried out by the parent/carer

**A**

Area of Physical Care

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

2) Housing

**B. Decoration**

*(relates to house generally and child’s bedroom)*

Good, clean showing evidence of care. Child’s bedroom has age appropriate decor

Showing evidence of being kept clean and with some evidence of child’s development age and choice.

In need of some decoration but kept reasonably clean.

In urgent need of decoration. Grubby very untidy and cluttered.

In very urgent need of decoration. Very chaotic and dirty and/or an unpleasant smell.

**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.

**C. Facilities**

All essential facilities in good working order and there is play and learning space.

Essential facilities. Effort to maximise benefit for the child.

Very sparse. Little effort to maximise benefit to the child.

Very bare. Adult needs are met first and child needs met if anything is left.

Bathing facilities very poor

Child dangerously exposed or not provided for e.g. lack of heating, electricity. Lack of working facilities

**A**

Area of Physical Care

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

3) Clothing

**B. Fitting**

Clothing fits very well

Most items of clothing fit well.

Sometimes inadequate fit but seen as important

Often inadequate fit.

Completely inadequate fit.

**A. Insulation e.g. harm, warm clothing**

Well protected with appropriate garments.

Mostly well protected

Adequate to variable weather protection.

Inadequate weather protection.

Dangerously inadequate. Child is exposed to bad weather.

**C. Appearance**

Clothes always very clean and well cared for. How child looks is important to parent

Usually clean and cared for.

Not always clean or cared for.

Appears worn, sometimes dirty and crumpled.

Appears to be dirty, badly worn and crumpled/and or unpleasant odour.

**A**

Area of Physical Care

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

4) Hygiene

**Child Aged 5 - 7**

Some independence with keeping clean and bathing but always helped and supervised.

Usually reminded to keep clean and bathe. Supervised and helped if needed.

Sometimes but not always reminded to keep clean and bathe Not always routinely monitored.

Reminded only now and then with minimum supervision.

No concerns or interest shown about keeping personal hygiene.

**Child aged 0 - 4**

Always appears clean and bathed and hair is clean and clearly cared for daily.

Usually ,appears clean, bathed and hair usually clean and brushed .

Presentation is varied. and/or babies are usually clean. Older toddlers less so.

Often but not always appears dirty and hair and nails seem uncared for.

Always appears with dirty skin, hair and nails seen Rarely bathed, clean or hair cared for.

**Child Aged 7 +**

Reminded, helped and monitored.

Reminded regularly and followed up if not done.

Sometimes reminded.

Usually left to their own initiative.

No concerns shown about personal hygiene.

Area of Physical Care

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

5) Health

**A. Opinion sought and professional advice given**

Appropriate opinion sought not only on illnesses but also other genuine health matters. All advice followed.

Opinion sought on issues of genuine and immediate concern about child health. Advice followed.

Opinion sought on illness of any severity. Advice usually but not always followed.

Help initially sought but delayed even when illness becomes quite serious.

Help sought but

delayed or ignored

even when illness becomes critical or an emergency. Advice may be not followed.

**B. Follow Up**

All appointments kept. Re-arranged promptly if there is a problem.

Fails one in two appointments because they doubt their importance or have other pressing practical priorities.

Fails one in two appointments even if they are important because it’s inconvenient for the parent.

Attends third time after reminder. Contests the importance even if

it’ is of benefit to the child.

Fails a needed follow up a third time despite reminders. Misleading or doubtful explanations.

**C. Keeping on top of health needs**

Visits in addition to the standard checks. Up

to date with immunisations unless valid

reservations.

Up to date with standard checks and immunisation unless parent refuses for no obvious reason.

Omissions for reasons of adult’s personal convenience but takes up if persuaded.

Omissions because of carelessness, accepts service if it is provided at home.

Clear disregard of child’s welfare. Parent does not engage with or frustrates home visits.

**A**

Area of Physical Care

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

5) Health

**D. Disability / chronic illness (3 months after diagnosis)**

Compliance with treatment and advice is excellent. Any issues due to differences of opinion. Very good affection shown.

Compliance is good. Any issues relate to practicality or finance. Good affection shown.

Compliance is sometimes lacking for no apparent reasons. Inconsistent affection shown.

Compliance is frequently lacking and trivial reasons offered as excuses. Little affection shown.

Serious compliance failure. Medication not given. Inexplicable deterioration. Any affection appears contrived.

**A**

**1**

**2**

**3**

**4**

**5**

**Flagged for Attention**

**Overall Score**

**Record Sheet**

D Nutrition Organisation

C Nutrition Preparation

A Nutrition Quality

B Nutrition Quantity

**A1 Nutrition**

C Housing Facilities

A Housing Maintenance

B Housing Décor

**A2 Housing**

C Clothing Appearance

A Clothing Insulation

B Clothing Fitting

**A3 Clothing**

A Child Hygiene

A Health opinion sought

**A5 Health**

B Health Follow Up

C Health Surveillance and oversight of health

matters

Area of Physical Health

D Disability / chronic illness (3 months after

diagnosis)

**A4 Hygiene**

**A4 Hygiene**

**A4 Hygiene Clothing**

**Comments / Evidence** (e.g. what you have observed). Recording strengths as well as the difficulties ensure that the

potential of the family to change is recognised and their achievements built upon.

**B**

Area of Safety

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) In Presence of Parent

**B. Awareness of risks and hazards at pre-mobility**

**age**

Always cautious with handling and laying down child. Baby seldom left unattended.

Cautious whilst handling and laying down child. Frequent checks if unattended.

Handling of child is uncertain. Frequently unattended when in the house.

Handling of child is uncertain. Unattended during care chores e.g. feeding bottle left in mouth.

Dangerous handling. e.g. left dangerously unattended whilst feeding or bathing.

**B. Practice at**

**Infant School**

Close supervision indoors and outdoors.

Supervision indoors. No direct supervision outdoors if known to be at a safe place.

Little supervision in or out of doors. Intervenes only if in considerable danger.

No supervision. Intervenes after mishaps which soon lapses.

Minor mishaps ignored or the child is blamed. Intervenes casually even after major mishaps and lapses.

**A. General awareness of Safety**

Very aware of appropriate safety and risk issue boundaries in place

Aware of important safety and risk issues. Some boundaries in place

Poor awareness of safety and risk except for immediate danger.

Rarely notices safety or risk issues

Unconcerned about safety or risks.

**B. Awareness of risks and hazards when babies become mobile**

Constant alertness and effective measures against any dangers.

Alert and effective measures against any danger.

Action taken to prevent danger are of limited use.

If action is taken it is ineffective. Short term improvement after mishaps soon lapses.

Inadvertently exposes to serious dangers. E.g. hot iron/drinks left nearby.

5 to 10 year old escorted by adult when crossing a busy road. Walk closely together.

Well secured in the pushchair or pram or walks at child’s pace with hand firmly held.

Infants not secured in pram. 3 to

4 year old expected to keep up with adult when walking. Occasional glance back if left behind.

Not always aware of whereabouts outdoors. Believing it is safe as long as the child returns on time.

**B**

Area of Safety

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) In Presence of Parent

**C. Traffic**

**Age 5 and above**

5-8 year old allowed to cross road with a 13+ child. 8-9 year old allowed to cross alone if they are safe to do so.

5-7 year old allowed to cross with a child who is under 13. 8-9 year old allowed to cross alone.

5-7 year old allowed to cross a busy road alone because they are believed to be safe.

At age 7 child crosses a busy road alone without any concerns regarding safety.

**B. Practice**

**Junior and Senior School**

Allows out in known safe surroundings with agreed time limits and checks.

Allows out in unfamiliar surroundings if felt to be safe. Sets reasonable time limits and checks.

Unconcerned about daytime outings but concerned about late nights in case of child younger than 13.

Unconcerned despite knowledge of dangers outdoors. E.g. railways,ponds, unsafe building, or staying away until late evening.

**C. Traffic**

**Age 0-4**

3 to 4 year old allowed to walk, but close by parent. Always in sight, hand held firmly if necessary e.g. crowds or by roads.

Babies not secured in pushchair. 3 to 4 year old child left far behind when walking.

Babies, toddlers unsecured, careless with pram or pushchair. 3 to 4 year old child left to wander unsupervised.

**B**

Area of Safety

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) In Presence of Parent

**D. Safety Features**

This item along with other safety provisions which are not fixtures, such as bike helmets or safety car seats can be used to help to score Item 1 (Awareness of safety)

All relevant safety features. Gates, guards, secure windows, locked medicine cabinets, smoke alarms, household chemicals secured, electrical and gas safety devices, intercom, safety within garden e.g. pond.

Most essential features.

Improvisation and DIY safety features when they cannot be afforded.

No safety features and some hazards through lack of repair or concerns.

No safety features and dangerous hazards or disrepair. E.g. exposed electric wires and sockets, unsafe or broken windows, dangerous household chemicals or no smoke alarms.

Lacking in essential features, very little improvisation or DIY is ineffective.

**B**

Area of Safety

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

Child is left in care of a competent and safe adult. Never in the sole care of a young person under 16.

Child aged is left for a short time with a young person over 13 who is familiar, competent with no significant problems. The above applies to babies only in urgent situations.

When out playing a 0-7 year old is left with an 8-10 year old or person not known to be competent.

When out playing a 0-7 year old is left alone or with a slightly older child i.e. 8 or less, or with an unsuitable young person or adult.

When out playing leaves a young child/baby with child aged 10-13 or a person not known to be competent.

2) Safety in Absence of Parent

**1**

**2**

**3**

**4**

**5**

**Flagged for Attention**

**Overall Score**

**Scoring Grid**

D Safety Features

C Traffic

A Awareness

B Practice

**B1 In Presence of Parents**

**B2 Safety in Absence of Parents**

**Comments / Evidence** (e.g. what you have observed). Recording strengths as well as the difficulties ensure that the

potential of the family to change is recognised and their achievements built upon.

Area of Safety

Not sensitive enough. Signals have to be intense to be noticed e.g. child crying.

**C**

Area of Responsiveness

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) Carer

**C. Appropriate responsiveness to the child**

Warm emotional and practical responses appropriate to the signal.

Practical responses e.g. treats are lacking but emotional responses are warm and reassuring.

Emotional and practical responses warm if in good mood. Otherwise flat.

Emotional response is brisk, flat and functional. Annoyance if child in moderate distress but attentive if in severe distress.

Unpleasant/punitive even if child in distress. Acts after a serious mishap mainly to avoid criticism. Any warmth or remorse is deceptive.

**A. Sensitivity**

Anticipates or picks up very subtle signals both verbal or nonverbal expressions including emotions or mood.

Understands distinct verbal or clear nonverbal expressions including emotions or mood.

Insensitive. Needs repeated or prolonged and intense signals to be noticed e.g. screaming.

Insensitive to even repeated and prolonged intense signals or is even averse to signals.

**B. Timing of response**

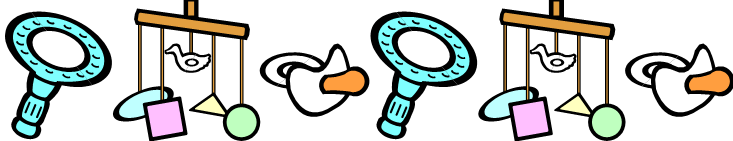
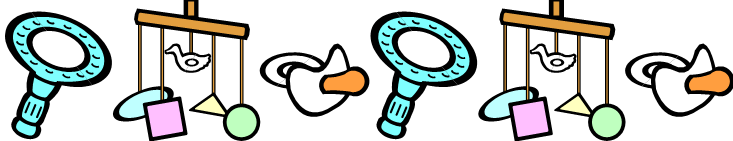
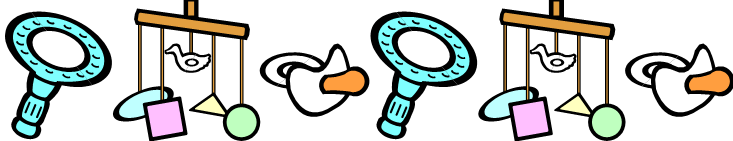
Responses well timed with signals or even anticipates those signals.

Responses mostly timely except when occupied by essential chores.

Not timely if distracted. Timely if they are not otherwise occupied or if the child is distressed.

Responses delayed even when child is in distress.

No responses unless there is a clear mishap.

Approaches mainly by child and, sometimes by the carer. Negative response if the child’s behaviour is defiant.

**C**

Area of Responsiveness

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

2) Mutual Engagement

**A. Overtures – two way communication**

Two way with parent usually going first and engaging child.

Equally positive by both. Parent responds even if the child is defiant.

Mainly by the child. Seldom by the carer.

Child appears resigned or apprehensive and does not make approaches.

**B. Quality**

Both engage and enjoy it.

Frequent pleasure shown.

Both engage and enjoy it.

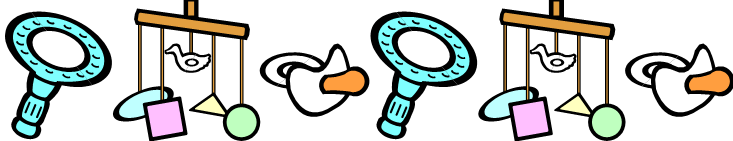
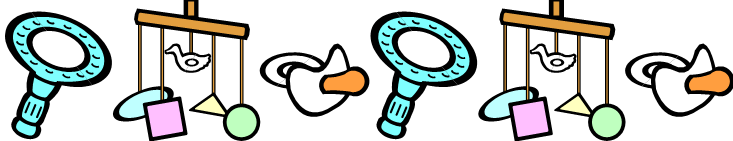
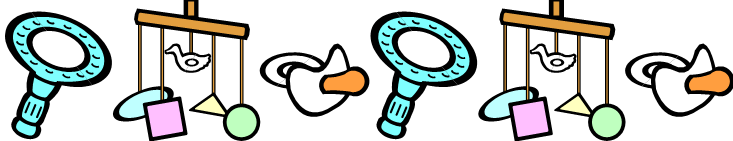
Pleasure is usually shown.

Sometimes engaged and pleasure shown. The child gets most enjoyment and the carer passively joins in and occasionally gets enjoyment.

Engagement mainly practical. Indifferent when child attempts to engage. Child can derive some pleasure e.g. attempts to sits on knees, tries to show toys.

Dislikes approaches by the child. Child is resigned or plays on its own. Carer engages only if told to do so.

**CAUTION:** If child has temperamental/behavioural problems, scoring in this sub-area (mainly quality item) can be affected unjustifiably. Scoring should be done on the basis of score in area C/1 (Carer) and problem noted as comments.

**1**

**2**

**3**

**4**

**5**

**Flagged for Attention**

**Overall Score**

**Scoring Grid**

**C2 Mutual Engagement**

**Comments / Evidence** (e.g. what you have observed). Recording strengths as well as the difficulties ensure that the

potential of the family to change is recognised and their achievements built upon.

Area of Responsiveness

C Appropriate responsiveness to the child

A Sensitivity

Awareness

B Timing of response

**C1 Carer**

A Overtures two way communication

Awareness

B Quality

Inadequate and/or inappropriate. Baby left alone while carer does what they want. Occasional interactions with the baby.

**D**

Area of Esteem

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) Stimulation

Very good provision

Lots in evidence usually age appropriate

Basic toys available not always age appropriate

Lack of even essential toys.

None unless provided by others e.g. gifts or grants.

**Age 0 – 2 years**

A great deal of appropriate stimulation. E.g. talking, touching, reading &looking. Many positive educational toys.

Adequate and appropriate stimulation.

Some positive educational toys.

Baby left alone while carer pursues own interests unless the baby demands attention.

None. Even mobility restricted e.g. confined in chair/pram for the carer’s convenience. Irritated if the baby demands attention.

**Age 2 – 5 years**

i *Interactive stimulation*

talking to and playing with the child. Reading stories and discussion.

Plenty and good quality.

Sufficient and of satisfactory quality.

Variable.

Deficient even if the carer is totally unoccupied

No stimulation.

**Age 2 – 5 years**

ii Fun and educational toys

Very good but may be limited e.g. by finances.

Child accompanies carer going where carer decides but usually in child friendly places.

**D**

Area of Esteem

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) Stimulation

Active interest in school which is supported at home.

Active interest in school. Support at home when carer is free of essential tasks.

Some interest in school. but little support at home, even if carer has spare time.

Little interest and poor support in school. Interest for other reasons e.g. free meals.

Disinterested or even discouraging.

**Age 2 – 5 years**

iii *Outings*

taking the child out for recreational purposes

Frequent visits to child centred places both locally and further away.

Enough visits to child centred places locally (e.g. parks) and occasionally further away.

Child accompanies carer e.g. local shopping. Plays outside and outings

to keep up with others.

No outings for the child. May play in the street if carer goes out locally

**Age 2 – 5 years**

iv *Celebrations* seasonal and personal.

Notable, happy, fun and appropriate.

Mainly seasonal and low key personal e.g. birthdays.

Only seasonal. Low key to keep up with other people.

Even seasonal festivities absent or dampened.

**Age 5+ years**

Education

**Age 5+ years**

ii S*ports and leisure*

Well organised outside school hours e.g. clubs and swimming.

All support that is affordable.

Not active in finding activities, but will use local facilities.

Child finds activities for themselves Parent/carer is indifferent.

Disinterested even if the child is involved in other unsafe or unhealthy activities.

Poor provision.

Supports if a child is from a family who are friendly with carer.

**D**

Area of Esteem

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) Stimulation

**Age 5+ years**

iii *Peer/friend interaction*

Assisted and new friends checked.

Some assistance and new friends checked.

Child finds own friends. No help from carer unless serious problems e.g.

bullying.

Disinterested, indifferent or even discouraged.

Well provided and tries to provide more.

**Age 5+ years**

iv *Provision* *equipment*

Fully provided e.g. sports gear or computer.

Some limited provision.

No provision made and even discouraged.

2) Approval

Talks fondly about the child when asked. Generous praise and emotional reward, less practical reward e.g. financial constraints.

Talks about the child with pleasure and praises without prompting. Appropriate emotional and practical rewards for achievement.

Agrees with other people’s praise of the child. Gives low key praise and some emotional rewards.

Uninterested if the child is praised by others.

Indifferent to the child’s achievement which is only briefly acknowledged.

Undermines if the child is praised. Achievements are not acknowledged. Reprimanded or mocking is the only response.

Inconsistent boundaries or methods. Shouts or ignores child. Low level physical and moderate other sanctions.

**D**

Area of Esteem

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

3) Disapproval

Unconditional acceptance, even if temporarily upset by child’s behaviour. However, always warm and supportive.

Mild and consistent verbal disapproval if a set limit is crossed.

Consistent verbal and low level physical and other sanctions if any set limits are crossed.

Inconsistent.

Shouts/harsh verbal or moderate physical, or severe other sanctions.

Terrorised. Ridiculed, severe physical or cruel and spiteful other sanctions.

Unconditional acceptance. Always warm and supportive even if child is failing.

Annoyance at child’s failure.

Unsupportive or rejecting if the child is failing.

Indifferent if child is achieving and rejects or belittles if the child makes mistakes or fails.

4) Acceptance

**Scoring Grid**

**Overall Score**

**Flagged for Attention**

**5**

**4**

**3**

**2**

**1**

**D1 Stimulation**

A Age 0 – 2 years

B Age 5 + years

**D2 Approval**

D2

Area of Esteem

**D3 Disapproval**

D3

D4

**D4 Acceptance**

**Comments / Evidence** (e.g. what you have observed). Recording strengths as well as the difficulties ensure that the

potential of the family to change is recognised and their achievements built upon.

Graded Care Profile (GCP) – Summary Sheet

Area

Sub-Area

Sub-Area Score

**A**

Physical

1. Nutrition

2. Housing

3. Clothing

4. Hygiene

5. Health

1. In Carer’s Presence

2. In Carer’s Absence

1. Carer

2. Mutual Engagement

1. Stimulation

2. Approval

3. Disapproval

4. Acceptance

**B**

Safety

**C**

Responsiveness

**D**

Esteem

Areas flagged for attention – Physical, Safety, Responsiveness, Esteem

Area, sub area

and score

E.g. Physical: Housing: Maintenance: Score

Description and child’s need

E.g. Description: Dangerous disrepair (exposed live wires).

Child’s Need: Child needs to be kept safe from electric shocks

Action required

E.g. 1. Parent to buy some electric masking tape and wrap around exposed wire/broken socket until the landlord repairs. 2. Parent and worker to notify the landlord of the danger and request immediate repair

Decisions

Please record your decisions after completing the Graded Care Profile. Areas identified at level 4 and 5 may be indicative of neglect

Where this harm is considered ‘significant’, Child Protection Procedures must be followed.

This should be discussed with your manager.

Concerns about neglect in this case have not been substantiated.

🞎

Some concerns about neglect in this case have been substantiated, but I do not consider that this child is suffering significant harm.

🞎

Concerns about neglect in this case have been substantiated and I am concerned that this child is suffering significant harm.

🞎

Further Action arising from this assessment

In the Graded Care Profile you may have recorded items ‘flagged for attention’. These flagged items may indicate the need for discussions with your manager and/or further discussions within a multi-agency setting to confirm actions, decisions and interventions. Many agencies will have systems to record plans and interventions to meet the needs of children.

* This agency [or named agency] will undertake on-going work with this family.

🞎

* Agency to undertake on-going work with this family with the support, advice and guidance of other agencies.

🞎

* This is not appropriate for this agency and a referral will be made to a more appropriate agency.

🞎

* Referral to Children’s Social Care due to Child Protection concerns

🞎

On-going work. Choose one or more of the following options:

* No further action

🞎

Consent

For sharing information or referral to another agency the consent of the child/parent is usually required. Please confirm whether the consent of the child/parent has been obtained.

* I have obtained consent to share information/refer to another agency.

🞎

* I do not have consent to share information/refer with another agency but have Child Protection concerns and obtaining consent may harm the child.

🞎

Comments / Evidence

Name of Professional

Date Completed

Assessing Progress

**Child: Date**

Physical Safety Love Esteem

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Nutrition | Housing | Clothing | Hygiene | Health |  | Carer  Present | Carer  Absent |  | Carer | Mutual |  | Stimulation | Approval | Disapproval | Acceptance |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*Black Line = Assessment Red Line: Progress after weeks*

**EXAMPLE : Date**

Physical Safety Love Esteem

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Nutrition | Housing | Clothing | Hygiene | Health |  | Carer  Present | Carer  Absent |  | Carer | Mutual |  | Stimulation | Approval | Disapproval | Acceptance |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*Black Line = Assessment Red Line: Progress after weeks*