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Graded Care Profile 2

MEASURING CARE, HELPING FAMILIES

Tool

Updated July 2017

NSPCC

EVERY CHILDHOOD IS WORTH FIGHTING FOR

Instructions for scoring

The level of care is graded according to a descriptive scale. It ranges from 1 to 5, with 1 being the best and 5 being the worst.

1 **Always met**
All the child's needs are always met, and the parent goes the extra mile. The child is always first.

2 **Met**
All essential needs are always met. The child is priority

3 **Met most of the time**
Most of the time the essential needs of the child are met. The child and the carer are at par.

4 **Not met most of the time**
Most of the time the essential needs of the child are not met. Child is considered second.

5 **Never met**
The child's essential needs are not met. May be due to intentional disregard. The child is last or not considered.

Physical Care

	1 Always met	2 Met	3 Met most of the time	4 Not met most of the time	5 Never met

A1 Nutrition

		1 Always met	2 Met	3 Met most of the time	4 Not met most of the time	5 Never met
1.1	Quality	Parent/carer is aware and proactive; provides excellent quality food and drink.	Parent/carer is aware and manages to provide reasonable quality food and drink.	Parent/carer provides reasonable quality food but inconsistent through lack of awareness or effort.	Parent/carer mainly provides poor quality fattening or sugary foods, occasionally food is of reasonable standards if under pressure from professionals.	Quality not a consideration at all or lies about quality.
1.2	Quantity	Ample.	Adequate.	Most of the time quantity of food is of an adequate amount – but at times can be variable.	Variable to low or too much food is offered.	Child is mostly starved or routinely overfed.
1.3	Diet for children with specific requirements	Specific dietary requirements are fully met, proactive but balanced approach.	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.
1.4	Preparation	Painstakingly cooks and prepares food, the child is always put first.	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 are not taken into account.	No preparation or effort is made, the child lives off snacks and cereals, eating when and what they can.
1.5	Organisation	Meals elaborately organised, family always sits together at regular times.	Well organised, family often sits together at regular times.	Most of the time there is some organisation, although timings 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:

Physical Care

		1 Always met	2 Met	3 Met most of the time	4 Not met most of the time	5 Never met
A2 Housing						
2.1	**Facilities**	Essential and additional facilities present.	All essential facilities present.	Most of the essential facilities are present.	Most essential facilities not present.	No facilities present leaving the child unsafe.
2.2	**Maintenance**	Exceptionally well maintained.	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, exposed nails, live wires etc.
2.3	**Decor**	House is exceptionally clean. Decoratively the child's taste especially catered for.	House is clean. Decoratively, the child's taste has been accommodated (within practical constraints).	Most of the time the house is reasonably clean, some redecoration is needed.	Most of the house is dirty — including the child's bedroom. Most of the house is in need of redecoration.	All of the house is dirty, filthy and smelly and in need of complete redecoration.

COMMENTS:

Physical Care

	1 Always met	2 Met	3 Met most of the time	4 Not met most of the time	5 Never met

A3 Clothing

		1 Always met	2 Met	3 Met most of the time	4 Not met most of the time	5 Never met
3.1	**Weather appropriate clothes and footwear**	Child very well protected from all weather conditions.	Child has good weather protective clothing.	Most of the time the child is adequately protected (dressed) for all weather conditions.	Most of the time, the child's clothes do not provide adequate protection from all weather conditions.	No suitable clothing — the child is dangerously exposed.
3.2	**Fit**	Excellent fit.	Proper fitting.	Most of the time the fitting is fine, however sometimes fitting is improper.	Most of the time the fitting is improper.	All of the time the fitting is grossly improper.
3.3	**Look**	Clothing exceptionally well cared for, cleaned and ironed.	Clothes 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, crumpled and not cared for.	The child's clothes are dirty, worn, crumpled and in disrepair.

COMMENTS:

Physical Care

	1	2	3	4	5
	Always met	**Met**	**Met most of the time**	**Not met most of the time**	**Never met**

A4 Hygiene

4.1 Hygiene

	1	2	3	4	5
Age 0–4	Child is always bathed and groomed and is exceptionally clean.	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 5–10	Parent/carer takes an active role in hygiene needs; child is supervised, encouraged and impeccably clean.	Parent/carer helps as needed; child is 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 reminds child, provides all necessary items.	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.

COMMENTS:

Physical Care

	1	2	3	4	5
	Always met	**Met**	**Met most of the time**	**Not met most of the time**	**Never met**

A5 Health

		1	2	3	4	5
5.1	**Seeking medical opinion**	Parent/carer seeks suitable medical advice when child is ill. Also seeks preventative health advice.	Parent/carer seeks suitable medical advice when child is ill. Parent receives health advice well.	Most of the time the parent/carer seeks suitable medical advice when child is ill.	Frequent inappropriate or delayed medical presentations.	Parent/carer only seeks help or advice when child is critically ill or not at all.
5.2	**Follow up**	All appointments kept.	All appointments kept, quickly rearranges if unable to attend.	Does not attend one or two appointments, may delay in rearranging, if doubtful of usefulness.	Does not attend most of the child's follow up appointments. Frequently needs to be reminded — even if it is of clear benefit to the child.	Does not attend follow up appointments. Always needs reminding even when the appointment is necessary. May give misleading explanation.
5.3	**Health and developmental checks**	Visits clinic regularly; parent/carer seeks advice in addition to scheduled health checks. Up to date with immunisations. Visits dentist and optician as appropriate.	Up to date with health and developmental checks including immunisations. Up to date with dental and optician visits.	Up to date with most of the child's health and developmental checks but needs to be reminded. Same for dentist and optician.	Child rarely attends health and developmental checks due to lack of awareness or motivation on part of the parent/carer. Needs to be constantly reminded and checking to ensure attendance. Same for dentist and optician.	Only seeks help if child becomes seriously ill or not at all. Even home visits are not accepted by parents/carer or avoided.
5.4	**Disability/chronic illness (3 months after diagnosis)/ illness**	All of the time parent/carer has excellent adherence to specific condition related medical advice.	Good adherence to specific medical condition related medical advice, and if not this is due to pressing practical reasons.	Most of the time adherence is generally good, but lacking from time to time for no acceptable reasons.	Most of the time poor adherence to specific condition related medical advice, for no acceptable reasons.	No adherence to specific condition related medical advice or lies about adherence.

COMMENTS:

Safety

	1 Always met	2 Met	3 Met most of the time	4 Not met most of the time	5 Never met

B1 Safety in parent's/carer's presence

		Always met	Met	Met most of the time	Not met most of the time	Never met
1.1	Awareness	Fully and proactively aware of all safety issues.	Aware of important 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.
1.2	**Practice: Parent's/carer's safety related behaviour — in home and garden**					
	On becoming mobile and pre-school years	Always vigilant, effective measures against any perceived dangers.	Effective measures against any imminent danger.	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.
	Primary school	Child is always closely supervised.	Good supervision, child not supervised if known to be in a safe place.	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.
	Transition to senior school	Parent/carer allows child out in safe surroundings within agreed times. Makes frequent checks, especially if child not back on time.	Parent/carer allows child out in unfamiliar surroundings if believed to be safe, with reasonable time limit. Checks at agreed time if child not back.	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:

Safety

		1 Always met	**2** Met	**3** Met most of the time	**4** Not met most of the time	**5** Never met
1.3	**Online safety**	All available safety measures in place, electronic updates, and parent/carer closely monitors what child is viewing.	All available safety measures in place and parent/carer monitors (no regular electronic updates).	Most of the time some safety measures in place, parent/carer inconsistently monitors what child is viewing.	Most of the time parent/carer has casual approach to online safety which potentially puts child at risk.	Careless disregard, despite understanding the dangers, of online safety by carer.
1.4	**Safety in traffic**					
	Infant	Infant well secured and checked. Parent/carer proactively aware of danger.	Infant well secured in pram/harness.	Most of the time infant is in pram/harness, although not always securely.	Most of the time infant is usually not safely secured in pram/harness.	Unsecured — parent is careless with pram.
	Toddler	Hand is always held and walking is at child's pace, road safety encouraged.	Toddler allowed to walk close by, hand is securely held.	Toddler expected to walk closely with parent/carer; parent/carer intermittently checks if child left behind.	Toddler left far behind parent/carer when walking, or dragged with irritation.	Toddler left to wander and dragged along in frustration when found.
	Primary school age	Child escorted safely by adult when crossing a busy road by walking close together.	Child allowed to cross road with senior school child, they walk close together.	Child allowed to cross busy road with other child, perhaps watched by parent. Older primary school child may cross alone.	Child allowed to cross a busy road on their own. Parent believes that the child can do this.	Child crosses a busy road alone without parent giving any concern or thought.
1.5	**Practical safety features in the home**	Abundant safety equipment or numerous practical safety measures in place and always used.	All safety equipment and practical measures in place and frequently used.	Adequate essential safety measures and some practical measures in place. Inconsistently used.	Minimal safety measures in place. Few practical safety features which are rarely used.	Careless disregard for safety. Child dangerously exposed to harm.

COMMENTS:

Safety

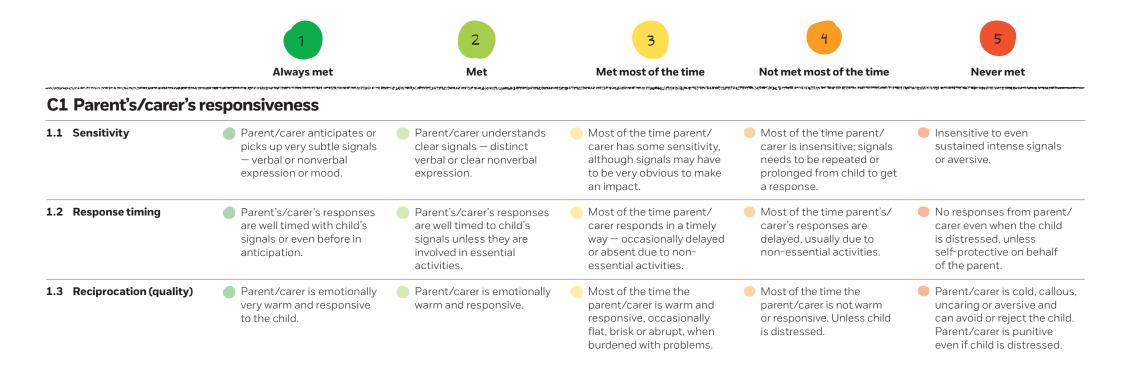| 1	2	3	4	5
Always met	**Met**	**Met most of the time**	**Not met most of the time**	**Never met**

B2 Safety when parent/carer is absent

2.1 Safety in absence

| Parent/carer only leaves child with suitable adult that the child is familiar with. | Parent/carer leaves child with suitable and able adult or older sibling/young person. | Most of the time suitable childcare arrangements are made. Effort is made to make sure person is suitable. | Most of the time unsuitable child care arrangements are made; parent/carer makes little effort to ensure suitability or ability of the person. | Careless disregard for child care arrangements. Parent/carer makes no effort to check out suitability or ability of carer, or disregards known concerns, or leaves child alone. |

COMMENTS:

Emotional Care

	1	2	3	4	5
	Always met	**Met**	**Met most of the time**	**Not met most of the time**	**Never met**

C1 Parent's/carer's responsiveness

1.1	**Sensitivity**	Parent/carer anticipates or picks up very subtle signals — verbal or nonverbal expression or mood.	Parent/carer understands clear signals — distinct verbal or clear nonverbal expression.	Most of the time parent/carer has some sensitivity, although signals may have to be very obvious to make an impact.	Most of the time parent/carer is insensitive; signals needs to be repeated or prolonged from child to get a response.	Insensitive to even sustained intense signals or aversive.
1.2	**Response timing**	Parent's/carer's responses are well timed with child's signals or even before in anticipation.	Parent's/carer's responses are well timed to child's signals unless they are involved in essential activities.	Most of the time parent/carer responds in a timely way — occasionally delayed or absent due to non-essential activities.	Most of the time parent's/carer's responses are delayed, usually due to non-essential activities.	No responses from parent/carer even when the child is distressed, unless self-protective on behalf of the parent.
1.3	**Reciprocation (quality)**	Parent/carer is emotionally very warm and responsive to the child.	Parent/carer is emotionally warm and responsive.	Most of the time the parent/carer is warm and responsive, occasionally flat, brisk or abrupt, when burdened with problems.	Most of the time the parent/carer is not warm or responsive. Unless child is distressed.	Parent/carer is cold, callous, uncaring or aversive and can avoid or reject the child. Parent/carer is punitive even if child is distressed.

COMMENTS:

Emotional Care

	1	2	3	4	5
	Always met	**Met**	**Met most of the time**	**Not met most of the time**	**Never met**

C2 Mutual engagement

2.1 Initiation of interaction	Both parent/carer and child initiate interaction — although usually more so from the parent.	Both parent/carer and child equally initiate the interaction, parents respond even if the child is being difficult.	Most of the time parent/carer and child initiate the interactions — usually more so from the child; parent is less responsive if the child is being difficult.	Most of the time the child instigates the majority of the interactions; child is anxious and/or demanding.	Child is avoidant, resigned or apprehensive.
2.2 Quality of the relationship between parent and child	Both parent/carer and child gain mutual enjoyment, the parent puts in extra effort to ensure the child's happiness.	Parent/carer and child equally enjoy the interaction.	Most of the time the parent/carer and child gain pleasure from the interaction, although sometimes the parent seems less enthusiastic.	Most of the time the interaction is functional with little enjoyment from child or parent/carer; at times the parent can appear indifferent.	Poor interaction between parent and child; parent/carer is aversive or emotionally cold or child plays on own most of the time. No pleasure from interactions, for either one.

COMMENTS:

Developmental Care

	1	2	3	4	5
	Always met	**Met**	**Met most of the time**	**Not met most of the time**	**Never met**

D1 Stimulation (Ages are only a guide. Any age section can be used if relevant.)

Age 0–2

1.1 Interactive stimulation	High quality interactive stimulation.	Sufficient stimulation and of good quality.	Most of the time parent provides adequate and appropriate interactive stimulation, however at times the baby is left alone whilst the parent pursues own non-essential activity.	Most of the time the baby is left alone while the parent pursues own non-essential activity. Unless attention persistently demanded by baby.	Parent provides no stimulation, mobility can even be restricted (confined to chair, push chair). Parent becomes irate if attention sought by baby.

Age 2+

1.1 Interactive stimulation	Frequent interactive stimulation of excellent quality.	Sufficient good quality interactive stimulation.	Most of the time interactive stimulation is of adequate quality, however quality variable when parent otherwise occupied with own recreational activity.	Most of the time interactive stimulation is deficient, may be provided but of poor quality, even if parent is totally unoccupied.	No interactive stimulation at all.
1.2 Toys	Numerous appropriate items for the child to play with, whether bought or made creatively with child.	Parent/carer provides all that is necessary and improvises if required.	Most of the time appropriate toys are provided however little effort is made to improvise.	Most of the time parent/carer does not provide appropriate toys; no improvisation.	Parent/carer doesn't provide toys – unless given by other professional source; may even wantonly deprive the child of toys.

COMMENTS:

Developmental Care

	1 Always met	2 Met	3 Met most of the time	4 Not met most of the time	5 Never met
1.3 Outings	Frequent child centred outings.	Less frequent child centred outings.	Most of the time outings are to child friendly places, however parent takes child to adult centred places for own recreational activities.	Most of the time outings are not to child-friendly places, child simply accompanies adult.	No outings to child-friendly places. Child can only play in the neighbourhood.
1.4 Celebrations	Personal and seasonal events celebrated with lots of enthusiasm and elaborate preparations.	Personal and seasonal events celebrated although less elaborate but still enthusiastically.	Most of the time personal and seasonal events are celebrated, but mainly in a low key fashion.	Most of the time seasonal events are celebrated; but the child's milestones rarely celebrated; if they are they're very low key.	No celebrations for seasonal events or child's personal milestones.

Age 5+

	1 Always met	2 Met	3 Met most of the time	4 Not met most of the time	5 Never met
1.1 Educational support	Parent/carer shows an active interest in schooling. Joins in school activities to support the child at school and at home.	Parent/carer shows interest in schooling, supports the child at home and in school.	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 does 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.
1.2 Sport and leisure	Parent is constructively involved, helps with organisation and takes children to venues.	Parent is actively supportive, 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.
1.3 Peer group interaction	Parent/carer proactively organises, facilitates and supports child's peer group interactions.	Parent/carer encourages and facilitates child to have positive 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.

COMMENTS:

Developmental Care

	1 Always met	2 Met	3 Met most of the time	4 Not met most of the time	5 Never met

D2 Approval

2.1 Approval

Always met	Met	Met most of the time	Not met most of the time	Never met
Parent/carer talks about child with delight and praises them spontaneously; gives child generous emotional reward for any achievement.	Parent/carer talks fondly about the child when asked. Offers praise spontaneously.	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.	All of the time parent/carer is aversive to the child being praised by others, indifferent or dismissive of child's achievements or may even ridicule them.

D3 Disapproval

3.1 Disapproval

Always met	Met	Met most of the time	Not met most of the time	Never met
Disapproval measures are mild verbal sanctions and are consistent and suitable for child's age and understanding; response is always appropriate.	Verbal disapproval measures are consistent, occasionally abrupt with some mild sanctions which are suitable for child's age and understanding.	Most of the time disapproval measures are in place although can be applied inconsistently. Parent/carer is abrupt, can shout or even ignore the child.	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 can terrorise, or ridicule the child they may use cruel language or physical punishment.

D4 Acceptance

4.1 Acceptance

Always met	Met	Met most of the time	Not met most of the time	Never met
Unconditional acceptance. Parent/carer is always warm and supportive even if the child is failing or demonstrating behavioural issues.	Unconditional acceptance of any failure or difficulties. Parent/carer may be appropriately critical.	Most of the time the parent is accepting of the child's difficulties, however at times they can have an inconsistent response or demonstrate annoyance.	Most of the time the parent/carer doesn't accept the child, especially when failing — but can accept the child only when the child is excelling, They may even reject the child if needs are high.	The parent/carer rejects, belittles or denigrates the child if they make mistakes. Parents may even be indifferent to any achievements.

COMMENTS:

The GCP2 is the only authorised and fully tested update of the original GCP. It is a more user-friendly and comprehensive tool that helps professionals with their assessment and subsequent work with families. But it keeps the original principles and values — ensuring that it retains its integrity in the way it scales and supports work with families.