

Please be aware that the original Graded Care Profile scaling described here refers to the original Graded Care Profile assessment. This has now been superseded by Graded Care Profile 2. Please see the LSCB website for details of how to train to use the Graded Care Profile 2.

A AREA OF PHYSICAL CARE

Sub-areas	1	2	3	4	5
1. Nutrition					
A. Quality	Aware and proactive; provides excellent quality food and drink.	Aware and manages to provide reasonable quality food and drink.	Provision of reasonable quality food inconsistent through lack of awareness or effort.	Provision of poor quality food through lack of effort; only occasionally of reasonable quality if pressurised.	Quality not a consideration at all or lies about quality.
B. Quantity	Ample.	Adequate.	Adequate to Variable.	Variable to Low.	Mostly low or starved.
C. Preparation	Painstakingly cooked/prepared for the child.	Well prepared for the family always accommodating child's need, sometimes for the child.	Preparation infrequent and mainly for the adults, child sometimes accommodated.	More often no preparation. If there is, child's need or taste not accommodated.	Hardly ever any preparation. Child lives on snacks/cereals.
D. Organisation	Meals elaborately organised – seating, timing, manners.	Well organised- often seating, regular timing.	Poorly organised- irregular timing, improper seating.	Ill organised- no clear meal time.	Chaotic – eat when and what one can.

AREA OF PHYSICAL CARE Continued ...

Sub-areas	1	2	3	4	5
2. Housing					
A. Maintenance	Additional features benefiting child- double glazing, child safety etc. (also referred to	No additional features but well maintained.	State of repair adequate.	In disrepair- amenable to self-repair.	Dangerous disrepair- amenable to self-repair (exposed nails, live wires).
B. Decor	Excellent, child's taste specially catered for.	Good, child's taste accommodated (practical	In need of decoration but reasonably clean.	Dirty.	Dirty and filthy (bad odour).
C. Facilities	Essential and additional amenities- central heating, shower and bath, play and learning facilities.	All essential amenities; effort to maximise benefit for the child if lacking due to practical constraints (child first).	Essential to bare- no effort to maximise benefit to the child who shares equally.	Essential to bare- adult first and child if any left e.g. Blanket.	Child dangerously exposed or unprovided.
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.					

AREA OF PHYSICAL CARE Continued ...

Sub-areas	1	2	3	4	5
3. Clothing					
A. Insulation	Well protected with high quality material garments.	Well protected even if with cheaper material garments.	Adequate to variable weather protection.	Inadequate weather protection.	Dangerously exposed.
B. Fitting	Excellent fitting and design.	Proper fitting even if handed down.	Fitting somewhat improper.	Clearly improper fitting.	Grossly improper fitting.
C. Look- age 0-5	Newish, clean, ironed.	Effort to restore any wear, clean, ironed.	Repair lacking, usually not quite clean or ironed.	Worn, somewhat dirty and crumpled.	Dirty, badly worn and crumpled, odour.
D. Look- age 5+	As above	As above, odour if bed wetter, not otherwise.	Worse than above unless self-helped. If younger (under 7) gets relatively better clothes.	Same as above unless self helped. Even under 7 same as above.	Same as above, no means even of self-help by the child.
4. Hygiene					
Age 0 to 4	Cleaned, bathed and groomed regularly daily.	Regular, almost daily.	Irregular but often, less so with older toddlers.	Occasionally bathed but seldom groomed.	Seldom bathed or clean.
Age 5 to 7	Some independence at above tasks but always helped and supervised.	Reminded and provided for regularly, followed and helped if need perceived.	Irregularly reminded and provided but not followed.	Reminded only now and then, minimum supervision.	Not bothered.
Age 7+	Reminded, followed, helped regularly.	Reminded regularly and followed if lapses.	Irregularly reminded, even provision not consistent.	Left to their own initiatives. Provision minimum and inconsistent.	No concern.

AREA OF PHYSICAL CARE Continued ...

Sub-areas	1	2	3	4	5
5. Health					
A. Opinion sought	Not only on illnesses but also other genuine health matters proactively and with sincerity preventative.	From professionals/experienced adults on matters of genuine and immediate concern about child	On illness or any severity / or frequent disingenuous consultation and/ or medication.	When illness becomes moderately severe (delayed).	When illness becomes critical (emergencies) or even that ignored.
B. Follow up	All appointments kept. Rearranges if problems.	Fails one in two appointments due to doubt about their usefulness or due to pressing practical constraints.	Fails one in two appointments even if of clear benefit for reasons of personal inconvenience.	Attend third time after reminder. Contests its usefulness even if it is of clear benefit to the child.	Fails a needed follow up a third time despite reminders. Misleading explanations.
C. Surveillance	Visits in addition to the scheduled surveillance, up to date with immunisation unless genuine reservations.	Up to date with scheduled surveillance and immunisation unless exception or practical problems.	Omission for reasons of personal inconvenience, takes up if persuaded.	Omissions because of carelessness, accepts if accessed at home.	Clear disregard of child's welfare, frustrates home visits.
D. Disability/chronic illness (3 months after diagnosis)/ illness	Compliance excellent, (any lack is due to difference of opinion).	Any lack of compliance is due to pressing practical reason.	Compliance is lacking from time to time for no pressing reason (excuses).	Compliance frequently lacking for trivial reasons, very little affection, if at all.	Serious compliance failure (medication not given for no reasons), can lie, (inexplicable deterioration), any affection is put on.
Compliance = availing professional advice at any venue and carrying out advice given.					

B AREA OF CARE OF SAFETY

Sub-areas	1	2	3	4	5
1. In Presence					
A. Awareness	Keep awareness of safety issues however remote.	Aware of important safety issues.	Poor awareness and perception except for immediate danger.	Oblivious.	Not bothered.
NOTE: Please refer to the item 'd (Safety Features)' and the note below that					
B. Practice					
Pre-mobility age	Very cautious with handling and laying, seldom unattended.	Cautious whilst handling and laying, frequent checks if unattended.	A bit precarious handling, frequently unattended when laid within the house.	Handling precarious unattended even during care chores (bottle left in the mouth).	Dangerous handling, left dangerously unattended during care chores like bath.
Acquisition of mobility	Constant vigilance and effective measures against any perceived dangers when up and about.	Effective measures against any imminent danger.	Measures taken against imminent danger of doubtful efficacy.	Ineffective measures if at all, improvement from mishaps soon lapses.	Inadvertently exposes to dangers (dangerously hot iron nearby).
Infant school	Close supervision indoor and outdoor.	Supervision indoors, no direct supervision outdoor if known to be at a safe place.	Little supervision indoors or outdoors, intervenes if in appreciable danger.	No supervision, intervenes after mishaps which soon lapses again.	Minor mishaps ignored or the child is blamed; intervenes casually after major mishaps.
Junior and Senior School	Allows out in known safe surroundings within appointed time checks if goes beyond.	Can allow out in unfamiliar surrounding if thought to be safe and in knowledge, reasonable time limit. Checks if suspicious.	Not always aware of whereabouts outdoors believing it is safe as long as returns in time.	Not bothered about daytime outings, concerned about late nights in case of child younger than 13.	Not bothered despite knowledge of dangers outdoors- railway lines, ponds, unsafe building, or staying away until late evening/nights.

AREA OF CARE OF SAFETY Continued ...

Sub-areas	1	2	3	4	5
1. In Presence cont.					
C. Traffic					
Age 0 – 4	Well secured in the pram, harnesses, or walking hand clutched with child’s pace.	3-4 year old allowed to walk but close by, always in vision, hand clutched if necessary i.e. crowd.	Infants not secured in pram. 3-4 year old expected to catch up with adult when walking, intermittent glance back if left behind.	Babies not secured, 3-4 year olds left far behind when walking or dragged with irritation.	Babies unsecured, careless with pram, 3-4 year old left to wander and dragged along in frustration when found.
5 and above	5-10 year old escorted by adult crossing a busy road walking close together.	5-8 year old allowed to cross road with a 13+ child: 8-9 allowed to cross alone if the reliably	5-7 year olds allowed to cross with an older child but below 13 simply watched: 8-9 crosses alone.	5-7 year old allowed to cross a busy road alone in belief that the can.	A child 7 crosses a busy road alone without any concern or thought.
D. Safety Features	Abundant features- gate, guards, drug lockers, electrical safety devices, intercom to listen to the baby, safety with garden pond and pool etc.	Essential features- secure doors, windows and any heavy furniture item, safe gas and electrical appliances, drugs and toxic chemicals out of reach, smoke alarm. Improvisation and	Lacking in essential features, very little improvisation or DIY (done too causally to be effective).	No safety features. Some possible hazard due to disrepair (tripping hazard due to uneven floor, unsteady heavy fixtures, unsafe appliances).	Definite hazard for disrepair- exposed electric wires and sockets, unsafe windows (broken glass), dangerous chemicals carelessly lying around.
<p>NOTE: This item along with other safety provisions which are not a fixture like a bicycle helmet, safety car seats, sports safety wear etc. can be used to score for item ‘a’ (Awareness of safety).</p>					

AREA OF CARE OF SAFETY Continued ...

Sub-areas	1	2	3	4	5
2. Safety in Absence	Child is left in care of a vetted adult, never in sole care of anyone under 16.	I=Out of necessity a child aged 1-12 is left with a young person over 13 who is familiar and has no significant problem, for no longer than necessary. Above arrangement applies to a baby only in an urgent	For recreational reason leaves a 0-9 year old with a child aged 10-13 or a person known to be unsuitable.	For recreational reason a 0-7 year old is left with an 8-10 year old or an unsuitable person.	For recreational reason a 0-7 year old is left alone or in a company of a relatively older but less than 8 year old child or an unsuitable person.

C AREA OF CARE OF LOVE

Sub-areas	1	2	3	4	5
1. Carer					
A Sensitivity	Anticipates or picks up very subtle signals- verbal or nonverbal expression or mood.	Comprehends clear signals – distinct verbal or clear nonverbal expression.	Not sensitive enough – stimuli and signals have to be intense to make an impact e.g. cry.	Quite insensitive – needs repeated or prolonged intense signals.	Insensitive to even sustained intense signals or aversive.
B Response Synchronisation Timing	Responses well synchronised with signals or even before in anticipation	Responses mostly synchronised except when occupied by essential chores.	Not synchronised for own recreational engagement; synchronised if fully unoccupied or child in distress.	Even when child in distress responses delayed.	No responses unless a clear mishap for fear of incrimination.
C Reciprocation (quality)	Responses complimentary to the signal. Both emotionally and materially, can get over stressed by distress signals from child. Warm.	Material responses (treats etc.) lacking but emotional responses warm and reassuring.	Emotional reciprocation warm if in good mood (not burdened by strictly personal problem), otherwise flat.	Emotional reciprocation brisk, flat and functional, annoyance if child in moderate distress but attentive if in severe distress.	Aversive/punitive even if child in distress, acts after a serious mishap mainly to avoid incrimination, any warmth/remorse deceptive.

AREA OF CARE OF LOVE continued

Sub-areas	1	2	3	4	5
2. Mutual Engagement					
A. Overtures	Bilateral but overtures more by carer.	Bilateral- equally by both. Positive overture even if child's is defiant.	Overtures mainly by child, sometimes by carer, negative if child's behaviour is defiant.	Mainly unilateral overture by the child, seldom by the carer.	Child appears resigned or apprehensive and does not make overtures.
B. Quality	Frequent pleasure engagement mutual enjoyment, carer may seem to enjoy a bit more.	Quite often and both enjoy equally.	Less often engaged for pleasure, child enjoys more, carer passively participates getting some enjoyment at times.	Engagement mainly functional, indifferent when child attempts to engage for pleasure, child can derive some pleasure (attempts to sits on knees, tries to show a toy).	Aversive to pleasure overtures if any, child resigned or plays on own, carer directed engagement only.

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 of score in some area 'carer' (C/1) alone and problem noted as comments.

D AREA OF CARE OF ESTEEM

Sub-areas	1	2	3	4	5
1. Stimulation					
Age 0-2 years	Ample and appropriate stimulation (talking, touching, looking). Equipment's plenty.	Enough and appropriate intuitive stimulation but less of commercial equipment.	Inadequate and inappropriate- baby left alone while carer pursues own recreation; sometimes interacts with baby.	Baby left alone while pursuing own pleasure unless sought badly by the baby.	Absent- even mobility restricted (confined in chair/pram) for carer's convenience. Irate if sought by the baby.
Age 2-5 years	<p>i <i>Interactive stimulation</i> (talking to, playing with, reading stories and topics) plenty and good quality.</p> <p>ii <i>Toys and gadgets</i> (items of uniform, sports equipment, books etc.) – elaborate provision.</p> <p>iii <i>Outings</i> (taking the child out for recreational purposes) – frequent visits to child centred place locally and away.</p> <p>iv <i>Celebrations</i> – both seasonal and personal, with pomp and zeal.</p>	<p>i Sufficient and of satisfactory quality.</p> <p>ii Provides all that is necessary and tries for more, improvises if unaffordable.</p> <p>iii Enough visits to child centred place locally (e.g. parks) occasionally away (e.g. Legoland, zoos).</p> <p>iv Equally zealous but less pompous.</p>	<p>i Variable- adequate if totally otherwise occupied.</p> <p>ii Essentials only. No effort to improvise if unaffordable.</p> <p>iii Child accompanies carer wherever carer decides, usually child friendly places.</p> <p>iv mainly seasonal (Christmas) low key personal (birthdays).</p>	<p>i Deficient- even if totally unoccupied.</p> <p>ii Lacking on essentials.</p> <p>iii Child simply accompanies – holidays or locally (e.g. shopping), plays out doors in neighbourhood.</p> <p>iv Only seasonal- low key to keep up with the rest.</p>	<p>i Nil.</p> <p>ii Nil, unless provided by other sources- gifts or grants.</p> <p>iii No outings for the child, may play in the street but carer goes out locally e.g. to pub with friends.</p> <p>iv Even seasonal festivities absent or dampened.</p>

AREA OF CARE OF ESTEEM Continued

Sub-areas	1	2	3	4	5
1. Stimulation cont.					
Age 5+ years	<p><i>I Education</i> – active interest in schooling and support at home.</p> <p><i>ii Sports and leisure</i> – well organised outside school hours e.g. swimming, scouts, etc.</p> <p><i>iii Peer interaction</i> – facilitated and vetted.</p> <p><i>iv Provision</i> – elaborate e.g. sports gear, computers.</p>	<p><i>i</i> Active interest in schooling, support at home when free of essential chores.</p> <p><i>ii</i> All affordable support.</p> <p><i>iii</i> Facilities.</p> <p><i>iv</i> Well provided and tries to provide more if could.</p>	<p><i>i</i> Maintains schooling but little support at home even if has spare time.</p> <p><i>ii</i> Not proactive in finding out but avails opportunities at doorsteps.</p> <p><i>iii</i> Supports if a peer is from a friendly family with carer.</p> <p><i>iv</i> Under provided.</p>	<p><i>i</i> Little effort to maintain schooling or mainly for other reasons like free meals etc.</p> <p><i>ii</i> Child avails by self effort, carer not bothered.</p> <p><i>iii</i> Child finds own peer, no help from carer unless reported to be bullied.</p> <p><i>iv</i> Ill provided.</p>	<p><i>i</i> Not bothered or can even be discouraging for other gains.</p> <p><i>ii</i> Not bothered even if child is unsafe/unhealthy pursuit.</p> <p><i>iii</i> Not bothered.</p> <p><i>iv</i> No provision.</p>
NOTE: Whichever describes the case best should be ticked as the score; in the event of a tie choose the higher score.					
2. Approval	Talks about the child with delight/praise without being asked; generous emotional and material reward for any achievement.	Talks fondly about the child when asked, generous praise and emotional reward, less of material reward.	Agrees with others praise of the child, low key praise and damp emotional reward.	Indifferent if child praised by others, indifferent to child's achievement which is quietly acknowledged.	Negates if the child is praised, achievements not acknowledged, lack of reprimand or ridicule is the only reward if at all.

AREA OF CARE OF ESTEEM Continued

Sub-areas	1	2	3	4	5
3. Disapproval	Mild verbal and consistent disapproval if any set limit is crossed.	Consistent terse verbal, mild physical, mild sanctions if any set limits are crossed.	Inconsistent boundaries or methods terse/shouts or ignores for own convenience, mild physical and moderate other sanctions.	Inconsistent, shouts/harsh verbal, moderate physical, or severe other sanctions.	Terrorised. Ridicule, severe physical or cruel other sanctions.
4. Acceptance	Unconditional acceptance. Always warm and supportive even if child is failing.	Unconditional acceptance, even if temporarily upset by child's behavioural demand but always warm and supportive.	Annoyance at child's failure, behavioural demands less well tolerated.	Unsupportive to rejecting if child is failing or if behavioural demands are high. Accepts if child is not failing.	Indifferent if child is achieving but rejects or denigrates if makes mistakes or fails.
<p>NOTE: If the style of parenting (over protective, permissive to foster independence, authoritarian) or type of values instilled is of concern, please make a note in the corresponding comment box on the record sheet.</p>					