

Please be aware that the original Graded Care Profile described here has been updated and superseded by the Graded Care Profile 2. Please see the LSCB website for details of how to train to use the Graded Care Profile 2.

Graded Care Profile for emotional abuse and neglect

Instructions

The Graded Care Profile (GCP) is a new design which gives an objective measure of care of a child by a carer. It is a direct categorical scale which gives a qualitative grading for actual care delivered to a child taking account of commitment and effort shown by the carer. Personal attributes of the carer, social environment or attributes of the child are not accounted for unless actually observed to be affected by them. Thus, if a child is provided with good food, good clothes and a safe house GCP will score better even if the carer happened to be poor. The grades are on a five point bipolar (extending from best to worst) continuum. Grade one is the best and five the worst. This grading is based on how carer(s) respond to the child's needs. This is applied in four areas of need – physical, safety, love and esteem. Each area is made up of different sub-areas and some sub-areas are further broken down into different items of care. The score for each area is made up of scores obtained for its items. A coding manual is prepared giving brief examples of constructs for the five grades against each item or sub-area of care. Scores are obtained by matching information elicited in a given case with those in the coding manual. There is a system of notation by which each item or sub-area can be represented. This is taken advantage of in designing the follow-up and targeting intervention. Methods are described below in detail. It can be scored by the carers/s themselves if need be or practicable.

How it is organised

It has two main components which are described below.

1. The Record Sheet

It is printed on an A4 sheet with 'areas' and 'sub-areas' in a column vertically on the left hand side and scores (1 to 5) in a row of boxes horizontally against each sub-area. Next to this is a rectangular box for noting the scores for the area which is worked from the scores in sub-areas (described later). Adjacent to the area score, there is another box to accommodate any comments relating to that area. At the top there is room to make note of personal details, date and to note who the main carer is against which the scoring is done. At the bottom there is a separate table designed to target item(s) or sub-area(s) where care is particularly deficient and to follow them up.

On the reverse side of the record sheet there is a full reference scheme which accommodates the entire system down to the items. It is for the reference and the record as it is not feasible to keep a coding manual with each case each time scoring is done.

The Reference System: A capital letter denotes an 'area'. Numerals denote a 'sub-area' and a small letter denotes an 'item'. For example, A/1a = area of 'physical' care sub-area 'nutrition' for this area/item 'quality' for this sub-area; meaning quality of nutrition for physical care.

2. The Coding Manual

The coding manual which is incorporated here next to the instructions is laid out according to the reference system described above. There are four ‘**areas**’ – physical, safety, love and esteem which are labelled as – **A, B, C** and **D** respectively. Each area has its own ‘**sub-areas**’ which are labelled numerically – **1, 2, 3, 4** and **5**. Some of the ‘**Sub-areas**’ are made up of different ‘**items**’ which are labelled as – a, b, c, d. Thus unit for scoring is an ‘item’ or a ‘sub-area’ where there are no items. For example, score for ‘nutrition’, one of the five sub-areas of the area of ‘physical’ care, is worked from scores obtained for four of its items – quality, quantity, preparation and organisation. For some of the sub-areas or items there are **age bands** written in bold italics. Apparently, only one will apply in any case. Stimulation, a sub-area of the area ‘esteem’, is made up of ‘sub-items’ for age bands 2 – 5 & above 5 years.

How to Use

1. Fill in the relevant details at the top of the record sheet.

2. The Main Carer: is whom these observations mainly relate to – one or both parents as the case may be, substitute carer or each parent separately if need be, Make note of it in the appropriate place at the top right corner of the record sheet.

3. Methods:

For prescriptive scoring it is necessary to do a home visit to make observations. In that case carry a check list of sub-areas and items to ensure that they are covered during the visit. Alternatively, carry the coding manual itself and if feasible, share it with the carer. It can also be used retrospectively where already there is enough information on items or sub-areas to enable scoring. Carers using it for themselves can simply go through the manual.

4. Situations:

- a) So far as practicable use the *steady state* of an environment and discount any temporary insignificant upsets e.g. no sleep the night before.
- b) Discount effect of *extraneous factors* on the environment (e.g. house refurbished by welfare agency) unless carers have positively contributed in some way – keeping it clean, adding their own bits in the interest of the child like a safe garden, outdoor or indoor play equipment or safety features etc.
- c) Allowances should be made for *background factors* which can affect interaction temporarily without necessarily upsetting steady state e.g. bereavement, recent loss of job, illness in parents. It may be necessary to revisit and score at another time.
- d) If carer is trying to mislead deliberately giving wrong impression or information in order to make one believe otherwise- score as indicated in the manual (e.g. ‘misleading explanation’- grade five for PHYSICAL health/follow up or ‘put an act showing care’ – grade five for LOVE carer reciprocation), otherwise score as if it is not true.

5. Obtaining Information on different items or sub-areas:

A) PHYSICAL

1. Nutritional (a) quality (b) quantity (c) preparation and (d) organisation

Take a good and skilful history about the meals provided including nutritional contents (milk, fruits etc.), preparation, set meal times, routine and organisation. Also note carer's knowledge about nutrition, note carer's reaction to suggestions made regarding nutrition (whether keen and accepting or dismissive). Observe for evidence of provision, kitchen appliances and utensils, dining furniture and its use without being intrusive. It is important not to lead as far as possible but to observe the responses carefully for honesty. Observation at meal time in natural setting (without special preparation) is particularly useful. Score on amount offered and the carer's intention to feed younger children rather than actual amount consumed as some children may have eating/feeding problems.

2. Housing (a) Maintenance (b) Decor (c) Facilities

Observe. If deficient ask to see if effort has been made to remedy, ask yourself if carer is capable of doing them him/herself. Discount if repair or decoration is done by welfare agencies or landlord.

3. Clothing (a) Insulation (b) Fitting (c) Look

Observe. See if effort has been made towards restoration, cleaning, ironing. Refer to the age band in the manual.

4. Hygiene

Child's appearance (hair, skin, behind ears and face, nails, rashes due to long term neglect of cleanliness, teeth). Ask about practice. Refer to age band in manual.

5. Health Opinion sought (b) follow-up (c) Surveillance (d) Disability

See if professionals or some knowledgeable adults are consulted on matters of health, check about immunisation and surveillance uptake, reasons for non- attendance if any, see if reasons can be appreciated particularly if appointment does not offer a clear benefit. Corroborate with relevant professionals. Distinguish genuine difference of opinion between carer and professional from non-genuine misleading reasons. Beware of being over sympathetic with carer if the child has a disability or chronic illness. Remain objective.

B) SAFETY

1. In Presence (a) Awareness (b) Practice (c) Traffic (d) Safety Features

This Sub-area covers how safely environment is organised. It includes safety features and carer's behaviour regarding safety (e.g. lit cigarettes left lying in the vicinity of child) in every day activity. The awareness may be inferred from the presence and appropriate use of safety fixtures and equipment in and around the house or in the car (child safety seat etc.) by observing handling of young babies and supervision of toddlers. Also observe how carer instinctively reacts to the child being exposed to danger. If observation not possible, then ask about the awareness. Observe or ask about child being allowed to cross the road, play outdoors etc. along the lines in the manual. If possible verify from other sources. Refer to the age band where indicated.

2. In Absence:

This covers child care arrangement where the carer is away, taking account of reasons and period of absence and age of the minder. This itself could be a matter for investigation in some cases. Check from other sources.

C) LOVE

1. Carer (a) Sensitivity (b) Response Synchronisation (c) Reciprocation

This mainly relates to the carer. Sensitivity denotes where carer shows awareness of any signal from the child. Carer may become aware yet respond a little later in certain circumstances. Response synchronisation denotes the timing of carer's response in the form of appropriate action in relation to the signal from the child. Reciprocation represents the emotional quality of the response.

2. Mutual Engagement (a) Overtures (b) Quality

IT is a dyadic trait inferred from observing mutual interaction during feeding, playing, and other activities. Observe what happens when the carer and the child talk, touch, seek out for comfort, seek out for play, babies reaching out to touch while feeding or stop feeding to look and smile at the carer. Skip this part if child is known to have behavioural problems as it may become unreliable.

Spontaneous interaction is the best opportunity to observe these items. See if carer spontaneously talks and verbalises with the child or responds when the child makes overtures. Note if the pleasure is derived by both carer and the child, either or neither. Note if it is leisure engagement or functional (e.g. feeding etc.).

D) ESTEEM

1. Stimulation:

Observe or enquire how the child is encouraged to learn. Stimulating verbal interaction, interactive play, nursery rhymes or joint story reading, learning social rules, providing developmentally stimulating equipment are such examples with infants (0 – 2 years). If lacking, try to note if it was due to carer being occupied by other essential chores. Follow the constraints in the manual for appropriate age band. The four elements (i, ii, iii and iv) in age band 2-5 years and 5- years are complimentary. Score in one of the items could suffice. If more items are scored, score for which ever column describes the case best. In the event of a tie choose the higher score (also described in the manual).

2. Approval:

Find out how and how much child's achievement is rewarded or neglected. It can be assessed by asking how the child is doing or simply by praising the child and noting the carer's response (agrees with delight or neglects)

3. Disapproval:

If opportunity presents, observe how the child is reprimanded for undesirable behaviour, otherwise enquire tactfully (does the she throw tantrums? How do you deal if it happens when you are tired yourself?) Beware of discrepancy between what is said and what is done. Any observation is better in such situations e.g. child being ridiculed or shouted at. Try and probe if carer is consistent.

4. Acceptance:

Observe or probe how carer generally feels after she has reprimanded the child or when the child has been reprimanded by others (e.g. teacher), when child is underachieving or feeling sad for various reasons. See if the child is rejected (denigrated) or accepted in such circumstances as shown by warm and supportive behaviour.

5. Scoring on the manual:

Make sure your information is factual as far as possible. Go through the constructs in the order – (Sub-Areas and Items) as in the manual. Find the construct which matches best, read one grade on either side to make sure, then place a tick on that construct (use pencil which can be erased and manual reused). The number at the top of the column will be the score for that item or sub-area. Where more than one item represents a sub-area, use the method described below to obtain the score for the sub- area.

6. Obtaining a score for a sub-area from score in its items:

a) Read the score for all ticks for different items of a particular sub-area: if there is a clear mode but none of the ticks are beyond three (3) score the mode for that particular sub-area. To score on the record sheet encircle the appropriate score box against the sub-area.

Example:

Nutrition	1	2	3	4	5	
Quality			✓			Score for
Quantity		✓				Nutrition
Preparation		✓				Would be 2
Organisation		✓				

b) Obtaining a Score for an 'area' from a score in its constituent sub-areas: same as 6a

c) If there is even a single score **above** point 3, score that point regardless of mode.

This method helps identify the problem even if it is one sub-area or item. Its primary aim is to safeguard child's welfare while being objective. Besides, if mathematical computation like calculating the mean are done to obtain a common score it will not be possible to refer to an item or sub-areas which gave a poor score in order to target it which is an advantage with this scale. This is why it has been left as a categorical scale.

7. Transferring the score on the 'Record Sheet':

Transfer all scores down to the items from the coding manual to the reverse side of the record sheet which is titled 'Full Reference Scheme'. Having worked on the score for the sub-areas which have items, transfer the scores for all sub-areas on record sheet in the front by encircling the appropriate corresponding score box. Then is the time to work the score out for the areas and note it down in corresponding boxes.

8. Comments:

This column in the record sheet can be used for flagging up issues which are not detected by the scale but may be relevant in a particular case. For example, a child who is temperamentally difficult to engage with (in the 'manual engagement' a sub-area of 'love') or a parent(s) whose overprotectiveness gave rise to concern (may score better in the sub-area of 'disapproval' in 'area' of esteem). These may need separate expert evaluation.

9. Targeting:

If the care is of poor grade in an item or sub-area, it can be picked up for targeting by noting it in the table at the bottom of the record sheet by using the reference system. A better score can be aimed at after a period of intervention. By aiming for one grade better

will place less demand on the carer than by aiming for ideal in one leap.