**Graded Care Profile 2**

After completing a desk top exercise to practice using the GCP2 tool, we identified a family that we had concerns about and had been trying to support for a while.

The case concerned a child that is morbidly obese and the health visitor had referred to a specialist paediatrician who had in turn involved a dietician.

One of the main problems was that mom was convinced that there was a genetic reason for the weight problem and as a result was not open to dietary advice. She had started to disengage.

Initially mom was approached and asked if she would support us by allowing us to use the GCP2 tool to help her to self evaluate and to compare that with our evaluation.

As we had already established a positive working relationship with mom and we feel that she trusts our judgement, she agreed to work with us.

An introductory meeting was set up with the nursery manager and mom. At this meeting she was introduced to the ethos behind GCP2 and briefly shown the assessment tool. It was explained to her that further meetings would be necessary and that home visits would be included. It was also explained to her that the Health Visitor would be feeding into the assessment tool.

The second meeting took place at the family home. Mom discussed her concerns and issues. The manager started to look at the areas where we knew mom was doing really well. At the end of that meeting , mom was asked to start thinking about Physical care and Nutrition in particular.

Further meetings were arranged with both nursery managers and with the Health visitor.

There was however a delay in the assessment process because of the summer break and it was difficult to get together with mom due to holidays etc.

All in all, in this case, the GCP2 has proved to be an excellent “Early Help” strategy. Mom has engaged well and we have negotiated strategies to support the monitoring and controlling of the child’s weight.

The specialist has now agreed that there is a very strong likelihood that there is a genetic condition but tests will take a year to provide the answers needed. This has made the work that the Health Visitor and the nursery have done, extremely significant.

Our experience has been positive. The tool has enabled us to:

* Take an objective approach.
* Initiate useful conversations that otherwise may be quite sensitive.
* Set out clear thresholds and expectations.
* Use clear, focussed and objective language.
* Allow the parent to self evaluate.
* Allow the parents a voice.
* Set clear unambiguous targets.
* Have a focus for each meeting.
* Highlight the progress that parents have made.

There are of course some barriers that may need to be overcome:

* Timing – Ensure that holidays are accounted for and visits planned in advance.
* 6 visits could be difficult to do- sharing with other professionals can be of benefit if they are planning to visit anyway.
* Parents sometimes need support and time to really reflect if they are to be realistic with their assessment and agree with professionals.