

# NSPCC Learning

## Graded Care Profile 2 (GCP2)

*Measuring Care, Helping Families*

Sam Kyriacou  
GCP2 Implementation Manager

### Awareness session

- Why do we need it?
- What is it?
- Implementation and why it's vital
- How we can support you



**NSPCC**  
**Learning**

**Why GCP2?**

## **GCP2 activity update**

- 92 sites across the UK currently licenced to use GCP2
- 17 areas warm/52 passive
- Over 1300 GCP2 trainers trained
- Estimated over 21,000 practitioners trained to use the tool
- Ongoing support via community of practice
- New developments: 'Good Parent Guide' & GCP2a

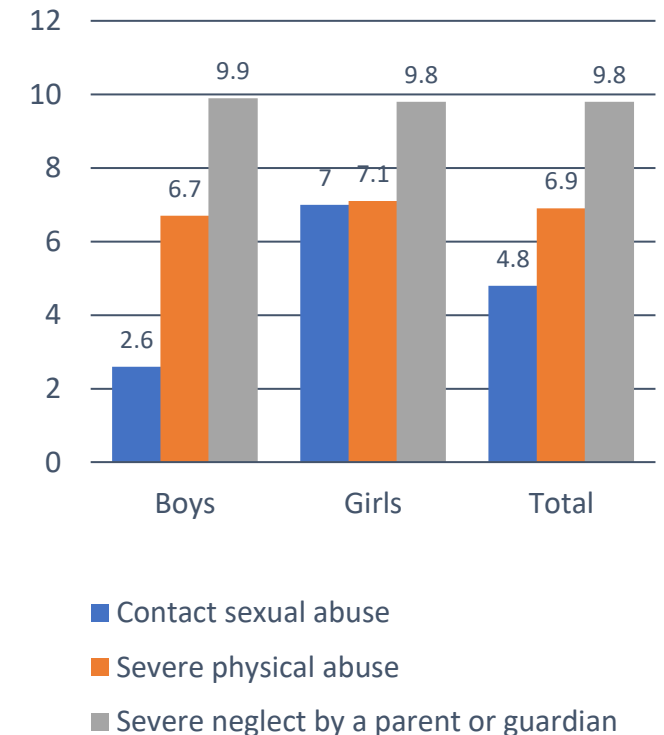


## Why focus on child neglect?

### Child neglect is...

- is the most common reason for a child to be subject to a child protection plan.
- features in 60% of serious case reviews.
- is the most common concern for which adults contact the NSPCC helpline.
- is the most prevalent form of child maltreatment in the UK.

One in ten 11–17 year olds report severe neglect



## Why do we care?

### Effects of neglect:

- Death
- Delayed development
- Emotional difficulties - anger, anxiety, sadness or low self-esteem
- Mental health problems such as depression, eating disorders, (PTSD), suicidal thoughts, self harm
- Problems with drugs or alcohol
- Poor physical health
- Struggles with relationships
- Difficulties with learning, lower educational attainment, difficulties in communicating
- Behavioural problems including anti-social behaviour, criminal behaviour

## Graded Care Profile 2

Measuring care, helping families

---

### In summary

- ✓ Assessing neglect can be difficult
- ✓ It can be subjective and prone to bias
- ✓ There is a high threshold for recognition
- ✓ It's difficult to capture and compare
- ✓ It can be complex and intergenerational





# What is the Graded Care Profile 2 (GCP2)?



## Graded Care Profile 2

Measuring care, helping families

---

### Graded Care Profile: what is it?

- An evidenced-based assessment tool for evaluating levels of parental care – what is life like for the child
- Uses a graded scale (1=strengths 5=concerns) to capture levels of physical and emotional care
- Theoretically sound
- Identifies strengths as well as areas of concern
- Targets aspects of neglectful care
- Provides evidence that can inform care and intervention plans





## Graded Care Profile 2

Measuring care, helping families

---

# Graded Care Profile 2

### It can:

- ✓ Support decision making at all levels and between levels
- ✓ Support a better understanding of parents' capacity to and ability to sustain change
- ✓ Describe when sub-optimal care becomes neglectful
- ✓ Bring what life is like for the child to the forefront



## Who can use the tool?

- ✓ Social workers
- ✓ Family support workers
- ✓ Teachers, home school link workers
- ✓ Health staff
- ✓ Police, Youth workers, voluntary sector
- ✓ Childcare providers
- ✓ Parents
- ✓ Young people



## Purpose

### When neglect is suspected:

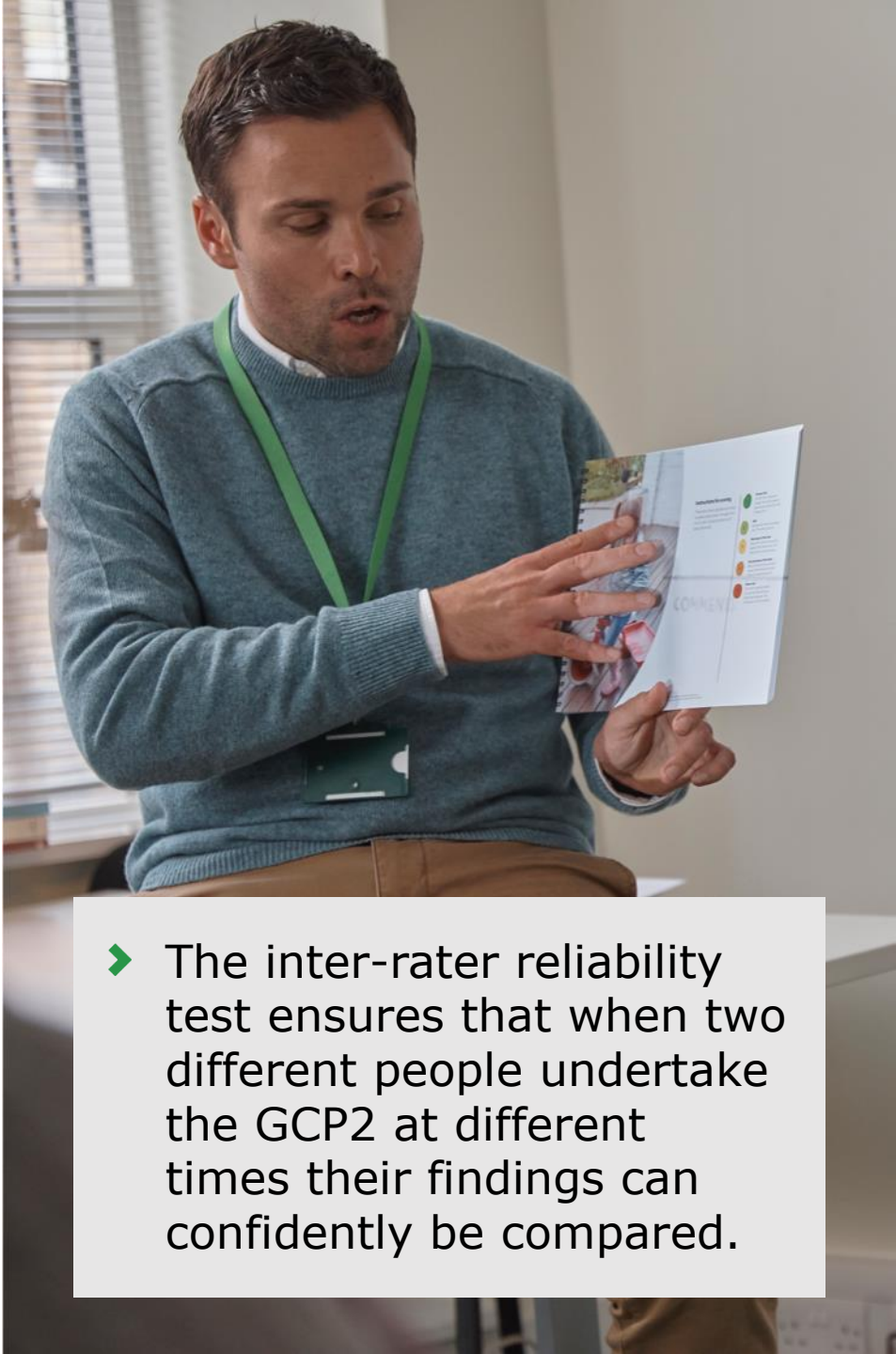
- Assess the quality of current care / frame concerns
- Get the baseline measurement
- Ensure interventions are targeted
- Monitor progress

## Graded Care Profile 2

Measuring care, helping families

---

“GCP2 has been found to be reliable and valid. It can be used in the knowledge that it has sound psychometric properties, and is a reliable and valid assessment tool in aiding practitioners in the assessment of child neglect.”

- 
- A man with short dark hair, wearing a blue sweater and a green lanyard, is sitting at a desk and looking at a document. The document has a colorful graphic and the word 'CONNECT' visible. The background shows a window with blinds.
- The inter-rater reliability test ensures that when two different people undertake the GCP2 at different times their findings can confidently be compared.

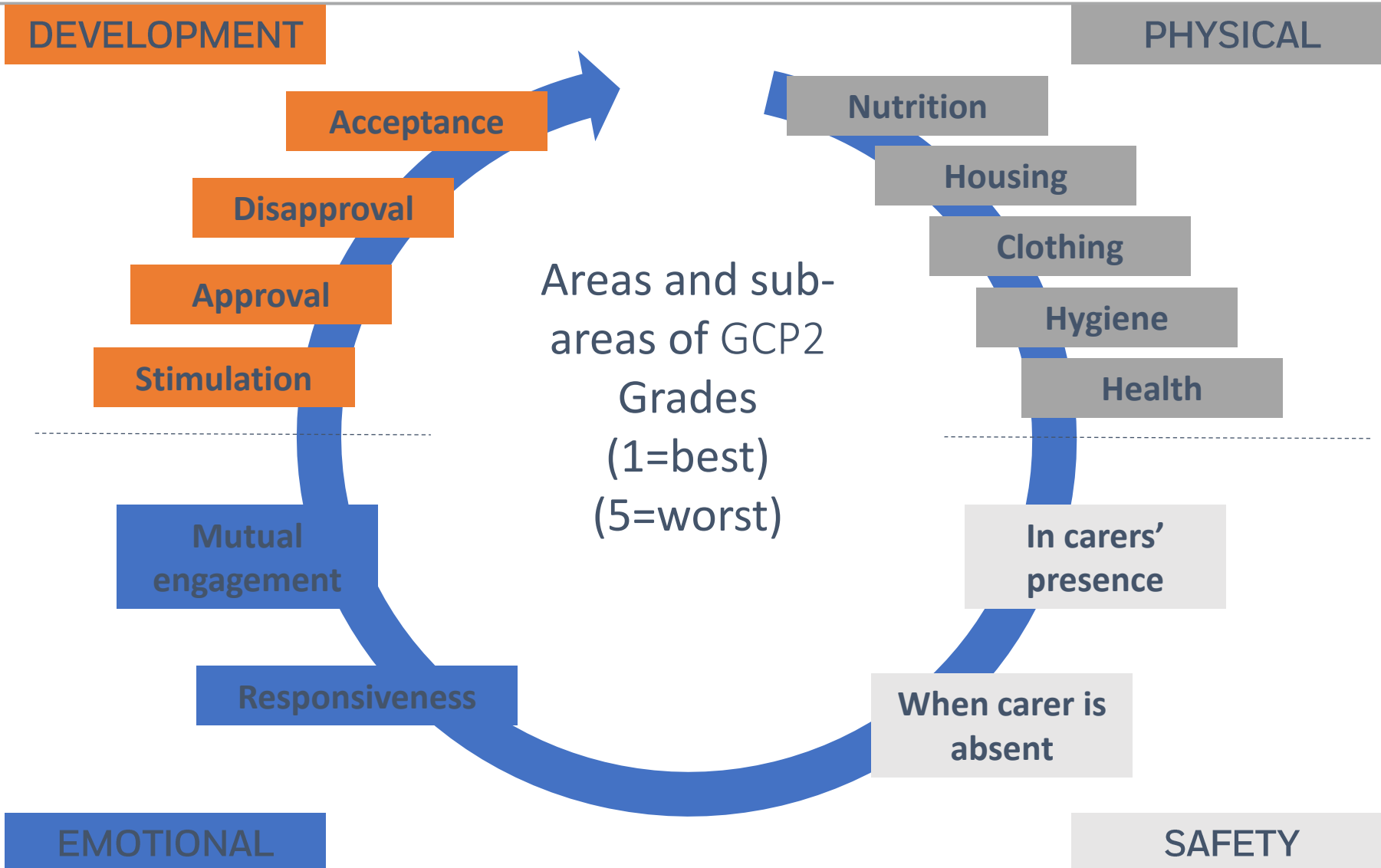
## Where in the system can you use GCP2 to support decision making?

- ✓ Early help – identify needs and areas of strengths
- ✓ Supports social work practice and decision making – ICPC or Review
- ✓ Can support legal decision making and as part of the court bundle

### **However GCP does not:**

- ✗ Replace good professional practice
- ✗ Assess the reason for the neglect
- ✗ Replace good engagement
- ✗ Measure impact





➤ What the tool actually looks like

AREA A:  
**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
<b>1.1 Quality</b>	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.
<b>1.2 Quantity</b>	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.
<b>1.3 Diet for children with specific requirements</b>	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.
<b>1.4 Preparation</b>	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, when and what they can.
<b>1.5 Organisation</b>	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.

## The Tool

- The Tool
- Scorecards
- Handbook
- Guidance and Theory
- Parent leaflet



## **GCP vs GCP2**

- Developed with original author Dr Srivastava
- Evidence based - tested for reliability and validity
- Language is current and relevant
- Gaps from GCP filled including; specific diets, online safety and developmental expectations.
- Licenced tool, can only be used by those who have been trained.
- Training includes an assessment to demonstrate understanding and competency.
- Implementation support
- Over 70 supporting resources
- Parent leaflet, translated into 13 languages
- Leaflet for young people

## Graded Care Profile 2

Measuring care, helping families

---

### Strategic benefits:

- Creates a consistent, objective approach across all disciplines
- Creates a common language between agencies
- Quality of referrals improved
- Costs avoided, redistribution of resources
- Improved outcomes for children and families
- Improves practice



- 100% of 425 staff attending the training in Stockton-on-Tees felt more confident in assessing and analysing neglect



## Graded Care Profile 2

Measuring care, helping families

---

### Practice benefits:

- Increased confidence in decision making at all levels
- Supports good working relationships with parents
- Focusses assessment of what life is like for the child
- Evidences a parents capacity to change/not change
- Supports a better and broader understanding of neglect
- Improves quality of referrals





## **Graded Care Profile 2**

Measuring care, helping families

### **Benefits to families:**

- Parents encouraged by strengths identified and seeing improvements in scores
- Better understanding of how their behaviours may harm child
- Breaks concerns down in priority areas – more achievable
- Supports adolescents understanding of the care they should be receiving
- Many examples of escalation and de-escalation



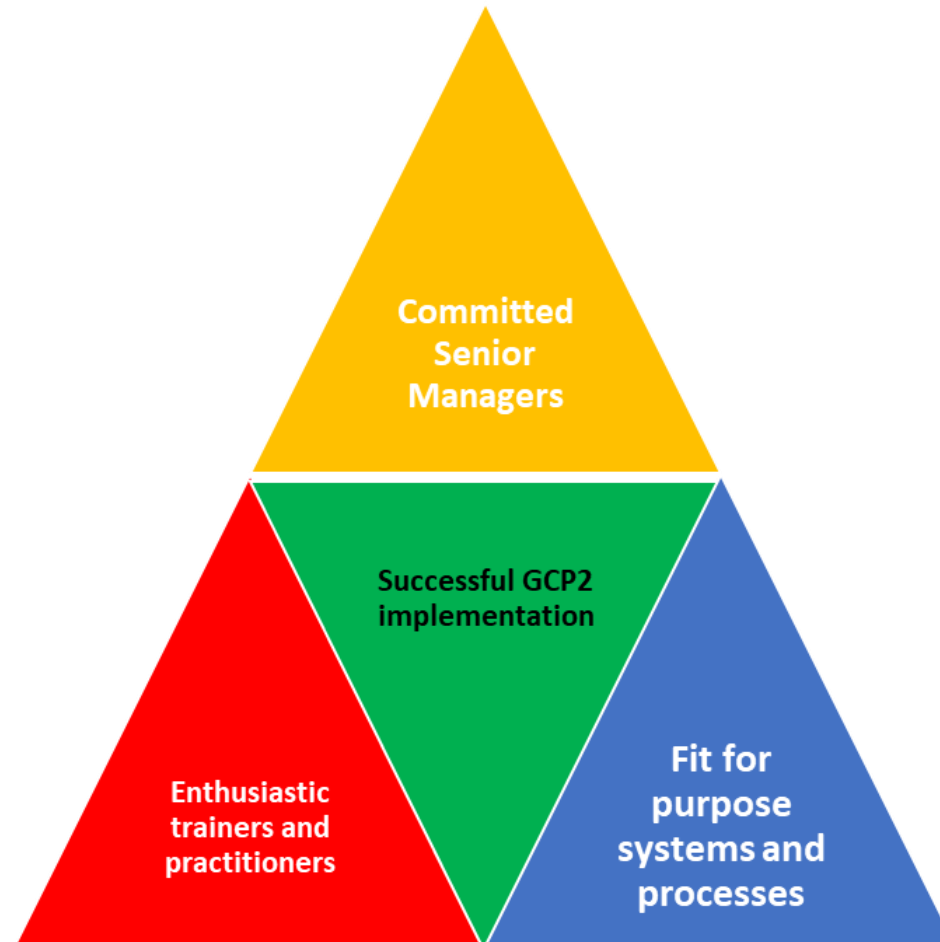


Implementation,  
and why it's  
important

## **Why is understanding implementation important?**

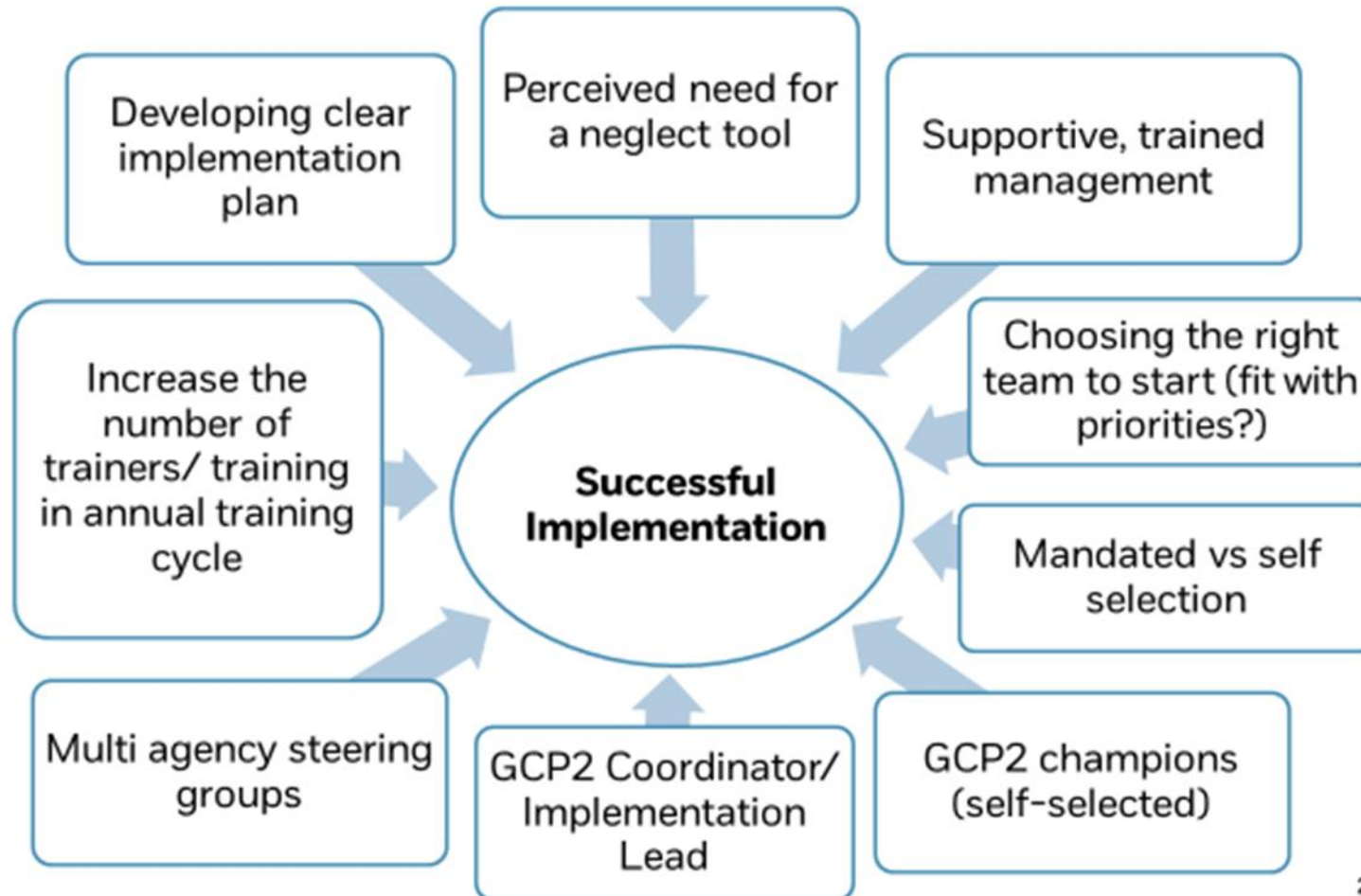
**Children and families cannot benefit from a GCP2 they do not experience**

## Key components to successful implementation





## Implementation Facilitators – GCP2 research



## **GCP2 implementation masterclasses**

**What:** A series of workshops (6) delivered over 3 x 1.5hr sessions to share best practice on:

1. Why plan implementation/relaunch GCP2?
2. Securing senior management buy-in across all agencies
3. Fit for purpose systems and processes
4. Developing a comms plan
5. Enthusiastic leaders, champions and practitioners
6. Measuring impact and sustaining GCP2 in practice

**When:** 2nd, 9th & 16<sup>th</sup> March – 10-11.30am

**How much: FREE** BUT this is a one-off opportunity

## Measuring impact

How will you know when you've achieved your aim?

### **Capturing GCP2 data will:**

- ✓ encourage practitioners to use the tool
- ✓ Who and how many are using
- ✓ How many children the tool is used with
- ✓ analyse the data to understand the prevalence and types of neglect, demographics and help shape future services
- ✓ Show when GCP2 is having an impact on the local population of neglected children

# Quick overview – implementation process..

- **Sign contract for licence**
- **Complete implementation plan**
- **Deliver GCP2 Training for Trainers**
- **Host launch event**
- **Train practitioners to use GCP2**
- **Monitor use, measure impact**



## Thank you

If you have any questions please contact:



[nspcc.org.uk](https://www.nspcc.org.uk)



[GCP2@nspcc.org.uk](mailto:GCP2@nspcc.org.uk)



XXX XXXXXX