

Graded Care Profile 2

Measuring Care, Helping Families

Licensed Training for Practitioners

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With thanks to

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NSPCC



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EVERY CHILDHOOD IS WORTH FIGHTING FOR

Aims of training

GCP2 Training for Practitioners

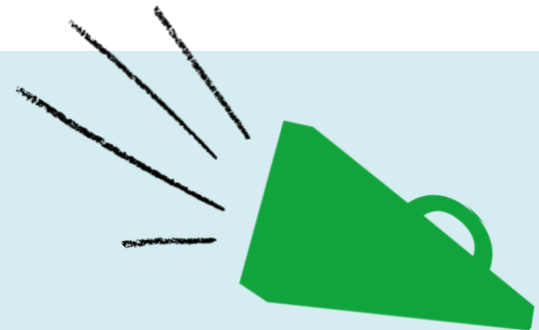
- ✓ Become licensed to use the GCP2
- ✓ Consolidate knowledge in relation to neglect
- ✓ Know how it fits in with local practice

Welcome

1 Who are we?

2 Who are you?

3 What do you want from today?



Learning agreement



Bounds of confidentiality



Respect for trainers and each other



Phones and breaks



Professionalism



Engaged and honest

Activity

- What is neglect?
- What is the impact?
- Why is it difficult to assess?

Spend 10 minutes in groups – please record your answers so that you can feedback to the group



“The persistent failure to meet a child’s physical and/or emotional needs likely to result in serious impairment of the child’s health or development. ...

It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment ...”

Department of Health

“...it may also
include neglect of, or
unresponsiveness to a child’s
basic emotional needs...”

Department of Health



Activity



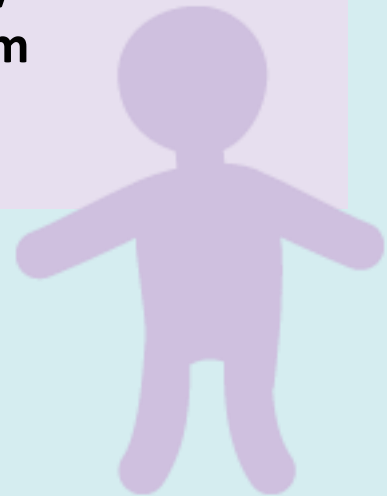
**What is child
development?**

Activity

Activity

Child development is:

Child development is the sequential progression of changes in the body and abilities as the child grows from birth to adolescence.



Early child development

Babies are born with immature brains and neglect starves the developing mind of stimulation and denies the child information about self and others

Chronic and multiple types of abuse and neglect are related to greater maladjustment and negative outcomes

Frederico et al, 2008

Chronic experiences of neglect occurring over different developmental periods can have a profound impact on a child's life

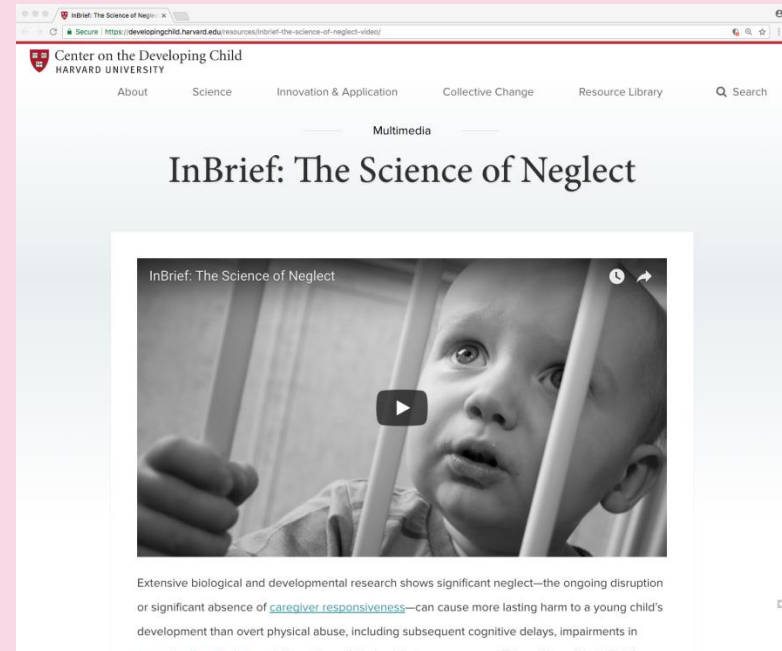
*Professor David Howe
2005*

Chronic neglect is associated with a wider range of damage than active abuse

*National Scientific Council
on the Developing Child,
2010*

Centre on the developing child

Visit the Centre on the
Developing Child



LAG

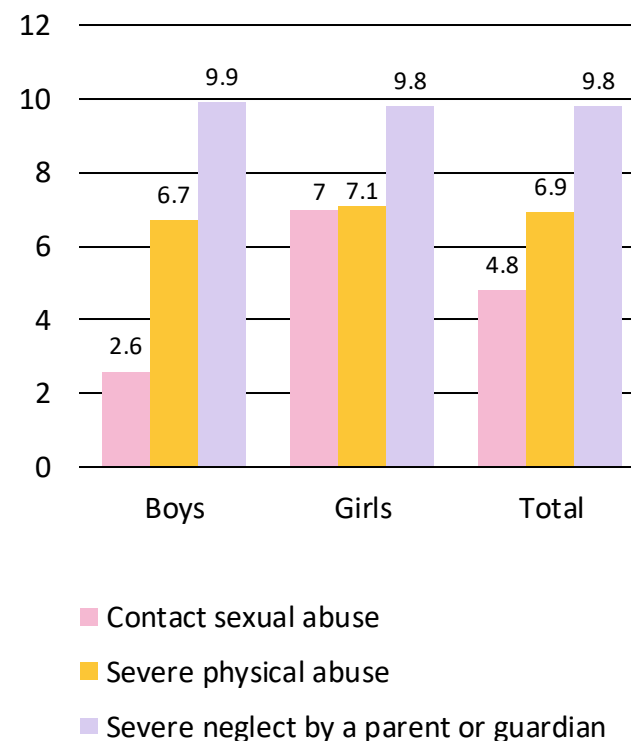
LAG

Why focus on child neglect?

Child neglect ...

- 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 about 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



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



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What is the Graded Care Profile



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Graded Care Profile: what is it?

- ✓ An evidenced-based assessment tool for evaluating levels of parental care
- ✓ Uses a graded scale (1=best 5=worst) to capture levels of physical and emotional care
- ✓ Based on Maslow's hierarchy of needs
- ✓ Identifies strengths as well as weaknesses
- ✓ Targets aspects of neglectful care
- ✓ Provides evidence that can inform care and intervention plans

What the research said

Strengths of the GCP

- ✓ Improved Assessment Process

On a 5 point scale, the usefulness of GCP was rated as 4 or 5 in two thirds of cases (N=114)

- ✓ More objective, evidence-based assessment
- ✓ Identifies parental strengths as well as areas of concern
- ✓ Unpacks parenting – improved breadth and depth of assessment
- ✓ Promotes child centred approach
- ✓ Participative process that promotes parental engagement

However GCP2 does not:

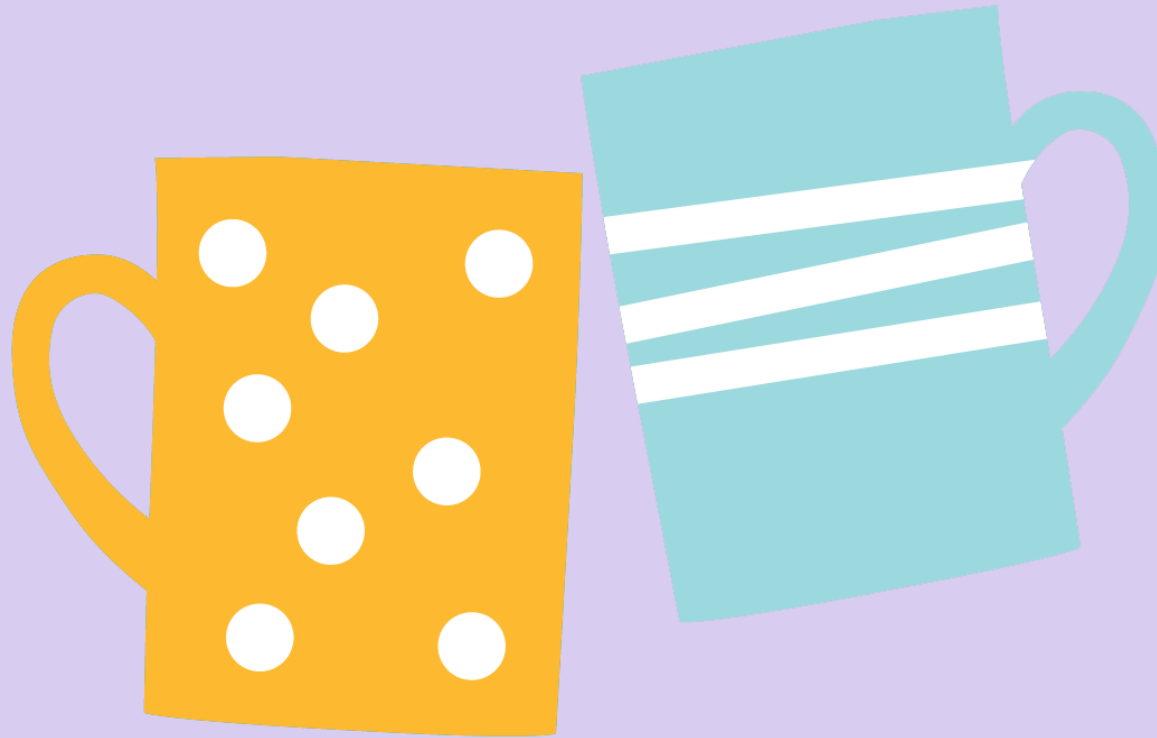
Replace
good professional
practice

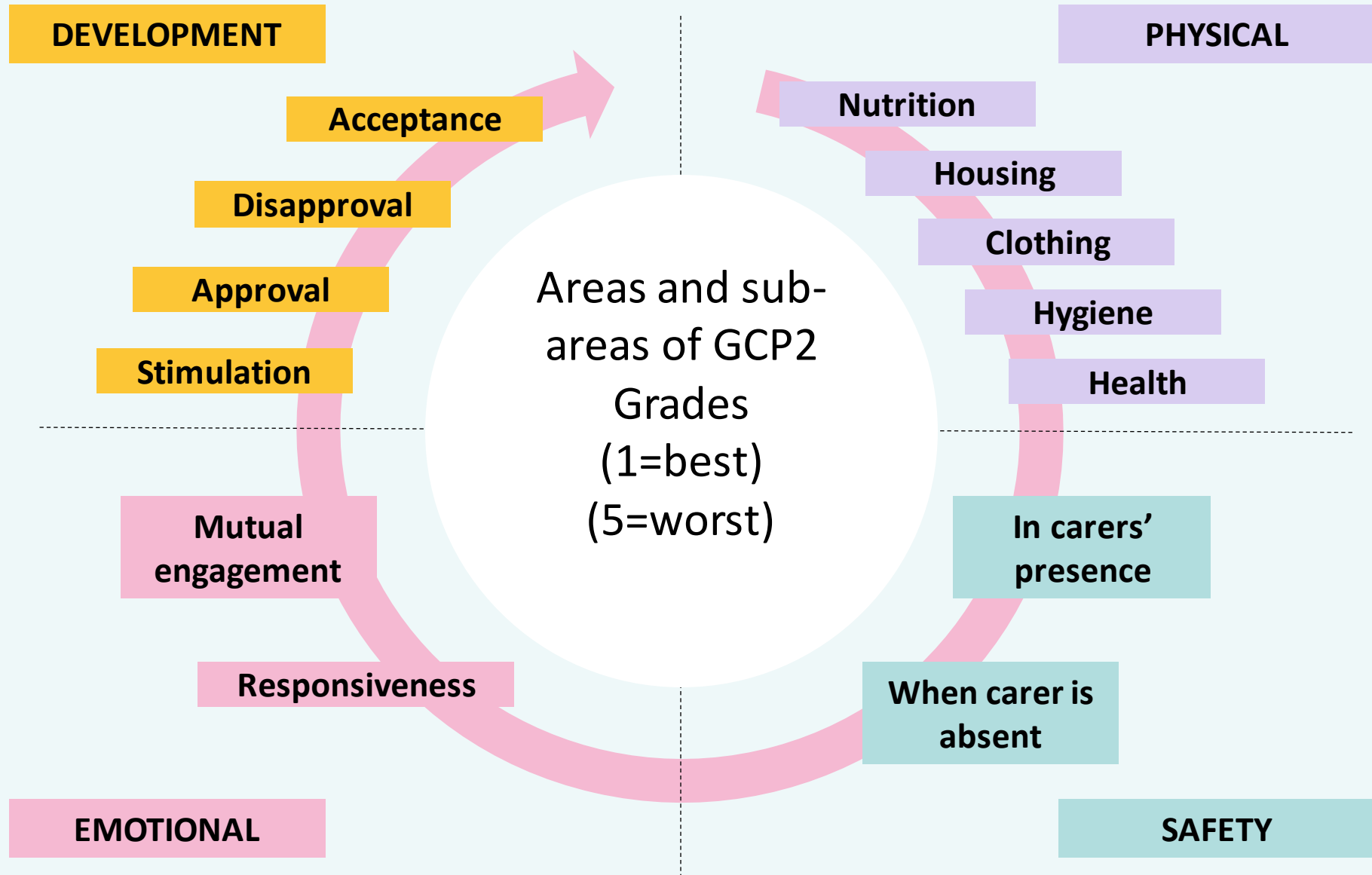
Assess the
reason for the
neglect – it sits
alongside other
assessments

Replace good
engagement

Measure
impact

Coffee





Depth of each area: GCP2 scale

The scale is descriptive and ranges from 1=best to 5=worst



Always met

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



Met

All essential needs are always met. The child is a priority.



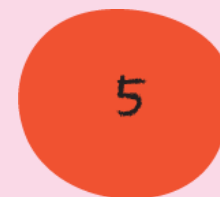
Met most of the time

Most of the time the essential needs of the child are met. The child and the carer are at par.



Not met most of the time

Most of the time the essential needs of the child are not met. Child is considered second.



Never met

The child's essential needs are not met. May be due to intentional disregard. The child is not considered.

Remember – The GCP2 reviews the 'what' not the 'why'

Purpose: where neglect is suspected

Assess
the current
quality of care

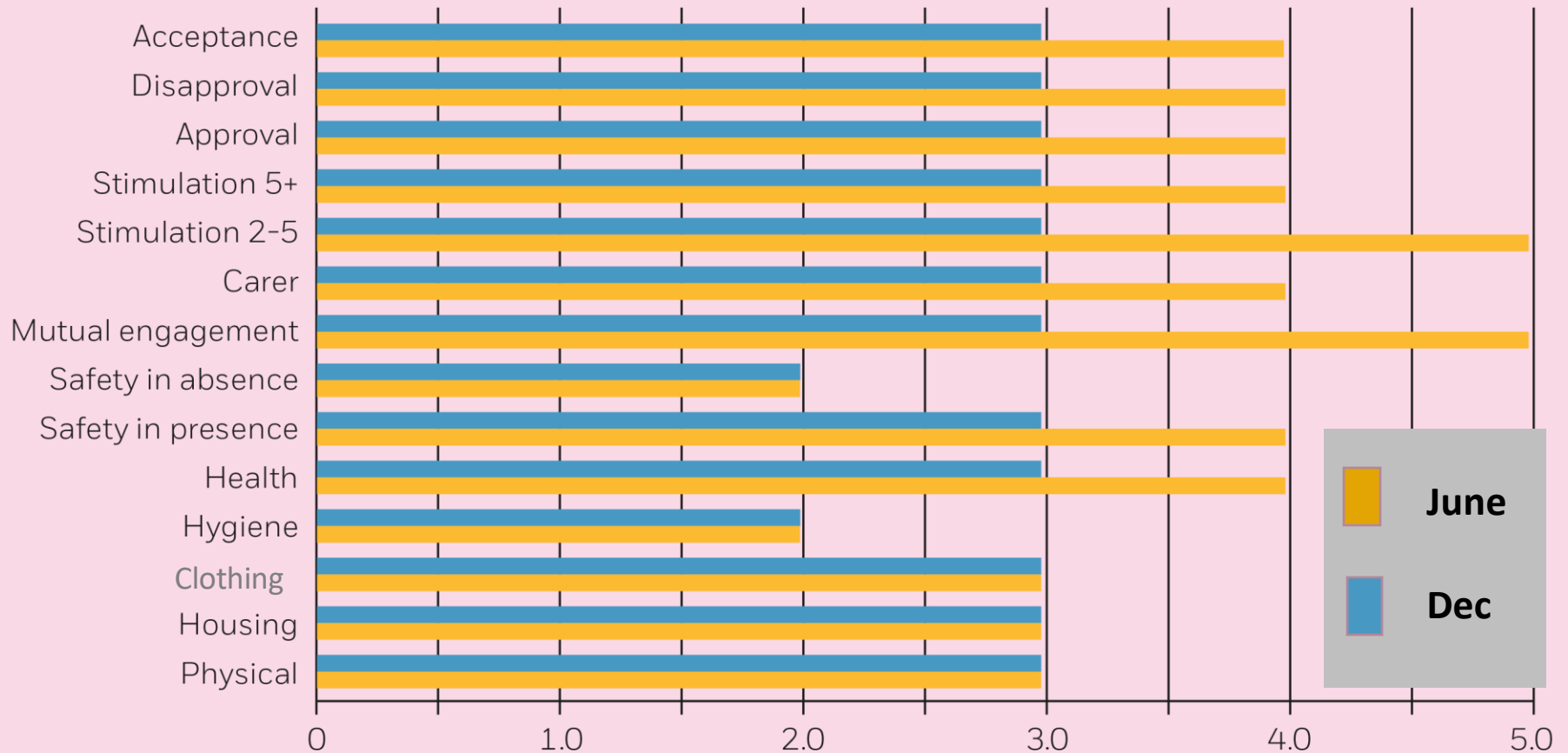
Get
baseline measurement



Ensure
interventions
are targeted

Monitor
progress

Example of one type of comparison chart



When in the system can you use GCP2?

Early help –
identify needs
and areas
of strength

Supports
social work practice
and decision making
– ICPC or Review

Can support
legal decision making
and
form part of the
court bundle



Who can use the tool?

- ✓ Social workers
- ✓ Family support workers
- ✓ Teachers, home school link workers, school nurses
- ✓ Health staff including health visitors
- ✓ Police, Youth Workers, voluntary organisations
- ✓ Parents and Young people

Methods

- Grades cover continuum from best to worst
- Main way to gather information is observation
- Evidence can be gathered from other evidence/ records/professionals
- This needs to be of good quality and within the window of the assessment
- Review the observation against the grades then score the closest
- Do not guess – if not credible evidence then leave out
- Individuals can score GCP2 – but support should be sought from colleagues/managers

Instructions for scoring

- ✓ Be objective
- ✓ Primarily between one parent/carer and child
- ✓ Can be done on more children simultaneously
- ✓ If parents parent collectively, one score can represent care of child in the family
- ✓ If the care is substantially different then each parent/carer should be done individually
- ✓ When the child has a disability, the practitioner should have understanding of the care that should be delivered

Instructions for scoring

In normal circumstances

- ✓ Current information – do not use old information – defined timescale
- ✓ Note the input other agencies have made, for example housing
- ✓ Note if the parent/carer is trying to mislead and score as directed
- ✓ Not exhaustive – GCP2 does not cover everything
- ✓ **In Development (D1) you can use any relevant section – age bands are just a guide**

ALWAYS SCORE THEN INTERPRET

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					
1.1 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, 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:

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Introduction to GCP2

*Please note: This is also part
of the case study*

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[View Introduction to GCP2 in browser](#)

Practicing introducing GCP2

- This training is not about teaching you how to do home visits; however, it is always good to practice
- Split into groups of two or three and spend a few minutes explaining the tool to each other
- Feedback to each other – what was good about the way your partner explained it?

Scoring

Areas:
capital letters

A=Physical

B=Safety

C=Emotional

D=Development

Sub-areas:
numbers

Nutrition

Housing

Clothing

Items:
numbers

Quality

Quantity

Specific diet

A

Area

.

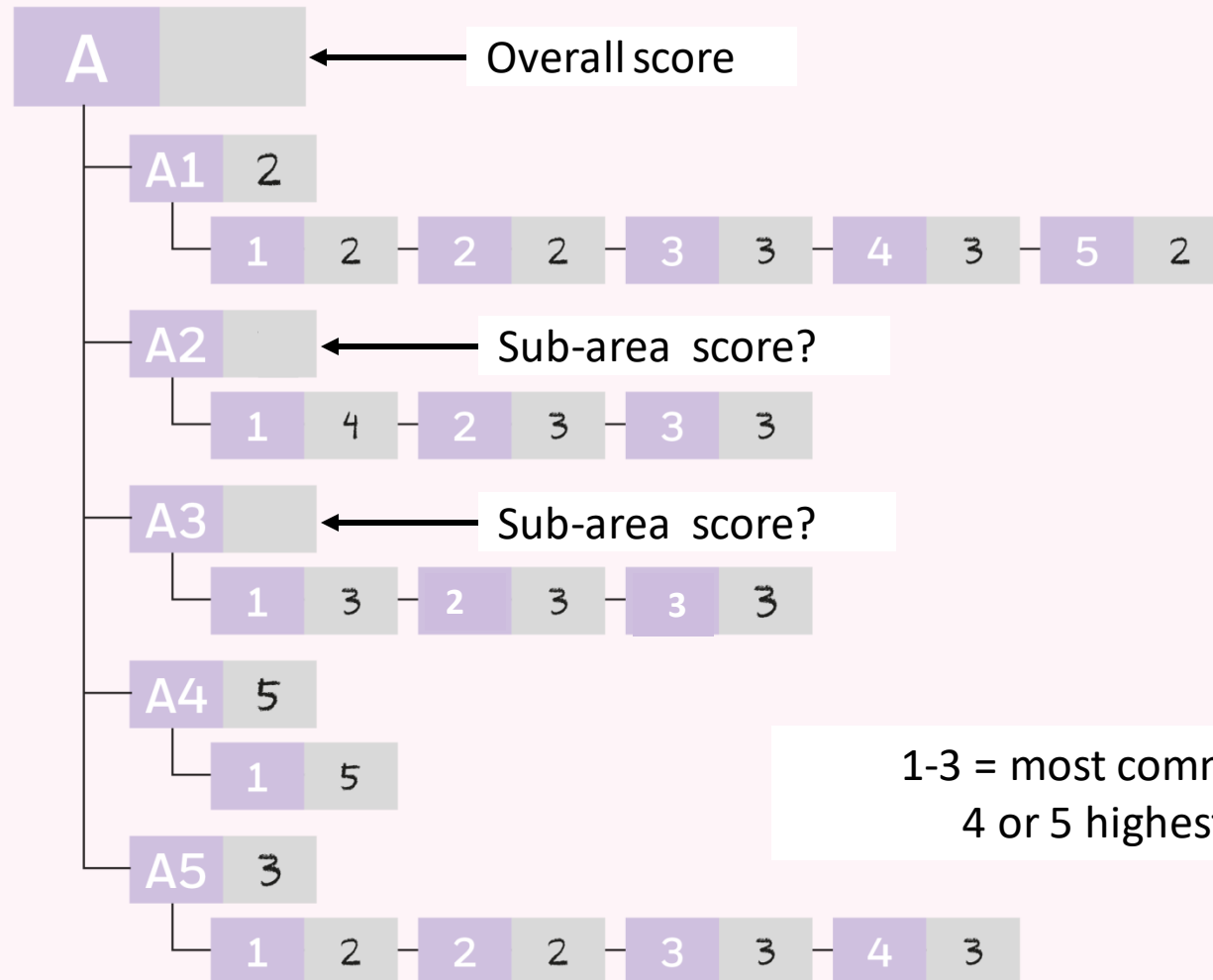
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Sub-area

.

1

Item



Theoretical underpinning

Evolutionary biology

- Life reproductive success

Sociology

- Thing called love – *Donald Winnicott*
- Attachment – *Bowlby/Crittenden/Howe*

Psychology

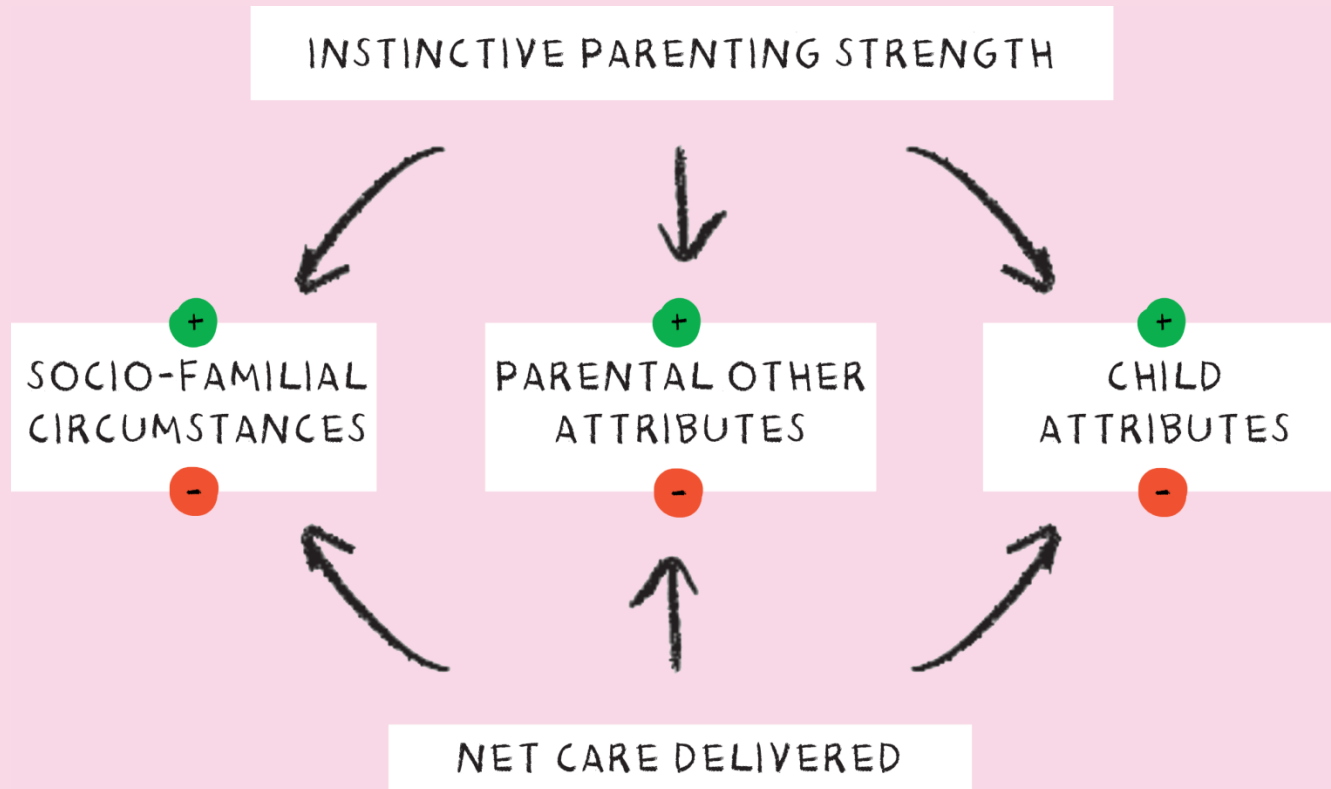
- Maslow Needs Theory
- Personality development – *Erikson*
- Child development and personality – *Mussen*

Research

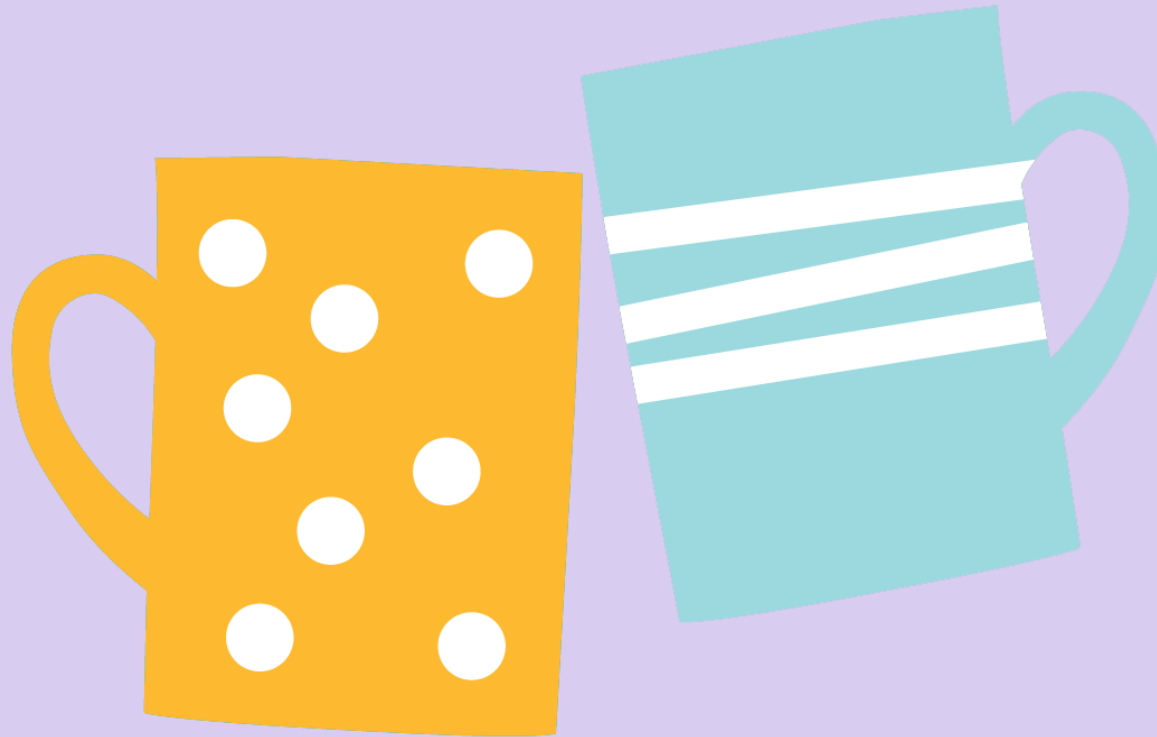
- Newcastle, 1,000 families graded care as:
 - satisfactory, unsatisfactory and variable

Instinctive parenting strength

Net care in a steady state



Lunch



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Case Study

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The assessment

We are taking account of:

- ✓ Your knowledge on neglect
- ✓ Your grasp of the tool
- ✓ But most importantly, **how you score the tool**

The assessment

We do this by:

- ✓ Observing how you engage in the training
- ✓ Listening to your deliberations
- ✓ Reviewing your scores

Case study

Please score the GCP2 using the information supplied in the:

- referral
- video clips

You can do this in groups/pairs.

Please record your grades on your **individual** summary sheet (as you may disagree) – when completed please hand it to your trainer.



Activity

- Read the documentation
- Observe the clips
- Score the GCP2 from the evidence available

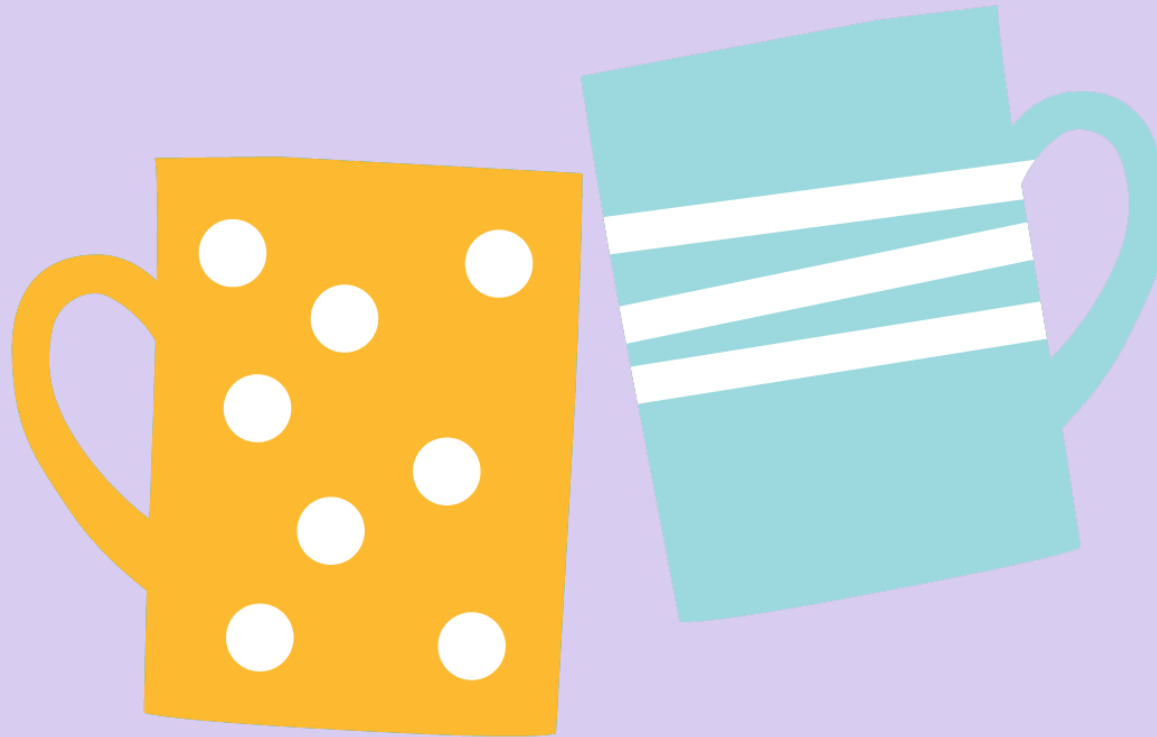
Activity

Clips

- Clip 2 – Unannounced Visit
- Clip 3 – Safety
- Clip 4 – Emotional care
- *Hand out update email*
- Clip 5 – Developmental care

Coffee

During coffee, we will review your scores. It is not unusual for us to need to speak with some of you for some clarification



Case study



Feedback



Discussion



Grades – areas of concern

Issues to take into account

- ✓ False positives
- ✓ False negatives
- ✓ Parental risk factors
- ✓ History, patterns and length of involvement
- ✓ Particular note unpredictable patterns of behaviour

Adolescent neglect

- ✓ Empowerment v safety and support
- ✓ GCP2 can measure support and how much commitment
- ✓ Areas of particular note: hygiene, health, safety, emotional and developmental care
- ✓ GCP2 doesn't measure impact, risk taking or education
- ✓ Can facilitate conversations

Childs name:

Zac Clarke

Carers name:

Ellie Clarke

Age:

9

Date of assessment:

Completed by:

A Physical

A Physical											SUB-AREA SCORE	AREA SCORE	
A1	Nutrition	3	1.1 Quality	3	1.2 Quantity	-	1.3 Specific diet	3	1.4 Preparation	3	1.5 Organisation	3	4
A2	Housing	3	2.1 Facilities	3	2.2 Maintenance	3	2.3 Decor					3	
A3	Clothing	3	3.1 Weather appropriate	3	3.2 Fit	3	3.3 Look					3	
A4	Hygiene	2	4.1 Hygiene									2	
A5	Health	4	5.1 Seek	4	5.2 Follow up	2	5.3 Checks	4	5.4 Disability			4	

B Safety

B Safety										SUB-AREA SCORE	AREA SCORE		
B1	In carer's presence	2	1.1 Awareness	2	1.2 Practice	4	1.3 Online	2	1.4 In traffic	2	1.5 Features	4	4
B2	In carer's absence	2	2.1 Absent									2	

C Emotional Care

C Emotional Care										Sub-Area Score	Area Score
C1	Carer	5	1.1 Sensitivity	4	1.2 Timing	5	1.3 Quality			5	5
C2	Mutual Engagement	4	2.1 Initiation	4	2.2 Quality					5	

D Developmental Care

D Developmental Care										SUB-AREA SCORE	AREA SCORE				
D1 Stimulation (Ages are only a guide. Any age section can be used if relevant.)											5				
Age 0–2		●	1.1 Interactive							5					
Age 2+		4	1.1 Interactive		5	1.2 Toys		4	1.3 Outings			4	1.4 Celebration		4
Age 5+		4	1.1 Education		3	1.2 Sport		3	1.3 Peer group				4		
D2 Approval		4	2.1 Approval							4					
D3 Disapproval		4	3.1 Disapproval							4					
D4 Acceptance		4	4.1 Acceptance							4					

DESCRIPTION	RESPONSE
<p>No neglectful parenting Consistent good quality parenting where the child's needs are always paramount or a priority.</p>	<p>Normal universal access: further assessment as and when indicated.</p>
<p>Mild neglect Failure to provide care in one or two areas of basic needs, but most of the time a good quality of care is provided across the majority of the domains.</p>	<p>Usually does not warrant a report to the Local Authority, but might require a single agency targeted short-term intervention or potentially CAF until resolved. May escalate if care deteriorates.</p>
<p>Moderate neglect Failure to provide good quality care across a number of the child's needs most of the time. Can occur when less intrusive measures such as community or single agency interventions have failed, or some moderate harm to the child has or is likely to occur (for example, the child is consistently inappropriately dressed for the weather — wearing shorts and sandals in the middle of winter).</p>	<p>This requires a multi-agency co-ordinated intervention, potentially with a CAF or at CIN level (or similar) for further support where needed. All cases need formal monitoring for referral to children's services if they don't improve.</p> <p>If there's evidence of no improvement, if associated with substantial risk factors, or where care is grade 4 in most areas, a referral should be made from the outset. May also be managed at CP level parents aren't engaging with work or there have been concerns for a substantial period of time.</p>
<p>Severe neglect Failure to provide good quality care across a number of the child's needs all of the time. Occurs when severe or long-term harm has been or is likely to be done to the child or the parents/ carers are unwilling or unable to engage in work.</p>	<p>Where care is grade 5 in more than one area, a consultation with children's social care should be made and a referral considered.</p> <p>If the child is subject to child protection arrangements then the GCP2 should be repeated for each review, or as agreed. If this persists across a period of time or care is grade 5 in all areas, then discussion about a legal option may be required. The GCP2 can be used as part of the evidence for legal planning.</p>

Scoring the case study

Based on your assessment and discussions:

- What level of neglect is present?
 - mild/moderate/severe?
- What type of neglect is present?
- What are your biggest concerns?

Claire's assessment



[Clip 6 – Feedback Visit, view in browser](#)

This slide is to include your local guidance around GCP2 use – stating how it fits into things locally.

Remember

- ✓ As soon as you can, practice doing a GCP2 on a case you know well, possible as a desktop exercise
- ✓ Decide quickly a family who might benefit from you undertaking a GCP2 with.

***Its not unusual for you to be anxious the first time you use it.
This is normal but time and time again practitioners have told
us that it gets easier the more you use it.***

**100% of 400 staff trained in 1 local authority said it made
assessing neglect easier.**

How we will be supporting you?

Goodbye and Good luck

References

Glaser D How to deal with emotional abuse and neglect: further development of a conceptual framework (FRAMEA). *Child Abuse & Neglect* 2011; 35(10):866-875.

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Howe D (2006) 'Developmental attachment psychotherapy with fostered and adopted children'. *Child and Adolescent Mental Health* 11(3), 128-134.

Howe D (2007) 'Tackling child neglect: David Howe explains the importance of understanding child development'. *Community Care*, 28 March.

National Scientific Council on the Developing Child (2007) *The science of early development: Closing the gap between what we know and what we do*. Cambridge, MA: Center on the Developing Child, Harvard University.

Ruiz-Casares M, Trocme N, Fallon B. Supervisory neglect and risk of harm. Evidence from the Canadian child welfare system. *Child Abuse Neglect* 2012; 36(6):471-480.