

## GCP2 trainer notes - Day 1

Topic	Content	Resources
<b>Introductions</b>	Introduce trainers	
	Domestic arrangements: Timings, Toilets, Fire drill information, etc	Slides: Aims
	Aims and Objectives	Welcome
	Ask participants to introduce themselves: Name, job role and hopes/expectations for the day. List expectations on flipchart and check they can be met.	Flipchart
	Set up 'parking lot' for questions/issues we cannot deal with on the day Agree the ground rules for the day with the participants. Important points to emphasise would include time-keeping; respecting other people's views; not talking over one another; contributing positively; and respecting confidentiality (unless information is shared that suggests a child may be at risk). Be aware that the content of the course may cause participants to re-evaluate their own experience of childhood or parenting.	
<b>What is the problem with neglect: Why do we need a tool?</b>	The aim of this activity is to ensure everyone has a basic understanding of some of the issues around neglect, to get them talking and feeling comfortable in the training.	Slide: Task
	Break into groups and ask them to write their answers on post-it notes or flipchart paper.	
	Work round the group taking the feedback – take only two comments from each group so everyone can contribute	Post-it notes or flipchart paper

Topic	Content	Resources
	<p>Answers should include:</p> <ul style="list-style-type: none"> <li>• Not having an adequate quantity or quality of food</li> <li>• Not having a safe, warm, clean place to live, sleep or play in</li> <li>• Not being taken to the doctors, dentist, opticians or having advice followed</li> <li>• Not being taken to school, stimulated, disciplined, praised or supervised</li> <li>• Not being washed; not having clothes that fit or are clean and not having your hair or teeth brushed</li> <li>• Not feeling loved</li> </ul> <p>And this can happen:</p> <ul style="list-style-type: none"> <li>• Some of them some of the time</li> <li>• All of them some of the time</li> <li>• All of them all of the time</li> <li>• Some of them to varying degrees</li> </ul> <p>Clarify the difference between abuse and neglect.</p> <p>Impact: Developmental delay with lifelong effects; poor health outcomes; relationship and behavioural problems; a factor present in nearly every SCR; low self-esteem etc.</p> <p>Why difficult to assess? Professionals become desensitised; fluctuating levels of concern; professional fears about naming it; focus instead on parental needs arising from problems such as domestic violence or substance misuse; lack of objective measures.</p> <p>Talk through the slides to consolidate feedback and cover key points:</p> <p>Definition of neglect (Working Together)</p>	
	<p>Second part of definition – to emphasise importance of emotional neglect in terms of long-term impact.</p>	<p>Slide: Definition</p>
	<p>What is development? The impact on development always comes up in its impact so this is about really understanding</p>	<p>Slide:</p>

Topic	Content	Resources
	what development is – ask delegates to define it – spend 2 minutes on this.	Definition cont
	After brief feedback, talk through Slide 9. To truly understand what neglect is, staff really need to understand the basics of development.	
	<b>Child development</b> refers to the biological, psychological and emotional changes that occur in human beings between birth and the end of adolescence as the individual progresses from dependency to increasing autonomy.	Slide: What is development?
	It is a continuous process with a predictable sequence, yet having a unique course for every child. It does not progress at the same rate and each stage is affected by the preceding types of development but it is a <i>sequential</i> progression.	Slide: Development is...
	<p>Developmental change may occur as a result of genetically-controlled processes known as maturation, or as a result of environmental factors and learning, but most commonly involves an interaction between the two.</p> <p>Crittenden states that development happens in the zone of proximal development – this is that the developmental stages are very small and they build on one another.</p> <p>Erikson (1959). According to Erikson, successful completion of each stage results in a healthy personality and the acquisition of basic virtues. Basic virtues are characteristic strengths that the ego can use to resolve subsequent crises.</p> <p>Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore a more unhealthy personality and sense of self. These stages, however, can be resolved successfully at a later time.</p>	
	<p><b>Early Development</b></p> <p><b>Attachment theory</b> describes the dynamics of long-term relationships between humans. Its most important tenet is that an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. Attachment theory explains how the parent’s relationship with the child influences development. Attachment theory is an interdisciplinary study encompassing the fields of psychological, evolutionary, and ethological theory. Immediately after World War II, homeless and orphaned children presented many difficulties, and psychiatrist</p>	Slide: Early Development

Topic	Content	Resources
	<p>and psychoanalyst John Bowlby was asked by the UN to write a pamphlet on the issue, which he entitled maternal deprivation. Attachment theory grew out of his subsequent work on the issues raised.</p> <p>Good quotes                      “Neglect is an insidious form of maltreatment. It starves the developing mind of stimulation. It denies the child information and interest about the self and others.”                      Professor David Howe</p> <p>“Neglect slowly and persistently eats away at children’s spirits until they have little will to connect with others or explore the world.”                      Erikson and Egelan</p> <p>Chronic neglect is associated with a wider range of damage than active abuse, but it receives less attention in policy and practice. This is a short video that really consolidates the knowledge about neglect.</p>	
	<p>Science tells us that young children who experience significantly limited caregiver responsiveness may sustain a range of adverse physical and mental health consequences that actually produce more widespread developmental impairments than overt physical abuse. These can include cognitive delays, stunting of physical growth, impairments in executive function and self-regulation skills, and disruptions of the body’s stress response.</p> <p>Studies on children in a variety of settings show that severe deprivation or neglect:</p> <ul style="list-style-type: none"> <li>• Disrupts the ways in which children’s brains develop and process information, increasing the risk for attentional, emotional, cognitive, and behavioural disorders.</li> <li>• Alters the development of biological stress-response systems, leading to greater risk for anxiety, depression, cardiovascular problems, and other chronic health impairments later in life.</li> <li>• Correlates with significant risk for emotional and interpersonal difficulties, including high levels of negativity, poor impulse control, and personality disorders, as well as low levels of enthusiasm, confidence, and assertiveness.</li> <li>• Is associated with significant risk for learning difficulties and poor school achievement, including deficits in executive function and attention regulation, low IQ scores, poor reading skills, and low rates of high school graduation.</li> </ul> <p>The negative consequences of deprivation and neglect can be reversed or reduced through appropriate and timely interventions, but merely removing a young child from an insufficiently responsive environment does not guarantee positive outcomes. Children who experience severe deprivation typically need therapeutic intervention and highly supportive care to mitigate the adverse effects and facilitate recovery.</p>	<p>Slide – Video (6 minutes)</p>

Topic	Content	Resources
	<p><b>Suggested citation:</b> National Scientific Council on the Developing Child (2010). <i>Persistent Fear and Anxiety Can Affect Young Children’s Learning and Development: Working Paper No. 9</i>. Retrieved from <a href="http://www.developingchild.harvard.edu">www.developingchild.harvard.edu</a>.</p>	
	<p><b>Lag</b></p> <p>Lag is the delay between the neglect starting and the affect becoming evident – makes taking it to court or demonstrating impact for court proceedings hard.</p> <p>Actual harm can be difficult to ascertain and attribute to maltreatment, predicating definitions on actual harm to the child excludes many children who are experiencing maltreatment and who might benefit from intervention.</p> <p>Actual harm can be particularly difficult to demonstrate following early emotional abuse or neglect as disruptions to the child’s brain development may not be visible or may be particularly difficult to attribute to the maltreatment.</p> <p>Can be useful to use an impact tool alongside GCP2 for this reason.</p> <p>[Sources: Glaser D. How to deal with emotional abuse and neglect: further development of a conceptual framework (FRAMEA). <i>Child Abuse &amp; Neglect</i>, 2011; 35(10): 866–875.</p> <p>Ruiz-Casares M, Trocme N, Fallon B. Supervisory neglect and risk of harm. Evidence from the Canadian child welfare system. <i>Child Abuse Neglect</i>, 2012; 36(6):471–480.</p> <p>National Scientific Council on the Developing Child. The science of neglect: The persistent absence of responsive care disrupts the developing brain, 2012</p> <p>National Scientific Council on the Developing Child (2007) <i>The science of early development: Closing the gap between what we know and what we do</i>. Cambridge, MA: Center on the Developing Child, Harvard University.</p>	<p>Slide: Lag</p>
	<p>To conclude this session, illustrate how big an issue neglect is</p>	<p>Slide: Why focus on neglect</p>
	<p>Summarise why an assessment tool is required.</p>	<p>Slide: In summary</p>

Topic	Content	Resources
<b>Break</b>		
<b>Using the GCP</b>	<p>This next session covers:</p> <ul style="list-style-type: none"> <li>• What the tool is</li> <li>• How and when to use it</li> <li>• How to score</li> <li>• How to analyse the results</li> </ul> <p>Get participants to open the packs and tell them about each of the components.</p> <p>Provide an overview of the tool, highlighting key points as in the slide.</p> <p>Difference between a <i>standardised tool (ST)</i>, such as GCP, and a <i>standardised measure (SM)</i>, such as Strengths and Difficulties Questionnaire. An ST supports professional judgements but does not decide them. An SM is psychometrically tested on large populations and gives you the norm in order to identify the abnormal.</p> <p>Demonstrate the evidence-based nature of the tool. The NSPCC did the first national evaluation of the original tool – these were the findings. It has been very well received by courts.</p> <p>Worth pointing out that while GCP2 is not in itself an intervention, the research demonstrated that where the tool had been used on more than one occasion, it was common for there to have been an improvement. This may be because it had engaged the family and provided clear information about what needed to change.</p> <p>Further research findings: if participants appreciate the difference it can make to the families they work with, they are more likely to use it.</p>	<p>Slide: What is the GCP</p> <p>Slide: What is it?</p>
<b>First video clip</b>	<p>First clip – the introductory visit. This lasts about 9 mins. Show the clip and then ask for reactions. Emphasise that the video is somewhat condensed – in real life the worker would spend more time in establishing the relationship and dealing with her questions. Encourage people to begin noticing evidence to inform their assessment and to discuss this with the people on their table.</p> <p>This element has raised issues about the quality of the interaction between Claire and the mum. We need to reiterate that this is not teaching them how to do a home visit or engagement, but for them to have a little practice with the person next to them to introduce the tool.</p>	<p>Slide 20 Introductory visit video clip</p>

Topic	Content	Resources
	<p>To ensure delegates do not get bogged down in the opinion of how the actors introduce the tool to Ellie. Ask them to discuss how they would introduce the tool and spend 5 minutes practicing introducing the tool.</p>	
	<p>Introduce the Grades and their associated definitions.</p> <p>The numerical grades can be used but the colour-coding has shown to be helpful for many – everyone understands the red is dangerous.</p> <p>The text descriptors are helpful because they describe behaviour.</p> <p>People usually understand the poorer end of the scale, but need to explore the distinctions between grades 1 and 2, for example.</p> <p>Underpinned by Quality, Standard and Commitment of care. In terms of food, Quality could be about the type of food, Standard about the quantity, and Commitment about the regularity of provision.</p>	<p>Slide: GCP2 Scale</p>
	<p>The tool builds upon Maslow’s hierarchy of need. For GCP2, the level concerned with Love has been changed to Emotional Care, and Esteem has been changed to Developmental Care. Maslow is used because it covers all areas of basic needs, but you should remind participants that in relation to child welfare there is no hierarchy.</p> <p>Also remind participants that the tool assesses ‘what’ was observed, not ‘why’ it occurred. The tool works well alongside other assessment tools, which do identify the reasons for sub-optimal parenting.</p> <p>Remind participants of the key features of the tool. Add that it is a time-limited assessment during which we look at care during that period. For purposes of GCP, the reasons or background/history are not important (although they would be relevant for your overall assessment). It is not a static assessment; repeated assessments show how things are changing and will evidence that change, good and bad.</p>	<p>Slide: Maslow</p>
	<p>Talk through the different ways in which the tool can be used:</p> <ul style="list-style-type: none"> <li>• Prevention – where there are concerns about the quality of parenting delivered but neglect has not been substantiated – this can identify areas of challenge early before neglect becomes an issue</li> <li>• Referral – can be used as part of a referral process</li> <li>• Prompt to action – this is right across the spectrum of need from early identification to supporting legal options</li> </ul>	<p>Slide: Purpose</p>
	<p>Timeline slide showing its use to establish baseline and evidence change.</p>	<p>Slide:</p>

Topic	Content	Resources
	<p>There are other uses that may not be specifically associated with neglect but anytime when there are concerns about parenting.</p> <p>Even when the child is exhibiting problems, to see if it is about the parenting that the child is receiving. Is a tool that could potentially be used in all cases where the child is in need or in need of protection?</p> <p>Anyone involved in evaluating the quality of care (in neglect) and can get access to the home and observe care – you do not have to be a trained social worker or health visitor – but just have an understanding of the development and the safeguarding system.</p>	<p>Timeline graph</p>
<p><b>Instructions for scoring</b></p>	<p><b>Gathering the evidence</b> – The main thing is that it comes from as much observation as possible – either from the reviewer or from a colleague as long as it is gathered in the assessment window. Exception being routine health checks, which are hard facts that can be obtained from health records.</p> <p>Be as objective as you can by using the grade closest to what you are seeing.</p> <p>Primarily between one parent/carer and a child – however can be done on more than one children at a time.</p> <p>If two parents parent the child then the tool can be used to see how the collective care of the child is.</p> <p>The tool can be used on children with disabilities as long as the person undertaking the review understands what care the child should be receiving in relation to their disability. This may involve a joint piece of work with Children’s Social Care and Health.</p>	<p>Slide: Methods</p>
	<p>This slide also covers the instructions for scoring.</p> <p>In normal circumstances – this means that as far as possible it should be done at a time when things are as they normally are</p> <p>Current information – the assessment takes place in a window – the reason for this is it takes away the issue of the ongoing modulation of the neglect – it allows scoring at a point in time. The practitioners can decide over what period the assessment takes place</p>	<p>Slide: Instructions for scoring</p>



Topic	Content	Resources
	<p>Note the input – this is important when doing the analysis – for example, if the rooms are beautifully decorated but others (family members or other agencies) have undertaken the work, it is important to note</p> <p>Not exhaustive – the tool does not cover all aspects of a child’s life – however, if there are areas that need to be picked up then please make note of it in the most relevant section. For example, ‘routines’ is not a separate issue but can be picked up in the physical/nutrition/organisation section.</p> <p>Age bands – the age bands are separated; however, if you want to comment on any section for any age this is acceptable and may give a wider view of development.</p> <p>Score what you see then analyse the profile.</p> <p>Make sure that you take time to point people to the relevant section of the tool so that they can appreciate what you are talking about</p> <p>Show an example of one of the pages of the actual tool. Talk through the slide and explain how it should be used.</p> <p>You can choose to focus on one area at a time, but as you become more familiar with the tool you will find that you are picking up evidence across all the areas at the same time. Give people time to become familiar with how it is laid out.</p>	
	<p><b>Scoring</b> – cover how the tool is expressed as in:</p> <ul style="list-style-type: none"> <li>• Area</li> <li>• Sub area</li> <li>• Item</li> </ul> <p>Demonstrate how each one is denoted.</p>	<p>Slide: Physical Care</p>
	<p><b>How to score</b> – show a partially completed score sheet</p> <p>Where the numbers are 1–3, it is the most common number.</p> <p>If it was 2, 2, 3, &amp; 3 for example, then it would be the highest number.</p> <p>When there is a 4 or 5 in the scores, it is the highest score that determines the overall score for the area and sub area.</p>	<p>Slide: Scoring</p>

Topic	Content	Resources
	<p>So, what would be the overall area score for physical and safety for this child?</p>	
	<p><b>Recording the score</b> – There are a number of options to record the scoring – it is the practitioner’s choice which one should be used.</p> <p>A = physical                      A1 = nutrition                      A1.1 = quality                      A1.2 = quantity</p> <p>Refer to the tool for the rest</p>	<p>Slide: Scoring sheet</p>
<p><b>Theoretical Underpinning</b></p>	<p>Having an understanding of the theories that underpin the tool will help staff understand some of the principles. The tool was first developed in 1995.</p> <p>Life Reproductive success is defined as the passing of genes onto the next generation in a way that they too can pass on those genes. (Ronald Fisher, 1915)</p> <p>Part of this is the parental investment in relation to effort and personal sacrifice made. This has been noted by sociologists too – ‘Thing called love’.</p> <p>Maslow’s hierarchy of need (has been amended slightly in GCP2) gives the breadth of the needs of a child, both physical and emotional:</p> <ol style="list-style-type: none"> <li>1. Biological and Physiological needs – air, food, drink, shelter, warmth, sex, sleep.</li> <li>2. Safety needs – protection from elements, security, order, law, stability, freedom from fear.</li> <li>3. Love and belongingness needs (now Emotional) – friendship, intimacy, affection and love, from work group, family, friends, romantic relationships.</li> <li>4. Esteem needs (now Developmental Care) – achievement, mastery, independence, status, dominance, prestige, self-respect, respect from others.</li> <li>5. Self-Actualisation needs – realising personal potential, self-fulfilment, seeking personal growth and peak experiences.</li> </ol> <p>The Thousand Families study is a longitudinal epidemiology study that began in 1947 and remains under follow-up. Although it began as a study of health in infancy, it has evolved over the years into</p>	<p>Slide: Theoretical Underpinning</p>

Topic	Content	Resources
	<p>what is now a study considering health in the seventh decade of life. It was influential in the development of the tool.</p> <p>Planning for the study began in the 1930s when Newcastle had a high infant mortality rate compared with the rest of the UK. Professor Sir James Spence identified that the reason was acute infections and set up the Thousand Families study to investigate the risk factors for such infections. They used a grading system</p>	
	<p>Instinctive parenting strength is the term used in GCP2 around the effort that a parent puts into parenting. This is affected by:</p> <ul style="list-style-type: none"> <li>• Socio-familial issues – specifically, severe poverty and deprivation was seen to impact on the net care delivered in the early part of the Thousand Families research</li> <li>• Parent attributes – own upbringing, trauma, mental health issues, drug and alcohol learning disabilities, parenting style</li> <li>• Child – disability, behavioural issues, such as Asperger’s Syndrome</li> </ul> <p>This all impacts on the parents’ ability to parent and thus the net care delivered to the child.</p> <p>The GCP reviews the net care delivered while taking into account the parenting strength, for example the commitment and effort put in by the parent.</p>	Slide: Instinctive Parenting Strength
<b>Lunch</b>		
<b>Introduction to the case study</b>	Explain the scenario and give out the accompanying documentation	Slide: Case study Email Referral
<b>Practice</b>	Explain that they will now be asked to score a case study based on a series of video clips. <b>Remind people to use the guidance handbook for more detail on what they are looking for.</b>	Slide: Task instructions
	<p>Introduce the video scenario and the assessment criteria. In real live you would have much more information available and the opportunity to formulate hypotheses that later get confirmed or changed. In this exercise, you may have to make a judgement based on very limited evidence. The referral form contains relevant information that you can use.</p> <p><b>On previous courses, participants have struggled most with the safety domain. It may be worth prompting them to</b></p>	Video clips Tool documents

	<p>pay close attention to information relating to this area. It is also very important to let people know that any information presented should be taken at face value. In real life, one would want to find corroboration if possible but in the constraints of this case study there is not time to include this.</p> <p>It is important that everyone completes an individual score sheet even though they are encouraged to discuss their reactions to each clip. This is so that as trainers you can be sure that they have understood the mechanics of scoring.</p> <p>Second clip – unannounced visit. This lasts about 5 mins. Issues around nutrition, medical care and safety are discussed.</p> <p>Third clip – safety. This lasts about 3 mins. We meet Zak for the first time. Road safety and online safety issues are discussed.</p> <p>Fourth clip – this lasts about 3 mins. Talking to Zak. Shouting issues, sharing interest in his football, attention, online safety concerns, supervision re 18+ games.</p> <p>Fifth clip – developmental care. This lasts about 4 minutes. Spending time together, safety when playing out, school progress, parents’ evenings, ADHD concern.</p>	
<b>Break</b>	<p><b>During the coffee break, trainers need to mark the assessments that participants have completed. Trainers need to be confident that participants have understood the technicalities of scoring (any score of 4 or 5 resulting in a score of 4 or 5 for the whole area) and that their scores are broadly accurate.</b></p>	
<b>Feedback to participants</b>	<p>Give back the score sheets to participants so that they can refer to them during discussion. Discuss the issues experienced in scoring. Pick out any contentious elements and find out why people scored as they did. Spell out the evidence on which we have based our recommended score.</p>	
<b>Analysing the completed profile</b>	<p>This section looks at how to make sense of a completed profile.</p> <p><b>Score profiles</b> – Cover the potential options:                  All good                  All bad                  Uneven right across the continuum and                  Uneven towards the high end – with some of the options for responding</p>	<p>Slide: Score Profiles</p>
	<p>When looking at the fully completed profile, there are some issues that the practitioner needs to be aware of:</p>	<p>Slide:</p>

	<p>False positives – this is where you have used the tool for more than one child in the family and it is seen that the care of one child is demonstrably better than the other children in the household. The practitioner must ask themselves why is this – are there some underlying unhealthy causes, such as sexual grooming?</p> <p>False negatives – this was noted in the research for children where the parents had to put some (what could be perceived) harsh discipline measures in place. The worker undertaking the review felt that the discipline measures were proportionate to the child’s behavioural issues. This child had a diagnosed medical issue, which affected his behaviour. So, as always, undertake the review then explain this in the analysis.</p> <p>Parental risk factors – as the tool looks at what it is like for the child living in this home – during the analysis especially in relation to the plan then the risk factors – domestic violence, substance misuse, learning difficulty needs and its impact on the quality of parenting needs to be taken into account.</p> <p>History, patterns and length of involvement – the context is needed for the analysis and planning of the response even though it is not relevant for the GCP itself.</p>	<p>Issues to take into account</p>
	<p>Sum up overall score and relate it to page 19 of the white booklet (Guidance and theory), which covers suggested response to different grades.</p>	<p>Guidance and theory booklet Slide:</p>
	<p><b>Scoring the case study</b></p> <p>Based on our conversations just now, how would you score the case study in terms of a response?</p>	<p>Slide: Scoring the case study</p>
	<p>Sixth clip – feedback to Mum</p> <p>Ask for reactions about the feedback clip – in reality, it would take much longer and would go into more detail. Helpful to discuss getting parents to grade themselves, which has been shown to be a positive approach in some cases. Ask participants what else would help in giving feedback and encouraging change?</p> <p>The video shows a fairly compliant parent.</p>	<p>Video clip</p>
<p><b>Local implementation</b></p>	<p>This is the opportunity to provide information about how GCP2 will be implemented in your area; further sources of information and support etc.</p>	<p>Additional slides as required</p>
<p><b>Evaluation and Close</b></p>		<p>Evaluation form</p>