

# NSPCC 'Learning'

## Graded Care Profile 2 (GCP2)

*Measuring Care, Helping Families*

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## GCP2 national activity update

- 99 sites across the UK currently licenced to use GCP2
- Over 1500 GCP2 trainers trained
- Estimated over 50,000 practitioner's trained to use the tool
- Ongoing support via community of practice events
- New developments: South Yorkshire Police 'SHARED tool' & GCP2a

### Luton

- Licensed to use GCP2 since November 2016



## Today's session

- The issue of neglect.
- GCP2 – What it is
- [How the GCP2 assessment tool for neglect supports families and practitioners to achieve change | NSPCC Learning](#)
- Q&A
- Finish at 10.30

## Why focus on child neglect?

### Child neglect is...

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

# What is child neglect?

## English definition of neglect:

**'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 the 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 to ensure access to appropriate medical care or treatment..."**

*Department of Health*



**..."it may also include neglect of, or responsiveness to a child's basic emotional needs".**

*Department of Health*



## 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

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### 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
- ✓ Neglect can be intentional or an act of omission

[Why parent may unintentionally neglect their children:](#)



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

(Poll 1..)



## Graded Care Profile 2

Measuring care, helping families

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### Graded Care Profile: what is it?

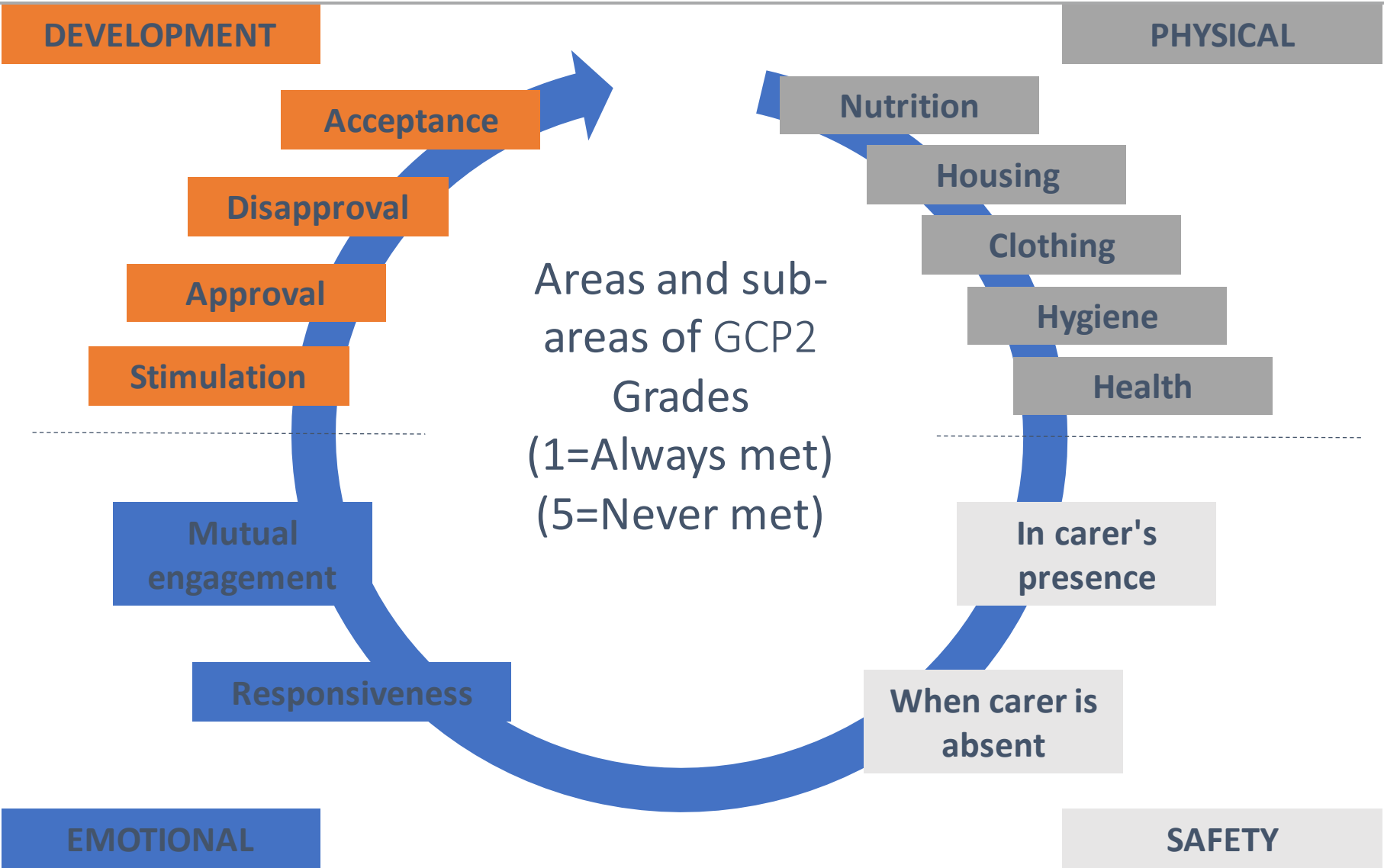
- An evidenced-based assessment tool for evaluating levels of parental care – what is life like for the child
- Uses a graded scale (1=Needs always met 5= Needs never met) to capture levels of physical and emotional care
- Theoretically sound
- Identifies strengths as well as areas of concern
- Targets aspects of neglectful care
- Provides evidence that can inform care and intervention plans



## Who can use the tool?

- ✓ Social workers
- ✓ Family support workers
- ✓ Teachers, home school link workers
- ✓ Health staff (health visitors/school nurses)
- ✓ Police, Youth workers, voluntary sector
- ✓ Childcare providers
- ✓ Parents
- ✓ Young people





➤ 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.

## Why might we use GCP2 with a family?

### **When neglect is suspected:**

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



What the  
evidence says..

## Case Study Research – published Jan 2022

- Previous research has already shown that the GCP2 is a valid and reliable tool for assessing families where there are concerns about neglect.
- Case study approach: Interviews with the GCP2 practitioner, the parent/carer assessed, and an additional professional



## Understanding how the Graded Care Profile 2 supports families and practitioners to achieve change

Case study approach used to find out:

- How families view GCP2
- Changes in parents and children's behaviour and circumstances
- How practitioners view GCP2
- Changes in practice re: decision-making

## Finding 1:

### Changes for parents following assessments using the GCP2

1. New Skills
2. Increased help-seeking
3. Improved relationships with others
4. Improved mental health



## Case study 1: Improvement to parent's mental health

*"With her own mental health...she's been seeing to her own needs...I have seen a change from last year, where she would just sit there on the couch just staring at you while the house wasn't in a good state. Now, she's taking pride in the family home, and making sure she's having regular teas, regular breakfast times, and seeing to the kids, bathing them regularly."*

**(Practitioner who used GCP2)**

*"I don't touch alcohol (now). It's early days but I'm feeling positive about it, and I haven't had a drink since the beginning of December. And I'm taking my normal antidepressants and I'm keeping more on top of things. I'm more in a routine."*

**(Parent/carer assessed)**

## Finding 2: Changes in the parent-child relationship following assessments using the GCP2

- Through the assessment process, parents developed an understanding of their children's needs and how these could be met.
- **Examples of changes:** Parents approach to behaviour management, improved communication skills with children.

*“She said [practitioner who had done the assessment] if you feel you’re tensing just make sure everything is safe around, walk out, take a deep breath and then come back in...I actually get one to one with him and talk to him in a way he understands as well. I wasn’t doing that before and [practitioner who had done the assessment] implied that.... It really has helped.”*

**Parent/carer assessed**

## Finding 3: Changes for children following assessment using the GCP2

1. Improvement in behaviour
2. Improvement to children's safety
3. More mentally stimulated
4. Improvements in health and development
5. Improved routines
6. Accessing additional support
7. Children's voices more heard

*"Sometimes I was going for a nap in my bed in the day [...] my daughter [...] was just playing downstairs, and she made me think about how it's unsafe, like if (my daughter) turned the cooker on or something. So now if I'm having a lie down I'll lie on the sofa and I'm not like fully asleep, just like resting."*

**Parent/carer assessed**

## Finding 4: Changes in home conditions

- living conditions tidier, cleaner and less cluttered
- Some concerns raised too: families might be penalised for problems with living conditions that landlords were not agreeing to fix.
- Some practitioners also expressed concern that families could focus too much on requesting help for getting items for their homes during the assessment.



## Finding 5: **GCP2 supported decision making and case management**

- Helped to make decision for practitioners
- Helped practitioners understand about the complex nature of neglect and to evidence neglect.
- Helped to make decisions about the next steps for families
- Some practitioners felt certain aspects of neglect were less well covered by the GCP2.

## Finding 6: Factors that influence change

### 1. Strengths of the GCP2 tool

*“Without having anything to go off, I think you could just get really clouded and confused, and, like, forget things, miss things off, or focus on one thing too much. Whereas this gives you the break down, and you focus on everything just as much as the other, if you like.”*

**Practitioner who did the assessment**

*“I think ‘neglect’ is a difficult word, it’s quite a strong powerful word isn’t it really so...I try and reword it as though you know it’s a tool to look at what’s going well, which is what we do, what’s working well, what we’re worried about, and you know how we can help you.”*

**Practitioner who did the assessment**

## Findings: Factors that influence change



Timing of the assessment



The relationship between the practitioner and the parents

## Conclusion

- ✓ Using the GCP2 can contribute to positive changes for families
- ✓ Using the GCP2 can support practitioners in making informed decisions about cases
- ✓ Change for families is affected by lots of factors – not just the GCP2
- ✓ Changes to home environment are often easier for families to implement than changes to parenting behaviours
- ✓ The relationship between the parent and practitioner is key to enabling changes to occur

## Thank you

If you have any questions about GCP2 in Luton please contact: [natasha.sampson@luton.gov.uk](mailto:natasha.sampson@luton.gov.uk)



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