

GRADED CARE PROFILE 2 (GCP2)

Background: The Graded Care Profile was developed in 1995 as a tool designed to provide an objective measure of the care of children and targets aspects of neglectful care. The model is based primarily on the qualitative measure of the commitment shown by parents or carers in meeting their children's developmental needs. The GCP2 is the updated version which has new, more accessible language and includes new 'items' such as obesity and online safety.

Why it Matters? Child neglect is the most prevalent form of child maltreatment in the UK. In Jersey, neglect is a factor in 75% of the cases that come to the attention of professionals. Neglect can have a profound impact on a child's life but assessing neglect can be difficult: it can be subjective and prone to bias; there is a high threshold for recognition; it is difficult to capture and compare; it can be complex and intergenerational. GCP2 improves the assessment of neglect.

Question to consider:

Do you have a good understanding of child development and the impact of neglect? Are you familiar with Jersey's Continuum of Need? Have you been trained to use the Graded Care Profile 2? Are you able to directly observe the care of a child over a period of time through accessing the home? Who else could provide good quality, current information during the period of assessment? If the child has a disability, do you have a good understanding of their specific needs or do you need to liaise with a health professional?



Information: GCP2 assesses 4 areas linked to Maslow's hierarchy of needs. Each area is further divided into sub-areas:

- A. Physical:** Nutrition, Housing, Clothing, Hygiene, Health
- B. Safety:** In carer's presence & when carer is absent
- C. Emotional:** Responsiveness, Mutual engagement
- D. Development:** Stimulation, Approval, Disapproval, Acceptance

Each area and sub-area is graded from 1 (the need is always met) to 5 (the need is never met).

What to do: GCP2 can be used by social workers, family support workers, education staff, health staff, voluntary agencies, etc. It can be used with children with disabilities if the person undertaking the review understands what care the child should be receiving in relation to their disability. Parents and children (12+) can also use it.

It does not: replace good professional practice or engagement, measure impact or assess the reason for any neglect.

The main way to gather information is through direct observation but evidence can be gained from other records or from professionals. Any other evidence must be of good quality and within the window of assessment. GCP2 takes into account the commitment and effort put in by parents, eg how proactive has a parent been in chasing a landlord for repairs to rental property.

Where neglect is suspected, GCP2 can be used to assess the current quality of care, monitor progress, ensure interventions are targeted and/or to get a baseline measurement. Where quality of care is of interest, GCP2 can be used in targeting resources, in understanding educational outcomes for a child and in understanding emotional or behavioural outcomes for a child. It can be used at Early Help level to identify needs & strengths, can support social work practice and decision making and legal decision making.