

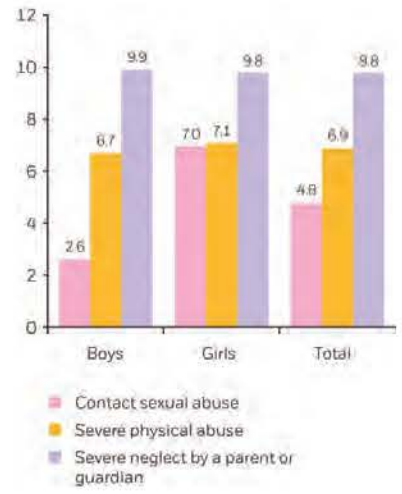
# Graded Care Profile 2

The Graded Care Profile 2 is the only authorised update of the original GCP – It is a practical tool designed to provide an objective measure of the care of children. The GCP2 model is primarily based on the qualitative measure of the commitment shown by parents or carers in meeting their children’s developmental needs.



## Background

It is estimated that 10% of all children in the UK are currently experiencing neglect. It is the single most frequent reason for children to be subject to a child protection plan or registration. There is strong evidence that the identification and assessment of neglect presents particular difficulties for practitioners.



## What is GCP2

GCP2 is an evidence based tool to help practitioners assess when poor parenting becomes neglectful.



## Who can use the tool

The tool can be used by a variety of professionals who wish to evaluate the care of a child where concerns about neglect exist.



## GCP2 Areas



## GCP2 Grades

The GCP2 looks at what life is like for the child. This ensures the child is kept central to the assessment. The grades are descriptive, and measures the quality of care from 1, where the child is always first to 5, where the child is not considered.



## Effectiveness

### What the research said

#### STRENGTHS OF THE GCP

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

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

## Conclusion

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. – Ref Johnson R, GCP2 Reliability and Validity NSPCC 2015

GCP2 has enabled practitioners and parents to respond effectively by identifying what intervention or support is required in order to address areas of concern. As a consequence the plans are smart and robust and the families are engaging with the multi – agency support offered; there is evidence improvements are being made. – C Fletcher Sefton

## Acknowledgments

- Dr Srivastava
- Dr Richard Fountain
- Dawn Hodson
- NSPCC 2011 prevalence report, Radford et al 2011
- Ref Johnson R, GCP2 Reliability and Validity NSPCC 2015



EVERY CHILDHOOD IS WORTH FIGHTING FOR