

## Graded Care Profile 2 (GCP2)

MEASURING CARE, HELPING FAMILIES

### Using GCP2 to tackle obesity

GCP2 practitioner: \*Michael, a senior health improvement practitioner for a council in the West Midlands

#### Background

Michael first met \*Danior, who is autistic and cannot speak, when he was six years old. He had been referred to a dietician because he classified as obese at 39.6kg.

Having been removed from his birth parents aged five, Danior was now being cared for by his great aunt and uncle under a kinship fostering arrangement. During a 12 month period of living with his foster parents and despite the family working with a dietician, Danior's weight continued to increase to 50.5kg.

#### Concerns before GCP2

Danior's rapid weight gain was an indication to the health improvement team that something wasn't quite right at home. His autism and inability to verbalise himself clearly frustrated him and he would often act out in different ways in a bid for attention.

Food appeared to be used by Danior's foster parents as a way of calming him down. The social workers attached to the family believed that this was the cause of his weight gain, rather than an undiagnosed medical condition. When food didn't calm Danior, his foster mum would sometimes restrain him in his buggy.

With little improvement in Danior's weight being seen, Michael joined with a school nurse and a social worker to do an assessment with the family using GCP2.

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**"At that point, social workers were really concerned."**

**–Michael**

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## What the GCP2 assessment showed

Using the assessment tool it was clear that there were real concerns around Danior's physical and emotional care:

- Despite advice from the dietician, Danior's foster mum didn't keep a food diary for him, control his meal portions or encourage him to exercise
- Danior had missed some appointments with the dietician and other health professionals
- Danior's foster mum had said her partner was unable to attend appointments with the social worker due to his terminal illness, which it later transpired was fictitious.

Shortly after the first assessment a social worker visited the family unannounced and found foster mum cooking a full English breakfast for Danior while he sat restrained in his buggy. Foster mum had her reasons for doing what she was doing but was also clearly unable to recognise the impact of her decision making on his health and wellbeing.

**"[She] had excuses for what she was doing, but couldn't see that was having a negative impact on Danior."**

**–Michael**

## Outcome of the GCP2 assessment

The results of the GCP2 assessment gave Michael clear evidence that despite support and encouragement from a range of professionals there was no clear improvement in the quality of care being given to Danior and he was experiencing neglect across all GCP2 domains.

**"We had enough evidence that there were failings to come to the conclusion that this was severe."**

**–Michael**

## Conclusion

On the basis of the GCP2 assessment findings, Michael recommended that Danior was moved to live with a different foster family who were able to support him to eat healthily, meet his emotional and developmental needs, and reduce his weight. Since the move, Danior has lost a significant amount of weight and no longer needs an inhaler for his breathlessness. Danior's time with his foster parents is going well and they are looking to make his placement with them permanent in the near future.

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## Graded Care Profile 2 (GCP2)

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### Supporting young people using GCP2

GCP2 practitioner: \*James, a targeted case worker for Stockton-on-Tees Borough Council

#### Background

\*Tommy was 15 years old when he was first introduced to James, a targeted case worker for Stockton-on-Tees Borough Council, after his case was escalated by police following a minor criminal damage offence. Tommy had been expelled from school for allegedly dealing drugs, lost friends along the way and was spending time with some new friends who sometimes caused trouble.

#### Concerns before GCP2

Working with Tommy, James saw that a lot of the teenager's frustration was due to him feeling like he wasn't being listened to by his mum or the school. His relationship with his dad was almost non-existent and his mum felt she just couldn't cope with him anymore. Tommy was left to do whatever he wanted. There were no boundaries in or out of the home and there were no penalties in place for bad behaviour.

James decided to use GCP2 with Tommy and his mum to help identify exactly what was going wrong and assess what mum was doing right, so together they could set a clear path for improving the situation.

**"I wanted to give [Tommy's] mum the confidence that she was supplying him with everything, but [show her] he needed to be given more emotional care."**

**–James**

## What the GCP2 assessment showed

Before the GCP2 assessment, James could see how much support Tommy's mum gave to him, but she told James how she felt her parenting was poor. For example, Tommy always looked well dressed and cared for, but his mum couldn't recognise that, or other areas where she was parenting well.

The GCP2 assessment highlighted where mum needed to work harder in two of the GCP2 domains: safety and developmental care. Importantly, it also made it clear to her what she was doing right: "what the GCP2 tool showed her was that she could deal with him; she was doing the best she could as a parent", said James.

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**"When you have the Graded Care Profile 2 there in front of you, it is so much easier to understand. It was easier for Tommy to listen to us and identify where things were or weren't right for him, and for his mum too."**

**–James**

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## Outcome of the GCP2 assessment

As a result of the GCP2 assessment and the work that followed:

- Tommy started to see just how much his mum did for him and why sometimes she couldn't support him quite as much as he needed
- The relationship between Tommy and his mum improved significantly
- Tommy and his mum began to set boundaries and mum started seeing a life coach who helped her to develop strategies for keeping the boundaries in place
- Mum paid attention to Tommy's online safety, which she hadn't considered much before.

## Conclusion

Tommy is now in college, with a better group of friends and he's started to build a relationship with his dad. Things are much better between him and his mum too, and his sister. Tommy's case is now closed as his situation has dropped from high risk to no risk: "All round he's a much happier and positive young person", said James.

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## Graded Care Profile 2 (GCP2)

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# Using GCP2 for early intervention following a police referral

**GCP2 practitioner: Jane, a child and family support worker in the Immediate Response and Edge of Care team in York**



### Background

Jane first met 22 month old \*Yasmin and her mum when they were referred to the social care team by the police. The police had concerns about domestic abuse after Yasmin's mum reported that she had been threatened by her partner.

Mum was not working at the time, as she was off sick due to depression, and she wasn't taking the medication she'd been prescribed. Her childhood had been hard. Her and her younger siblings had been removed from their parents when she was 15 and she had disclosed that she had been sexually abused by her older brother. After she and her siblings were placed in foster care her parents were given convictions for five counts of child neglect.

Although he was separated from her mum, Yasmin's father still had involvement in his daughter's life.

### Concerns before GCP2

Through their investigation and interviews with mum's partner, the police were able to pass vital information to the social care team. Mum's partner had made comments to them about his own aggressive behaviour towards Yasmin and thoughts he'd had about punishing her, which they were concerned about.

In addition to the initial concern around Yasmin witnessing and experiencing domestic abuse, the social work team believed that some of Yasmin's emotional and developmental needs weren't being met. Jane asked mum if she could work through the GCP2 assessment with her to help identify the areas of parenting where she might need more support.

## What the GCP2 assessment showed

Using the assessment tool Jane was able to identify specific concerns across four areas: physical care, safety, emotional care and developmental care.

- Concerns around Yasmin's physical care centred on her poor diet, which frequently included sweets, chocolate and crisps, and erratic mealtimes. It also became clear that a lack of routine, particularly around bedtimes, was contributing to a sense of uncertainty and instability for Yasmin
- Yasmin was often left either unsupervised by her mum or with a four year old child who lives next door. Sometimes Yasmin had been left unsupervised with her mum's abusive partner, which Jane believed to be the cause of Yasmin presenting as anxious around men
- Yasmin's mum and dad had been struggling to put boundaries in place for their daughter to help control her behaviour. Little positive interaction or encouragement was seen between the parents and their daughter
- Yasmin lacked a stimulating environment or activities that would be vital in helping her to develop her speech and language skills.

## Outcome of the GCP2 assessment

While the GCP2 assessment showed evidence that Yasmin was being neglected in four specific areas, Jane believed that with interventions that targeted these specific issues and with the willingness of her mum and dad, a child protection plan could be avoided.

The targeted interventions Jane offered the family included:

- Helping Yasmin's mum and dad to establish routines around bedtime and mealtimes
- Supporting them to make changes in their home to make it safe for their daughter and ensure she's supervised at all times by an appropriate adult
- Encouraging them to attend a parenting course where they could learn how to keep their daughter safe and positively engage with her to meet her emotional needs
- Ensuring both parents understood how important it was that their daughter attended nursery to help her develop her social skills.

## Conclusion

Since Yasmin's mum and dad started the parenting programme they've undertaken another GCP2 assessment to see what progress they've made. There have been significant improvements across all four areas of focus as a result of the targeted interventions they were offered after their first assessment. Mum's relationship with Yasmin has improved, routines are starting to be embedded to provide stability and the home environment is much safer.

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## Graded Care Profile 2 (GCP2)

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# Avoiding escalation by working with a young carer and her parent

**GCP2 practitioner: Harriet, a project worker with Barnardos and their Action for Young Carers project in Liverpool**



### Background

When Harriet first met ten year old \*Poppy and her mum, Poppy was enrolled in an alternative education programme at the local primary school. She had previously displayed disruptive behaviour, and was found to be a young carer for her mum who had mental health problems.

Mum was a 30 year old lone parent who had post-traumatic stress disorder and had previously experienced domestic abuse. Both Poppy and her mum were receiving mental health support.

### Concerns before GCP2

Harriet joined other professionals to discuss the results of a young carers assessment and safeguarding concerns that had been raised. A multi-agency referral form was completed because the professionals felt a referral to social care may be needed, but a decision was made that there should be an attempt to handle the case at an early intervention level initially. Harriet decided that a GCP2 assessment would be an effective way to gather more information that could help to guide the support given to the family at this level. Harriet met with Poppy and her mum individually and together so she could get a clear idea of the different areas of their life where they might need extra support.

## What the GCP2 assessment showed

On the whole, Poppy and her mum scored highly in all four of the GCP2 categories: physical care, safety, emotional care and developmental care. However, mum's mental health problems meant that sometimes the scoring in these areas could vary significantly; on some days she scored 5, and on others her interactions could be scored at 2 or 3. The GCP2 assessment and report gave Harriet the opportunity to document these fluctuations in detail.

As well as helping Harriet to gather more information about the areas of concern, the GCP2 assessment also highlighted a number of strengths, which included a strong support network of friends and family. The GCP2 assessment helped Harriet to reduce safeguarding concerns that she had previously held.

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**"The GCP2 provided me with the framework to collect, record and share Mum's and Poppy's voices and daily experiences."**

**–Harriet**

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## Outcome of the GCP2 assessment

A 'Team Around the Family' meeting was held with representatives from multiple agencies to review Harriet's findings from the GCP2. While there were some reservations at first, the results from the GCP2 helped other professionals to see that Poppy's and her mum's case could be managed without having to complete a multi-agency referral form, as long as a robust plan was put in place to help them make improvements in the areas of concern highlighted in the assessment.

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**"I sat in the Early Help Assessment and for once I heard someone sticking up for my child; I could have cried."**

**–Mum**

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## Conclusion

By using the GCP2 tool Harriet was able to ensure Poppy and her mum both had a voice during the assessment process. The assessment helped Harriet to assess the strengths of mum's care, focus on the areas of need and address safeguarding issues. This meant that through work undertaken by multi-agency professionals at an early intervention level, Poppy's case avoided being escalated to Children's Social Care.

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## Graded Care Profile 2 (GCP2)

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### Using GCP2 to plan early intervention

**GCP2 practitioner:**  
**\*Sarah, a social work  
manager for The  
Salvation Army**

#### Background

Sarah first met \*Fiona and her family of three when they were referred to the Salvation Army family centre. They were referred by Children's Services who had first started working with Fiona when she gave birth to her eldest child \*Marie, now 16 years old. Marie's father had been given a Schedule 1 Offence of a sexual nature and as a result was no longer able to see his daughter without supervision. Fiona didn't seem to believe the allegations against her partner and so there were worries about her ability to keep her children safe. She had managed to maintain a good relationship with her ex-partner's mother throughout this, but this later broke down when Fiona started a relationship with a new partner.

It was during this relationship that Fiona had her second and third children who were aged three and six at the time they moved to the family centre. By this time, Fiona didn't have a relationship with the father of her two youngest children.

#### Concerns before GCP2

When Fiona was referred to the family centre there were concerns about the level of care she was giving to her children. A lack of routine and emotional warmth shown to the children, coupled with worries surrounding their supervision, safety and diet indicated that Fiona might need some support to help her improve in some areas of parenting. Despite working with the family for some time, no significant improvement had been seen.

A 10 week placement at the family centre would give the team an opportunity to assess whether, with support, the children could remain in the care of their mother, or whether they required alternative care. Fiona's goal for the end of the placement was to have her children's names removed from the Child Protection Register.

## What the GCP2 assessment showed

An initial GCP2 assessment was undertaken at the end of the family's first week at the centre, based on what the team had seen during that week and the information given to them by Children's Services.

It was clear that focus was needed in four areas: care of safety, emotional care, developmental care and physical care. It was agreed the emphasis needed to be around devising a structured routine and supporting Fiona to develop ways of encouraging positive behaviours from the children, while also managing unwanted behaviours. The GCP2 assessment helped Fiona to see why these improvements were needed.

Using the initial assessment, the team put together a plan of action that included targeted support and guidance that could help make improvements to the priority areas. After the family had been at the centre for six weeks, the team did a second GCP2 assessment and used the results to revise the action plan for their final weeks at the centre. A final multi-discipline review took place at the end of their placement to assess the family's progress.

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**"The use of GCP2 in this case and with this family had a significant impact."**

**–Sarah**

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## Outcome of the GCP2 assessment

The GCP2 assessment helped Fiona to understand the concerns of Children's Services and the team at the family centre by putting them into context. It clearly showed her where improvements needed to be made. By identifying the areas of strength in Fiona's parenting, as well as those of concern, the GCP2 assessment made her feel less overwhelmed so she was able to focus on specific areas that seemed more manageable. As a result, Fiona felt more in control of what needed to change and more engaged in the targeted interventions the team put in place.

## Conclusion

Having completed GCP2 at a number of stages with the family, the family centre team were confident that areas for improvement were clear to Fiona and that they had been able to give the family targeted support. As well as showing improvement, the team felt Fiona also demonstrated a commitment to ensuring these improvements in the standard of care she was giving remained in place for her three children in the long term.

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## Graded Care Profile 2 (GCP2)

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# Responding to neglect in a nursery setting

**GCP2 practitioner:**  
**\*Sue, a nursery manager in the West Midlands**



### Background

Sue first met three year old \*Rohan and his one year old brother \*Kiran when their health visitor made a referral to the local early help team due to her concerns around Kiran's missed medical failure to thrive.

After she had given birth to Rohan, mum had ended her relationship with his dad. She later started a relationship with a new partner who she had Kiran with. Neither of Kiran's parents worked and his dad wasn't claiming his benefits, so mum was using some of her money to support him. This was leading to financial difficulties for the family.

### Concerns before GCP2

Concerns for the family were mainly about mum and dad's parenting capacity and the home environment, which was in disrepair, often cluttered and sometimes unsafe. Particularly concerning were some old pieces of a wooden wardrobe that were left propped up in the hall, which were a safety hazard with two small children in the home.

There were also concerns about Kiran's health as he had experienced breathing difficulties caused by reoccurring chest infections and mum hadn't sought medical treatment for them.

Those working with the family were also concerned about reports of low level domestic violence and mental health issues that both parents were living with. The family had been receiving support for almost a year and no significant progress had been seen.



## What the GCP2 assessment showed

The GCP2 assessment resulted in high scores in some key areas. Both children were always clean, well presented and appropriately clothed; they had a varied and healthy diet; and they often ate their meals at the table. Sometimes ready meals were used for convenience, but not often.

Mum seemed observant of her children's behaviours and needs, often recognising when they were trying to communicate. She always responded to them in a gentle manner and an emotionally secure relationship was seen between her and both her children.

Lower scores were given in the area of safety, mostly due to the cluttered and neglected home environment that posed some safety risks for the children. The children had also missed some appointments with the local medical centre, although their immunisations were up to date. This contributed to a low score in the physical care area of the assessment.

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**“Had we of not gone down the route of using this tool things might have spiralled out of proportion for this family.”**

**–Sue**

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## Outcome of the GCP2 assessment

As a result of the GCP2 assessment, Sue and other professionals working with the family agreed that home visits by the early help team, health visitor and herself should continue to help track the family's progress.

Mum asked her partner to leave the home, which put an end to the domestic abuse. She's been able to take control of her finances since her partner left the home. With help, she's cleared the home of clutter and dangerous items, redecorated the children's rooms and made some home improvements.

Daily contact from Sue gave mum the extra support she needed while making these changes and medication from her GP helped her to manage her depression. Her parenting skills have improved with help from the professionals around her and both Kiran and Rohan appear happy and settled.

## Conclusion

There are no longer health concerns for Kiran or his brother and both are making good progress developmentally. By using GCP2, Sue was able to support the family to make much needed improvements to the young boys' health, their home environment and their mum's ability to provide the care they need.

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## Graded Care Profile 2 (GCP2)

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# Working with schools to respond to neglect

**GCP2 practitioner:**  
**\*Christine, a family support worker in Liverpool**



### Background

\*Reanne was 11 years old when her school referred her and her dad to the Schools Family Support Service because of concerns around his capacity to care for her. She had been living with her dad since she was a young child; he had been awarded custody of her because her mother's substance misuse problems were having a negative impact on Reanne.

### Concerns before GCP2

The professionals who referred Reanne and her dad to the Family Support Service were particularly concerned about Reanne being overweight for her age. They also had concerns about Dad not being able to meet his daughter's emotional needs.

### What the GCP2 assessment showed

Using the GCP2 assessment, Christine was encouraged to consider a wider range of observations than she would normally look at, such as the bedrooms, fridge and food cupboard. This helped her to make a fuller assessment of whether there were elements of neglect that needed to be addressed.

Christine identified concerns across three of the domains; physical, emotional and developmental:

- The home was particularly cluttered, unclean and in need of repairs to make it a safe and homely environment for Reanne to grow up in. Late rent payments had also led to an eviction notice being served by their private landlord
- Reanne had expressed a need for more attention from her dad. Reanne has a neuro-developmental condition and her dad admitted during the assessment that sometimes he found it hard to manage her behaviour and meet her emotional needs
- Reanne complained of a toothache, but her dad hadn't arranged an appointment with the dentist. An unvaried and unhealthy diet was also concerning

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- While there were some positive aspects to dad's parenting, he and Reanne rarely spent quality time together, instead choosing to play video games individually. Dad had experienced some trauma during his childhood, which Christine believed was having an effect on his parenting, but dad was unwilling to address this.

**“...the tool helped to identify areas of need that wouldn't ordinarily be measured or assessed.”**

**–Christine**

## Outcome of the GCP2 assessment

Knowing now what her work with the family needed to focus on, Christine was able to identify specific support services and activities that could help Reanne and her dad to improve to their relationship and their home environment.

With Christine's help, Reanne's dad started to de-clutter and clean their home. He also spoke to the landlord about the repairs that were needed and sought advice from a housing charity on how to get back on track with his rent payments.

Dad was encouraged to attend a community network group that helped him understand his daughter's neuro-developmental conditions and learn strategies that could help him to manage Reanne's behaviours. Christine used one-to-one sessions with dad to teach him the benefits of positive interactions between him and Reanne. Christine was able to show him what he was doing well and where he could make a difference. Reanne and her dad now spend more time together playing games.

While Christine didn't see much weight change in Reanne while she was working with the family, there wasn't any increase in weight and Dad had started to make more homemade meals. Importantly, Reanne was seen by a dentist and got the treatment she needed for her toothache.

**“No one had given him feedback on his parenting, especially positive feedback.”**

**–Christine**

## Conclusion

As a result of the targeted support coordinated by Christine, the family has made significant improvements in all three GCP2 areas. The school has fed back to Christine that Dad is engaging with them more and taking more of an interest in Reanne's education. Christine said: “Without GCP2, I very much doubt the impact would have been as significant”.

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