

# Grading the Graded Care Profile

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# Acknowledgements

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# GCP as response to neglect

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- ▶ Difficulties in professional identification and response to neglect
- ▶ Co-existence with other difficulties
- ▶ Assessment of parenting is not value free
  
- ▶ GCP 'Objective' measure of caring using qualitative bipolar five point scale
- ▶ Breaks caring task down using into specific 'sub-areas' and 'items' of care
- ▶ Previous claims
  - ▶ Reliability
  - ▶ User-friendly for both professionals and parents
  - ▶ Quick to undertake



# Data

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- ▶ Baseline data gathered by local authority from practitioners: Questionnaires (22), follow up interviews (8 )
  - ▶ Two focus groups with practitioners who had used the GCP
  - ▶ Individual contact with practitioners who had or were due to use the tool (56)
  - ▶ Semi-structured interviews with parents who had previously had the GCP used with them (4) and with practitioners managing these cases (4)
  - ▶ 4 Observations of how the GCP was being used with 3 sets of parents
  - ▶ Brief follow up interviews with parents (2) and practitioners (2) practitioners where practitioners were observed using the GCP
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# GCP as an assessment tool

<b>Practitioner Views of GCP</b>	<b>Good</b>	<b>Acceptable</b>	<b>Poor</b>
<b>Use in assessing neglect (20 responses)</b>	82% (18/20)	9% (2/20)	0% (0/20)
<b>Tool for assisting multi-professional assessment (18 responses)</b>	59% (13/18)	23% (5/18)	0% (0/18)
<b>GCP as tool for engaging parents (21 responses)</b>	45% (10/21)	32% (7/21)	18% (4/21)



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- ▶ *Interviewer: Did you feel that the Graded Care Profile gave an accurate view of your parenting?*
  - ▶ *Mother: Oh God, aye, aye, I'm glad that I had something like this. (Case 3)*
  - ▶ *It showed me where I was going wrong and how I could build myself up. It makes you see different things. (Mother, case 5)*



# But questions about its accuracy

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- ▶ **Minority view, but clear theme, amongst practitioners statements about the tool:**
  - ▶ “very, very subjective” (Practitioner Interview)
  - ▶ *I am not convinced that it is hugely accurate ( ) each of the items, the choices that they give you, they are pretty specific, so there isn't a huge amount of leeway, but there is some leeway, I suppose, in the interpretation of you going through that (SW, Case Four)*
  - ▶ Some concerns about accuracy where reliant on parents' self-reporting



# Parental Engagement

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- ▶ Language in the GCP a barrier to parental engagement
- ▶ **But** two of seven parents very positive experiences of its use
  
- ▶ Case Five: Parent very favourable experience of use of the GCP, supported by observation data
  - ▶ Relationship SW and mother – tool use to generate dialogue
  - ▶ Second time of use and progress in between times
  - ▶ SW in all but one items agreed with parents' score or suggested a better (lower) score





# Where there was disagreement, scoring of the GCP could exacerbate it

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## Parent Case Four

- *he's ((the social worker)) not here twenty four – seven so he doesn't see it all does he?*
- *I'd have scored myself a two because I feel aye fair enough it isnae Prada and all that but it's like Nike, Adidas and Lacoste, any trainers we've got is Lacoste trainers. 30 to 40 pound a pair of trainers and Greg's ((the social worker)) saying he thinks I'm not doing my best at. Everyone's like that, what you talking about?*

## SW Case Four

- *She was really up for doing it [the GCP]... I think she enjoyed doing it.*
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## Observation, case six

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- ▶ F: The only reason I'm early for my ((Addictions)) appointment and all is because I take the weans to school and then I just=
- ▶ HV: =so maybe I should get you, may be I should get you (for) appointments at quarter to nine in the morning in my office=
- ▶ F: =nae bother ( )=
- ▶ HV: =but I doubt you'll make it though, *I doubt you will make it though*
- ▶ F: I would, nine o'clock
- ▶ HV: I think we are taking bets on that one
- ▶ F: Nine o'clock



# Going forward with the GCP

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- ▶ Study illustrated some strengths to the GCP : breaking caring task down, allowing discussion about standards of care in some cases
- ▶ Need to modify language (academic, abstract)
- ▶ Does it give an objective assessment of care?
- ▶ Diagnostic/prescriptive use to grade care appears in tension with dialogical use to encourage discussion around care standards

