Luton Safeguarding Children Board

Looking for Learning : a short evaluation of the implementation of Graded Care Profile 2 in Luton

Executive summary

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Why this evaluation?

This is a short evaluation of the implementation of a tested assessment tool, Graded Care Profile 2, across the Luton area in 2016/18. It has been undertaken by two independent researchers commissioned by Luton Safeguarding Children Board and was completed between September 2017 and April 2018.

Graded Care Profile 2 is an assessment tool for use where a child's needs may not fully be met and/or there are concerns about possible neglect. It involves engagement with the family, observation, scaling of strengths and concerns, agreeing a plan and any necessary work with colleagues.

Luton is implementing GCP2, which has been tested and adapted from an earlier prototype, across most agencies that work with children, families and vulnerable adults, including health and social care .

The goal of the roll- out of GCP 2 was to strengthen inter agency practice with neglect in the light of inspection and SCR findings. The tool was to be widely used *as part of the early identification of neglect and (to) provide a robust mechanism to assess and make a judgement on the extent of neglect and the specific areas for support"*. This included supporting the *"development of effective plans to reduce and prevent children being neglected"* (quote from report to LSCB and evaluation brief).

Implementation started in March 2016 when a small group of staff tested the tool. Training was rolled out across Luton (the town) between Nov16 and April 17, with the expectation as of April 2017, the tool should be used when neglect was a concern.

How did we undertake the evaluation?

The broad questions for the evaluation have been:

- *How far have the aims of implementing GCP 2 been met in Luton? And*
- *What remains to be done in implementing GCP2 to achieve those aims?*

One theory of change for evaluating effectiveness of implementing GCP2, is that it can refine practice with parents, and that this, in turn, can contribute to improved outcomes for children. A short evaluation cannot measure impact, but it can give evidence on the numbers and range of GCP2 assessments now being undertaken; and consider the observations and views of practitioners about the effects of using the assessment both on their practice and on families.

In answering the two questions above, the evaluation has drawn on multiple data sources to build a picture of progress.

We analysed findings from a range of sources including:

- NSPCC post implementation survey looking at GCP2 training and support for staff
- internal feedback about the training
- a pan -Beds conference on Neglect

- events held to brief staff who wouldn't be using (it) the tool, but who needed to have a better understanding of neglect and how GCP2 would be used .

As we considered the aim of achieving changes in practice, we drew on results from a PanBeds audit of a small sample of cases where GCP 2 was used, alongside observations of two support groups for staff using the GCP2. Three anonymised case studies helped us understand how GCP2 is working on the ground in Lutonand how GCP2 influenced families.

We also supplied our own questionnaires about practice, which were completed by 43 GCP2 trained staff across multiple agencies. There was not time to arrange and approve interviews with family members;   this would be an important next stage of evaluation.

Finally, we considered enablers and barriers in local systems that might affect the sustainability of GCP2 implementation. This was through discussions during a focus group for 13 operational managers and a workshop for strategic managers. These discussions, were combined with comments in the questionnaire and audit responses .

The evaluation uses mixed methods with a qualitative view of strengths and challenges in implementing GCP2, as well as quantitative data on numbers trained and the reach and usage of the tool. The strengths of this approach have included the active involvement of managers and practitioners in collecting the data; the variety of data sources; and the opportunity to check findings out locally. Disadvantages have included time and resource constraints, which meant we could not speak to family members or follow up assessments over time; and the selfselection of participants in some of the data collected. These would be challenges to address in future evaluations.

Summary of findings

Background data on Luton shows it to be an area with a very diverse population and some pockets of severe deprivation. Numbers of children in need and requiring protection have increased year on year, but are proportionally in line with statistical neighbours. Emotional abuse and neglect are the highest categories of child protection cases.

In terms of preparation for implementation: in 2016 /17 a first wave of GCP2 training involved 19 courses for 346 practitioners and managers. Summaries of feedback show that respondents rated the training, and other awareness raising and support activity, as informative and encouraging.

In terms of implementation influencing practice: NSPCC surveys showed that those who responded had indeed begun to use the tool and draw on the support on offer. While a few struggled to get started, others thought the GCP2 was already making a difference. If a higher proportion of responses could be achieved this would provide more robust data for future planning.

Consistent with the survey findings, a later LSCB in-depth audit of (9) 8 cases from across Bedfordshire drew out advantages of using the tool (such as the benefits of joining working leading to the need for help being identified needed more quickly) and challenges such as the need for material in a range of languages and an Easy Read format as well as cross -boundary issues such as variation in thresholds in the county

Over the first year from April 2017 to April 2018, 343 assessments were completed (full details are provided in the main report). This gives promising quantitative evidence of GCP2 implementation taking effect, in terms of practitioners applying their training. Use of GCP2 has varied, with 109 assessments in the first quarter, dipping to 50 in the third and rising to 118 in the fourth. It is likely that levels of use have not yet stabilised. It is encouraging to see that GCP2 is being used across age groups, ethnicity and levels of need, and by a range of agencies and professionals; and that it is being undertaken with families not previously known.

<u>In terms of implementation influencing practice and also families</u>: The evaluation analysed forty-three questionnaires completed by practitioners and managers, and information gathered at support workshops. Practitioners gave examples of how GCP2 had made a difference to their practice and some described how these changes had helped with the resolution of difficulties families had faced e.g

- parents being reassured by the strengths identified with GCP2
- or being able to clarify a problem so the practitioner could get the right help earlier than had been possible before
- being able to plan with a colleague on the basis of the assessment.

Challenges mentioned included the time commitment, the need for home visits, and some difficulties in issues with uploading assessment forms. <u>In terms of strengths and challenges in local systems</u>: The evaluators held structured meetings for operational and strategic managers. They were generally positive about the assessment tool itself and progress with its implementation. Some of the strengths they mentioned were the adoption of an evidence-based approach that assists continuous learning, inter-agency work during implementation and use of GCP2, and the moving on of cases that had been "stuck" with little progress.

Challenges that had been mentioned by some practitioners were emphasised; managers thought that these needed to be addressed if GCP2 was to be sustainable:

- technological support for GCP2 use and data collection
- continued leadership and prioritisation of GCP2 with a dedicated role
- line managers to understand and monitor use of GCP2
- an eye kept on staff turnover and the attrition of licenced CGP2 practitioners
- ensuring that its pattern of use (eg across levels of need, age groups) is monitored, and agreed to be effective for individual agency and wider strategic purposes

- to ensure that new developments are complementary and do not undermine implementation.

Summary of Conclusions

The overarching aim in Luton has been to shift the whole interagency system towards a more consistent, rigorous approach to actual or possible neglect. Joint GCP2 assessments are one key element in this.

 The stages of implementation suggested by Wiggens (2012) and Fixsen (2009) have been found useful and relevant to GCP2 in Luton (see Section One). They are:

- *exploration and adoption*
- *installation; initial implementation*
- *full operation*
- *sustainability and*
- *scale-up.*

The evidence presented in this report suggests that the process of introducing GCP2 assessment is moving on from initial implementation *(initiate staff coaching and programme monitoring; make adjustments),* towards full operation (*evaluate for fidelity and outcomes, assess cost-benefits, consider any adaptations*), while starting to consider the need for future sustainability.

The LSCB and its partners will need to use the evaluation and other data to consider making key decisions about whether, where and how to focus use of the tool with best effects, for children and families. It means investing time and resources to manage the complexities of implementation, and to ensure that the evidence for decisions and outcomes in work with families is as sound as possible.

Luton's implementation of GCP2 has been successful in many respects. Training was well received by those who gave feedback, and most importantly, trained staff from across Luton are using the assessment tool with a range of families at different levels of need. Support offered by trainers and experienced staff has been appreciated and applied.; From the evidence we have accessed, inter agency work in implementing and using GCP2 appears to have been effective to date, and there is still enthusiasm for it one year on, which is a real (no mean) achievement. To take this further, the LSCB may want to consider how to improve the effectiveness of future training transfer, by following up on everyone who undertakes the training, perhaps (potentially) via their managers, to assess uptake and impact

It is encouraging that practitioners feel confident to use the approach with families with whom they have not previously worked. Some practitioners are seen to be using the tool more systematically. They are quoting it as an aid to reflection, allowing them to revisit their assessment and reconsider their observations; as a guide to difficult conversations with colleagues and families, about areas of parenting that are not meeting a child's needs; as a way of reinforcing and supporting parent's strengths; and as a way of formulating clear plans and decisions. There are again

several mentions of the value of joint working. All these are aspects of best practice where neglect is or may be an issue (Ofsted 2014, Ofsted blog 2018).

While the time commitment with GCP2 is problematic for some, others feel thatin enough instances this was still good value because the aims of the GCP2 (clarifying and meeting need) had been achieved with more examples of observed changes in families' home environments and behaviour, and put simply, more inclusive and transparent practice.

The LSCB may want to consider whether to focus the use of GCP2 on key professional groups. It may also be helpful to clarify further how GCP2 is being used,by investigating small samples of cases in depth. This might lead the LSCB for example, to recommend that all early help and health visiting staff should be licensed to use the tool. The contribution of schools to the use of GCP2 , and the challenges they face, should be a focus of future development work, particularly with a view to engaging older children and young people.

Support and training for managers in use of GCP2 is very important to its sustainability. A group of managers could offer mutual support on complex cases for example. They could also provide fidelity monitoring for GCP2 through case sampling or contributing to consensus discussions.

There is also an opportunity to use GCP 2 as a way to review how services have met the needs identified using the tool ; and even to assist with re- designing or co-designing support services.

To consolidate the use of GCP going forward an interagency plan is needed with each organisation having a mutually agreed role to play. A dedicated role focussing on the sustainability and effectiveness of GCP2 could help Luton agencies to establish the evidence for GCP2 impact on outcomes for children and refine its use further to meet need most effectively.

The full report sets out ideas and questions for practitioners, managers, organisations and the Board.

Questions for the next stage of implementation

Focus	Questions to consider
Practitioners & Practice issues	How can you evidence the difference that using GCP2 has made for child/ren and to their parent/s?
	Is the assessment translated into a useful plan?
	Should we consider the use of consensus meetings? (*To improve consistency*)
	Is there a need to ask (a question) about use of (the) IT in respect to efficient uploading/ recording/ and reporting?
Families	How can we improve gathering the views of **family members including children (views)** on the assessment process and on changes in family life as a result of the assessment ?
	How do practitioners work with other agencies to support the change plan with families?
Team / Deputy managers	Do we need managers' support workshops? *(for managers to be confident to oversee practitioners in using the GCP 2 and to see how the assessment is used as case planning)*
	How is the use of the GCP 2 built into supervision, including when (if) the assessment was done by another agency?
Organisations	How does investment of time and resources in GCP2 help each organisation to attain its goals and targets?
	Should we set a time limit by which to expect practitioners who have trained to complete (1/2 GDP?) GCP2 to ensure embed learning in practice? And should we also make sure GCP 2 is initially done alongside (with)experienced practitioners READS ODDLY]
	Are the right people being trained?
	How do you know whether you are undertaking the "right" number of GCP2 assessments?
Schools	Should we be doing more work with schools and EWO's to encourage them to take a more active role with GCP2?
LSCB and strategic decision	Do we have a statement that explains the aims of improving joined-up working on child neglect? Is there

makers **Infrastructure providers**	an agreed plan and time-frame? What part will GCP2 play? Are there other helpful developments and activities? How do they fit together?
	Will the next stage of implementing GCP2 include adedicated development and embedding role ? *(could this help ensure sustainability?)*
	How is the data supporting service planning and our understanding of whether and how does the GCP2 and the care plan impact changes?How do we measure this? *Can data collection be automatised?*
	Should we map how many contacts the child/YP has with which services and with what outcome? Do we have exit strategies for children/YPor do they "drift"?
	Could we track the outcomes of the GCP2 with a sample of cases, in terms of a useful plan, services and interventions, identifying any planned changes for the child /ren /parent/s?
	What will the overall use of GCP2 be in the next phase *(by which practitioners, with which families and with what overall aims?)*
	How can we ensure we identify adolescent neglect as early and as accurately as possible? Who should the key partners be?

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