

Graded Care Profile 2

Guidance for Practitioners

Introduction

Warrington Safeguarding Partnership introduced the Graded Care Profile 2 (GCP2) as the agreed tool for professionals to use when assessing the level of neglect affecting a child, or children within a family.

Neglect is defined in Working Together to Safeguard Children (2018) as:

The persistent failure to meet a child's basic physical and/ or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect is the most common reason for children in Warrington to be placed on a Child Protection Plan. Having a robust multi-agency response to neglect, including early identification and early help from professionals is a key priority for the safeguarding partnership.

The partnership are committed to ensure that the workforce is skilled to identify and respond to neglect. Using the GCP2 tool will support professionals to assess the impact of neglect.

What is GCP2?

GCP2 is the updated version of the original Graded Care Profile tool which retains the core concepts and structure of the original but adds value with more accessible language and some additional items for consideration. The tools have enhanced guidance to make the tool easier for practitioners to understand and use with families.

What does GCP2 measure?

The tool measures the quality of care delivered to an individual child, over a short window of time, and scales it between 1 (best) and 5 (worst). It can be used at any point with a child/family where there may be concerns about neglect, or to demonstrate improvements.

The tool doesn't explore reasons for a particular level of care, but does encourage further interpretation of the reasons at the analysis stage.

It is recognised that care can fluctuate over time, so the tool allows the results of the current level of care to be compared when the tool is repeated, to reflect improvement or not, in the level of care for each child accessed. This is helpful to support assessing parents/ carers capacity for change.

Purpose of the GCP2 tool

The purpose is to use the tool....

1. Where neglect is suspected:

- To assess the current quality of care
- To give a base line measurement of the quality of care
- To target intervention
- To monitor progress after interventions.

2. Where the quality of care is of interest

- To target resources
- To understand educational outcomes for a child
- To understand emotional or behavioural outcomes for a child.

Expectations

All agencies will have licensed practitioners who understand the GCP2 tool.

All children where neglect is identified as a feature will have at least one GCP2 tool completed to support assessment, regardless of where they are on the continuum of need.

Agencies will work together to complete GCP2 tools where required (e.g. those not able to attend a home visit will liaise with other practitioners who can undertake this part of the tool).

The tool needs to be completed in a timely manner and reviewed regularly to support the family journey in improvements and form part of the holistic plan for the child/ family.

Using the GCP2 tool

Practitioners must have attended the 1 day training to become licensed practitioners for using the tool.

The tool has a focus on the physical care, safety, emotional care and developmental care given to an individual child.

The tool divides these areas for a score against individual subareas. As a result the GCP2 gives a picture of the quality of care in all areas of the child's needs. This allows an understanding of how these needs are being met, recognises strengths and identifies areas for development with a scaling system.

GCP2 Grade	Scale of Care
1	Always met All the child's needs are always met, and the parent goes the extra mile. The child is always first.
2	Met All essential needs are always met. The child is priority.
3	Met most of the time Most of the time the essential needs of the child are met. The child and the carer are at par.
4	Not met most of the time Most of the time the essential needs of the child are not met. Child is considered second.
5	Never met The child's essential needs are not met. May be due to intentional disregard. The child is last or not considered.

Who can use the GCP2?

The Graded Care Profile 2 can be used by:

- Professionals involved in evaluating the care of the child. This could include social workers, teachers, pastoral staff, family support workers, education welfare officers, health visitors, designated safeguarding leads, school health or midwives.
- Parents or carers who want to evaluate their care of a child themselves with appropriate support to understand the constructs and instructions.*
- Young people who want to evaluate the care that they receive from their parent or carer with appropriate support to understand the constructs and instructions.*

* support should be provided by a licensed practitioner.

What materials do you need?

The following materials are provided to all licensed practitioners:

- NSPCC Guidance – this is a comprehensive document including theory and background information
- NSPCC Handbook – a user-friendly booklet that assists with using the tool with families
- The Tool – this explains the grades and brief description against each sub-area to decide the appropriate grade of care
- The score sheet/ summary sheet – this allows practitioners to record all grading's relating to a particular child for each sub-area

Additionally there are leaflets provided for sharing with parents/ carers and/ or young people.

Response and referral pathway

The table below provides a descriptive definition of each grade and appropriate action to be taken. This includes guidance on the referral pathway where appropriate. What action will be taken will depend on the needs, risks and vulnerabilities of individual children. However a score of 5 in any domain should be at least prompt a consultation with MASH.

GCP2 Grade	1	2	3	4	5
Description	No neglectful parenting. Consistent good quality parenting, where the child's needs are always paramount or a priority.	No neglectful parenting. Consistent good quality parenting where the child's needs are always paramount or a priority.	Mild neglect. Failure to provide care in one or two areas of basic needs, but most of the time a good quality of care is provided across the majority of the domains.	Moderate neglect. Failure to provide good quality care across one or a number of areas of the child's needs some of the time.	Severe neglect. Failure to provide good quality care across one or a number of areas of the child's needs most of the time.
Response/ Referral pathway	Normal universal support	Normal universal support	Support through Early Help likely to be beneficial	A multi-agency intervention is required. This could be through Early Help or through a social work intervention. Consultation with MASH advised.	Consultation with MASH required. Children's social work intervention may be required.

Frequently asked questions

Do I need consent to use the GCP2?

The GCP is a tool to use with parents – it should not be seen as something we do to parents. Consent must be obtained in order to have open and honest conversations with families.

Where families do not give their consent to complete the GCP2, practitioners may wish to use the domains of the tool to provide a broad framework for analysing their concerns and deciding on any next steps.

How does GCP2 fit with other assessments?

The GCP2 works well alongside other assessments. It does not collate information or look at the reasons for sub-optimal or neglectful parenting; however, it will tell you what the impact is of their care.

GCP2 can be used across the continuum of need. It can be used where there are concerns about the quality of parenting being delivered but neglect has not been substantiated – this can identify areas of challenge early before neglect becomes an issue. It can be used to target interventions. It can support decision making and understanding where neglect is on the continuum of need.

How long is the training and how do I access it?

All practitioners using the GCP2 must have attended and passed the licensed one-day training which is delivered by the Warrington Safeguarding Partnership training pool. The training is free to attend for all practitioners in Warrington and places can be booked through the website: <http://www.warringtonsafeguarding.org/>

Can the GCP2 be used with Children in Care?

The tool is designed to be used with all children where there are concerns about the quality of care, including children in care. It is also a flexible tool which can also be used in a variety of ways, for example with new parents to measure the effectiveness of parenting and quality of care.

Can one agency complete parts of the GCP2 that is centred around their service only?

The GCP2 is designed to be completed in its entirety. However, it is acknowledged that professionals using it might not be able to complete all parts of the domains. When that happens, the scores should form part of a conversation with the lead professional about whether a full tool should be completed.

Can the GCP2 be used with children with disabilities?

For children with a physical or intellectual disability it is important that the practitioner undertaking the GCP2 has a good understanding of the child's particular needs and what the parent should be providing. As the GCP2 captures the actual care provided to a child, their ability or disability should not be a barrier to an assessment as long as it is realised that some children with disabilities cannot care for themselves even when they are older. This applies particularly in the subarea Hygiene within the Physical area of care for those children who require intimate care. Additionally for those children with diets associated with their needs, this is covered as an item in the assessment.

Can the tool be used with more than one child in a family?

The GCP2 tool is designed to be used for individual within a family. Where there is more than one child in the family, the professional should decide which child should be the focus of the assessment. If it is unlikely the results would be the same for other children in the families, individual assessments should be undertaken for those children.