

# WSCP

## Graded Care Profile 2

A measurement of the level of care provided to a child

# Guidance for Practitioners in Wandsworth



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## 1. Introduction

The Wandsworth Safeguarding Children Partnership, representing the wide multi-agency partnership has introduced the Graded Care Profile 2 (GCP2) as the agreed tool for professionals to use when measuring the level of care given to an individual child. As such, the GCP2 is now the standard tool for 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 may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:*

- a) *provide adequate food, clothing, and shelter (including exclusion from home or abandonment)*
- b) *protect a child from physical and emotional harm or danger*
- c) *ensure adequate supervision (including the use of inadequate caregivers)*
- d) *ensure access to appropriate medical care or treatment*

*It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.*

Neglect is the most prevalent form of child maltreatment in the UK, and it is the number one reason why people contact the NSPCC with concerns about children.

Neglect is also the most common reason for children to be placed on a Child Protection plans and it features as a significant issue in 60% of all Child Safeguarding Practice Review [CSPR].

Having a robust multi-agency response to neglect, including early identification and early help from professionals, is a priority for the

safeguarding partnership. A key aspect of this work is to ensure that the workforce is skilled to identify and respond to neglect and can assess the impact of neglect – which can be very difficult – supported by using the GCP2.

## 2. Effects of Neglect

The effects of neglect will vary from child to child depending on their age, vulnerabilities, and resilience. Typical short- and long-term effects of neglect on children/ young people include:

- Delayed development
- Emotional difficulties - anger, anxiety,
- Sadness or low self-esteem
- Mental health problems such as
- Depression, eating disorders, (PTSD), suicidal thoughts, self-harm
- Problems with drugs or alcohol
- Poor physical health
- Struggles with relationships
- Difficulties with learning, lower
- Educational attainment, difficulties in communicating
- Behavioural problems including anti-social behaviour, criminal behaviour
- Death

## 3. What is the GCP2?

The GCP2 is the updated version of the original GCP tool — building on the NSPCC national evaluation — which retains the core concepts, design, and structure of the original GCP but adds value in relation to new, more accessible language. The GCP2 now includes new 'items' such as obesity and online safety. The NSPCC have also enhanced the guidance for the tool to make sure the tool is easier for practitioners to understand and use, and it fits into the current legislative context.

## 4. What does the GCP2 Measure?

The GPC2 measures the quality of care delivered to an individual child over a short period of time (representative of the current level of care) and scales it between 1 (best) and 5 (worst). It can be used right across the WSCP threshold guidance levels.

**The GCP2 doesn't explore reasons for a level of care, however, it encourages further interpretation of the reasons at the analysis stage.**

It is important to record the dates during which the GCP2 is completed. It is widely recognised that care can fluctuate over time, so being able to set the results of the current level of care within a short window means that when the scoring is repeated, it can reflect the improvement, or not, in the level of care for that child / young person.

This is also very helpful if the tool is being used to help assess parents/carers capacity to change.

subdivides these headings into further areas identified by research.

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 given the family's steady state (normal circumstances) and identifies the areas in which the care is deficient and to what scale. It also allows recognition of Strength.

## 5. Purpose of the GCP2

1. Where neglect is suspected:
  - to assess the current quality of care
  - to give a base line measurement
  - to target intervention
  - to monitor progress after interventions.
2. Where quality of care is of interest:
  - in targeting resources
  - in understanding educational outcomes for a child
  - in understanding emotional or Behavioural outcomes for a child.

## 6. Using the GCP2 tool

Based upon Maslow's needs theory the GCP2 has a focus on the physical care, safety, emotional care, and developmental care given to an individual child. The tool

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

## 7. The Scale of Care

The qualitative descriptors of the five GCP2 grades are illustrated above. The scale is descriptive and ranges from 1 to 5: 1 being the best and 5 being the worst.

It needs to be noted that if the family's normal circumstances (steady state) change then the grades are likely to be impacted too. These changes should be less noticeable if grades are predominantly grade 1 or 2, more so if grade 3.

In summary, the GCP2 gives a measure of care from the child's perspective in each steady state of usual circumstances.

## 8. Who Completes the GCP2?

The Graded Care Profile 2 can be used:

1. by professionals involved in evaluating the care of a child. In the context of neglect this could, for example, include:
  - social workers, Cafcass (children's guardian)
  - teachers, family support workers (schools and nurseries), education welfare officers or equivalent
  - health visitors, school nurses and other healthcare staff.
2. by parents or carers who want to evaluate their care of a child themselves, provided they can understand the constructs and instructions
3. by young people who want to evaluate care that they received from their parent or carer.

## 9. What is Included in the Tool?

The tool is made up of:

1. **Guidance** (this local guidance and a comprehensive guidance document from the NSPCC). The full document gives an understanding of the history of

2. the tool, the underlying theory, and instructions on its administration. It summarises all aspects of the GCP2 and provides instructions on how to score and use the GCP. The local guidance provides local referral pathway guidance.

3. **Handbook**

A user-friendly booklet that assists with using the tool with families.

4. **Tool**

A manual explaining the grades, which includes a brief construct (description) against each observable unit to help decide the appropriate grade of care for that area, sub-area, or item.

5. **The summary sheet**

This displays the score for the main areas and their constituent sub-areas. It gives an overview of the areas where there are concerns and areas where the parent has displayed strengths.

*Score sheet A — descriptive*

Allows practitioners to record all gradings relating to a particular child and carer, with descriptors for each domain.

*Score sheet B – schematic*

An alternative sheet that provides a full structure of the layout in a schematic way and serves as an index for the main report.

You can either use the schematic or descriptive version.

6. **Implementation guidance**

Checklist and guidance for implementing GCP2.

7. **Report template**

Can be used and adapted to produce a report. Wouldn't be used if you are already contributing to an assessment.

## 8. Consent

Should be used when seeking consent from parents to complete the tool.

## 9. Leaflets

Explanations of the tool, available for parents and children.

## 10. Scoring and Usage Guidance

The NSPCC Guidance Document – *Graded Care Profile2 Guidance and Theory* provides comprehensive guidance about the use and scoring of the tool. Professionals are advised to familiarise themselves with the guidance prior to completing the tool for the first time.

## 11. Response and Referral Pathway

The table on page 6 provides a descriptive definition of each grade and appropriate action to be taken. This includes guidance on the referral pathway.

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 at least prompt a consultation with the Integrated Front Door.

## 12. Using the Tool with more than one Child

The GCP2 is designed to be undertaken on an individual child in the family. If there are several children in the family, the professional should decide which child should be the focus of the scoring. This could be the child who first came to notice or was referred.

However, it is up to the practitioner to decide if the GCP2 should be carried out on more than one child in the family.

## 13. Children with a Disability

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 if it is realised that some children with disabilities cannot care for themselves even when they are older. This applies particularly in the sub-area Hygiene within the Physical area of care for those children who require intimate care.

For those children with diets associated with their needs, this is covered as an item in the assessment.

## 14. GCP2 and Family Safeguarding Model






The GCP2 'fits' well with the Family Safeguarding Model because both are centred on the lived experience of the child. Within the FSM approach whenever neglect is known or suspected in a case the GCP2 should be undertaken to help inform the wider assessment of need.

## 15. GCP2 and 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 of the issues for that individual has on their ability to give good quality care. It will support your Single Agency Assessment and will focus your area of intervention.

There are other tools on the WSCP website which may be helpful to professionals when assessing children:



GCP2 Grade	Description	Response/ Referral Pathway
	<b>No neglectful parenting</b> Consistent good quality parenting where the child's needs are always paramount or a priority.	Universal access on the Wandsworth Continuum of Need
	<b>No neglectful parenting</b> Consistent good quality parenting where the child's needs are always paramount or a priority.	Universal access on the Wandsworth Continuum of Need Further assessment/signposting as and when indicated.
	<b>Mild neglect</b> 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 most of the domains.	Vulnerable to Complex on the Wandsworth Continuum of Need  Support through Early Help (Community Matters) likely to be beneficial
	<b>Moderate neglect</b> Failure to provide good quality care across quite a few the areas of the child's needs some of the time. Can occur when less intrusive measures such as community or single agency interventions have failed, or some moderate harm to the child has or is likely to occur (for example, the child is consistently inappropriately dressed for the weather — wearing shorts and sandals in the middle of winter).	Complex to Acute on the Wandsworth Continuum of Need  A multi-agency intervention is required. This can be through Early help (Community Matters/ Family Matters), or through a Social Care assessment if a child is in need. Consultation with the MASH is advised.  Where no improvement (or decline) is evidenced referral to Children's Social Care required.
	<b>Severe neglect</b> Failure to provide good quality care across most of the child's needs most of the time. Occurs when severe or long-term harm has been or is likely to be done to the child or the parents/ carers are unwilling or unable to engage in work.	Acute on the Wandsworth Continuum of Need Consultation with the MASH needed. Referral to Children's Social Care through the MASH may be required.  If child subject to CP plan, repeat tool for each review.

**The GCP2 will only provide part of the evidence about the risks to a child/young person and functioning of their family. Decision's professionals make should be informed by assessment and their professional judgement following observations of the family. The daily lived experience of children should always be considered and should inform appropriate action.** The WSCP thresholds will also be helpful.

If in doubt always consult MASH. Call - 0208 871 6622. To find out more about the process, Visit: <https://www.wandsworth.gov.uk/make-a-referral-to-the-multi-agency-safeguarding-hub>





## 16. Frequently asked Questions

What are the circumstances for using the GCP2 in Wandsworth?

When neglect is suspected / is known or is part of a care plan

I have done the GCP2 training in another local authority area. Can I use the GCP2 here in Wandsworth?

You will need to provide evidence (e.g., your certificate of attendance which shows you were assessed satisfactorily) to your manager before you can use the GCP2 here in Wandsworth.

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 programme which is delivered by the WSCP. The training is free to attend, apply via the TPD or click on this link.

[Go to this Sway](#)

Is there going to be a central register, how will we know if someone has completed a GCP2?

The Wandsworth Training Academy and WSCP will hold a register of trainers /practitioners. We are also looking at developing an IT solution. More information in due course.

Do I need consent to use the GCP2?

The GCP is a tool to use with parents – it should not be 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, professionals may wish to use the domains of the tool to provide a broad framework for analysing their concerns and deciding on any next steps.

I have done the GCP2 training, and I am now accredited to use the GCP2. How do I now get access to copies of the GCP2 tool and the accompanying materials?

Access will only be for licensed practitioners and information cannot be shared as part of licensing agreement. Access will be via the shared drive and there will be a folder for GCP2 Practitioners. Reminder that documents are not to be shared with anybody who is not a licensed practitioner.

For those that can't access the shared drive – it will depend on why they can't access, people can go to WSCP in the first instance to do a bit of trouble shooting, but once practitioners are trained, they will be added as members of the SharePoint site, and giving permissions to the relevant folder on the site – they should be encouraged to save this as a favourite or keep the link somewhere safe – once they have permission, they will not need to request this again.

Where on the file do I record the information?

Each agency has specific places where they record information – the consensus.

1. Those that still do hard copy recording on paper file - Information to be recorded where they would ordinarily record safeguarding information on file. Documents that need to be saved to be placed in confidential section of file and state not for sharing.
2. Electronic recording - Information to be recorded where they would ordinarily record safeguarding information after visits /sessions on file. Documents can be scanned and uploaded as would any other document.

**Unfortunately, due to the licencing requirements, it is not possible to put the GCP2 materials on a public-access website.**

How does GCP2 fit with the WSCP Threshold Guidance Safeguarding Continuum of Need?

The GCP2 can be used across the safeguarding continuum of need. It can be used; at universal for prevention 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; within Early Help to support the EHAT Assessment to target interventions; and can support social work practice and decision making – ICPC or Review; it can support legal decision making and form part of the court bundle.

### How does GCP2 Fit in Family Safeguarding Model?

Works well alongside the Family Safeguarding Model

### Can the GCP2 be used with Children Looked After?

The tool is designed to be used with all children where there are concerns about the quality of care, including CLA. 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.

### 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/ safeguarding lead about whether a full tool should be completed.

### Are we going to use the GCP2 report?

Not routinely. The GCP2 report template is quite lengthy (7 pages) and replicates a lot of the information in other assessments such as the single assessment. However, if the GCP2 has been completed by a single agency and that agency is going to provide support the report may be a useful tool to use to help plan an intervention. It is not a requirement to complete the report, but it is provided in the bundle of tools.

### What does the GCP2 measure?

The GPC2 measures the quality of care given to an individual child over a short window of time (i.e., it represents the current level of care). The care given is graded between 1 (best) and 5 (worst) in all areas of a child's needs. The grades are based on the extent to which the needs of the child are currently being met and the commitment of the parent/carer to the child in relation to areas of care. The areas of care are based on Maslow's Areas of Needs (physical care, care of safety, emotional care (love and belonging), and developmental care (care of esteem) which are then further subdivided. The GCP2 doesn't explore reasons why a particular level of care is given to a child. However, it encourages further exploration of the reasons at the analysis stage, and this is supported by the practitioner's report and records.

I have not received training in the new GCP2 but wish to do a GCP2 assessment with a family. What should I do?

Unfortunately, unless a practitioner has attended training and been successfully assessed during the training, it is not possible for them to use the GCP2 tool. However, there are several ways forward to enable practitioners to use the GCP2: – Wandsworth has planned several one-day training events from November 2021 for staff from across the whole partnership to attend the GCP2 training, so look up the dates for this training and apply via the TPD or click on this link. [Go to this Sway](#)

You will need to attend the whole of the event from start to finish, have your line manager’s permission, and commit to utilising the GCP2 with families when neglect has been identified as a concern. Also, you will be asked to complete an evaluation of your use of the GCP2. – If you know a colleague from within your own agency or another agency who is licenced to use the GCP2, then co-work the assessment using the GCP2 with them. This is an excellent way of becoming familiar with using the tool.

Which practitioner that is working with a family should undertake the GCP2?

Only those who have received the GCP2 training and been assessed as competent to undertake assessments using the GCP2 can use the tool. WSCP is committed to the tool being used across all agencies – so any accredited practitioner can use the tool in circumstances where neglect is known or suspected. Where there is a multi-agency group of practitioners working with a family, e.g., a Team Around the Family or a Core Group, those practitioners may wish to explore who is best placed to use the GCP2 tool, usually the Lead Practitioner. Equally professionals could do the GCP2 assessment together, either co-working the whole assessment or dividing up the assessment between practitioners.

Can the GCP2 be done retrospectively?

No. The GCP2 is used to measure and assess the current care being given to a child. It is important to record the dates during which the GCP2 is completed because it is recognised that care can fluctuate over time. Clarifying the current level of care means that when the scoring is repeated, it can provide evidence about whether there have been improvements or deterioration in the level of care for a child.

### Can I undertake some parts of the GCP2 and not others?

The GCP2 measures care given to a child across the whole continuum of a child's needs. It is this that supports planning and interventions, so practitioners are clear where the strengths and concerns are in the care given. As such the whole of the GCP2 needs to be undertaken to ensure there is a clear and balanced view about how children's needs are being met. If there are aspects which are not relevant for a particular parent or child, then that area should be left out. Sometimes a practitioner will only be able to contribute to one or a few parts of the tool (for example a midwife) and it is important that they can contribute their knowledge to the completion of the tool. Then other agencies can contribute to other areas of the tool more relevant to them and their role with the family. Some agencies such as school may undertake a desktop exercise using the toll.

### What are the timescales for using the GCP2 tool?

Because care of children can fluctuate over time and to avoid results being distorted the GCP2 should be undertaken over several sessions and through announced and unannounced visits. It is difficult to pinpoint the exact number of sessions because each family situation will be very different. As an example, and guide where there is a parent/carer who is fully engaged with the GCP2 assessment and can explore matters in a relatively straightforward way (e.g., without any additional requirements for translation) and there is one child in the family who does not have additional or complex needs, a GCP2 could take about 4 sessions, lasting about 1 – 1½ hours each. Additional time may be needed if a situation is more complex.

### Where can I go to for any additional questions about using the GCP2?

Many of the agencies in Wandsworth has accredited GCP2 staff and some agencies also have accredited GCP2 trainers who are champions of the GCP2 tool and so collectively there is a sound knowledge base within many agencies across the Borough. There are documents available to delegates that offer a considerable amount of information and background about the GCP2 and how to use it also.



**Does it show up in the chronology?**

It wouldn't show up in the chronology unless it was input manually each time it was used.

**I have been trained but forgotten how to scale?**

The WSCP will be offering ongoing support , however, the agency champion /lead may be able to assist. Periodically the NSPCC provides workshops on topics related to use of the tool.

**How do I know who my agency lead/champion is?**

The agency lead/ champion will let themselves be known, however, if you contact the WSCP that information will be shared.

**If you have any other questions or concerns not covered in this document,  
EMAIL: [WSCPGCP2@wandsworth.gov.uk](mailto:WSCPGCP2@wandsworth.gov.uk) in the first instance.**