

# Graded care profile assessment procedure

Children and Families and Justice Social Work Policy Team



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## Contents

1. Introduction and context .....	3
2. Scope.....	4
3. Rules of engagement .....	4
4. Quality assurance.....	5
Appendix 1 – Procedure flowcharts.....	7
Appendix 2 - Survey templates .....	8

## 1. Introduction and context

This document outlines the context and drivers for the employment of and procedures around the Graded Care Profile 2 assessment framework in Moray.

The introduction of this assessment tool is justified by contextual and strategic drivers as well as evidence. In terms of contextual drivers, nationally in Scotland and locally in Moray neglect is one of the dominant reasons children require the support of a Child Protection Plan, whether as a primary feature of their lived experience or as a potential consequence of adults' problems in relation to substance use, mental ill health, structural factors (e.g., poverty, housing) and domestic abuse. Given the negative impacts of neglect, which includes the potential contribution to vulnerability of children to other types of significant harm, it is important to identify and address neglect as early as possible.

In terms of strategic drivers, in Moray there is a clear vision to reduce the number of neglected children within the local authority. Indeed this aim is outlined in a number of policies and strategic documents. For instance, NHS [Grampian's Plan for the Future: Healthier Together 2022-2028](#) notes the importance of children being and remaining safe, healthy, achieving, nurtured, active, respected, responsible and included (wellbeing indicators, [GIRFEC](#)). More specifically, reducing neglect is a key priority identified within the [Moray Children and Families Services Plan 2020-2023](#) and this document highlights the aim of early identification of neglect.

[Evidence](#) indicates that the Graded Care Profile 2 (henceforth GCP2) is an effective tool for the assessment of neglect. It often facilitates early identification of neglect given that referrals based on GCP2 are clearer and have an impact. Furthermore, according to practitioners using the tool, their confidence and ability to recognise potential neglect was enhanced and cooperation between partner agencies was facilitated by the shared understanding of and language around neglect. The advantage of consistent and shared language also aids the effectiveness of working with the families: practitioners reported that the tool enabled them to communicate potentially harmful behaviours to parents in an accessible manner. Working with families can also become more effective given that the tool constitutes a strengths –based approach which can boost parental confidence and contribute to positive changes in parental behaviour. Overall, GCP2 has been found to be an effective tool for recognising and addressing neglect.

Considering all of the above, GCP2 assessment framework is implemented in Moray with the overarching aim to understand, identify and define neglect earlier and more accurately. It is hoped that the GCP2 will contribute to a consistent and fair approach to assessment which, in turn, may enable prevention or early effective mitigation of the potential long term negative impacts neglect can have on children. It is envisioned that benefits of implementation in Moray will include:

1. Enhanced staff recognition of potential signs of neglect
2. More consistency in the understanding of neglect across partner agencies
3. Evidence-based and timely decision-making and appropriate planning supported by the tool's ability to objectively track levels of neglect over time
4. Greater engagement with families supported by the shared understanding of neglect the tool facilitates

5. Increased potential for parental change supported by the clear definition of neglect the tool provides

## 2. Scope

This procedure applies to all staff employed by Moray Council and NHS Grampian with direct or indirect responsibilities towards children. It is expected to be employed from 15<sup>th</sup> of October 2023. Any additions or potential exemptions to the procedure will be considered on an exceptional basis by the approving committee/board.

All staff/groups with responsibilities towards children should be aware of and ensure that they comply with the procedure. The partner agencies under the direction of the Moray Child Protection Committee will communicate information on the procedure to all necessary staff/groups and ensure that it is accessible on appropriate websites. All partner agencies are responsible for ensuring that corresponding procedures/policies are developed and employed in their respective agencies.

## 3. Rules of engagement

Conducting the assessment is discussed in detail within the paperwork provided by NSPCC, and as such, subsequent sections will outline the 'rules of engagement' with GCP2:

- Where neglect is known/suspected, GCP2 should be used, including to support referrals to other agencies.
- Where immediate referral or immediate action is required, practitioners may not have had the opportunity to undertake the GCP2 and not having a completed GCP2 should not preclude a referral being made or accepted.
- GCP2 and its contents should be discussed in supervision to ensure sound professional judgements are supported in cases of known or suspected neglect. In Education's primary sector they would discuss it with their Quality Improvement Officer/Quality Improvement Manager; in secondary sector, they would discuss it with their line manager. Agreed actions to undertake GCP2 will be monitored and followed up by supervisors and/or team leads.
- GCP2 should be repeated to monitor change in parental care given and to support ongoing interventions. Where a GCP2 has been previously completed prior to the above teams' involvement with the child/young person/family, the practitioner will consider the requirement for completing a review of the GCP2. Where a decline in care is evidenced, this can support practitioners' decision-making to escalate their concerns.
- GCP2 can be undertaken by an individual or group of practitioners working together. Practitioners will work with the support of their team, where necessary, to complete a GCP2. Where possible, practitioners will actively look to work with colleagues from across health, education and the voluntary sector, where involved with a family, to complete a GCP2 collaboratively (Team around the Child).
- Clear parental consent is required to undertake the GCP2 where the threshold of significant harm has not been met.
- All practitioners who completed the GCP2 training can use it to assess the quality of parental care children are receiving, to help inform intervention plans, measure the impact of the interventions and to also support ongoing referrals to other services.

- All trained line supervisors (including managers and team leaders) support use of the GCP2 and adjust team workload allocation where needed to enable practitioners to attend training and complete the tool where this is indicated.
- Practitioners across the partner agencies can access support via email [gcp2@moray.gov.uk](mailto:gcp2@moray.gov.uk)

## 4. Quality assurance

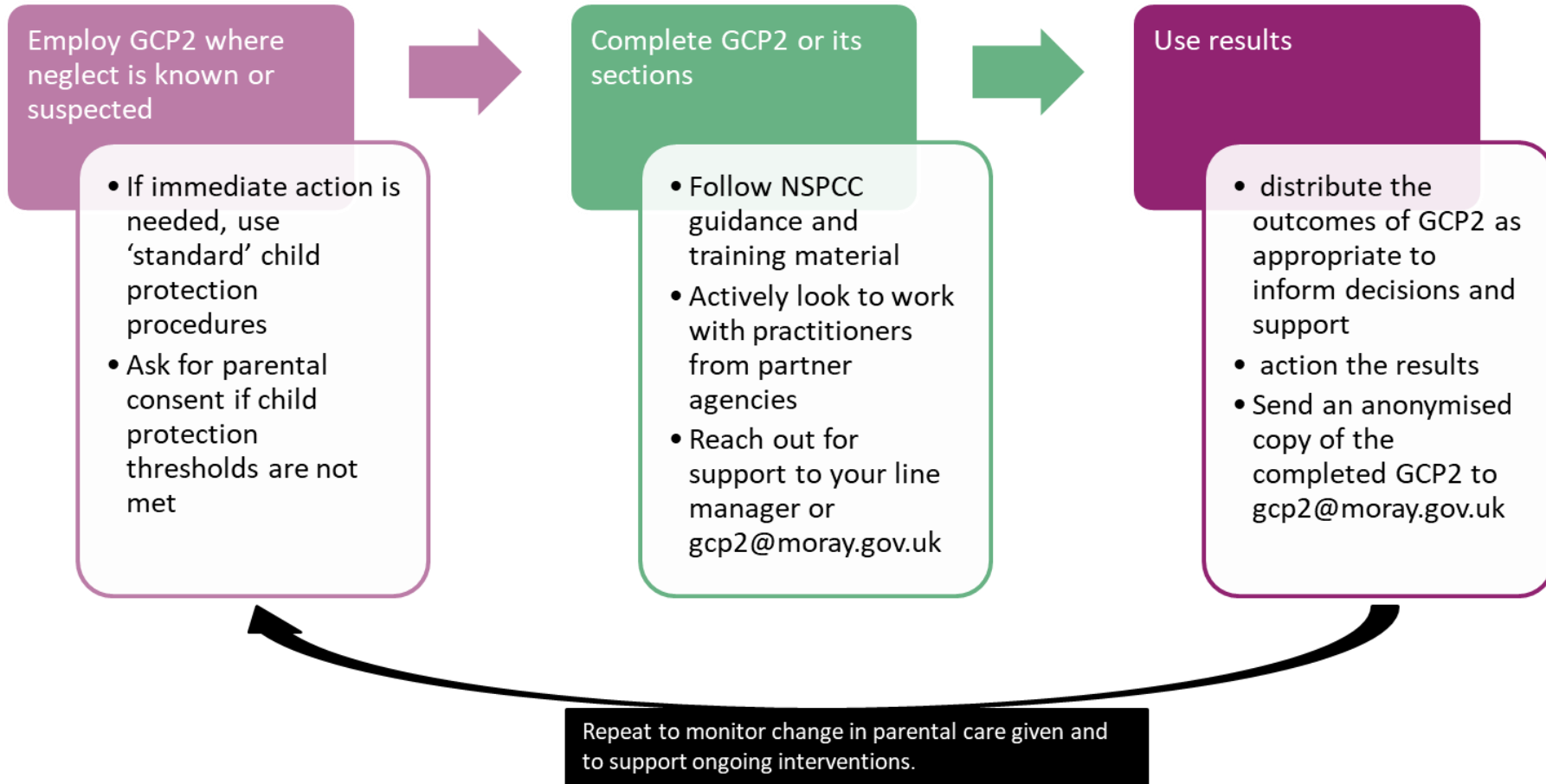
As noted above, the quality of the completed GCP2 assessments will be, in the first instance, ensured by the provision of supervisory support. In addition to this, a mailbox was created to provide a single point of contact for accessing support and for quality assurance. In terms of the former function, incoming queries would be forwarded to relevant agency champion(s). In terms of quality assurance function, all completed GCP2 assessments would be sent to this mailbox for filing and potential auditing, where appropriate.

The quality assurance framework around the GCP2, feeding into the multiagency Learning and Development group, is four pronged:

1. Training/briefing evaluation: training evaluation surveys (Appendix 2) following training/briefing events to assess the impact of the training; this is to be undertaken 6 monthly (initially). Areas of interest:
  - Professionals' perception regarding benefitting from attending the training
  - Support needs following the training
  - Confidence in use
2. Usage and reach: quality assurance activity based on submitted GCP2s and training admin information undertaken on a 6 monthly basis, initially. Areas of interest:
  - number and proportion of trained practitioners (broken down across the partners to identify gaps in training)
  - number of completed assessments (broken down across partners to identify gaps in use)
  - proportion of eligible neglect cases that has a completed assessment
  - number of uses per case
  - breadth of use (family demographics and characteristics; usage across CiN, CP and LAC frameworks)
3. Process of use and usefulness/outcome: survey of the process of completing a GCP2 assessment as well as its usefulness according to families and practitioners. Areas of interest for 6 monthly information gathering and analysis:
  - Practitioners' perceptions of usefulness:
    - in understanding the child's unmet needs
    - for promoting shared understanding with the parent
    - for communicating with the manager and other agencies (GCP2 evidence used in supervision/communication with line manager or quality improvement officer/manager? Report?)
    - for informing case planning

- in confidence in identifying neglect – both nature and extent
  - in making appropriate judgements
  - in the role of GCP2 in any improvement/change for the child
  - Families' perceptions of the GCP2 experience, for example:
    - did it help parents to understand professionals' concerns?
    - positive changes made as a result of the process
    - views of the role of GCP2 in improvements/change
4. Monitor information about cases involving neglect: envisioned quality assurance activity focusing on the potential impacts of the implementation of GCP2 on the number of cases where neglect features. Potential areas of interest:
- Longitudinal changes in the number of cases involving neglect across all the partner agencies
  - Progression of cases featuring neglect from universal to targeted services

## Appendix 1 – Procedure flowcharts



## Appendix 2 - Survey templates

### Post-training survey

1.	Identify your agency	Open ended
2.	Date/time of training	Open ended
3.	I have benefitted from the GCP2 training	Strongly Agree
4.	As a result of the training, I am knowledgeable about the use of GCP2	Agree
5.	I am confident that I would know when to use GCP2	Neutral
6.	I am confident that I would know how to use GCP2	Disagree
7.	I am confident that I have the skills to use GCP2	Strongly Disagree
8.	Did you need any support in using the GCP2 following the training? If so, what kind of support did you access?	Open ended
9.	Comments	Open ended

### Process and usefulness survey- staff

1.	Identify your agency	Open ended
2.	Was GCP2 useful in terms of understanding the child's unmet needs? Why?	Y/N plus open ended
3.	Was GCP2 useful in terms of promoting shared understanding with the parent? Why?	Y/N plus open ended
4.	Was GCP2 useful in terms of communicating with the manager and other agencies (GCP2 evidence used in supervision? Report?)? Why?	Y/N plus open ended
5.	Was GCP2 useful in terms of informing case planning? Why?	Y/N plus open ended
6.	Was GCP2 useful in terms of confidence in identifying neglect – both nature and extent? Why?	Y/N plus open ended
7.	Was GCP2 useful in terms of making appropriate judgements? Why?	Y/N plus open ended
8.	Did GCP2 has any role in improvement/change for the child? How so?	Y/N plus open ended
9.	Any other comments	Open ended

### Process and usefulness survey- families

1.	Which agency did you do the GCP2 with?	Open ended
2.	Was GCP2 useful in terms of understanding your child's unmet needs? Why?	Y/N plus open ended
3.	Was GCP2 useful in terms of promoting shared understanding with the professionals? Why?	Y/N plus open ended
4.	Were there any positive changes made as a result of the process of the assessment? How so?	Y/N plus open ended
5.	Any other comments	Open ended