



# Suffolk Safeguarding Children Board

## Neglect/Graded Care Profile Audit Report

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### Introduction

This LSCB multi-agency audit has been undertaken to ascertain how the Graded Care Profile (GCP) tool is being used with families in children's services and more specifically, to explore its impact on practice and its impact on worker's confidence in working with neglect.

Eleven cases were audited in total across Social Care, Early Help and Health Visitor services. Five auditors, from the DCYP team, MASH, QA, Safeguarding Health, Early Help and LSCB, were involved in auditing the cases. A multi-agency audit meeting was held to discuss the findings from the cases. Two of the cases audited were open to CP, four open to CiN and five open to Early Help. Four of the cases had been stepped down to Early Help at some time in the case history.

### Findings

#### Decision Making and Risk

In seven of the cases, the GCP was completed within a month of the cases being received or opened. For two of the cases the GCP was completed within three weeks of the cases being opened or received. One of the cases had a long delay in completion of the GCP due to having no trained workers in the team who could complete it. The seventh case had been open for over six months before it was decided to undertake the GCP.

#### Assessment

- The GCP has informed Social Work assessments that were being undertaken in two of the cases.
- The GCP has not informed any assessments in Early Help because CAF assessments are completed at the time the case is referred to CAF triage for referral to an Early Help team.
- There was a delay in completing the GCP in one case so there were missed opportunities to inform the Strategy Discussion and the subsequent ICPC.

- For one of the cases it was very hard to see anything in the recordings about how the GCP was shaping the plan and the practice.
- Where Social Work assessments were being completed either at the same time or after the GCP, they have been informed by the GCP.
- The GCP assessment and analysis has been completed thoroughly and in detail and clearly showing the risks and areas for concern in six of the cases.
- The assessment and analysis were considered to be limited and minimal in four of the cases.
- The Social Worker has not provided access to the GCP assessment and report in one of the cases.
- The final report for the GCP following the assessment has not been completed in five of the cases.

### **Planning and Impact**

- The GCP report has informed the plan in five of the cases. In six of the cases there is no evidence that the GCP tool has been used to inform the plan.
- In nine of the cases the family have been involved in making the plan of support.
- Seven of the cases show that the plan responds directly to risks and needs.
- Plans are dynamic in eight of the cases audited.

### **Voice of the Child**

- There is evidence in eight of the cases that the plan is making a difference to the child/children.
- In one case there was evidence that some difference was being made and in two of the cases no evidence that the plan was making a difference.

### **Partnership Working**

- The views of other agencies and workers have been taken into account regarding improvements and changes for the child in eight of the cases.
- In the cases where plans haven't considered the outcomes and analysis from the GCP, there has been a missed opportunity to involve other agencies and workers and therefore their views haven't been taken into account with regard to the findings of the GCP.

### **Management Oversight**

- In seven cases there is some evidence that the GCP has been discussed with the manager in supervision.
- In three of the cases there was no indepth discussion, reflection or analysis of the GCP.

- Four of the cases showed no evidence that the GCP had been discussed with the manager in supervision.
- Supervision has been undertaken in response to the levels of risk and need in the case in ten of the cases.
- There was evidence in ten of the cases that the case is being managed at the appropriate level.

### **Impact**

- There is evidence of positive changes/improvements for the child in ten of the cases.
- The GCP has contributed to positive changes for the child in nine of the cases. The two cases showing no contribution to change for the child are both cases that also reflect poor management oversight and lack of supervision.

### **Any Actions Required for the Cases**

Escalation to CP was needed in one case, in one case the supervisor needs to discuss the analysis and recommendations from the GCP to inform planning and to consider the need for an ICPC. In another case a review of the GCP is needed and the plan needs to show scaling and use of the GCP to inform the plan. In another case, the review of the GCP is needed, supervision records to be completed, a copy of the plan to be attached to the records and clarification that the GCP should be recorded on System 1 for the Health Visitor.

### **Gradings**

One case was graded as 'Outstanding', seven graded as 'Good' and two graded as 'Requires Improvement'. One case can't be graded because the Social Worker didn't present the GCP assessment, analysis and report to the auditor.

### **Summary – What's Working Well**

- The majority of the cases show that the GCP is being completed in a timely manner from receipt of referral or case being opened or transferred.
- In cases where a Social Work assessment is being completed, the GCP is being used to inform the assessment.
- In nine cases the family has been involved in making the plan of support.
- Plans are dynamic in the majority of cases (8).
- There is evidence in eight cases that the plan is making a difference to the child.
- Case are being managed at the appropriate level.
- The GCP seems to be contributing to positive changes for the child.
- On the whole the GCP assessment and analysis has been completed thoroughly and in detail.

## **Summary – What are we Worried About**

- The final report for the GCP has not been completed in five of the cases. In discussion with some of the workers, it appears that some workers are not aware that a report has to be written.
- In six of the cases there is no evidence that the GCP has been used to inform the plan.
- As a consequence of the GCP not being used to inform the plan, the other workers and agencies haven't been fully involved in discussing the assessment and analysis.
- The GCP has not been discussed with the manager in supervision in four of the cases and another three cases have not discussed the GCP in any depth or reflective/analytical way with their supervisor.

## **Recommendations**

- That the workforce team check that all GCP trainers are including the need for a GCP report in their training and that they ensure all trainers know how to train on the completion of the report.
- That the workforce team reinforce the need for the GCP to inform all aspects of practice as part of its training programme.
- That a thorough evaluation of the impact of the GCP 2 training is undertaken.
- That Manager's awareness training is in place as soon as possible and for manager's training to include the manager's role in the promotion of the GCP in the development and enhancement of practice in cases of neglect.
- That all manager's overseeing cases be asked to ensure they discuss and reflect on the outcomes and impact of the GCP with the worker in supervision.
- That all manager's overseeing cases discuss the need for the GCP to inform plans and involve other key workers and agencies in the outcomes of the GCP.

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