# Surrey GCP2 Single Agency Plan –

# Health Partners

As part of The Surrey Safeguarding Children Partnership’s (SSCP) agreement to embed the Graded Care Profile 2 (GCP2) into practice, the Surrey Health Partners (CFHS, CSH and FCHC) agree to support the project in the following ways.

1. **GCP2 Principles –**
	1. Surrey Health Partners support the following principles related to GCP2:
2. Where neglect is known/suspected, GCP2 should be used, including to support referrals to other agencies and to the Surrey Children’s Single Point of Access (C-SPA).
3. 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.
4. GCP2 and its contents should be discussed in safeguarding supervision to ensure sound professional judgements are supported in cases of known or suspected neglect.
5. GCP2 should be repeated to monitor change in parental care given and to support ongoing interventions. Where a decline in care is evidenced, this can support practitioners’ decision making to escalate their concerns.
6. GCP2 must be recorded on E-CINS to support better information sharing and collaboration across the partnership.
7. GCP2 must be completed for all children on a Child Protection or Child in Need Plan due to neglect.
8. GCP2 can be undertaken by an individual or group of practitioners working together.
9. Clear parental consent is required to undertake the GCP2 where the threshold of significant harm has not been met. Where consent is needed from the parents to undertake the GCP2, and that consent isn’t given, then the tool could still be used by a professional as a framework for analysing their concerns and deciding on any next steps, including supporting a referral where the threshold for significant harm is met.
10. **Which practitioners will use GCP2?**
	1. Where concerns are identified regarding neglect, practitioners in the following teams will use the GCP2 as part of their assessment and intervention practice:
	* Health Visitors
	* School Nurses
	* Community Children’s Nurses
	* Family Nurse Partnership
	1. Practitioners in the above teams will use the GCP2 to assess the quality of parental care a child/ren is/are receiving, to help inform intervention plans, measure the impact of the interventions and to also support ongoing referrals to other services.
	2. Managers and team leads within CSH, FCHC and CFHS will 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.
11. **How will teams use GCP2?**
	1. Practitioners in the teams above should work proactively with colleagues from across children’s services, education and the voluntary sector, where involved with a family, to complete a GCP2 collaboratively.
	2. 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.
	3. GCP2 licensed practitioners will use ECINS to record their completed GCP2 assessments. A copy of the GCP2 can be downloaded from ECINS and uploaded to practitioner’s day-to-day case management system. Information governance comes under existing multi-agency information sharing agreements. ECINS is a secure and established multi-agency platform for Surrey.
	4. Where there are concerns regarding neglect of a child/ren, GCP2 licensed practitioners will submit GCP2s as part of their request for support to Surrey C-SPA (time allowing) or indicate in the referral where a GCP2 is in progress.
	5. Managers/Supervisors in the teams listed in section 2 and Safeguarding Leads and Advisors, will positively support the implementation of GCP2, including through discussions with practitioners in safeguarding supervision and team meetings.
	6. Agreed actions to undertake GCP2 will be monitored and followed up by safeguarding supervisors and or team leads.
	7. Surrey health partners will promote the use of the shorter and briefer SSCP Neglect Screening Tool for practitioners who have ‘time limited’ contact with families. This will include but is not limited to:
		1. Child and Adult MH Services (including Substance Misuse)
		2. Play therapists, speech and language therapists, physiotherapists, pharmacists,
		3. Acute hospital doctors, nurses and other clinical staff.
		4. Specialist Community Dentists.
12. **Training practitioners**
	1. Practitioners from the teams identified in section 2 will be enabled to attend the GCP2 and ECINS training.
	2. Practitioners who will not use the GCP2 directly, but who need to be familiar with the tool, can attend a workshop to be informed regarding its use.
13. **GCP2 Champions and Practice Leads**
	1. Health partners have identified 3 practitioners to become GCP2 Champions to further assist with the embedding of GCP2 across the Partnership.
	2. Other health colleagues (at least 8 from CFHS) will be identified as GCP2 Practice Leads to further assist with the embedding of GCP2 across the Partnership. See Appendix 1 for details.
14. **Communication**
	1. Representatives on the GCP2 Implementation Group will support the communication of updates related to the project through internal communication channels in their organisations, including newsletters, emails and meetings.

# Appendix 1- Health GCP2 Practice Leads, Oct 2022

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