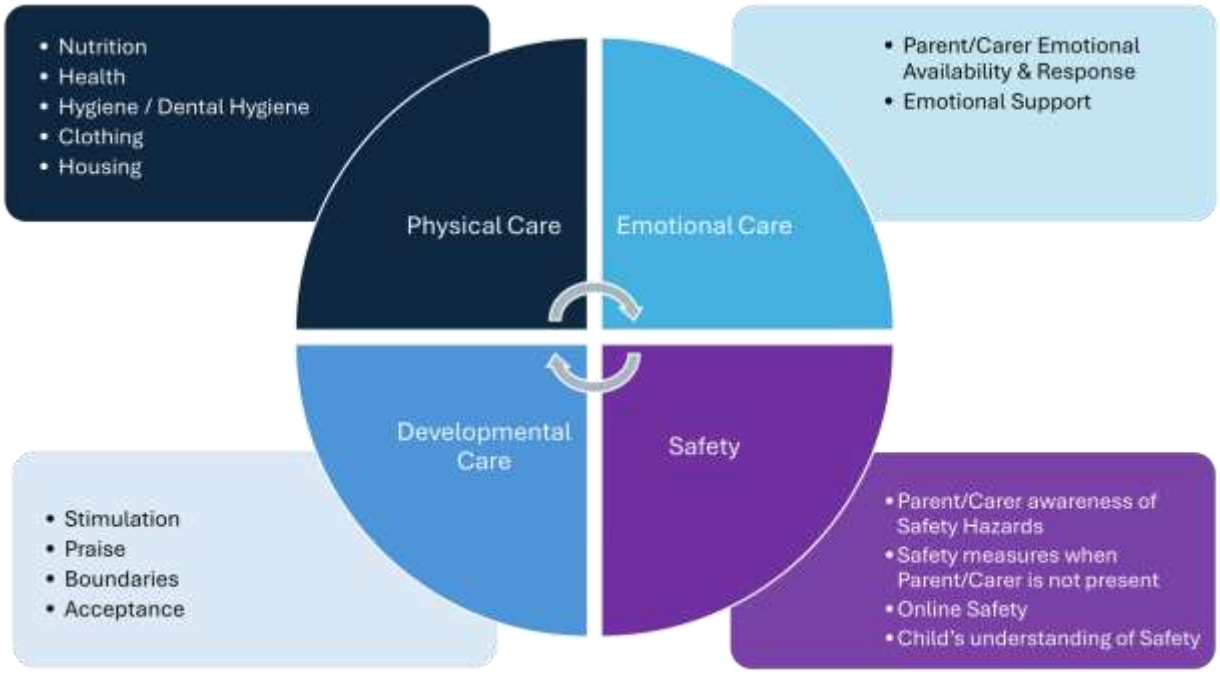
CSCP
CROYDON SAFEGUARDING CHILDREN PARTNERSHIP

PRACTICE GUIDE

Using the CSCP Child Wellbeing Tool

A step-by-step guide to completing Parts A and B, interpreting the results and turning assessment into action



The purpose Use the tool to structure curiosity, make the child's lived experience visible and support consistent decisions. It is not a diagnostic test, a stand-alone threshold decision or a replacement for professional judgement.

For practitioners working with children and families in Croydon | August 2026

1. Know when and how to use the tool

The tool is most useful when a practitioner has emerging or ongoing concerns about a child's care, safety or development and needs a structured way to examine the evidence, involve the family and agree next steps.

Use it when

- you have concerns about a child's wellbeing, including possible neglect;
- the picture is mixed, cumulative or developing over time;
- a multi-agency network needs a shared language for strengths and concerns;
- you need a baseline against which progress can be reviewed.

Choose the right route

If you are not licensed to use GCP2, use the CSCP Child Wellbeing Tool to assess the child's needs and inform the support required.

If you are a licensed GCP2 practitioner and neglect is suspected, use GCP2 for the detailed assessment of care quality. The Child Wellbeing Tool can complement, but should not duplicate or dilute, that work.

> **Do not delay action** Do not wait to complete the tool if a child may be at immediate risk. Follow your safeguarding procedure and contact emergency or safeguarding services straight away.

Prepare before you score

- **Bring together evidence.** Use direct observations, the child's account, the parent/carer's perspective, chronology and relevant information from other professionals.
- **Explain the purpose.** Be clear that the tool is intended to understand what is working, what needs to change and what support may help.
- **See and hear the child.** Speak with the child in a way that reflects their age, communication and additional needs; do not rely solely on adult accounts.
- **Assess each child separately.** Siblings may experience the same household differently because of age, health, disability, identity or caring responsibilities.
- **Check accessibility.** Arrange communication support or reasonable adjustments where needed.

> **Part A and Part B work together** Part A records who was assessed, the evidence, strengths, concerns and action plan. Part B structures the scoring and calculates domain and overall results. Neither part is complete on its own.

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2. Complete the assessment in a defensible way

A reliable assessment is evidence-led, child-centred and transparent. The score is a concise representation of the evidence - it is not the evidence itself.

Step 1 - Open Part A and identify the assessment

- Record the practitioner's name, role, organisation and date of assessment.
- Record the child's identifying and demographic details accurately, including SEND where relevant.
- Where Part A asks about an EHA, confirm whether there is a current Early Help assessment or plan and record this in line with your organisation's system.

Step 2 - Work through all four domains in Part B

- **Physical care:** nutrition; health; hygiene and dental hygiene; clothing; housing.
- **Emotional care:** parent/carer availability and response; emotional support.
- **Developmental care:** stimulation; praise; boundaries; acceptance.
- **Safety:** awareness of hazards; safety when the carer is absent; online safety; the child's understanding of safety.

Step 3 - Apply the 1-5 scale to each item

Score	Meaning in the tool	What the practitioner should do
1	Significant concern	Record the evidence and consider whether safeguarding action is required now.
2	Some concern	Explore the cause, impact and pattern; agree support and a review.
3	Adequate	Record what supports this judgement and any fragility or change needed.
4	Good	Identify the evidence and protective factors. Do not accept the default automatically.
5	Excellent	Record the clear and sustained evidence that justifies this rating.

Critical check Part B opens with blank scores. Complete every item using evidence from observations, conversations and relevant records. **Do not guess where information is unavailable**; record the gap and identify how it will be addressed. Incomplete sections will not generate a score.

Write evidence, not labels

Avoid: 'poor hygiene' or 'parent is disengaged'.

Prefer: 'On three visits over six weeks, the child wore the same visibly soiled jumper and said there was no hot water at home. Parent reported that the boiler has been broken for two months.'

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3. Interpret the results without losing the child

Part B calculates an average for each domain and an overall score. Use the summary as a prompt for analysis, not as an automated decision.

Understand what the summary means

Overall score	Tool outcome	Indicative response	Minimum practice expectation
4.0-5.0	No Additional Needs (L1)	Universal services	Record strengths; maintain engagement; remain alert to change.
3.5-3.9	Low Level of Need (L2)	Preventative or universal support	Address minor concerns and agree proportionate monitoring.
2.5-3.4	Emerging Level of Need (L3)	Early Help / targeted support	Agree a coordinated plan, owners and review date.
1.0-2.4	High Level of Need (L4)	Children's Social Care / safeguarding response	Follow safeguarding procedures; coordinate immediate support and safety planning where required.

Averages can hide harm Any score of 1 or 2 requires focused analysis even if the overall average appears reassuring. Consider severity, frequency, duration, cumulative impact and whether the concern is worsening.

Use the four-lens check

- **Child:** What does the child experience day to day? What have they said, shown or avoided?
- **Pattern:** Is this isolated, repeated, cumulative or escalating? What does the chronology show?
- **Context:** Are poverty, housing, disability, parental health, domestic abuse, substance misuse, exploitation or discrimination affecting the picture? Context informs support; it does not remove the child's need for protection.
- **Capacity for change:** Is support accepted, are agreed actions completed, and is the child's experience improving within a timescale that is safe for them?

Case study: Using the tool from concern to action

Initial concerns

Amara is 10 and lives with her father and six-year-old brother. Over the past month, school staff have noticed that Amara frequently arrives hungry and tired. Her clothing is sometimes unwashed, and she has complained of tooth pain.

During a conversation with a trusted member of staff, Amara explains that she often prepares food for herself and her brother because her father is asleep. She also says she worries about leaving her brother alone when she goes to school.

Amara’s father explains that he has been experiencing poor mental health and is taking medication that makes him drowsy. He reports financial difficulties and problems with heating and damp in the home.

Step 1: Gathering the evidence

Before completing Part B, the practitioner:

- speaks with Amara and records her words;
- discusses the concerns openly with her father;
- reviews attendance, pastoral and health information;
- checks whether other professionals are involved;
- distinguishes direct observations from information reported by Amara or her father.

The practitioner records both strengths and concerns. Amara has a warm relationship with her father, attends school regularly and feels able to talk to a trusted adult. However, her food, dental care and supervision needs are not being met consistently.

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Step 2: Completing Part B

The practitioner completes every question using the available evidence. Where information is unavailable, they do not guess; they record the gap and identify how it will be clarified.

The assessment produces the following domain scores:

Domain	Score	What influenced the score
Physical care	2.5	Hunger, dental pain, inconsistent meals and unsuitable housing conditions
Emotional care	4.0	Warm relationship and evidence that father responds positively when available
Developmental care	3.2	School attendance is maintained, but Amara's caring responsibilities limit rest and social opportunities
Safety	2.6	Inconsistent adult supervision and Amara being responsible for her younger brother

The overall score is **3.1: Emerging Level of Need (L3).**

Step 3: Applying professional judgement

The practitioner does not rely solely on the overall score. Individual scores of 2 relating to nutrition, dental care and supervision indicate concerns requiring focused action.

The chronology also shows that the concerns are repeated rather than isolated. Amara is taking on responsibilities that are not appropriate for her age, and her daily experience is being affected.

The practitioner discusses the assessment with the safeguarding lead and contacts the MASH consultation line for advice. The assessment is used to support a coordinated Early Help response, with clear safeguarding review points.

Step 4: Recording the plan in Part A

The agreed plan identifies what must change for Amara and her brother.

Intended change	Action	Owner	Timescale
Both children have reliable meals each day	Arrange immediate food support and help father access longer-term financial advice	Family support worker	Immediate; reviewed within one week
Amara no longer experiences untreated dental pain	Arrange and attend a dental appointment	Father, supported by school nurse	Appointment booked within five working days
The children have safe adult supervision	Agree a family safety and support plan, including identified adults who can help	Father and family support worker	Within 48 hours
Housing conditions improve	Report heating and damp concerns and monitor the response	Housing officer	Referral within two working days
Amara is no longer routinely caring for her brother	Put practical support in place and speak with Amara privately about whether responsibilities have reduced	Lead practitioner	Reviewed within two weeks

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Step 5: Reviewing change

At the review, the practitioner does not ask only whether services were provided. They consider what has changed in children's daily lives:

- Is Amara arriving at school having eaten?
- Has dental pain been assessed and treated?
- Is a safe adult consistently supervising both children?
- Has Amara's caring responsibility reduced?
- What do Amara and her brother say differently?
- Are improvements sustained rather than temporary?

Part B is completed again using current evidence, while the original assessment is retained as part of the chronology. If actions are not completed, the children's experience does not improve or risk increases, the practitioner seeks further safeguarding advice and considers escalation.

Practice point: The score helps organise the evidence. The decision must remain focused on the child's lived experience, the pattern over time and whether change is sufficient and sustained.

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4. Turn the assessment into a plan

The assessment adds value only when it leads to a clear, owned and time-bound response. Return to Part A to record the analysis and plan.

Record a balanced analysis

- **Strengths and protection:** What is working consistently, who helps and what can be built on?
- **Needs and impact:** Which needs are not being met and how is this affecting the child's health, safety, learning, relationships or development?
- **Child's voice:** What matters to the child, what do they want to change and what would help them feel safer or better cared for?
- **Parent/carer perspective:** What do they understand, agree with or dispute? What barriers and support needs have they identified?
- **Professional analysis:** What is the significance of the evidence, including patterns across domains and over time?

Build an actionable plan

Need / outcome	Action	Owner	By when	Evidence of change
Child has a safe, warm sleeping space	Housing officer and parent to remove immediate hazards and secure repair	Housing officer / parent	Within 48 hours	Home visit confirms safe space; child reports sleeping comfortably
Dental pain is assessed and treated	Parent books appointment; practitioner supports access if needed	Parent / health practitioner	Appointment booked in 5 working days	Appointment attended and follow-up plan recorded

Define change from the child's perspective 'Parent to engage with services' is not an outcome. State what will be different in the child's daily life and how you will know.

Agree review and escalation points

- Set the review date at the point the plan is agreed; do not leave it open-ended.
- Review sooner where the child is very young, the concern is serious, circumstances are unstable or progress is uncertain.
- Repeat Part B using current evidence to show change over time; do not overwrite the previous assessment if your recording system requires an audit trail.
- Escalate when risk increases, actions are not completed, the child's experience does not improve or professional disagreement leaves the child without an effective response.

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5. Record, share and act safely

The completed tool must sit within ordinary safeguarding practice: accurate records, proportionate information sharing, clear oversight and prompt action.

After completion

- **Save both parts securely.** Follow your organisation's recording, retention and data protection arrangements.
- **Record the decision and rationale.** Include the evidence considered, the child's and family's views, the outcome, actions, consultation and any referral made.
- **Share on a need-to-know basis.** Follow information-sharing guidance and explain sharing to the family unless doing so would increase risk or prejudice safeguarding action.
- **Use supervision.** Discuss uncertainty, disguised compliance, drift, bias, professional disagreement and repeated low-level concerns with your safeguarding lead or supervisor.

Safeguarding action

> **Immediate danger** Call 999 where a child is at immediate risk of harm.

For safeguarding concerns requiring intervention, contact Croydon MASH. Practitioners can use the MASH consultation route for advice and complete the multi-agency referral form where a referral to Children's Social Care or Early Help is required.

For non-urgent support, use Croydon's Early Help and community support directories and record what has been offered or agreed.

Final quality check

- ✓ Every assessment item has been actively considered - no default 4 has been accepted without evidence.
- ✓ The child has been seen, and their voice is identifiable in the record.
- ✓ Observations are specific, dated and separated from interpretation.
- ✓ Strengths do not obscure unmet need or risk.
- ✓ Individual scores of 1 or 2 have been explored and acted on.
- ✓ The overall score has been tested against chronology, context and professional judgement.
- ✓ Actions name an owner, timescale, intended outcome and evidence of change.
- ✓ A review date and clear escalation points are recorded.
- ✓ The assessment and decision are saved and shared in line with local policy.

Resources and contacts

CSCP Neglect Strategy and Child Wellbeing Tool

Croydon MASH referral portal

London Safeguarding Children Procedures - Neglect

Family Hubs | Croydon Council

> **Remember** The tool supports professional judgement; it does not replace it. If the result does not fit the evidence or the child's lived experience, stop, review the assessment and seek safeguarding advice.

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