



London Borough of Enfield

Assessment protocol

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Section 1: Introduction

Working Together (2013) states that:

“Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children’s social care and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion with their partners and agreed with the relevant LSCB. The local authority is publicly accountable for this protocol and all organisations and agencies have a responsibility to understand their local protocol.”

This document is the London Borough of Enfield’s local assessment protocol and it sets out the local arrangements for how cases will be managed once a child is referred to Children’s Services. This document aims to:

- Outline how assessments will be timely, transparent and proportionate to the needs of individual children and their families;
- Outline how other agencies and professionals can contribute to Children’s Services assessments;
- Outline how Children’s Services assessments can be informed by other specialist assessments, such as the assessment for children with special educational needs (Education, Health and Care Plan) and how multiple assessments should be coordinated so that the child and family experience a joined up assessment process and a single planning process focused on outcomes;
- Outline how the progress of Children’s Services assessments should be reviewed along with other professionals the child and family;
- Outline the process for the assessment of children who are returned from care to live with their families;
- Outline how the needs of disabled children, young carers and children involved in the youth justice system will be addressed within the applicable assessment processes;
- Outline how decisions should be recorded in line with the Children’s Services recording policy.
- Outline how case recording should include a routine focus on the child’s development in order that developmental progress can be monitored;
- Outline how each child and family should be assisted to understand the type of help being offered to them and their own responsibilities within any child plan;
- Outline how children and families can challenge professional decisions and how they can make complaints about the services they receive.

Section 2: Principles of good assessment practice

Since October 2013, the previous Initial and Core Assessments used within Children's Services have been replaced with a single Child and Family Assessment. It is a key principle of good assessment practice that every assessment should be based on a clear underlying model and in Enfield, our assessments will be based on the Department of Health 'Assessment Triangle' (see Figure 1).

Good assessment practice should also include:

- A clear understanding as to why the assessment is being completed, which may include the identification of up to three key questions that the assessment needs to address;
- Explicit hypothesising about what might be happening for the child and family and why;
- The systematic gathering and organisation of information;
- A consideration of a range of decisions that *could* be taken and a thorough reflection, analysis and clear recording of which decision *are* to be taken and why;
- The creation of a clear care plan based upon explicit objectives and SMARTer targets;
- A further process of monitoring outcomes for the child and family, leading to further hypothesising about what might be happening for the child and family (see Figure 2).

Assessment Framework Triangle



Figure 1. The 'Assessment Triangle'

Assessment Cycle

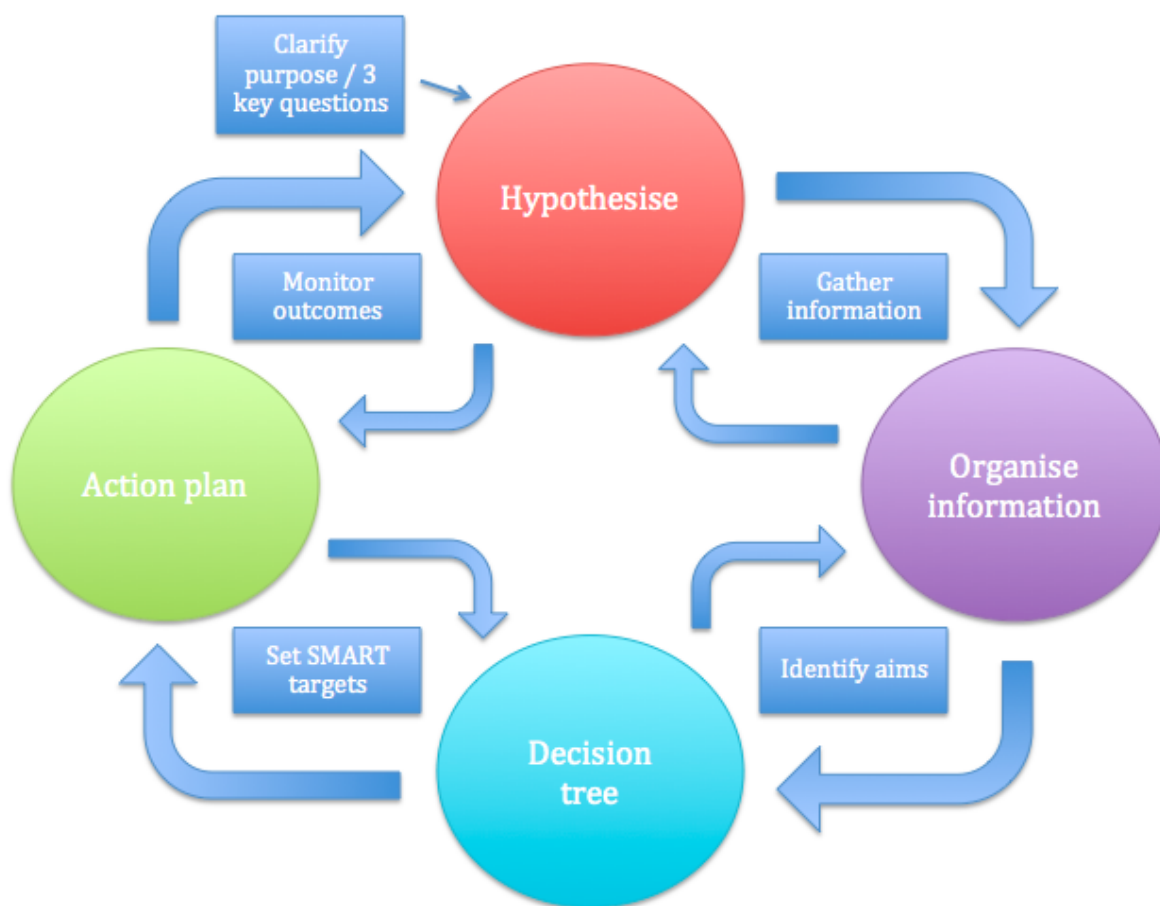


Figure 2: The assessment cycle, including hypothesising, the gathering and organisation of information, a review of possible decisions and the creation of an action or care plan based upon SMARTer targets.

Section 3: Referral process (Single Point of Entry)

3.1 Introduction

Enfield Council is committed to making sure that children and families receive the right help at the right time. The Single Point of Entry (SPOE) is intended to make sure we can meet this commitment.

3.2 Early Intervention and Prevention

The SPOE provides all professionals in Enfield with a single place to make a referral about a child or family. The SPOE is made up of a core range of services including Children's Services, the police, health, parent support and education welfare. Other agencies represented at the SPOE include Children's Centres, CAMHS, Drug and Alcohol Services, Youth Offending Service and Domestic Violence services.

Referring to the SPOE makes it more likely that a child will receive the right support at the right time and makes it less likely that a referral will be passed between different agencies. In other words, it can help prevent someone from "falling through the net". Any child can be referred to the SPOE whenever a professional is of the view that help and support is required beyond that being currently provided by a single agency.

The focus of the SPOE is to work in a joined up way between different agencies and thus to reduce the need for statutory intervention. This arrangement also supports information sharing and allows for joint risk assessments and decision making about which agency should lead the response to ensure the child and their family get the right response first time.

3.3 The Referral Process

Professionals who are concerned about welfare of a child should complete an 'Early Help' form and submit it to the 'Early Help' administrator (caf.administration@enfield.gov.uk).

'Early Help' forms sent from a health nhs.net account can be sent securely to caf.admin@enfield.gcsx.gov.uk

Police referrals, known as Merlins, are created when a child comes to the notice of the police and there are concerns about his or her welfare. Merlins are routinely sent to the SPOE where they are assessed and responded to by the multi-agency team.

Professionals can speak to directly to the SPOE to discuss their concerns by calling 020 8379 5555. A member of the team will be available Monday-Friday from 9am to 5pm excluding bank holidays.

If professionals have a clear and urgent child protection concern, they should continue to refer directly to Children's Services for the time being.

3.4 What happens to SPOE referrals?

The SPOE reviews all 'Early Help' forms based on the information they contain but also by taking into account any information that the agencies represented at the SPOE might also hold regarding the child and family.

A decision is then made regarding the need for a single or multi agency response, whether a team around the family (TAF) response is required and who will be the lead agency.

All 'Early Help' forms are reviewed within two working days and referrers are notified of the outcomes.

3.5 Multi Agency Safeguarding Hub (MASH)

Enfield's MASH is located within the SPOE to ensure that where a child and family do not meet the threshold for statutory services, they may still be offered a service appropriate to their needs.

- The MASH **core** agencies include:
 - The Referral and Assessment Service (Enfield Council)
 - Police Public Protection Desk (MET Police)
 - Community Parent Support Service (Early Intervention Service)
 - Health Safeguarding Nurses
 - Education Welfare service
- The MASH **satellite** agencies include:
 - The Youth Offending Service
 - Probation

The MASH criteria are:

- a. All police Merlin reports rated Green and above
- b. Any referral where further information about possible child protection concerns is required.

The emerging benefits of the MASH approach are:

1. An improved ability to safeguard vulnerable children;
2. An improved analysis and focus on 'problem solving' – especially where several referrals are received regarding the same child or family;
3. Better quality and more complete risk assessments based on the availability of more information at an earlier stage;
4. Increased efficiency - risk assessments can be completed jointly with other agencies, reducing the need for duplication and enabling swifter decision-making.

Each agency identifies the information they hold on a child, including information that may be held by the police. Each agency then assesses whether it is appropriate for this information to be shared (in line with the information sharing arrangement) and a summary is provided.

There is also a facility for police information to be obtained on 'Early Help' forms going through the MASH process.

If it is then felt that a child may be at risk of significant harm, the MASH then refers the matter immediately to Children's Services.

Section 4: The Child and Family Assessment

All child and family assessments should be planned and coordinated by a social worker and will be conducted based on the Department of Health 'Assessment Triangle' (see Figure 1, above).

4.1 Planning

Good planning at the outset of the assessment process tends to lead to a better assessment and, where required, a better care plan for the child. Planning an assessment means identifying what are the aims of the assessment, who should be involved and what information needs to be obtained (and how). It is good practice to hold a planning meeting to clarify roles and timescales as well as services to be provided during the assessment, especially where there are a number of family members and agencies likely to play a part.

Questions to be considered when planning assessments include:

- Who will undertake the assessment and what resources will be needed? What information is already available?
- Who in the family will be included and how will they be involved (including absent or wider family and others significant to the child)?
- In what grouping will the child and family members be seen and in what order and where?
- What services are to be provided during the assessment?
- Does anyone in the family have additional communication needs and if so, how will these be addressed?
- How will the assessment take account of the particular issues faced by black and minority ethnic children and their families, and disabled children and their families?
- What methods and tools will be used?
- What other sources of knowledge about the child and family are available and how will other agencies and professionals who know the family be informed and involved?
- How will the consent of family members be obtained?
- What are the timescales for completing the assessment?

As highlighted in Figure 2 (see above), assessment should be a *dynamic* process involving several recursive stages of information gathering, analysis, decision-making, action planning and review.

4.2 Developing a Clear Analysis

The aim of any assessment should be to reach a professional judgment about the nature and significance of any unmet needs and/or risks that the child and family may be facing.

An assessment should seek to establish:

- Any significant harm the child has already suffered;

- Any significant risk that the child may suffer further significant harm in future;
- Whether the child and family are experiencing any significant unmet needs.

The assessment will involve the drawing together and analysis of relevant information from a range of sources, including existing records but also from other professionals and most importantly from the child and family directly. This will include both their understanding of their current situation but also an appreciation of the history of the family and how this history may be impacting upon their current circumstances. Where an Early Help Assessment has already been completed this information should be used to inform the assessment.

Where a child is involved in other assessment processes, it is important that these are coordinated so that the child and family do not become lost between different agencies and different procedures. Plans for the child should also be coordinated between different agencies so that all professionals are working together, with the family and child, towards the same outcomes.

Analysis must underpin the entire assessment process, with the assessment culminating in a clear statement regarding:

- What, if anything, are you worried about?
- What is working well for the child and family?
- What needs to happen now?
- What further questions, if any, have arisen from the assessment that should now also be addressed?

However, although the social worker is responsible for producing this clear professional judgement, analysis is not a simple task and cannot be undertaken individually. All of us are prone to heuristics such as confirmation bias, start-again syndrome and affect bias (better known as 'gut instinct'). In order to develop a clear and reasonable professional judgement, social workers need to be supported and challenged by their managers and their peers via supervision (individual and group). In particular, managers have a clear role in challenging social workers' assumptions and conclusions, encouraging them to defend their judgements and helping them to consider how information can be obtained and interpreted differently depending on the hypothesis being used. It is especially important that any new information about a child or family is not simply interpreted in light of the current preferred hypothesis.

4.3 Coordination with other agencies and professionals

All agencies and professionals involved with the child and family have a responsibility to contribute to the assessment process. This might take the form of providing information in a timely manner and direct or joint work. Differences of opinion between professionals should be resolved speedily but where this is not possible, local arrangements for resolving professional disagreements should be implemented.

It is entirely possible that different professionals will have different experiences of the child and family and understanding these differences can actively contribute to the understanding of the child and family.

Key professionals should be involved from the outset of any assessment and through an agreed and regular process of review.

The social worker's manager will have a key role in supporting the practitioner to ensure all relevant agencies are involved.

Agencies providing services to adults who are parents or carers or who have regular contact with children should also routinely consider the impact on the child of the adult's particular needs.

4.4 Actions and Outcomes

Each assessment should be focused on outcomes with decisions regarding services, help and support made on this basis. In the course of the assessment, the social worker and their manager should determine:

- Is this a Child in Need? (Section 17 Children Act 1989);
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, Significant Harm? (Section 47 Children Act 1989);
- Is this a child in need of accommodation? (Section 20 or Section 31A Children Act 1989).

The social worker and their manager will decide upon the outcome of the assessment. Where required, a plan of action will be created along with the child and family and other professionals as appropriate. Each plan should have a clear set of objectives, linked with a set of SMARTer targets.

The broad outcomes of an assessment may be as follows:

- No further action;
- Additional support provided through universal services and single service provision;
- The development of a multi-agency child in need plan for the provision of help and support for the child and family;
- Specialist assessment for a more in-depth understanding of the child's needs and circumstances;
- Undertaking a Strategy Discussion/ Meeting and completing a Section 47 child protection enquiry;
- Emergency action to protect the child.

The outcome of the assessment should be:

- Discussed with the child and family and provided to them in written form. Exceptions to this are where this is likely to place a child at risk of significant harm or jeopardise an enquiry;
- Taking account of confidentiality, provided to other professionals.

The maximum time frame for the assessment to conclude, such that it is possible to reach a decision on next steps, should be no longer than **45 working days from the point of referral**. If, in discussion with a child and their family and other professionals and with their manager, an assessment takes longer than 45 working days, the social worker should ensure that a record is made of the reasons why this time limit needs to be exceeded.

4.5 Regular Review

The social worker's manager should review the progress of the assessment as it is being undertaken including whether or not the child has been seen alone by the social worker but also what direct work has been completed with the child and how this informs the assessment, what direct work has been completed with the family and how this informs the assessment, that the social worker has visited the child at home and that overall good progress is being made towards completing the assessment thoroughly and effectively.

Any action plans resulting from an assessment should include timescales for tasks to be completed or undertaken by and regular review points. Where delays or obstacles occur these must be acted on and the assessment plan must be reviewed if any circumstances change for the child.

4.6 Disabled children

Disabled children are 'children in need' and may need a form of assessment in order to establish what kind of help and support they need, if any. Disabled children may also need a Child and Family assessment, to be completed by a social worker, because of concerns about their safety and welfare.

The majority of child and family assessments of disabled children will be undertaken by the specialist Disabled Children's Team in Enfield (Cheviots).

Professionals working with disabled children who wish to refer to either the SPOE or to Cheviots directly will need to complete an 'Early Help' form.

An Early Help form may be sufficient on its own to establish the kind of help and support needed for disabled children but in some cases, the child's parents or carers may be asked to fill in a 'Self-Referral' form as well. If these two documents are not sufficient to establish what kind of help and support is needed, a specialist assessment may be required (for example an Occupational Therapy assessment or a health assessment). If it becomes apparent that there are concerns about the child's safety, then a child and family assessment will be completed by a social worker.

4.7 Coordination with other specialist assessments

4.7.1 Special Educational Needs.

The forthcoming Children and Families (expected in 2014) will result in significant changes to the assessment and planning process of children with SEN and or disabilities. An update of this section will be provided in due course.

Special Educational Needs (SEN) arise from children's development, learning styles, rates of progress and individual needs, including how they interact with their school and/or other circumstances.

Predictable needs are, by definition, of high incidence and are usually within the normal range expected within mainstream settings. They include those needs where schools can provide for pupils without having to make unusual and/or exceptional arrangements, exceeding the resources they have available from all sources of funding and support; eg, SEN and Access.

Although the following list is not exhaustive and is provided for guidance only, children with predictable needs are likely to have:

- Mild to moderate learning difficulties.
- Literacy/numeracy, including specific learning difficulties.
- Mild to moderate physical and sensory difficulties.
- Emotional and behavioural difficulties
- Social and Communication Difficulties, including Speech and Language Difficulties; Autism and Asperger's Syndrome.

Exceptional Needs arise where the local authority is required to determine the provision for a particular child. Such provision will be “*additional to or otherwise different from*” the resources available in mainstream schools, including delegated funding.

Children with exceptional needs are likely to have:

- Severe to profound learning difficulties, requiring consistently high and intensive levels of support, teaching and/or other intervention.
- Severe to profound sensory, communication or physical needs, requiring specialist approaches; e.g. signing/total communication for profound hearing impairment; Braille for severely visually impaired pupils.
- Severe difficulties with physical co-ordination, requiring adult support throughout the day to support learning and assist with personal care and physical needs.
- Severe autism, including challenging behaviours.
- Severe emotional and behavioural difficulties, including serious mental health issues.

These children may require a range of approaches to address the severity, complexity and intensity of their needs, including involvement from more than one agency. They are children who, in spite of purposeful interventions over time, are failing to make progress in relevant areas.

Where assessments for Exceptional Needs are necessary, the following will apply:

1. The children's exceptional needs will be severe, long term and complex to the extent of requiring the Council to determine the provision they need.
2. The Council will consider the extent to which these exceptional needs require provision that is additional to and/or different from the resources already delegated to schools.
3. Where the Council determines the provision, this will either be made in a special school, an inclusive resource base or a mainstream school with additional support.

The Exceptional Needs Assessment and Provision model follows that which existed previously in relation to children with Statements of SEN. The only difference is that the threshold is higher, to reflect the additional resources already delegated. The Council's criteria are set out in *Principles and Criteria for Predicable and Exceptional Needs* and follow the framework adopted in the DfES SEN Code of Practice (2001) under the headings of:

1. Communication and Interaction
2. Cognition and Learning
3. Behaviour, Emotional and Social Development

4. Sensory and/or Physical Need

5. Medical Conditions

Requests for assessments will be directed to the Council's SEN Service and will be considered by a multi-disciplinary SEN Panel in accordance with the guidance with the SEN Code of Practice (DfES, 2001). The SEN panel will continue to act in its advisory role, facilitating the processes of moderation and decision making in respect of both operational and strategic matters. The assessment, information and evidence required for consideration by the SEN Panel is detailed in the Council's *Inclusion Handbook*.

The rights of appeal to an SEN and Disability Tribunal will be the same in all respects, from requesting assessments to the making of SEN provision.

If, following an assessment for exceptional needs, the Council decides to issue a Statement of SEN, it will do so in the current format, as required by the Education Act 1996; ie, in 6 Parts. In these cases, Exceptional Needs will be detailed in Part 2 under the legal heading of SEN; Parts 3-6 will remain the same. The Council will also issue Notes in Lieu where it decides that a Statement is not necessary.

4.7.2 Youth Offending Service

The aim of Enfield Youth Offending Service is to reduce offending and re-offending. This requires well planned and highly skilled interventions based on thorough assessments.

An excellent intervention must seek to involve consequences for the young person who has offended (should this be the case), it must involve reparations for the victims, it must educate the young person and it must seek to rehabilitate him or her. The basis of successful intervention is good case management and the basis of good case management is a process of assessing, planning, intervening and reviewing (APIR). Central to the assessment is the identification of risk and protective factors in the young person's life.

Risks will be banded into four areas:

1. Health and safety risk – is the family home safe and is the client safe to be around other young people etc.
2. Risk of harm – to other people and the community etc.
3. Risk of re-offending.
4. Vulnerability.

Assessment is an on-going process and good case management is essential. The nominated case manager is the hub to which all information comes into and where information is analysed and disseminated and the case manager has responsibility for the case on behalf of the Youth Offending Service. The role of the case manager is to coordinate the work with the young person, which may be provided by specialists and via group work appointments.

A breach management policy is in place to manage instances where appointments are missed.

The assessment process seeks to identify risk and vulnerability and may involve 'screening' in order to identify any underlying conditions or specific unmet needs. In particular, the Youth Offending Service makes use of the Learning Disability Screening form. These screening tools can be helpful in identifying where it may be suitable to make referral to other services, such as Cheviots (the Disabled Children's service) and CAMHS, including their Service for Children and Adolescents with Neurological disorders

(SCAN). Advocacy services are also offered to vulnerable young people, particularly those with learning disabilities or difficulties.

When young people receive a custodial sentence, the Youth Justice Board (YJB) are given 24 hours notice that a placement is required. Where applicable, the YJB would be informed of any needs of the young person related to a disability via the placement alert form. These needs would be identified predominantly by the young person, by his or her parents / carers and via information checks with other services, particularly with education and health services. If the young person is aged 17 years or below, the presence of a disability would automatically confer 'vulnerable status for them and this would result in a placement being sought within a secure training centre.

4.8 Children returning home from care

When a child is voluntarily in care (section 20) and the decision is made for him / her to return home, a care plan must be drawn up in order to support the child once they return home with the primary aim of reducing the likelihood of the child having to be accommodated again in future. Good practice suggests that this care plan should be agreed between the child, the child's family and any involved professionals at a planning meeting.

This following process relates to young people for whom the plan is long term care, not those where the plan was always rehabilitation

Planned return

The social worker will complete a child and family assessment when the question of possible rehabilitation is identified and this will need to address the level of support that would be required should the child return home. Such an assessment will be need to authorised by the social worker's team manager and by the Head of Looked After Children services.

If the outcome of the assessment is positive – it identifies that the child can return home - then the change in the plan for the child will need be agreed at the next LAC review, which may need to be re-arranged so as to take place sooner than planned.

If the child is the subject of a Section 31 Order, a 'placement at home agreement' will need to be signed by the Assistant Director. This will take the form of a child and family assessment with a covering confirmation sheet. A rehabilitation plan will be agreed at the next LAC review including increased overnight stays at home as a precursor to a full return. However, if the child is the subject of a Section 31 Order, any over night stays must not take place until the Assistant Director has signed the 'placement at home agreement'.

If the child is the subject of a Section 31 Order, the LAC review following the return home, and all subsequent LAC reviews, must consider the revocation of the Order

Unplanned return

Where a child has returned home before the process outlined above can be carried out, it will still be followed, albeit retrospectively. This may occur where the young person has chosen to return home of his or her own accord. Should the assessment conclude that it was not in the child's interest to return home, it must be recorded that this took place against the advice of the social worker and it may

be necessary to consider whether the child needs to be protected from any risk of significant harm.

Section 5: The revised Public Law Outline for Court proceedings and pre-proceedings work

The Public Law Outline (PLO) was introduced in 2008 with the primary aim of reducing delay in public law proceedings (when local authorities apply to the family courts for care or supervision orders). In 2010, this framework was significantly revised with the aim of ensuring that all public law cases would be completed within 26 weeks (from the date of issue by the local authority to the final court hearing). In mid-2013, as part of the North London Court Project, Enfield (along with Barnet and Haringey) began to pilot this new framework. The aim of the pilot is to ensure that the 26-week timescale is met in the majority of cases but also to help ensure that local authorities offer the best possible support for children prior to initiating court proceedings, including the completion of high quality assessments.

Under this new framework, apart from the focus on reducing delay, there is also an expectation that, should court proceedings be necessary, the professionals working with the family will be in the best position to assist the court and that the need for independent or external experts will be much reduced. This will mean, for example, that where a parent has mental ill health, the court will expect to receive a statement or report from the treating psychiatrist.

Apart from in emergency situations, the expectation is that local authorities will not initiate court proceedings without first completing:

1. A Court statement
2. A family genogram
3. A chronology
4. Current assessments of the child and his or her family
5. A proposed care plan
6. A threshold statement (setting out the concerns regarding significant harm to the child)

As any proceedings issued by the local authority must be completed within 26 weeks (other than in exceptional circumstances), this means that there can only be limited time during court proceedings to undertake further assessments or to work with the family in order to achieve positive change. This in turn means that such work must be done prior to any court proceedings and to a high standard – clear, thorough and multi-agency assessments must be completed, leading to a clear plan for the family, with clear targets and expectations of what needs to be done, by when. The plan should be agreed with the family so that they are clear about what is expected of them and what they can expect from professionals and the implementation and success of the plan must be regularly and robustly reviewed. The right support must be arranged with the family in order to help them achieve the required improvements and all professionals must work together effectively, sharing information as required.

Given the focus on reducing delay for the child, the revised PLO framework does not mean that local authorities can now take significantly longer before deciding to initiate court proceedings (in effect, this would mean transferring the delay from within the court proceedings to beforehand). This means that our formal child protection procedures need to work congruently with the PLO framework (see flowchart at Appendix 9.3). As

well as avoiding unnecessary delay, this also offers the benefit of ensuring that we can be clear with other professionals and with families from the start of the child protection process as to the forward plan for the child should the level of risk to the child not reduce.

The child protection – Public Law Outline process as outlined in the flowchart (Appendix 9.2) offers a guide to how cases should progress through the two frameworks. However, if it is felt that a Legal Planning Meeting is required prior to the third child protection review conference, then the case should be presented to Placement Panel in order that this can be discussed.

If a Legal Planning Meeting is held following the third child protection review conference and the legal advice is that the threshold for court proceedings is not met, the independent reviewing officer will need to be informed and then take a decision as to the timing of the fourth review conference and the purpose of and need for the child to remain subject to a child protection plan.

Section 6: Decision-making and case recordings

Recording by all professionals should include information on the child's development so that their progress can be monitored to ensure that positive outcomes are being achieved or progress is being made towards achieving them.

Records should be kept of the progress of the assessment on the individual child's record and in their chronology to monitor any patterns of concerns.

Assessments and any action plans produced as a result should be given routinely to the child and family and to other professionals as necessary.

Supervision records should reflect the rationale for decisions and actions taken, including by reference to other decisions and actions that could have been taken but were not.

Section 7: Transparent working with families (services and responsibilities)

Children should be seen and listened to and included throughout the assessment process. Their ways of communicating should be understood in the context of their family and community as well as their behaviour and developmental stage.

Assessments, service provision and decision-making should regularly review the impact of the assessment process and the services provided for the child and family. Any services provided should be based on a clear analysis of the child and family's needs and with a view to achieving the identified objectives.

Children should be actively involved in all parts of the process based upon their age, developmental stage and identity. Direct work with the child and family should include observations of the interactions between the child and their parents / carers.

All agencies involved with the child, the parents or carers and the wider family have a duty to collaborate and share information to safeguard and promote the welfare of the child.

7.1 The Child

The child should participate and contribute directly to the assessment process based upon their age, understanding and identity. They should be seen alone and if this is not possible or in their best interest, the reason should be recorded. However, seeing a child on their own is not sufficient. The social worker should seek to understand the child's wishes, feelings and perspectives. The child needs to be understood not as a separate individual but as part of a wider family network. In other words, we cannot simply seek to understand the child as an individual but must understand them within their own particular context. A wide range of tools and methods are available via Enfield Eye for use with children and with parents / carers and families. All assessments should include the use of at least one of these tools or methods.

The pace of the assessment needs to be based upon the pace at which the child can contribute. However, this should not be a reason for delay in taking protective action. It is important to understand the resilience of the individual child in their family and community context when planning appropriate services.

Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents / carers, decisions should be made in the child's best interests. The parents / carers should be involved at the earliest opportunity unless to do so would prejudice the safety of the child.

7.2 The Parents

The nature and extent of the parents / carers' involvement in the assessment will be central to its success. At the outset, they need to understand how they can contribute to the assessment and what is expected of them in order to improve the outcomes for their child, if required. The assessment process must be open and transparent and this includes being open with parents / carers where we doubt the veracity of what they have told us, where we see inconsistencies between different sources of information and

where we have concerns about their parenting. All parents / carers should be involved equally in the assessment and should be supported to participate.

Section 8: Challenging and complaining

Compliments and complaints can help agencies to improve their services and Enfield Council has set procedures for dealing with complaints about the services that it provides.

The Children's Service's complaints procedure can be used by any child who is using our services, a parent, carer, relative or anyone else who we believe has a close enough interest in the child's welfare. Information about the relevant complaints procedure should be given to parents / carers during the assessment process and is also available in leaflet form in all council receptions and libraries.

To make a complaint people can:

- Talk to their social worker or key worker, or their manager, about the problem.
- Phone the Council on 020 8379 1000 and ask to speak to the Customer Relations Manager for Children's Services.
- Write to: Children's Services, Enfield Council, Freepost NW5036, Enfield, EN1 3BR
- Fill in a complaint form on-line at www.enfield.gov.uk
- Fill in a complaint form and send it to the address above

If needed, an interpreter will be provided.

Children and young people involved in complaints are offered advocacy services, usually through the Barnet and Enfield Children's Rights Service. Adults making complaints can also be advised about advocacy services that can work with them.

There are three stages to the complaints procedure:

Stage 1 - Complaint Resolution

On receipt of a complaint, the manager of the service concerned will aim to respond in writing within 10 working days but if this isn't possible, for example due to the complexity of the complaint or because the complainant needs time to meet with their advocate, more time will be arranged.

Stage 2 - Investigation

If an investigation is needed, an Investigating Officer will be appointed who will gather all the facts about the complaint. This usually involves interviewing everyone concerned as well as reading files and letters. The Investigating Officer will write a report and then a senior manager will write to the complainant to explain what action will be taken.

Stage 3 Review Panel

An independent panel will consider what has been done so far and make recommendations to senior managers in the council about what they might do to resolve the complaint.

There are no further stages in the Children's Services complaints procedure but if the complainant is unhappy with the outcome of the investigation, they can contact the Local Government Ombudsman.

Complaints about Child Protection Conferences

Within the London Child Protection procedures, there are clear procedures for dealing with complaints and these complaints do not fall within the procedure set out above.

Section 8.17 of the [London Procedures](#) set out the process for dealing with complaints about:

- The process of the conference;
- The outcome, in terms of the fact of and/or the category of primary concern at the time the child became the subject of a child protection plan;
- A decision for the child to become, to continue or not to become, the subject of a child protection plan.

Access to Children's Services records

Parents and children have the right to know what information is held about them in Children's Services records, and the right to be assured that the information held and used for the purposes of delivering services to them is accurate.

Parents have the opportunity to comment on assessment reports relating to their family and the right to have recorded any disagreement they have with opinions set out in those reports. They also have the opportunity to ask for any factual inaccuracies to be corrected.

The Schools and Children's Services Department has a process in place, in line with statutory requirements under the Data Protection Act 1998, for responding to requests for access to the records it holds.

Section 9: Appendices

9.1 Supporting Documents

Children's Social Care:

- *Neglect Strategy*
- *Safeguarding children from sexual exploitation*
- *Recording policy*

Special Educational Needs:

- *Principles and Criteria for Predictable and Exceptional Needs*

Youth Offending Service:

- *Core Principles of Enfield YOS*
- *Youth Offending Service Basic Case Management*
- *Complete Referral Order policies and procedures*
- *Enfield YOS Learning Styles Assessment*
- *Enfield YOS Guidance for completing Risk of Serious Harm Assessments*

9.2 Child protection flowchart

