



**Nottingham**  
**City Council**

# **Nottingham City Protocol for Children's Assessment**

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## Nottingham City Protocol for Children's Assessment

### 1. Introduction

1.1 In response to Working Together 2013 important changes are being made to local practice relating to the way assessments are planned, recorded and completed by Nottingham City Children's Social Care. This protocol sets out the arrangements for case management of a child referred to Nottingham City Children's Social Care. In relation to family assessments undertaken within the Families and Communities Directorate, the CAF Assessment process remains unchanged.

### 2. Background

2.1 'Working Together' (2013) requires Local Authorities to develop and implement a Single Assessment by April 2014 (to replace the previous Initial and Core Assessments and their associated timescales). A Single Assessment must be conducted within 45 working days of referral. In Nottingham, the Single Assessment is referred to as a Children's Assessment. The Children's Assessment is supported by a suite of three documents (with a shared question set) that can be used across teams and for various types of assessments. The Screening and Duty Team will complete Children's Assessment (CA 1). Children's Continued Assessment (CA2) will be used when cases transfer to a Children's Social Care Community Fieldwork Team or by the Screening and Duty Team for conducting Section 47 Enquires. Children's Further Assessment (CA3) will be used when the assessment is being updated.

2.2 The Children's Assessment has the following underpinning principles:

- continuous, proportionate assessment that uses the principles of the **DOH Assessment Framework** as its starting point and encourages analytical thinking and outcome-focused planning;
- Minimised duplication ;
- Multipurpose: can be used for an Initial Child Protection Conference Report and as a stand-alone document for use in Section 47 Enquiries, Section 17 Child In Need, Pre Birth, and Children in Care Assessments;
- encourages professional judgement but retains managerial oversight at key stages: assessment, plan and authorisation;
- supports best practice and encourages practitioners to focus on the identified needs of individual children and sets out clearly their wishes, feelings and concerns

- ensures assessments have information on relevant history
- a consistent format for analysis of key information
- Incorporates the views of all relevant and key agencies

2.3 The Children's Assessment uses the DoH Framework for the Assessment of Children in Need and their Families to gather and analyse information about children and their families. The assessment covers the following domains:

- developmental needs of children;
- the capacities of parents or caregivers to respond appropriately to those needs;
- the impact of wider family and environmental factors on parenting capacity and children's' needs.

2.4 This Policy and Practice Guidance is to be read alongside the Nottinghamshire and Nottingham City Safeguarding Children Boards' 'Safeguarding Children Procedures' and 'Family Support Pathway'. This guidance is intended to describe to partners, and the workforce in Local Authority Children and Family Services, the local protocols for assessments, and for Contacts and Referrals to Children's Social Care. It is intended to assist professionals to identify the most appropriate level of intervention and support.

### **3. Early Help**

3.1 The threshold for Children's Social Care intervention, and the speed of intervention, should be considered in the context of "Early Help". For children who need additional help, every day matters. There is compelling research evidence that children are damaged when intervention is inappropriately delayed. The actions of professionals to meet the needs of these children as early as possible can be critical to their future safety and well-being.

3.2 Effective use of the CAF and improved integrated working by targeted services should ensure that Children's Social Care are able to focus resources on those children and families with the highest levels of need, including the need for protection and safeguarding.

### **4. Legal definitions**

4.1 Children's Services have statutory responsibilities as laid out in the Children Act 1989 as follows:

#### **4.2 Section 17 Children Act 1989 (Child In Need of Services)**

An assessment should be undertaken for:

- Children who are unlikely to reach or maintain a satisfactory level of health and development or their health and development will be significantly impaired, without the provision of services.
- A child is disabled.

#### **4.3 Section 47 Children Act 1989 (Child In Need of Protection)**

Section 47 procedures should be initiated for a child who is:

- Subject of an Emergency Protection Order
  - Is in Police Protection
- Or,
- Where there is reasonable cause to suspect that a child who lives, or is found in their area is suffering or likely to suffer significant harm. (Reasonable cause to suspect).

4.4 In these circumstances, the authority shall make or cause to be made such enquiries, as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

#### **5. Domestic Abuse and Violence – Domestic Abuse Referral Team (DART)**

5.1 Where agencies are currently working with a family and domestic abuse is a feature, if the risk from domestic abuse escalates and raises the level of intervention required, a referral should be made to the DART. Where a professional (or agency) is uncertain they should contact the DART.

5.2 Professionals must make referrals using the Domestic Abuse, Stalking and Harassment and Honour-based Violence DASH Risk Assessment Form. Where the referral is by telephone, the written DASH form needs to be sent within 24 hours

#### **6. Children and Families Direct**

6.1 This service went live on the 25<sup>th</sup> November 2013 and operates the "Front Door" providing a clear gateway to services in Nottingham City Council for children and families. Agencies, practitioners and members of the public will be able to use one direct number. Anybody calling the number will speak directly to a trained Service Adviser. The Adviser will assess the customer's enquiry and refer them directly to the most appropriate service. The

Children's and families Direct operate a triage system based on the family support pathway.

- If the call relates to Child Protection or significant Children In Need issues, Children and Families Direct will immediately put this through to Screening & Duty Children's Social Care.
- If the call relates to the need for extensive support, Children and Families Direct will ensure it is diverted through to the named person within Family Support Services, whose role is to ensure the call is referred to the appropriate Locality Access Point.
- If the call relates to universal services, it will be signposted appropriately.
- Children and Families Direct will check the relevant computer systems to see if the call relates to a case already open to a team. All open cases will be directed to the case-holding team whether that is Children's Social Care or the relevant team within Families and Communities.
- If there are Child Protection concerns in relation to a child with severe and life long disability the case will be immediately transferred to the Disabled Children's Duty and Assessment Team. (see section? Disabled Children Additional Guidance)

## **7. Children's Social Care Screening and Duty Team**

### **7.1 Initial Contacts**

7.2 When a Contact and Referral is made to the Screening and Duty Service, a decision will be made within 24 hours of the original call as to whether the information received about a child or family constitutes a contact or a **referral**.

7.3 When information is shared with Children's Social Care about a child and their family, there needs to be clarification from the outset as to whether the family are aware that contact is being made with Children's Social Care Services. This needs to be established during a telephone conversation either with the referrer or within the written referral.

7.4 Where it is identified that the specific details of the child are required, any information or concerns shared about a specific child becomes an Initial Contact. An Initial Contact is an electronic record of new information received by the Screening and Duty Team.

### **7.5 Professionals in the Screening and Duty Team receiving an 'Initial Contact' should:**

- Ensure relevant information is sought from all appropriate agencies and professionals, who are in contact with the child and family;

- Ensure all historical information pertinent to the child and family has been accessed and taken into account;
  - Address all the concerns raised by the referrer
  - Ascertain if there is known domestic abuse, mental illness, substance misuse and/or learning disability.
  - Ensure that any decisions made are endorsed at a management level and recorded in writing
- 7.6 On CareFirst, Initial Contacts, are shared upon receipt of information and remain open until a decision had been made. Relevant details of the information and concerns should be included in the Initial Contacts. Initial Contacts can only be open for a maximum of 72 hours.
- 7.7 Where it has not been possible to gather information from parents or key agencies during the 72 hours, the responsible professional (Screening and Duty Team) will continue to seek this information
- 7.8 When all information has been obtained and a decision has been made as to what action should be taken following the Initial Contact an Outcome Letter is sent to the parents, referrer and key agencies notifying them of the decision made. This will be done within 24 hours of receipt of the Initial Contact. If upon further investigation this Initial Contact does not meet the threshold for social care involvement, it will not convert into a referral. Instead, it will be stepped down to a CAF or universal services as appropriate.
- 7.9 Children's Social Care does not count every Initial Contact as an accepted referral. The definition used for a referral is when a further response (e.g. an assessment- CA1) is required by Children's Social Care.
- 7.10 Referral**
- 7.11 Information received at the Duty Point (Screening and Duty Team) will be coded as a **referral** if further actions are required from Children's Social Care as a result of the Initial Contact. Decisions will then be made as to what actions are necessary
- Typically the action will be a Children's Assessment (CA1);
  - The Children's Assessment (CA1) can be ended if subsequent enquiries lead the Social Worker and Team Manager to conclude there are no issues or concerns which meet the threshold for ongoing involvement of Children's Social Care

- In some circumstances, the action may not be a Children's Assessment (CA1). Typically, this will be because information gathered shortly after the referral lead the Social Worker and Team Manager to conclude there are no issues or concerns, which meet the threshold for ongoing involvement of Children's Social Care. The family may be re-directed to another service or transferred into the CAF process
- An Outcome Letter will be sent to all referrers, outlining the action to be taken by Children's Social Care. This will be sent within 24 hours of coding as a referral.

## 7.12 Referral Criteria

7.13 Professionals working with children have a responsibility to refer a child to Children's Social Care where it is believed or suspected that a child:

- Has suffered **Significant Harm**;
- Is likely to suffer significant harm;
- Is a **Child in Need** whose development would be likely to be impaired without the provision of services.

**7.14 Please refer to the Family Support Pathway for more details on threshold guidance.**

7.15 Pre-existing assessments that have already been completed by professionals for example the **CAF, Education, Health and Care Plan, Young Carers, YOT or CAMHS Assessments** and a chronology of agency involvement with the child and family should be included with the referral to support the written referral and inform the decision making process. Where a referral is made by a professional, the referrer should confirm this in writing within 24 hours.

**7.16 NB the CAF will remain open during the enquiry and assessment process. Once the Assessment identifies that further assessment/intervention is required by Children's Social Care, the Social Worker will inform the referrer that at this point the case will be transferred to Children's Social Care. There is the expectation that the team around the child will continue to remain involved with the child and family and that the Social Worker will become the Lead Professional throughout the Children's Social Care intervention.**

## 7.17 Referral Process

7.18 The following process applies to new cases of children previously unknown to the Local Authority, and to closed cases. All referrals will be screened against the Family Support Pathway and will include information from previous referrals and assessments and previous Children's Social Care involvement including other Local Authorities.



7.19 In Nottingham City it has been agreed that the majority of referrals to Children's Social Care should follow the completion of a Common Assessment Framework (CAF), as described in the Family Support Strategy and therefore the CAF should be sent to Children's Social Care as written confirmation of the referral. However a CAF is not a pre-requisite and where a child is thought to be at a risk of significant harm the absence of a CAF should not delay a referral to Children's Social Care. Feedback will be given to the referrer on decisions made and recommendations for further action.

## **8. Undertaking an Children's Assessment**

8.1 The Children's Assessment (whether CA1, CA2, CA3 ) should:

- Be led by a qualified and experienced Social Worker with management oversight;
- Involve seeing and speaking to the child alone where ever possible (according to age and understanding). Their views, wishes and concerns should be clearly heard and recorded. If a decision is taken that it is not necessary to see the child or to see the child alone, the reasons for this must be clearly recorded;
- Involve visiting the child's home and the child's bedroom being seen;
- Include all the children in the household;
- Ensure relevant information is sought from all appropriate agencies and professionals, who are in contact with the child and family;
- Draw together and analyse available information from a range of sources including existing records and information from other Local Authorities;
- Include family members views including estranged partners;
- Ensure all historical information pertinent to the child and family has been accessed and taken into account;
- Determine whether any specialist assessment should be undertaken to assist decision making;
- Ensure that any decisions made are endorsed at a management level and recorded in writing.

8.2 Every assessment must be informed by the views of the child as well as the family and other agencies. Children should, wherever possible, be seen alone within a pre agreed and appropriate timescale related to the nature of the concerns expressed. The local authority Children's Social Care has a duty to

ascertain the child's wishes and feelings regarding the provision of services to be delivered, informing and engaging children in decision making and plans.

- 8.3 The child and their family have a vital role to play in assessments and Social Workers should seek to gain consent to the assessment and for information to be shared with and obtained from other agencies, from the child (where appropriate) and the person with parental responsibility, This requirement for consent should only be waived if seeking consent is likely to endanger the child or cause delay. In which circumstance the need to safeguard the child allows enquiries to proceed without consent.
- 8.4 The decision to carry out an Children's Assessment will be made, where it is deemed necessary to gather more information in order to determine whether the child is in need, the nature of any services required, and whether a further, more detailed assessment should be undertaken.
- 8.5 Pre-existing up-to-date assessments (eg CAF and other specialist assessments (Education, Health and Care Plan, YOT, CAMHS)) should be used to inform the Children's Assessment. It is important that where a child has other assessments these are coordinated so that the child does not become lost between the different agencies and their procedures or subject to repeat assessments.

## 9. Multi-agency assessments

- 9.1 Although Children's Social Care retains responsibility for the completion of the Children's Assessment, any agency who knows the child and family has a duty to contribute to the process. The contribution will vary depending on the circumstances of the child. All social work staff conducting an assessment must always ensure there is a multi-agency perspective, and considers which agencies should contribute to the assessment. Agencies contributing to the assessment should be involved in its planning, review and analysis. Contribution from the following agencies should always be considered (***this is not an exhaustive list of agencies which may be involved***)
- Police (whether or not an offence has been committed);
  - Health especially in relation to the child's development and the family history;
  - Education, including where relevant, pre-school and further higher education
  - YOT
  - CAMHS
  - Family and Communities
  - Probation

- Adult Mental Health including Adult Social Care Mental Health Services
- 9.2 Other agencies and organisations may need to be asked to contribute to the assessment process, depending on the circumstances of the child and their family. This may include agencies which work with adults, for example where parents or another adult living in the household have drug or alcohol issues. Professionals who are primarily providing a service to the child's parents or carers have a vital role to play in developing an understanding of the parent's capacity and capability and they have a duty to participate in the process of assessment.
- 9.3 The Duty Team complete Children's Assessment (CA1) and would carry out an assessment in the following circumstances:
1. The referral indicates the child is at risk of significant harm and an assessment within Section 47 procedures is required. In this circumstance, the Duty Social Worker would go on to complete a Children's Assessment (CA1).
  2. The referral indicates the child may not yet have reached the threshold for a Section 47 investigation, but further assessment is required to consider the child and family's circumstances. The Duty Team completes the Children's Assessment (CA1) and transfers the case to the relevant Community Fieldwork team who complete a more in-depth assessment- Children's Continued Assessment (CA2).
  3. Children's Social Care are notified that a young person is remanded to custody
  4. A privately fostered child who is a child under 16 (or 18 if disabled) who is being cared for by an adult who is not their parent, grandparent, aunt, uncle, sister or brother and is being cared for in the adult's home for 28 days or more by someone who has agreed to take care of the child by private arrangement without the involvement of the local authority.
  5. Children's Assessment (CA1) where Child Protection concerns are identified.
  6. If at any stage during the CA 1 assessment, evidence emerges that suggests a child is suffering or likely to suffer significant harm a Strategy Discussion/ Meeting will be convened to consider a Section 47 Enquiry. In these circumstances the Children's Assessment (CA 1) will continue but the assessment type (question 13.1.0 in the Care first template) will identify this as a child assessment section 47. The assessment should then reflect the section 47 enquiries within it. Further information on the Strategy Discussions can be found in Section 5 (Child Protection Procedures) in the Nottinghamshire and Nottingham City Safeguarding Children Boards' Safeguarding Children Procedures.

10. **Children's Assessment where threshold for Section 47 does not appear to have been reached at the start of the process.**

10.1 The Duty Team has up to 10 working days from the date of the referral in which to conduct, populate, review and complete the Children's Assessment (CA1)

The outcome at this stage could be one of the following:

1. Step down to a CAF
2. Step down to universal services
3. The assessment now indicates the child may be at risk of significant harm and Section 47 enquires following strategy discussions should commence
4. A further more in-depth assessment (Children's Continued Assessment-CA2) is required.

10.2 Where 1 or 2 is the outcome refer to the Step up/Step down process. Where 3 is the outcome see Children's Assessment where Child Protection concerns are identified. Where 4 is the outcome, Children's Continued Assessment (CA2) should be completed by the relevant Community Field Work Team (see below).

10.3 Where a child is living in a Private Fostering arrangement, the case will transfer to Community Field Work Team and will be managed under Private Fostering Regulations.

**11. Children's Continued Assessment (CA2)**

11.1 When the Children's Assessment (CA1) has identified that a child's needs and circumstances are complex, a more in- depth assessment under S17 of the Children Act 1989 is required. The Children's Continued Assessment (CA2) should seek to identify what other types of services are necessary to assist the child and family.

11.2 The decision to move into a Children's Continued Assessment should therefore be made at that point. The assessment will be transferred to the relevant Community Social Work Team and should be completed within 45 days of the date of the referral. To avoid duplication information can be updated from the Children's Assessment (CA1) into the Children's Continued Assessment with additional information being added providing a greater understanding of the child and family's circumstances. The outcome could be one of the following at this stage:

- No further action required
- .Step down to a CAF

- Step down to universal services
  - The assessment now indicates the child may be at risk of significant harm and Section 47 enquires following strategy discussions should commence.
- 11.3 The allocated Social Worker is responsible for the co-ordination and completion of the Children's Continued Assessment with contributions being made from all involved professionals. The Social Worker should request involved professionals to provide written information on the family within agreed timescales so that existing assessments can be integrated into the assessment.
- 11.4 The child must be seen and spoken to, and they should also be seen on their own away from their carers and ensure that the accommodation where the child lives is visited and viewed. All visits will be recorded on the case record/observation in Care first. Statutory visits should be recorded on the S01 template in Care First.

## **12. Assessment Outcomes**

- 12.1 The Social Worker is responsible for analysing all information gathered from the enquiry stage of the assessment, making a decision about the nature and level of the child's needs and the level of risk, if any, that they may be facing. The Team Manager should provide regular supervision and challenge the Social Worker's assumptions as part of this process.
- 12.2 The assessment outcome should be decided by the Social Worker and the Team Manager who should agree a plan of action setting out the services to be delivered, how and by whom. The Team Manager must authorise the assessment and the specified actions.
- 12.3 The Social Worker will feedback the outcome of the assessment to the child, family, referrer and other agencies. They should provide a copy of the completed assessment to the person(s) with parental responsibility providing direct care to the child and to the child if of sufficient age and understanding within 10 days of completion. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry.
- 12.4 Feedback to any referring agency must be made in writing, where they are involved in providing services to the child, this information should clearly state action points, review dates and intended actions for the child as agreed with them and the Social Worker. The outcome could be one of the following at this stage.
- Step down to a CAF
  - Step down to universal services

- The assessment now indicates the child may be at risk of significant harm and Section 47 enquires following strategy discussions should commence.

12.5 There will be times when a CA1 and/or CA2 has been completed and following this, an incident then occurs, which indicates a child is now suffering or likely to suffer significant harm. A Strategy Discussion/ Meeting will need to be convened to consider a Section 47 Enquiry. In these circumstances, the Children's Continued Assessment (CA 3) will be used to conduct the Section 47 Enquiry. Further information on the Strategy Discussions can be found in Section 5 (Child Protection Procedures) in the Nottinghamshire and Nottingham City Safeguarding Children Boards' Safeguarding Children Procedures.

### **13. Disabled Children Additional Guidance**

13.1 Disabled Children who meet the criteria for the Disabled Childrens Team (DCT) follow a slightly different path. This is because unlike Fieldwork Services, DCT manage both short-term and long-term work within the same team. In Children's Social Care, short term assessment work is carried out by the Duty and Screening Service with longer term assessment work (i.e CA 2) transferring from Duty and Screening into Community Fieldwork Teams (see diagram at Appendix One) The DCT structure is such that it can retain the entire assessment from its starting point until completion. This means DCT only need to complete the CA1. The CA1 can also be used when completing a more in-depth assessment. A CA3 will be completed if further assessment is required at a later stage. Thus within the Disabled Childrens Team there is no need to complete a CA2.

13.2 All assessments of children with significant disabilities will be undertaken jointly by a qualified Social Worker and an Occupational Therapist. If the occupational Therapist identifies that a specialist occupational therapy assessment is required, this should wherever possible be aligned to the CA1.

13.3 During an assessment, the social worker has the responsibility to make parents aware that they may have the right to request a carer's assessment. Where parents make this request, the continuous assessment should include a separate section entitled carers assessment. Further guidance on Carers Assessment can be found in the Parent Carers policy and procedure.

13.4 Where an assessment of a disabled child identifies that child is in need of short breaks or services under the Chronically Sick and Disabled Persons Act then the Disabled Childrens statement and threshold policy and process provides more information on how these services are allocated and approved.

## **14 Children Looked After**

14.1 Where a child becomes looked after the Children's Continued Assessment will be the baseline for work with the child, family and carers. Any needs which have been identified in the assessment should be addressed before decisions are made about the child's return home. An assessment by a Social Worker is required before the child returns home under the Care Planning, Placement and Case Review (England) Regulations 2010. This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home.

14.2 The assessment will address the suitability of the placement by:

- Inspecting the accommodation;
- Obtaining relevant information about the proposed main carers and all members of the household;
- Assessing the parents' capacity and the capacity of other adult members of the household, to protect and care for children
- Assessing the parents' state of health (physical, emotional and mental), the parents' medical history, including current or past issues of domestic violence, substance misuse or mental health problems;
- Parent's history (childhood and upbringing, relationships, significant life events, criminal offences of which the parents or other members of the household have been convicted or cautioned);
- Any available information about the parents' previous experiences of looking after children. Where a parent has other children subject to care/adoption orders, earlier case records should be explored to ascertain the circumstances which led to social work involvement, and any indication that the capacity of the parent to bring up children has changed.

## **15. Young People who are remanded to Youth Detention or Local Authority Care**

15.1 On receiving notification that a young person is remanded to Youth Detention or Local Authority Care the Screening and Duty Team will open up a Children's Assessment and transfer the case to either a Community Field Work Team or the 15+ team. In the case of a young person who is remanded to Local Authority Care, the Duty Team will hold the case until the child is accommodated. In all cases, the young person will become subject to LAC procedures.

## **16. Disagreements (Escalation Procedures)**

16.1 Where any practitioner has concerns about the response or progress of

a referral or new information supplied or does not agree with the response and decisions about the referral by Children's Social Care, the referring agency should discuss their concerns with the Social Worker.

- 16.2 If unresolved the problem should then be referred to the practitioner's own line manager or practitioner advisor, who will discuss with their opposite number in the other agency
- 16.3 If the problem remains unresolved the managers will refer to their Line managers for consideration. This process will continue until a resolution is found.
- 16.4 In the rare circumstances where the problem cannot be resolved through line management arrangements, the matter will be referred to the Chair of the Safeguarding Children Board (SCB) who will offer mediation.
- 16.5 A clear record should be kept at all stages, by all parties. In particular, this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued.

## **17. Timescales**

- 17.1 The timescale within which the processes set out above should take place will be dependent on the nature of the disagreement and what this may mean for the safety of the child. In some circumstances immediate action will be merited and progress through agency line management routes will need to take place **within 1 working day** and, in circumstances where there continues to be disagreement, the issue will be brought to the attention of the Independent Chair the following working day. In less urgent cases the whole process should be completed within no more than **4 weeks**.
- 17.2 Please refer to the Family Support Strategy and Pathway and the Nottinghamshire and Nottingham City Safeguarding Children Boards' Safeguarding Children Procedures for information on disagreements and the escalation procedures.

## **18. Nottingham City Comments, Compliments & Complaints Procedure**

- 18.1 Nottingham City Council is committed to providing the best possible services for its customers and welcomes compliments, comments and complaints from anyone receiving a service from Children's Social Care or who is affected by Children and Families' actions or decisions.
- 18.2 Nottingham City Council will try to address children and families concerns as soon as possible. There are four stages to the statutory complaints process. When a child or family informs the Local Authority that they are not satisfied with its response, or that they are taking too long to solve the problem, the Local Authority will start the next stage of the process.



- **Information on Nottingham City Council complaints procedure can be obtained the following ways:**
- **Website: [www.nottinghamcity.gov.uk](http://www.nottinghamcity.gov.uk)**
- Telephone: 0115 87 65974  
Email: [socialcarecomplaints@nottinghamcity.gov.uk](mailto:socialcarecomplaints@nottinghamcity.gov.uk)

Appendix One

21 March 2014

PROPOSED CHILDREN'S ASSESSMENT PROCESS DIAGRAM

