

## 3. Child Protection s47 Enquiries

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### Contents

- 3.1 [Duty to conduct s47 enquiries](#)
- 3.2 [Immediate protection](#)
- 3.3 [S47 thresholds and the multi-agency assessment](#)
- 3.4 [Strategy meeting / discussion](#)
- 3.5 [Initiating a s47 enquiry](#)
- 3.6 [Referrals to the police](#)
- 3.7 [Involving parents, family members and children](#)
- 3.8 [Visually recorded interviews / ABE](#)
- 3.9 [Paediatric assessment](#)
- 3.10 [Outcome of s47 enquiries](#)
- 3.11 [Timescales](#)
- 3.12 [Recording](#)

### 3.1 Duty to conduct s47 enquiries

- 3.1.1 Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required by s47 of the [Children Act 1989](#) to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

- 3.1.2 Responsibility for undertaking s47 enquiries lies with LA children's social care in whose area the child lives or is found. 'Found' means the physical location where the child suffers the incident of harm or neglect (or is identified to be at risk of harm or neglect), e.g. nursery or school, boarding school, hospital, one-off event, such as a fairground, holiday home or outing or where a privately fostered or looked after child is living with their carers. For the purposes of these procedures the LA children's social care in which the child lives, is called the 'home authority' and the LA children's social care in which the child is found is the child's 'host authority'.
- 3.1.3 Whenever a child is harmed or concerns are raised that a child may be at risk of harm or neglect, the host authority is responsible for informing the home authority immediately. The home authority should be invited to participate in the strategy meeting / discussion to plan action to protect the child. Only once agreement is reached about who will take responsibility is the host authority relieved of the responsibility to take emergency and ongoing action. Such acceptance should occur as soon as possible and should be confirmed in writing.

### Responsibilities of all agencies

- 3.1.4 Each agency has a duty to assist and provide information in support of child protection enquiries. When requested to do so by LA children's social care, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under [section 27 of the Children Act 1989](#) by assisting the local authority in carrying out its children's social care functions.

## 3.2 Immediate protection

- 3.2.1 Where there is a risk to the life of a child or the possibility of serious immediate harm, an agency with statutory child protection powers (the police and LA children's social care) should act quickly to secure the immediate safety of the child.
- 3.2.2 Emergency action may be necessary as soon as the referral is received from a member of the public or from any agency involved with children or parents. Alternatively, the need for emergency action may become apparent only over time as more is learned about a child or adult carer's circumstances. Neglect, as well as abuse, can pose such a risk of significant harm to a child that urgent protective action is needed.
- 3.2.3 When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household (e.g. siblings), the household of an alleged

perpetrator, or elsewhere.

- 3.2.4 Responsibility for immediate action rests with the host authority where the child is found, but should be in consultation with any home authority (as described in [section 3.1](#) above).
- 3.2.5 Planned emergency action will normally take place following an immediate strategy meeting / discussion between police, LA children's social care, and other agencies as appropriate (see [Strategy meeting / discussion](#)); see [Appendix 1: Links to relevant legislation](#) for the range of emergency protection powers available.
- 3.2.6 Immediate protection may be achieved by:
- A parent taking action to remove an alleged abuser;
  - An alleged abuser agreeing to leave the home;
  - The child not returning to the home;
  - The child being removed either on a voluntary basis or by obtaining an emergency protection order (EPO);
  - Removal of the child/ren or prevention of removal from a place of safety under police powers of protection;
  - Gaining entry to the household under police powers and to assess the situation.
- 3.2.7 The LA children's social worker must seek the agreement of their relevant line manager and obtain legal advice before initiating legal action.
- 3.2.8 Police powers of protection should only be used in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.
- 3.2.9 When police powers of protection are used, an independent police officer of at least inspector rank must act as the designated officer.
- 3.2.10 Where an agency with statutory child protection powers has to act immediately to protect a child, a strategy meeting / discussion should take place within 1 working day of the emergency action to plan the next steps.
- 3.2.11 Emergency action addresses only the immediate circumstances of the child/ren. It should be followed quickly by a s47 enquiry and an assessment of the needs and circumstances of the child and family as necessary. Where an EPO applies, LA children's social care will have to consider quickly whether to initiate care or other proceedings or to let the order lapse and the child/ren return home.

### 3.3 S47 thresholds and the multi-agency assessment

- 3.3.1 See [Referral and assessment Procedure](#).
- 3.3.2 A s47 enquiry must always be commenced immediately when:
- There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect;
  - Following an EPO or the use of police powers of protection is initiated.
- 3.3.3 The threshold criteria for a s47 enquiry may be identified during an early assessment, but may be apparent at the point of referral, during the multi-agency checks or in the course of the assessment.
- 3.3.4 An assessment should be initiated following referral and should continue whenever a s47 enquiry has commenced. The local assessment protocol will provide the framework for gathering and analysing information for the enquiry (see [Referral and assessment Procedure](#)). The conclusions and recommendations of the enquiry should inform the assessment (see also [Child Protection Conferences Procedure, The Child Protection plan](#)).
- 3.3.5 Local authority social workers have a statutory duty to lead enquiries under [section 47](#) of the Children Act 1989. The police, health professionals, teachers and other relevant professionals should support the local authority in undertaking its enquiries.

### 3.4 Strategy meeting / discussion

- 3.4.1 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy meeting / discussion. See [s47 thresholds and the multi-agency assessment](#).
- 3.4.2 A strategy meeting / discussion should be used to:
- Share available information;
  - Agree the conduct and timing of any criminal investigation;
  - Decide whether an assessment under [s47 of the Children Act 1989](#) (s47 enquiries) should be initiated, or continued if it has already begun;
  - Consider the assessment and the action points, if already in place;
  - Plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, and who will carry out what actions, by

when and for what purpose;

- Agree what action is required immediately to safeguard and promote the welfare of the child, and / or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- Determine what information from the strategy meeting / discussion will be shared with the family, unless such information sharing may place a child at increased risk of significant harm or jeopardise police investigations into any alleged offence/s;
- Determine if legal action is required.

#### 3.4.3 Relevant matters include:

- Agreeing ,or reviewing how the assessment under [s47 of the Children Act 1989](#) will be carried out - what further information is required about the child/ren and family and how it should be obtained and recorded;
- Agreeing who should be interviewed, by whom, for what purpose and when. The way in which interviews are conducted can play a significant part in minimising any distress caused to children, and in increasing the likelihood of maintaining constructive working relationships with families when a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses can have important implications for the collection and preservation of evidence;
- Agreeing, in particular, when the child will be seen alone (unless to do so would be inappropriate for the child) by the social worker during the course of these enquiries and the methods by which the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions under section 47 of the Children Act 1989;
- In the light of the race and ethnicity of the child and family, considering how these should be taken into account and establishing whether an interpreter will be required; and
- Considering the needs of other children who may be affected (e.g. siblings and other children, such as those living in the same establishment, in contact with alleged abusers).

#### 3.4.4 Strategy discussions by telephone will usually be adequate to plan an enquiry, but meetings are likely to be more effective where:

- There is concern that the child is suffering complex types of neglect or maltreatment (see [Fabricated or Induced Illness Procedure](#) and [Organised and Complex Abuse Procedure](#));
- There is an allegation that a child has abused another child - separate strategy meetings should be held for both children (see [Children Harming Others Procedure](#));
- There are ongoing, cumulative concerns about the child's welfare and a need to share concerns and agree a course of action;

- There are concerns about the future risk of harm to an unborn child.

This list is not exhaustive.

- 3.4.5 The strategy meeting / discussion should be convened by LA children's social care. In addition to LA children's social care, the police and relevant health professionals, the meeting / discussion may need to involve the other agencies (e.g. schools and nurseries) which hold information relevant to the concerns about the child.
- 3.4.6 More than one strategy meeting / discussion may be required.
- 3.4.7 Where it is decided that there are grounds to initiate a s47 enquiry, decisions should be made about whether this is a single or joint investigation. Protocols in place in local areas should be followed.
- 3.4.8 For sharing information between the local authority and criminal justice professionals, the [Child Abuse: Guidance on Prosecuting cases of Child Abuse \(2012\)](#) may be needed. The Guidance can be found at the Crown Prosecution website - [www.cps.gov.uk](http://www.cps.gov.uk)
- 3.4.9 The way in which interviews are conducted can play a significant part in minimising any distress caused to children, and increasing the likelihood of maintaining constructive working relationships with families. When a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses, can have important implications for the collection and preservation of evidence. See [Visually recorded interviews / Achieving Best Evidence](#).

### **The strategy meeting / discussion**

- 3.4.10 The strategy meeting / discussion should be co-ordinated and chaired by the LA children's social care first line manager.
- 3.4.11 The strategy meeting / discussion must involve LA children's social care, the police and relevant health professionals. The referring agency may need to be included, as may other agencies which are likely to include the child's nursery / school.
- 3.4.12 Professionals participating in strategy meetings / discussions must have all their agency's information relating to the child to be able to contribute it to the meeting / discussion, and must be sufficiently senior to make decisions on behalf of their agencies.
- 3.4.13 Where issues have significant medical implications, or a paediatric examination has taken place or may be necessary, a paediatrician should always be included. If the



child is receiving services from a hospital or child development team, the meeting / discussion should involve the responsible medical consultant and, in the case of in-patient treatment, a senior ward nurse.

- 3.4.14 A professional may need to be included in the strategy meeting / discussion who is not involved with the child, but who can contribute expertise relevant to the particular form of abuse or neglect in the case.

### Strategy meeting / discussion record

- 3.4.15 It is the responsibility of the chair of the strategy meeting / discussion to ensure that the decisions and agreed actions are fully recorded using an appropriate form / record. All agencies attending should take notes of the actions agreed at the time of the meeting/discussion.

A copy of the record should be made available for all those, who had been invited, as soon as practicable by LA children's social care.

- 3.4.16 For telephone strategy discussions, all agencies should make a record of the outcome of the telephone discussion and actions agreed at the time. The record of the notes and decisions authorised by the LA children's social care manager should be circulated as soon as practicable to all parties to the discussion.

### Timing of strategy meeting / discussion

- 3.4.17 Strategy meetings / discussions should be convened within three working days of child protection concerns being identified, except in the following circumstances:
- For allegations / concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the strategy meeting / discussion should be held on the same day as the receipt of the referral;
  - For allegations of penetrative sexual abuse, the strategy meeting / discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence;
  - Where immediate action was required by either agency, the strategy meeting / discussion must be held within one working day;
  - Where the concerns are particularly complex (e.g. organised abuse / allegations against staff) the strategy meeting / discussion must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.
- 3.4.18 **The plan made at the strategy meeting / discussion should reflect the requirement to convene an initial child protection conference within 15 working days of the strategy meeting / discussion at which it was decided to initiate the enquiry (if there were more than one strategy meetings).** In exceptional circumstances, such as Fabricated and induced illness for example,

enquiries will be more complicated and may require more than one strategy discussion. If the strategy meeting / discussion concludes that a further strategy meeting / discussion is required, then a clear timescale should be set and be subject to regular review by the social work manager bearing in mind the safety of the child at all times.

- 3.4.19 If the conclusion of the strategy discussion is that there is no cause to pursue the s47 enquiry then consideration should be given to the needs of the child for any support services or services as a child in need.

## 3.5 Initiating a s47 enquiry

- 3.5.1 LA children's social care is the lead agency for child protection enquiries and the LA children's social care manager has responsibility for authorising a s47 enquiry following a strategy discussion/meeting.
- 3.5.2 In deciding whether to call a strategy meeting / discussion, the LA children's social care manager must consider the:
- Seriousness of the concern/s;
  - Repetition or duration of concern/s;
  - Vulnerability of child (through age, developmental stage, disability or other pre-disposing factor e.g. 'looked after');
  - Source of concern/s;
  - Accumulation of sufficient information and patterns of concerns;
  - Context in which the child is living (e.g. a child in the household already subject of a current child protection plan);
  - Predisposing factors in the family that may suggest a higher level of risk of harm (e.g. mental health difficulties, parental substance misuse, domestic violence or immigrant family issues such as social isolation).
- 3.5.3 A s47 enquiry may run concurrently with police investigations. When a joint enquiry takes place, the police have the lead for the criminal investigation (see [Referrals to the Police](#)) and LA children's social care have the lead for the s47 enquiries and the child's welfare.

### Multi-agency checks

- 3.5.4 Whenever a s47 enquiry is initiated, even when there has been a recent assessment, the LA children's social worker must consult with their manager about how and when to inform the family of the cause for concern unless to do so would place



the child at risk of significant harm.

- 3.5.5 The social worker, together with their manager, must decide whether to seek parental permission to undertake multi-agency checks.
- 3.5.6 If the manager decides not to seek permission, they must record the reasons, e.g.:
- Prejudicial to the child's welfare;
  - Serious concern about the behaviours of the adult;
  - Concern that the child would be at risk of further significant harm.
- 3.5.7 Where permission is sought from parents and carers and denied, the manager must determine whether to proceed, and record the reasons for the decision they make.
- 3.5.8 The social worker must contact the other agencies involved with the child to inform them that a child protection enquiry has been initiated and to seek their views. The checks should be undertaken directly with involved professionals and not through messages with intermediaries.
- 3.5.9 The relevant agency should be informed of the reason for the enquiry, whether or not parental consent has been obtained and asked for their assessment of the child in the light of information presented.
- 3.5.10 Agency checks should include accessing any relevant information that may be held in one or more other countries. See [Accessing information from abroad Procedure](#).

## 3.6 Referrals to the police

- 3.6.1 The primary responsibility of police officers is to undertake criminal investigations of suspected or actual crime and to inform LA children's social care when they are undertaking such investigations, and where appropriate to notify the [Local Authority Designated Officer \(LADO\)](#).
- 3.6.2 The police and LA children's social care must co-ordinate their activities to ensure the parallel process of a s47 enquiry and a criminal investigation is undertaken in the best interests of the child. This should primarily be achieved through joint activity and planning at strategy meetings / discussions.
- 3.6.3 At the strategy meeting / discussion, the police officers should share current and historical information with other services where it is necessary to do so to ensure the

protection of a child.

- 3.6.4 All suspected, alleged or actual crime must be referred to the police. Telephone referrals should be confirmed in writing, within 48 hours, using MPS form 87A (available at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk)).
- 3.6.5 The police referral manager will make a decision, based on police threshold policy and following checks and information sharing, on whether to initiate a criminal investigation.
- 3.6.6 The following matters will always be investigated by the police:
- All alleged sexual assaults;
  - Allegations of physical abuse amounting to offences of actual bodily harm (*s47 Offences Against the Person Act 1861*) and more serious assaults;
  - Allegations of serious neglect / cruelty;
  - Allegations and concerns involving minor offences where there are aggravating features.

## 3.7 Involving parents, family members and children

- 3.7.1 Section 47 enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect. LA children's social care should explain the purpose and outcome of s47 enquiries to the parents and child/ren (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.

The social worker has the prime responsibility to engage with family members. Parents and those with parental responsibility should be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of significant harm, or undermine a criminal investigation.

For full details of involving children, young people and their family members see [General Practice Guidance](#).

### Missing or inaccessible children

- 3.7.2 If the whereabouts of a child subject to s47 enquiries are unknown and cannot be ascertained by the LA children's social care social worker, the following action must be taken within 24 hours:
- A strategy meeting / discussion with police CAIT;

- Agreement reached with the LA children's social care manager responsible as to what further action is required to locate and see the child and carry out the enquiry.

3.7.3 If access to a child is refused or obstructed the social worker, in consultation with their manager, should co-ordinate a strategy meeting / discussion, including legal representation, to develop a plan to locate or access the child/ren and progress the s47 enquiry.

See also [Children Missing from Care, Home and School Procedure](#).

## 3.8 Visually recorded interviews / ABE

- 3.8.1 Visually recorded interviews must be planned and conducted jointly by trained police officers and LA social workers in accordance with the [Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable and intimidated witnesses](#) (Home Office 2011).
- 3.8.2 All events up to the time of the video interview must be fully recorded.
- 3.8.3 Visually recorded interviews serve two primary purposes:
- Evidence gathering for criminal proceedings;
  - Examination in chief of a child witness.
- 3.8.4 Relevant information from this process can also be used to inform s47 enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adult carers.
- 3.8.5 In accordance with [Achieving Best Evidence](#), all joint interviews with children should be conducted by those with specialist training and experience in interviewing children. Specialist / expert help may be needed:
- If the child's first language is not English (see [Working with interpreters / communication facilitators Procedure](#));
  - They appear to have a degree of psychiatric disturbance but are deemed competent;
  - They have a physical / sensory / learning disability;
  - Where interviewers do not have adequate knowledge and understanding of the child's racial religious and cultural background.

## 3.9 Paediatric assessment

- 3.9.1 Where the child appears in urgent need of medical attention (e.g. suspected fractures, bleeding, loss of consciousness), they should be taken to the nearest accident and emergency department.
- 3.9.2 In other circumstances, the strategy meeting / discussion will determine, in consultation with the paediatrician, the need and timing for a paediatric assessment. Where a child is also to be interviewed by police and / or LA children's social care, this interview should take place prior to a medical examination unless there are exceptional circumstances agreed with the police and social work service.
- 3.9.3 A paediatrician may refer on to other professionals, particularly if there are suspicions of sexual abuse.
- 3.9.4 A paediatric assessment should demonstrate an holistic approach to the child and assess the child's well being, including mental health, development and cognitive ability.
- 3.9.5 A paediatric assessment is necessary to:
- Secure forensic evidence;
  - Obtain medical documentation;
  - Provide re-assurance for the child, parent and LA children's social care;
  - Inform treatment follow-up and review for the child (any injury, infection, new symptoms including psychological).
- 3.9.6 Only doctors may physically examine the whole child. All other staff should only note any visible marks or injuries on a body map and record, date and sign details in the child's file.

### Consent for paediatric assessments or medical treatment

- 3.9.7 The following may give consent to a paediatric assessment:
- A child of sufficient age and understanding (Gillick competency/Fraser guidelines);
  - Any person with parental responsibility, providing they have the capacity to do so;
  - The local authority when the child is the subject of a care order (though the parent should be informed);
  - The local authority when the child is accommodated under [s20 of the](#)

[Children Act 1989](#), and the parent/s have abandoned the child or are physically or mentally unable to give such authority;

- The High Court when the child is a ward of court;
- A family proceedings court as part of a direction attached to an emergency protection order, an interim care order or a child assessment order.

3.9.8 When a child is looked after under s20 and a parent has given general consent authorising medical treatment for the child, legal advice must be taken about whether this provides consent for paediatric assessment for child protection purposes (the parent still has full parental responsibility for the child).

3.9.9 A child of any age who has sufficient understanding (generally to be assessed by the doctor with advice from others as required) to make a fully informed decision can provide lawful consent to all or part of a paediatric assessment or emergency treatment.

3.9.10 A young person aged 16 or 17 has an explicit right ([s8 Family Law Reform Act 1969](#)) to provide consent to surgical, medical or dental treatment and unless grounds exist for doubting their mental health, no further consent is required.

3.9.11 A child who is of sufficient age and understanding may refuse some or all of the paediatric assessment, though refusal can potentially be overridden by a court.

3.9.12 Wherever possible the permission of a parent should be sought for children under sixteen prior to any paediatric assessment and / or other medical treatment.

3.9.13 Where circumstances do not allow permission to be obtained and the child needs emergency medical treatment, the medical practitioner may:

- Regard the child to be of an age and level of understanding to give their own consent;
- Decide to proceed without consent.

3.9.14 In these circumstances, parents must be informed by the medical practitioner as soon as possible and a full record must be made at the time.

3.9.15 In non-emergency situations, when parental permission is not obtained, the social worker and manager must consider whether it is in the child's best interests to seek a court order.

### **Arranging the paediatric assessments**

3.9.16 In the course of s47 enquiries, appropriately trained and experienced practitioners

must undertake all paediatric assessments.

- 3.9.17 Referrals for child protection paediatric assessments from a social worker or a member of the police are made to the local service.
- 3.9.18 The paediatrician may arrange to examine the child themselves, or arrange for the child to be seen by a member of the paediatric team in the hospital or community.
- 3.9.19 In cases of suspected abuse, GPs must not perform a detailed examination unless this is agreed by the police and the LA children's social care.
- 3.9.20 The assessment may be carried out jointly by a forensic medical examiner and a paediatrician. If a forensic medical examiner is not available, two paediatricians may carry out the assessment provided one has received forensic training.
- 3.9.21 In these cases, a child abuse investigation team (CAIT) officer should directly brief the doctors and take possession of evidential items.
- 3.9.22 Single examinations should only be undertaken if the person has the requisite skills and equipment. For further guidance for paediatricians and forensic medical examiners (see the [Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse](#) (The Royal College of Paediatrics and Child Health. October 2012)).
- 3.9.23 In cases of severe neglect, physical injury or penetrative sexual abuse, the assessment should be undertaken on the day of referral, where compatible with the welfare of the child.
- 3.9.24 The need for a specialist assessment by a child psychiatrist or psychologist should be considered.
- 3.9.25 In planning the examination, the police CAIT officer and relevant doctor must consider whether it might be necessary to take photographic evidence for use in care or criminal proceedings.
- 3.9.26 Where such arrangements are necessary, the child and parents must be informed and prepared and careful consideration given to the impact on the child.
- 3.9.27 The paediatrician should supply a report to the social worker, GP and, where appropriate, the police. The timing of a letter to parents should be determined in consultation with LA children's social care and police.



3.9.28 The report should include:

- A verbatim record of the carer's and child's accounts of injuries and concerns noting any discrepancies or changes of story;
- Documentary findings in both words and diagrams;
- Site, size, shape and where possible age of any marks or injuries;
- Opinion of whether injury is consistent with explanation;
- Date, time and place of examination;
- Those present;
- Who gave consent and how (child / parent, written / verbal);
- Other findings relevant to the child (e.g. squint, learning or speech problems etc);
- Confirmation of the child's developmental progress (especially important in cases of neglect);
- The time the examination ended.

3.9.29 All reports and diagrams should be signed and dated by the doctor undertaking the examination.

## 3.10 Outcome of s47 enquiries

3.10.1 LA children's social care is responsible for deciding how to proceed with the enquiries based on the strategy meeting / discussion and taking into account the views of the child, their parents and other relevant parties (e.g. a foster carer).

During the enquiry the scope and focus of the assessment will be that of a risk assessment which:

- Identifies the cause for concern;
- Evaluates the strengths of the family;
- Evaluates the risks to the child/ren;
- Considers the child's needs for protection;
- Evaluates information from all sources and previous case records;
- Considers the ability of parents and wider family and social networks to safeguard and promote the child's welfare;
- Considers how these risks can be managed.

It is important to ensure that both immediate risk assessment and long term risk assessment are considered. See also [Referral and assessment Procedure.](#)

Where the child's circumstances are about to change, the risk assessment must include an assessment of the safety of the new environment (e.g. where a child is to be discharged from hospital to home the assessment must have established the safety of the home environment and implemented any support plan required to meet the child's needs).

- 3.10.2 At the completion of a s47 enquiry, LA Children's social care must evaluate and analyse all the information gathered to determine if the threshold for significant harm has been reached.
- 3.10.3 The outcome of the s47 enquiries may reflect that the original concerns are:
- Not substantiated; although consideration should be given to whether the child may need services as a child in need;
  - Substantiated and the child is judged to be suffering, or likely to suffer, significant harm and an initial child protection conference should be called.

### **Concerns are not substantiated**

- 3.10.4 Where the concerns are not substantiated, the LA children's social care manager must authorise the decision that no further action is necessary, having ensured that the child, any other children in the household and the child's carers have been seen and spoken with.
- 3.10.5 The social worker should discuss the case with the child, parents and other professionals and determine whether support services may be helpful. They should consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this. Arrangements should be noted for future referrals, if appropriate.

### **Concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm**

- 3.10.6 Where concerns are substantiated and the child is assessed to be at risk of significant harm, there must be a child protection conference within 15 working days of the strategy discussion, or the strategy discussion at which section 47 enquiries were initiated, if more than one has been held; Suitable multi-agency arrangements must be put in place to safeguard the child until such time as the Initial Child Protection Conference has taken place. The LA children's social worker and their line manager will coordinate and review such arrangements.

### **Feedback from enquiries**

- 3.10.7 The LA children's social worker is responsible for recording the outcome of the s47 enquiries consistent with the requirements of the relevant recording system. The

outcome should be put on the child's electronic record with a clear record of the discussions, authorised by the LA children's social care manager.

- 3.10.8 Notification, verbal or written, of the outcome of the enquiries, including an evaluation of the outcome for the child, should be given to all the agencies who have been significantly involved, the parents and children of sufficient age and appropriate level of understanding, in particular in advance of any initial child conference that is convened. This information should be conveyed in an appropriate format for younger children and those people whose preferred language is not English. See [Working with interpreters / communication facilitators Procedure](#).
- 3.10.9 Feedback about outcomes should be provided to non-professional referrers in a manner that respects the confidentiality and welfare of the child.
- 3.10.10 If there are ongoing criminal investigations, the content of the LA children's social worker's feedback should be agreed with the police.
- 3.10.11 Where the child concerned is living in a residential establishment which is subject to inspection, the relevant inspectorate should be informed.

## **Disputed decisions**

- 3.10.12 Where LA children's social care have concluded that an initial child protection conference is not required but professionals in other agencies remain seriously concerned about the safety of a child, these professionals should seek further discussion with the LA children's social worker, their manager and/or the designated safeguarding professional lead. The concerns, discussion and any agreements made should be recorded in each agency's files.
- 3.10.13 If concerns remain, the professional should discuss with a designated / named / lead person or senior manager in their agency. If concerns remain the agency may formally request that LA children's social care convene an initial child protection conference. LA children's social care should convene a conference where one or more professionals, supported by a senior manager / named or designated professional requests one.
- 3.10.14 If this approach fails to achieve agreement, the procedures for resolution of conflicts should be followed. See [Local Safeguarding Children Boards Procedure](#), [Quality Assurance Procedure](#) and [Professional Conflict Resolution Procedure](#)

## 3.11 Timescales

### Routine

- 3.11.1 From when LA children's social care receive a referral or identify a concern that a child has suffered, or is likely to suffer, significant harm:
- The initial strategy meeting / discussion which instigates the s47 enquiry must take place within three days;
  - The multi-agency assessment taking place along with the s47 enquiries must be completed in a timely manner with progress being reviewed by a line manager regularly to avoid any unnecessary delay. (Local area agreements/protocols may stipulate different timescales.)
- 3.11.2 The maximum period from the strategy meeting / discussion of an enquiry to the date of the initial child protection conference is 15 working days. In exceptional circumstances where more than one strategy meeting/ discussion takes place the timescale remains as 15 working days from the strategy meeting/discussion which initiated the s47 enquiries. A Strategy meeting may agree an extended timescale in exceptional circumstances such as Fabricated and induced illness for example.

## 3.12 Recording

- 3.12.1 A full written record must be completed by each agency involved in a s47 enquiry, using the required agency proforma, authorised and dated by the staff.
- 3.12.2 The responsible manager must countersign / authorise LA children's social care s47 recording and forms.
- 3.12.3 Practitioners should, wherever possible, retain rough notes in line with local retention of record procedures until the completion of anticipated legal proceedings.
- 3.12.4 LA children's social care recording of enquiries should include:
- Agency checks;
  - Content of contact cross referenced with any specific forms used;
  - Strategy meeting / discussion notes;

- Details of the enquiry;
- Body maps (where applicable);
- Assessment including identification of risks and how they may be managed;
- Decision making processes;
- Outcome / further action planned.

3.12.5 At the completion of the enquiry, the social work manager should ensure that the concerns and outcome have been entered in the recording system including on the child's chronology and that other agencies have been informed.