

Strategy Discussions & S.47 Child Protection Enquiries

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Document Summary

These procedures include:

- guidance about reaching threshold decisions for child protection enquiries and making plans where Section 47 Enquiries are required.
- legal and statutory frameworks for practice and the roles of partner agencies in effective multi-agency collaboration
- requirements for undertaking Sec 47 enquiries

We will on request produce this policy, or particular parts of it, into other languages and formats, in order that everyone can use and comment upon its content.

Version	Reason for revision & summary of changes made	Date
2.5	Original version	December 2012
2.6	Revision following consultation: changes to paragraph 4.1; removal of paragraph 4.2; addition of paragraph 5.11; changes to chapter	March 2013
2.7	Revision following the introduction of Statutory Assessment and MASH arrangements	July 2014
2.8	Update to Request for information from partner agencies	September 2014
2.9	Full revision, to reflect Working Together 2015, Signs of Safety, e-safety and MASH arrangements	April 2016
3	New paragraph 3.5	July 2017
3.1	Clarity in 3.8.4-also includes mental health setting and 5.3.2 ensuring referral concerns are evidenced within reports.	January 2019

Contents

1. Introduction	3
2. Emergency Protective Action	4
3. Strategy Discussions	5
The Purpose of a Strategy Threshold Discussion.....	6
The Timing of a Strategy Threshold Discussion.	7
The Participants of a Strategy Threshold Discussion.	7
Which children should be included	8
Which adults should be discussed	9
Reaching Threshold Decisions.....	10
Single or Joint Agency s.47 Enquiries	11
Making Plans for s.47 Enquiries	16
When a Strategy Discussion Should be a Meeting.....	18
4. Section 47 Enquiries	19
The Timing	19
The Responsibilities of all Agencies	20
Consent to See, Speak With or Examine the Child.....	20
Seeing and Speaking with the Child.....	21
ABE Interviews.....	23
Inability to See or Assess the child.....	23
Involving the Child’s Parents or Carers & Wider Family/ Network	24
Family’s Network Meetings and Immediate Safety Plans	25
5. Outcomes Of S.47 Enquiries And Subsequent Actions	26
Concerns about significant harm are not substantiated	26
Concerns are substantiated, but the child is <i>not</i> judged to be continuing (or likely to continue) to suffer significant harm	27
Concerns are substantiated	27
5Recording s.47 Enquiries	29
Feedback on the Outcome of S.47 Enquiries	30
6. Special Circumstances	30
Safeguarding the unborn baby of a child/young person who is the subject of a care order.....	30
Appendix 1: Strategy threshold & planning discussions for new / closed cases	32
Appendix 2: Strategy Threshold & Planning Discussions For Open Cases	33

1. Introduction

1.1 These procedures reflect and are written in accordance with the following legislation, statutory guidance and international conventions:

Children Act 1989

Children Act 2004

Working Together to Safeguard Children 2018

The Equality Act 2010

The United Nations Convention on the Rights of the Child

1.2 They reflect the principles of Signs of Safety, which is Suffolk's practice framework: children and their families will be listened to and treated with respect: families' own capacities and abilities to safeguard their children will be acknowledged and built upon, whilst ensuring that the children's safety and wellbeing remain of paramount importance.

1.3 Section 47 of the Children Act 1989 places a duty on local authorities to investigate and make inquiries into the circumstances of children considered to be at risk of 'significant harm' and, where these inquiries indicate the need, to decide what action, if any, it may be required to take to safeguard and promote the child's welfare.

1.4 Working Together 2018 states: "Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care (including the fostering service, if the child is looked after), the police, health and other bodies such as the referring agency." [Working Together to Safeguard Children, 2018, p36]

1.5 **Concerns about significant harm to a child may arise at any time,** including at the point of a contact or referral, during an assessment or whilst a child is receiving support from children's social care (or from any other agency, or none).

2. Emergency Protective Action

2.1. Where there is a risk to the life of a child or a likelihood of *serious, immediate* harm, Children's Social Care or the police should use their statutory child protection powers to **act immediately** to secure the child's safety

2.2. Emergency action may be necessary as soon as a contact is received by the MASH or at any time during assessment or ongoing work with the child or their family, whenever there is evidence that the risk to the child is sufficiently acute and urgent.

2.3. The agency taking protective action must always consider whether any immediate action is also needed to safeguard other children in the same household, or in the household of an alleged perpetrator, or elsewhere e.g. a work place involving children.

2.4. Responsibility for immediate action rests with Children's Social Care for the area where the child is found and/or where the alleged abuse has occurred, but should always be in consultation with the local authority where the child ordinarily lives, if elsewhere

2.5. If the child is looked after by, or the subject of a child protection plan in another local authority, consultation must be held with that authority. Only when the other authority explicitly accepts responsibility (to be followed up in writing) is Suffolk CYPS relieved of its responsibility to take emergency action to safeguard the child.

2.6. Immediate protection may be achieved by:

- An alleged abuser agreeing to leave the home;
- The removal of the alleged abuser by court order or police involvement:
- Voluntary agreement for the child or children to move to a safer place, with or without a protective person:
- Parental use of private law provision under the Children Act 1989,

such as a Prohibited Steps Order;

- Application to the court for an Emergency Protection Order (EPO);
- Removal of the child or children under powers of Police Protection
- Suspending internet access (through liaison with police), when there are concerns about e-safety.

2.7. Planned, immediate protection will normally take place following immediate Strategy Discussions between Police, Children's Social Care and other agencies as appropriate. However, when a single agency has to act to protect a child without any delay, Strategy Discussions should take place as soon as possible after such action, to plan next steps and ongoing safety.

2.8. Legal advice and the agreement of a Service Manager must be obtained before initiating legal action, such as applying for an Emergency Protection Order.

2.9. Children's Social Care should only seek the assistance of the police to use their powers of Police Protection in exceptional circumstances and when there is insufficient time to seek an Emergency Protection Order or other reasons relating to the child's immediate safety.

3. Strategy Discussions

3.1 Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm (and/or when a child is the subject of an Emergency Protection Order, or is in Police Protection), Children's Social Care must hold a Strategy Discussion with partner agencies, to decide whether child protection enquiries are required and if so, to agree how they will be undertaken, in order to establish what action is needed if any to safeguard the child.

3.2A Strategy Discussion may take place following a referral to Children's Social Care or at any subsequent time, including during an assessment or ongoing support & services.

3.3 Any agency may request a Strategy Discussion, but the decision whether or not to convene one is made by a Consultant Social Worker or Practice Manager, either in the MASH (for new/closed cases) or in a Social Care, Inclusion or Leaving Care team (for cases already open to Children's Social Care).

3.4 In Suffolk a Strategy Discussion is held in two distinct but immediately consecutive stages (and within the same working day) Any agency may request a Strategy Threshold Discussion, but the decision whether or not to convene one is made by a Consultant Social Worker or Practice Manager, either in the MASH (for new/closed cases) or in a Social Care, Inclusion or Leaving Care team (for cases already open to Children's Social Care).

- The first stage is the Strategy Threshold Discussion, with the primary purpose of reaching a decision about whether or not the threshold for child protection enquiries is met. If it is...
- The second stage is the Strategy Planning Discussion, with the purpose of agreeing the plans and arrangements for child protection enquiries and any immediate safeguarding actions.

3.5 Where the alleged perpetrator is in a position of trust working with children, as well as convening a strategy discussion, the MASH or allocated team should on the same day pass the referral details to the LADO team in the authority where the person is employed. The LADO can be further consulted prior to or as part of the strategy discussion and, irrespective of whether the threshold discussion has led or not to section 47 enquiries, the LADO should be sent the outcome following the discussion. A LADO strategy meeting may be held depending on the outcome of the strategy discussion.

3.6 First Stage - Strategy Threshold Discussions

3.6.1 **The Purpose of a Strategy Threshold Discussion.** A Strategy Threshold Discussion is held to share and evaluate available information in order to reach decisions about:

- whether or not the threshold is met for Children's Social Care to

undertake child protection enquiries (in accordance with s.47 of the Children Act 1989)

- whether or not the threshold is met for a criminal investigation of child abuse, requiring joint enquiries with the police
- whether any immediate action is needed to safeguard a child or children and if so to communicate this without delay to the relevant agencies
- Whether there is any reason not to inform parents / carers that a strategy discussion has been held and that information about the family will be sought and shared, in order to help reach decisions. (As a principle parents / carers should always be informed, but in some cases this may be over-riden, for example if to do so would be likely to:
 - place a child at increased risk of significant harm, and/or
 - jeopardise a police investigation, and/or
 - lead to unjustifiable delay in reaching decisions or taking action to safeguard the child
- Whether a referral must be made to the Designated Officer (if the concerns include allegations against anyone who works with children)

3.6.2 The Timing of a Strategy Threshold Discussion. A Strategy Threshold Discussion must be held as soon as possible, but always within one working day of the contact or information being received.

3.6.3 The Participants of a Strategy Threshold Discussion.

For new or 'closed' cases (i.e. when the MASH receives a contact which raises child protection concerns about a child), a Strategy Threshold Discussion must involve, at a minimum:

- a MASH Consultant Social Worker or Practice Manager
- a MASH Police officer and
- a MASH Health representative.

3.6.4 For cases already open to a team in Children's Social Care, the Strategy Threshold Discussion must involve, at a minimum:

- the team's Practice Manager or Consultant Social Worker (or for higher risk cases, the Service Manager or Safeguarding Manager)
- a MASH Police officer and
- a Health professional (ideally one who knows the child, such as their health visitor or school nurse but where this is not possible CYPS will use the list of health professionals provided by designated safeguarding nurse team.

3.6.5 For both new/ closed and open cases, the Strategy Threshold Discussion should also involve, where applicable and possible:

- the professional referrer
- the current / most recent allocated worker from Early Help or Social Care, or their CSW/Practice Manager
- An Education representative, for children of school age.
- Any professional with particular knowledge of the family's cultural / ethnic / religious background or with particular expertise in the type of suspected significant harm

3.6.6 When a medical examination has already been carried out, the examining doctor should be involved or consulted.

3.6.7 If the child usually lives outside of Suffolk, representatives from relevant external agencies (including other local authorities) with information about the child and family should be invited to attend or contribute to the Strategy Threshold Discussion.

3.6.8 Involvement in the discussion may be via telephone or ideally by conference call.

3.6.9 **Which children should be included in a Strategy Threshold Discussion?** The Strategy Threshold Discussion must identify and record every child who lives or regularly visits/stays in the household (for example for contact visits, childminding etc.), when known.

3.6.10 The Strategy Threshold Discussion must then agree which of these children should be included as subjects of the discussion. In the majority of cases, all children in the household are likely to be included, but where the referral or information indicates that risks are clearly not applicable to a particular child/ren, they should not be included as subjects and the strategy discussion should not be included in their electronic or other records.

3.6.11 The reasons and rationale for including or excluding each child in the household must be explicitly recorded. If during the course of the discussion it becomes apparent that an excluded child does to be included as a subject, this should also be made clear in the records.

3.6.12 A Strategy Threshold Discussion must *always* be held in respect of a child who has been made the subject of an Emergency Protection Order under s.44 of the Children Act 1989, or has been placed under police Powers of Protection.

3.6.13 For cases involving 'peer-on-peer' abuse (sexual or physical), the Strategy Threshold Discussion should include the alleged perpetrator as well as the victim/s and should reach decisions about their need for assessment under s.17 or s.47 also. In cases where there are multiple victims, the Complex Child Abuse procedures should be implemented.

3.6.14 **Which adults should be discussed in a Strategy Threshold Discussion?** The Strategy Threshold Discussion must identify and record every adult who is alleged to have caused significant harm to the child (or is alleged to be likely to do so).

3.6.15 The strategy threshold discussion must also identify and record every adult who lives or regularly stays in the child's household and, where known, which adults hold or share parental responsibility for the child

(whether they live in the child's household or not)

- 3.6.16 Reaching Threshold Decisions about s.47 Enquiries:** To help determine whether or not the threshold for s.47 enquiries is met, a Strategy Threshold Discussion should consider the following factors:
- The seriousness, frequency, repetition and/or duration of the current concerns (including concerns relating to use of the internet or social media)
 - The child's views and wishes, if known
 - The source of the concerns and their reliability
 - The chronology and other information about the child and their family, including from all involved partner agencies
 - The resilience and vulnerability of the child, in light of their age, developmental stage, disabilities or other predisposing factors (e.g. whether they have previously been abused, are Looked After, are vulnerable to sexual exploitation, etc.)
 - Any predisposing factors for adults in the household that may increase risk - e.g. acute or chronic mental health difficulties or significant learning difficulties, substance or alcohol abuse, domestic abuse, history of previous child abuse.
 - The context in which the child is living - e.g. whether there is a child in the household who is already the subject of a child protection plan
 - Any signs of safety or potential protection, such as a parent/carer/other adult taking immediate action to protect the child from further harm.

3.6.17 If a Strategy Threshold Discussion concludes that there is sufficient evidence to initiate s.47 enquiries, a decision must be made about whether these will be undertaken by Social Care alone, or as part of a joint investigation with the Police. (A Strategy Planning Discussion/Meeting will be held the same day to agree the plans and arrangements for the s.47 enquiries.

3.6.18 If a Strategy Threshold Discussion concludes that the threshold for s.47

enquiries is *not* met, it may decide:

- that the child requires a Statutory Assessment to be undertaken, or continued for cases already open, under s.17 of the Children Act 1989
- that ongoing services or support should continue to be provided under Child in Need, Child Protection or Child Looked After frameworks.
- that the threshold for statutory services is not met but that the child and their family would benefit from support from Early Help or universal services, or that no further action is required.

3.6.19 An individual threshold decision should be reached about each child - different decisions may be reached for different children with the rationale for each decision clearly recorded. This should be incorporated into an initial Danger Statement which highlights the concerns for each child's safety and what the risks would be if nothing changes, so that it will be clear to the family and workers why particular threshold decisions have been reached.

3.6.20 If the concerns being discussed include allegations against anyone who works with children, these must be passed to the Designated Officer the same working day. [Designated Officer Policy](#).

3.6.21 Single or Joint Agency s.47 Enquiries

The police have a duty to carry out criminal investigations into any alleged crime(s) associated with the significant harm of a child.

3.6.22 Therefore, if a Strategy Threshold Discussion concludes that s.47 enquiries are required, it must also decide whether these are to be undertaken as a single agency enquiry by Children's Social Care alone (i.e. when there is no evidence of a crime having been committed), or as a joint investigation by Children's Social Care and the Police.

3.6.23 Whenever the decision is made for a single agency investigation, the Strategy Planning Discussion must agree how information will be shared

and evaluated between both agencies.

3.6.24 Situations when Children's Social Care may undertake s.47 enquiries as a single agency include:

- Suspected minor, non-accidental injury of a mobile child when there are no significant concerns of previous abuse
- 'Minor' neglect or emotional abuse
- Information concerning sexual abuse or behaviour not amounting to an explicit allegation but giving rise to child protection concerns
- Abuse committed by a child who is under the age of criminal responsibility.
- When there is unsuitable or inappropriate online activity which places a child at risk of significant harm
- Joint agency s.47 enquiries will normally be made when:
 - there is an alleged or suspected physical injury (other than minor injury)
 - there is alleged cruelty, ill treatment, or abandonment
 - there is willful or repeated neglect
 - there are concerns or suspicions of fabricated or induced illness
 - allegation have been made against anyone who works with, or has contact with, children in either a professional or voluntary capacity
 - suspected abuse is organized, complex, or in an institutional setting
 - there is a clear allegation of sexual abuse – whether familial or non-familial
 - there is suspected illegal online activity which places a child at risk of significant harm

3.6.25 Children's Social Care may *not* need to be involved in investigations of child abuse when the concerns relate to historical allegations and the victim is now aged 18 years or over.

3.6.26 Whenever the Police undertake an investigation into alleged child abuse which has *not* required the involvement of Children's Social Care, the details of any victim, perpetrator aged under 18 or any young person

aged under 18 likely to have contact with an alleged perpetrator must be referred to Children's Social Care, which is then responsible for assessing whether the investigation raises any child protection concerns requiring a Strategy Threshold Discussion.

3.6.27 If during the course of a Police investigation it emerges that a parent's/carer's alleged actions (or failure to act) may have contributed to the significant harm of a child, a Strategy Threshold Discussion should be held to agree whether joint child protection enquiries with Children's Social Care are required.

3.6.28 Additionally, if risks to other children are identified during the course of a Police investigation who were not previously known, then a further Strategy Threshold Discussion should be held to consider the need for joint enquiries.

3.6.29 When the Police become aware of child protection concerns out of working hours, they should inform their on-call D/Inspector who will then liaise with Children's Social Care on-call Operations Manager for EDS. If the decision is made for a Strategy Threshold Discussion, this will be held between the on call D/Inspector and the OM for EDS, to agree whether a joint investigation or single agency enquiry is required. The Strategy Threshold Discussion must also identify whether any immediate action is needed (including the suspension of any online/internet accounts, where appropriate) to ensure the safety of the child/ren until the next working day, when a Strategy Planning Discussion involving all relevant agencies will be held.

3.6.30 The ending of any Police involvement in joint enquiries does *not* necessarily mean Children's Social Care's involvement or role also ends. For example, when the Police decide there is insufficient evidence to proceed with a criminal investigation into sexual abuse of a child, Children's Social Care should continue to complete assessments to

establish whether significant harm has occurred, confirm the protective capacities of the child's parents / carers and ensure the safety of the child.

3.7 Second Stage - Strategy Planning Discussions

3.7.1 The Purpose of a Strategy Planning Discussion

Where the threshold for s.47 enquiries is met, a Strategy Planning Discussion must be held to agree the arrangements for these and to agree interim plans to safeguard the child.

3.7.2 A Strategy Planning Discussion is best held as a face to face meeting, but may be held through telephone calls or video conferencing. However, it *must* be held as a meeting in certain circumstances (see **3.9** below).

3.7.3 The Timing of a Strategy Planning Discussion

A Strategy Planning Discussion should be held and concluded on the same working day as the Strategy Threshold Discussion. In exceptional circumstances only i.e. a late in the day referral the planning meeting can be held on the next working day.

3.7.4 For more complex cases, particularly those in which the Strategy Threshold Discussion must be chaired by a Safeguarding Managers (see 3.9.2) and/or those involving large numbers of professionals, it may not be possible to convene a meeting within one working day. In these circumstances, an 'interim' Strategy Planning Discussion/Meeting must be held with Police and Health at a minimum and chaired by a Practice, Service or Safeguarding Manager from children's social care, in order to agree any immediate steps that may be needed to safeguard the child.

3.7.5 More than one Strategy Planning Discussion may be required during the course of more complex s.47 enquiries.

3.8 The Participants of a Strategy Planning Discussion

- 3.8.1 A Strategy Planning Discussion is convened and led by the Practice Manager or Consultant Social Worker in Children's Social Care and should include, at a minimum, a representative from the Police, and Health (ideally the child's midwife, health visitor or school nurse). It should also involve the professional referrer, and a representative from the child's nursery, school or college when applicable.
- 3.8.2 The Strategy Planning Discussion should also include/involve where possible anyone from CYP who is currently working with the child or family members for example the allocated worker any other sibling/household member, even if from another team or Service. (See also **6.1** – re unborn babies of children on care orders.)
- 3.8.3 Where possible, a Strategy Planning Discussion should be informed by information from any other services or agencies actively involved with the child as appropriate, (for example Education, CAMHS, YOS). If any adults in the household are experiencing problems such as domestic abuse, substance misuse or mental illness, it is important to consider involving relevant adult services such as Adult Social Care, Community Mental Health Services, Probation Services, drug or alcohol agencies, etc.
- 3.8.4 If the child is a hospital patient, including a mental health setting the consultant(s) responsible for the child's care should be involved.
- 3.8.5 When a medical examination may be necessary, a senior doctor from those providing services should also be involved
- 3.8.6 Consideration should also be given to inviting or seeking advice from relevant professionals with particular knowledge of the family's cultural/religious/ethnic background and/or with particular expertise in the type of suspected abuse, such as female genital mutilation or fabricated or induced illness. This may also include the e-safety lead

officer, where there are concerns about online risks.

3.8.7 When s.47 enquiries are to be conducted in relation to a child who ordinarily lives in another local authority, that authority should already have been involved in the Strategy Threshold Discussion and should also participate in the Strategy Planning Discussion. In certain cases, it may be agreed that the child's home authority will undertake the s.47 enquiries (for example when the child is Looked After) and in all cases, the home authority should take responsibility for any further support of the child or family identified as necessary.

3.9 Making Plans for s.47 Enquiries

3.9.1 The Strategy Planning Discussion should agree clear arrangements, identify responsibilities and set timescales for as many aspects of the s.47 enquiries as possible, dependent upon available information and time. This should include:

- Any immediate action needed to safeguard the child (including in relation to e-safety)
- The ongoing plans for ensuring the child's safety during the course of the s.47 enquiries and how the child's family can contribute to these (such as the timeframe for holding a Family Network Meeting and who might be involved; who in the child's network might be able to increase safety for the child, for example by providing alternative accommodation or additional supervision, if needed)
- Any medical assessment and/or treatment (including any assessment at the Sexual Assault Referral Centre - SARC)
- Any legal action that is required, or likely to be required
- Obtaining parental consent to interview and assess the child – and contingency arrangements if the child cannot be located or if consent to see/speak with them is refused. (If assessments are to take place during the course of court proceedings, the court's prior consent must be obtained.)
- Who will see and speak with / observe the child (alone, unless this is

clearly inappropriate for them), where and when. This must be by a qualified and experienced Social Worker, but there may be the need for additional support for example from a signer, interpreter or another professional the child knows and trusts)

- Interviewing the child in accordance with Achieving Best Evidence in Criminal Proceedings (ABE) guidance, if required
- Who else should be seen and spoken with, when, by whom and with what objective.
- Where appropriate, arrangements for obtaining consent to access online accounts, and contingencies if consent is refused.
- If the child is in hospital, how to manage safe contact with their parent/s and how to secure the safe discharge of the child
- Whether there are any particular factors such as the child's and/or family's racial or cultural heritage, religion, language, disabilities or any other needs, and how these should be taken into account and supported, including whether an interpreter or signer is required. (It is not appropriate for a family member to take this role)
- What information will be shared with the family and when (on the basis that full information about the s.47 enquiries should always be shared unless to do so would place the child at increased risk of significant harm and/or would jeopardise any criminal investigation)
- Where there is a risk or known history of violence towards professionals or others by a member of the household, how these will be managed to ensure the child's, staffs' and others' safety
- How information between agencies will be communicated, especially when s.47 enquiries are made by Children's Social Care alone
- Whether any further Strategy Planning Discussion/s will be required and the likely timescales for this, for example to review the progress/outcome of medical assessments or police investigations.

3.9.2 The record of the Strategy Planning Discussion should be completed the same day by the Children's Social Care CSW or Practice Manager and should be circulated to all participant of the discussion.

3.10 When a Strategy Discussion Should be a Meeting

3.10.1 Strategy Threshold / Planning Discussions should be held as meetings whenever possible, *particularly* for more complex / high risk cases, or if multiple partner agencies are involved (such as for larger sibling group).

3.10.2 A Strategy Planning Discussion must be held as a meeting, chaired by a Safeguarding Manager from Children's Social Care if there are concerns / allegations about any of the following:

- Complex, organized or multiple abuse, for example cases involving multiple victims or multiple perpetrators (this may include aspects of e-safety)
- fabricated or induced illness
- Suspected non-accidental injury sustained by a pre-mobile baby or a significantly disabled / non-verbal child
- Sudden Unexplained Death in Infancy/Childhood and/or there are child protection concerns about surviving siblings (see 4.4 below)
- Repeatedly running away / going missing
- Sexual exploitation
- Trafficking
- Faith abuse or 'honour' based violence
- Female genital mutilation
- Forced marriage
- Gangs & youth violence
- Radicalisation (strategy meeting will be chaired by Head of Safeguarding)

3.10.3 When a notification of a Sudden Unexplained Death in Infancy or Childhood (SUDIC) is received by the MASH (or any other team), a Safeguarding Manager will be notified immediately and will chair both the Strategy Threshold and (where relevant) Strategy Planning Meeting, in respect of any surviving siblings for whom there are child protection

concerns. [Sudden or Unexpected Death in Infancy or Childhood \(SUDIC\) Protocol](#)

3.10.4 If allegations have been raised against someone in a position of trust, a strategy meeting will be held in relation to their role, chaired by a Designated Officer. The Designated Officer and chair of the Strategy Planning Meeting should liaise to ensure relevant information is shared and parallel plans are synchronized if required

4. Section 47 Enquiries

4.1 The Purpose of s.47 Enquiries

4.1.1 S.47 enquiries are undertaken to gather and systematically analyse information, in order to determine whether action is required (and if so what) to safeguard a child who is suspected of or likely to be suffering significant harm. S.47 enquiries are therefore the means by which decisions are made about whether the threshold is met for an initial child protection conference.

4.1.2 A s.47 enquiry is carried out by undertaking or continuing with a Statutory Assessment.

4.2 The Timing of s.47 Enquiries

4.2.1 Once the threshold for s.47 enquires is confirmed, these must be started as soon as possible, but no longer than 2 working days after the Strategy Threshold Discussion which initiated them; they must be completed within 45 working days.

4.2.2 However, they must reach a decision about whether or not an initial child protection conference is required within 10 working days after the Strategy Threshold Discussion that initiated them (or the Strategy Threshold Discussion at which the s.47 enquiries were initiated, if more than one has been held).

4.2.3 The 15 day exemption arrangements can be found [here](#)

4.3 The Responsibilities of all Agencies to Co-operate During s.47 Enquiries

4.3.1 Health, Education and other agencies have a statutory duty (under s.47 of the Children Act, 1989) to co-operate with Children's Social Care whilst it undertakes enquiries. All agencies should share information in a timely manner and in the best interests of the child/ren concerned.

4.3.2 The relevant agencies should be informed of the reasons for the s.47 enquiries, whether the child's parents/carers have been informed and should be asked for their assessment of the child in the light of the available information.

4.4 Consent to See, Speak With or Examine the Child

4.4.1 Decisions about arrangements for seeking parental consent to see and speak with the child and, if required, undertake a medical examination, should be discussed and agreed at the Strategy Planning Discussion or Meeting.

4.4.2 As a principle, parental consent should *always* be sought, but in some cases this principle may be over-ridden, for example when:

- There are reasonable grounds to suspect that to do so, the child is likely to be placed at risk of further significant harm (especially when there are concerns about forced marriage or honour-based violence)
- There are serious concerns about the likely behavior of a suspected / alleged abusive adult, for example that the child may be coerced into silence or that vital forensic evidence (including electronic records) may be destroyed, or there is a high risk of flight by the family.
- The child does not want his/her parent/s to be informed, is assessed as competent to make this decision and this is judged to be the safest option.

- To obtain consent would lead to unjustifiable delay in making enquiries about significant harm
- 4.4.3 If a decision is made *not* to seek parental consent to interview and/or medically assess the child, legal advice should be obtained. The reasons for decisions and the advice obtained must be clearly recorded.
- 4.4.4 Where parental consent is sought but refused, the social worker's manager must determine how to proceed, and should seek immediate legal advice. The reasons and rationale for decisions must be clearly recorded (see below).

4.5 Seeing and Speaking with the Child

- 4.5.1 During child protection enquiries, whether undertaken as single agency or joint enquiries, all children in the household must be seen and directly communicated with, to gain their views and wishes in order to inform assessments.
- 4.5.2 The children who are the focus of concern (ie the subject/s of the s.47 enquiries) should be seen alone, by a qualified Social Worker, subject to their age and willingness, and wherever possible with parental consent.
- 4.5.3 The objectives in seeing the child are to:
- Hear and understand his/her account of the allegations or concerns
 - Observe and evaluate her/his appearance, behavior, demeanor and mood / affect
 - Observe and evaluate the interactions between the child and her/his carers
 - Observe and evaluate the circumstances in which the child is currently living and sleeping and, if different, her/his usual home
 - Observe and evaluate the physical safety of the child's home environment, including the storage of hazardous substances e.g. drugs, weapons

- Ensure that any other children who need to be seen are identified
 - Assess the degree of risk and possible need for protective action
 - Meet the child's needs for information and re-assurance
- 4.5.4 A variety of tools (such as 3 Houses, House of Dreams, etc.) may be used to help the child express their own views.
- 4.5.5 Children of sufficient age and understanding should be told what is to happen and be given age-appropriate information about child protection enquiries and about where to obtain advocacy support and advice if they want it. Their agreement to the process should be sought and any non-agreement on their part should be respected.
- 4.5.6 It may be necessary to provide information to the child in stages and this must be taken into account in planning the s.47 enquiries.
- 4.5.7 Explanations given to the child should be brought up to date as the s.47 enquiries progresses. In no circumstances should a child be left wondering what is happening and why.
- 4.5.8 Most children will need reassurance and support during child protection enquiries; in particular, they should be reassured that they have done nothing wrong and are in no way responsible for any abuse that may have occurred.
- 4.5.9 The Children's Social Care team and the Police must ensure that appropriate arrangements are in place to support the child through the joint enquiry/investigation. A suitable and safe adult – ideally from the child's own network – should be identified to accompany and support the child through the process.
- 4.5.10 Specialist help may be needed if:
- The child's first language is not English

- The child has a physical/sensory/learning disability
- The child appears (or is known) to have a degree of psychological and/or psychiatric disturbance but is deemed competent
- Those investigating do not have adequate knowledge or understanding of the child's racial, religious, faith or cultural background
- Unusual or bizarre abuse is suspected.

4.6 ABE Interviews

4.6.1 In all cases when it is agreed to conduct a video-recorded interview of a child, the Achieving Best Evidence (ABE) Guidance must be followed (see [Joint Protocol for the Investigation of Child Abuse](#)).

4.6.2 Staff conducting the interview must have had appropriate training, unless the need to depart from the guidance has been agreed by the investigating officers and their managers. Any such decisions must be clearly recorded.

4.7 Inability to See or Assess the child

4.7.1 If efforts to see and communicate with the child/ren are unsuccessful within the timescales agreed at the Strategy Planning Discussion, then the social worker and, where relevant, the Police officer should:

- Inform the relevant manager, and seek legal advice as appropriate; and
- In consultation with her/his manager, carry out the contingency plan agreed at the Strategy Planning Discussion; or
- Arrange a further Strategy Planning Discussion to agree what further action is required, including action to trace the whereabouts of the child, if these are unknown

4.7.2 If parent/s refuse access to see and assess the child and there are reasonable grounds to believe that he/she is suffering, or is likely to suffer, significant harm, Children's Social Care have a duty to apply for an Emergency Protection Order, a Child Assessment Order or an Interim Care Order, unless there is clear evidence that the child's welfare can be

safeguarded without doing so.

4.8 Involving the Child's Parents or Carers & Wider Family/ Network

- 4.8.1 The family's ability to reduce risks and provide safe(er) care for the child will underpin Children's Social Care's decisions about 'next steps'. Therefore, the family should be supported and encouraged to participate as fully as possible in the assessment process, as long as this does not increase risks to the child or jeopardize any Police investigations.
- 4.8.2 It is recognized that child protection enquiries can be extremely stressful and frightening experiences for families. Children's Social Care therefore has a responsibility to engage with and offer support during the course of assessments and investigations, to make the process as transparent, manageable and stress-free as possible.
- 4.8.3 Unless there are very clear reasons why it would be unsafe to do so, the child's parents / carers should be given clear information about the concerns being raised (as described in the initial Danger Statement), the processes of the assessment, and what the possible outcomes are. A written [leaflet](#) about s.47 enquiries should always be provided.
- 4.8.4 Consideration should be given to the capacity of parents or carers to understand the information shared, in a situation of inevitable anxiety and stress.
- 4.8.5 Parents or carers with additional needs, such as a learning disability, poor mental health or communication needs, should be offered appropriate support to participate in the assessment. If required, a signer or interpreter must be provided and leaflets should be available in the family's preferred language or medium wherever possible.
- 4.8.6 Parents should be kept informed and involved as fully as possible throughout about the enquiry, its outcome and any subsequent actions,

unless this would jeopardise the safety and welfare of the child or any police investigations.

4.8.7 The needs and safety of the child are paramount when determining at what point parents or carers are given information. The Strategy Planning Discussion should decide what should be said to parents / carers, when and by whom.

4.8.8 In explaining the process of s.47 enquiries to parents, the following points should be covered:

- The reasons for concern and - when appropriate - the source of information.
- The procedures to be followed; this must include an explanation of the need for the child to be seen, interviewed and/or medically assessed, consultation about the gender of the medical practitioner where time allows and the seeking of parental agreement for these aspects of the enquiry.
- An explanation of the parents' rights, including for support and guidance from an advocate whom they trust. Advice should also be given about the right to seek legal advice.
- An explanation of the role of the various agencies involved in the enquiry and an explanation of the wish to work in partnership with them to secure the welfare of their child.
- The need to gather initial information on the history and dynamics of the family, information about the child and other relevant information to enable an assessment of the concerns being raised and of the continuing likelihood of significant harm.
- In situations of domestic abuse, the likelihood of a need to work with the parents separately.

4.9 Family's Network Meetings and Immediate Safety Plans

4.9.1 A core component of s.47 enquiries is to establish the family's willingness and capacity to meet the child's need for safety and wellbeing. A

Family's Network Meeting should therefore be convened at the earliest opportunity during the course of the assessment, involving as many people as possible from the family and network (including the child where appropriate).

4.9.2 Those attending a Family's Network Meeting should be encouraged and supported (if needed) to produce a detailed Safety Plan for the child that addresses the concerns identified in the initial Danger Statement. This plan must be carefully and rigorously 'stress-tested' to ensure it meets the child's need for safety and wellbeing.

5. Outcomes Of S.47 Enquiries And Subsequent Actions

5.1. Within 10 working days of s.47 enquiries being started, Children's Social Care must reach a decision about the 'next steps' required to ensure the child is safeguarded from significant harm (although assessment may continue beyond this timeframe).

5.1.1 On the available evidence the s.47 enquiry must reach one of three possible decisions:

- **Concerns about significant harm are not substantiated:**

If there is no or insufficient evidence to substantiate the concerns about significant harm, the assessment should nevertheless be completed, to establish whether the child requires services or support from Children's Social Care or other agencies to promote the child's welfare. This should include considering providing early help to prevent problems from escalating.

In some cases, there may be no clear evidence of abuse or neglect but ongoing concerns about the child's safety or development remain. In these circumstances, it may be judged appropriate to make arrangements to monitor the child's welfare through a CIN plan, although monitoring should never be used as a means of deferring or avoiding difficult

decisions.

- **Concerns are substantiated, but the child is *not* judged to be continuing (or likely to continue) to suffer significant harm**

Child protection enquiries may confirm that a child has suffered significant harm, but that their circumstances and safety have significantly improved during the course of the investigations, and/or that they can be sufficiently safeguarded without the need for a child protection plan, for example through a multi-agency Child in Need or Team Around the Child plan instead.

The decision *not* to convene a child protection conference when there is evidence that the child *has already* suffered significant harm must be taken with great care and only on the basis of thorough and robust assessment of the child's current circumstances, the protective capacities of their main caregiver and the caregiver's abilities to engage meaningfully with support agencies if needed. The assessment is the means by which this analysis is made and should take into account information from all involved agencies and relevant family members.

- **The decision *not* to convene a child protection conference when there is evidence that the child *has already* suffered significant harm must be endorsed by a Practice Manager/Service Manager.**
If there are differences of professional opinion about the decision, every effort should be made to resolve them through discussion but as a last resort, professionals should follow the dispute resolution procedures and the Safeguarding Manager should be involved.
- **Concerns are substantiated and the child *is* judged to be continuing (or likely to continue) to suffer significant harm.**
When child protection enquiries conclude that the child may continue to, or be likely to, suffer significant harm, Children's Social Care must convene an Initial Child Protection Conference.

5.1.2 A Child Protection Conference must take place within a maximum of 15 working days of the Strategy Threshold Discussion or, (when more than one has taken place), the Threshold Discussion which decided child protection enquiries should be made.

5.1.3 Clear interim plans for safeguarding the child must be developed and implemented, pending a child protection conference. If a Family's Network Meeting has not yet been convened, this should take place as soon as possible.

5.1.4 Consideration should be given to the following:

- What can the family do to ensure the child's safety in the short term?
- Can the child be protected at home?
- Should the alleged abuser be asked to leave the family home?
- If not, can the child be placed with relatives or friends, with parental consent?
- If not, can the child be accommodated with parental consent?
- If so, is a voluntary agreement appropriate and sufficient in the circumstances?
- If not, should legal action be considered?
- How / whether contact arrangements with a suspected abuser can be made safe for the child if they are wanting this (including online/text/phone contact)
- What further information or work is required to complete the statutory assessment?

5.2. If the child is already the subject of a child protection plan, or is a child in care, a decision must be made whether the date of the next review conference or LAC Review Meeting should be brought forward.

5.2.1 The parents, the child (if appropriate) and the professionals involved should all be informed of the outcome of the child protection enquiries

and the reasons for the decisions.

5.3 Recording s.47 Enquiries

5.3.1 All agencies who are involved in a s.47 enquiry should complete full, written records, using their own agency's approved pro-formas, signed and dated by the involved professionals. All notes should be retained by professionals until the completion of any anticipated legal proceedings.

5.3.2 Children's Social Care's record of a s.47 enquiry must be authorized by a Children's Social Care manager and should include:

- The date(s) when the child was seen by the social worker and whether seen alone (or if not, why not, who else was present and the reasons for their presence)
 - The child's own views, comments and/or wishes (or, if the child is unable / too young to express their own views, the social worker's observations and analysis of the child's presentation, behavior and interactions)
 - The views and wishes of the child's parents/carers, including the date, participants and outcome of the Family's Network Meeting, if already held. Outcomes of all agency checks and key information shared
 - Body maps and conclusions of any medical assessment (when applicable)
 - Assessment, including risk indicators, evidence for significant harm and how risks may be reduced
 - Outcomes / further planned action.
-
- When an Initial Child Protection Conference is to be convened, the referring concerns, decisions and outcomes of the child protection enquiries must be included in the Social Work Assessment, which serves as the social worker's report to conference (although the assessment may not yet be completed).

5.3.3 At the completion of s.47 enquiries, the social worker's manager should ensure that the child's chronology is updated to reflect the concerns,

conclusions and outcome.

5.4 Feedback on the Outcome of S.47 Enquiries

- 5.4.1 Feedback on the outcome of s.47 enquiries should be provided to non-professional referrers in a manner that respects the confidentiality and welfare of the child and family.
- 5.4.2 Children's Social Care should ensure that parents, children (depending on their level of understanding), professionals and other agencies which have been involved are notified in writing of the outcome of s.47 enquiries of the decision being made at the earliest possible opportunity.
- 5.4.3 If there are ongoing criminal investigations, the content of the notification should first be agreed with the Police.

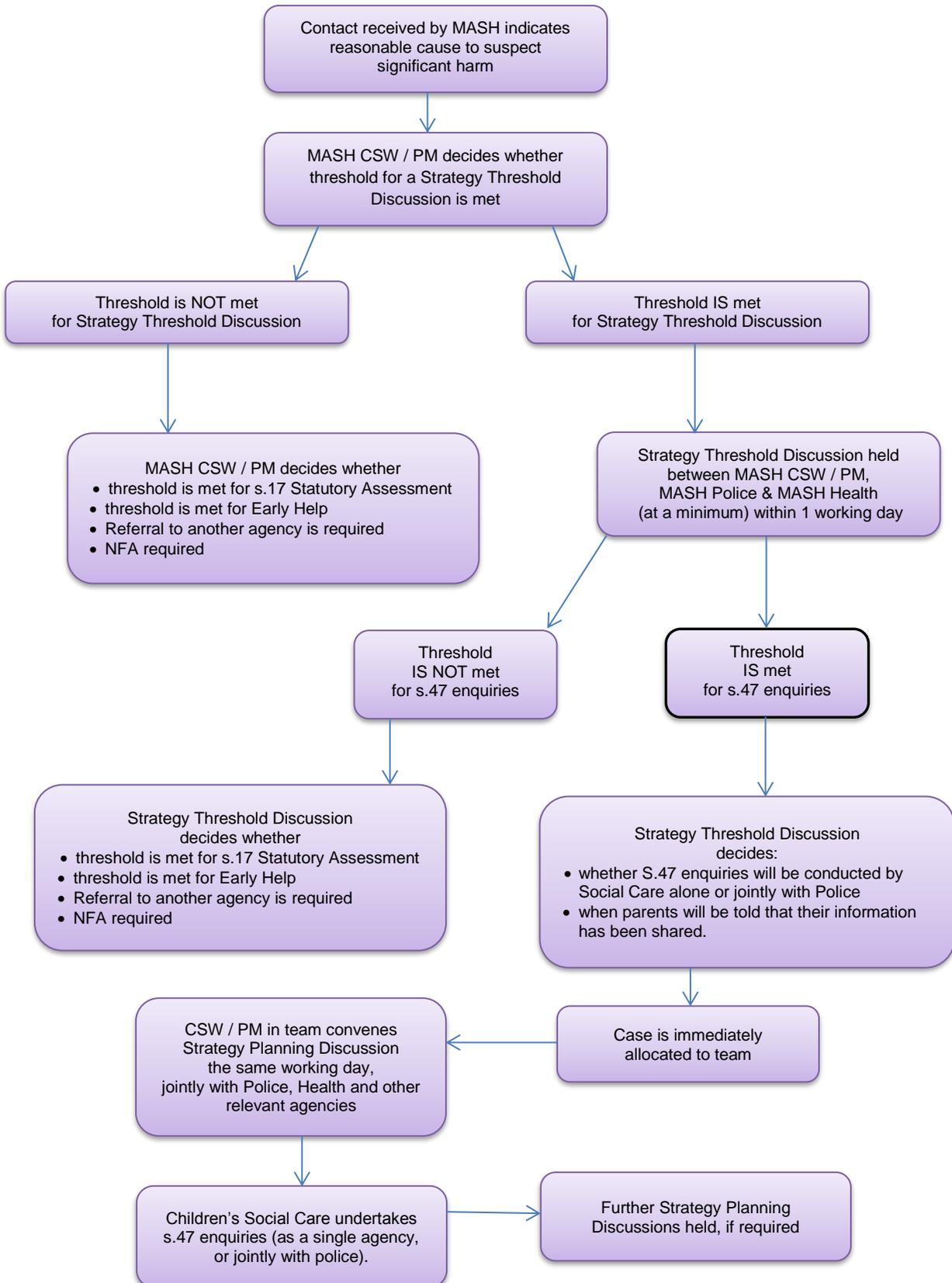
6. Special Circumstances

6.1 Safeguarding the unborn baby of a child/young person who is the subject of a care order

- 6.1.1 When it is known that a child or young person who is the subject of a care order / interim care order to Suffolk is pregnant, a pre-birth Assessment of the unborn baby must be made as early as possible, once the pregnancy is viable, to establish whether s/he is a child in need.
- 6.1.2 If during this assessment - or at any subsequent time - there is evidence to suggest that the unborn baby is suffering or is likely to suffer significant harm, a Strategy Threshold Discussion must be held, to decide whether the threshold for s.47 enquiries are met and/or a parenting assessment is required. The Strategy Threshold Discussion should include the unborn baby's social worker, the mother's social worker, the carer's link worker, relevant health professionals and any other involved professionals. If the threshold for s.47 enquiries are met, a Strategy Planning Discussion/Meeting should be held in the usual way.

- 6.1.3 If there is indication that the child/young person has become pregnant through abuse, a separate Strategy Threshold Discussion concerning the child/young person should be held as soon as possible (but within 24 hours), to decide whether the threshold for a child protection enquiry is met and if so, a Strategy Planning *Meeting* held to agree clear plans for this. The same professionals should be involved, in addition to the police.
- 6.1.4 When it is known that a child/young person who is the subject of a care order / interim care order to *another* local authority but placed in Suffolk is pregnant, a referral must be sent immediately to the young person's social worker in their home authority. Prompt legal advice should be sought to help determine which authority is responsible for undertaking assessments of the unborn baby.

Appendix 1: Strategy threshold & planning discussions for new / closed cases



Appendix 2: Strategy Threshold & Planning Discussions For Open Cases

