**Child Protection Assessment s47 Workflow**

**Existing Open Case**

New information received on an open case that the child is suffering or likely to suffer significant harm.

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**Rapid Response Team**

**Concerns not substantiated**

* **Provision of Information and advice -**

No later than 20 working days from end of assessment

* **Transferring the family to Families First -**

No later than 10 working days from end of assessment

* **Provide further statutory services and transfer to relevant statutory service to provide further services eg as Child in Need -**

No later than 10 working days from the end of the assessment

**Rapid Response Team**

**Concerns substantiated**

Initial Child Protection Conference to be convened

*Due to complexity and in exceptional circumstances more than one strategy discussion may be required – clear timescales must be set and subject to regular review bearing in mind the safety of the child at all times.*

*Assessment to be completed alongside s47 enquiry and if concerns substantiated, ICPC to be requested within 5 days of the referral.*

*The Strategy Meeting/Discussion will determine need/timings for paediatric assessment and joint interview.*

*Where the child appears in urgent need of medical attention, they should be taken to nearest A&E.*

*Social Worker to visit child within* ***24 hours of the referral*** *and record on Azeus Care within 3 days.*

*ICPC to be convened within 15 days from the strategy meeting /discussion which initiated the s47 enquiries.*

**Rapid Response Team**

**Threshold met for s47 Enquiry**

A section 47 is carried out by undertaking or continuing with a Child and Family Assessment

If undertaken jointly with the police, guidance set out in Achieving Best Evidence in Criminal Proceedings: [Guidance on interviewing victims and witnesses, and guidance on using special measures](https://www.cps.gov.uk/sites/default/files/documents/legal_guidance/best_evidence_in_criminal_proceedings.pdf) must be followed.

**History/Chronology:**

Review referral information, MASH research and any history available, starting or updating the chronology.

**Planning the assessment:**

Plan how to carry out the assessment including estimating how long the assessment may take to complete and agree this with the Practice Lead.

**Engaging the child &family:**

Undertaken in partnership with the child and family, with their consent full participation. If not possible reasons to be recorded

**Information gathering:**

Multi-agency checks should take place through discussion with key professionals in the child’s life, not relying solely on database checks.

**Visits/talking to the child:** The social worker should see and speak to each of the children separately in their first language and wherever possible they should be seen on their own.

**Parent’s, carers and the wider family:** Every assessment should include a genogram and/or ecomap which highlights key people in the child’s life including and beyond those living in the household.

**Analysis:** The social worker will analyse the information gathered and come to a professional judgement.

**Plans:** If the assessment has identified unmet need or harm, recommend what needs to change and what, if any, help or services the family need to make those changes.

**Rapid Response Team**

If threshold not met for S47 enquiry continue with single assessment s17 where appropriate (follow Assessment Workflow).

*Strategy Meeting convened* ***within 24 hours of referral -****Where concerns are particularly complex and with Service Manager agreement eg organised abuse, strategy meeting to be convened within 72 hours or sooner if need to provide immediate protection.*

*Practice Lead allocates to Social Worker* ***within 24 hours of referral****.*

*MASH decision* ***within 24 hours of receipt of referral****. Contact Record is recorded on AzeusCare*

**MASH/Rapid Response Team**

RRT Practice Lead submits form 87A to CAIT and chairs Strategy Meeting. Members to include Detective Sergeant (CAIT/PPU) and Health Representative from MASH and RRT social worker as a minimum. Other agencies from MASH may also be invited as appropriate. CAIT Sergeant to be invited and contribute via telephone conference or in person.

**Assessment/Intervention Team**

Practice Lead submits form 87A to CAIT and chairs Strategy Meeting. Members to include Detective Sergeant from CAIT, Health Representative relevant to child and allocated social worker as a minimum. Other agencies may also be invited as appropriate.

**Assessment/Intervention Team**

Social Worker receives the new information, has discussion with Practice Lead and confirms threshold is met for a Strategy Meeting to be convened.

**MASH**

If safeguarding concerns are identified that the child is suffering or likely to suffer significant harm, notification is sent to RRT Practice Lead for Strategy Discussion.

**New Referral to MASH**

MASH process followed