

S47 THRESHOLDS – IS THERE A CONCERN ABOUT SIGNIFICANT HARM?

The Children Act 1989 introduced the concept of **significant harm** as the threshold which justifies compulsory intervention in family life in the best interests of children. Section 47 of the Act places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm.

This practice guidance has been produced as a result of learning from quality assurance activity, where it was found that a high proportion of s47 enquiries resulted in 'No Further Action' decisions. It was found that in a large number of these cases decisions to conduct s47s had been made disproportionately, ie either there was cause to suspect the child or young person may suffering harm but this was not **significant** harm, or that they had experienced significant harm but were not currently at risk.

Those s47 decisions considered to have been made disproportionately generally fell into 4 groups:

- New referrals where it was not clear that the '**significant** harm' threshold was met – eg allegations where no injuries had been seen, or injuries were minor, or referrals were being made by family members/absent parent where there was an acrimonious relationship
- S47s regarding children and young people subject to Child Protection Plans, where concerns were the same as those leading to the CP plan
- Disclosures made by children in care regarding experiences before they came into care (in the findings of the QA activity these were mainly around sexual abuse)
- Concerns regarding foster carers where it was not clear that the 'significant harm' threshold was met – eg foster carer reporting that they had given a child 'a tap', school reporting concerns about standard of care.

What should you take into consideration when deciding whether or not to arrange a strategy discussion or commence a s47 investigation

The question to ask yourself is "Do we have reasonable cause to suspect the child/ young person is suffering, or likely to suffer, **significant** harm?"

- ❖ If there is reasonable cause to suspect **significant** harm then a strategy discussion should be held.
- ❖ If harm is suspected but it is not significant then enquiries should usually be made by seeing the child and completing a C&F assessment.

Some more detailed examples of presenting situations and appropriate actions can be found at Appendix A – **Please note they are not intended to provide detailed guidance of all action to be taken, just some guidance to help inform decision making regarding whether or not to commence strategy discussions/s47 enquiries in those circumstances. For detailed guidance please refer to [Tri-x](#) and [West Midlands Safeguarding Children Procedures](#)**

What constitutes 'significant harm'?

This is a matter for professional judgement as there are no absolute criteria for establishing **significant** harm. Whether the harm, or likely harm, suffered by the child is **significant** is determined by comparing the child's health or development with that which could reasonably be expected of a similar child.

'Harm' can include the effect of seeing or hearing the ill-treatment of someone else, for example where there are concerns of domestic violence and abuse.

Sometimes, a single traumatic event may constitute **significant** harm (e.g. a violent assault, suffocation or poisoning). More often, **significant** harm is a compilation of significant events which interrupt, change or damage the child's physical and psychological development.

When considering the severity of ill-treatment, it can be useful to consider:

- the degree and the extent of physical harm
- the duration and frequency of abuse and neglect
- the extent of premeditation, and
- the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

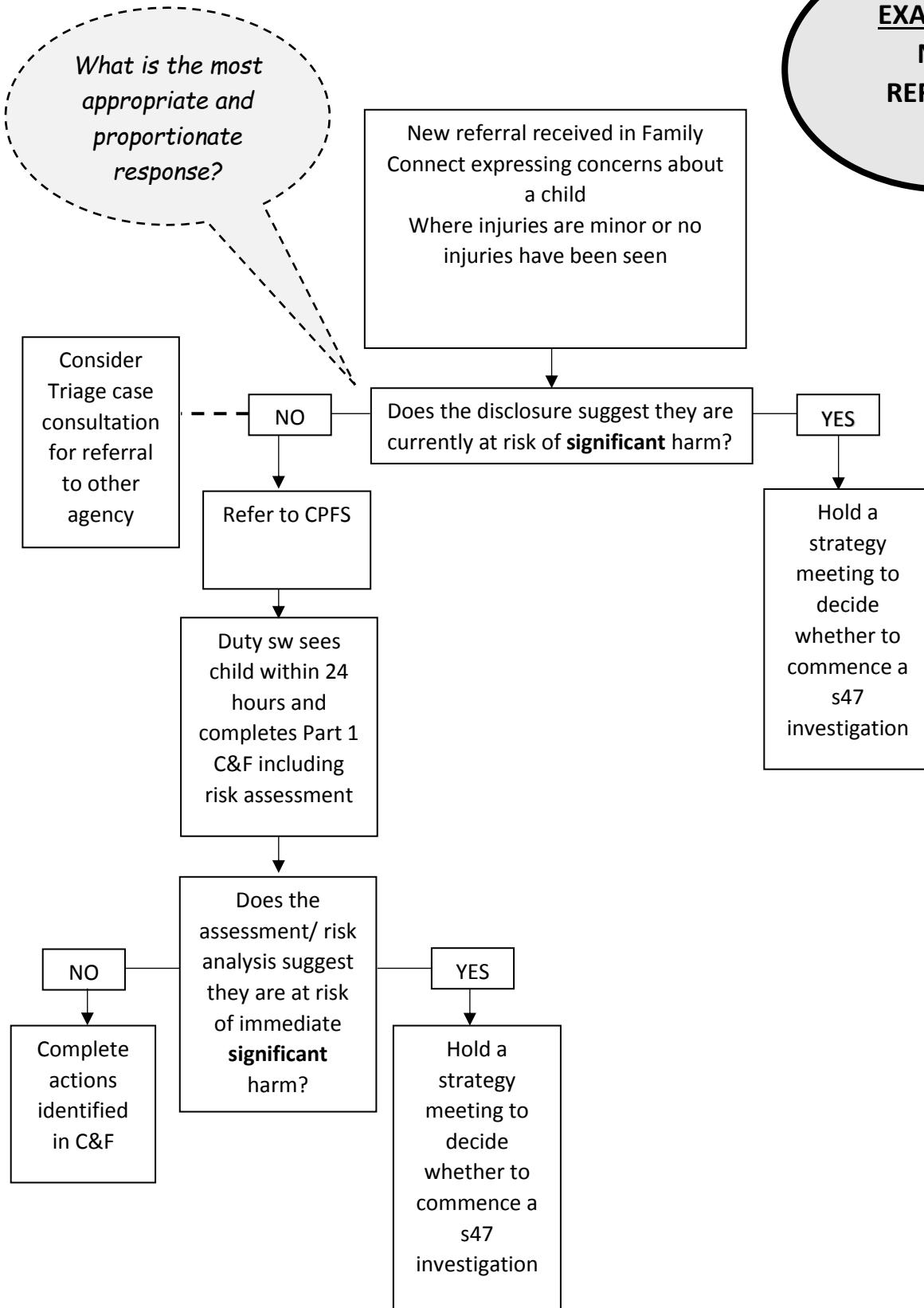
Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent that it constitutes **significant** harm.

To understand and establish 'significant harm', professionals should consider a range of factors including:

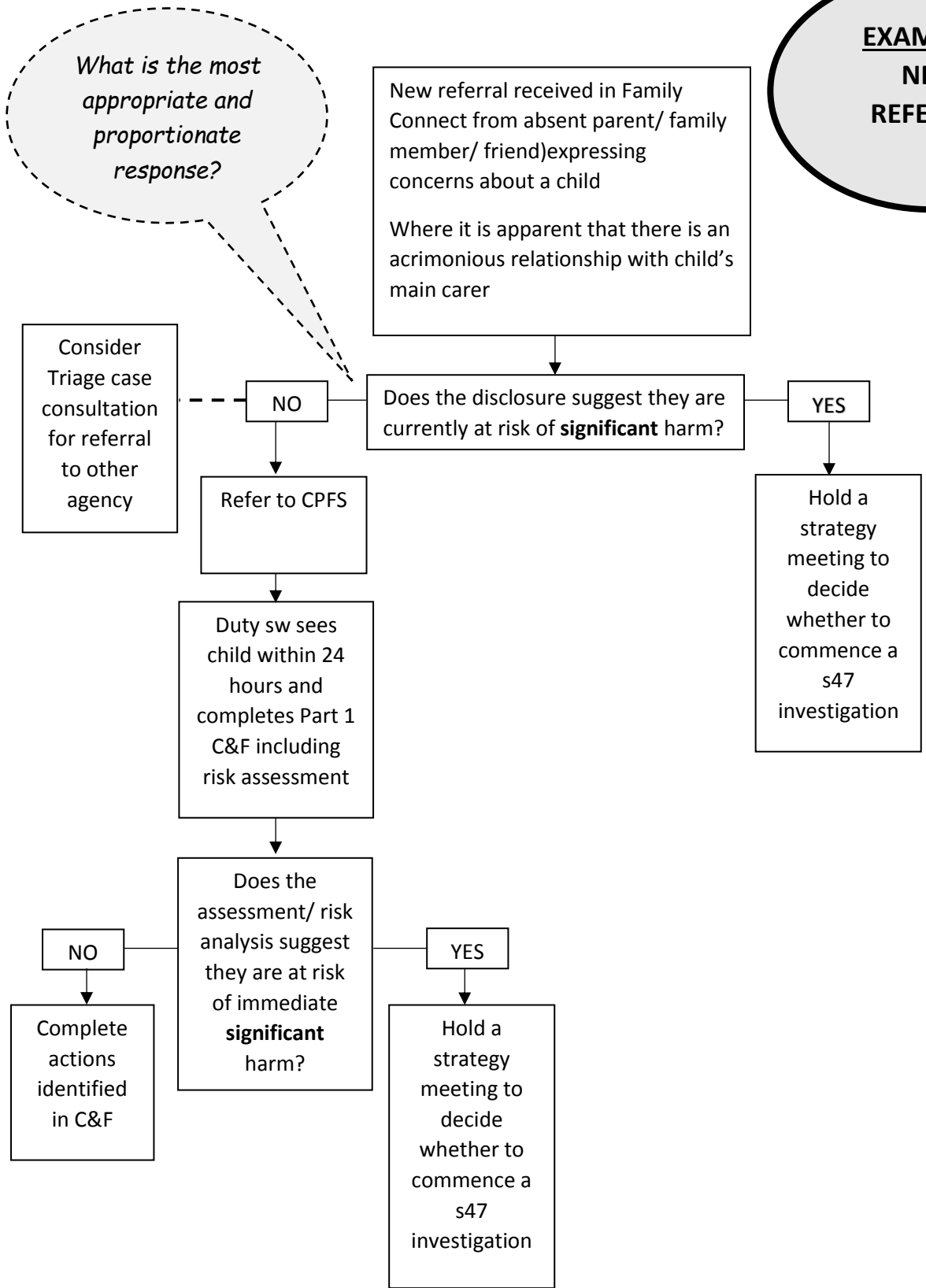
- the family or placement context, including protective factors
- the child's development within the context of his or her family, placement and wider social and cultural environment
- any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family
- the nature of harm, in terms of ill-treatment or failure to provide adequate care
- the impact on the child's health and development
- the capacity of the parent or carer to adequately meet the child's needs.

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**EXAMPLE 1
NEW
REFERRAL**



**EXAMPLE 2
NEW
REFERRAL**



**EXAMPLE 3
CHILD/ YOUNG
PERSON
ON CHILD
PROTECTION PLAN**

What is the most appropriate and proportionate response?

Further abuse incidents affecting children currently on a CP plan where concerns are the same as those leading to a plan

Does the disclosure suggest they are at risk of immediate **significant**

NO

YES

Caseholding social worker or duty social worker visits the child/yp within 24 hours and undertakes part 1 C&F assessment including risk assessment

Hold a strategy meeting to decide whether to commence a s47 investigation

NOTIFY CP CHAIR

Does the assessment/ risk analysis suggest they are at risk of immediate **significant** harm?

NO

YES

Agree further actions at core group (including whether RCPC needs to be brought forward)

Hold a strategy meeting to decide whether to commence a s47 investigation

NOTIFY CP CHAIR

What is the most appropriate and proportionate response?

**EXAMPLE 4
CHILD/ YOUNG
PERSON
IN CARE**

Disclosure made by a child or young person in care against their carer/s
OR
Allegation made by another agency
OR
Carer self-reports an incident

Does the disclosure suggest they are at risk of **significant** harm?

NO

YES

Caseholding social worker or duty social worker visits the child/yp within 24 hours and undertakes part 1 C&F assessment including risk assessment

Hold a strategy meeting to decide whether to commence a s47 investigation

Does the assessment/ risk analysis suggest they are at risk of **significant** harm?

NO

YES

Complete actions identified in C&F

Hold a strategy meeting to decide whether to commence a s47 investigation

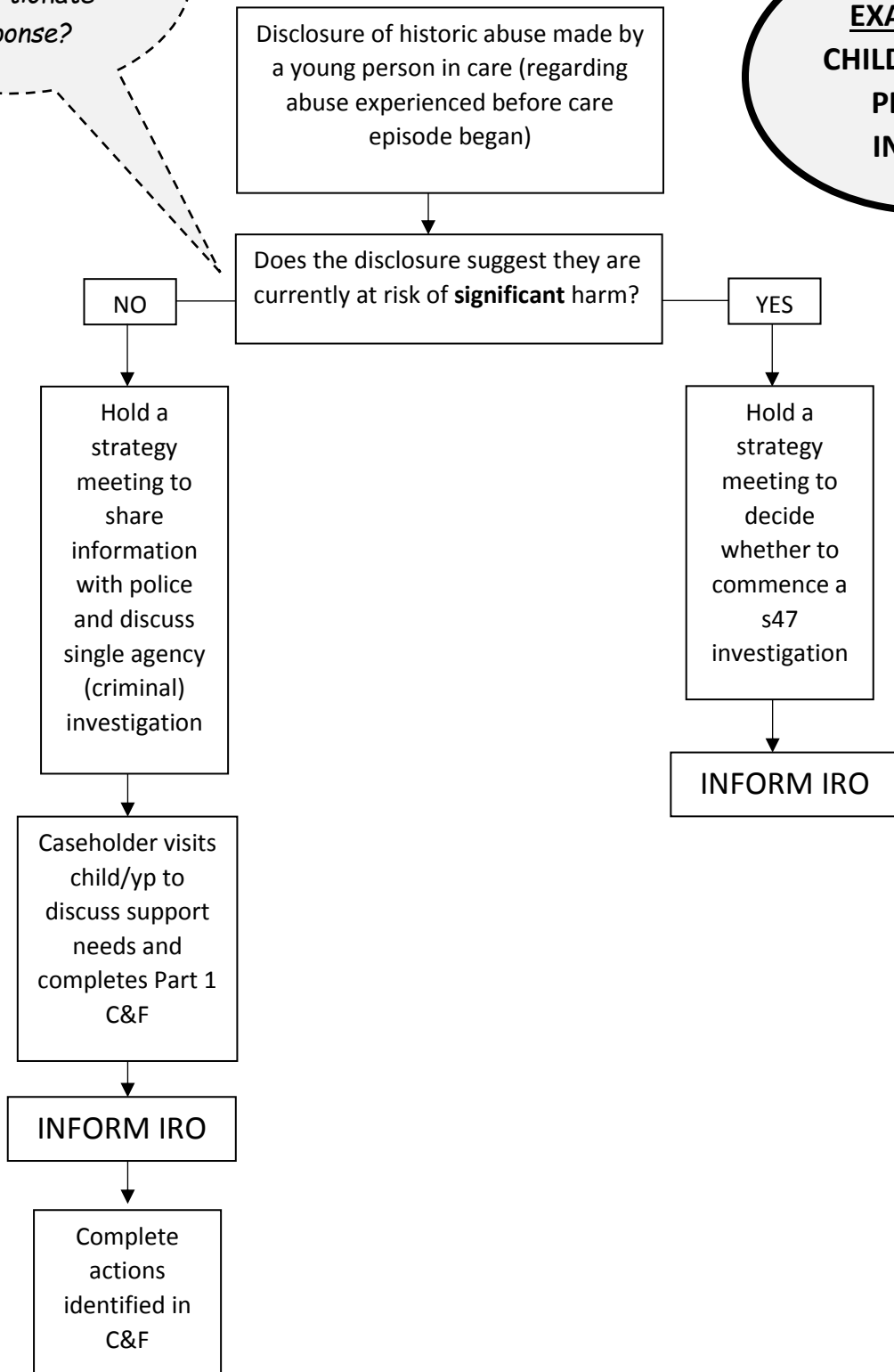
REFER TO LADO

INFORM IRO

REFER TO LADO

INFORM IRO

What is the most appropriate and proportionate response?



**EXAMPLE 5
CHILD/ YOUNG
PERSON
IN CARE**