

Section 47 Enquiries

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Duty to Conduct Section 47 Enquiries

Obligations and Responsibilities of all Agencies

4.8.1 All agencies have a duty to assist and provide information in support of Section 47 Enquiries.

Responsibility of Children's Social Care

4.8.2 Children's Social Care is the lead agency for Section 47 Enquiries and has the duty to:

- Make, or cause to be made, enquiries when the circumstances defined in Section 47 Children Act 1989 exist;
- Safeguard and promote the child's welfare (Section 17 Children Act 1989);
- Inform the Police in a case referred which constitutes or may constitute a criminal offence against a child.

- 4.8.3 The responsibility for undertaking Section 47 Enquiries lies with Children's Social Care in the local authority for the area in which the child lives or is found. Where the child's home address is in another authority (the 'home' authority), the 'host' authority has responsibility for undertaking enquiries e.g. alleged abuse on a school trip out of city / county.
- 4.8.4 In this case, the child's 'home' authority should be informed as soon as possible and involved in Strategy Discussions / Meetings. It may sometimes be appropriate for the 'home' authority to undertake the necessary enquiries on behalf of the host authority e.g. in the case of a Looked After child.
- 4.8.5 The home authority should take responsibility for further support of the child or family following the Section 47 Enquiry.

Responsibility of the Police

- 4.8.6 The Police have a responsibility to:
- Investigate allegations of criminal offences against children;
 - Refer any suspicion, allegation or disclosure that a child is suffering or likely to suffer Significant Harm to Children's Social Care;
 - Pass relevant information received by the Safeguarding Investigations Units relating to people under 18 to Children's Social Care.
- 4.8.7 In dealing with alleged offences involving a child victim, the police should normally work in partnership with other agencies. Whilst the responsibility to instigate a criminal investigation rests with the police, they should consider the views expressed by the other agencies.

Purpose of Section 47 Enquiries

- 4.8.8 Section 47 Enquiries should be initiated, usually following a Child and Family Assessment, or whenever the threshold criteria are met (see [Threshold for Section 47 Enquiries](#)). However, Section 47 Enquiries may be justified at the point of referral, during the early consideration of a referral, during an assessment such as Early Help Plan, Child in Need, or at any time in an open case when the threshold criteria are satisfied.
- 4.8.9 A Child and Family Assessment is the means by which a Section 47 Enquiry is carried out. It should be led by a qualified and experienced social worker. A Child and Family Assessment, using the Assessment Framework, must be completed within a maximum of 45 working days. Children's Social Care is responsible for the co-ordination and completion of the assessment, drawing upon information provided by partner agencies.
- 4.8.10 The Child and Family Assessment, under Section 47 of the Children Act, should begin by focusing primarily on information identified during the referral and Assessment and which

appears most important in relation to the risk of Significant Harm. It should, however cover all relevant dimensions in the Assessment Framework, including any previous specialist assessments before its completion see [Framework for the Assessment of Children in Need and their Families Procedure](#).

- 4.8.11 Those making the enquiries should always be alert to the potential needs and safety of siblings, or other children in the household of the child in question. In addition, the Section 47 Enquiry may also need to cover children in other households, with whom the alleged offender may have had contact.

Thresholds for Section 47 Enquiries

- 4.8.12 A child's status - e.g. In Need, or 'at risk of Significant Harm' must be ascribed in a flexible manner, which recognises the possibility of change and a consequent need to re-ascribe that status.
- 4.8.13 If at any point during assessment, the threshold for Section 47 Enquiries is reached, the procedures outlined in this chapter should be followed.
- 4.8.14 Section 47 Enquiries start when:
- There is reasonable cause to suspect that a child who lives in, or is found in, a local authority area is suffering or likely to suffer Significant Harm;
 - Following an Emergency Protection Order or Police Protection.
- 4.8.15 The Children's Social Care first line manager has the responsibility, on the basis of available information, to authorise a Section 47 Enquiry. In undertaking the necessary assessment of risk, the manager must consider both the probability of the event or concern in question and its actual or likely consequence.
- 4.8.16 In reaching her/his conclusion as to the justification for a Section 47 Enquiry, the manager must consider the following variables:
- Seriousness of the concern(s);
 - Combinations of concerns;
 - Repetition or duration of concern(s);
 - Vulnerability of child (through age, developmental stage, disability or other predisposing factor e.g. Looked After);
 - Source of concern(s);
 - Accumulation of sufficient information;
 - Context in which the child is living - e.g. a child in the household already subject to Child Protection Plan;
 - Emotional environment of child, especially high criticism / low warmth;
 - Any predisposing factors in the family that may suggest a higher level of risk e.g. domestic violence, substance misuse;

- The impact on the child's health and development.
- 4.8.17 A Section 47 Enquiry must always be commenced immediately there is a disclosure, allegation or evidence that a child is suffering or likely to suffer Significant Harm. **This applies equally to new, re-referred and open cases.**
- 4.8.18 In making a final decision about whether the threshold for a Section 47 Enquiry is met, Children's Social Care must consult the Safeguarding Investigations Unit and other appropriate agencies so that relevant information can be taken into account.
- 4.8.19 A decision to cease a Section 47 Enquiry should, **after** checks have been completed (and where relevant in consultation with the Safeguarding Investigations Unit and other involved agencies) be taken in a flexible manner when it is clear that the criteria for Section 47 are not satisfied. In these circumstances, consideration should still be given to completing the Child and Family Assessment. This decision must be authorised and recorded by a manager.
- 4.8.20 If professionals are concerned about the decision made by Children's Social Care, they may wish to challenge it through using the [Resolution of Professional Disagreements Procedure](#).

Liaison between Children's Social Care and the Police - Single or Joint Agency Enquiries/Investigations

- 4.8.21 Once a decision is made to initiate a Section 47 Enquiry, the first line Children's Social Care manager should ensure that the case is discussed with the Safeguarding Investigations Unit before a decision is made regarding whether a single agency or joint investigation should take place. The primary responsibility of the Safeguarding Investigations Unit staff is to undertake criminal investigations of suspected, alleged or actual crime. Children's Social Care has the statutory duty to make, or cause to be made, enquiries when circumstances defined in Section 47 of the Children Act 1989 exist.
- 4.8.22 Where both agencies have responsibilities with respect to a child, they must cooperate to ensure the joint investigation (combining the process of a Section 47 Enquiry and a criminal investigation) is undertaken in the best interests of the child. This should be achieved primarily through coordination of activities at Strategy Discussions/Meetings).
- 4.8.23 Generally there should be a presumption of a joint investigation unless agreed otherwise.
- 4.8.24 If the agencies agree that a single agency enquiry or investigation is appropriate, there should still be an exchange of relevant information, possible involvement in Strategy Discussions and agreement reached as to the feedback required by the non-participating agency.

4.8.25 Any decision to terminate enquiries must be communicated to the other agency for it to consider, and the rationale recorded by both agencies.

4.8.26 The decision regarding single or joint agency investigations should be authorised and recorded by first line managers in both the Safeguarding Investigations Unit and Children's Social Care.

Joint Agency Investigation

4.8.27 A joint investigation must always be initiated whenever there is an allegation or reasonable suspicion that one of the circumstances described below has been committed against a child, regardless of the likelihood of a prosecution:

- Any intra familial sexual offence committed against a child of either gender under 18 years of age;
- Sexual offences committed by young people (see [Children who Harm Other Children Procedure](#));
- Complex investigations (see [Complex \(Organised and Multiple\) Abuse Procedure](#));
- Sudden Child Death Overview Panel Procedure
- Fabricated or induced illness (see [Fabricated or Induced Illness Procedure](#));
- Serious allegations against staff or volunteers of a professional agency represented on the safeguarding partnership, and those whose employment or position gives them access to or control over children (see [Uncooperative or Hostile Parents Procedure](#));
- Serious neglect or ill-treatment constituting an offence under Section1 of the Children and Young Persons Act 1933;
- Physical injury against a child under 18 constituting a criminal offence (includes murder, manslaughter, any assault involving actual or grievous bodily harm and repeated assaults involving minor injury).

4.8.28 Cases of minor injury should always be considered for a joint investigation if the:

- Child is already subject to a Child Protection Plan;
- Child is Looked After by the local authority.

4.8.29 In other cases of minor injury, the circumstances surrounding the incident must be considered to determine the 'seriousness' of the alleged abuse. The following factors should be included in any consideration by the Safeguarding Investigations Unit and Children's Social Care:

- Age, special needs and vulnerability of the child;
- Any previous history of minor injuries;
- The intent of the assault e.g. strangulation may leave no marks, but is very serious;
- If a weapon was used;
- Previous concerns from a caring agency;
- Consistency with and clarity / credibility of the child's account of the injuries;
- Predisposing factors about the alleged perpetrator e.g. criminal conviction(s),

history of violence, domestic abuse, substance misuse and / or mental health problems.

- 4.8.30 There will be times when, after discussion or preliminary work, cases will be judged less serious and it will be agreed that the best interests of the child are served by a Children's Social Care-led intervention, rather than a joint investigation.
- 4.8.31 In all cases the welfare of the child remains paramount and always takes precedence over the need to commence or conclude any criminal investigation.

Children's Social Care Single Agency

- 4.8.32 Where Children's Social Care assess that the circumstances of the case satisfy one of the following criteria, it may, following discussion with the Safeguarding Investigations Unit (and making relevant checks) progress single agency enquiries:
 - Purely Emotional Abuse with no apparent physical symptoms;
 - Minor Physical Abuse, except for injuries to infants;
 - Minor Neglect through inappropriate supervision or poor parenting skills;
 - Indirect suspicions of Sexual Abuse, including over-sexualised behaviour of a child.

- 4.8.33 Where a minor crime, initially agreed by the Safeguarding Investigations Unit as inappropriate of further police investigation, is subsequently discovered to be more serious than originally perceived, the case must be referred back to the Safeguarding Investigations Unit.

Police Single Agency

- 4.8.34 Criteria for police single agency investigations are those where the:
 - Allegation is by an adult of abuse which occurred in childhood and there are no current child protection issues;
 - Alleged offender is not known to the child or child's family i.e. stranger abuse - however in these circumstances, consideration will still be given to joint investigative interview(s) in accordance with [Achieving Best Evidence](#).

- 4.8.35 In all cases where the police undertake a single agency investigation, details of any victim aged under 18 must be referred to Children's Social Care, which is responsible for assessing if the investigation raises any Child Protection issues and if supportive or therapeutic services are appropriate.

- 4.8.36 Where the police conduct a single agency investigation out of hours (because they have a duty to respond and take action to protect the child or obtain evidence), Children's Social Care must be informed immediately and, if appropriate, a joint investigation commenced.

Dispute Resolution

- 4.8.37 If there is any disagreement between the agencies about the need for a joint investigation or the 'seriousness' of alleged abuse, further discussion should occur between the line managers.
- 4.8.38 If line managers disagree, the disputes should be resolved by agreement between senior managers from the agencies involved (see [Resolution of Professional Disagreements Procedure](#)). A note of the resolution must be recorded.

Role of the Lead Social Worker

- 4.8.39 All Section 47 Enquiries must be undertaken by qualified social workers, referred to as the Lead Social Worker, who will be:
- A duty social worker will usually undertake enquiries on closed or unallocated cases;
 - A duty social worker or the allocated social worker will undertake the Section 47 Enquiry on an allocated case, in line with local arrangements.
- 4.8.40 The Lead Social Worker should:
- Obtain clear, detailed information about the concerns, suspicion or allegation;
 - Make a check on the child database;
 - Ascertain if there is or has been a previous Section 47 Enquiry or Child Protection Plan;
 - Obtain history and background information including accessing relevant agency case records;
 - Report to the responsible manager;
 - Undertake any necessary emergency action - see [Immediate Protective Action of the Referrals Procedure](#);
 - Undertake agency checks with all agencies that are involved with the child and family - see Section 6, Involvement of other agencies;
 - Involve the parents and other family members as appropriate and agree with the manager if parental agreement is to be sought prior to undertaking agency checks, recording the decision - see [Involving Parents and other Family Members](#);
 - Identify significant adults including frequent visitors to the household and understand their involvement with the child(ren);
 - Communicate with the child - see Sub-Section, [Involving the Child](#);
 - Contact the local Safeguarding Investigations Unit.

Involvement of Other Agencies

- 4.8.41 The Lead Social Worker must consult with other agencies involved with the child and

family in order to obtain a fuller picture of the child's circumstances and those of any others in the household, including risk factors and parenting strengths - see [Obligations and Responsibilities of All Agencies](#)

4.8.42 Generally consent is sought from parents prior to seeking such information, but the first line manager may authorise 'checks' to be completed without such permission if:

- Seeking permission is likely to increase the risk to children concerned or other individuals;
- A request for permission has been refused, the reason for refusal considered and sufficient professional concern remains to justify disclosure;
- Seeking permission is likely to impede a criminal investigation.

4.8.43 The responsible manager should record the reasons for such a decision. See [Information Sharing and Confidentiality](#) for further discussion of the issues involved in information sharing.

4.8.44 Even when there has been a recent Child and Family Assessment, agencies should be consulted and informed of the new information / referral. The checks should be undertaken directly with the involved professionals and not through messages with intermediaries.

4.8.45 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.

4.8.46 Agency checks should include accessing any relevant information that may be held in other local authorities, or abroad (see National Contacts for sources of information for children from abroad).

4.8.47 In the course of a Section 47 Enquiry it may be necessary for Children's Social Care and/or the Police to make decisions or initiate actions to protect children, or require the parents to agree to such action. The Lead Social Worker must inform relevant agencies of any such decisions or actions and confirm them in writing without delay.

Involving the Parents and Other Family Members

4.8.48 The Lead Social Worker has the prime responsibility to engage with family members in order to assess the overall capacity of the family to safeguard the child, as well as ascertaining the facts of the situation causing concern.

4.8.49 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;

- Be offered a verbal explanation of the child protection enquiry process; be provided with an explanatory leaflet.

4.8.50 In communicating with parent(s) about the planned intervention, the following points must be covered:

- An explanation of the reason for concern and where 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 examined and seeking parental agreement for these aspects of the enquiry and/or investigation);
- An explanation of their rights as parents including the need for support and guidance from an advocate whom they trust (advice should be given about the right to seek legal advice);
- That in the event of any conflict between the needs and wishes of the parents and those of the child, the child's welfare is the paramount consideration in any decision or action;
- An explanation of the role of the various agencies involved in the enquiry / investigation and 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 structure of the family, the child and other relevant information to enable an assessment of the injuries and/or allegations and the continuing risk to the child to be made;
- In situations of domestic abuse, the possibility of working with the parents separately;
- Assessment of evidential opportunities in a police investigation and recovery of evidence that may confirm or refute an allegation or suspicion of crime;
- The provision of an opportunity for parents to be able to ask questions and receive support and guidance.

4.8.51 Due consideration must be given to the capacity of the parents to understand this information in a situation of significant anxiety and stress.

4.8.52 Consideration must be given to those for whom English is not their first language or who may have a physical / sensory / learning disability and may need the services of an appropriate interpreter.

4.8.53 It is also essential that factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health are taken into account.

4.8.54 It may be necessary to provide the information in stages and this must be taken into account in planning the enquiry.

4.8.55 Parents should be provided with an early opportunity to explain their perception of the

concerns, recognising that there may be alternative accounts and discrepancies.

Involving the Child

4.8.56 Exceptionally a joint enquiry/investigation team may need to speak to a suspected child victim without the knowledge of the parent or caregiver. Relevant circumstances would include the possibility that a child would be threatened or otherwise coerced into silence, a strong likelihood that important evidence would be destroyed or that the child in question did not wish the parent to be involved at that stage and is competent to make that decision.

Communicating with the Child

4.8.57 All children within the household must be directly communicated with during a Section 47 Enquiry. Those who are the focus of concern should always be seen and communicated with alone by the Lead Social Worker. The Record of Section 47 Enquiry should include the date(s) when the child was seen alone by the Lead Social Worker and, if not seen alone, who was present and the reasons for their presence.

4.8.58 Consideration must be given to the child's developmental stage and cognitive ability. Specialist help may be needed if:

- The child's first language is not English (see [Use of Interpreters, Signers or Others with Communication Skills Procedure](#));
- (S)he appears to have a degree of psychiatric disturbance but is deemed competent;
- (S)he has a physical / sensory / learning disability (see [Use of Interpreters, Signers or Others with Communication Skills Procedure](#));
- Interviewers do not have adequate knowledge and understanding of the child's racial religious and cultural background.

4.8.59 Consideration should also be given to the gender of interviewers, particularly in cases of alleged Sexual Abuse.

4.8.60 It may be necessary to seek information from the child in stages and this must be taken into account in planning the enquiry. Children may need time, and more than one opportunity, in order to develop sufficient trust to communicate any concerns they may have.

4.8.61 The objectives in seeing the child are to:

- Record and evaluate her/his appearance, demeanour, mood state and behaviour;
- Hear the child's account of allegations or concerns;
- Observe and record interactions of child and her/his carers;
- See and record the circumstances in which the child is currently living and sleeping

- and, if different, her/his ordinary residence;
- Evaluate the physical safety of the environment including the storage of hazardous substances e.g. bleach, drugs;
- 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.

4.8.62 The Strategy Discussion / Meeting must decide where, when and how the child(ren) should be seen and if a video interview is required.

4.8.63 The child should be seen within 24 hours if the child

- Is reported to have sustained a physical injury;
- Has disclosed Sexual Abuse and is to be returned to a situation that might place her/ him at risk;
- Is already subject to a Child Protection Plan;
- Is suffering from severe neglect or other severe health risk;
- Is abandoned.

4.8.64 To avoid undermining any subsequent criminal case, in any contact with a child prior to an interview, staff must:

- Listen to the child rather than directly questioning her/him;
- Never stop the child freely recounting significant events;
- Fully record the discussion including timing, setting, presence of others as well as what was said.

4.8.65 All subsequent events up to the time of any video interview must be fully recorded.

Investigative Interviews of the Child

4.8.66 The conduct of and criteria for visually recorded interviews with children are clearly laid out in the guidance [Achieving Best Evidence in Criminal Proceedings](#).

Inability to see the child alone

4.8.67 If a child's whereabouts are unknown, or they cannot be traced by the Lead Social Worker within 24 hours, the following action must be taken:

- A Strategy Discussion /Meeting held with the Safeguarding Investigations Unit;
- Agreement reached with the responsible manager as to what further action is required to locate and see the child and carry out the Section 47 Enquiry.

4.8.68 If the parent/carer refuses to allow the Lead Social Worker to see the child alone and/or

allows a discussion about the concerns the Lead Social Worker, in consultation with her/his manager, should have a Strategy Discussion with the police and seek legal advice as appropriate. In all cases the reason for not seeing the child alone should be recorded.

Paediatric Assessment

Please also see: [Sussex Children's SARC \(Sexual Assault Referral Centre\) Guidance for Police Officers and Social Workers on arranging medical examinations for possible Child Sexual Abuse \(CSA\)](#)

Brighton & Hove - [Child Sexual Abuse Pathway](#)

- 4.8.69 Where the child appears in urgent need of medical attention (s)he should be taken to the nearest A&E Department e.g. suspected fractures, bleeding, loss of consciousness.
- 4.8.70 In other circumstances the Strategy Discussion or Meeting will determine, in consultation with the paediatrician, the need and timing for a paediatric assessment.
- 4.8.71 A paediatric assessment involves a holistic approach to the child and considers the child's wellbeing, including development, if under 5 years old and her/his cognitive ability if older (educational psychologists can offer further expertise).
- 4.8.72 This assessment should always be considered when there is a suspicion or disclosure of child abuse and/or neglect involving:
 - A suspicious or serious injury (thought to be non-accidental or obvious/an inconsistent explanation);
 - Suspected Sexual Abuse or assault;
 - Suspected neglect.
- 4.8.73 Additional considerations are the need to:
 - Secure forensic evidence;
 - Obtain medical documentation;
 - Provide reassurance for the child, parent and Children's Social Care;
 - Provide treatment follow up and review for the child (any injury, infection, new symptoms including psychological).
- 4.8.74 Only doctors may physically examine the whole child, but other staff should note any visible marks or injuries on a body map and document details in their recording.
Recording a photographic image of any injuries should only be arranged and undertaken by the police, or as part of a paediatric assessment by a medical photographer. Professionals who receive a complaint of suspected non-accidental injury directly from a child should not photograph any injuries. The use of personal cameras or mobile phones for such a purpose

raises the possibility of images getting lost, being posted online or being misused by potential perpetrators.

If a child has chosen to take an image themselves of an injury the investigating social worker and police officer should be made aware, in order that the evidential significance of any image can be assessed by the police.

Consent for Paediatric Assessment or Medical Treatment

4.8.75 The following may give consent to a paediatric assessment:

- A child of sufficient age and understanding (i.e. who is Fraser Competent*);
- Any person with Parental Responsibility;
- The local authority when the child is the subject of a Care Order (although the parent/carer should be informed);
- The local authority when the child is Accommodated under Section 20 Children Act 1989, and the parent/carers 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.

4.8.76 When a child is Accommodated under Section 20 and a parent / carer 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 / carer still has full Parental Responsibility for the child)

4.8.77 *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.

4.8.78 *A young person aged 16 or 17 has an explicit right (Section 8 Family Law Reform Act 1969) to provide consent to surgical, medical or dental treatment and unless grounds exist for doubting her/his mental health, no further consent is required.

4.8.79 Although a child of sufficient understanding (and who is subject of an Interim Supervision or Care Order, a Child Assessment Order, Emergency Protection Order or a full Supervision Order) may refuse some or all of the paediatric assessment, the High Court can (potentially) override such refusal by use of its inherent jurisdiction.

4.8.80 Wherever possible, the permission of a parent should be sought for children under 16 prior to any paediatric assessment and/or other medical treatment.

4.8.81 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 her/his own consent;
- Decide to proceed without consent.

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

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

Arranging Paediatric Assessments

4.8.84 Paediatric assessments are the responsibility of the consultant paediatrician, although an appropriately trained registrar or staff grade or exceptionally a police forensic medical examiner (FME) may conduct them.

4.8.85 Referrals for child protection paediatric assessments from a social worker or a member of the Safeguarding Investigations Unit are made to the local paediatric service. The paediatrician may arrange to examine the child her/himself, or arrange for the child to be seen by a member of the paediatric team in the hospital or community.

4.8.86 Where a paediatrician assessment is requested, prior to the assessment, the paediatrician should be briefed. Where an assessment is undertaken as part of a joint investigation, a Safeguarding Investigations Unit officer must directly brief the doctors and be present at the examination, and afterwards take possession of evidential items. Where paediatric assessment is undertaken as part of a single agency Section 47 Enquiry, this should be done by the social worker and the relevant Safeguarding Investigations Unit must be made aware.

4.8.87 Child Sexual Abuse paediatric assessments should be undertaken in accordance with the guidance for paediatricians and FMEs issued by the [Royal College of Paediatrics and Association of Police Surgeons Child Health Guidelines](#).

4.8.88 Specific practical procedures may vary according to local arrangements.

4.8.89 In cases of severe neglect, physical injury or penetrative sexual abuse, the assessment should be undertaken on the day of the referral, where compatible with the welfare of the child.

4.8.90 Normally the order in which the paediatric assessment takes place (as part of the Section 47 Enquiry) will be decided at the Strategy Discussion. The need for a specialist assessment by an appropriate mental health professional should also be considered at the Strategy Discussion.

- 4.8.91 The Lead Social Worker should (unless this would cause undue delay) consult parents about the gender of the medical practitioner prior to the examination being conducted.
- 4.8.92 In planning the paediatric assessment, the Lead Social Worker, the manager responsible, the Safeguarding Investigations Unit and relevant doctor must consider whether it might be necessary to take photographic evidence for use in care or criminal proceedings. Where such arrangements are necessary, the child and parents must be informed and prepared and careful consideration given to the impact on the child.

Recording of the Paediatric Assessment

- 4.8.93 The paediatrician should supply a report or statement to the social worker, GP and where appropriate the Safeguarding Investigations Unit. Reports should be produced in accordance with the Sussex Police forensic medical examination record.
- 4.8.94 The timing of a letter from the paediatrician to parents should be determined in consultation with Children's Social Care and the Safeguarding Investigations Unit.
- 4.8.95 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;
 - 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;
 - Professional opinion;
 - Time examination ended.
- 4.8.96 All reports and diagrams should be signed and dated by the doctor undertaking the examination.

Analysis and Assessment of Risk

- 4.8.97 The scope and focus of the assessment during the Section 47 Enquiry and Child and Family Assessment should specifically address the risks for the child(ren) and:
- Identify clearly the initial cause for concern;
 - Collect information from agency records and other agencies;
 - Describe the family history and that of the child(ren);

- Describe the family structure and network;
- Evaluate the quality of attachments between child(ren) and carers;
- Evaluate the strengths of the family;
- Evaluate the risks to the child(ren);
- Consider the child's need for protection;
- Evaluate information from all other sources;
- Consider the ability of parents and wider family and social networks to safeguard and promote the child's welfare.

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

Outcome of Section 47 Enquiries

4.8.99 At the completion of the Section 47 Enquiry, a Strategy Discussion should share information, agree the outcome of the enquiry or plan any further enquiries and ensure all parties are clear about the final outcome.

4.8.100 Outcomes of Section 47 Enquiries must be clearly recorded by the Lead Social Worker, with the reasons for decisions clearly stated and signed off by her/his manager on the Record of Section 47 Enquiries.

4.8.101 Before approving the Section 47 Enquiry outcome, the manager must ensure that:

- There has been direct communication with the child and her/his views and wishes have been recorded and taken into account;
- All the children in the household have been seen and their needs considered;
- The parent / carer has been seen and her/his views and wishes have been recorded and taken into account;
- All adults within the household and significant others have been identified and police checks undertaken;
- Checks with relevant agencies have been completed;
- The analysis has been completed;
- The chronology at the front of the file is up-to-date.

4.8.102 When the outcome is agreed, the original concerns may be:

- Unsubstantiated;
- Substantiated, but the child is not judged at continuing risk of Significant Harm;

- Substantiated and the child is judged to be at continuing risk of Significant Harm.
- 4.8.103 Where the concerns are substantiated, but the child is not judged at continuing risk of Significant Harm, this decision must be endorsed by a suitably experienced and qualified social work manager.
- 4.8.104 In these circumstances, consideration must be given to the completion of the Child and Family Assessment (if incomplete), provision of services and/or any future monitoring by agencies (including through the Early Help Plan). If Children's Social Care continues to provide services to the child / family, a Child's Plan should be initiated and reviewed on a regular basis against agreed objectives.
- 4.8.105 Where concerns are substantiated and the child is assessed to be at continuing risk of Significant Harm, the authorised manager must authorise the convening of an Initial Child Protection Conference.
- 4.8.106 The manager may also agree / decide to initiate legal action.

Feedback from Section 47 Enquiries

- 4.8.107 Parents, children (depending on level of understanding), professionals and other agencies that have had significant involvement should be provided with written feedback of the outcome of the Section 47 Enquiry (in a letter for the family and in an appropriate format for professionals).
- 4.8.108 Feedback about outcomes should be provided to referrers who are members of the public, in a manner that respects the confidentiality and welfare of the child.
- 4.8.109 If there are ongoing criminal investigations, the content of the Lead Social Worker's feedback should be agreed with the Safeguarding Investigations Unit.

Disputed Decisions

- 4.8.110 Professionals and agencies involved with the child and the family have a right to request that Children's Social Care convene a Child Protection Conference if they have serious concerns that the child's welfare may not be adequately safeguarded.
- 4.8.111 Any such request that is supported by a senior manager or a named or designated professional should normally be agreed. Where differences of views remain then the [Resolution of Professional Disagreements Procedure](#) should be followed.

Timescales

Routine

- 4.8.112 The initial Strategy Discussion instigates the Section 47 Enquiry.
- 4.8.113 The Child and Family Assessment must be completed within 45 working days from the date of the Strategy Discussion/Meeting.
- 4.8.114 The maximum period from the Strategy Discussion to the date of the Initial Child Protection Conference is 15 working days, which means that initial conferences may be held prior to the completion of the Child and Family Assessment.
- 4.8.115 Where more than one Strategy Discussion is held, the period of 15 working days starts from the Strategy Discussion that initiated the Section 47 Enquiry.

Exceptions

- 4.8.116 The time-scales above are the minimum standards required by Working Together to Safeguard Children. Where the welfare of the child requires shorter time-scales, these must be achieved.
- 4.8.117 There may be exceptional circumstances where it is not in the child's interests to work to the above time-scales. The circumstances which may lead to an alternative time-scale include:
- A need to engage interpreters, translators etc. for those with communication needs (including disabled children);
 - Pre-birth assessments;
 - Complex cases e.g. Fabricated or Induced Illness, those involving suspected organised or institutional abuse, cases where paid or voluntary carers are involved and cases which require co-ordination with other local authorities because the child is found outside the borough.
- 4.8.118 Any proposal to justify variation of routine time scales must be agreed by the authorised manager following line manager's consultations with the Safeguarding Investigations Unit and any relevant agencies.
- 4.8.119 Reasons for diverging from statutory time-scales must be fully recorded together with a plan of action detailing alternative arrangements.

Recording of Section 47 Enquiries

- 4.8.120 A full written record must be completed by each agency involved in a Section 47 Enquiry, using the required agency pro-formas, (legibly) signed and dated by the staff or inputted into their electronic record.
- 4.8.121 The responsible manager must authorise Children's Social Care Section 47 recording and forms.
- 4.8.122 Practitioners should wherever possible, retain signed and dated rough notes until the completion of anticipated legal proceedings.
- 4.8.123 Children's Social Care recording of enquiries should include:
- Agency checks;
 - Content of contact cross referenced with any specific forms used;
 - Date(s) when the child was seen alone by the Lead Social Worker and if the child was not seen alone, who was present and the reasons for their presence;
 - Strategy Discussion / Meeting 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.
- 4.8.124 At the completion of the Section 47 Enquiry the social work manager should ensure that the concern and outcome have been entered on a chronology kept at the front of each file / on the electronic record.