SBC Outcome of Section 47 Enquiry - wip

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| 001. Subject Details |
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| **Subject:**  |  |
| Family Name :  |  |
| Given Name :  |  |
| Gender :  |  |
| e-Mail :  |  |
| Primary Contact number :  |  |
| Mobile :  |  |
| Date of Birth :  |  |
| Principal Address :  |  |
| Case Reference Number :  |
| Event Date :  |

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| 002. Strategy discussion and S47 enquiry details |
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| Date of Strategy Discussion. :  |
| Child impact analysis: What harm has the child suffered/is likely to suffer? How has this impacted on him/her? How could this impair development? : THIS PULLS THROUGH FROM STRAT DISCUSSION |
| Summary of information shared & by whom : THIS PULLS THROUGH FROM STRAT DISCUSSION AND REPLACES THE QUESTION 'Summary of information shared and strategy discussion' |
| Manager's analysis for decision made : THIS PULLS THROUGH FROM STRAT DISCUSSION AND REPLACES THE QUESTION 'Reasons for decision from strategy discussion' |
| Date s47 enquiry began. :  |
| Date S47 enquiry concluded :  |

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| 003. People involved in s47 enquiry |
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| Date child was seen alone as part of s47 enquiry? :  |
| Date child was spoken to alone as part of s47 enquiry? :  |
| If child not seen or spoken to alone, state reasons :  |
| What are the child's views on what is happening in their life? - How has this been identified? :  |

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| 004. People Interviewed as part of s47 enquiry (01) |
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| **Name of person interviewed:**  |  |
| Family Name :  |  |
| Given Name :  |  |
| Gender : NotSpecified |  |
| e-Mail :  |  |
| Primary Contact number :  |  |
| Work contact number :  |  |
| Mobile :  |  |
| Date of Birth :  |  |
| Estimated Due Date :  |  |
| Guessed DOB :  |  |
| Contribution :  |

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| 005. Other children subject to s47 enquiry (01) |
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| **Child's Name:**  |  |
| Family Name :  |  |
| Given Name :  |  |
| Gender : NotSpecified |  |
| e-Mail :  |  |
| Primary Contact number :  |  |
| Work contact number :  |  |
| Mobile :  |  |
| Date of Birth :  |  |
| Estimated Due Date :  |  |
| Guessed DOB :  |  |
| Relationship to main subject/child : THE QUESTION CODES HAVE BEEN CHANGED TO PULL THROUGH FROM STRAT DISCUSSION |

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| 006. Details of person causing alleged harm (01) |
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| **Name of person causing alleged harm:**  |  |
| Family Name :  |  |
| Given Name :  |  |
| Gender : NotSpecified |  |
| e-Mail :  |  |
| Primary Contact number :  |  |
| Work contact number :  |  |
| Mobile :  |  |
| Date of Birth :  |  |
| Estimated Due Date :  |  |
| Guessed DOB :  |  |
| Relationship to child (if known) : THE QUESTION CODES HAVE BEEN CHANGED TO PULL THROUGH FROM STRAT DISCUSSION |
| Other identifying information where unable to match person details :  |

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| 007. Medical Examination  |
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| Date of medical examination :  |
| Location and name of health practitioner :  |
| Summary of findings from medical examination. :  |
| File location of body map :  |

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| 008. Best Evidence Interview  |
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| Date of Achieving Best Evidence interview :  |
| Location and name of Police Officer :  |
| Summary of findings from achieving best evidence interview. :  |

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| 009. Actions (01) |
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| Action required : THIS WHOLE PANEL PULLS THROUGH FROM STRAT DISCUSSION |
| Who will be responsible and by when :  |

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| 010. Other Information |
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| Brief chronology if not covered elsewhere :  |
| Summary of other information gathered in s47 enquiry :  |

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| 011. Analysis |
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| What is the future danger? What risk of harm does he/she continue to face? :  |
| What is working well? :  |
| What needs to happen for future safety? :  |
| What are we worried about if things don't change? :  |

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| 012. Decisions |
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| Concerns not substantiated and no further action needed. :  |
| Concerns are not substantiated and young person considered to be child in need :  |
| Concerns are substantiated and young person is not judged to be at continuing risk of harm :  |
| Concerns are substantiated and young person is judged to be at continuing risk of harm :  |
| Proceed to initial child protection conference :  |
| If no, choose further action :  |

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| 013. Informing Family |
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| What information will be shared with the family, by whom and by when? :  |
| If information will not be shared with the family, state reasons :  |
| Are there Ethnicity & Diversity needs to be considered? If Yes please state :  |

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| 014. Status |
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| Sign Off :  |  |
| Signed Off on :  |  |
| Counter Sign Off :  |  |
| Signed Off on :  |  |
| Comments :  |  |

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