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1. Initiating Section 47 Enquiries

A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of or likely to be suffering significant harm.

A section 47 enquiry is carried out by undertaking or continuing with an assessment and following the principles and parameters of a good assessment. Social Workers should lead assessments under section 47 of the Children Act 1989. The police, health practitioners, teachers and school staff and other relevant practitioners should help the local authority in undertaking its enquiries.

Where the child's safety is at imminent risk, immediate legal advice should be sought to consider if an Order is necessary to safeguard the child. Equally, Police Protection may be necessary to safeguard the child in the interim.

2. Child and Family Assessment

A child and family assessment is how Section 47 Enquiries are carried out. The assessment will have commenced at the point of receipt of referral, and it must continue whenever the criteria for Section 47 Enquiries are satisfied. The conclusions and recommendations of the Section 47 Enquiry should inform the assessment which must be completed within 45 working days of the date when the referral was received (see below for timescales from strategy discussion to Initial Child Protection Conference).

The enquiries and assessment should always involve separate interviews with the child and, in most cases, the parents (including absent parents), and the observation of interaction between the parent and child. This will include interviews and observations of parents, any other carers, the partners of the parents and assessment of any other adults identified to be living in or frequently in the child's home.

3. Timescales

Initial strategy discussions are held in MASH on the same day the referral is made and for open cases held within one working day by the team holding the case.

4. Outcomes of section 47 enquiries

Social workers are responsible for assessing the child under section 47 enquiries, and their team manager is responsible for deciding any actions required during and after the S. 47 enquiry is completed. If children's social care decides not to proceed with a child protection conference, then other practitioners involved with the child and family have the right to request that children's social care convene a conference if they have serious concerns that a child's welfare may not be safeguarded. This



should be actioned according to the established escalation policy for the resolution of professional disagreement.

Where concerns of significant harm are not substantiated, the case should be discussed with the child, parents and other practitioners; it should be determined whether support from any services may be helpful and help secure it; and consideration should be given to whether the child's health and development should be reassessed regularly against specific objectives and decide who has responsibility for doing this.

Where concerns of significant harm are substantiated and the child is judged to be suffering or likely to suffer significant harm, an initial child protection conference must be convened within 15 working days of the strategy discussion being held.

5. Child Protection Medical Assessments

When there is a suspicion or disclosure of child abuse and/or neglect involving injury, suspected sexual abuse or serious neglect, this must be discussed in Strategy Discussions. This will decide whether a medical assessment is needed and when it will take place. The medical assessment should be undertaken by an appropriate doctor with paediatric experience. This would normally take place within 24 hours, unless there are circumstances that are impacted by other policies, e.g., non-mobile infant bruising/ forensic medicals/ FII cases etc.

The referring social worker and/or police officer should be present at the medical assessment. The discussion must indicate who will attend the examination with the child. This will normally be a person with parental responsibility (unless the child is over 16 years old).

If a child who is in hospital is suspected to have suffered, or is likely to suffer, serious harm, a referral should be made to MASH who will decide if a strategy meeting is required.

The purpose of a medical assessment is to:

- provide advice regarding investigations, treatment or interventions required, and arrange future medical follow-up where relevant
- assess the health and wellbeing of the child
- establish and document whether there is any medical evidence of abuse or neglect.

<u>Consent</u>

• A child who understands what is being proposed (Gillick/Fraser competent) can consent to the assessment. It is up to the doctor to decide whether the child has the maturity and Gillick competence to give fully informed consent for the assessment to go ahead.



- Children under 16 who are not Gillick competent cannot give or withhold consent; those with Parental Responsibility (PR) must give consent on their behalf.
- It the local authority believe that a CP medical is required and those with PR refuse, then legal advice should be sought to consider if a Child Assessment Order or other Order is required to safeguard the child.
- If a child is the subject of a Care Order, the local authority can give consent, with the parents being informed.
- If a child is a Ward of Court, the High Court can give consent.
- If there is an Emergency Protection Order, an Interim Care Order or a Child Assessment Order, a family proceedings court can give consent.

If the child appears in need of urgent medical attention, they should be taken to the nearest accident and emergency department to be assessed and treated.

6. Achieving Best Evidence Interviews

Any video-recorded interview serves two primary purposes. These are:

- Evidence gathering for use in the investigation which may be used in criminal proceedings; and
- The evidence-in-chief of the witness.

In addition, any relevant information gained during the interview can also be used to inform enquiries regarding significant harm under Section 47 of the Children Act 1989 and any subsequent actions to safeguard and promote the child's welfare, and in some cases, the welfare of other children.

See Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures (Home Office 2011) for more information

7. Children and Family Moving Across Local Authority Boundaries

Where a child moves during a Section 47 enquiry, the investigation should be completed by the authority that commenced the enquiries. In some instances, it may be necessary for the receiving authority to ensure the safety of the child in such



circumstances the receiving authority's information and assessment (where appropriate) should inform the transferring authority's Section 47 enquiry.

- 1. Information is received that indicates that a child or young person may have suffered or is likely to suffer significant harm and there may be a need to safeguard the child or young person.
- 2. Relevant Social Work Manager makes the decision whether threshold for a Section 47 Enquiry is met, and the social worker completes the Strat Discussion Form.
- 3. Case is allocated to the Social Worker in MOSAIC by the Team Manager and the Strategy Discussion is allocated to a Business Support Officer to arrange the meeting.
- 4. Strategy Discussion is held within 4 hours of the SW Managers decision being made that threshold is met (i.e., point 2 above). In exceptional circumstances the 4-hour timescale may be exceeded e.g., issues of Fabricated Illness please see practice guidance.
- 5. Strategy Discussion is chaired by Social Work Team Manager with the Social Worker present. Also present as a minimum should be a police representative and Health Representative.
- 6. The Chair of the Strategy Discussion makes final decisions about threshold and actions to be undertaken.
- 7. Strategy Discussion is minuted by Business Support Officer and minutes produced within 24 hours. These minutes will be approved by the Social Work manager chairing the Strategy Discussion.
- There are two likely outcomes from a Strategy Discussion

 a) Threshold for Child and Family Assessment under Sec 17 of Children Act 89 is met and therefore the case will be allocated to a Social Worker for completion.

b) Threshold for an investigation under Sec 47 of the Children Act 1989 is met and therefore the case will be allocated for further enquiries and assessment.

c) In rare cases there may be a need for further information to be gathered from relevant professionals before a decision can be taken e.g. in cases of Fabricated or Induced Illness when a medical chronology is necessary to make a decision.



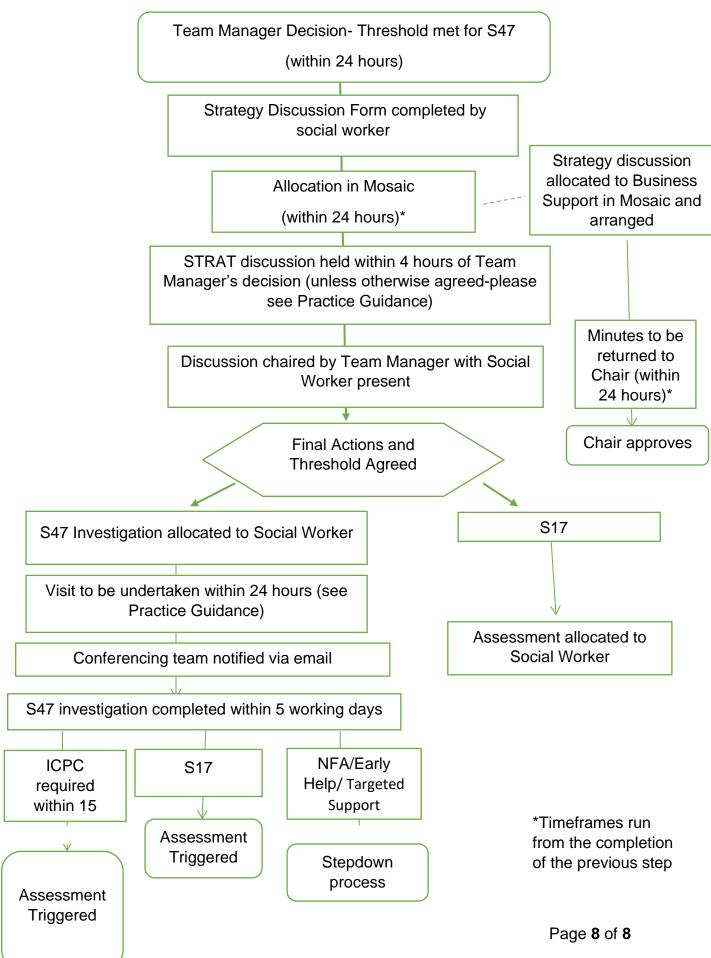
- 9. Where a child meets the threshold for Sec 47 investigation a visit to the child must be undertaken within 24 hours and preferably on the same working day. Management Oversight must be added to MOSAIC in relation to any delays in seeing the child, why this decision was made and why it is in the best interests of the child.
- 10. If the decision from the Strategy Discussion is for a Sec 47 investigation to be undertaken, Business Support Officers are to notify the Conferencing Team via email so that work can be undertaken to identify space and time for an Initial Child Protection Conference (ICPC).
- 11. The Sec 47 investigation should be completed and signed off by the responsible Social Work Team Manager within 5 working days. The possible outcomes for a Sec 47 investigation are:

a) That an ICPC is required to allow the multi-agency group of involved professionals to formulate a Child Protection Plan. For this to occur the full Child and Family Assessment must be completed in time for the ICPC and shared with those with PR at least 24 hours prior to the conference being held.

b) That the threshold for holding an ICPC is not met. In such circumstances a Child and Family Assessment should be completed to determine what the family's needs are and what support should be offered under Sec 17 of the Children Act 1989.

c) That support should be offered via the Early Help Hub or Targeted Support in this case the stepdown process should be followed.

d) That no further action is required.



Section 47 Flow Chart