



## Cheshire East Local Safeguarding Children Board

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# **The Section 47 Protocol** **Guidance for Practitioners**

Version Control: Created June 2015 – Review Date: June 2016

## **Referral/Notification of a new incident or allegation indicating or alleging significant harm.**

Children's Social Care is the lead agency for child protection enquiries and the Social Care Practice Manager will review the referral if a new case and allocate to a suitably experienced social worker and an interim plan will be formed to ensure that safeguards are put in place to immediately protect the child. If the notification is on a child already open to Social Care, the Social Care Practice Manager will review and determine the next course of action to ensure safeguards are put in place to immediately protect the child. In all cases preliminary checks will be conducted on The Child's Record to determine if the child is known to Children's Social Care. The agency requesting the Strategy Discussion must provide full information of all parties to be considered and the reason and context for the request (this can be by e mail) so that the receiving agency can carry out appropriate checks.

In some instances it may be appropriate for a visit to take place to gather information; best practice will be that this is a joint visit with the referring agency. The Social Care Practice Manager will be advised of the findings of this visit and in deciding whether to call a Strategy Meeting or discussion must consider the:

- Seriousness of the concern/s
- Repetition or duration of concern/s
- Vulnerability of child (through age, developmental stage, disability or other pre-disposing 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 of a current child protection plan)
- Predisposing factors in the family that may suggest a higher level of risk of harm (e.g. mental health difficulties, parental substance misuse, and domestic abuse or immigrant family issues, such as social isolation).

An enquiry under s47 of the Children Act 1989 will commence with a request for a strategy discussion between Police and Children's Social Care. In all cases preliminary multi agency enquiries will be conducted by a social worker, in all cases the Police Referral Unit will be informed, Health and Education will be consulted. The Named Safeguarding Nurse should be invited to all Strategy Discussions.

### **The Strategy Discussion**

Due to the large geographical area that Cheshire East covers and the distance some professionals have to travel a conference call Strategy Discussion would be available. This would help expedite information sharing and timely decision making  
**See Appendix A**

However should a meeting need to take place then this will be arranged in the usual manner

If the matter is complex then a **Strategy Meeting** will be called at an agreed time and venue, the paediatrician and all relevant agencies will be invited.

All relevant information and reports should be made available to the Social Care Practice Manager prior to the meeting/discussion including the education report (Found at Appendix C).

The outcome of the meeting/discussion and actions agreed will be recorded onto **The Child's Record** in the Strategy Meeting section and sent to all parties within 24 hours

- A representative from the Cheshire SARC, (Sexual Assault Referral Centre) at St Mary's Hospital, Manchester for all cases where there are concerns around sexual abuse
- If the carer of the child has mental health problems it may be appropriate to involve the adult's Social Worker or Community Psychiatric Nurse or GP . However, this should not impact on the priority to safeguard the child concerned.
- In the cases above Children's Social Care should discuss with a legal representative if their attendance is required at a Strategy Meeting.
- The nature and extent of relevant information to be shared at or prior to any Strategy Discussion or meeting will depend upon the circumstances. All reasonable efforts should be made to ensure the agreed information is made available that will assist decision making as to what immediate protective action may be necessary. Where police hold photographic evidence of injuries to a Child, the police should ensure the Strategy Discussion or meeting benefits from sight of such evidence to inform decisions made for the purpose of the immediacy of safeguarding the welfare of a Child.
- A record of the discussion will be completed by the relevant Practice Manager on The Child's Record detailing all actions agreed, by whom and with timescales. A copy of this form should be sent by email to the police and circulated to all parties within 24 hours of the discussion. Where there is a Strategy Meeting and the minutes are very detailed the agreed actions should be circulated within 24 hours with detailed minutes to follow within 5 days. If any agency disagrees with the record of the meeting/discussion they should contact the appropriate Practice Manager immediately. If there is no contact then it will be accepted that the record is agreed.
- There may be more than one Strategy Meeting/Discussion as further information is gathered and the timing of the next strategy meeting/discussion should be agreed as part of the actions. The recording of further meetings should follow this same process.
- On completion of the S47 Investigation Practice Manager should complete the Outcome of S47 Enquiry form and circulate to the police and any other relevant agency.

- The outcome of the meeting/discussion and actions agreed will be recorded onto The Child's Record in the Strategy Meeting section and sent to all parties within 24 hours. If any Agency disagrees with the record of the meeting/discussion they should contact the appropriate Children's Social Care Manager immediately. If there is no contact then it will be accepted that the record is agreed.
- If S47 Enquiries are initiated at a Strategy Discussion/Meeting and the meeting concludes there is a need to hold a Child Protection Case Conference, the Conference must be held within 15 working days of this decision.

### **ON-GOING CASES WHERE THERE IS A GRADUAL MOVE TO S47 FROM S17 WITH NO SINGLE IDENTIFIABLE INCIDENT**

At the point where the 'significant harm/likelihood of' decision is made, a S47 Enquiry will commence using all available, relevant information to summarise the Child Protection concern. Additionally, the following action will always be taken.

The relevant Social Worker will undertake a Child Protection Plan check on The Child's Record.

There will always be a Strategy Discussion, which will include a Practice Manager discussing with the Detective Police Sergeant (Public Protection Unit) and other agencies as necessary. This can be brief and may amount to no more than phone call conversations.

The contribution of other agencies may be particularly useful in these situations, as they may have had long standing involvement with the family, which should inform the assessment process.

A record of the discussion will be completed by the relevant Practice Manager on the Child's Record Strategy Discussion/Meeting form detailing all actions agreed, by whom with timescales. A copy of this form should be sent by email to the Police and circulated to all parties within 24 hours of the discussion. If any Agency disagrees with the record of the meeting/discussion they should contact the appropriate Practice Manager immediately. If there is no contact then it will be accepted that the record is agreed.

As this discussion marks the point in time when a decision is taken regarding the need for a Child Protection Conference (where that is an outcome of the Strategy Discussion), a second Strategy Discussion is not necessary. The Practice Manager will complete the Outcome of S47 Inquiry form and send a copy to the Police.

## **Pre-investigation planning meetings (PIP)**

A PIP will be required whenever the Child Protection concern relates to sexual abuse or fabricated/induced illness. A PIP may also be held in other circumstances if required.

Where a PIP is required, this will normally be identified in the initial Strategy Discussion between a Practice Manager and Police Detective Sergeant. The PIP itself serves as a Strategy Meeting, and should be recorded as such on the Child's record and the police file.

It may be necessary to have a Strategy Discussion, rather than hold a meeting, when an emergency necessitates an immediate Achieving Best Evidence interview and holding a meeting would unduly delay the Protection of the Child.

PIPs should record a summary of events surrounding the incident/concern rather than a detailed account.

A copy of the signed PIP document should be given to the Social Worker for the Child's record and a copy of the signed document should be uploaded onto the child's records and labelled as PIP document .

## **Joint interviews with children under 'achieving best evidence' (ABE)**

A pre interview Achieving Best Evidence booklet (form 410A) should be completed and a copy provided for the Social Worker to retain on the Child's case file.

It is acknowledged that police must take a lead in respect of the criminal aspects of a case. We should not, however, lose sight of the potential for information gathered during ABE video interviews (and the video itself) to be effectively used to protect Children via civil proceedings or other interventions, even where evidence for use in criminal proceedings is not forthcoming.

The investigating team should consider who is best qualified to lead the interview, and who to act as the second interviewer/observer present to support that interview. The interviews may be led by social workers or police officers.

The ABE interview should be held within 24 hours of the Strategy Discussion/Meeting. Where there is a delay in the ABE taking place the rationale for the delay should clearly be recorded on the Child's record and the police recording system

### **Choice of lead interviewer should take into account:**

- The preference of the child
- Any strong gender or ethnic preferences of the child
- Ability to establish rapport with the child
- Ability to communicate effectively with the child, either directly or through an intermediary
- Knowledge of the rules of evidence and points to prove.

- The presence of a second interviewer/observer should be considered and their role clearly defined.

## THE ROLE OF THE OBSERVER

- To ensure that the child's needs are kept paramount;
- To have oversight of issues relating to the criminal investigation;
- To have an oversight of safeguarding and promoting the child's welfare;
- To identify gaps in the child's account;
- To identify interviewer errors and apparent confusion;
- To operate the recording equipment;
- Reflect back to the planning discussions and communicate.

### **National Crime Recording Standards**

Strategy Discussions/Meetings will often involve Children's Social Care informing Police of possible criminal offences and will sometimes include an agreement that no further action will be taken regarding criminal investigation or proceedings. Additionally, Children's Social Care staff will continue to meet their responsibility to notify Police of criminal offences whether or not this involves S47 Enquiries, although this will not always lead to further criminal investigation or proceedings.

### **The threshold for Section 47 Enquiries**

A Section 47 Enquiry will almost certainly be indicated where the following apply; this list covers the main categories of child protection concerns but is not exhaustive.

- Physical harm to a child through a deliberate act, neglect or domestic violence.
- Any injury, however minor, to a non-mobile baby or child.
- Allegation/suspicion of sexual abuse or of child being groomed for sexual purposes.
- Risk of Female Genital Mutilation.
- Significant developmental delay due to neglect/poor parenting.
- Significant emotional/psychological problems due to neglect/poor parenting.
- Persistent emotional ill treatment of a child.
- Very poor home conditions/physical care due to lack of parental care e.g. no food, warmth, bedding, appropriate clothing, hygiene, stimulation.
- Serious neglect and standards of living for adults are markedly better than for the child.
- Repeat of neglect after family support services have been given previously.
- Lack of medical/dental care endangering/impairing child's life.

- Reported pregnancy where there have been previous child protection concerns.
- Fabricated or Induced Illness.
- A failure to thrive not due to physical illness or disability.
- Serious self harm/suicide risk where parents are not working with professionals.
- Parent involved in serious criminal acts that may impact on the child e.g. child pornography, drug dealing.
- Children are the subject of parental delusions, or are targets for parental aggression, rejection or neglect for pathological reasons.
- Sexual exploitation or trafficking .
- An adult assessed as being a risk to children is having contact with/living with a child in the same household.
- Allegations of abuse against people who work with children.
- There is no consistent explanation/no admission of what is clearly abuse.
- Following an Emergency Protection Order or Police Protection Powers.
- Suspicion or indications of Child Sexual Abuse.

### **Seeing the child**

‘Seeing the child’ includes observing and communicating with them, as appropriate given their age and understanding, ascertaining their wishes and feelings about the concerns that have been expressed, and taking those wishes into account. Wherever possible, the child must always be seen alone.

Exceptionally, a joint enquiry/investigation team may need to speak to a suspected child victim without the knowledge of the parent or caregiver. The Strategy Discussion will have decided on the most appropriate way to handle this, using specialist professional help or professionals who know the child well where necessary. The kinds of circumstances that may require such an interview with the child would include:

- The possibility that the child would be threatened or otherwise coerced into silence.
- A strong likelihood that important evidence would be destroyed.
- When the child did not wish the parent(s) to be involved at that stage, and is assessed by Children’s Social Care as being competent to take that decision under Gillick competency guideline’s, it should always be recorded in the strategy meeting / discussion document .
- Children’s Social Care should always seek the parents’ co-operation with Section 47 Enquiries, but if the parents refuse access to a child – and where concerns about that child’s safety do not require an urgent response for example an Emergency Protection Order – the local authority may consider applying to the court for a Child Assessment Order.

## Medical examination

- Consideration should always be given to the need for a medical assessment of each child about whom there are concerns.
- If the referral concerns physical injury or severe neglect a medical assessment of all the children in the household should be arranged.
- Medical examinations must be conducted by a doctor who has experience/training in the recognition of abuse and the carrying out of forensic medical examinations in respect of children.
- The examination for suspected sexual abuse is both clinical and forensic and should only be undertaken at the SARC
- If the Social Worker is not known to the child the Strategy Discussion should agree which professional from health or education should attend with the social worker.

Consideration should always be given to the need for a medical assessment of each child about whom there are concerns. Although a medical assessment is not a requirement in every case, it needs to be considered regardless of whether the child has any visible injuries or appears neglected. The medical assessment should be dispensed with only if those managing the investigation are satisfied that injuries/neglect are minor and the purposes of the investigation can be achieved without it. The reasons for dispensing with a medical assessment should be clearly recorded.

In cases where a medical examination is necessary, it is essential that it be conducted by a doctor who has experience/training in the recognition of abuse and the carrying out of forensic medical examinations in respect of children – i.e. a Consultant Paediatrician, a Specialist Registrar or a Community Paediatrician.

The purpose of any medical assessment is:

- To ensure the child's condition is medically examined and treatment given as appropriate;
- To re-assure the child as to his or her well-being;
- To obtain an assessment about possible indications of abuse;
- To ensure that any injuries or signs of neglect or abuse are noted for evidential purposes;

If the referral concerns physical injury or severe neglect a medical assessment of all the children in the household should be arranged on the same day if this is not possible the reason for the delay should be clearly recorded and it should take place as soon as reasonably possible. Reasons for excluding any of the children must be considered as part of the Strategy Discussion/Meeting and included in the record of that discussion.

Medical examinations of children where sexual abuse is suspected should be guided by the updated Purple Book Physical signs of Child Sexual Abuse (2015) Royal College of Paediatrics and Child Health (RCPCH)

Following a past Serious Case Review in Cheshire East, it was recommended that a paediatric radiologist's opinion be obtained for all skeletal surveys and x-rays where abuse is suspected, to support the report provided by a local general radiologist.

### **Consent for Medical Examination**

- Consent of a person with parental responsibility or the child if of sufficient maturity is needed before any medical examination can be undertaken unless the child is in need of urgent/emergency treatment.
- People giving consent should be made aware that photographs might be taken.
- Only one consent is required and the consent of the person with whom the child is living need not in cases of difficulty be preferred to that of others with parental responsibility. The local authority has parental responsibility for children subject to an interim or full care order so there have consent in this circumstance to sign for medical treatment / investigation

Consent should always be gained in writing; however should the doctor to decide the child is capable of giving informed consent using the Gillick Guidelines (Gillick competent) then can sign personally. Where the child is not of sufficient understanding, the consent of a person with parental responsibility is required at all times.

Children of 16 and over can give their own consent. However a young person with learning difficulties even if over 16 years, may not be able to give informed consent. In exceptional cases, a court order may need to be obtained.

In cases where parental consent is sought and refused, and where urgent treatment is not thought to be necessary, the medical examination should be delayed until an appropriate order is obtained by the local authority. All actions and decisions should be recorded in detail as part of the strategy planning process.

An examination or treatment of a child of sufficient age and understanding to give consent (i.e. deemed to be Gillick competent) may only proceed with the consent of the child even if the medical examination or any other assessment has been ordered by the court.

### **Good Practice Guidance:**

The Gillick guidelines state that before providing a service to a child who is under 16 to in circumstances that parents have not provided consent the health professional should ensure that the following criteria are met:

- The young person understands the advice being given.
- The young person cannot be convinced to involve parents/carers or allow the medical practitioner to do so on their behalf.
- It is likely that the young person will begin or continue having intercourse with or without treatment/contraception.

- Unless he or she receives treatment/contraception their physical or mental health (or both) is likely to suffer.
- The young person's best interests require contraceptive advice, treatment or supplies to be given without parental consent.

### **The Medical Report – Initial Findings**

- The examining doctor must provide verbal feedback immediately to Children's Social Care/the police in line with the current protocol .
- A written medical report should be provided within two working days.
- Any disagreements/uncertainty should be discussed at a Strategy Discussion/Meeting to decide next steps.

It is essential that the findings of any medical investigations are made available at the earliest opportunity to those conducting the Section 47 enquiry. Where there has been a medical examination, the examining doctor must provide verbal feedback of their initial findings immediately to Children's Social Care and the police, followed up by a written medical report to those agencies within 3 workign days of the examination; this will be sent via secure email. This timescale was agreed as part of the review of the Protocol. Children's Social Care must monitor that this report is received and record the date of receipt.

Children's Social Care and the police must not delay their enquiries by waiting for the written report, but must take whatever action they deem necessary based on the initial findings

Should professionals not be able to agree the nature and/or cause of incidents of suspected severe neglect or physical harm (including such harm caused by alleged sexual abuse), then a Strategy Discussion/meeting that includes the designated professionals should be re-convened by Children's Social Care to discuss and plan how the enquiry should be taken forward. In the case of medical differences of opinion where a child is examined in hospital, this discussion must take place before the child leaves the hospital and a detailed plan created.

The purpose of the reconvened Strategy Discussion/Meeting is to consider all information, assessments, and opinions and to jointly agree next steps. If there is no agreement, the senior managers/designated professionals of each agency should be consulted for further direction.

The discussion should be clearly recorded on a Strategy Discussion Record on The Child's Record.

## OUTCOMES

**Concerns are substantiated and the child IS judged to be continuing to, or to be likely to, suffer significant harm.**

A Child Protection Conference must take place.

In these circumstances, Children's Social Care must request a Child Protection Conference unless a decision has been made to take other action to protect the child e.g. Care Proceedings.

This decision, and the reasons for it, must be recorded on The Child's Record.

### **Substantiated Concerns**

Concerns are substantiated, but the child is NOT judged to be continuing to, or to be likely to, suffer significant harm.

- The Combined Assessment must still be concluded and consideration given to whether there is a need for support and/or services, how this might be provided and by whom.
- The decision not to proceed to a child protection conference where it is known that a child has suffered significant harm is made by the Practice Manager.
- Professionals and agencies may appeal this decision and request a child protection conference if they have serious concerns that a child may not otherwise be adequately safeguarded.

This applies where the agencies most involved have agreed that a child has suffered significant harm, but that a plan for ensuring their future safety and welfare can be developed and implemented without having a Child Protection Conference or a Child Protection Plan. This is because the Section 47 enquiry has concluded that there is no continuing risk of significant harm. The reasons for this may include:

- The caregiver has taken responsibility for the harm they caused the child, and are willing and able to co-operate with actions to ensure the child's future safety and welfare
- The harm was the result of an isolated abusive incident
- The family's circumstances have changed
- The person responsible for the harm is no longer in contact with the child

The possible outcomes in cases where concerns are substantiated, but the child is not judged to be at continuing risk of significant harm are the same as in those cases where the concerns are not substantiated, i.e. they may include:

- No further action
- Provision of information and advice
- Signposting or referral to other agencies
- Provision of services under Section 17, 1989 Children Act within a Child in Need Plan

- Family support meeting and provision of services within a Family Support Plan
- Family Group Conference
- Specialist assessment

The decision not to proceed to a child protection conference where it is known that a child has suffered significant harm should be made by the Practice Manager, in consultation with a relevant Group Manager within the local authority where necessary, having taken into account the views of all relevant agencies. The reasons why a conference is not being convened must be fully documented on the child's case file.

Those professionals and agencies who are most involved with the child and family, and those who have taken part in the enquiry, have the right to request that Children's Social Care convene a Child Protection Conference if they have serious concerns that a child may not otherwise be adequately safeguarded. Any request for a child protection conference in these circumstances must be supported by a senior manager, or a named or designated professional, and be made in writing to the Safeguarding Unit. Any such request for a Child Protection Conference should normally be agreed, but the ultimate decision rests with the Independent Reviewing Officer based in the Safeguarding Unit.

In those cases where continuing services to the child and family are to be provided by Children's Social Care, these may be provided within a Child in Need Plan. The Plan must:

- Be agreed at a meeting of professionals and family members,
- Be informed by the assessment findings.
- State what actions are to be undertaken by whom,
- State what the intended outcomes are for the child's health and development,
- Specify what should happen if the plan is not being successfully implemented
- Include a timescale for reviews of progress against the planned outcomes.
- Be provided in writing to the child's parents or carers

### **Concerns not substantiated**

The assessment **must** still be concluded and consideration given to whether there is a need for support and/or services, how this might be provided and by whom.

Enquiries may not substantiate the original concerns about the child suffering or being at risk of suffering significant harm but the Combined Assessment must still be concluded. In some circumstances, no further action may be necessary. However, Children's Social Care and other relevant agencies as necessary, should always consider with the family whether there is a need for support and/or services, how this might be provided and by whom.

The focus of Child Protection enquiries is the welfare of the child, and these enquiries may well reveal a range of needs. Many children who are the subject of child protection enquiries will fall within the definition of 'children in need' and the

provision of help to these children and their families should not be dependent on their being found to have suffered abuse and neglect.

The outcome of an unsubstantiated Section 47 enquiry may therefore include:

- No further action;
- Provision of information and advice;
- Signposting or referral to other agencies;
- Provision of services under Section 17, 1989 Children Act within a Child in Need Plan;
- Family support meeting and provision of services within a Family Support Plan;
- Family group conference;
- Specialist assessment.

The decision on the appropriate outcome will be taken and recorded by the Practice Manager. Feedback will be given to the family, the referrer, and other professionals. In particular, the family should receive confirmation of the outcome of the enquiry in writing and an opportunity to discuss in detail with the Social Worker.

In some cases there may remain suspicions about significant harm, but no real evidence. In these cases it may be appropriate to put in place arrangements to monitor the child's welfare. It will be important to inform parents about the nature of any on-going concern and to make clear the purpose of monitoring i.e., what is being monitored, why, in what way and by whom. The arrangements must be reviewed within three months through the holding of a further discussion or meeting. However, monitoring should never be used as a means of deferring or avoiding difficult decisions.

NB

It should be taken into consideration that the police will determine whether or not a criminal investigation will take place.

## **Appendix A**

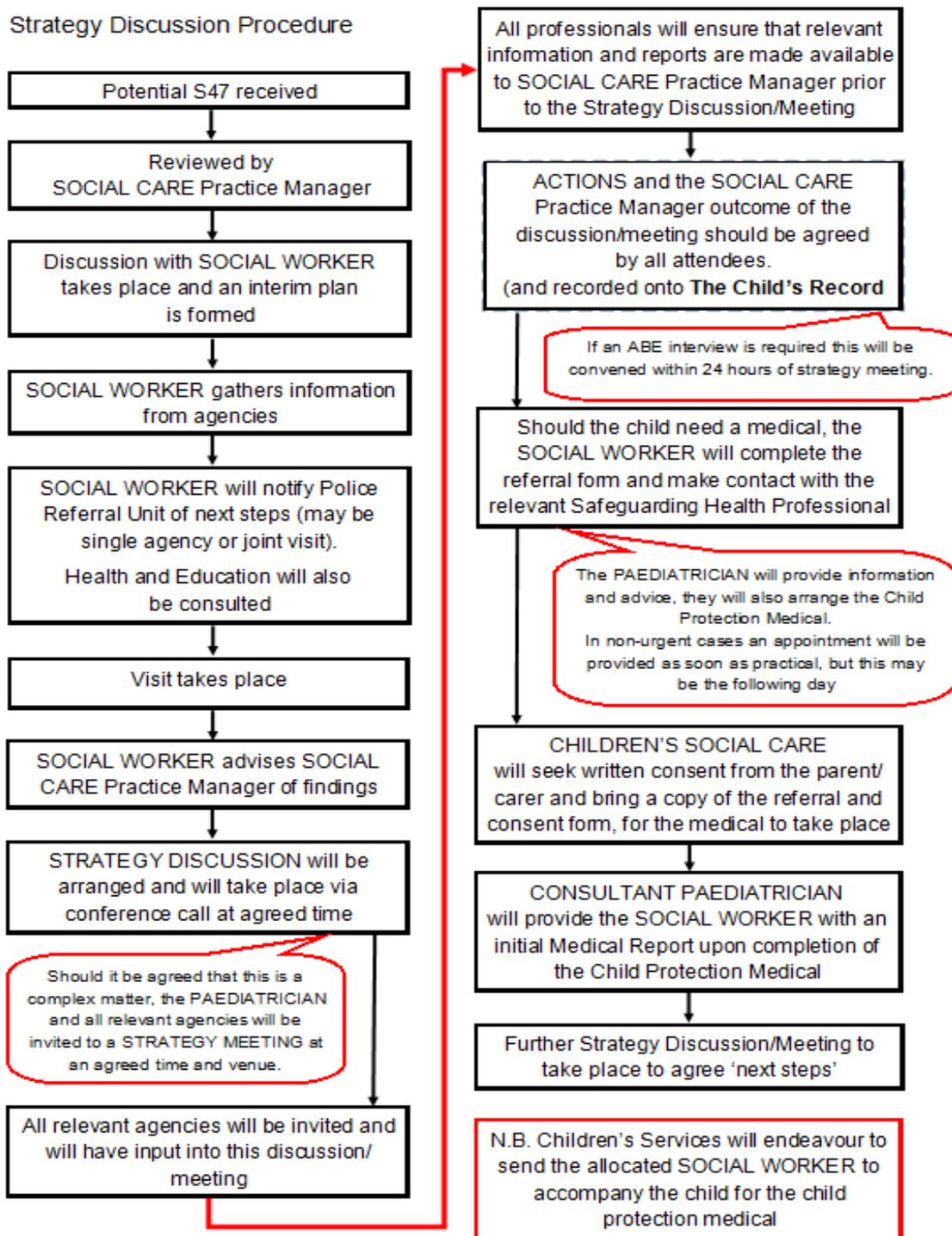
### Conference calling facility/ instructions

- At the allotted time, all participants dial 74260 (or 01625 374260 if external)
- Participants listen to the announcement and dial the conference access code when prompted.
- If you are the first caller, wait for other participants to join the conference.
- If you are the second or subsequent caller and the conference is already in progress, speak your name when entering the conference.
- When the call is finished all participants simply hang up.
- The Access Code for this conference is 755955

If a Strategy Discussion is arranged then the relevant agencies will be informed of the time and date of the conference call along with the relevant telephone and pin number to dial into the call. See flowchart at the end of the document. **See Appendix B**

## Appendix B

### Flowchart



## Appendix C

### **Educational Report for Meeting – (to be completed by the Designated Safeguarding lead)**

#### **Meeting Type**

*(Strategy Meeting, Child in Need Meeting, Child Protection Core Group, CSE, CAF*

*Please NB this report is not to be used for Child Protection Conference – use LSCB Proforma)*

#### **Date of Meeting**

#### **Child's name**

#### **Year Group**

#### **Attendance**

#### **Punctuality**

#### **Contact with family members**

*(Have you had a chance to meet with the parents/carers – if so why)*

#### **In answering the next questions, please include any strengths as well as any concerns**

**Are you aware of any changes in family structure or dynamics?**

**Comment upon the child / young person's academic performance *and* achievements**

**Is the child subject to any Educational Intervention for example Nurture Group, Circle Time, Individual Education Plan, Behaviour Plan, SEN support or Educational Health Plans – please provide brief overview**

**Challenges to learning**

**Adult contribution and support in learning**

**Peer group friendship relationships** *(does this influence presentation – positive or negative impact)*

**Relationships with staff**

**Emotional and behavioural development.**

**Degree to which child/young person makes a positive contribution**

**Areas of celebration**

**Current concern/s and risk/s**

**Think about the ‘Voice of the Child’ and ‘Lived Experience’. What behaviours have you observed?**

*(What does your agency’s information tell us about the child/children’s lived experience? Think about your observations of the child when considering the ‘voice of the child’)*

**Meeting Report prepared by**

**Date Prepared**

**Meeting report Presented by**

**Date Presented**