

Joint Section 47 Enquiry Protocol

Gloucestershire Safeguarding Children
Board

Version 1.2 - May 2018

Revision Table

Revision	Date	Comment
1.0	25 th August 2017	Protocol agreed and published on GSCB website
1.1	6 th March 2018	Minor changes to wording and updated diagram at Appendix C2
1.2	4 th May 2018	Enhanced strategy discussion guidance, included local strategy discussion flowchart and amended organised and complex abuse section

Gloucestershire's Protocol for Joint Investigations under S47 of the Children Act (1989)

Introduction and Context:

In Working Together to Safeguard Children 2018 it is a requirement that the Local Safeguarding Children Board have in place a protocol which provides a detailed framework for agencies to work together to safeguard children. There is an expectation that all agencies make best use of resources when undertaking Section 47 enquiries.

This protocol should be read in conjunction with the Local Safeguarding Children Board's procedures and Working Together 2018.

Police, Health and Social Workers bring different skills and experience to the investigative process, as well as potentially competing professional demands. Police Officers will be securing forensic evidence for a case which may be placed before a criminal court. Social workers and health workers will be assessing significant harm, ensuring robust protection plans are in place for children which include ongoing support for the child, young person and their family.

This protocol describes the joint working arrangements between Gloucestershire County Council Children's Social Care, Gloucestershire Constabulary and Gloucestershire's NHS Trusts in deciding how Section 47 enquiries should be conducted. The protocol will:

- Provide the back ground context.
- Outline the principles of a child protection enquiry.
- Establish a framework for working together.
- Outline an information sharing protocol.
- Clarify decision making on the need and process for a medical assessment.
- Outline an agreement for dispute resolutions.

Principles of the Protocol

There are several principles which those responsible for decision making must pay particular regard to when considering how to respond to allegations or when there is reasonable cause to suspect that the child is suffering, or likely to suffer significant harm:

- The safety and welfare of the child is paramount.
- The investigation and enquiry should be child centred and based on the protection of the child, rather than the collection of evidence for criminal proceedings.
- Agencies must be integrated in their approach to promote children's welfare and identify any additional needs during and beyond the section 47 enquiry.
- The account of the child will be taken seriously, with all professionals keeping an open mind to information presented, which may confirm or refute the child's account. The enquiry will consider all the information and evidence gathered.
- Joint Investigation interviews will work within the legal framework.
- All investigations must demonstrate respect for diversity.

Workers from all agencies will need to be aware of the competing demands in their specialist roles and recognise that they share the same objective: the safeguarding and protection of a child.

Please ensure that:

- You read, understand and when appropriate act on this information.
- All staff you are responsible for, read, understand and where appropriate act on this information.
- You identify any training in relation to this policy for yourself and staff you are responsible for and notify the training forum or include in annual training needs assessments.
- You have a system for recording that staff you are responsible for, have been told of the existence of this policy/procedure.

Framework for working together under S47 of The Children Act 1989

When working together to safeguard any child the key agencies will work together to:

- Take immediate protective action.
- Ensure that pain relief and medical treatment are provided for any serious injuries.
- Listen to the child, ensure that their wishes and feelings are taken into account.
- Plan multi-agency ongoing co-ordinated protection and support to the child and family as required.
- Consider the need for a medical assessment for the index child and siblings.
- Assess levels of risk to all children in the household (or any other children implicated) when allegations of abuse have been made.
- Contribute (where appropriate) to the legal process, both criminal and civil.

Procedure

Children's Social Care has a statutory duty to make enquiries into allegations or suspicions where there are concerns that a child is suffering or is likely to suffer significant harm. There is also a responsibility to safeguard and promote the child's welfare and to ensure that the child's welfare is paramount in all enquiries and decision making.

The Police have a responsibility to investigate allegations of offences against children.

The Police, Children's Social Care and Health professionals have specialist and complementary skills in the assessment and investigation of allegations of child abuse. In appropriate cases it is necessary for these skills to be combined to provide maximum protection for those children who are at risk or who have suffered significant harm.

A strategy discussion, which will be either a multi-agency meeting or phone calls will take place to determine the appropriate level of intervention following the referral of an incident to the Police or Children's Social Care (Joint investigation: The criteria for conducting a joint investigation of a referral of alleged/suspected child abuse is the likelihood that a criminal offence may have been committed (the likelihood of prosecution is not a factor). To be recorded in Strategy meeting Minutes. The agreed actions MUST be agreed between Police, Health and Children's Social Care

Subject to the recommendations of a Strategy Discussion, the following circumstances will result in a joint police and social work investigation.

- Actual or suspected serious physical injury or neglect.
- Abandonment of young or vulnerable children where the child is exposed to danger.
- Violence to a child constituting an assault, actual or grievous bodily harm, marks, bruising, or soft tissue injuries to babies or very young children.
- Penetrative Sexual Abuse.
- Allegations of harm arising from under age sexual activity.
- Where the alleged perpetrator (who is in a position of trust) has unsupervised access to a child or children, e.g. voluntary group leader, teacher or medical nursing professionals.
- Allegations or reasonable suspicions that a criminal offence has been committed: a direct allegation made by a child.
- Allegations or reasonable suspicion of serious neglect which may require action under Section 1 of the Children and Young Persons Act 1933.
- Significant concerns about the welfare of an unborn baby.
- Bullying that is leading to a risk of significant harm.
- Allegations or reasonable suspicions which involve unusual or specific circumstances e.g. organised or institutional abuse or medical conditions such as fabricated or induced illness.

The criterion for single agency investigation by Children’s Social Care: Where there is little or no likelihood of a criminal offence arising from the referral.

The criterion for single agency investigation by the Police: Where the alleged abuser is outside the child’s immediate family and parents or carers are protective and actively meeting the child’s needs.

However, all single agency investigations regarding children will be discussed with Children’s Social Care to confirm this status. Feedback and information will be shared at the time.

At any stage professional judgement may override the threshold criteria and lead to more or less action. Any changes of agreed action should be negotiated via another strategy discussion or discussion between the key agencies: the decision making should be fully recorded.

As part of this process, any paediatric review or examination of the child and siblings whether index case or sibling, will be shared with all agencies at section 47 thresholds.

Referral and Strategy Discussion

If a professional or a member of the public has concerns about any child’s safety and welfare and the decision is made that emergency action is necessary to safeguard the child, the following will happen:

- Working Together 2018 states that the local authority has a duty to investigate concerns under S47 to determine if a full blown S47 enquiry is required. In these situations there will be an immediate Strategy Discussion, which will be either a multi-agency meeting or phone call and convened by children’s social care. As a minimum the Strategy Discussion is chaired by Manager in Children’s Social Care, and includes Health professionals and a Police representative. Other relevant professionals will be invited on an individual case basis. All attendees should be sufficiently senior to make decisions on behalf on their agencies. In the majority of

situations the outcome of this immediate discussion is likely to result in further enquiries being made (i.e. joint visit to child between Police and Children's Social care). If the outcome of these further enquiries supports the referral information then a further strategy discussion should be convened within 10 working days to consider the need for a full blown S47 enquiry with a potential outcome for ICPC (See Appendix B for the local Strategy Discussion flowchart)

It is important to note that in some situations the referring information will be so clear that a full blown S47 enquiry is required immediately (i.e. non-accidental injury) and in these cases the S47 enquiry must start at this initial strategy discussion stage.

The strategy discussion will:

- consider the child's welfare and safety, and identify the level of risk faced by the child;
- decide what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm);
- agree what further action is required, and who will do what by when, where an EPO is in place or the child is the subject of police powers of protection;
- records agreed decisions in accordance with local recording procedures; and follow up actions to make sure what was agreed gets done.
- the key agencies will consider the threshold for Emergency Protection Order or Interim Care Order.

The purpose of the strategy meeting is to:

- Share available information.
- Decide whether a section 47 enquiry under The Children Act 1989 should be initiated and undertaken.
- Agree and record whether the enquiry is joint or single agency and why.
- To decide whether there is a need for medical assessment, and if so who will carry out what actions, by when, and for what purpose.
- Determine what information from the strategy discussion will be shared with the family, without jeopardising the police investigation or causing significant harm. It is the social worker/Team Manager's responsibility to ensure this happens in a timely and inclusive way.
- Agree the conduct and timing of any criminal investigation.
- To decide whether a Joint Interview (JI) will take place, to agree who should be interviewed by whom, for what purpose and when.

All strategy discussions and the decisions made will be recorded and agreed by all agencies. All strategy discussions will be signed off by a Manager for Children's Social care.

It is agreed that the timing of all Strategy Discussions will be considered based on the risk posed to the child/ren. Wherever possible meetings/phone discussions will take place in a reasonable timescale based on the need but no longer than 5 working days.

Police Protection can only be considered at the time of the event and consultation needs to be had with the PPU inspector or the duty inspector when out of hours. On exercise of police protection powers, Children's Social Care will be informed at the earliest opportunity.

What happens after a Strategy discussion?

- The Initial Strategy Discussion makes decisions about whether to initiate section 47 enquiries and decisions are agreed, recorded and signed off.
- Police will make a decision as to whether a criminal investigation will commence and document the rationale for the decision.
- Social Worker will lead the enquiry under Section 47 of the Children Act 1989; finding of significant harm and information is recorded within a Single Assessment, and will proceed to Child Protection Conference or Care Proceedings, or make a child 'Looked After' if required or take no further action: all other professionals will contribute.
- Medical assessments when indicated will be completed and a plan agreed to ensure that outstanding health needs are met. Known information about the child or the family must be shared by the social worker at the medical assessment. Good practice should concur with Lord Laming's recommendations and occur within 24 hours.
- Police, Health professional and Deputy Manager/Manager will agree whether a child protection conference is necessary and record the decision.

Medical Assessments

If the child is seriously ill or injured, immediate medical treatment will be sought through attendance at the Gloucester Royal Hospital A&E department.

When the strategy discussion has identified the need for planned medical assessment, referral requires discussion with the Hospital child protection paediatric consultant on call.

(Please see appendix D1 - pathway for assessment of physical abuse)

In the context of a Child Protection Investigation, the purpose of a medical assessment is to:

- Ensure that any injury or condition requiring urgent attention receives treatment.
- Record any injuries, signs of neglect, or abuse for evidential purposes. This may include written accounts, body maps, clinical photographs and colposcopic images.
- Secure forensic evidence (the need for this may affect the timing of the medical and requires joint agreement between health professional and investigating police officer).
- Reassure the child about their physical well-being.
- Obtain an assessment about possible indication of abuse and neglect and views on history to mechanism of injury.
- Decide what, if any, clinical investigations need to be undertaken on the child/siblings.

The result of any examination by the Paediatrician will be shared with Children's Social Care and the Police and written reports provided as soon as possible.

In the case of an acute sexual abuse disclosure/offence it is good practice to arrange an Achieving Best Evidence (ABE) interview although at times this may not be practical prior to a forensic medical examination. The timing of the forensic medical examination should be

agreed between the Senior Investigating Police Officer and the Forensic Medical Examiner, and when needed the Consultant Paediatrician – this should be agreed at the strategy discussion

(Please see appendix D2 – pathway for child alleging sexual assault)

Any medical examination of a child or young person under 16, for the purposes of a child protection investigation, requires the consent of an adult with parental responsibility.

In the event that consent is withheld, Children's Social care should seek legal advice from the Local Authority legal department.

Emergency Duty and Out of Hours

Continuing the delivery of services to children out of core hours should not disadvantage children who need protecting. It is equally important to adhere to this procedure when working out of hours.

Children's Social Care is available from 9.00am until 5.00pm. However any inquiries which started within these hours are continued by the same Manager and Social Worker until activities to safeguard the child are concluded for the day. Please contact The Children's helpdesk on 01452 426565 to discuss urgent concerns.

Referrals to Children's Social Care which start outside the above hours are taken by The Emergency Duty Team (telephone 01452 614758 or edt@gloucestershire.gov.uk) and are continued by the main service the following working day.

The Police Central Referral Unit are fully available between 8am to 4pm (Monday – Friday) for advice or to arrange a strategy discussion – phone number 01452 753458 or e-mail cruenquiries@gloucestershire.pnn.police.uk . Outside of these times any emergency need for a strategy meeting should be made to the Police control room using the 101 number. The control room will be able to identify the correct resource to assist.

For the Gloucestershire Hospitals NHS Trust:

During office hours (Monday – Friday) the social worker will discuss the situation with the on call Child Protection Paediatric consultant on 0300 4225701

Outside office hours, and at weekends /public holidays please ask to speak to the on call acute Paediatrician via Gloucester hospital switch board on 0300 422222.

Information Sharing:

Effective Information sharing underpins integrated working and is a vital element of safeguarding. (See Working Together 2018 and Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

Dispute Resolution:

All agencies are working with finite resources and under considerable pressure to meet the needs of children and families in Gloucestershire. This is the greatest cause for systems and agreements to not run smoothly or coherently.

The mission to safeguard children in Gloucestershire in a co-ordinated and professional way will inevitably cause tension. Tension and challenge can be productive (critical friend). However, if these are allowed to build there is a risk that they could get in the way of the primary goal of protecting children. Tensions and challenges can inform healthy professional debates. However, these debates need to be conducted in professionally respectful ways always keeping in mind the primary interest of safeguarding children.

The following steps should be taken when systems and agreements have failed and issues need to be raised:

- Discuss the issue directly with the person involved to seek resolution. This protocol will be used to ensure that the discussion remains focussed on the work to be achieved.
- Speak line manager to line manager across the agencies.
- Identify together the factors that led to the system failure, using this information to inform improving practice.
- If appropriate, report the resolution to a manager in writing so that improvements can be integrated into the protocol.
- If the issue cannot be resolved after this, form a de-brief meeting immediately with the workers involved from Social Care, Health and police and other agencies to resolve using the GSCB Escalation protocol.
- Inform the DCI, Paediatric Safeguarding Lead and Head of Service.

Useful Links

Working Together to Safeguard Children (2018)	https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
Gloucestershire Safeguarding Children Board	www.gscb.org.uk
South West Child Protection Procedures	www.proceduresonline.com/swcpp/gloucestershire
The Physical Signs of Child Sexual Abuse – An evidence-based review and guidance for best practice May 2018 Royal College of Paediatrics and Child Health	www.rcpch.ac.uk

APPENDICES

Appendix A:	Referral and Strategy Discussion/Meeting (Guidance)
Appendix B:	Local Strategy Discussion Flowchart
Appendix C	Joint Interview (Guidance)
Appendix D:	D 1 - Medical Assessment flow-chart following possible physical abuse. D 2 - Pathway for medical assessment following alleged sexual assault D 3 - Pathway for investigation of induced or fabricated illness

Appendix E:	What happens during and after an enquiry
Appendix F:	Request for Strategy Document
Appendix G:	Complex Abuse Protocol
Appendix H:	Strategy Discussion Practice pack

Appendix A - Strategy Discussion (Guidance)

Please refer to South West Children Protection Procedures, the Gloucestershire Safeguarding Children Board and Working Together 2018 Procedures for further information.

Child Protection - Guidance Notes

1. Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a Strategy discussion, by meeting or telephone, involving Children's Social Services, Gloucestershire Police and the appropriate Health professionals relevant to the child and/or family, the referring agency and any other appropriate bodies. This should take place in all instances, including those where the Manager and Social Worker have made a decision in supervision. Where the concern is relating to physical or sexual harm, The Gloucestershire NHS Hospital Trust must be included in the initial strategy discussion.

2. Concerns for the safety and well-being of a child can be raised at any time during work with children and their families. The Strategy discussion is intended to support the ongoing assessment process and evidence concerns if/until an Initial Child Protection Conference is convened.

3. The Strategy discussion should be held within a reasonable timescale based on the presenting need but no longer than 5 working days of the receipt of concerns unless there is concern for immediate and significant harm in the following cases:-

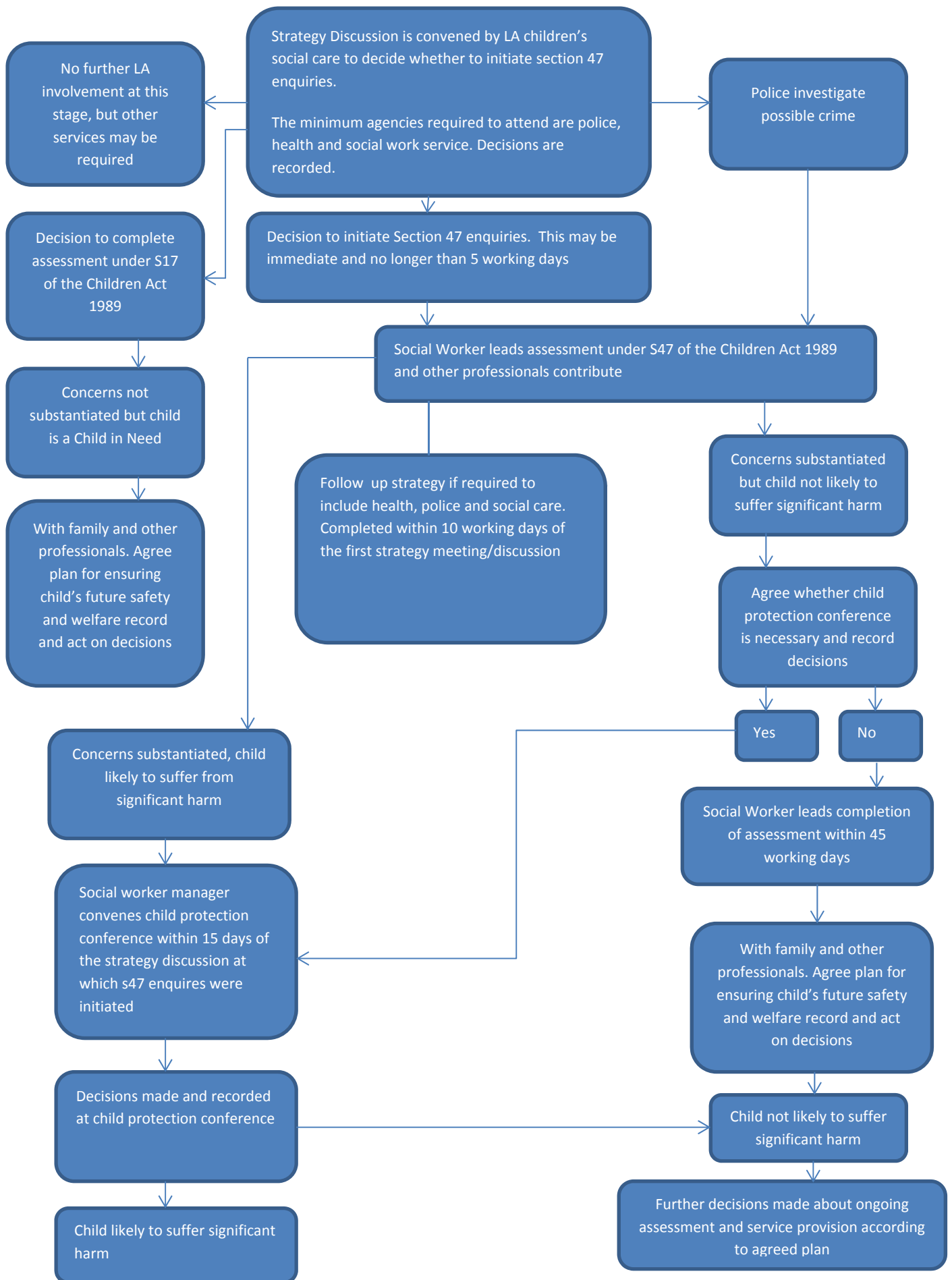
- Serious physical injury/neglect – same day as receipt of concerns
- Penetrative sexual abuse – same day if forensic evidence is to be secured
- Emergency action by the Police or Children's Services – within one working day
- Child in hospital setting – must take place before child leaves hospital
- Complex/organised abuse – maximum five working days unless need to provide immediate protection to a child

The purpose of the strategy discussion is to:

- Share and evaluate all available information and identify gaps.
- Decide whether Section 47 enquiries should be undertaken: including in relation to other children possibly at risk, whether there is a need for medical assessment or treatment and obtaining consent from parents/guardians/carers.
- Agree the conduct and timing of any criminal investigation, including whether an investigative interview needs to be undertaken and timescales for completion.
- Identify what action is required immediately and in the short term to manage identified risk, safeguard the child and/or provide interim services and support.

- Consider how race, ethnicity, language, religion, culture, disability and sexuality may need to be taken into account in order to ensure full participation of all the relevant family members.
- Where it is agreed that a Section 47 enquiry is not required, a Child in need plan should be considered which would not necessarily conclude that there is a further role for Children's Services.
- The initial Section 47 enquiry should be completed within fifteen working Days and should evidence the completion of all the agreed actions by relevant agencies.
- A review Strategy discussion can be held to agree whether the finding substantiate the concerns that the child is at continuing risk of significant harm. Where this is the outcome of the Section 47 enquiry a Child Protection conference should be convened within 15 working days.
- Within 24 hours of this decision the Team Manager/Social Worker should complete the Preparation for conference form and attach all Strategy discussions of Section 47 records in order to evidence transparent decision making in the best interests of the child.
- It is the responsibility of the Social Worker to feed back the outcome to children, their family and the professionals involved

Appendix B – Local Strategy Discussion Flowchart



Appendix C - Joint Interview Guidance:

The criteria for visually recorded interviews with children are laid out in Achieving Best Evidence (ABE) in Criminal Proceedings (Home Office 2002) and should be undertaken by those with specialist training and experience in interviewing children.

The Investigative Interview:

Planning the actual interview with the child must be done by way of a meeting between the two investigating professionals. This should not be done over the telephone.

All interviews will be undertaken in accordance with the guidance contained in ABE. The interview will normally be recorded by way of a DVD recording or a written statement having regard to the age and understanding of the child.

The interview plan will take into account:

- Any special needs of the child including cultural needs
- Who will be the child's appropriate adult
- The child's development level (Part 2 - ABE checklist page 17)
- Who should lead the interview: how will both people interviewing interact.
- Who else might be present
- Where the interview will take place and the time frames
- The child's ability to engage in an interview and their ability to give evidence in court.

Consent of the Child:

Where the child has sufficient understanding, consent must always be obtained from the child and to enable consent to be given, adequate information must be given regarding the purpose of the interview. Refusal of consent must be respected however consent is not necessary from the child (although it unlikely to be practicable or desirable to record an interview with a reluctant or hostile child).

Where a DVD recording is to be made the child must be informed about who may see the interview recording. Following the interview, if it is apparent that a criminal prosecution may follow and that the child will be required as a witness, then both the child and appropriate carers should be fully informed of the implications of such a course of action. At no point must a child, parent(s) or carer(s) be led to believe that the Court will not require the child's oral evidence.

Parent/ Carer Involvement

In the majority of investigations it is expected that concerns will be shared with the parents/carers before the child is seen. As a general rule information should be shared with parents/carers unless to do so would affect the safety and welfare of the child or other children, or be detrimental to the criminal investigation. If a decision is made not to inform the parents/carers the reasons must be recorded.

The needs and safety of the child must be the first consideration when determining at what point parents/carers should be informed of concerns. The child should never be interviewed in the presence of an alleged or suspected perpetrator. Unless the child has sufficient understanding to agree to being interviewed in his/her own right the agreement of a

- Parent.

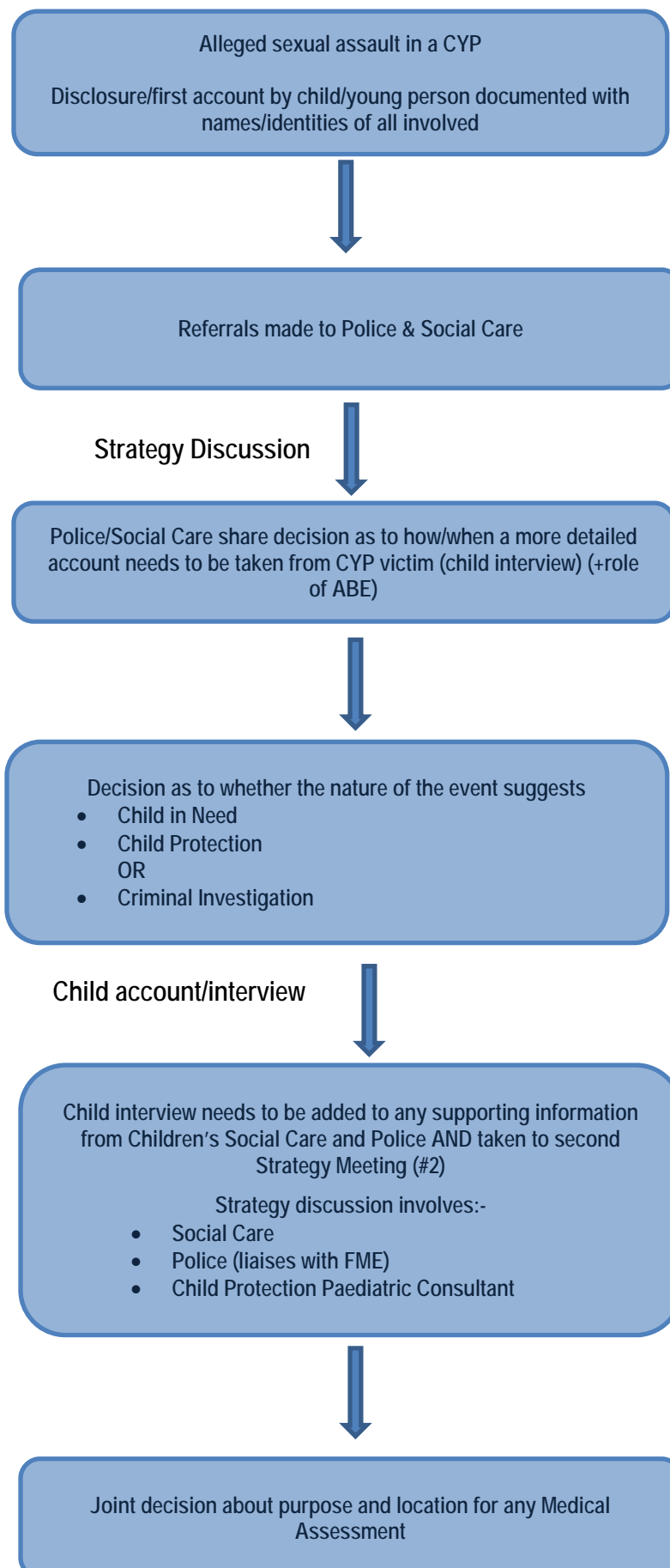
- Person with parental responsibility.
- Authorisation by a court is required.

The investigating team may need to interview a suspected child victim without the knowledge of the parent or carer in certain situations. This might 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 take that decision, ('Working Together' paragraph 5.34).

In all cases where the police are involved, the decision about when to inform the parent or carer will have a bearing on the conduct of the police investigation, and the strategy discussion should decide on the most appropriate timing of parental participation. It is not good practice, from an evidential perspective, for a parent to be allowed in an interview or in the monitoring room particularly if the parent has taken disclosure from the child.

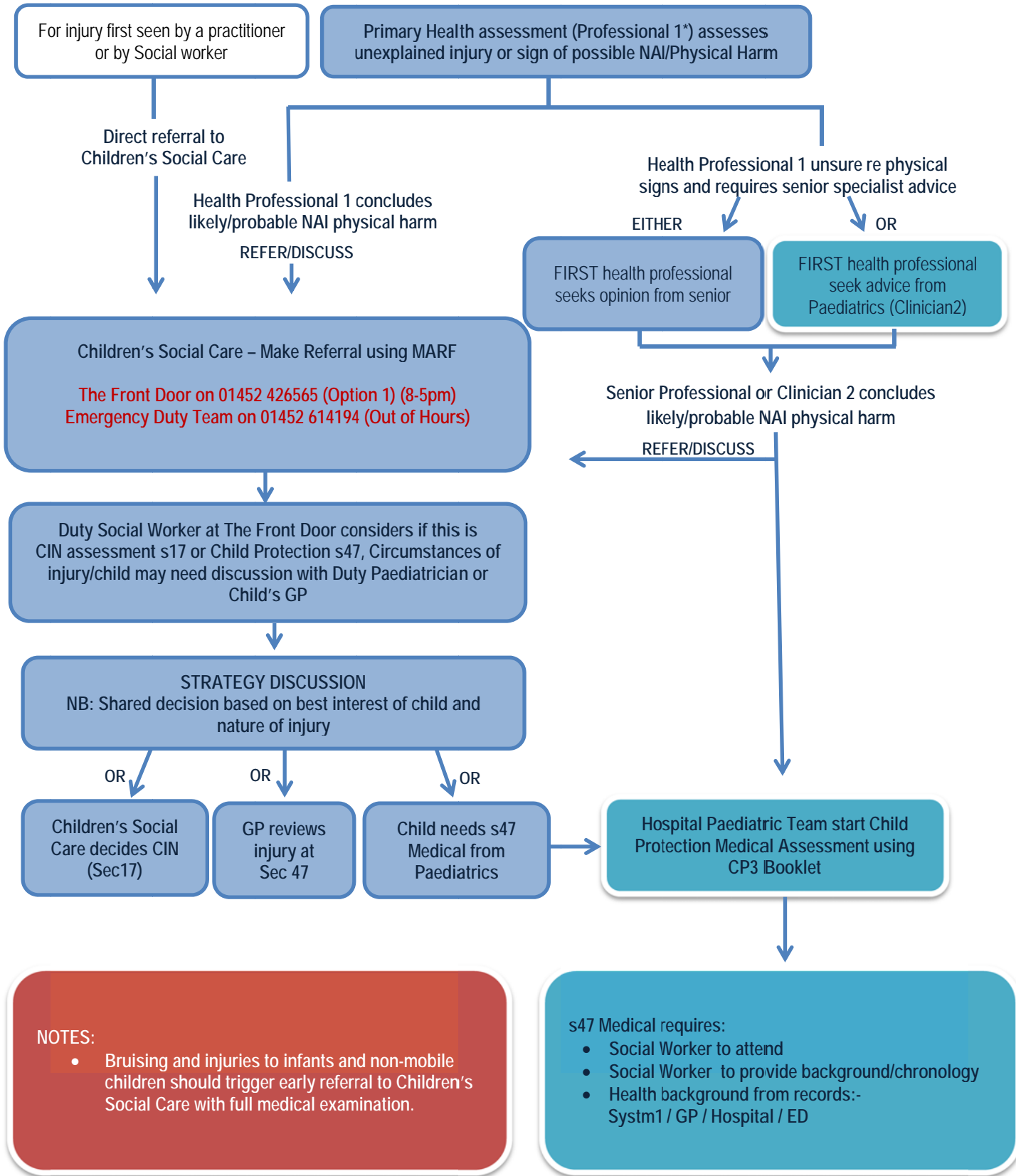
Viewing the DVD Interview, it is good practice for Social Workers & Police Officers to view their DVD after the interview and again before the court case.

JOINT PATHWAY FOR ALLEGED SEXUAL ASSAULT (ACUTE) IN A CHILD/YOUNG PERSON (CYP) TO AGREE MEDICAL ASSESSMENT



ASSESSMENT OF POSSIBLE PHYSICAL HARM/PHYSICAL ABUSE IN CYP (GHNHSFT)

PATHWAY FOR CHILD PROTECTION MEDICAL EXAMINATION



NOTES:

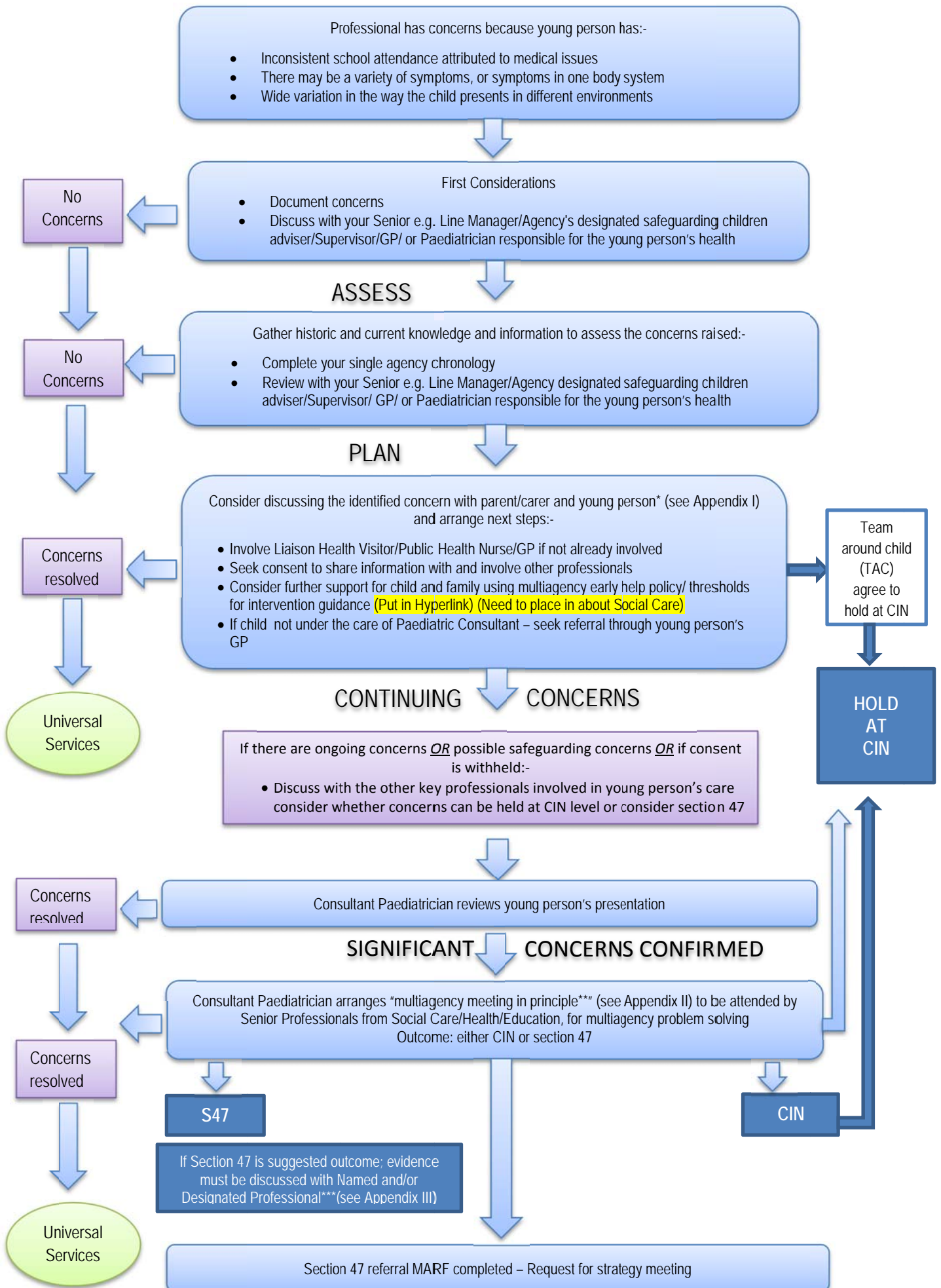
- Bruising and injuries to infants and non-mobile children should trigger early referral to Children's Social Care with full medical examination.

s47 Medical requires:

- Social Worker to attend
- Social Worker to provide background/chronology
- Health background from records:- System1 / GP / Hospital / ED

*Professional 1 = (a) Primary Health Professional GP/HV/PHN
(b) Other Health Professional e.g. ED/Orthopaedics/ Junior doctor

Outline Process for Joint Investigations of Suspected Induced or Fabricated Illness



APPENDIX

- I. If sharing concerns will increase risk to child or potentially impact on criminal evidence, seek senior advice and consider confidential strategy first.
- II. “Multiagency meeting in principle” on this pathway means a professionals meeting to discuss full details of case, with child/family identifiers removed from any paperwork.
- III. Cases of Fabricated Induced illness must be notified to Named and Designated Health Professionals.

Appendix E - What happens during and After an Enquiry

Initiating a s47 enquiry

LA children's social care is the lead agency for child protection enquiries and the LA children's social care manager has responsibility for authorising a s47 enquiry following a strategy discussion/meeting.

- In deciding whether to call a strategy meeting / discussion, the LA children's social care manager 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 and patterns of concerns;
- 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, domestic violence or immigrant family issues such as social isolation).

A S47 enquiry may run concurrently with police investigations. When a joint enquiry takes place, the police have the lead for the criminal investigation (see Referrals to the Police) and LA children's social care have the lead for the S47 enquiries and the child's welfare.

Multi-agency checks

Whenever a s47 enquiry is initiated, even when there has been a recent assessment, the LA children's social worker must consult with their manager about how and when to inform the family of the cause for concern unless to do so would place the child at risk of significant harm.

The social worker, together with their manager, must decide whether to seek parental permission to undertake multi-agency checks.

If the manager decides not to seek permission, they must record the reasons, e.g.:

Prejudicial to the child's welfare;

Serious concern about the behaviours of the adult;

Concern that the child would be at risk of further significant harm.

Where permission is sought from parents and carers and denied, the manager must determine whether to proceed, and record the reasons for the decision they make.

The social worker must contact the other agencies involved with the child to inform them that a child protection enquiry has been initiated and to seek their views. The checks should be undertaken directly with involved professionals and not through messages with intermediaries.

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.

Agency checks should include accessing any relevant information in relation to the child or other significant family members that may be held in one or more agencies/ counties. Practice guidance is available for social workers working on child protection cases and care orders, where the child has links to a foreign country in Working with Foreign Authorities: Child Protection Cases and Care Orders Departmental advice for local authorities, social workers, service managers and children's services lawyers July 2014 (PDF). See also Accessing information from abroad.

The primary responsibility of police officers is to undertake criminal investigations of suspected or actual crime and to inform LA children's social care when they are undertaking such investigations, and where appropriate to notify the Designated Officer (formerly known as LADO).

The police and LA children's social care must co-ordinate their activities to ensure the parallel process of a S47 enquiry and a criminal investigation is undertaken in the best interests of the child. This should primarily be achieved through joint activity and planning at strategy meetings / discussions.

Involving parents, family members and children

Section 47 enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect. LA children's social care should explain the purpose and outcome of s47 enquiries to the parents and child/ren (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.

The social worker has the prime responsibility to engage with family members. 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.

Missing or inaccessible children

If the whereabouts of a child subject to s47 enquiries are unknown and cannot be ascertained by the LA children's social care social worker, the following action must be taken within 24 hours:

A strategy meeting / discussion with the police CAIT (Child Abuse Investigation Team);

Agreement reached with the LA children's social care manager responsible as to what further action is required to locate and see the child and carry out the enquiry.

If access to a child is refused or obstructed the social worker, in consultation with their manager, should co-ordinate a strategy meeting / discussion, including legal representation, to develop a plan to locate or access the child/ren and progress the s47 enquiry.

When a child is looked after under S20 and a parent 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 still has full parental responsibility for the child).

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 if over the age of 13 years.

A young person aged 16 or 17 has an explicit right (s8 Family Law Reform Act 1969) to provide consent to surgical, medical or dental treatment and unless grounds exist for doubting their mental capacity, no further consent is required.

A child who is of sufficient age and understanding may refuse some or all of the paediatric assessment, though refusal can potentially be overridden by a court.

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

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 their own consent;
- Decide to proceed without consent if life threatening.
- Seek legal advice from Trust lawyers

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

Outcome of s47 enquiries

LA children's social care is responsible for deciding how to proceed with the enquiries based on the strategy meeting / discussion and taking into account the views of the child, their parents and other relevant parties (e.g. a foster carer).

During the enquiry the scope and focus of the assessment will be that of a risk assessment which:

- Identifies the cause for concern;
- Evaluates the strengths of the family;
- Evaluates the risks to the child/ren;
- Considers the child's needs for protection;
- Evaluates information from all sources and previous case records;
- Considers the ability of parents and wider family and social networks to safeguard and promote the child's welfare;
- Considers how these risks can be managed.

It is important to ensure that both immediate risk assessment and long term risk assessment are considered.

Where the child's circumstances are about to change, the risk assessment must include an assessment of the safety of the new environment (e.g. where a child is to be discharged

from hospital to home the assessment must have established the safety of the home environment and implemented any support plan required to meet the child's needs).

At the completion of a S47 enquiry, LA Children's social care must evaluate and analyse all the information gathered to determine if the threshold for significant harm has been reached.

The outcome of the S47 enquiries may reflect that the original concerns are:

- Not substantiated; although consideration should be given to whether the child may need services as a child in need;
- Substantiated and the child is judged to be suffering, or likely to suffer, significant harm and an initial child protection conference should be called.
- Concerns are not substantiated

Where the concerns are not substantiated, the LA children's social care manager must authorise the decision that no further action is necessary, having ensured that the child, any other children in the household and the child's carers have been seen and spoken with.

The social worker should discuss the case with the child, parents and other professionals and determine whether support services may be helpful. They should consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this. Arrangements should be noted for future referrals, if appropriate.

Concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm

Where concerns are substantiated and the child is assessed to be at risk of significant harm, there must be a child protection conference within 15 working days of the strategy discussion, or the strategy discussion at which S47 enquiries were initiated, if more than one has been held; Suitable multi-agency arrangements must be put in place to safeguard the child until such time as the Initial Child Protection Conference has taken place. The LA children's social worker and their line manager will coordinate and review such arrangements.

Feedback from enquiries

The LA children's social worker is responsible for recording the outcome of the S47 enquiries consistent with the requirements of the relevant recording system. The outcome should be put on the child's electronic record with a clear record of the discussions, authorised by the LA children's social care manager.

Notification, verbal or written, of the outcome of the enquiries, including an evaluation of the outcome for the child, should be given to all the agencies who have been significantly involved, the parents and children of sufficient age and appropriate level of understanding, in particular in advance of any initial child protection conference that is convened. This information should be conveyed in an appropriate format for younger children and those people whose preferred language is not English. See Working with interpreters / communication facilitators.

Feedback about outcomes should be provided to non-professional referrers in a manner that respects the confidentiality and welfare of the child.

If there are ongoing criminal investigations, the content of the LA children's social worker's feedback should be agreed with the police.

Appendix F

Request for Strategy Meeting – Name of Team

Family Name:		Date:	
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	Name	DOB
Child/ren:		
Mother:		
Address:		
Father:		
Address:		
Significant Others (including address that have contact with the child/ren):		

Family Group/Siblings:		
Legal Status & Category:		
Concerns/Reason for Strategy Meeting:		
Summary of previous CS involvement		
Social Worker:		
Manager:		

Appendix G – Organised and Complex Abuse

Definition

Complex and organised abuse may be defined as abuse involving one or more abusers and a number of related or non-related abused children. The adults concerned may be acting in concert to abuse children, sometimes acting in isolation or may be using an institutional framework or position of authority to recruit children for abuse.

Such abuse can occur both as part of a network of abuse across a family or community and within institutions such as residential settings, boarding schools, in day care and in other provisions such as youth services, sports clubs, faith groups and voluntary groups. There will also be cases of children being abused via the use of electronic devices, such as mobile phones, computers, games consoles etcetera which all access the Internet.

Although in most cases of complex and organised abuse the abuser(s) is an adult, it is also possible for children / young people to be the perpetrators of such harm, with or without adult abusers.

Investigation

Each investigation of complex and organised abuse will be different, according to the characteristics of each situation and the scale and complexity of the investigation. But all will require thorough planning, collaborative inter-agency working and attention to the needs of the child victim/s involved.

The investigation of complex abuse requires specialist skills from both police and social work staff which usually involves the formation of dedicated teams of professionals and will need consideration of the needs for victims for therapeutic services. The consequent legal proceedings may add to the timescales of such investigations.

Some investigations become extremely complex because of the number of places and people involved, and the timescale over which abuse is alleged to have occurred. In these circumstances Strategic Management Group may be required.

A Senior Police Officer in conjunction with the Director of Children's Services may agree that a Gold Group is also required if a particular investigation merits senior oversight from a police perspective. Senior members of staff from all agencies may be invited to attend, so that information can be shared and strategy agreed. It is not the remit of the Gold Group to direct investigations. These meetings are recorded and the minutes may be revealed to the prosecution, should criminal proceedings be undertaken.

The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the setting where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. These will all need to be taken into consideration when working with a child.

The confidentiality of the information relevant to any Section 47 Enquiry and criminal investigation must be strictly maintained by those involved and must not be disclosed to others, including others within the agency, unless absolutely necessary.

The Child

The single and most important consideration is the safety and well-being of the child or children.

In reconciling the difference between the standard of evidence required for child protection purposes and the standard required for criminal proceedings, emphasis must be given to the protection of the children as the prime consideration.

The investigation and enquiries must also address the racial, religious, cultural, language, sexual orientation and gender needs of the child, together with any special needs of the child arising from illness or disability.

A victim support strategy and protocol should be established at the outset. Support will be required in pre-trial, trial and post-trial periods if the case/s proceed to court. Minimum periods for contact should be established. It is clear from experience in research about complex investigations that many victims and families feel strongly that it is important that they remain in contact with the same staff throughout the investigative process.

Referral

When receiving information or a referral, which may indicate complex and organised abuse, the recipient should immediately refer the matter to the police and a manager in children's social care.

If there is any suspicion that any managers currently employed by a social care agency are implicated or a member of the police, the matter should be referred to the Chair of the local Safeguarding Children Board or in their absence, the Vice-Chair and a Senior Officer within the police.

The Complex Abuse Strategy Meeting

A Complex Abuse strategy meeting should be arranged to take place as a matter of urgency to assess the need for future action to be taken and, in particular, whether a criminal investigation should take place.

The Strategy meeting, chaired by a senior manager (Head of Service) of children's social care, must take place within **one** working day of the receipt of the referral and be formally recorded.

The nominated senior staff of children's social care and the police should attend the meeting. The meeting will involve senior staff from health, education and other agencies as required and, where necessary, must ensure coordination across local authority boundaries.

The Complex Abuse Strategy discussion/meeting must carefully note:

- An assessment of the information known to date:
 - The children named;
 - The children who may be in current contact with possible abusers;
 - Children who were, but no longer are, in contact with possible abusers;
 - Possible victims who are now adults.
- Decide what further information is required at this stage;
- Arrange for its gathering;
- Establish if / to what extent complex abuse has been uncovered;
- Undertake an initial mapping exercise to determine the scale of the investigation and possible individuals implicated as well as prepare:
 - Witnesses to be interviewed prior to the interviews of children;
 - Multiple and simultaneous interviews.
- Consider a plan including resource implications, for investigation to be presented to the management and resources strategy group;

- Consider any immediate protective action required.

Following a complex abuse strategy meeting, a strategic decision will need to be made by senior managers from the involved agencies as to whether the social work input into the enquiries/investigation can be managed in the conventional way or whether a specialist approach is required for example from a dedicated team outside the service. This will usually depend on the number, geographical spread and age range of potential interviewees, as well as whether those implicated are foster carers or employees of any member agency.

Where the Complex Abuse Strategy Discussion confirms that the investigation will relate to complex and organised abuse, it will appoint a multi-agency Strategic Management Group to oversee the process.

Where a member of staff of any agency is implicated in the investigation, his or her line manager must not be a member of the Strategic Management Group.

The Strategic Management Group (SMG)

The Strategic Management Group will be chaired by a senior officer (Assistant Director) in children's social care and will:

- Complete the mapping process started by the complex abuse strategy discussion
- Establish ownership of the strategic lead in the investigation;
- Decide the terms of reference and accountability for the investigating team, including the parameters and timescales of their enquiries/investigation;
- Bring together a team of people with the necessary training, expertise and objectivity to manage and conduct the criminal investigation and/or Section 47 Enquiry on a day to day basis. NB: Line managers or colleagues of any person implicated in the investigation must not be involved and the involvement of any person from the work place under investigation must be considered with particular care;
- Decide whether there is a need for an independent team to investigate the allegations, for example, the NSPCC, particularly where the alleged perpetrators are foster carers, prospective adopters or members of staff employed by a member agency of the Safeguarding Children Board;
- In cases of greater scale and complexity, appoint a Gold Group
- Ensure that appropriate resources are deployed to the investigation including access to legal and other specialist advice, resources and information;
- Ensure that appropriate resources are available to meet the needs of the children and families or adult survivors, including any specific health issues arising from the abuse;
- Ensure the investigating team are themselves supported with personal counselling if necessary and that issues of staff safety are addressed;
- Ensure that suitable accommodation and administrative support are available for the investigation;
- Ensure that an appropriate venue is available for interviews and the interviews are conducted in accordance with Achieving Best Evidence Guidance;
- Liaise as necessary with the Crown Prosecution Service at an early stage before arranging services for a child in need of counselling or therapeutic help so that the help can be given in a way which is consistent with the conduct of the criminal investigation;

- Agree a communications strategy including the handling of political and media issues, and communication as necessary with the Regulatory Authority;
- Ensure that records are kept safely and securely stored and a high level of confidentiality maintained at all times;
- Hold regular strategic meetings and reviews, which must be recorded, to consider progress, including the effectiveness of the joint working, the need for additional resources and next steps.

The Gold Group

In cases of considerable complexity and scale, a Gold Group will be appointed.

Membership of this group should include representatives from children's social care, the police, designated health professionals and the local authority's legal services, with other agencies being invited to participate as appropriate.

The tasks and functions of the Group will be subject to the terms of reference agreed by the Strategic Management Group (SMG), and will include the following:

- To provide a forum where professionals can meet, exchange information and discuss the implementation of the agreed investigation strategy;
- To ensure a consistent strategy for interviewing victims within and outside the councils area;
- To keep the SMG informed of resources and any shortfalls;
- To ensure a consistent and appropriate inter-agency approach to support victims and their families;
- To co-ordinate the inter-agency response to families and provide consistent information;
- To ensure information is shared appropriately with other agencies not represented on the SMG or the Gold Group;
- To ensure clarity of roles and responsibilities for staff involved in the investigation. Investigators will have full access to all records and key information;
- To ensure that relevant intelligence is passed between agencies and to the police Major Incident Room (MIR).

End of Enquiry/Investigation Meeting and Report

The Waterhouse Inquiry report has noted the importance of adequate referral of information about suspected abusers. It is probable that an investigation will identify individuals who are suspected abusers but against whom prosecutions are not brought. If a suspected abuser is working with children in a child care position, or in the education service, evidence and information should be shared to support disciplinary proceedings and to enable, where appropriate, the referral of suspected abusers to the Disclosure and Barring Service (DBS) and the relevant regulatory bodies.

At the conclusion of the enquiry/investigation, the Strategic Management Group must evaluate the investigation, identify the lessons learned and prepare an Overview Report with recommendations and an Action plan for the Safeguarding Children Board, highlighting any practices, procedures or policies which may need further attention and require either inter-agency or individual agency action plans.

Appendix H

Strategy Discussion Practice Pack

Agenda and Welcome Script

Attendee List and Signatures

Action Plan Template

Strengths and Risks Recording Tool

AGENDA FOR STRATEGY DISCUSSIONS – R&A TEAM

1. Introductions and apologies

2. Chair's Introduction

Welcome to this S47 strategy meeting for

This meeting has been set up as there is a concern that these child/ren may be suffering significant harm. This meeting allows us, as a group of professionals, to freely share information under S47 of the Children Act 1989. We will share information about the child/ren to inform a decision as to whether we believe the child/ren is/are suffering or likely to suffer significant harm.

At the end of the meeting a multi-agency plan will be drawn up to put safeguards in place for the child/ren and part of this may be to convene an Initial Child Protection Conference.

Please be mindful that this is a confidential meeting and the minutes should not be shared with anyone outside of your agency without prior permission from Children's Services. It is also important to note that the information you share may form part of an assessment and parents will be made aware of this.

3. Social Care Information – including the views of the child/ren

4. Information Sharing from other professionals

5. Summary

Strengths and Risks to be shared

Concerns (is there anything that mitigates/ ameliorates the concerns i.e family?)

Any other information to consider?

Any questions? What do we know and what do we still need to know?

6. Discussion

Does the case meet the threshold for significant harm

Are the criteria met to request an Initial Child Protection Conference?

Can the risks be managed under a Child in Need Plan?

Is there a contingency plan – e.g. a Second Strategy Discussion?

7. Actions

This should include an interim multi agency plan (including frequency of visiting) to minimise the risks

Should always include actions: a multi agency chronology, multi agency support for the single assessment and a genogram

List of professionals to attend conference

Is there a need for police to attend conference and if so, who is the most appropriate i.e CSE, community, CAIT, CID

Strategy Meeting for:

Date:

Name of invitee to be completed by SW prior to meeting	Signature to confirm attendance	Job title	Agency	Secure Email Address or Postal Address for Minutes to be sent to

Name of invitee to be completed by SW prior to meeting	Signature to confirm attendance	Job title	Agency	Secure Email Address or Postal Address for Minutes to be sent to

Team Name

Concerns arising from the Strategy Discussion which took place on: ___/___/___

at: -

Chaired by: -

Children: -

.....

.....

Full minutes will follow by post/email.

Action to be Taken	Agency Responsible	Name of Person	Proposed Completion Date



Action to be Taken	Agency Responsible	Name of Person	Proposed Completion Date

**REFERRAL AND ASSESSMENTS TEAM, CHILDREN'S SOCIAL CARE
STRATEGY MEETING**

CHILD	
DATE	
TIME	

STRENGTHS	RISKS

Go to www.gloucestershire.gov.uk <<http://www.gloucestershire.gov.uk>> to find information on any County Council service. It couldn't be easier to find information instantly and in some cases apply for services online.

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