

6 CHILD PROTECTION ENQUIRIES

6.1 DUTY TO CONDUCT S.47 ENQUIRIES

Obligations and responsibilities of all agencies

- 6.1.1 All agencies have a professional (and in many cases statutory) duty to assist and provide information in support of child protection enquiries (s.47 enquiries).

Responsibility of Children's Social Care

- 6.1.2 Children's Social Care has the:
- General duty to safeguard and promote children's welfare (s.17 Children Act 1989)
 - Duty to make, or cause to be made, enquiries when the circumstances defined in s.47 Children Act 1989 exist (see 6.3)
 - Responsibility to inform Police in a case referred which constitutes or may constitute a criminal offence against a child (see 6.5)
- 6.1.3 Responsibility for undertaking s.47 enquiries lies with the local authority in which the child lives or is found (see also module 12 Children & Families Moving Across Local Authority Boundaries).
- 6.1.4 When the child's home address is in another (the 'home') authority, the 'host' authority (i.e. the authority where the alleged abuse and/or neglect is said to have occurred) has responsibility for undertaking enquiries e.g. alleged abuse on a school trip out of the authority.
- 6.1.5 In this case, the child's 'home' authority should be informed as soon as possible and involved in strategy discussions. It will often be appropriate for the 'home' authority to undertake the necessary enquiries on behalf of the host authority e.g. in the case of a looked after child or a child allegedly abused or neglected whilst in 'host' authority but since returned to 'home' authority (see also module 12).
- 6.1.6 The home authority should take responsibility for further support of the child or family, following the s.47 enquiry.

Responsibility of Police

- 6.1.7 Police have a responsibility to:
- Investigate allegations of criminal offences against children
 - Refer any suspicion, allegation or disclosure a child is suffering or likely to suffer significant harm to Children's Social Care

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- 6.1.8 When allegations arise in relation to the child's circumstances within a host authority, the home Police CAIU retains responsibility but may negotiate with their colleagues in the host area (see module 12 for further details).

6.2 S.47 ENQUIRIES & THE ASSESSMENT FRAMEWORK

- 6.2.1 S.47 enquiries must be initiated, usually following an Initial Assessment, whenever the threshold criteria are met (see 6.3)
- 6.2.2 S.47 enquiries may be justified at the point of referral, during the early consideration of a referral, the Initial Assessment or Core Assessment or at any time in an open case when the threshold criteria are satisfied.
- 6.2.3 The s.47 enquiries should begin by focusing primarily on information identified during referral and Initial Assessment and which appears most important in relation to the risk of significant harm.
- 6.2.4 A Core Assessment must be commenced whenever s.47 enquiries are initiated. The information and conclusions of those enquiries will inform the Core Assessment which should cover all relevant dimensions in the *Assessment Framework*, including the systematic gathering of information about the history of the child, family and household members, and include any previous specialist assessments

6.3 THRESHOLD FOR S.47 ENQUIRIES

- 6.3.1 A child's status of being considered 'in need', or 'at risk of significant harm' is not rigid. Professionals must recognise when further information obtained or changes in circumstances warrant a change in the child's status.
- 6.3.2 S.47 enquiries start when:
- **There is reasonable cause to suspect** that a child who lives in or is found in, a local authority area is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect
 - Following an Emergency Protection Order or use of Police powers of protection (PPOP)
 - A child breaches curfew criteria in which case the response must be initiated within 48 hours of receipt of the information [s.47(1)(a)(iii) Children Act 1989 inserted by s.15 (4) Crime and Disorder Act 1998]

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- 6.3.3 Children's Social Care is the lead agency for child protection enquiries. The Police are the lead agency for any associated criminal investigation.
- 6.3.4 Children's Social Care must consult the Police CAIU and other agencies involved with the child, so that relevant information can be taken into account (see guidance about information sharing & confidentiality in module [12](#)).

S.47 intervention threshold

- 6.3.5 The team manager has the responsibility, on the basis of available information, to decide and authorise a s.47 enquiry. In undertaking the necessary assessment of risk, the manager must consider both the probability of the event or concern in question and its actual or likely consequence.
- 6.3.6 In reaching her/his conclusion as to the justification for a s.47 enquiry, the manager must consider the following variables:
- Seriousness of the concern/s
 - Combinations of concerns
 - Repetition or duration of concern/s
 - Vulnerability of child (through age, developmental stage, disability or other pre-disposing factor e.g. 'looked after')
 - Source of concern/s
 - Accumulation of sufficient information
 - A child in the carer's current or previous household is / has been the subject of a child protection plan or of previous care proceedings
 - There has been a previous unexpected death of a child whilst in the care of either parent where abuse /neglect is/was suspected
 - Emotional environment of child, especially high criticism / low warmth
 - Any predisposing factors in the family that may suggest a higher level of risk e.g. domestic violence, substance misuse
 - The impact on the child's health and development
- 6.3.7 A s.47 enquiry must always be commenced immediately if there is a disclosure, allegation or evidence that a child is suffering or likely to suffer significant harm. **This applies equally to new, re-referred and open cases.**

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THRESHOLD RESPONSE TABLE

A non-exhaustive list of examples distinguishing situations requiring a s.47 enquiry and those which require further assessment under s.17 The Children Act 1989 are provided in the threshold response table below.

A combination of any factors which individually would require only an Initial Assessment, when combined with parental risk factors e.g. domestic violence, parental mental illness, excessive drinking or drug use, may justify considering s.47 (see also 9.19 for threshold for pre-birth s.47 enquiries).

More detailed procedures are planned and will be included as an appendix

Immediate s.47	Minimum s.17 response i.e. at least an IA
Any allegation of abuse or neglect or any suspicious injury in a pre or non mobile child	Allegation of physical assault with no visible or only minor injury (other than to a pre-or non mobile child)
Allegations or suspicions about a serious injury	Any incident / injury triggering concern e.g. a series of apparently accidental injuries or a minor non-accidental incident
Inconsistent explanations or an admission about a clear non-accidental injury	
Repeated allegations or reasonable suspicions of non-accidental injury	Repeatedly expressed minor concerns from 1 or more sources
Child has been injured (even if inadvertently) during domestic violence Child has witnessed others being injured Domestic violence incident with additional high risk factors e.g. pregnancy, new birth, escalation in frequency and/or severity of incidents, stalking, sexual assault, attempted strangulation, any suicide attempts, use of weapons, threats to kill	Allegation of 1 serious incident not witnessed by a child 1 less serious incident with other risk factors e.g. parent victim disabled, socially isolated; parental mental health / drug / alcohol issues; separation / child contact issues; abuse of animals, family fleeing from domestic violence, child's emotionally disturbed behaviour, serious verbal threats More than 1 less serious incident in previous 12 months
Repeated allegations involving serious verbal threats and / or emotional abuse	Allegation concerning serious verbal threats Allegations of emotional abuse including that caused by minor domestic violence
Allegations / reasonable suspicions of serious neglect (see 3.4.28)	Allegations of chronic / periodic neglect inc. insufficient supervision, poor hygiene clothing or nutrition; failure to seek / attend treatment / appointments; age inappropriate domestic chores
Medical referral non-organic failure to thrive under 5 year old	
Direct allegation of sexual abuse made by child or abuser's confession to such abuse	Suspicions of sexual abuse e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer
Any allegation suggesting connections between sexually abused children in different families or more than one abuser is involved	
Person identified as a risk to children living / moving into / regular visitor to household with under 18 year old, inc. those with known / predatory behaviour Child lives with / has regular contact with adult involved in possessing, viewing, distributing sexually abusive images of children	
Any suspicious injury or allegation involving child already subject to protection plan or 'looked after'	
No available parent / carer and child vulnerable to significant harm e.g. an abandoned baby	No available parent / carer, child in need of accommodation and no specific risk if need met e.g. unaccompanied asylum seeker
Suspicion child has suffered / at risk of significant harm due to fabricated / induced illness	
Child subject of parental delusions which imply risk	

6.4 ROLE OF ASSESSMENT TEAM / ALLOCATED SOCIAL WORKER IN S.47 ENQUIRIES

- 6.4.1 Enquiries must be undertaken by a suitably qualified social worker, either in the assessment team or the allocated social worker on an open case.
- 6.4.2 The duty / social worker must (as per child protection enquiry screen):
- Obtain clear, detailed information about the concerns, suspicion or allegation
 - Obtain history and background information including agency files and previous addresses
 - Establish if the child, any other children in the household or children who have previously lived with the caregiver/s have ever been subject to a child protection plan
 - Establish whether the child has ever been subject to a Common Assessment (CAF)
 - Report to the responsible manager
 - Take any necessary immediate action (see 6.6)
 - Contact the local Police CAIU if at any point it is suspected that a crime **may** have been committed (see 6.5)
 - Convene a strategy discussion
 - Agree with manager if parental agreement to be sought prior to undertaking agency checks, recording the decision
 - Undertake agency checks with agencies that may be involved with the child and family

6.5 SINGLE & JOINT AGENCY INVESTIGATIONS

Police & Children's Social Care liaison

- 6.5.1 The primary responsibility of CAIU staff is to undertake criminal investigations of suspected, alleged or actual crime. Children's Social Care has the statutory duty to make, or cause to be made, enquiries when circumstances defined in s.47 Children Act 1989, exist.
- 6.5.2 Criminal investigations and s.47 enquiries may give rise to circumstances and information relevant to decisions that have to be taken by both agencies. Consideration must always be given to the home, community and work circumstances of those suspected of having abused or neglected a child.

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- 6.5.3 Children's Social Care and CAIU / Area Crime Unit must inform each other of any allegations or suspicions of abuse or neglect, including 'stranger abuse' in line with module 2 (Information Sharing & Confidentiality). Line managers should be consulted in cases of uncertainty and advice recorded.
- 6.5.4 A joint decision should be made about the appropriate level of intervention and of Police involvement throughout the process, depending on the individual circumstances and context.
- 6.5.5 If initial allegations are imprecise or concerns arise gradually, it may be agreed that Children's Social Care undertake further assessment to determine if a child is at risk of significant harm.
- 6.5.6 Where both agencies have responsibilities with respect to a child, they must co-operate to ensure the joint investigation (combining the parallel processes of a s.47 enquiry and a criminal investigation) is undertaken in the best interests of the child. This should be achieved primarily by co-ordination at strategy discussions and/or meetings.
- 6.5.7 If the agencies agree that a single agency enquiry or investigation is appropriate, there should still be an exchange of relevant information, possible involvement in strategy discussions and agreement reached as to the feedback required by the non participating agency. A case may start as single agency, but further assessment / information indicate the need for joint investigation.
- 6.5.8 Any decision to terminate enquiries or investigations must be communicated to the other agency for it to consider, and the rationale recorded by both agencies.
- 6.5.9 The decision regarding single or joint agency investigations should be taken at a strategy discussion and authorised by first line managers in the Police (CAIU) and Children's Social Care.

Joint agency investigation

- 6.5.10 A joint investigation must **always** be initiated when there is an allegation or reasonable suspicion that one of the circumstances described below exists regardless of the likelihood of a prosecution:
- **A sexual offence** against a child of either gender under eighteen years of age, including sexual offences committed by children, but excluding 'stranger abuse' (see 6.5.20)
 - **Physical injury** which could be considered serious by the extent of the injury, age of child or by repeated assaults of a minor injury (this category includes murder; manslaughter; violence to a child constituting an assault, actual or grievous bodily harm; bruising and soft tissue injuries to babies; repeated assaults causing minor injury, burns and scalds)

- **All non accidental injuries to children aged under 2 years** (see also 6.5.18)
 - **Serious neglect or ill-treatment** constituting an offence under s.1 Children and Young Persons Act 1933
 - **Complex investigations** (see 9.16)
 - **Unexpected death of a child** (see 9.24)
 - **Fabricated or induced illness** (see 9.7)
 - **Allegations against those whose work or voluntary activities provide unsupervised access to a child/ren** e.g. staff of a professional agency represented on the LSCB, day care registered with OfSTED, baby sitters, voluntary group leader / helper (must also be reported to senior managers in Children's Social Care and CAIU) – unless adjudged inappropriate behaviour (see module 10 Allegations Against Those Working with Children)
- 6.5.11 Cases of **minor injury** should always be considered for a joint enquiry / investigation if the child is:
- Subject of a child protection plan
 - Looked after by the local authority
- 6.5.12 If information is received to indicate a person who has been identified as being a risk to children (see module 11) is living in or has access to a household where there are children, Children's Social Care and CAIU must discuss the circumstances and agree if a single enquiry or joint investigation should be initiated.
- 6.5.13 In other cases of minor injury, the circumstances must be considered to determine 'seriousness' and the following factors should be included in CAIU and Children's Social Care's consideration:
- Age, special needs and vulnerability of the child
 - Previous history of minor injuries to child / others in household
 - 'Intention' e.g. strangulation may leave no marks, but is very serious
 - Whether a weapon or implement was used
 - Previous concerns from a caring agency
 - Consistency with, and clarity / credibility of child's account of injuries
 - Predisposing factors about alleged perpetrator e.g. conviction/s, history of violence, substance misuse and/or mental health problems
 - A history of domestic violence
 - Presence of unusual circumstances e.g. suspected complex abuse or fabricated and induced illness
 - Child's wish (if age appropriate) for Police involvement

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6.5.14 There will be times that after discussion, or preliminary work, cases will be judged less serious and it will be agreed that the best interests of the child are served by a Children's Social Care led intervention, rather than a joint investigation.

6.5.15 In all cases the welfare of the child remains paramount and always takes precedence over the need to commence or conclude any criminal investigation.

Children's Social Care single agency

6.5.16 When, after making relevant checks, Children's Social Care and the CAIU assess that the circumstances of the case do not indicate that a crime has been committed, Children's Social Care may progress single agency enquiries.

6.5.17 Where the case is subsequently discovered to be more serious than originally perceived, it must be referred back to the CAIU.

6.5.18 Examples of circumstances that may be appropriate for Children's Social Care single agency enquiry are:

- **Purely emotional abuse** with no apparent physical symptoms, unless extreme circumstances constitute an offence of cruelty
- **Minor physical injury** caused to a child in circumstances amounting to poor parenting (but see [6.5.13](#))
- **Minor physical abuse, except for injuries to infants:** no visible injury or minor injury; the child provides a coherent account of how the non-accidental injury occurred and there was no intent to injure her/him; where there has been no previous allegations regarding that child or the alleged perpetrator (but see [6.5.13](#))
- **Minor allegations of physical abuse against professionals responsible for the care of a child** e.g. teacher, where an allegation may represent inappropriate behaviour as opposed to criminal behaviour (CAIU should be consulted before and after Children's Social Care single agency enquiry and joint decision made about subsequent Police action)
- **Minor neglect** through inappropriate supervision or poor parenting skills
- **Indirect suspicions of sexual abuse**, including over-sexualised behaviour of a child, anonymous reports and concerns by other professionals

6.5.19 Where a minor crime, initially agreed by CAIU as inappropriate of further Police investigation, is subsequently discovered to be more serious, the case must be referred back to the CAIU.

Police single agency

- 6.5.20 Criteria for Police single agency investigations are those where:
- An allegation of childhood abuse is made by adults (the possibility of current risks to children should be determined and referred to Children's Social Care)
 - An alleged offender is not known to the child / child's family i.e. stranger abuse providing there are no current child protection concerns arising from the case (but the child must still be interviewed in accordance with *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses including Children 2002*)
- 6.5.21 Where the Police conduct, out of hours, a single agency investigation, (in response to a duty to respond and take action to protect the child or obtain evidence), Children's Social Care EDT must be informed immediately, and if appropriate, a joint investigation commenced.
- 6.5.22 In all cases where the Police undertake a single agency child protection investigation, details of any victim aged under eighteen must be referred to Children's Social Care, which is responsible for assessing if the investigation raises any child protection issues and if supportive or therapeutic services are appropriate.
- 6.5.23 Where Police are investigating a crime that may cause concern for non-specific children e.g. person in possession of child abuse images, Police must undertake enquiries as to any contact that person may have with children: this includes personal, social, volunteer and work related contact.

Dispute resolution

- 6.5.24 Further discussion should occur between the line managers (detective sergeant / inspector and team / children's service manager) if there is any disagreement between agencies about the:
- Need for a joint investigation or the 'seriousness' of alleged physical abuse
 - Possibility that the needs of the criminal investigation, conflict with the needs of a child
- 6.5.25 If line managers disagree, the matter should be referred to the responsible detective inspector and Head of Child Protection, Children, Schools & Families (see 6.12 Professional Disagreement at Enquiry Stage).

6.6 IMMEDIATE PROTECTION

- 6.6.1 If there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers (as defined by the Children Act 1989) must act quickly to secure the immediate safety of the child.
- 6.6.2 Emergency action may be necessary as soon as a referral is received or at any point of involvement with child/ren, parents or carers.
- 6.6.3 Responsibility for immediate action rests with the authority where the child is found in consultation with any 'home' authority e.g. if looked after or subject to a child protection plan in another local authority.
- 6.6.4 Only if the 'home' authority is prepared to accept explicit responsibility is the host authority absolved of the responsibility to take action. This must be confirmed in writing immediately by fax or e-mail.
- 6.6.5 Immediate protection may be achieved by:
- An alleged abuser agreeing to leave the home
 - Removal of the alleged abuser
 - Voluntary agreement for the child/ren to move to, or remain in, a safer place with / without a protective person e.g. friend, hospital
 - Application for an EPO
 - Removal of the child/ren under Police powers
 - Gaining entry to the household under Police powers
- 6.6.6 The social worker must seek the agreement of her/his team manager and obtain legal advice before initiating legal action.
- 6.6.7 Children's Social Care should only seek Police assistance to use their powers in exceptional circumstances where there is insufficient time to seek an EPO or other reasons relating to the child's immediate safety.
- 6.6.8 The agency taking protective action must always consider whether action is also required to safeguard other children in the same household, in the household of an alleged perpetrator or elsewhere.
- 6.6.9 Where there has been an unexpected (unexplained) child death (see [9.24](#), consideration may need to be given to the safety of other siblings / children in the home.
- 6.6.10 Planned immediate protection should normally be initiated following a strategy discussion (see [6.7](#)).

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- 6.6.11 When an agency has to act to protect a child prior to a strategy discussion, a strategy discussion should take place immediately, or at latest within one working day of the action, to plan the next steps.
- 6.6.12 The need for a legal planning meeting should also be considered.

6.7 STRATEGY DISCUSSION

- 6.7.1 If there is reasonable cause to suspect a child is suffering, or is likely to suffer significant harm, Children's Social Care should convene a strategy discussion. This may take place following a referral or at any other time if concerns about significant harm emerge.
- 6.7.2 Depending on the nature of concerns and urgency, this may be undertaken via an actual meeting and / or through a series of telephone discussions with the Police CAIU and other relevant agencies. It must include the community (or hospital) consultant paediatrician in the case of a suspicious injury and/or if there is a possibility that a medical examination will be required.
- 6.7.3 Strategy discussions between Children's Social Care, CAIU and other agencies involved with the child/ren should:
- Clarify nature of allegation or suspicion of abuse and / or neglect
 - Consider concern in relation to home, community and work situations of child and any alleged abuser
 - Share and evaluate information, including background history
 - Allocate tasks if any immediate protective action is required
 - Decide whether a s.47 enquiry as part of a Core Assessment should be initiated (or continued if already commenced)
 - Agree the conduct and timing of any criminal investigation as part of a joint s.47 enquiry

AGENCY INFORMATION SHARING

- 6.7.4 The social worker must consult with other relevant agencies (including Police, probation, GP, HV / school nurse, school or pre-school provision) involved with the child and family in order to obtain a fuller picture of the child's circumstances and those of any others in the household, including risk factors and parenting strengths. If the family have moved into Hertfordshire, information must be obtained from previous authorities.
- 6.7.5 Generally parental permission is sought prior to seeking such information, but a manager may authorise 'checks' to be completed without such permission if the criteria in [3.5.14](#) are met.

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- 6.7.6 The responsible manager should record the reasons for proceeding without parental permission. For further discussion of the issues involved in information sharing, see module [2](#).
- 6.7.7 Even when there has been a recent initial or common assessment completed, agencies must be consulted and informed of the new information / referral.
- 6.7.8 Agency checks should be undertaken directly with involved professionals and not through messages with intermediaries.
- 6.7.9 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.
- 6.7.10 Agency checks should include accessing background history and any relevant information that may be held in other local authorities or abroad (appendix 1 contains national contacts for sources of information about children from abroad).

INITIATION & PLANNING OF A S.47 ENQUIRY

- 6.7.11 Strategy discussions by phone with other agencies are usually adequate to plan a straightforward single agency enquiry. Meetings should be held for complex cases and/or to plan joint investigations e.g. allegations against those working with children, fabricated or induced illness, unexpected death of a child.
- 6.7.12 More than one strategy discussion and/or meeting may be required during the s.47 enquiry to share information and plan any further enquiries required. A final strategy discussion should be held to agree outcomes (see [6.13](#))
- 6.7.13 Where a Children's Social Care single agency enquiry is to be held there should be recorded discussions and/or meetings between the team manager, social worker and other relevant agencies to explicitly plan the enquiry.
- 6.7.14 Meetings should be held at a convenient time / place for key contributors, e.g. Children's Social Care office, Police station, hospital, GP surgery or school and if it is decided there are grounds to initiate or continue a s.47 enquiry and Core Assessment, decisions (rooted in the context of racial, cultural, religious and linguistic background of child and family), should be made about:
- The nature of the concerns and scope of the enquiry, including other children at possible risk
 - Further information required and how it should be obtained

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- When, how and who will undertake interviews with child/ren and if a video will be used (consider gender of interviewer, especially in relation to sexual abuse) – see *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses including Children 2002* and [6.9.10 -6.9.13](#)
- When and how the parents / carers will be informed of the concerns and the planned action
- The need for any paediatric or specialist assessment (see 6.10)
- Action if consent for interview / medical assessment refused
- How to ascertain the child's wishes and feelings and meet her/his best interests, taking account of any additional needs e.g. arising from a disability or a need for an interpreter or speech and language therapist (see [9.12](#))
- The needs of other children in contact with the alleged abuser/s
- Whether to interview referrer or anyone else, including other family members
- The need to observe the environment of the family home
- Agree what other actions may be needed to protect the child or provide interim services and support, including securing the safe discharge of a child in hospital
- What information may be shared, with whom and when, taking into account the possibility of placing a child at risk of significant harm or jeopardising Police investigations
- 'Any implications for disciplinary action e.g. the video interview may serve a useful purpose in disciplinary proceedings against adult carers and its potential value for this should not be overlooked' (para.2.2 of *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses including Children 2002*)
- Any legal action required
- Timescales, agency and individual responsible for agreed actions, including the timing of Police investigations
- Contingency planning to cover changing circumstances including the need to reconvene the strategy discussion during the enquiry if the circumstances are particularly complex or unknown
- Mechanism / date for reviewing completion of agreed actions / monitoring progress of enquiry e.g. further strategy discussions

OUTCOME OF STRATEGY DISCUSSION

6.7.15 Possible outcomes include:

- A joint or single agency s.47 enquiry (and Core Assessment) to continue or be initiated
- Deferred decision whilst more information obtained

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- No s.47 enquiry because the threshold for s.47 enquiries has not been reached
 - No s.47 enquiry because the incident is of such marginal significance posing no real or potential threat to the welfare and safety of the child and it is not considered to be in the child's best interests to pursue the matter further
- 6.7.16 Where it is decided not to proceed with a s.47 enquiry consideration should be given to specifying:
- Further information required and whether another strategy discussion should be held
 - Further assessments e.g. proceeding with a Core Assessment
 - Plans for future monitoring by agencies
 - Any services to be provided by agencies
 - The need for future intervention to be co-ordinated through the use of an ICS initial / child's plan

PARTICIPANTS TO STRATEGY DISCUSSION

- 6.7.17 The strategy discussion (telephone and/or meeting) is essentially between professionals sufficiently senior to be able to contribute, although exceptional circumstances may arise where others may usefully contribute.
- 6.7.18 The strategy discussion should ordinarily be co-ordinated and chaired by the team manager.
- 6.7.19 The discussion must generally involve, at a minimum, both Children's Social Care and CAIU with other agencies included as appropriate, in particular the referring agency, the child's nursery / school, health and (where relevant) registered owner of service and registration authority.
- 6.7.20 A CAIU manager must be involved in all cases of possible injury or harm to a child. If the manager is unable to be directly involved in the discussion, clear directions should be provided to the participating Police officer/s and the reasons for non-attendance recorded.
- 6.7.21 Where issues have significant medical implications, or a paediatric examination has taken place or may be necessary, a senior paediatrician should always be included.
- 6.7.22 If the child is or has recently been receiving services from a hospital or child development team, the discussion should involve the responsible medical consultant and, in the case of in-patient treatment, a senior ward nurse. Consideration should in these circumstances be given to the location of the discussion in order to maximise attendance of hospital staff.

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- 6.7.23 The local authority legal advisor's involvement may be appropriate.
- 6.7.24 In cases of complex abuse and neglect, consideration should be given to the need to include a professional who has relevant expertise.

NOTES OF DISCUSSION

- 6.7.25 It is the responsibility of the chair of the discussion to ensure that the decisions and agreed actions are fully recorded using the ICS 'Record of Strategy Discussion' exemplar. This must include specifying who monitors the progress of the enquiry and how this will be accomplished.
- 6.7.26 A copy should be circulated within one working day to all parties to the discussion. This applies to both telephone and face to face strategy discussions.
- 6.7.27 Discussions held to plan a Children's Social Care single agency enquiries should also be fully recorded.
- 6.7.28 The record should include:
- Those present and those invited and not present (if a meeting)
 - Those involved where the discussion was by phone
 - A summary of the information shared and an evaluation of it
 - All action points, with agreed timescale and identified person responsible for carrying it out
 - Details of how and when progress to be reviewed for each action

TIMING OF STRATEGY DISCUSSION

- 6.7.29 Strategy discussions should take place as soon as possible, consistent with the need to take urgent action to protect the child. This should usually be within seventy two hours of the receipt of the referral. See also [6.6](#).
- 6.7.30 Where immediate action was required by either agency prior to a strategy discussion, a discussion must be held within one working day of that action.
- 6.7.31 When concerns are particularly complicated e.g. complex abuse, a strategy discussion must occur on the day of referral, though the first face to face meeting may be delayed for up to five working days, unless there is a need to provide immediate protection to a child. In exceptional circumstances (e.g. in order to ensure the attendance of the appropriate professionals) this may be further delayed if authorised by a children's service manager.

TIMESCALES FOR SUBSEQUENT STRATEGY DISCUSSIONS

- 6.7.32 All enquiries should have a final discussion to agree outcomes and in general, this should not delay an initial conference being held within fifteen working days of the initial strategy discussion.
- 6.7.33 Some enquiries will be more complicated and may require several review strategy discussions, which should be held at intervals not exceeding fifteen working days.
- 6.7.34 In all cases, any initial child protection conference must take place within fifteen working days of the strategy discussion or the final strategy discussion (if more than one held).
- 6.7.35 Planning discussions for Children's Social Care single agency enquiries should be consistent with these timescales.

6.8 INVOLVING PARENTS, FAMILY MEMBERS & CHILDREN

- 6.8.1 The social worker has the prime responsibility to engage with family members in order to assess the overall capacity of the family to safeguard the child, as well as ascertain the facts of the situation causing concern. Where a criminal investigation is ongoing this should be done in consultation with the police officer in the case.
- 6.8.2 Parents and those with parental responsibility must 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.
- 6.8.3 Parents and children (where appropriate) should, in addition to being offered a verbal explanation of the child protection enquiry process, be provided with explanatory leaflet/s.
- 6.8.4 Due consideration must be given to parent/s' capacity to understand this information in a situation of significant anxiety and stress.
- 6.8.5 Consideration must be given to those for whom English is not their first language or who may have a physical / sensory / learning disability and may need the services of an appropriate interpreter (see [9.12](#)).
- 6.8.6 It is also essential that factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health are taken into account. It may also be necessary to provide information in stages and this must be taken into account in planning the enquiry (for parents with learning disabilities see [9.17](#)).

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- 6.8.7 In planning any intervention with parent/s, the following points must be covered:
- An explanation given of the reason for concern and where appropriate the source of information
 - The procedures to be followed (including an explanation of the need for the child to be seen, interviewed and/or medically examined and seeking parental agreement for these aspects of the enquiry and/or investigation)
 - An explanation of their rights as parents including the need for support and guidance from an advocate whom they trust (advice should be given about the right to seek legal advice)
 - An explanation of the role of the various agencies involved in the enquiry / investigation and of the wish to work in partnership with them to secure the welfare of their child
 - The need to gather initial information on history and structure of the family, the child and other relevant information to enable an assessment of the injuries and/or allegations and the continuing risk to the child to be made
 - In situations of domestic violence, the possibility of working with the parents separately
 - Assessment of evidential opportunities in a Police investigation and recovery of evidence that may confirm or refute an allegation or suspicion of crime
 - The provision of an opportunity for parents to be able to ask questions and receive support and guidance
- 6.8.8 In the event of any conflict between the needs and wishes of the parents and those of the child, the child's welfare is the paramount consideration in any decision or action.
- 6.8.9 Recognising that there may be alternative accounts and disparities, parents should be provided with an early opportunity to explain their perception of the concerns.
- 6.8.10 In the course of an enquiry it may be necessary for statutory agencies to make decisions or initiate actions to protect children, or require the parents to agree to such action.
- 6.8.11 The social worker must inform relevant agencies of any such decisions or actions and confirm them in writing without delay.

6.9 MEETING THE CHILD

- 6.9.1 **All** children within the household must be directly communicated with during an enquiry (unless the strategy discussion decides this is not appropriate). Those who are the focus of concern should be seen alone, subject to age and preferably with parental permission.
- 6.9.2 Exceptionally, a joint enquiry / investigation team may need to speak to a suspected child victim without the knowledge of parent / caregiver. Relevant circumstances include:
- The possibility 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

Timing

- 6.9.3 The strategy discussion must decide where, when and how child/ren should be seen and whether an investigative interview is required (see [6.9.10](#) - [6.9.13](#)).
- 6.9.4 The child must be seen **on the day of referral** (unless the strategy discussion decides and records a decision to defer this) if:
- Allegations / concerns indicating a serious risk e.g. serious physical injury, injury to a baby, serious neglect or other severe health risk
 - S/he is reported to have sustained a physical injury
 - S/he has disclosed sexual abuse and is to be returned to a situation that might place him/her at risk or to ensure forensic evidence
 - S/he is already the subject of a child protection plan
 - S/he is abandoned
 - S/he is frightened to return home

Issues to consider

- 6.9.5 Consideration must be given to child's developmental stage and cognitive ability. Specialist help may be needed if:
- The child's first language is not English (see [7.4.7](#) and [9.12](#))
 - S/he appears to have a degree of psychiatric disturbance but is deemed competent
 - S/he has a physical / sensory / learning disability (see [9.12](#))
 - Interviewers do not have adequate knowledge and understanding of the child's racial religious and cultural background

CHILD PROTECTION ENQUIRIES

- 6.9.6 If the child is unable to take part in an interview because of age or understanding, alternative means of understanding should be used e.g. observation of very young children.
- 6.9.7 Consideration should be given to the gender of interviewers, particularly in cases of alleged sexual abuse and it is also essential factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health are taken into account.
- 6.9.8 Children may need time, and more than one opportunity to develop trust and communicate concerns, especially if they are very young or have a communication impairment, learning disability or mental health problems.

Objectives

- 6.9.9 The objectives in seeing the child are to:
- Hear her/his account of allegations or concerns and whether these constitute a criminal offence
 - Record and evaluate, demeanour, mood state and behaviour
 - Observe and record the interactions of child and carers
 - See and record the circumstances in which the child is currently living and sleeping and, if different, her/his ordinary residence
 - Evaluate the physical safety of the environment including the storage of hazardous substances e.g. bleach, drugs
 - Ensure that any other children who need to be seen are identified
 - Assess the degree of risk and possible need for protective action
 - Meet the child's needs for information and re-assurance
 - Assess the child's willingness to pursue the complaint through the Police
 - Make decisions about format to be used if a detailed account to be given by the child
 - Inform decisions about possible medical and forensic needs

INVESTIGATIVE INTERVIEWS

- 6.9.10 The conduct of and criteria for visually recorded interviews with children are laid out in *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses including Children Home Office 2002* and should be undertaken by those with specialist training and experience in interviewing children.

CHILD PROTECTION ENQUIRIES

- 6.9.11 Para 2.50 of the above guidance indicates that interviewers may often decide the needs of the child and the needs of criminal justice are best served by an **assessment** of the child prior to the interview taking place, particularly if the child has not had previous or current involvement with Children's Social Care or other public services.
- 6.9.12 Para. 2.52 of the ABE Guidance indicates interviewers should have clear objectives for assessment/s prior to interview and should apply this guidance in talking with children during such assessment, e.g.:
- Avoid discussing (in any detail) substantive issues
 - Do not lead the child in substantive matters
 - Never stop a child who is freely recalling significant events
- 6.9.13 As described in para.2.52 of the ABE Guidance, interviewers must make a full written record of discussions, noting timing and personnel present as well as what was said and in what order (see [9.12](#)).

INABILITY TO ACCESS THE CHILD

Child's whereabouts unknown

- 6.9.14 Children's Social Care should make all reasonable efforts to persuade parents to co-operate with a s.47 enquiry. If a child's whereabouts are unknown, or s/he cannot be traced by the social worker within twenty four hours the following actions must be undertaken:
- A strategy discussion held with CAIU and other agencies
 - Agreement reached with the manager responsible about further action to locate and access the child and complete the enquiry
- 6.9.15 If efforts to locate the child have been unsuccessful within 48 hours, Children's Social Care must call an urgent strategy meeting, involving CAIU and any other directly relevant agency. This meeting must consider:
- Levels of risk
 - Actions to be taken by each agency
 - Whether there is sufficient concern to recommend Children's Social Care circulate information nationally to all other agencies (see also procedures for missing child, adult or family in [9.14](#)).

Access to child refused / obstructed

- 6.9.16 If access to a child is refused or obstructed by parents or caregivers, the social worker, in consultation with her/his manager, should have a strategy discussion with the Police (if joint investigation) and seek legal advice as appropriate about the need for a Child Assessment Order (where concerns are not so urgent as to require an EPO) or an Emergency Protection Order (see [6.6](#)).

6.10 MEDICAL ASSESSMENT

URGENT NEED FOR TREATMENT

- 6.10.1 Where the child appears in urgent need of medical attention s/he should be taken to the nearest A & E department, regardless of age, explanation or any other factors e.g. where there are suspected fractures, bleeding, loss of consciousness.

REFERRALS FOR MEDICAL ASSESSMENT BY CHILDREN'S SOCIAL CARE / CAIU

- 6.10.2 In other circumstances the strategy discussion should determine, in consultation with the paediatrician, the need for and timing of a paediatric assessment and who would be the appropriate person to accompany the child.
- 6.10.3 When such arrangements are necessary, the child and parents must be informed and prepared and careful consideration given to the impact on the child.
- 6.10.4 If the strategy discussion agrees on a paediatric assessment for a child, consideration should be given to the need for assessments of other children in the household.
- 6.10.5 This assessment should always be considered when there is a suspicion or disclosure of child abuse involving:
- Any injuries to a baby / non mobile child
 - A suspicious or serious injury (thought to be non-accidental or an inconsistent explanation)
 - Any injury or a mark on a child who is subject to a child protection plan, and for which there is no obvious explanation
 - Suspected sexual abuse or assault
 - Suspected neglect
- 6.10.6 A medical assessment involves a holistic approach and considers:
- The child's well being, including development, if under five years old and her/his cognitive ability if older
 - The extent of any injuries and an opinion as to possible causes
 - Diagnosis and treatment
 - Information provided by other agencies that is known about the child's family circumstances and history, past medical history and full referral information

CHILD PROTECTION ENQUIRIES

- 6.10.7 Additional considerations are the need to:
- Secure forensic evidence including photographic evidence
 - Screen for or investigate medical problems e.g. infection (including sexually transmitted infection), anaemia
 - Provide treatment follow up and review for the child (any injury, infection, new symptoms including psychological, contraception)
 - Create medical documentation
 - Provide re-assurance for the child and parent
 - Provide professional advice to Children's Social Care and the Police
- 6.10.8 An explicit record must be made of the decision about whether or not to undertake a medical assessment, and its rationale clearly stated.
- 6.10.9 Only doctors may physically examine the whole child using standard forms to document the assessment. Other professional staff should note any visible marks or injuries on the body map and document details in their recording.

CONSENT FOR MEDICAL ASSESSMENTS

- 6.10.10 The paediatrician is responsible for obtaining informed consent. The following may give consent to a medical assessment:
- A child of sufficient age and understanding (as per Fraser guidelines)
 - Any person with parental responsibility
 - The local authority when the child is the subject of a care order (though the parent/carer should be informed)
 - The local authority when the child is accommodated under s.20 Children Act 1989, and the parent / carers have abandoned the child or are physically or mentally unable to give such authority
 - The High Court when the child is a ward of court
 - A Family Proceedings Court as part of a direction attached to an Emergency Protection Order, an interim Care Order or a Child Assessment Order
- 6.10.11 When a child is looked after under s.20 and a parent / carer has given general consent authorising medical treatment for the child, legal advice must be taken about whether this provides consent for paediatric assessment for child protection purposes (the parent / carer still has full parental responsibility for the child)

CHILD PROTECTION ENQUIRIES

- 6.10.12 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.
- 6.10.13 A young person aged sixteen or seventeen has an explicit right [s.8 Family Law Reform Act 1969] to provide consent to surgical, medical or dental treatment and unless grounds exist for doubting her/his mental health, no further consent is required.
- 6.10.14 A child who is of sufficient age and understanding may refuse some or all of the paediatric assessment though a court can potentially override refusal.
- 6.10.15 Whenever possible the permission of a parent should be sought for children under sixteen prior to any paediatric assessment and/or other medical treatment.
- 6.10.16 When circumstances do not allow permission to be obtained and the child needs emergency medical treatment the medical practitioner may:
- Regard the child to be of an age and level of understanding to give her/his own consent
 - Decide to proceed without consent
- 6.10.17 In these circumstances, parents must be informed as soon as possible and a full record must be made at the time.
- 6.10.18 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.

ARRANGING MEDICAL ASSESSMENTS

- 6.10.19 Children's Social Care or the Police are responsible for arranging medical assessments. Health is responsible for performing the assessments.
- 6.10.20 Referrals for child protection medical assessments from a social worker or a member of the CAIU are made as follows:
- Contact the local community paediatrician during office hours using local arrangements (see appendix 1)
 - For out of hours contact the hospital switch board
- 6.10.21 Medical assessments are the responsibility of the consultant community paediatrician or, if the child is in hospital, the consultant general paediatrician along with the community paediatrician. They may seek further advice from the named (or designated) doctor.

CHILD PROTECTION ENQUIRIES

- 6.10.22 Consideration must be given to holding a meeting pre and post medical examination if this would assist in clarifying reasons for and scope of the assessment.
- 6.10.23 The referral should be made as early as possible i.e. at the strategy discussion.
- 6.10.24 The paediatrician may arrange to examine the child her/himself, or arrange for the child to be seen by a colleague.
- 6.10.25 When there is a potential criminal investigation a CAIU officer should directly brief the doctors, before the medical assessment, and afterwards take possession of evidential items. An FME may collect the specimens.
- 6.10.26 Child sexual abuse medical assessments should be undertaken in accordance with the guidance for paediatricians and FMEs issued by the Royal College of Paediatrics and Association of Police Surgeons Child Health Guidelines (September 2004).
- 6.10.27 In cases of severe neglect, physical injury or recent (usually within last three days) penetrative sexual abuse, the assessment should be undertaken on the day of referral to Children's Social Care, where compatible with the welfare of the child. The request should be made as early as possible.
- 6.10.28 The timing of the medical assessment should be agreed with health at the strategy discussion, taking into account whether the investigative interview should take place before or after the paediatric assessment.
- 6.10.29 The need for a specialist assessment by a child psychiatrist or psychologist should be considered (see *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses including Children 2002*).

Suggested timings of assessments

- 6.10.30 The timing of the medical assessment will be dictated by clinical urgency. However, as per Climbé recommendations, children brought to the hospital or any health clinic or similar place for a paediatric assessment should be seen within twenty four hours of arrival. There are exceptions when every child needs to be assessed according to the urgency of treatment required and in some cases, require immediate, or fairly urgent, attention.

RECORDING OF MEDICAL ASSESSMENT

- 6.10.31 Paediatricians must make contemporaneous notes in the child protection medical report, from which reports / witness statements will be produced.
- 6.10.32 The examining doctor must provide a written report of her/his medical opinion, which can be used in a child protection conference and/or subsequent legal proceedings. Witness statements should be produced in the same format used by the Police to avoid the Police re-typing them. The report should be sent to both Children's Social Care and the Police CAIU.
- 6.10.33 The report should be available in two working days and usually include:
- Date, time and place of examination
 - Those present
 - Reason for the examination, including referral information
Carefully distinguish between fact and opinion
 - The consent to the examination, whether verbal or written and by whom it was given
 - A verbatim record of the carer's and child's accounts of injuries and concerns noting any discrepancies or changes of story
 - A verbatim record of information provided by Police and Children's Social Care
 - Documentary findings in both words and diagrams of any injuries or marks including site, size, shape and colour (see also [6.10.36](#) re. photo documentation)
 - The findings relevant to the child, including general medical examination and others, e.g. squint, learning or speech problems.
 - Information on any injury in the context of a full paediatric assessment of child's growth, development and emotional well being
 - Summary of all the findings (history, examination, any investigations undertaken), to be followed by a professional opinion
 - Where applicable, to include recommendations for future health care needs and other non-health care needs where relevant. Details of any follow-up arrangements to be made
- 6.10.34 The named nurse for child protection and (if relevant) the designated nurse for looked after children should be informed that a medical assessment has taken place. Copies should be sent to the relevant named / designated doctor.

CHILD PROTECTION ENQUIRIES

- 6.10.35 All reports and diagrams should be signed and dated by the doctor undertaking the examination. All the diagrams should have the child's name and record / case number.

Body charts / photo documentation

- 6.10.36 Agreed body charts should be used for both physical and sexual abuse and appended to the report.
- 6.10.37 Photographs should be taken by a trained photographer and originals may be shared with the police as part of the medical report. Photographs taken by the scenes of crime officer should be made available to the paediatrician to comment on in the medical report
- 6.10.38 Photo documentation in sexual abuse should be sealed in an envelope in the notes and /or retained separately from the child's details in a safe store. Intimate photographs should not be passed to children's social care staff.

6.11 ANALYSIS & ASSESSMENT OF RISK

- 6.11.1 The scope and focus of the assessment during the s.47 enquiry will be of a Core Assessment specifically addressing the risks for the child/ren and specifically:
- Identify clearly the initial cause for concern
 - Collect information from agency records and other agencies
 - Describe the family history and that of the child/ren
 - Describe the family structure and network
 - Evaluate the quality of attachments between child/ren and carers
 - Evaluate the strengths of the family
 - Consider the impact of any parental risk factors e.g. domestic violence, substance misuse
 - Consider the child's needs for protection
 - Evaluate information from all other sources, including any previous assessments
 - Consider the ability of parents and wider family and social networks to safeguard and promote the child's welfare
 - Possible actions to enhance the strengths in the situation and minimise effects of risk
 - Evaluate the risks to the child
- 6.11.2 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 its safety and implemented any support plan required to meet the child's needs.

6.12 PROFESSIONAL DISAGREEMENT AT ENQUIRY STAGE

- 6.12.1 Disagreements over the handling of concerns reported to Children's Social Care typically occur when:
- The referral is not considered to satisfy eligibility criteria for assessment
 - Informal advice is sought and a social worker has concluded that a referral is required
 - Children's Social Care conclude that further information should be sought by the referrer before the referral is progressed
 - Children's Social Care believe that an Initial Assessment can be started without invoking child protection procedures
 - Children's Social Care consider that child protection procedures must be invoked
 - Children's Social Care and CAIU place different interpretations on the need for a s.47 enquiry / criminal investigation
 - Disagreement exists about the justification for convening an initial child protection conference
- 6.12.2 If the professionals are unable to resolve differences through discussion and/or meeting within a time scale, which is acceptable to both of them, their disagreement must be addressed by more experienced / more senior staff.
- 6.12.3 With respect to most day to day difficulties this will require a Children's Social Care team manager liaising with her/his equivalent in the relevant agency, e.g.:
- A detective sergeant in the CAIU
 - A senior health visitor / nurse / GP
 - Designated senior person
- 6.12.4 If agreement cannot be reached following discussions between the above 'first line' managers (who should normally seek advice from designated /named / lead officer/ Principal Officers) the issue must be referred without delay through the line management to the equivalent of service manager / detective inspector / Head Teacher or other designated professional.
- 6.12.5 Alternatively, and more commonly in health services, input may be sought directly from designated doctor or nurse in preference to use of line management.
- 6.12.6 Records of discussions must be maintained by all the agencies involved.

6.13 OUTCOME OF CHILD PROTECTION ENQUIRIES

- 6.13.1 At the completion of the planned enquiry, the social worker and line manager should decide how to proceed, usually following further strategy discussion/s with relevant agencies and professionals. The aim of the strategy discussion at this point is to share information, plan any further enquiries and agree outcomes (see 6.7.32 -6.7.35 for timescales).
- 6.13.2 In all cases the team manager must authorise the outcome and any plans for further service.

Concerns not substantiated

- 6.13.3 Where the concerns are not substantiated it may still be important to complete the Core Assessment and consider if further help or support is needed.
- 6.13.4 In some cases, there may remain concerns about significant harm, despite a lack of evidence and it may be appropriate to put in place explicit arrangements to monitor the child's welfare.
- 6.13.5 In the above circumstances, consideration must be given to the completion of the Core Assessment (if incomplete), any provision of services and future monitoring by agencies.

Concerns substantiated: child not judged to be at continuing risk of significant harm

- 6.13.6 There may be substantiated concerns that a child has suffered significant harm, and the agencies most involved, having ensured the child / any others in the household and her/his carers have been seen and spoken with, agree that a plan for ensuring the child's future safety and welfare can be implemented without a conference.
- 6.13.7 In these circumstances the Core Assessment should be completed and consideration given to the use of multi-agency meetings and/or family group conferences to develop, implement and review the child in need plan.

Concerns substantiated: child judged to be at continuing risk of significant harm

- 6.13.8 Where concerns are substantiated and the child is assessed to be at continuing risk of significant harm the line manager must authorise the convening of an initial child protection conference and completion of the Core Assessment (if incomplete), having ensured the child / any others in the household and the child's carers have been seen.

CHILD PROTECTION ENQUIRIES

- 6.13.9 Where legal action is indicated the service manager must be informed and take the final decision, following a legal planning meeting.

6.14 RECORDING OF S.47 ENQUIRIES

- 6.14.1 All agencies must keep accurate and detailed records of information, actions and decisions relating to the s.47 enquiry, using any agency pro-formas, (legibly) signed and dated by the staff or inputted into the electronic record.
- 6.14.2 Both CAIU and Children's Social Care records must identify managers' decision making on forms and in electronic records.
- 6.14.3 Children's Social Care recording of enquiries should include:
- Agency checks (reasons for not contacting key agencies should be included)
 - Records of contact with child and family members
 - Strategy discussion / meeting notes
 - Details of the enquiry
 - Body maps (where applicable)
 - Assessment including identification of risks and how they may be managed (could be recorded within the strategy discussion / meeting notes)
 - Decision making processes
 - Outcome / further action planned

RECORD OF OUTCOME OF ENQUIRIES

- 6.14.4 The outcome must be clearly recorded, with the reasons for decisions clearly stated on the ICS Outcome of s.47 Enquiries Record.
- 6.14.5 At the completion of enquiries, Children's Social Care line manager must ensure that the concern and outcome have been entered manually on a chronology at the front of each file / on the electronic record.

6.15 FEEDBACK FROM ENQUIRIES

- 6.15.1 Parents, and children of sufficient age and appropriate level of understanding, together with those agencies, professionals and foster carers significantly involved in the enquiry, should be given written information on the outcome of the enquiry (in advance of any subsequent child protection conference held).

CHILD PROTECTION ENQUIRIES

- 6.15.2 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 social workers feedback should be agreed with the CAIU.

DISPUTED DECISIONS

- 6.15.3 When Children's Social Care has concluded an initial child protection conference is not required but professionals in other agencies remain seriously concerned about the child's safety, they should follow the procedure in 6.12

6.16 TIME-SCALES

Routine

- 6.16.1 The initial strategy discussion instigates the s.47 enquiry and Core Assessment and the following timescales mean that initial conferences may be held prior to the completion of the Core Assessment:
- The Core Assessment must be completed within 35 working days from the date of that discussion / meeting (*Framework for the Assessment of Children in Need and their Families* p.32 paragraph 3.11).
 - The maximum period from the last strategy discussion of an enquiry to the date of the initial child protection conference is 15 working days

Exceptions

- 6.16.2 The time-scales above are the minimum standards required by *Working Together*. Where the welfare of the child requires shorter time-scales these must be achieved.
- 6.16.3 There may be exceptional circumstances where it is not in the child's interests to work to the above time-scales. The circumstances which may lead to an alternative time-scale include:
- The need to engage interpreters, translators etc. for those with communication needs (including disabled children)
 - Pre-birth assessments
- 6.16.4 Any proposal to justify variation of routine time scales must be authorised by the Children's Services Manager (CSM) following line manager's consultations with the CAIU and any relevant agencies.
- 6.16.5 Reasons for diverging from these time-scales must be fully recorded together with a plan of action detailing alternative arrangements.