

CHILD PROTECTION ENQUIRIES

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1. DUTY TO CONDUCT SECTION 47 ENQUIRIES

Where a child is suspected to be suffering, or likely to suffer, Significant Harm, the local authority is required by Section 47 of the **Children Act 1989** to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

Responsibility for undertaking Section 47 enquiries lies with the Local Authority Children's social care in whose area the child lives or is found. 'Found' means the physical location where the child suffers the incident of harm or Neglect (or is identified to be at risk of harm or neglect), e.g. nursery or school, boarding school, hospital, one-off event, such as a festival, holiday home or outing or where a Privately Fostered **or** Looked After Child is living with their carers. For the purposes of these procedures the children's social care area in which the child lives, is called the 'home authority' and the LA children's social care in which the child is found is the child's 'host authority'.

Each agency has a duty to assist and provide information in support of child protection enquiries. When requested to do so by Children's social care, professionals from other parts of the local authority such as housing, schools and those in health organisations have a duty to cooperate under **section 27 of the Children Act 1989** by assisting the local authority in carrying out its children's social care functions.

The social worker together with their manager must decide at what point and whether to seek parental permission to undertake multi-agency checks. If the manager decides not to seek permission, they must record the reasons why. 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.

2. IMMEDIATE PROTECTION

Where there is a risk to the life of a child or the possibility of serious immediate harm, an agency with statutory child protection powers (the police and Children's social care) should act quickly to secure the immediate safety of the child.

When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household (e.g. siblings), the household of an alleged perpetrator, or elsewhere.

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Planned emergency action will normally take place following an immediate Strategy Discussion/Meeting between police, children's social care, and other agencies as appropriate.

Police powers of protection should only be used in exceptional circumstances where there is insufficient time to seek an Emergency Protection Order (EPO) or for reasons relating to the immediate safety of the child.

3. SECTION 47 THRESHOLDS AND THE MULTI-AGENCY ASSESSMENT

A Section 47 Enquiry must always be commenced immediately when:

- There is reasonable cause to suspect that a child is suffering or likely to suffer Significant Harm in the form of physical, sexual, emotional abuse or neglect;
- Following an EPO or the use of Police Powers of Protection is initiated.

The threshold criteria for a Section 47 Enquiry may be identified during an early assessment or it may become apparent at the point of referral, during multi-agency checks or in the course of a multi-agency assessment (see **Thresholds of Need Guidance 2019**)

Local authority social workers have a statutory duty to lead enquiries under Section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals should support them in undertaking the enquiries.

A multi-agency assessment (see Assessment Procedure) is the means by which Section 47 Enquiries are carried out. The Assessment will have commenced at the point of receipt of referral and it must continue whenever the criteria for Section 47 Enquiries are satisfied. The conclusions and recommendations of the Section 47 Enquiry should inform the assessment which must be completed within 45 working days of the date when the referral was received.

The enquiries and assessment should always involve separate interviews with the child and, in the majority of cases, the parents, and the observation of interaction between the parent and child. This will include interviews and observations of parents, any other carers and the partners of the parents.

4. STRATEGY DISCUSSION / MEETING

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/meeting. The Strategy Discussion/Meeting should be co-ordinated and chaired by a Children's social care manager.

The strategy discussion/meeting should involve Children's social care and the police, health (named/designated nurse and/or named/designated doctor) and other bodies as appropriate (for example, Family Hubs/school and, in particular, any referring agency). In the case of a pre-birth strategy discussion/meeting this should involve the midwifery services.

Professionals participating in strategy discussions/meetings must have all their agency's information relating to the child available to be able to contribute to the discussion/meeting, and must be sufficiently senior to make decisions on behalf of their agencies.

Some examples of circumstances where a strategy discussion/meeting should be considered:

- Any new referrals in respect of a child where there are concerns that a child is suffering, or is likely to suffer, Significant Harm;
- When new information on an existing case in Children's social care indicates that a child is likely to suffer Significant Harm;
- When an adult or young person assessed as presenting a risk to children has moved into or is about to move into the child's household or such a person is regularly visiting or about to have sustained contact with the child;

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- When the risks of Significant Harm to an unborn child may be such as to indicate the need to develop a Child Protection Plan before birth;
- When the death of a child in family, in which abuse or neglect is suspected, is confirmed and there are other children in the household;
- When a child lives in, or is born to, a household in which resides another child who is currently the subject of a Child Protection Plan;
- When a child who is currently the subject of a Child Protection Plan in another area moves into North East Lincolnshire unless the other authority is to retain responsibility for the case;
- When a child has sexually assaulted another child or there is a risk of such an assault occurring to another child in the same household or in regular contact with the household (in which circumstances a Child Protection Conference should be held on both children).

(This is not an exhaustive list).

A strategy discussion/ meeting should be used to:

- Share available information;
- Agree the conduct and timing of any criminal investigation;
- Decide whether an assessment under **Section 47 of the Children Act 1989** (Section 47 Enquiries) should be initiated, or continued if it has already begun;
- Consider the assessment and the key action points, if already in place;
- Plan how the Section 47 Enquiry should be undertaken (if one is to be initiated), including the need for any medical assessment, and who will carry out what actions, by when and for what purpose;
- Agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- Agree, in particular, when the child will be seen alone, if appropriate for the child, by the social worker during the course of these enquiries and agree the methods by which the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions;
- In the light of the race and ethnicity of the child and family, consider how these should be taken into account and to establish whether an interpreter will be required; and
- Consider the needs of other children who may be affected (e.g. siblings and other children, such as those living in the same household, and/or in contact with alleged abusers).
- Determine what information from the strategy discussion/meeting will be shared with the family, unless such information sharing may place a child at increased risk of significant harm or jeopardise police investigations into any alleged offence/s;
- Determine if legal action is required.

It is the responsibility of the chair of the strategy discussion/meeting to ensure that the decisions and agreed actions are fully recorded using an appropriate form/ record. All agencies attending should take notes of the actions agreed any the time.

A copy of the record should be made available for all those, who had been invited or involved, as soon as practicable by Children's social care.

TIMESCALES

Strategy discussions/meetings should be convened as soon as practicable bearing in mind the needs of the child and must take place within three working days of child protection concerns being identified, except in the following circumstances:

- For allegations/concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious Neglect) the strategy discussion/meeting should be held on the same day as the receipt of the referral;
- For allegations of penetrative Sexual Abuse, the strategy discussion/meeting should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence;
- Where immediate action was required by either agency, the strategy discussion/meeting must be held within one working day;
- Where the concerns are particularly complex (e.g. Fabricated or Induced Illness/ Organised and Complex Abuse/Allegations Against Staff or Volunteers) the strategy discussion/meeting must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.

OUTCOMES

The plan made at the strategy discussion/meeting should reflect the requirement to convene an initial child protection conference within 15 working days of the strategy discussion at which it was decided to initiate the Section 47 Enquiry (if there was more than one strategy discussion / meeting). In exceptional circumstances, enquiries may be more complicated and may require more than one strategy discussion/meeting. If the strategy discussion / meeting concludes that a further strategy discussion / meeting is required, then a clear timescale should be set and be subject to regular review by the social work manager bearing in mind the safety of the child at all times.

If the conclusion of the strategy discussion/meeting is that there is no cause to pursue the Section 47 Enquiry then consideration should be given to continuing a multi- agency assessment to meet the needs of the child for any early help support services or to provide family support services to them as a child in need.

Where there are unresolved differences of opinion about the outcomes of a strategy discussion / meeting, these should be resolved by senior managers in the respective agencies in liaison with each other. This should be actioned within a timescale commensurate with the need to safeguard the child and in accordance with the NEL Safeguarding Escalation Procedure.

5. THE SECTION 47 ENQUIRY

Children's social care is the lead agency for Section 47 Enquiries and the children's social care manager has responsibility for authorising a Section 47 Enquiry following a strategy discussion/meeting.

The Section 47 Enquiry and assessment must be led by a qualified social worker from Children's social care, who will be responsible for its coordination and completion. The social worker must consult with other agencies involved with the child and family to obtain a fuller picture of the circumstances of all children in the household, identifying parenting strengths and any risk factors. Enquiries may also need to cover children in other households with whom the alleged offender may have had contact. All agencies consulted are responsible for providing information to assist.

At the same time, where there is a joint investigation, the Police will have to establish the facts about any offence that may have been committed against a child and collect evidence as they lead the criminal investigation.

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The Section 47 Enquiry should begin by focusing on the information identified during the referral/assessment and strategy discussion, which appears most important in relation to the risk of significant harm.

The assessment of risk will:

- Identify the cause for concern, its seriousness, any recurring events and the vulnerability of the child;
- Evaluate the strengths and weaknesses of the family;
- Evaluate the risks to the child/ren and the context in which they are living;
- Consider the child's needs for protection;
- Consider the capacity of the parents and wider family and social networks to safeguard and promote the child's welfare - this must include both parents, any other carers, such as grandparents, and the partners of the parents;
- Risk factors that may suggest a higher level of risk of significant harm (e.g. Children of Parents with Mental Health Problems, Children of Parents who Misuse Substances, and Domestic Violence or immigrant family issues such as social isolation);
- Determine the level of intervention required both in the immediate and longer term.

MULTI-AGENCY INFORMATION CHECKS

The social worker must contact the other agencies involved with the child to inform them that a Section 47 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, as well as 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 that may be held in other parts of the United Kingdom or in any other countries.

6. SINGLE AGENCY AND JOINT AGENCY SECTION 47 ENQUIRIES

In North East Lincolnshire the protocol in the **Working Together 2018** document which provides guidance on time scales for strategy discussions is followed.

The primary responsibility of police officers is to undertake criminal investigations of suspected or actual crime and to inform Children's social care when they are undertaking such investigations, and where appropriate to notify the Local Authority Designated Officer (LADO) in specific cases.

The police and Children's social care must co-ordinate their activities to ensure the parallel process of a Section 47 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 Discussions/Meetings.

At the strategy discussion/meeting the police officers should share current and historical information with other services where it is necessary to do so to ensure the protection of a child.

7. INVOLVING CHILDREN, PARENTS AND OTHER SIGNIFICANT FAMILY MEMBERS

THE CHILD

Children who are the subject of Section 47 Enquiries should always be seen and communicated with alone by the social worker. In addition, all children within the household must be directly communicated with during Section 47 Enquiries by either the police or Children's social care or both agencies, so as to enable an assessment of their safety to be made.

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The children who are the focus of concern, must be seen alone, subject to their age and willingness, preferably with parental permission.

If the child is the subject of ongoing court proceedings, legal advice must be sought about obtaining permission from the court to see the child.

Children's social care and the police should ensure that appropriate arrangements are in place to support the child through the Section 47 Enquiry. Specialist help may be needed if:

- The child's first language is not English;
- The child appears to have a degree of psychological and/or psychiatric disturbance but is deemed competent;
- The child has a physical/sensory/learning disability;
- Interviewers do not have adequate knowledge and understanding of the child's racial, religious and cultural background;
- Unusual abuse is suspected, including the use of photography or filming.

It may be necessary to provide information to the child in stages and this must be taken into account in planning the Section 47 Enquiries.

Explanations given to the child must be brought up to date as the assessment and the enquiry progresses. In no circumstances should the child be left wondering what is happening and why.

If the whereabouts of a child subject to Section 47 Enquiries are unknown and cannot be ascertained by the social worker, the following action must be taken within 24 hours:

- A Strategy Discussion/Meeting with the police;
- Agreement reached with the 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 coordinate a strategy discussion/meeting including legal representation, to develop a plan to locate or access the child/ren and progress the Section 47 Enquiry.

THE PARENTS AND OTHER SIGNIFICANT FAMILY MEMBERS

In most cases, parents should be enabled to participate fully in the assessment and enquiry process, which must be explained to them verbally and also in writing. If a parent has a specific communication difficulty or English is not their first language, an interpreter should be provided.

The social worker has the main responsibility to engage with parents and other family members to ascertain the facts of the situation causing concern and to assess the capacity of the family to safeguard the child.

Parents must be involved at the earliest opportunity unless to do so would prejudice the safety of the child. The needs and safety of the child will be paramount when determining at what point parents or carers are given information. Parents must be kept informed throughout about the enquiry, its outcome and any subsequent action unless this would jeopardise the welfare of the child.

The assessment must include both parents, any other carers such as grandparents and the partners of the parents.

Where a parent lives elsewhere but has contact with the child arrangements should be made for their involvement in the assessment process.

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Appropriate, checks should be completed on a parent, who assumes the care of a child during a Section 47 Enquiry.

An explanation of their rights as parents including the need for support and guidance from an advocate whom they trust should be provided, including advice about the right to seek legal advice.

Any objections or complaints expressed by parents during a Section 47 Enquiry, and the response to these objections or complaints, must be clearly recorded.

8. MEDICAL ASSESSMENTS

Strategy discussions/meetings must consider, in consultation with the named Doctor/ Paediatrician (if not part of the strategy discussion/meeting), the need for and the timing of a medical assessment. Medical Assessments should always be considered necessary where there has been a disclosure or there is a suspicion of any form of abuse to a child.

A medical assessment should demonstrate a holistic approach to the child and assess the child's well-being, including mental health, development and cognitive ability.

A medical assessment is necessary to:

- Secure forensic evidence;
- Obtain medical documentation;
- Provide reassurance for the child and parent;
- Inform treatment follow-up and review for the child (any injury, infection, new symptoms including psychological).

Only doctors may physically examine the whole child. All other staff should only note any visible marks or injuries on a body map and record, date and sign details in the child's file.

CONSENT

The following may give consent to a medical assessment:

- A child of sufficient age and understanding (Gillick competency/Fraser guidelines);
- Any person with parental responsibility, providing they have the capacity to do so;
- The local authority when the child is the subject of a care order (though the parent should be informed);
- The local authority when the child is accommodated under **s20 of the Children Act 1989**, and the parent/s have abandoned the child or are assessed as lacking capacity 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.

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 medical assessment or emergency treatment.

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 medical assessment, though refusal can potentially be overridden by a court.

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Wherever possible the permission of a parent should be sought for children under sixteen prior to any medical 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 - this will only be done if the injuries are life threatening and only with the minimum amount of treatment.

In these circumstances, parents must be informed by the medical practitioner as soon as possible and a full record must be made at the time.

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 THE MEDICAL ASSESSMENT

In the course of Section 47 Enquiries, appropriately trained and experienced practitioners must undertake all medical assessments.

DAYTIME MEDICALS

If a child, under 16 requires a forensic medical examination, the first port of call is the Anlaby Suite, Hull Royal Infirmary, who will inform as to the availability of a suitably trained Paediatrician.

If the Anlaby Suite cannot conduct the medical for whatever reason they may refer you to the out of hours procedure.

OUT OF HOURS MEDICALS

Out of hours is classed as after 1700hrs and prior to 0800hrs, Monday to Friday and weekends and Bank Holidays. However, many child medicals will not be done in the early hours and will often wait until the morning.

Referrals must be made through Social Care or the Police in all circumstances.

Prior to any child or young person being conveyed to the Anlaby Suite or the CSAAS there MUST be joint decision made between the police, Social Care and Health as to where and when the medical is to take place and who will be involved. A representative from the CSAAS should also be part of the decision making.

Current Child Sexual Abuse Assessment Service (CSAAS) provision for under 16 year olds (or 16-18 with additional needs):

Hull Royal Infirmary – Anlaby Suite

Acute cases (within last 10 days): Monday to Friday 0830 to 1630

Historical Abuse cases (last episode > 10 days earlier): Monday to Friday 0830 to 1630

Weekend and Bank Holidays:

Sheffield Children's Sexual Assault Referral Centre

Sheffield Children's hospital switchboard: 0114 2717000 and ask for the SARC consultant on call.

Dewsbury - The Hazlehurst centre: 0330 223 0099

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At weekends and Bank Holidays the available Clinician can be contacted between 0900 and 1100 via Hull Royal Infirmary switchboard (CSAAS rota). If no Clinician is available you will be referred to an alternative procedure which may involve taking the child out of area if the medical cannot be delayed

In children between 16 and 18 in whom a medical is indicated for acute sexual abuse (last episode occurred in the last 10 days) then contact the CSAAS at Hull Royal Infirmary in the first instance.

The CSAAS nurses CANNOT conduct a medical of a child under the age of 16years. If the child also suffers from any disability whether it is physical or mental the child MUST be seen by a Paediatrician.

If the suitable arrangements cannot be made then consideration has to be given to taking the child to another child SARC if the medical cannot be delayed.

If the medical is to be delayed, consideration must be given to the need for blood borne virus (including HIV and Hepatitis) screening and treatment. There is a 72hours window for the child to obtain the treatment and it is imperative that this enquiry is done expeditiously because if we lose this 72 hour window, the child is at a much higher risk of contracting blood borne viruses and the medication will not be effective. See also **Practice Guidance: Supporting Young People with HIV Testing and Prevention.**

Sheffield and Dewsbury are a long way to take a child for a medical. Consideration should always be given to delaying the medical until a local doctor or paediatrician is available. The decision making regarding the medical should always lie with the Detective Inspector who is overseeing the investigation whether it is during the day or during the night.

Following the examination, a report will be provided by the Clinician undertaking the examination to the Social Worker, the GP and where appropriate, the police. The timing of a letter to parents should be determined in consultation with Children's social care and the police.

The report should include:

- A verbatim record of the carer's and child's accounts of injuries and concerns noting any discrepancies or changes of story;
- Documentary findings in both words and diagrams;
- Site, size, shape and where possible age of any marks or injuries;
- Opinion of whether injury is consistent with explanation;
- Date, time and place of examination;
- Those present;
- Who gave consent and how (child / parent, written / verbal);
- Other findings relevant to the child (e.g. squint, learning or speech problems etc.);
- Confirmation of the child's developmental progress (especially important in cases of neglect);
- The time the examination ended.

All reports and diagrams should be signed and dated by the Doctor undertaking the examination.

9. ACHIEVING BEST EVIDENCE INTERVIEWS

Visually recorded interviews must be planned and conducted jointly by trained police officers and social workers in accordance with the **Achieving Best Evidence in Criminal Proceedings: Guidance on Vulnerable and Intimidated Witnesses** (Ministry of Justice 2011). All events up to the time of the video interview must be fully recorded.

- Visually recorded interviews serve two primary purposes:
- Evidence gathering for criminal proceedings;

- Examination in chief of a child witness.

Relevant information from this process can also be used to inform Section 47 Enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adults, where allegations have been made.

10. THE OUTCOMES OF SECTION 47 ENQUIRIES

Children's social care is responsible for deciding how to proceed with the enquiries and risk assessment based on the strategy discussion/meeting and taking into account the views of the child, their parents and other relevant parties (e.g. a foster carer). It is important that they 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 the Section 47 Enquiry, 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 Section 47 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

SOCIAL WORKERS WITH THEIR MANAGERS SHOULD

- Discuss the case with the child, parents and other professionals;
- Determine whether support from any services may be helpful and help secure it; and
- Consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this.

ALL INVOLVED PROFESSIONALS SHOULD

- Participate in further discussions as necessary;
- Contribute to the development of any plan as appropriate;
- Provide services as specified in the plan for the child; and
- Review the impact of services delivered as agreed in the plan.

The 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.

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

SOCIAL WORKERS WITH THEIR MANAGERS SHOULD

- Convene an Initial Child Protection Conference. The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. The initial child protection conference should take place within **15 working days** of a strategy discussion, or the strategy discussion at which Section 47 Enquiries were initiated if more than one has been held;

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- Consider whether any professionals with specialist knowledge should be invited to participate;
- Ensure that the child and their parents understand the purpose of the conference and who will attend; and
- Help prepare the child if he or she is attending or making representations through a third party to the conference. Give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter.

ALL INVOLVED PROFESSIONALS SHOULD

- Contribute to the information their agency provides ahead of the conference, setting out the nature of the agency's involvement with the child and family;
- Consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when; and
- Attend the conference and take part in decision making when invited;
- 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 social worker and their manager will coordinate and review such arrangements.

FEEDBACK FROM SECTION 47 ENQUIRIES:

The Children's social worker is responsible for recording the outcome of the Section 47 Enquiries consistent with the requirements of the recording system. The outcome should be put on the child's electronic record with a clear record of the discussions, authorised by the 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 for their information and records.

The parents and children of sufficient age and appropriate level of understanding should be given feedback of the outcome, in particular in advance of any initial child 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. If there are ongoing criminal investigations, the content of the social worker's feedback should be agreed with the police.

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

Where the child concerned is living in a residential establishment which is subject to inspection, the relevant inspectorate should be informed.

WHERE THE DECISION ABOUT THE OUTCOME OF THE SECTION 47 ENQUIRY IS DISPUTED

Where Children's social care have concluded that an initial child protection conference is not required but professionals in other agencies remain seriously concerned about the safety of a child, these professionals should seek further discussion with the social worker, their manager and/or the nominated safeguarding children adviser. The concerns, discussion and any agreements made should be recorded in each agency's files.

If concerns remain, the professional should discuss with a designated/named/lead person or senior manager in their agency and the agency may formally request that Children's social care convene an initial child protection conference. Children's social care should convene a conference where one or more professionals, supported by a senior manager/named or designated professional requests one.

If the matter remains unresolved the NEL Safeguarding Escalation Procedure should be used.

11. TIMESCALES FOR SECTION 47 ENQUIRIES

From when Children's social care receive a referral or identify a concern of risk of significant harm to a child:

- The initial strategy discussion meeting which instigates the Section 47 Enquiry must take place within three days;
- The multi-agency assessment taking place along with the Section 47 Enquiries must be completed within a maximum of 45 days with progress being reviewed by a Children's social care manager regularly to avoid any unnecessary delay and to ensure that the safety of the child is reviewed effectively.

The maximum period from the strategy discussion/ meeting of an enquiry to the date of the initial child protection conference is 15 working days. In exceptional circumstances where more than one strategy discussion / meeting takes place the timescale remains as 15 working days from the strategy discussion / meeting which initiated the Section 47 Enquiries.

12. RECORDING

A full written record must be completed by each agency involved in a Section 47 Enquiry, using the required agency proforma, authorised and dated by the staff.

The responsible manager must authorise Children's social care Section 47 recording and forms.

Practitioners should, wherever possible, retain rough notes in line with local retention of record procedures until the completion of anticipated legal proceedings.

At the completion of the enquiry, the social work manager should ensure that the concerns and outcome have been entered in the recording system including on the child's chronology and that other agencies have been informed.

Children's social care recording of enquiries should include:

- Agency checks;
- Content of contact cross-referenced with any specific forms used;
- Strategy discussion/meeting notes;
- Details of the enquiry;
- Body maps (where applicable);
- Assessment including identification of risks and how they may be managed;
- Decision making processes;
- Outcome/further action planned.

All agencies involved should ensure that records have been concluded and countersigned in line with agency policies and recording procedures.

All records should be checked for the correct spelling of names and any alias as well as correct dates of birth.

13. FURTHER INFORMATION

[Strategy Meeting Criteria](#)

[Strategy Meeting Guidance and Agenda](#)