

SECTION 4

IMMEDIATE PROTECTION, INITIAL ASSESSMENT AND STRATEGY DISCUSSION

This Section sets out –

- The duty to make enquiries when a child may be at risk of significant harm;
- The action to be taken when there is an immediate risk of serious harm to the child;
- How social care services will carry out an initial assessment and decide whether to arrange a strategy discussion; and
- How the strategy discussion will decide whether to initiate section 47 enquiries and, if so, how the enquiries should be handled.

1. GUIDANCE

Working Together to Safeguard Children [2010] Chapter 5 Paragraphs 5.34 – 5.61

The words in this typeface are additions or amendments made in response to the 2010 edition of this guidance.

2. INTRODUCTION

- 2.1 If children’s social care has reason to suspect that a child in their area is suffering, or is likely to suffer, significant harm, they have a duty to make enquiries (“section 47 enquiries”). These enquiries will be directed toward deciding whether they should take any action to safeguard and promote the child’s welfare. More detailed information on the criteria for initiating section 47 enquiries, and on the interpretation of significant harm, will be found in [Section 2](#) of these procedures [Essential Information].
- 2.2 This procedure must be followed for all referrals which express concern that a child may be suffering, or be at risk of suffering, significant harm, including anonymous referrals.
- 2.3 The team manager and social worker will ensure, as far as is possible, that they have a clear description of the child concerned, and that they are aware of any uncertainty about the identity of the child whose welfare is the subject of concern.
- 2.4 If it appears that a criminal offence has been committed against a child, the team manager in children’s social care will inform the police at the earliest opportunity. The police and children’s social care will work together to decide how to proceed in the best interests of the child. In some cases they will agree that the child’s interests are better served by the intervention of children’s social care without a police investigation.

Working Together

- 2.5 If a referral about likely risk to a child includes information suggesting that a vulnerable adult has also been put at risk of abuse or harm, the team manager will raise a safeguarding adult alert in accordance with the Multi-Agency Safeguarding Adults Procedures. The procedures and the Multi-Agency Alert Form will be found at www.bsab.org

Underage sexual activity

- 2.6 Situations in which there is evidence of underage sexual activity raise difficult issues and need to be handled with particular sensitivity. Guidance on this issue will be found in [Section 28](#) of these procedures [Concerns about Children and Young People Involved in Underage Sexual Activity].

The Human Rights Act 1998

- 2.7 Actions taken at this stage may raise issues under the Human Rights Act. These issues are discussed in [Section 2](#) of these procedures [Essential Information].

3. IMMEDIATE PROTECTION

- 3.1 Where there is an immediate risk of serious harm to a child, children's social care and the police will act quickly to secure the child's safety. The need for emergency action may be apparent as soon as a referral is received, or it may become clear over time as more is learned about the child's circumstances.
- 3.2 If it appears necessary to act quickly to protect the child from significant harm -
- The social worker who receives the information will notify a team manager.
 - The team manager will decide what action is necessary and within what timescale.
 - Planned emergency action will normally take place following a strategy discussion between children's social care, the police and other appropriate agencies (See Chapter 6 below). If a single agency has to act immediately to protect a child, a strategy discussion should be arranged as soon as possible after the action.

Emergency action addresses only the immediate risk; it should always be followed by section 47 enquiries to determine what action, if any, should be taken in the longer term.
 - In all cases, the social worker will seek legal advice before taking emergency action.

- 3.3 Any decision about emergency action to safeguard a child must include consideration of whether any other children may be at risk. Action may be needed to safeguard other children in the same household, in the household of an alleged perpetrator, or elsewhere.
- 3.4 In some cases a parent will agree to remove an alleged perpetrator, or an alleged perpetrator will agree to leave the home, and this may be enough to secure the child's safety. In other cases it will be necessary to remove the child to a safe place, or to ensure that he/she remains in a safe place. This can be arranged –
- On a voluntary basis, by arrangement with the parents or other carers; or
 - Under an Emergency Protection Order; or
 - By taking the child into police protection.
This power should be used only if the delay involved in seeking an Emergency Protection Order would place the child's safety at immediate risk.
- 3.5 If a child who is in police protection or the subject of an Emergency Protection Order goes missing from their placement, application may be made to court for a Recovery Order – see [Section 2](#) of these procedures [Essential Information].

4. INITIAL ASSESSMENT

- 4.1 The initial assessment by children's social care of a child in need must be completed within a maximum of **ten working days** of receiving a referral. However this initial assessment period may be very brief if it is clear that the criteria for initiating section 47 enquiries are met - see [Section 2](#) of these procedures [Essential Information].
- 4.2 The assessment will be led by a qualified and experienced social worker **who is supervised by a highly experienced and qualified social work manager**. They will plan the activities to be undertaken, and their timing, in collaboration with all those involved with the family.
- 4.3 If the child's parents/carers refuse to consent to an initial assessment, the social worker and team manager will review the situation and decide whether the initial assessment is still required or whether there are now grounds to initiate section 47 enquiries.
- 4.4 The initial assessment will address the questions:
- What are the developmental needs of the child?
This will include specific consideration of the needs of any unborn children in the household.

Working Together

- ***What needs of the child are being met and how?***
- ***What needs of the child are not being met and why not?***
- Are the parents able to respond appropriately to the child's needs?
- Is the child being adequately safeguarded from significant harm?
- Are the parents able to promote the child's health and development?
- What impact are family functioning and history, the wider family and environmental factors having on the parents' capacity to respond to the child's needs?
- Is action needed to safeguard and promote the child's welfare?

And

- ***Within what timescales should this action be taken?***

4.5 The process of initial assessment should involve:

- Seeing and speaking to the child (see Paragraph 4.6 below)
- Seeing and speaking to the child's parents, and other family members as appropriate;
- Obtaining relevant information from professionals and others in contact with the child and family; and
- Drawing together and analysing available information from a range of sources (including existing records);
This should include information focusing on the strengths and positive factors as well as any vulnerabilities and weaknesses. It may include discussions with adult services, for example if a parent has received support relating to mental health issues or learning disability.

4.6 The child should be seen within a timescale that reflects the nature of the concerns expressed - it may be appropriate to see him/her without the parents or other carers being present. Any communication with the child should be in a manner which is suitable to their age and understanding and in their preferred language. For some children with disabilities this may require the use of non-verbal communication methods. Where there are communication issues and specialist services are already involved with the child, they should be consulted as soon as possible.

4.7 ***The social care record should state whether the child was seen, who was present at the time of each visit, and the reasons for deciding to see the child alone, or not to do so.***

- 4.8 The social worker should consider the physical description of the child given by the referrer, and whether there is any uncertainty about the identity of the child whose welfare is a matter of concern.
- 4.9 The focus of the initial assessment should be the safety and welfare of the child. It is important to remember that, even if the reason for a referral was a concern about abuse or neglect which is subsequently not substantiated, the child and family may still benefit from support and practical help.
- 4.10 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, a strategy discussion must be arranged to discuss the possible need for section 47 enquiries.
- 4.11 A strategy discussion must be arranged in the following circumstances: [*These have been identified as issues in serious case reviews*]
- A child has been admitted to local authority accommodation on more than one occasion in circumstances which give rise to concern about attachment;
 - Concern arises because of contact between a child and a person who has been convicted of offences against children, or otherwise identified as a person who poses a risk to children - see [Appendix F](#) [Persons who Pose a Risk of Harm to Children]; or
 - A child is born experiencing withdrawal symptoms, or with a positive urine test for illegal substances.

Child in hospital

- 4.12 All child protection concerns relating to a child who is admitted to hospital are dealt with by the hospital social work team at Birmingham Children's Hospital.
- 4.13 If there are child protection concerns about a child who is an inpatient in hospital, discharge should be discouraged until a social worker has assessed that the home environment is safe and, if appropriate, action should be taken to prevent discharge. The assessment should include a visit to the home and discussions with the medical staff. All decisions should be agreed with the consultant responsible for the child's care in hospital and recorded on the child's file.

Armed Services

- 4.14 There is a large number of families living in the city who have connections with the armed services. If child protection issues should arise in relation to one of these families, it may be helpful to consult the relevant specialist social work service. Appendix 4 of *Working Together to Safeguard Children* gives the contact details of these services, and Paragraphs 2.176 – 182 describe their responsibilities.

Working Together

If the family have lived abroad

- 4.15 If the family has spent time abroad, agencies such as health, children's social care and the Police should seek relevant information from their equivalent agencies in the country or countries in which the child has lived. Information about who to contact can be obtained from the Foreign and Commonwealth Office Tel: 0207 008 1500, or from the appropriate Embassy or Consulate in London (see the London Diplomatic List on the FCO website www.fco.gov.uk)

5. THE OUTCOME OF THE INITIAL ASSESSMENT

- 5.1 Following an initial assessment, the social worker will discuss the situation with the child and family, unless such a discussion would place the child at risk of significant harm, and the team manager will decide on the next course of action and will record her/his decision on the Initial Assessment document.
- 5.2 The social worker will inform the family, the referrer, and other professionals and agencies involved in the assessment, of the decisions and actions taken as a result of the initial assessment. In each case she/he will give as much detail as is consistent with:
- Respecting the confidentiality of the child and family concerned, and
 - The need to avoid jeopardising further action in respect of child protection concerns (which may include police investigations).

They will confirm this information in writing to the family and agencies.

- 5.3 The initial assessment may conclude that there are no substantiated concerns that the child may be suffering, or is at risk of suffering, significant harm. This situation is dealt with in Chapter 7 below.
- 5.4 If the conclusion of the initial assessment is that there is reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm, the team manager in children's social care must arrange a strategy discussion to decide whether section 47 enquiries should be initiated and, if so, to plan the enquiries.

6. STRATEGY DISCUSSION

- 6.1 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, the team manager in children's social care will arrange an immediate referral to the Police Public Protection Unit. A strategy discussion must be held – as a minimum this will involve the team manager in children's social care and a sergeant in the Public Protection Unit. Other agencies may be involved as appropriate – for example, school and health professionals and the referring agency.

- 6.2 The persons participating in the strategy discussion should be sufficiently senior to make decisions on behalf of their agencies, and
- If the child is a hospital patient or is receiving services from a child development team, the medical consultant responsible for their health care should be involved;
 - If the child is an inpatient, the senior ward nurse should be involved;
 - Where a medical examination may be necessary or has taken place, a senior doctor should be involved.
 - Where the parents, or other adults in the household, are experiencing problems such as domestic violence, substance abuse or mental illness, the strategy discussion will consider whether to consult the relevant adult services professionals about their involvement.
- 6.3 The purpose of the strategy discussion is to decide whether to initiate section 47 enquiries and, if so, to plan them. It may take the form of a meeting or a discussion by telephone. All parties to the discussion should record the information shared and the decisions reached.
- 6.4 If the concern relates to a young person who is approaching their 18th birthday, see Paragraphs 6.12 - 15 below.
- 6.5 If the child's circumstances are complex, more than one strategy discussion may be necessary, and a strategy discussion may decide to arrange a review meeting for further discussion and decisions about whether and how to carry out section 47 enquiries. In this case the deadline for the initial child protection conference is timed from the date of the strategy discussion at which the decision was taken to initiate section 47 enquiries.
- 6.6 If a strategy meeting is to be arranged, it should be held in a location which is convenient for the key attendees, for example a hospital, school, police station or children's services office.
- 6.7 The strategy discussion will usually be chaired by a team manager in children's social care and will:
- Share available information;
 - Agree the conduct and timing of any criminal investigation;

Working Together

- Decide whether section 47 enquiries should be initiated or continued;
The team manager will record any instructions to carry out section 47 enquiries on the section 47 Core Assessment document. This will name the social worker who is to carry out the enquiries (“the lead social worker”) and the manager who is to oversee them. Unless responsibility is formally reallocated to another named social worker and/or manager, these workers hold responsibility for carrying out enquiries until the initial child protection conference or until a decision is made that no further action is necessary.
 - Plan how enquiries should be undertaken;
Including the need for medical examination, and who will carry out what actions, by when and for what purpose.
If there is any uncertainty about the identity of the child whose welfare is the subject of concern, the plan should state how this uncertainty is to be resolved.
 - Agree what action is needed immediately to safeguard and promote the child’s welfare, and/or provide interim services and support;
If the child is in hospital this will include decisions about how to ensure their safe discharge.
 - Determine what information about the strategy discussion will be shared with the family;
Unless such information sharing may place the child at increased risk of significant harm or jeopardise police investigations into any alleged offence(s).
- And
- Determine whether legal action is required.

6.8 Relevant matters will include:

- Agreeing a plan for section 47 enquiries – what further information is needed about the child and family and how it should be obtained and recorded. The plan must identify:
 - ◇ Who is to be interviewed, by whom, with what purpose ***and when;***
 - ◇ ***When the lead social worker will see the child alone, or that this would not be appropriate for the child;***
 - ◇ The information to be gathered in each interview;
 - ◇ The steps to be taken if contact is not made; and
 - ◇ The persons responsible, and the timescales, for each task;
- Considering how to deal with any refusal of consent to a medical examination;
 - ◇ If the parents refuse consent, the strategy meeting will consider whether there is sufficient evidence to apply for a court order and, if so, whether it would be appropriate to do so.

- ◇ If the child refuses to consent to a medical examination, and is competent to do so, then this will cause difficulties. However, refusal of consent should not stop the assessment process – the strategy discussion will plan how to carry out an appropriate assessment without consent.
 - Considering whether there is a need to conduct an evidential interview with a child to gather evidence for criminal proceedings. This must be conducted in accordance with the guidelines in *“Achieving Best Evidence”*.
 - Agreeing how the child’s wishes and feelings will be ascertained and taken into account;
 - Considering how the race, ethnicity and any disability of the child and family should be taken into account in enquiries, and establishing whether an interpreter, or other aid to communications, will be needed;
 - Considering the needs of other children who may be affected, for example siblings and other children in contact with alleged abusers; and
 - If section 47 enquiries are opened in respect of a child, the chair of the strategy discussion will direct an initial assessment in respect of all other children in the household, including any unborn children, unless the focus of concern is a person who has no contact with the household.
 - If there are other children of the same parent living elsewhere, the strategy discussion must consider the welfare of those children and any safeguarding issues relating to them.
 - A date on which the plan will be reviewed, or the reasons why this is not necessary.
- 6.9 In more complex cases where a number of families appear to be involved, where a person appears to pose a risk to children from several families, or the alleged abuse is in the context of an institution, the strategy discussion will need to ensure effective co-ordination between the different professionals who may be involved. See [Section 15](#) [Complex (Organised or Multiple) Abuse] and [Section 22](#) [Concerns about Persons in a Position of Trust].
- 6.10 If the strategy discussion decides to initiate section 47 enquiries the team manager will alert the Child Protection and Review Unit that a child protection conference may be required.
- 6.11 The chair of the strategy discussion will record the information shared, the decisions reached and the basis for those decisions, and will circulate this record to all parties to the discussion within one working day.

Working Together

Young person approaching their 18th birthday

The relevant section of the Safeguarding Adults Procedure is reproduced in [Appendix J](#) to these procedures.

6.12 If the concern relates to a young person who –

- Is almost 18 years old (i.e. less than 6 months from their 18th birthday; and
- Is likely to meet the definition of vulnerable adult in the Safeguarding Adults Procedure (see Paragraph 6.15 below),

Then the chair of the strategy discussion will consult the relevant team manager from the Adults and Communities Directorate during the strategy discussion. If a strategy meeting is arranged, this team manager must be invited.

6.13 If section 47 enquiries are started less than 2 months before the young person's 18th birthday, then the young person is likely to become an adult before the enquiries are completed. In this situation the strategy discussion will consider the arrangements for transfer of lead responsibility for the assessment. As a minimum, all agencies involved in the section 47 enquiries must share information with relevant staff of the Adults and Communities Directorate. However, it would be preferable to arrange a period of joint working during the assessment.

6.14 The lead social worker should ensure that appropriate staff of the Adults and Communities Directorate are invited to any child protection conference, and are consulted by the core group. The purpose of this is to achieve a smooth transition from child protection to adult safeguarding.

6.15 For the purposes of the Safeguarding Adults Procedure, a vulnerable adult is a person who -

- Is aged 18 or over; and
- Is, or may be, in need of community care services because of frailty, learning, physical or sensory disability, or mental health issues; and
- Is, or may be, unable to care for himself/herself, or to take steps to protect himself/herself from significant harm or exploitation.

Note that some young people who have been assessed as ineligible for community care services may now be eligible because of recent events (including factors uncovered by section 47 enquiries). If there is any doubt about whether this definition may apply, the relevant team in the Adults and Communities Directorate must be consulted.

7. IF SECTION 47 ENQUIRIES ARE NOT APPROPRIATE

- 7.1 Following the initial assessment the social worker may conclude that there are no substantiated concerns that the child may be suffering, or is at risk of suffering, significant harm. However, the child may be “in need” as defined by section 17 of the Children Act 1989 - see [Section 2](#) of these procedures [Definitions] - and multi-agency action may be needed to address their needs.
- 7.2 The social worker will notify the referrer and any other agencies and individuals who have been consulted about the referral. No further action will be taken under these procedures, but the social worker will consider with the family whether there is a need for support and/or services. In the conclusion of the initial assessment the social worker must state clearly what action is needed, if any, to address any unmet needs, and by whom.
- 7.3 If any agency or professional disagrees with the decision not to arrange a conference, guidance is given in [Section 6](#) of these procedures [The Initial Child Protection Conference and the Child Protection Plan] at Paragraph 10.1.