

SECTION 5

STARTING SECTION 47 ENQUIRIES

This Section sets out –

- The purpose and structure of section 47 enquires;
- The issues to be addressed in arranging an interview with the child, and a medical assessment of the child; and
- Decisions to be made and actions to be taken, based on the outcome of the enquiries.

1. GUIDANCE

Working Together to Safeguard Children [2010] Chapter 5 Paragraphs 5.62 – 5.81

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

2. INTRODUCTION

- 2.1 If there is reason to suspect that a child is suffering, or is likely to suffer, significant harm, children’s social care has a duty to initiate enquiries (section 47 enquiries). These enquiries will be led by a qualified and experienced social worker (“the lead social worker”), and their purpose is to determine what action, if any, is needed to safeguard and promote the child’s welfare.
- 2.2 The core assessment is the means by which section 47 enquiries are carried out. It should begin by focusing on the information identified in the initial assessment as being of the most significance to the question of whether the child is suffering, or is likely to suffer, significant harm. However the completed assessment should cover all aspects of the needs of the child, and the ability of the parents and the wider family network adequately to ensure their safety, health and development.
- 2.3 ***Section 47 enquiries require the drawing together of information from many sources - the Children Act 1989 places a statutory duty on education, housing and health authorities to cooperate with them. If there are any difficulties in securing this cooperation the lead social worker will refer the issue to a more senior manager.***
- 2.4 More detailed information about the criteria for initiating section 47 enquiries, and the interpretation of significant harm, will be found in [Section 2](#) of these procedures [Essential Information].

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3. IMMEDIATE PROTECTION

- 3.1 During section 47 enquiries it may become clear that the child is in need of immediate protection. This situation is dealt with in Chapter 3 of [Section 4](#) of these procedures [Immediate Protection, Initial Assessment and Strategy Discussion].

4. THE IMPACT OF ENQUIRIES ON THE FAMILY AND CHILD

- 4.1 The carrying out of section 47 enquiries without the active consent of the child's parents may raise issues under the Human Rights Act. These issues are discussed in [Section 2](#) of these procedures [Definitions].
- 4.2 Enquiries should always be carried out in such a way as to minimise distress to the child, and ensure that families are treated sensitively and with respect. The lead social worker will explain the purpose and outcome of enquiries to the parents and child. They should be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.
- 4.3 As far as possible, enquiries should be conducted in a way which allows for future constructive working relationships with families. In the great majority of cases, children remain with their families following section 47 enquiries, even where concerns about abuse are substantiated.

5. MAKING THE ENQUIRIES

- 5.1 The purpose of section 47 enquiries is to decide whether action is needed to safeguard and promote the welfare of one or more children -
- Enquiries will include bringing together information held by agencies which are, or have been, in contact with the child and family.
 - Enquiries into the circumstances of a specific child should always include consideration of the potential needs and safety of any siblings or other children in the relevant household.
That is an initial assessment of the needs of each child.
 - Enquiries may need to consider the welfare and safety of children in other households with whom an alleged offender may have had contact.
 - The police may need to establish the facts about any offence which may have been committed against a child.
- 5.2 The gender, race, and any special needs of the child may carry particular significance for the child and family. They must be taken into account in deciding who will conduct the section 47 enquiries and will be considered at all stages of the enquiries.

- 5.3 If the child is a young person approaching their 18th birthday, and is likely to become a vulnerable adult the strategy discussion may have given specific instructions on how the section 47 enquiries are to be carried out and on informing the Adults and Communities Directorate about the outcome.
- 5.4 When there are concerns about harm to a child, decisions must be based on an assessment of the child's needs, the parents' capacity to respond to those needs, including their capacity to keep the child safe from significant harm, and the wider family circumstances. This will require information from a number of sources. Enquiries may include:
- One or more interviews with the child who is the subject of concern (See Chapters 6 and 7 below);
 - Interviews with parents and/or carers, ***both with the child present and in the child's absence***;
 - Observation of the interactions between parents and children;
 - Interviews with persons who have had professional or personal connections with the child;
 - Specific examinations or assessments of the child by other professionals (for example medical or developmental checks, or assessment of emotional or psychological state or disability); and
 - Interviews with persons who have had professional or personal connections with the child's parents or carers.
- 5.5 As a minimum, enquiries must include the following:
- ***The lead social worker must see, and communicate with, the child, alone if appropriate, S47 enquiries should always involve an interview with the child who is the subject of concern, and this interview will include ascertaining the child's wishes and feelings. The strategy discussion will decide whether it is appropriate to see the child alone.***
 - A parent or carer must be interviewed; and
 - The accommodation where the child lives must be visited.

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- 5.6 Every effort will be made to enable children and parents to express themselves fully and to understand what is happening and what decisions must be made -
- If the child or parent has learning difficulties or mental health issues, consideration should be given to the possible need for a suitable advocate to represent their needs.
Guidance on working with parents who have mental health issues will be found in [section 20](#) of these procedures.
Guidance on working with parents who have learning difficulties will be found in [Section 27](#).
 - If children or parents have a physical disability, it will be necessary to use premises which are able to meet their needs.
 - If a child or parent is disabled, it may be necessary to provide help with communication to enable them to express themselves to the interviewer.
 - If a child or parent speaks a language other than that spoken by the interviewer, an interpreter should be provided. Interpreters should be suitably trained and competent: it is not appropriate to use a friend or relative.
 - Advice should be sought on any factors which may need to be taken into account because of the child's racial and cultural background.
 - If the child is unable to take part in an interview because of age or understanding, alternative means of understanding the child's perspective should be used, including observation where the child is very young or has communication impairments.
- 5.7 The lead social worker will ensure that the key agencies involved with the child and family are kept informed about the progress of enquiries.
- 5.8 The police may arrange an interview with a person who has been identified as a likely perpetrator of abuse. If the person works with children or vulnerable adults (whether paid or unpaid), the police should, during the interview, advise the individual to inform their employer about these enquiries themselves. This is because, even if no charges are brought, the police and/or children's social care may feel that there are implications for the children or adults with whom the person works, and that these should be drawn to the employer's attention. It may also be disclosed in any future CRB check.

6. INTERVIEWING THE CHILD

6.1 Whenever possible, section 47 enquiries will include separate communication with the child. All such interviews should be conducted by a qualified social worker with experience in interviewing children. Additional specialist help may be needed if:

- The child's first language is not English; or
- The child appears to have a degree of psychiatric disturbance but is deemed competent; or
- The child has an impairment; or
- The interviewer does not have adequate knowledge and understanding of the child's racial, religious or cultural background.

6.2 It is important that all discussions with children are conducted in a way that minimises any distress caused to them and maximises the likelihood that they will provide complete and accurate information -

- Consideration should be given to the gender of the interviewer, particularly in cases of alleged sexual abuse.
- Leading or suggestive communication should be avoided.
- A child should never be interviewed in the presence of an alleged or suspected perpetrator of abuse, or somebody who may be colluding with a perpetrator.
- The child may need time, and more than one opportunity, in order to develop trust to communicate any concerns they may have, especially if they have communication difficulties or learning difficulties, are very young, or are experiencing mental health problems.

6.3 In exceptional circumstances it may be necessary to speak to the child without the knowledge of a parent or carer, for example because:

- It is likely that the child would be threatened or otherwise coerced into silence; or
- There is a strong likelihood that important evidence would be destroyed; or
- The child does not want the parent to be involved at this stage, and is competent to take that decision.

In all cases in which the police are involved, the decision about when to inform the parent or carer will have a bearing on the conduct of police investigations. The strategy discussion should decide on the most appropriate timing of parental participation.

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7. VIDEO-RECORDED INTERVIEWS WITH CHILDREN

- 7.1 The guidance on conducting video-recorded interviews with children is contained in "*Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including Children*" [Home Office 2007].
- 7.2 When there is a criminal investigation, all staff should be aware of the different roles of the two agencies: the responsibility of the police is to interview the child as a witness to a criminal offence; it is the social worker's responsibility to safeguard and promote the child's welfare.
- 7.3 A social worker will be involved in any interview with a child but it may be agreed that another professional with experience in interviewing children and in child protection work should take the lead, for example a psychiatrist, psychologist, child therapist.
- 7.4 If the strategy discussion decides that an evidential interview is needed, the police officer and the social worker will discuss the issues and -
- Plan the interview;
 - Consider the role of the child's parent/carer, if any, in the interview; and
 - Consider whether additional specialist input is needed.
- 7.5 The police will take responsibility for the evidential interview and criminal investigation.
- 7.6 Evidential interviews with children in child protection cases are normally conducted by a police officer in the Public Protection Unit and the social worker acting together. Usually the police officer takes the lead and the social worker takes the role of support interviewer, but sometimes it will be appropriate to reverse these roles. In all cases, both interviewers must be trained in the requirements of "Achieving Best Evidence in Criminal Proceedings".

8. MEDICAL ASSESSMENT - ALL EXAMINATIONS

See also [Appendix B](#) [Medical Examination].

- 8.1 Medical examinations which are part of section 47 enquiries should be carried out by doctors who have skills and experience in the sensitive examination of children. Every effort should be made to minimise the number of medical examinations of the child. Paediatric and forensic requirements must both be catered for and this may require a joint medical examination.

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- 8.2 Doctors undertaking the assessment of abused children must be suitably experienced and willing, if necessary, to give evidence in child care and criminal proceedings. They will record their findings and opinions contemporaneously and provide written reports for children's social care and police statements when requested. They will attend and/or provide reports for child protection conferences. Issues of confidentiality will be secondary to the protection of the child - see [Appendix C](#) [Information Sharing].
- 8.3 The consent of a parent should be obtained whenever possible, but in some situations the local authority will need to seek legal advice about overriding a parent's refusal of consent. The child's consent should also be obtained whenever possible and in some situations is required. The child's wishes regarding the gender of the doctor undertaking the examination should also be taken into account.
- 8.4 The social worker will refer the child to the on-call child protection paediatrician for the medical examination. The police are responsible for the arrangements to meet any need for a forensic medical examination.
- 8.5 Medical examinations will take place in a child centred environment, in a safe, comfortable, relaxed atmosphere. There will be as few people as possible in the room with the child and the doctor, but there should be someone able to comfort and reassure the child. The ability to take on this role will depend on the child's language and cultural needs.
- 8.6 The social worker will:
- Accompany the child and family to the medical;
If the child is already in hospital this may be neither necessary nor practicable.
 - Inform the doctor of the information gathered in the enquiries so far;
and
 - Discuss the findings of the examination with the doctor.
- However, it may not be appropriate for the social worker to be present while the child is being examined.
- 8.7 Evidential issues should always be borne in mind. This is particularly important in cases of suspected sexual abuse (see Chapter 9 below).
- 8.8 When an examination has been conducted by a police surgeon alone, he/she will consult with the designated paediatrician for the health district in which the child lives, to consider whether further medical assessment and follow-up is required. This consultation will take place within two working days.

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- 8.9 Where photographic evidence is required, this may be arranged through the hospital or the police. The photographs must be of good forensic quality. For evidential reasons, the name of the photographer must be added.
- 8.10 Following any medical examination, the examining doctor/paediatrician must provide a written report to the lead social worker.
- 8.11 Lack of medical evidence does not necessarily mean that the child has not been abused. Medical evidence which may be inconclusive when seen in isolation may help provide a clear picture of abuse when seen in conjunction with other evidence.
- 8.12 When a medical examination takes place as part of section 47 enquiries and the case proceeds to an initial child protection conference the examining doctor/paediatrician must be invited to the conference.

9. SEXUAL ABUSE EXAMINATIONS

In addition to the above:

- 9.1 There are many advantages to a joint consultation by a paediatrician and police surgeon, particularly where forensic evidence may need to be collected. The paediatrician may identify other problems and will be responsible for arranging appropriate investigations and follow-up. The two doctors should, before leaving:
- Agree their findings, and
 - If possible, agree the interpretation of their findings.
- 9.2 It is important to remember that, in the child's mind, the examination may replicate the abuse. Consideration should be given to the appropriate gender of the doctor undertaking the examination.
- 9.3 Undue haste and panic should be avoided and it may be appropriate to delay examination until further information is known. Ideally examination should take place within 24 hours of the alleged assault. After 72 hours some significant evidence may have been lost. Consideration will also be given to the need for pregnancy testing and emergency contraception.
- 9.4 The medical examination may provide important corroborative evidence. However it may neither support nor contradict the diagnosis of child sexual abuse. Lack of medical evidence does not mean that a child has not been abused.
- 9.5 There must be very exceptional reasons for subjecting a child to more than one medical examination. In circumstances where the evidence is not conclusive, repeated examination of the child would not be in the interests of the child.

9.6 Particular care must be taken in considering the alleged or probable circumstances of the abuse. Anyone who is likely to have been involved in the perpetration of the abuse should be excluded from the examination.

10. TESTING FOR BLOOD-BORNE INFECTIONS

10.1 Tests will routinely be considered during medical assessments. They will only be carried out when they are in the interests of the child's physical and/or emotional health and the appropriate consent has been obtained. This will involve discussion of the risks and benefits of testing and treatment.

10.2 Advice on blood-borne infections such as HIV, Hepatitis B and C can be obtained from:

- The consultants for paediatric HIV and infectious diseases at Birmingham Heartlands Hospital; and
- The HIV Team in the Adults and Communities Directorate.

10.3 See [Section 19](#) [Sexually transmitted Infections and HIV/AIDS] for further guidance.

11. THE CHILD'S NEED FOR PROTECTION

11.1 The lead social worker must make a verbal report to the team manager by the end of the next working day after the strategy discussion. The team manager will instruct the social worker about the deadline for producing the Section 47 Core Assessment Report.

11.2 Early enquiries may lead to a number of conclusions:

- The concerns may not be substantiated;
- The concerns may be substantiated but the child may not be judged to be at continuing risk of significant harm; or
- The concerns may be substantiated and the child may be judged to be at continuing risk of significant harm.

Concerns not substantiated

11.3 If the concerns are not substantiated, and this conclusion is ratified by the Operations Manager, no further action under these procedures will be necessary. The team manager will consider whether further work is needed before the core assessment can be considered complete, and all agencies should consider with the family:

- What support and/or services would be helpful;

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- Whether the family wish to receive these services; and
- How they might be provided and by whom.

The provision of help to children in need should not depend on the presence of abuse or neglect. It may be appropriate to arrange an interagency meeting to discuss these issues.

11.4 In some cases there may be no real evidence of significant harm, but professionals may remain concerned about the child's welfare. In this situation it may be appropriate to put in place arrangements to monitor the child's welfare, but –

- Monitoring should never be used to defer or avoid difficult decisions.
- The purpose of monitoring should always be clear – what is being monitored, why, and with what desired outcomes?
- The arrangements for monitoring must be clear – in what way is monitoring to be carried out, and by whom?
- The parents should be informed about the nature of the concern.
- A time should be set for a review of the monitoring arrangements.

11.5 Where section 47 enquiries do not substantiate the original concern, the team manager will write to those with parental responsibility and the child (where of sufficient age and understanding). This letter will state the outcome of the enquiries and acknowledge the distress caused in making them.

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

11.6 Section 47 enquiries may lead to the conclusion that the concerns are substantiated but the child is not judged to be at continuing risk. This conclusion would be reached if:

- The child has suffered significant harm or has been put at risk of significant harm; but
- His/her safety and welfare can be ensured without a child protection plan, for example because a perpetrator has permanently left the household.

- 11.7 The assessment may conclude that the child is not at continuing risk of significant harm because the family is willing and able to cooperate with plans to ensure the child's safety and welfare. This decision will be made by children's social care, in agreement with the police. Where there is disagreement about the ongoing risk of harm, the matter will be referred to the Operations Manager and the Inspector. This judgement must be based on clear evidence, and the greatest of care must be taken to avoid misplaced professional optimism -
- It is particularly important to seek the views of the child concerned and to take them into account, paying due regard to her/his age and understanding.
 - It may be useful to arrange a meeting of involved professionals and family members to agree what actions should be undertaken by whom and with what intended outcome.
 - Any plan for future action -
 - Should be informed by the findings of the assessment;
 - Should set out who will have responsibility for what actions;
 - Should include a timescale for review of progress against intended outcomes; and
 - Should include a course of action to be followed if the plan is not being successfully implemented.
 - The decision not to proceed to an initial child protection conference should be endorsed within children's social care by the Operations Manager.
- 11.8 Any professional or agency who has serious concerns that the child remains at risk of significant harm should discuss their concerns with the team manager. If such disagreements cannot be resolved informally, the team manager will advise the person concerned to notify the Principal Officer/Child Protection and Review in writing, formally requesting that a conference be convened. If the Principal Officer cannot resolve the matter, she/he will refer it to the Assistant Head of Child Protection and Review, who will make a final decision within 10 working days of receipt of the request.

Child at continuing risk of significant harm

- 11.9 If the agencies most concerned judge that the child may suffer, or be at risk of suffering, significant harm, the team manager will ensure that:
- A child protection conference is convened within 15 working days of the strategy discussion that decided to initiate section 47 enquiries - see [Section 6](#) [The Initial Child Protection Conference and the Child Protection Plan].

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- The interim arrangements are agreed between the family and the agencies involved. This should address the following issues:
 - ◇ Where the child will live;
 - ◇ Any contact arrangements;
 - ◇ Visits by the lead social worker and other practitioners;
 - ◇ Particular tasks allocated to specific agencies; and
 - ◇ The role of the child's parents.

If the child is not to stay at home during this period, the arrangements should include a clear written agreement between the parents, children's social care and the carers (for example foster carers or hospital staff) about the contact arrangements, including any arrangements for contact to be supervised.

[This requirement was a recommendation of a serious case review]
- If any of the following steps have not yet been taken, they will be taken before the conference:-
 - ◇ The child has been spoken to alone;
 - ◇ The carers have been seen and spoken to;
 - ◇ The accommodation in which the child lives has been seen.
- If any person has been identified as a perpetrator or likely perpetrator of abuse, and that person also works with children (whether paid or unpaid) the lead social worker will discuss the issues with the Position of Trust Team as set out in [Section 22](#) of these procedures – Concerns about Persons in a Position of Trust.
- If any person has been identified as a perpetrator or likely perpetrator of abuse, and that person also works with vulnerable adults (whether paid or unpaid) -
 - ◇ The team manager will advise the person's employer that an allegation has been made; and
 - ◇ If there is reason to suspect that the person has abused a vulnerable adult, the lead social worker 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 ;
- If any person has been identified as a perpetrator or likely perpetrator of abuse, and that person also acts as an informal carer for a vulnerable adult,
 - ◇ The lead social worker will inform the relevant social work team in the Adults and Communities Directorate; and
 - ◇ If there is reason to suspect that the person has abused the vulnerable adult, the lead social worker will raise a safeguarding adult alert as above.

In all cases

- 11.10 The lead social worker will give a copy of the completed Section 47 Core Assessment Report, including the team manager's decision on action to be taken, to the parents. Copies must be given to those professionals and agencies who have been significantly involved in the assessment. A copy should also be given to the child, if he/she is of sufficient age and understanding; otherwise the information should be given to the child in an appropriate form. If disclosure of the full report would put a child or adult at risk of harm or breach the confidentiality of any person, the relevant information should be removed from the report before it is shared.
- 11.11 Within 5 working days after the strategy discussion that decided to initiate section 47 enquiries, the team manager will advise the Child Protection and Review Unit whether a child protection conference is required. If a conference is to be arranged, the social worker will complete the conference convening checklist and give it to the Child Protection and Review Unit.
- 11.12 Section 47 enquiries may reveal significant unmet needs for support and services. The team manager will consider how to respond to these, whether or not the concerns about harm to the child are substantiated.
- 11.13 The team manager will write to inform the referrer of the outcome of the enquiries in as much detail as is appropriate.