

Joint Section 47 Enquiry

Gloucestershire Safeguarding Children Partnership Protocol

Version 1.4 – January 2021

Revision Table

| Revision | Date | Comment |
|----------|------------------------------|---|
| 1.0 | 25 th August 2017 | Protocol agreed and published on GSCP website |
| 1.1 | 6 th March 2018 | Minor changes to wording and updated diagram at Appendix C2 |
| 1.2 | 4 th May 2018 | Enhanced strategy discussion guidance, included local strategy discussion flowchart and amended organised and complex abuse section |
| 1.3 | 28 August 2020 | Protocol reviewed and updated to reflect current contact numbers. Addition of SCR Findings Pg6 and Pg11 |
| 1.4 | January 2021 | Change from GCSE to GSCP |

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

Introduction and Context:

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

This protocol should be read in conjunction with the South West Child Protection Procedures and Working Together 2018. <https://www.proceduresonline.com/swcpp/>

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

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

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

Principles of the Protocol

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

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

- All investigations must demonstrate respect for diversity.

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

Please ensure that:

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

Framework for working together under S47 of The Children Act 1989

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

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

Procedure

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

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

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

A strategy discussion, which will be either a multi-agency meeting or phone calls will take place to determine the appropriate level of intervention following the referral of an incident

to the Police or Children's Social Care (Joint investigation: The criteria for conducting a joint investigation of a referral of alleged/suspected child abuse is the likelihood that a criminal offence may have been committed (the likelihood of prosecution is not a factor). To be recorded in Strategy meeting Minutes. The agreed actions MUST be agreed between Police, Health and Children's Social Care

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

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

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

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

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

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

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

Referral and Strategy Discussion

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

- Working Together 2018 states that the local authority has a duty to investigate concerns under S47 to determine if a S47 enquiry is required. In these situations there will be an immediate Strategy Discussion, which will be either a multi-agency meeting or phone call and convened by children's social care. As a minimum the Strategy Discussion is chaired by Manager in Children's Social Care, and ¹must include Health professionals and a Police representative. Other relevant professionals will be invited on an individual case basis. All attendees should be sufficiently senior to make decisions on behalf on their agencies. In the majority of situations the outcome of this immediate discussion is likely to result in further enquiries being made (i.e. joint visit to child between Police and Children's Social care). If the outcome of these further enquiries supports the referral information then a further strategy discussion should be convened within 10 working days to consider the need for enquiries under s.47 or assessment s. 47) S47 enquiry with a potential outcome for ICPC (See Appendix B for the local Strategy Discussion flowchart)

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

The strategy discussion will:

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

- the key agencies will consider the threshold for Emergency Protection Order or Interim Care Order.

The purpose of the strategy meeting is to:

- Share available information.

¹ Gloucestershire SCR Finding Operation Z 2019

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

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

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

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

What happens after a Strategy discussion?

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

Medical Assessments

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

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

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

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

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

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

In the case of an acute sexual abuse disclosure/offence it is good practice to arrange an Achieving Best Evidence (ABE) interview although at times this may not be practical prior to a forensic medical examination. The timing of the forensic medical examination should be agreed between the Senior Investigating Police Officer and the Forensic Medical Examiner, and when needed the Consultant Paediatrician – this should be agreed at the strategy discussion

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

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

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

Emergency Duty and Out of Hours

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

Children's Social Care is available from 9.00am until 5.00pm. However any inquiries which started within these hours are continued by the same Manager and Social Worker until

activities to safeguard the child are concluded for the day. Please contact The Children's helpdesk on 01452 426565 to discuss urgent concerns, pressing option 3.

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

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

For the Gloucestershire Hospitals NHS Trust:

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

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

Information Sharing:

Effective Information sharing underpins integrated working and is a vital element of safeguarding. (See Working Together 2018 and Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018) The information for this can be found on the Gov.UK website

Dispute Resolution:

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

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

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

- Discuss the issue directly with the person involved to seek resolution. This protocol will be used to ensure that the discussion remains focussed on the work to be achieved.
- Speak line manager to line manager across the agencies.

- Identify together the factors that led to the system failure, using this information to inform improving practice.
- If appropriate, report the resolution to a manager in writing so that improvements can be integrated into the protocol.
- If the issue cannot be resolved after this, form a de-brief meeting immediately with the workers involved from Social Care, Health and police and other agencies to resolve using the GSCP Escalation protocol.
- Inform the DCI, Paediatric Safeguarding Lead and Head of Service.

Useful Links

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

APPENDICES

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|-------------|---|
| Appendix A: | Referral and Strategy Discussion/Meeting (Guidance) |
| Appendix B: | Local Strategy Discussion Flowchart |
| Appendix C | Joint Interview (Guidance) |
| Appendix D: | D 1 - Medical Assessment flow-chart following possible physical abuse. D 2 - Pathway for medical assessment following alleged sexual assault D 3 - Pathway for investigation of induced or fabricated illness |
| Appendix E: | What happens during and after an enquiry |
| Appendix F: | Request for Strategy Document |
| Appendix G: | Complex Abuse Protocol |
| Appendix H: | Strategy Discussion Practice pack |

Appendix A - Strategy Discussion (Guidance)

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

Child Protection - Guidance Notes

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

Note: When there is a disclosure of an allegation of a crime which impacts on a child or young person, an immediate referral must be made for a strategy discussion, to consider initiating or planning whether a Section 47 Investigation is required². This is in conjunction with any criminal investigation in order to identify the most appropriate action required to be taken to protect and support a child or young person and to preserve potential evidence

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

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

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

The purpose of the strategy discussion is to:

- Share and evaluate all available information and identify gaps.
- Decide whether Section 47 enquiries should be undertaken: including in relation to other children possibly at risk, whether there is a need for medical assessment or treatment and obtaining consent from parents/guardians/carers.

² Children of Family Y SCR finding 2019

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

Appendix B – Local Strategy Discussion Flowchart



Appendix C - Joint Interview Guidance:

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

The Investigative Interview:

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

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

The interview plan will take into account:

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

Consent of the Child:

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

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

Parent/ Carer Involvement

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

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

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

The investigating team may need to interview a suspected child victim without the knowledge of the parent or carer in certain situations. This might include the possibility that a child would be threatened or otherwise coerced into silence; a strong likelihood that important evidence would be destroyed; or that the child in question did not wish the parent to be involved at that stage, and is competent to take that decision, ('Working Together' paragraph 5.34).

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

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