

Practitioner Guide to Undertaking Section 47 Enquiry



This guidance has been written for practitioners to support with undertaking Section 47 Enquiries when it has been identified that a child is at risk of or has suffered significant harm.

It is informed by:

- [Children Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk)
- [Child Protection Enquiries \(Section 47\) \(trixonline.co.uk\)](https://trixonline.co.uk)
- [practice-standards.pdf \(trixonline.co.uk\)](https://trixonline.co.uk)
- [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Best Practice

Section 47 enquires are undertaken following the outcome of a Strategy meeting. It is best practice for a Section 47 enquiry to be completed within **24 hours** however, the outcome of enquiries under Section 47 must be available prior to a practitioner making a request to book an Initial Child Protection Conference which (if required) must be held within **15 working days** of the Strategy Meeting where the enquiries were initiated.

Where parents are separated, and there is shared care or regular contact with a separated parent, case decisions about safety planning or risk reduction **should explicitly include both parents, unless to do so would increase risk**. Where both parents have parental responsibility (PR) there should be a presumption that each parent has the information they need to exercise their PR and, if necessary, make arrangements to safeguard their children.

Undertaking the Section 47 Enquiry

Seeing the child/young person:

- The child/young person who are the subject of Section 47 Enquiries should always be seen immediately and communicated with **alone** preferably in the home environment where this is appropriate to do so. There may be occasions where it is felt this is not appropriate such as instances where forced marriage is a factor or where harm has been disclosed whilst the child/young person is within their education setting.
- Direct work (age appropriate) should be completed with them in relation to the information that has led to the strategy meeting.
- 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, to enable an assessment of their safety to be made. Whether this is a joint Section 47 enquiry, or a single agency will be discussed as part of the Strategy Meeting
- Children's Social Care and the Police should ensure that appropriate arrangements are in place to support the child through the Section 47 Enquiry. The child/young person's age, understanding, language needs, potential learning disability and cultural background need to be taken into consideration.

Parents/carers/significant family members:

It is our 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/young person

- 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. Appropriate checks should be completed on a parent/carer, who assumes the care of a child/young person 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 complaints expressed by parents during a Section 47 Enquiry, and the response to the complaints, must be clearly recorded.

Arranging a Medical Assessment (if required)

During Section 47 Enquiries, appropriately trained and experienced practitioners must undertake all medical assessments. The following may give consent to a paediatric assessment:

- A child/young person does not consent to a medical assessment at any age; However, all attempts would be made to support the child/young person to engage
- Any person with Parental Responsibility; the consent would require to be explicitly given
- The local authority when the child is the subject of a Care Order (although the parent/carer should be informed);
- A parent/carer with parental responsibility when a child is accommodated under Section 20 Children Act 1989,
- the local authority where parent/carers have abandoned the child in accordance with s3(5) of the Children Act 1989
- 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 report should be provided by the named/designated doctor 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:

- Any medical history of the child/young person
- An accurate 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. The report should include if any follow up is required or if any referrals have been made to specialist services.

It is important to note that the medical practitioner will provide a verbal report following the assessment with regards to their opinion on how the injury was caused. The written report does not need to be received to make plans to ensure the child/young person's safety. With this being the case, we need to be explicitly clear on what is the outcome of the medical assessment.

Achieving Best Evidence Interview

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 interviewing victims and witnesses, and guidance on using special measures \(Ministry of Justice\)](#). All events up to the time of the video interview must be fully recorded. Consideration of the use of video recorded evidence should consider situations where the child has been subject to abuse using recording equipment.

Outcome of the Section 47 Enquiry

- Child protection concerns are substantiated, and the child(ren) is (are) considered to be suffering, or likely to suffer, Significant Harm**, in which case and [Initial Child Protection Conference](#) will be convened. The Initial Child Protection Conference must take place within a maximum of **15 working days** of the [Strategy Discussion/Meeting](#) or, where more than one Strategy Discussion/Meeting has taken place, of the Strategy Discussion which instigated the s47 enquiry. For details of the procedure for setting up the conference, see [Initial Child Protection Conferences Procedure](#). In the meantime, an interim safety plan must be prepared and implemented giving consideration to the following:
 - Can the child be protected at home?
 - If so, can the plan be agreed with the parents?
 - Should the alleged abuser be asked to leave the family home?
 - If not, can the child be placed with relatives with parental consent?
 - If not, can the child be [Accommodated](#) with parental consent?
 - If so, is a voluntary agreement appropriate and sufficient in the circumstances?
 - Should legal action be considered? The Service Manger must be informed, and decision taken to present at Decision and Review Panel to convene a legal planning meeting.
 - Whether the Child and Family Assessment has been completed or what further work is required before it is completed.
- Child Protection concerns are substantiated but the child is not judged to be suffering, or likely to suffer, Significant Harm**, for example because the family circumstances have changed since the harm occurred, an alleged perpetrator has permanently left the household, or the family is judged to be willing and able to agree with and implement a plan to ensure the child's future safety and welfare. This decision must be endorsed by a suitably experienced and qualified social work manager. In these circumstances, the Child and Family Assessment should be completed and whatever process is used to plan future action, the resulting plan should be informed by the Child and Family Assessment findings.
- Child Protection concerns are not substantiated, and no further action is required.**

In all cases, the outcome should have management oversight by the Children's Social Work Services Manager.

About the Document			
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