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UNDERTAKING ASSESSMENTS AND INVESTIGATIONS

Assessments

The Assessment Framework

1. Children's Social Care will undertake assessments of all children who are in need in their area, according to the agreed model for Thresholds Intervention.
2. Particular account is taken of those children whose health or development may be impaired without the provision of services. The requirement to undertake work in partnership with parents, children, young people and others is implicit in this work including the requirement to obtain consent in disclosing personal information between agencies (where seeking that consent does not place a child at increased risk of significant harm).
3. The Framework for the Assessment of children in need and their families (FIG 1) provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child.

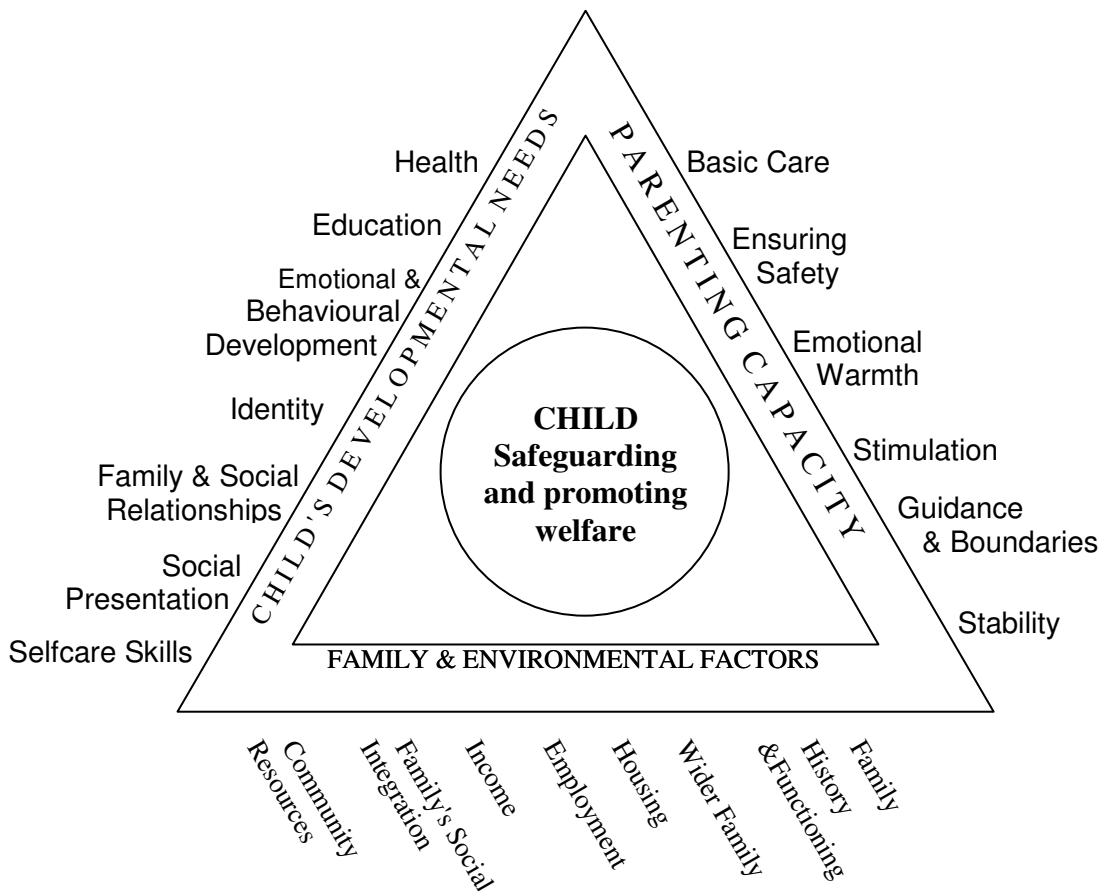


FIG 1

4. Practitioners should use the framework to gain an understanding of:

- The child's developmental needs
- Parent/carers capacity to respond to those needs, including their capacity to keep the child safe from harm and
- The impact of wider family and environmental factors on the parents/carers and child.

5. Information from a Common Assessment should be used to inform an Initial Assessment or Core Assessment, but does not replace the need for an Initial Assessment.

6. Staff in all agencies should have an understanding of the Assessment Framework and be prepared to use it in order to contribute to assessments of children in need/children in need of protection. This is relevant not only to those staff working in children's services or working directly with children but also for those staff whose duties bring them into contact with children and/or their parents and carers. Initial and Core Assessments should be led by a qualified and experienced social worker.

7. Evidence gleaned from use of the Assessment Framework should underpin judgements about;

- the child's welfare and safety
- whether to provide help and how to provide help to children and families
- what interventions will result in the best possible outcomes for the child; and
- what are the intended outcomes of the intervention

8. The Assessment Framework includes 10 questionnaires and scales which can be undertaken with children/young people and their families to evidence assessed information and reasons for decision making. These are:

- The Strengths and Difficulties Questionnaire (Goodman et al, 1997 and Goodman et al, 1998)
- The Parenting Daily Hassles Scale (Cronic & Greenburg, 1990 and Cronic & Booth, 1991)
- The Recent Life Events Questionnaire (Taken from Brugha et al, 1985)
- The Home Conditions Assessment (Davie et al, 1984)
- The Family Activity Scale (Derived from the Child Centredness Scale, Smith, 1985)
- The Alcohol Scale (Developed by Piccinelli et al, 1997)
- Adult Wellbeing Scale (Irritability, Depression, Anxiety – IDA Scale, Snaith et al, 1978)
- The Adolescent Wellbeing Scale (self-rating scale for Depression in Young People, Birlson, 1980)
- The HOME Inventory (Cox and Walker, 2002)

- The Family Assessment (Bentovim & Bingley Miller, 2001)
9. All assessments should be carefully planned, with clarity about who is doing what, as well as when, and what information is to be shared with the parent/carer and child(ren)/young person(s). The planning process and decisions about the timings of the different assessment activities should be undertaken in collaboration with all those involved with the child and family.
 10. Diversity issues must be considered throughout assessments. This will promote an understanding of the impact of cultural expectations and obligations. Communication issues must also be considered, including the use of interpreters.
 11. The safety of the child remains paramount at all times. The completion of an assessment should not take precedence over taking appropriate action to protect a child.
 12. The Framework for the Assessment of Children in Need and their families utilises the same framework for both Initial and Core Assessments.

Initial Assessment (SW115)

13. An initial assessment is a brief assessment of each child referred to Children's Social Care to determine "whether the child is in need, the nature of any services required, and whether a further, more detailed core assessment should be undertaken" (paragraph 3.9 of the Assessment Framework). Information should be gathered and analysed within the three domains of the Assessment Framework, maintaining the child as central to all aspects of this work:
 - the child's developmental needs;
 - the parents' or caregivers' capacity to respond appropriately to those needs; and
 - the wider family and environmental factors. (See FIG 1).
14. The assessment should be carefully planned, with clarity about who is doing what, as well as when, and what information is to be shared with the parents. The planning process and decisions about the timing of the different assessment activities should be undertaken in collaboration with all those involved with the child and family.
15. The focus of the initial assessment should be the welfare of the child.
- 16. The Initial Assessment must be led by a qualified and experienced social worker who must:**

- Complete it within 7 working days, in accordance with the Assessment Framework.
- See, observe and speak to the child (according to age and understanding) and family members as appropriate. The child should be seen within a timescale that is appropriate to the nature of the concerns expressed at the time of the referral and according to the agreed plan (which may include seeing the child without his or her caregivers being present).
- Ascertain the child's wishes and feelings about the provision of services and give them due consideration before determining what, if any, services to provide.
- Be clear about the purpose of contact visits, the information to be gathered and the steps to be taken if no one is at home or if contact with the child does not otherwise take place.
- Ensure that in each new referral/assessment/basic information about the child is recorded. This must include the child's name, address, date of birth, the name of the primary carer(s), the child's GP and the name of the child's school or education provider, including day nursery. Gaps in information should be passed to the relevant authority. Where, for instance, a child is not attending school, information should be passed to Pupil and Student Services of the local District Education Authority.
- Conduct interviews with child and family members, separately and together as appropriate. These should be undertaken in the preferred language of the child and each family member.
 - Separate advice exists (ie "Use of Spoken Language Interpreters and Translators") about engaging the independent services of an appropriate interpreter. This can be obtained from the Procedures Index contained on the S-drive of the information system.
 - Any decision not to use an interpreter in these circumstances should be recorded on the case record.
 - For some disabled children and family members, expertise in other forms of communications may be necessary.
 - It may not immediately be clear whether a criminal offence has been committed, so even initial discussions with the child should be conducted in a way that minimises distress to them and maximises the likelihood that they will provide accurate and complete information.

- Avoid leading or suggestive questions.
- Draw together and analyse available information from a range of sources – (information from internal and external agency records, to include historical information/relevant information from professionals and others in contact with the family and child/ren/information from relevant services if the family have spent time in other LA areas or abroad).
- Request information of equivalent agencies in the county(ies) in which the children has lived. (The social worker should be assisted by other local professionals as information from other countries is best requested by the equivalent agency in the UK).
- Find out who to contact via the Foreign and Commonwealth Office on 0207 008 1500, or the appropriate Embassy or Consulate based in London (FCO website www.fco.gov.uk).

17. In the course of the Initial Assessment is complete, the Social Worker should ascertain;

- Is this a child in need (S17 of the Children Act 1989)?
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? (S47 of the Children Act 1989).

18. Once the Initial Assessment is complete, the social worker should make recommendations for future action. The analysis and decisions following the initial assessment, including the reasons for any decisions made and further actions to be taken should be recorded on the Initial Assessment Record.

19. Parents/carers and the child/ren (according to their age and understanding) should be included in this process unless this may place child at risk of significant harm. Where there are concerns about a parents ability to protect their child, consideration should be given to what the parents should be told, when and by whom, taking account of the child's welfare.

20. A Manager must sign and approve the outcome of an Initial Assessment. Any reasons for an extension of the 7 days deadline should be clearly recorded.

21. Team Managers should not sign off assessments where this guidance has not been adhered to, where relevant gaps in information are missing or where the parents/carers and child/ren have not been seen or spoken to or their wishes and feelings taken into account.

Outcomes

22. Possible outcomes for an Initial Assessment are:

- No Further Action
- Refer Elsewhere
- Plan for Services
- Core Assessment (s17)
- Initiate Strategy Discussion
- Immediate Legal Action to Protect a Child

23.NB: If the decision is to Initiate a Strategy Discussion this decision can be made at any point during the assessment if the threshold for S47 enquiries is met. The Initial Assessment should record this reasoning and is concluded at this point. The police should be informed at the first possible opportunity in such cases where a crime may have been committed.

24. Parents/carers and the child/ren should be asked to sign and add their comments to the completed Initial Assessment. (Unless to do so would present a risk of harm to an individual or jeopardise an enquiry under S47 of the Children Act 1989). They should be provided with a copy of the assessment.

25. The social worker conducting the Initial Assessment should inform all the relevant agencies of actions taken, decisions made and, if the child is a child in need, which the plan for providing support to them and their child, signing and dating all the documentation.

26. Another local authority should also be advised in writing in the event of a child's move to another area, and a copy retained on the case record.

27. At this point the original referrer, should as far as possible be informed of the outcomes of the assessment, consistent with respecting the confidentiality of the child and family concerned.

Core Assessments

28. Children's Social Care have lead responsibility for conducting Core Assessments under either S17 or S47 of the Children Act 1989.

29. Core Assessments should be led by a qualified and experienced social worker.

30. All guidance pertaining to Initial Assessments applies to Core Assessments, which put simply are a more detailed exploration and analysis of the parameters set out in the framework for the Assessment of Children in Need and their Families.

A Core Assessment is the means by which a S47 enquiry is carried out. In these circumstances the objective of the LA's involvement is to determine whether action is required to safeguard and promote the welfare of children who are the subjects of the enquiries.

31. A Core Assessment must be completed within 35 working days of the date from when its commencement was triggered. Agencies asked to contribute to Core Assessments should give serious consideration to this request and provide clear, written reasons if they are unwilling to share information for this purpose.

32. Core Assessments can be triggered by:

- As a result as a recommendation from an Initial Assessment
- When a strategy discussion/meeting initiates a S47 enquiry or
- When the circumstances of and/or information pertaining to an open case indicates that a Core Assessment should be completed.

33. The Team Manager should sign and approve the Core Assessment. Any reason for an extension of the 35 day deadline should be clearly recorded. **Team Managers should not sign off assessments where the guidance has not been adhered to where relevant gaps in information are missing or where the parents/carers child/ren have not been seen and spoken to and their wishes and feelings taken into account.**

34. The Outcomes of a Core Assessment can be:

- No further action
- Referral Elsewhere
- Plan
- Other

35. Parents/carers and the child/ren should be asked to sign and add their comments to the completed Core Assessment. (Unless to do so would present a risk of harm to an individual jeopardise an enquiry under S47 of the Children Act 1989). They should be provided with a copy of the assessment.

36. The social worker conducting the Core Assessment should inform all the relevant agencies of actions taken, decisions made and, if the child is a child in need, attach the plan for providing support to them and their child, signing and dating all the documentation. This should be done in writing within 10 working days.

37. They should also advise in writing another local authority as appropriate in the event of a child's move to another area and retain a copy of the correspondence.

38. At this point the original referrer, should as far as possible be informed of the outcomes of the assessment, consistent with respecting the confidentiality of the child and family concerned.

Pre-Birth Referral & Assessment

See Part 12

Assessing Risk in Safeguarding a Child from Maltreatment

39. Assessing risk of significant harm is a critical aspect of assessment particularly on behalf of vulnerable children and their families. It inevitably corresponds to specific contexts and is a fundamental aspect of safeguarding children's welfare.

40. While risk assessment may be central to the social work role, most effective assessment relies upon contributions from a range of other child welfare professionals. This often begins in providing basic information from an individual agency perspective that may be relevant to the overall profile of a child and wider family. It extends to diagnosing child maltreatment in individual circumstances.

41. E.g. the Edinburgh Post Natal Depression Score can make a significant contribution by health visitors and others to keeping children safe.

42. Risk and risk assessment is also a dynamic process, continuously affected by positive as well as negative influences. These are inevitably associated with change – changes in a family's composition, changes in attitudes or behaviour and changes that may be brought about by outside intervention.

43. For that reason, risks need to be continually evaluated or reassessed within a strategy for risk management. These procedures represent one such example. Analysing risk, by evaluating it within a particular context of variables, or in balancing the negative factors with positive influences, represents an informed outcome of the assessment process.

44. A number of specific models exist within child protection literature for assessing risk. Each has its place within the scope of professional practice. Some are known as actuarial, in that they apply "scores" in endeavouring to measure risk or risky behaviour. Other rely upon clinical (or professional) judgement in balancing risks against positive influences (including professional intervention) in reaching an informed opinion by way of assessment. Some models are designed for

particular contexts eg offending behaviour, while others have the capacity for wider application.

45. It is important that an exclusive focus on 'culture' in work with black and minority children and families is avoided. Consequences of such an exclusive focus are that it can leave black and minority ethnic children in potentially unsafe environments, particularly when the assessment fails to address a child's fundamental care and protection needs.
46. The basic requirement for safeguarding children's welfare cuts across cultural boundaries. Every child has a right to be protected from harm and exploitation regardless of his or her background. While cultural heritage is important, it should not take precedence over protecting a child from harm.
47. While there are few hard and fast rules, care needs to be taken in distinguishing **risk factors**, e.g. of a child exposed to a violent relationship between their parents, from **risk indicators** e.g. an infant sustaining a pattern of unexplained minor injuries. Check-lists of risk factors in themselves represent an unreliable assessment tool in predicting significant harm since they can unhelpfully lead to "false positives". It is usually the inter-relationship between risk factors and risk indicators that leads to more reliable assessments. Assessment of a child's resilience should be considered as integral to any assessment of risk.
48. Two of the most common pre-disposing risk factors to child maltreatment are domestic violence and substance misuse. Where they co-exist, the potential for significant harm increases. When other indicators also become evident, the need to consider steps to safeguard a child's welfare becomes increasingly important.
49. In applying the Assessment Framework it is important to recognise this inter-play between risk factors and risk indicators. They can also overlap and the Assessment Framework helps locate this inter-relationship with an individual child or family context. Any aspects of the Framework's three domains may have relevance in identifying the likelihood of significant harm.

Child Development

50. Particular risks and children's vulnerability are associated with, for example:
 - Age – infants are statistically most vulnerable in their first year.
 - Delayed age-appropriate development, including use of language.
 - Unduly negative or "fractious" behaviour can be indicative of a younger child's poor attachments and vulnerability.

- Episodes of self-harming behaviour in older children or adolescents.
- Nature of parent-child relationship, including attachments.
- Disability – particularly where a child requires (intimate) care from a range of formal and informal carers.
- Communication in understanding what a child is able to convey.

Environmental Factors

- Individual family composition.
- Whether a child is living away from home.
- Family isolation (especially “social exclusion”).
- Permanence of accommodation.
- Physical standards of accommodation, particularly in terms of deprivation.
- Exposure to identifiable risks of harm, including risks posed by other adults.
- Experience of significant harm by way of:
 - nature of degree of harm;
 - unexplained minor injuries, or with discrepant explanations;
 - recurring or isolated episodes;
 - deliberate and/or premeditated behaviour by adults/parents/carers;
 - intimidation, violence or threats “not to tell....”
 - evidence of neglect, including absence of basic safety

Parenting Capacity

- Reference to each person fulfilling a parental role;
- Parent’s own emotional maturity and wellbeing;
- Impact of parent’s own childhood experience(s);
- Age-appropriate, realistic expectations of child;
- Any relevant offending history;
- Stability of relationships;

- General availability and responsiveness to child's needs (e.g. substance misuse and substance misusers);
- Engaging appropriately with professionals in meeting child's needs and promoting child's all-round development and wellbeing;
- Taking responsibility for safeguarding a child's welfare;
- Taking responsibilities for one's own actions;
- Commitment to 'change' in appropriate circumstances;
- Engaging in pre-emptive strategies in minimising risks;
- Access to appropriate support;

51. It follows, of course, that where deficits can be demonstrated in any one or more of these aspects, the risk potential increases – unless they are off-set by any other positive variables identified within the scope of the assessment.

52. Further guidance is to be found in the Practice Guidance to the Assessment Framework about the inter-play of the three domains.

Undertaking S47 Enquiries

Summary

53. Children's Social Care is the lead agency for undertaking S47 enquiries. They have the duty to make, or cause to be made, enquiries which meet the threshold described in S47 of the Children Act 1989.

54. The Police have a parallel duty to investigate alleged offences and to secure evidence for the possible prosecution of alleged offenders. The police should be informed at the earliest possible opportunity whenever a criminal offence may have been committed.

55. Concerns about a child being at risk of significant harm may arise from an initial assessment or may, in some circumstances, be evident at the point of referral. Concerns about a child suffering significant harm may also occur at any point on an open case.

56. **The responsibility for undertaking S47 enquiries rests with the local authority in which the child lives or is found.** Where suspicion of likely or actual significant harm occurs in an authority which is not the child's home authority, the 'host' authority is responsible for conducting the enquiries but should liaise with the home authority with as much immediacy as is possible.

57. Agencies with statutory child protection powers are the local authority, the police and the NSPCC. All other agencies have a duty to assist the progress of S47 enquiries, including providing information.

Immediate Protection

58. Where there is a risk to the life of a child or a likelihood of serious immediate harm, the police and/or children's social care should act quickly to secure the immediate safety of the child. This may happen at any point – (eg point of referral, during an initial or core assessment, during a visit to the home or in response to the police attending an incident).

59. Consideration of all children in the household should be given in cases where immediate protection is required. Children in the house of an alleged perpetrator or living elsewhere will also need to have their immediate safety needs considered.

60. Even emergency action is generally best planned following an immediate strategy discussion between the police, children's social care and other involved agencies.

61. There will be occasions when a single agency has to act immediately and without consultation in order to protect a child. In these circumstances lateral checks and a strategy discussion should take place as soon as possible after such action to plan next steps, and always within **one working day**.

62. Legal advice should normally be sought before initiating legal action, (eg where an Emergency Protection Order (EPO) is to be sought).

63. A child's immediate safety may be secured by:

- parent taking action to remove an alleged "perpetrator".
- an alleged perpetrator agreeing to leave the home.
- the child/ren remain in a safe place via voluntary agreement.
- the child/ren are moved to a safe place via voluntary agreement.
- Emergency Protection Order (EPO).
- The use of Police Protection powers, to remove a child to suitable accommodation in cases of emergency.

64. In exceptional circumstances, where it is necessary to secure the child's immediate safety and/or there is insufficient time for the local authority to seek a legal order from a court, the police have powers under Sec 46 of Children Act 1989. **Police Protection Powers** enable a police officer to remove a child to suitable accommodation, and keep him there for up to 72 hours, where there is reasonable cause to believe the child is at risk of significant harm. It extends to preventing a

child's removal from a hospital or another safe place, in ensuring immediate protection.

65. As soon as is reasonably practical after taking a child into police protection, the police officer concerned should inform the local authority in whose area the child was found and give details to the authority within whose area the child is ordinarily resident. While a child is kept in police protection, the appropriate local authority may apply for an order under Section 44 (EPO), or otherwise make arrangements for the child to be released safely from police protection.

Threshold for S47 Enquiries

66. S47 enquiries commence:

- Where there is reasonable cause to suspect that a child who lives, or is found in, the area of a local authority is suffering, or is likely to suffer, significant harm.
- Following an EPO or Police Protection powers.
- When a child has contravened a ban imposed by a curfew notice imposed within the meaning of Chapter 1 of Part 1 of the Crime and Disorder Act 1998. In this case the response must be within 48 hours of the information been received.

S47 enquiries may be constituted as either single agency enquiries (by either the police or children's social care) or joint investigations (by the police and children's social care working in tandem). A decision about the nature of enquiries should be reached at a strategy discussion/meeting.

Agreeing the Threshold

67. The children's social care team manager receiving referrals from the First Response Team has the responsibility, on the basis of available information, to authorise a S47 enquiry. This should be clearly recorded, with reasons, on the referral form. For open cases, the decision to authorise a S47 enquiry also rests with the team manager.

68. They should consider:

- Information received at the point of referral.
- Historical information held on children with a history of involvement with children's social care. This should include a cross reference to siblings/step-siblings history.
- Evident risk factors, risk indicators and the relationship between the two. (This includes any bruising or injury on non-mobile children or babies under 6 months of age – see Section 4b.)
- Vulnerability of the child (e.g. – age, disability).

- Pre-disposing factors which may heighten concerns which alone, would be dealt with under S17 (e.g. domestic violence, parental substance misuse, parental mental ill-health).
- Whether the child is subject to a CP Plan.
- Whether the child is looked after (S20/S31).
- Whether the child is estranged from, or cared for away from, their primary care givers.
- Whether immediate actions to protect is required.

69. Where a referral contains information that may also include an allegation of a crime against a child, a referral to the police must also be made. This is necessary even if the decision is otherwise made that the threshold for S47 enquiries is not reached.

70. When the Team Manager has authorised a S47 enquiry, the following steps should be taken:

71. **Consider issues of parental consent** - Prior to the undertaking of lateral checks, the team manager and social worker should discuss whether parental consent is required in order to complete agency checks. This decision should be clearly recorded. Agencies contacted should be informed regarding decisions taken about issues of consent. Where obtaining consent to exchange information may place the child at increased risk of significant harm, then consent from parents and others is not required. The child's welfare and anticipated behaviour of adults should also be considered. Where permission is sought and not given by parents, the team manager will need to decide whether to continue S47 enquiries. Reasons for continuing enquiries without consent should be recorded.

72. **Lateral checks with other agencies** should be completed in all cases. This includes open cases and cases where recent assessments have been completed. It should not be assumed that relevant information is already known. Agencies contacted should be clearly informed that their views are being sought as part of S47 enquiries.

73. Undertake a formally recorded **Enquiry to the central Child Protection Register**, or its successor data base.

74. **Record lateral checks** with other child welfare agencies and adult service agencies, in commencing an incremental assessment of risk. Checks should include:

- Computerised Information System; taking account of adult services contacts, hospital social work involvement and any other services.
- Police: Central Referrals Unit.

- Primary health care staff, including GPs, health visitors and school nurses, as appropriate.
- Other health care providers, including hospital Trusts and community medical staff.
- School and Local Education Authority.
- Probation Service, including the Public Protection Unit where necessary.
- CAFCASS (Child and Family Court Advisory and Support Service).
- Youth Offending Service.
- Other service providers, as immediately apparent e.g. Housing Authorities, Early Years Providers, Voluntary Groups (where appropriate).
- Other local authorities where appropriate.
- Ministry of Defence (MOD) contacts. See Appendix 4 of Working Together.

75. **Engage promptly with the police** in circumstances in which a criminal offence is likely to have been committed.

76. Give urgent consideration, where appropriate with the police, about **arranging a strategy discussion** – including the form it should take and other relevant professionals who should be involved.

Strategy Discussion

77. A strategy discussion may take place following a referral, as a result of an initial or a core assessment, or at any other time (eg in respect of a child already receiving services under S17 of the Children Act 1989). Except in cases where immediate action is required to safeguard a child the strategy discussion should be preceded by the undertaking of lateral checks.

78. As the agency with lead responsibility for conducting S47 enquiries, the children's social care team manager is responsible for the following actions (in relation to both strategy discussions and strategy meetings). That the strategy discussion is conducted according to the inter-agency procedures and for completing (with the social worker) the record of the strategy discussion/meeting. (SW47 record). This should be

convened by children's social care whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

79. Depending on the nature of the child's needs and the urgency of the situation, this might take the form of an actual meeting, or be a series of telephone conversations. In certain contexts of maltreatment a meeting is likely to be the most effective way of discussing the child's welfare and planning future action. More than one strategy discussion may be necessary where the child's circumstances are more complex. Please note that strategy discussions/meetings for more complex cases should take place 'face to face' to avoid miscommunication, even when this is outside of normal hours.

80. The purpose of the strategy discussion is to agree whether a core assessment under S47 is to be initiated or continued, to identify the relevant tasks and timescales for each involved professional and agency, and agree what further help or support may be necessary. These should be recorded on SW47 – Record of strategy discussion/meeting.

81. The discussion should incorporate the following agreed objectives:

- share available information
- agree the scope and nature of further enquiries e.g. criminal investigation
- determine if future enquiries will be joint or single agency investigations
- decide whether a core assessment under S47 of the Children Act should be initiated or continued if it has already begun:
- establish, where there are grounds to initiate a S47 enquiry:
 - how the core assessment under S47 will be carried out – what further information is required about the child and family and how it should be obtained and recorded. Timescales should be clear
 - agree who should be interviewed, by whom, for what purpose, and when. The timing of interviews can have important implications for criminal investigations and the general conduct of interviews be critical in minimising distress to children and maximising the likelihood of constructive working relationships with parents
 - agree how the child's wishes and feelings will be ascertained

- take account of additional needs arising from the child's ethnic or cultural background, including the need for an interpreter, or arising from a child's or parent's disability
- consider the needs of other children who may be affected, including those living in the same environment and in contact with alleged abusers
- any legal action required
- what action is required immediately and in the short term to safeguard the child and/or provide interim services and support. This will include, where a child is in hospital, how to secure the safe discharge of the child
- establish with the relevant paediatrician whether there may be a need for a medical examination. This is equally as pertinent for cases of child neglect as it is for cases of physical or sexual abuse
- determine what information about the strategy discussion will be shared with the family, unless such information sharing may place a child at risk of significant harm or jeopardise police investigations into any alleged offence(s)
- confirm timescales/the need for any future strategy meetings or discussions and the mechanism for agreeing outcomes

82. Participants to a strategy discussion should include:

- a minimum contribution of children's social care staff, police officers, the referring agency, and others as appropriate; e.g. early years staff, health professionals. NB: OFSTED regional inspectors should be included in the event of an alleged episode arising in an Early Years education and day care setting, and indeed the regulatory body should be consulted in respect of any regulated work-setting
- the hospital consultant where a child is/has recently been a hospital patient (including an out-patient) and, where the child has been an in-patient, a senior ward nurse
- a senior doctor from the providing service where a medical examination may be necessary
- and extend to local authority legal advice, as appropriate

83. Possible outcomes to a strategy discussion are:

- i. Complete further enquiries and reconvene (i.e. plan a further strategy meeting/discussion).

- ii. Police investigation (may be made in conjunction with [vi]).
- iii. Core Assessment Section 17.
- iv. Referral to another Agency.
- v. End S47
- vi. Continue S47/Core Assessment (may be made in conjunction with [ii]).
- vii. Disciplinary Procedures (state yes or no in all cases).

84. All decisions reached, and the basis for those decisions, should be clearly recorded on the relevant paperwork and **circulated within one working day** to all parties to the discussion, under confidential cover. A timescale for reviewing the completion of actions should be clearly recorded.

Strategy Meeting

85. In certain circumstances, the strategy discussion may agree that further planning is best conducted in the form of a meeting. Such a meeting should be held at a convenient location for those needing to contribute.

86. A strategy meeting is a meeting of professionals in agreeing actions to be taken and to which parents and others are not invited.

87. A strategy meeting should be preceded by a strategy discussion which will need to consider any need to intervene to ensure the immediate safety of the child, participants to the strategy meeting at the timing of the strategy meeting. Whilst the timing of the meeting should seek to facilitate full and appropriate participation timescales must also be in keeping with the welfare of the child remaining paramount. In all cases it should be convened with 72 hours (or 3 working days) of the concern first being identified.

88. The strategy meeting should be convened by an appropriate children's social care team manager. Circumstances in which greater planning and co-ordination of actions are required by way of a meeting include:

- Allegations of abuse made against a person who works with children. **See Part 6.** NB: Regulatory bodies e.g. Commission for Social Care Inspection or OFSTED, should be involved in meetings relating to a service inspected by that body.
- Complex investigations. **See Part 9.**

- Children with complex needs arising from a disability, particularly where cognitive understanding and alternative communication methods need to be taken into consideration.
- Where there are particular cultural issues to be considered including the use of interpreters and other advocates.
- Children or young people engaging in harmful sexual behaviour towards other children. **See Part 19.**
- Otherwise as determined by the Police and Social Services eg
 - Sometimes in respect of alleged sexual abuse.
 - Children living away from home, including young people in custody.
 - Child prostitution/exploitation.
 - Children in whom illness is fabricated or induced.
 - Following a sudden and unexplained child death.

89. The record of the strategy discussion record should be completed in all cases, including where typed minutes are also produced.

90. Possible outcomes of a strategy meeting are the same as the possible outcomes of a strategy discussion.

91. All decisions reached, and the basis for those decisions, should be clearly recorded on the SW47 and **circulated within one working day** to all parties to the discussion, under confidential cover.

Section 47 Enquiries and Core Assessment

If the outcome of a strategy discussion/meeting is to investigate allegations of significant harm (i.e. continue S47) a core assessment is deemed to have commenced at that point under S47 of the Children Act. It should be completed within 35 working days.

92. Children's social care has lead responsibility for the core assessment under S47 of the Children Act 1989. The core assessment should be led by a qualified and experienced social worker. Under the Children Act 1989, Health, Education and other services are placed under a statutory duty to cooperate with the Local Authority in carrying out its duties in conducting S47 enquiries.

93. The core assessment should begin by focusing primarily on apparent dimensions identified during the initial assessment. It should however cover all relevant dimensions in the Assessment Framework before its completion.

94. Social workers should:

- Focus assessment on key areas of concern identified from the strategy discussion.
- Lead on the core assessment as set out in the Assessment Framework and record findings in the Core Assessment Record.
- Establish the child's level of understanding about their situation and the nature of their relationship with each significant family member (including all caregivers). The parents' relationship with each other and with the children in the family should be assessed together with the family's integration within their community. Relevant Questionnaires and Scales should be used to obtain information on specific areas of family life.
- Systematically gather information about the history of the child and each family member, building on that already gathered during the course of each agency's involvement with the child and record it in the chronology. Use the findings from any specific assessments of the child and/or family members undertaken prior to the referral to social services to inform this assessment, such as education statements, developmental assessments etc.
- Undertake separate interviews with the subject (child) and, in the majority of cases, with the parents/caregivers including observation of interactions between parents and children.
- Make enquiries with those personally and professionally connected with the child, their parents and caregivers.
- Take account of any other assessments of the child by other professionals (with parental consent).
- Include on the child's file, on the inside front cover, a properly maintained chronology of significant events in the child's life.
- Keep carefully detailed notes, as this is important in any subsequent police investigation or court action. Record any unusual events and make a distinction between events reported by the carers and those actually witnessed by others including professionals. Notes should be timed, dated and signed legibly and kept in a secure place so that they are not able to be accessed by unauthorised persons.

95. NB: Circumstances in which a child is spoken to without parental consent are addressed under Joint Investigations (below).

**Joint Investigations Between Children's Social Care And The Police
(Incorporating The Videoing Of Children's Evidence)**

Legal Responsibilities

96. It is the responsibility of the Police to prevent and to investigate crime in their area.

97. It is the duty of the Local Authority to safeguard and promote the welfare of children within their area who are in need and, so far as is consistent with their welfare, to promote the upbringing of children by their families by providing an appropriate range and level of services (Children Act 1989 Section 17).

98. The Local Authority also has a duty – under Part V of the Children Act 1989, to investigate where:

a child who lives, or is found in their area:

- is the subject of an Emergency Protection Order under Section 44 or;
- is the subject of Police Protection powers under Section 46 or; (Section 47(1)(a)(i)(ii) or;
- has contravened a ban imposed by a curfew notice imposed within the meaning of Part 1 of Chapter 1 of the Crime and Disorder Act 1998 or;
- they have reasonable cause to suspect that a child who lives, or is found in their area, is suffering or is likely to suffer significant harm.

99. The authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide what action they should take to safeguard or promote the child's welfare (Section 47(1)(b)).

100. Police and Social Services have shared responsibilities under:

101. The Criminal Justice Act 1991, for video recording children's evidence;

102. Youth Justice and Criminal Evidence Act 1999 for effecting "special measures" on behalf of vulnerable witnesses, including children.

103. The actions of all agencies need to comply with the Human Rights Act 1998.

Aims of Joint Arrangements

104. To assess whether a child is suffering, or is likely to suffer, significant harm.

105. To investigate whether a criminal offence has been committed and to secure evidence with a view to prosecution of alleged offenders.

106. To safeguard the welfare of children who may be witnesses to a crime.

Objectives of Joint Arrangements

107. To co-ordinate enquiries in accord with local child protection procedures.
108. To maintain accurate records in accord with each agency's organisational requirements.
109. To take seriously what a child has to convey.
110. To keep to a minimum the number of times a child is interviewed.
111. To keep all parties to an investigation informed about the progress of enquiries, as appropriate.
112. To report the outcome of enquiries and assessments, including to child protection conferences where those criteria apply.
113. To inform future planning with the child and family.

Joint Investigations

114. While the concept of **joint-investigation can be applied to a range of enquiries in which agreements are made between police officers and social workers on behalf of child-witnesses**, it also refers to actions taken in specific circumstances. This particularly includes allegations of harm/abuse towards children that take place within the child's wider family setting, where the person believed responsible for perpetrating harm is well-known to the child concerned, including close family friends and carers (including "baby-sitters").
115. It also extends to other specific contexts including allegations of abuse made against a person who works with children, **(Part 6)**, complex investigations **(Part 9)** and other major police enquiries. Particular consideration should be given to determining the scope of investigations in institutional settings e.g. schools, children's placements and prisons when wider interpretation of the care a child is likely to receive may need to be applied.
116. **The notion of joint working however does not imply that police officers and social workers are necessarily working "in tandem" in interviewing children and others, but rather in recognising their complementary roles and responsibilities in affording children appropriate protection from significant harm.** It applies irrespective of the individual operational work-setting of the personnel concerned e.g. specialist or non-specialist teams/units.

117. The Child Abuse Investigation Unit in Staffordshire Police for instance is part of the Crime Support Division. It is their role to assist and support local police Divisions in the investigation of child protection related matters. Whilst their primary role is investigating intra-familial abuse, they will assist and advise Divisions in a range of circumstances involving other child victims including allegations of abuse made against a person working with children.

When joint enquiries take place, the police have the lead for criminal investigation and LA Children's Social Care has the lead for S47 enquiries and the child's welfare.

Criteria for Joint Investigation

118. The primary criterion for joint investigation is that an offence is alleged or suspected to have been committed against a child or young person by someone within the child's own wider family setting as set out in paragraph above. It will be jointly investigated from the outset:

- **Physical Assault**

Alleged or suspected cases of **significant physical injury** to a child which amounts to significant harm. This includes violence constituting an assault, e.g. actual bodily harm (Section 47 of Offences Against the Person Act 1847) or grievous body harm (Section 18) or wounding (Section 20), in all of which the power of arrest applies.

This is likely to involve arguably more serious injuries including fractures, bruising (with particular reference to the age of the child) including bruising of soft tissue injury to infants, repeated referrals and Induced or Fabricated Illness Syndrome (Munchausen's Syndrome by Proxy). Allegations of abuse or neglect or suspicious injury in a non mobile child or an infant under the age of 6 months. See Section 4b for further information.

It extends to the suspicious sudden death of any child where the need to safeguard the welfare of other children may apply.

- **Sexual Abuse**

All circumstances where a child/young person has made an allegation of sexual abuse or there is real suspicion that sexual abuse may have occurred. (NB: a separate protocol exists for children and young people engaging in sexually harmful behaviour). Particular consideration will also need to be given in cases involving child pornography, including access to the internet and of involving of a child in prostitution.

- **Severe and Persistent Neglect or Emotional Abuse**

An alleged or suspected case of serious cruelty, contrary to Section 1 of the CYP Act 1933. The offences include where a child or young person is assaulted, ill-treated, neglected, abandoned or exposed to moral danger. Also, non-organic failure to thrive (medical referral) and children subject to parental delusions which imply risk. Parental delusions may be the result of severe mental ill health or the effects of alcohol or substance misuse.

- **Complex Abuse Investigations
(Refer to Part 9)**

Matters of more complexity arising from potentially expanding numbers of victims or abusers who may be involved, e.g. organised or multiple abuse.

Single Agency Investigations

119. There may be circumstances when it appears that minor breaches of criminal law have occurred that do not warrant the full vigour of police investigation – and the unnecessary stigma of criminalising families from the outset. Following initial discussion it may be agreed that the best interests of the child and their family are served by social work intervention alone in focusing upon an enquiry under Sec 47. In some of these circumstances, eg where children have been exposed to domestic violence, the course of an assessment may incorporate intermittent liaison with police officers in agreeing whether subsequent action should be taken jointly.

120. Allegations may also be made which do not relate to a child's wider family setting. These will include offences committed outside the family, or on behalf of victims who are over 17 years of age, when the primary focus is in regard to the investigation of a criminal offence. In all circumstances, however, police officers will need to be alert to the welfare of witnesses and to liaising with social workers and others as appropriate.

121. Where a decision is made for one agency to investigate alone, that agency should always have regard to the principles of this protocol. Liaison should take place appropriately with the non-investigating agency about the progress of enquiries and the need for any further action.

122. It may transpire that during any initial single agency enquiry, a decision is subsequently made that the investigation should continue jointly.

Single agency investigations by children's social care may include

PART 4

UNDERTAKING ASSESSMENTS AND INVESTIGATIONS

SSCB Version 2 June 2009 to be revised April 2010

123. Minor physical injuries/common assaults where initial assessment appears to suggest that the threshold for a criminal offence is not met. Single agency investigation in these circumstances continues to be undertaken under Sec 47, including:

- Pre-birth assessments.
- Generalised concerns about neglect/emotional harm or standards of care.
- Queries about sexualised language or behaviour.
- Making assessments where risks may be posed by particular adults who represent a risk to children.

124. There will also be occasions in which information received suggests that there may be a risk to the health and safety of a social worker in the course of their duties on a single agency basis. In these circumstances, the line manager must consider the means whereby the social worker may be supported or even accompanied by a colleague in undertaking this work. Where concerns extend to a demonstrable threat of violence, or of a likely breach of the peace, the assistance of a uniformed police officer should be requested from the Local Policing Unit. This however would not necessarily extend to conducting a joint investigation in terms of this protocol.

Single agency investigations by the Police may include:

- Persons aged over 17 making allegations of abuse which occurred in childhood (sometimes referred to as historic abuse). These may be dealt with by divisional staff within their respective local policing units, unless of course there are current child protection implications for other children (when a joint approach will be required).
- Allegations of unlawful sexual intercourse where the age difference is not felt to be significant and that do not relate to the wider family.
- Allegations made against a person who is not well-known to the child; (sometimes referred to as stranger abuse).

125. Police enquiries into any type of crime that may not necessarily meet the threshold of significant harm but in which the child may otherwise be regarded as a witness. All child witnesses under the age of 17 years are regarded as vulnerable by virtue of their age.

126. Consideration must therefore be given to affording them “special measures” - including a video recorded interview – to assist them in submitting their evidence in court.

127. Social workers may assist the police in these circumstances by providing independent assistance as an interview supporter. There are particular circumstances in which a social worker, as distinct from anyone else, might undertake the role of interview supporter, including:

- Where the local authority shares parental responsibility for a child subject to a care order.
- Where a child is otherwise looked after under Section 20 of the Children Act 1989.
- Where the child may be regarded as an intimidated witness eg in circumstances of domestic violence, drug offences or racially motivated incidents.
- In any other circumstances in which the child is experiencing acute distress.

Abuse Carried out by Children or Young People

128. Reference should also be made to a separate procedure regarding children who display sexually harmful behaviour at **Part 19**.

Medical Examinations

Process

129. A medical assessment can assist in the completion of the assessment of harm and in determining the extent of physical injuries or sexual abuse. There should be a paediatrician on the “on call” rota who can give advice on and co-ordinate a medical assessment where child abuse is suspected. Local arrangements may vary but details need to be shared with the investigating agencies.

130. The medical assessment of the child should be carried out by a paediatrician, either Consultant, Associate Specialist, Staff Grade or Specialist Registrar (or equivalent) working under Consultant supervision.

131. While the standard remit of paediatric services includes children up to the age of 16, the Children Act 1989 defines a child as someone under 18. There may be a role for paediatricians however where a child over 16 has additional needs.

132. The strategy discussion should involve the paediatrician on call. That discussion should consider whether a medical examination is specifically required, and the means whereby it will be undertaken. The timing of the examination will depend on the needs of the

child/young person alongside the need for medical/forensic evidence to be secured. Examination should be completed as soon as possible to optimise assessment of clinical signs and forensic evidence. Physical injury should be seen, if possible, on the same day. Consideration should also be given to the need to examine other children within the sibling group.

133. It is the social worker's responsibility to speak directly to the paediatrician on call, in accord with local arrangements in arranging a medical examination, in obtaining initial consents and in making arrangements for the transport of the child and other carers as appropriate. The paediatrician should also be briefed as to the information already known, including that ascertained from the video interview.

134. In any event, children should not be presented for medical assessment without prior arrangements with the relevant paediatrician on call, except of course in a medical emergency, when a child should be taken to the nearest Emergency department of a hospital.

135. The police will make the necessary arrangements for a Forensic Medical Physician – FMP - (formerly known as police surgeon) to attend the medical assessment in circumstances where a joint examination with the paediatrician is required. The collection of medical forensic evidence by the FMP is required to assist in the police investigation of an alleged crime. Even if there is little likelihood of forensic evidence being present, the FMP may also have a role in assessing injuries together with the paediatrician. Establishing the need for an FMP should therefore be part of the strategy discussion. Their attendance is always required in cases of alleged sexual abuse.

136. Older children may express a preference for a male or female doctor and if at all possible this should be respected.

137. The examining paediatrician will be required to:

- make an holistic assessment of the physical and emotional health and development of the child;
- be informed of the information already gathered by investigating agencies, including the video interview. While it is important for the doctor to be clear about the circumstances leading to the medical assessment, the paediatrician should not ask leading questions of the child, especially if the video interview has not taken place. Open questions such as “what happened”, are acceptable but questions and answers should be recorded and the source of the information should be identified;
- determine the extent of any injuries and make arrangements for treatment;

- ensure that injuries or signs of neglect/abuse are noted for evidential purposes;
- make an assessment about possible indicators of abuse;
- reassure the child as to their physical well-being in being part of the “healing process;”
- make further referrals for investigation (e.g. skeletal survey, brain imaging, blood tests) if the paediatrician (usually Consultant) deems appropriate and/or treatment.
- produce a written report of their findings for the local authority and/or the police within 10 days of the examination. This information will usually be shared with the child’s General Practitioner and other agencies as appropriate. However, a provisional verbal report should be given to the investigating agencies following the examination and examining paediatricians should be made aware of early requests for reports needed to facilitate court proceedings.
- as part of Section 47 investigation, the medical evidence and professional opinion may be crucial to proceedings. Whenever there is any doubt, if there are differences in opinion or in complex cases, the Designated or Named Doctor should be consulted by the examining Doctor.
- Designated/Named Doctors should be involved in ongoing multi-agency meetings in facilitating any further opinions, including expert opinions, where necessary.
- where more than one Health Trust is involved in the management of the child, the Designated and Named Doctors should provide a point of contact for police and social workers for the co-ordination of medical opinions and medical reports.

Consent to be Medically Examined

138. Informed consent is required from someone with parental responsibility since examinations are conducted primarily for medico-legal reasons and not for therapeutic purposes. Written consent is advisable. If an appropriate person with parental responsibility is not available to give consent, consideration may be given by the examining doctor to obtaining informed consent from a competent (in the opinion of the doctor) young person. A child can be examined without consent only if the child is in need of urgent medical treatment. A child has the right to refuse to be medically examined at the outset or, at any subsequent stage in the examination.

139. Consent may also be given:

- by the local authority where the child is subject of a care order (parents should usually be informed)
- by the local authority where the child is accommodated under S20 of the Children Act 1989 and the parents/carers have abandoned the child or are physically or mentally unable to give such authority

140. **Leave of the court should also be sought** where the child is subject to the jurisdiction of the High Court, or to the Family Proceedings Court during care proceedings. Consent may also be given for a medical examination as part of a direction attached to an Emergency Protection Order, Interim Care Order or a Child Assessment Order.

141. If there is any uncertainty, advice should be sought from Legal Services with a view to an application for a court order with directions for medical assessment.

The Videoing of Children's Evidence

Purpose

142. The purpose of video recording a child's interview is to produce evidence that may be required by a court. It will thereby constitute the child's evidence-in-chief and upon which the child may be cross examined as a witness later in court.

143. Videos produced in these circumstances are not intended for therapeutic purposes nor should then be used for training unless appropriate consents have been given. It is important to approach the tasks with an open mind and to enable the child/young person to recount events as far as possible in their own words, at their own pace and with minimal interruption. A child centred focus should inform the task in accord with the guidance set out in the detail in "Achieving Best Evidence Criminal Proceedings (2002)".

Criteria

144. Section 21 of the Youth Justice and Criminal Evidence Act 1999 creates three categories of child witness:

- children giving evidence in sexual offence cases
- children giving evidence in cases involving an offence of violence, abduction or neglect; and
- children giving evidence in all other cases

145. Video recorded interviews should take place in all category (i) and category (ii) child witness cases, unless the child objects and/or there are insurmountable difficulties which prevent the recording taking place (e.g. where video-recording features in abuse perpetrated towards the child). In all other cases (category (iii)) the decision whether or not to video record and interview should take account of the needs and circumstances of the child, whether recording will maximise the quality of the evidence, and the type and severity of the offence.

Practical Arrangements

146. In accord with arrangements throughout the Joint Investigation Process, due consideration must be given to the objectives required in implementing special measures that meet the requirements of evidence and of good child care practice. Responsibility for managing the arrangements, including strategy discussions should rest with the appropriate line managers. It is important that the personnel who will be actively engaged in conducting the video interview are included in the planning arrangements.
147. Records should be kept of all decisions taken including exceptional decisions that a video interview may not be required.

Consents to Record Evidence

148. Consideration must be given to appropriate consents from parents and child, according to the child's age and understanding, bearing in mind that parental consent may not be required in every circumstance. It is important, however, that parents are kept informed about the progress of enquiries during the investigation. Additionally, a properly considered child-centred approach requires that as full an explanation as possible be given to the child. A reluctant or distressed child is unlikely to participate in a video interview.
149. Circumstances where a joint enquiry/investigation team may need to speak to a child victim without the knowledge of a parent/caregiver would 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 make that decision.

Child Assessment Order (CAO)

150. If, despite all reasonable efforts made by the LA, parents/carers refuse to co-operate with a S47 enquiry, a CAO may be applied for if concerns are not so urgent as to require an Emergency Protection Order (EPO). A child of sufficient age and understanding may still refuse to participate in an assessment, regardless of a CAO.

Staffing

151. The staffing of video interviews should be in accordance with guidance contained in Achieving Best Evidence. Those who conduct the interview and who operate the equipment must be social workers or police officers who have been properly trained in videoing techniques. They will also be considered by their employing authority to have appropriate competence in this work.
152. The issue of roles, i.e. lead interviewer, indexer should be determined in the best interest of the child/young person. This should be discussed and agreed by those taking part prior to the interview being conducted.
153. Consideration should also be given to the participation of additional personnel who have been properly briefed, particularly when interpreting or communication skills are required (e.g. via an intermediary). Those present, however, must not be potential witnesses to the matter under investigation. The number of people involved must be limited in the interview to avoid the potential for distracting or overwhelming the child.
154. Family members who have the opportunity of viewing the interview via a separate video link may require additional support. Consideration should be given to enlisting additional social work help for this purpose.

The Child's Position – Wishes and Feelings

155. In implementing “special measures” and before interviewing a child on video, full consideration should be given to the child's cognitive, linguistic, social, sexual and physical development. Particular consideration should be given to the child's ability to communicate, the child's likely attention span and whether the child has any special needs or needs arising from their culture or ethnicity. Normal routines should be respected wherever possible. The child's understanding of the purpose of the video should also be clearly established and an explanation given about what will happen during the interview and how long the interview may last. The child/young person's consent to giving the interview is required throughout the whole process.

Conducting the Interview

156. General guidance about the interview via a phased approach is set out in the Achieving Best Evidence in Criminal Proceedings.
157. It is important that the interview proceeds at an appropriate pace for the child/young person concerned. Toys and drawing materials can be usefully employed in relaxing a child providing they are not unduly

noisy or affect the general quality of recorded sound. The role of lead interviewer may become interchangeable. Essential breaks must be properly recorded.

158. Ideally, the evidence obtained from the child/young person should be conveyed within one interview. Further interviews are permitted, say for a child with special needs or if new information comes to light, following advice obtained from the Crown Prosecution Service.

The Video Operator

159. The video operator is responsible for recording the interview (indexing). This records the start and finish times of the interview, the date of the interview, the venue and all those present. It is not a full transcript, but must include all relevant statements made by the child, outlining any offences in relation to the child, and the person or persons responsible. A good quality index is critical in the court's subsequent consideration of the viability of the evidence in any subsequent proceedings. Poor indexing can lead, in some circumstances, to a full transcript being required. **It is, therefore, important to get it right first time.**

160. This index needs to include the questions asked and the responses given by the child/young person in their direct speech. It is imperative that this index can be easily understood by the reader, providing clear information about the content of the video.

161. The interviewer and video operator who prepare the index will be responsible for producing these items as exhibits and evidence in any subsequent court proceedings.

162. The video operator is also responsible for recording any breaks in the interview and the reasons given for those breaks. The video operator may also be responsible for assisting the lead interviewer via the audio link in suggesting other areas to be covered or any specific points that need to be asked.

Debriefing/Post Investigation

163. After the individual interview it is important that those involved in the investigation share perceptions of how the interview has gone, consider the direction of further work and the implications of the interview for the various members of the family. Full consideration at this stage should be given to the safety of the child and any other members of the family or other children who may come into contact with the alleged offender.

164. The interviewing of alleged offenders needs to be considered, as the timing of this may have implications for the immediate protection

of the child, and what information is given to the family at this stage. A full discussion with the “non-abusing” parent(s) should take place to discuss the implications of the interview for the child and family.

165. De-briefing is also important for all relevant staff (inc. carers) who have been involved in the child protection process and in reaching an explicit understanding about the conclusion of enquiries. It needs to be acknowledged that investigative processes in safeguarding children from maltreatment can be distressing for the staff concerned and appropriate help and support must be available as required.

The Outcome of the S47 Enquiries

166. At the completion of the planned enquiry, discussion between involved agencies should occur to agree the outcome of the enquiry and agree future actions. These should be recorded on the Outcome of S47 Enquiries Record (SW116a).

167. Professionals involved in the enquiry, parents/carers and children of sufficient age and appropriate level of understanding should receive a copy of this record. This should be received in advance of an Initial Child Protection Conference if one has been convened. This information should be conveyed in an appropriate format for younger children and those people whose preferred language is not English.

168. There are two possible decisions.

Continuing risk of harm does not apply

169. Where the conduct of the S47 enquiry eliminates the existence of significant harm, including circumstances that coincide with positive change on the child and/or family’s behalf, the S47 enquiries will be discontinued.

170. In these circumstances, the social worker should:

- Discuss with the parents and other professionals, drawing on an understanding from the assessment and/or police investigations, what further help or support the family may require, for example with parenting difficulties. This may be related to the child’s health or development or to more general matter within the family.
- Consider whether the child’s health and development require continued monitoring against specific objectives and who has responsibility for this monitoring. (See Working Together (2006) 5.74). It may be valuable, in these circumstances, to make recommendations for action in an inter-disciplinary forum, eg. the convening of a multi-disciplinary meeting.

- Consider whether further work is required to complete the core assessment in order to decide what further help or support the family may require. Complete within 35 days of the start of the S47 enquiry.
- Conclude the Core Assessment by summarising and analysing the outcome of the assessment. Record on Core Assessment form.
- Record all decision and reasons for them.

171. The Team Manager should endorse the case record, making further recommendations as appropriate.

172. If a decision is made not to proceed to an initial child protection conference in these circumstances, it should be endorsed by children's social care.

173. If an initial child protection conference is requested by a senior manager or designated professional in another agency, this should normally be agreed.

174. Where there are differences of opinion regarding whether or not to proceed to an initial child protection conference, every effort should be made to resolve the differences through appropriate discussion and explanation.

175. Enduring differences of opinion are themselves a criterion for proceeding to an initial child protection conference.

176. Concerns are substantiated and the child may be at continuing risk of significant harm.

177. An initial child protection conference should be convened within 15 working days of the last strategy discussion.

178. **Exceptional circumstances** in extending this timescale, e.g. in pre-birth assessments (see separate guidance) or in accessing particular expertise (interpreters), must be agreed between the police, children's social care and other agencies as appropriate. A child's welfare however should not be compromised by exceptional delay.