

SECTION 47 JOINT ENQUIRIES BY SOCIAL SERVICES AND SOUTH WALES POLICE

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1. INTRODUCTION

This document should be read in conjunction with the [Wales Safeguarding Procedures](#).

The Wales Safeguarding Procedures underpin and inform all child protection arrangements and reporting. They outline the responsibilities, principles and duties of agencies and practitioners when undertaking child protection enquiries. In addition, they set out the clear expectations of co-production in working relationships between professionals, family/carers and children to establish what matters to them and ensure that they feel respected and informed.

Key definitions relevant to safeguarding children are outlined in the Social Services and Well-being Act (Wales) 2014 S.130 (4) and the Children Act 1989.

2. PURPOSE

The purpose of this guidance is to identify when enquiries should be undertaken jointly between Social Services and South Wales Police and explains the responsibilities of each agency.

RESPONDING TO A REPORT ABOUT A CHILD AT RISK OF HARM, ABUSE OR NEGLECT

The Local Authority has a duty to respond to a report about a child at risk of harm, abuse or neglect.

When the Children Services receives a report (referral) and/or information has been gathered as part of initial checks and/or a proportionate/comprehensive assessment, a concern arises that a child may be suffering, or likely to suffer, significant harm, the Local Authority is required to arrange a strategy discussion/meeting. This must be held within one working day of the decision to hold it.

The strategy discussion/meeting will consider all relevant and available information regarding the child and their family, analyse this to determine the outcome. Section 47 enquiries must be planned as part of the strategy discussion, so it is clear who has responsibility for any actions and the timescales for these actions (including whether any immediate safeguards need to be put in place).

Any other children identified as being at risk of harm, abuse, and neglect, for example, having contact with an alleged perpetrator of abuse, must also be considered as part of the discussion and any ensuing enquiries. This must also include consideration as to whether any immediate safeguards are required.

Parental responsibility for all children should be clarified as soon as possible and all people who have parental responsibility will need to be informed of and contribute to Section 47 enquiries.

The Police have Powers of Protection to remove a child to a place of safety, where they have reasonable grounds to believe that the child is at risk of significant harm under Section 46 of the Children Act 1989. This link will take you to the section of the Wales Safeguarding Procedures that explains this further. [Safeguarding Wales](#)

If a determination has been made and professional remains concerned about the decision, it is the responsibility of the professional to escalate these concerns via their own safeguarding leads and where appropriate use the Resolving Concerns regarding Inter-Agency-Practice (CRISP).

3. SECTION 47 ENQUIRIES

The Section 47 Enquiry should begin by focusing on the information identified during the strategy discussion/meeting, which appears most important in relation to assessing the risk of significant harm.

The purpose of Section 47 enquiries is to establish whether a child is suffering or is likely to suffer significant harm and requires intervention to safeguard and promote their well-being.

Section 47 enquiries are intended to gather enough information to determine:

- what is in the best interests of the child to protect them from actual or likely significant harm and promote their well-being.
- inform any subsequent care and support/protection plan.
- consider the potential needs and safety of any siblings, children, or adults at risk in the household of the child in question or in contact with an alleged perpetrator.
- inform decisions taken by both the police and social services about legal proceedings, whether criminal, civil or both.

The Section 47 enquiry must be led by a qualified social worker from Children Services, who will be responsible for its coordination and completion. The social worker must contact the other agencies involved with the child to inform them that a Section 47 enquiry has been initiated and to seek their views. The checks should be undertaken directly with involved professionals and not through messages with intermediaries.

The relevant agency should be informed of the reason for the enquiry, as well as whether parental consent has been obtained, and asked for their view of the situation in terms of the risk posed to the child/children. In these circumstances there may be a need to override the need for consent from persons with Parental Responsibility for information sharing as it is permitted in a situation where a child is at risk of harm or

to prevent an offence being committed.

There are no barriers to sharing information in these circumstances. This link will take you to an information sharing guide that is part of the Wales Safeguarding Procedures [Information sharing: advice for practitioners \(publishing.service.gov.uk\)](https://publishing.service.gov.uk).

To obtain a fuller picture of the circumstances of all children in the household, identifying parenting strengths and any risk factors, children (commensurate with their age and development) and family including all persons with parental responsibility, any significant adults who frequent the household, for example, parental partners, should be involved in the Section 47 enquiry unless by doing so would place the child at risk. Any exclusion of persons including those with parental responsibility should be clearly recorded within the Section 47.

Enquiries should include consideration of risk to children in other households with whom the alleged offender may have had contact. All agencies consulted are responsible for providing information to assist.

4. JOINT ENQUIRIES BY SOCIAL SERVICES AND THE POLICE

The prior section relating to Section 47 enquiries applies regardless of whether the outcome of the strategy discussion/meeting is a single agency enquiry by Children's Services or joint enquiry by Children's Services and Police.

When the strategy discussion/meeting determines that joint enquiries should take place, the Police have the responsibility for the criminal investigation and other safeguarding duties, for example, using Police Protection Powers, and Children's Services has the lead for the Section 47 enquiries and the child's well-being.

The Police and Children Services must co-ordinate their activities to ensure the parallel process of a Section 47 Enquiry and a criminal investigation is undertaken with the child's best interests being paramount. This should primarily be achieved through joint activity and planning at strategy discussions/meetings.

The strategy discussion/meeting needs to consider what information will be disclosed, to whom, when and by which agency, and this must be formally recorded in the minutes and be allocated as actions with clear timescales. Where required, review strategy discussions/meetings can be arranged to coordinate sharing of information and review of actions and timescales.

See Appendix 1 for further guidance on when Joint Enquiries should be undertaken.

5. ENGAGING CHILDREN AND FAMILIES IN SECTION 47 ENQUIRIES

As part of a criminal investigation, it may be necessary to interview a child/young person on video. Social workers and police officers interviewing children should have received specialist training and in addition have knowledge and understanding of child development. They should be able to assess the child's competence as a witness and

have the skills to plan and conduct interviews with children.

The Home Office Achieving Best Evidence in Criminal Proceedings Guidance document guides this interview process and can be accessed via this link [Safeguarding Wales](#).

The child and family should always be empowered to participate fully in the Section 47 enquiry unless this is inconsistent with the protection of the child.

The following should be considered:

- Where a child or parent has a disability, the means of communication should be in their preferred medium to maximise their opportunity to participate in the process.
- Be mindful that some family members have varying communication needs.
- An independent interpreter must be provided where the child or parent's language of choice is not the same as that of the person conducting the enquiry.
- If the child is unable to participate in an enquiry because of age or understanding, alternative means of understanding the child's perspective should be used.
- The enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect.

It is the responsibility of participants at the strategy meeting/discussion to decide:

- By whom, when and where, children who are subject to Section 47 enquiries will be seen.
- If there are any circumstances when this should be without the permission of the parent/s.

When involving children and young people, practitioners should recognise that children often have a clear perception of what needs to be done to ensure their safety and well-being.

The child should:

- Be helped to understand how child protection procedures work, how they can be involved and how they can contribute to decisions about their future.
- Be given information about how to access advocacy services and other sources of support.
- Be listened to at every stage of the child protection process and kept informed appropriately about decisions being made.

Children, if their age or level of understanding permits, should also be consulted and their consent obtained. It is important to engage children in the process as early as possible to ensure their wishes and feelings are taken into consideration where possible and to avoid them becoming mere 'objects of concern'.

The social worker needs to gather as full an understanding as possible of the daily lived experience of the child/children. This information ideally, is gathered from the child/children themselves but when children are pre-verbal, non-verbal or not able to speak to the social worker for some reason, the social worker must paint a picture of the child's life from their own observations, history of any involvement, the observations of other professionals, information from parents/carers and/or extended family members. A guide on developing an understanding the child's lived experiences can be accessed via this link [Safeguarding Wales](#).

Throughout the Section 47 enquiry, consideration must be given to the immediate safety of the child and any other children at risk.

As the police lead all criminal investigations it will be their responsibility to inform the parents/caregivers about criminal investigations. Police will also update Children Services in a timely manner with regards to any decision making around bail, conditions, and timescales.

It is the responsibility of the social worker leading the Section 47 enquiry to:

- Inform the family of the outcome of the enquiries i.e. the 'determination' and the implications of that decision.
- Lead child and family engagement in the safeguarding process and develop child-centred outcomes.
- Promote an effective working partnership with the family.

Further information on joint enquiries can be accessed via this link [Safeguarding Wales](#).

6. MANAGING REPORTS OUT OF USUAL OFFICE HOURS

Outside usual office hours, reports can be made to the social services Emergency Duty Team (EDT) and/or to the Police.

In receiving the out of office hours report, the social worker and/or police officer must be alert to any indications of immediate risk to the child or other children or adults at risk and must be prepared to take urgent action to ensure they are safe. This may include seeking medical attention on their behalf.

Where a report indicates an immediate risk of harm, requiring an immediate response, whoever receives the report must ensure the other agency is informed and decide jointly what action, if any, is necessary to secure the immediate safety and well-being of the child and any other children.

This must include a strategy discussion/meeting, which records the agreed actions and the person responsible for carrying them out. The strategy discussion out of hours must be undertaken by the EDT social worker and a senior police officer (Duty Inspector or other public protection supervisor). EDT will record and share this information in accordance with the local arrangements in place across the Cwm Taf

Morgannwg region.

The EDT social worker must check the child protection register for information on the child/ren and make any other checks possible out of hours but it is recognised these may be limited.

However, not being able to make checks must not prevent taking any necessary action to safeguard the child.

All reports made to the Emergency Duty Team must be communicated by the out of hours staff (in writing and if possible, also orally) to the relevant social services team, together with the action taken to date.

The relevant Children's Services team will arrange a further strategy discussion with Police and any agencies involved in providing services to the child and their family the following working day.

If child protection enquiries are initiated within usual day time hours, Children's Services will typically be responsible for the completion of the enquiries, however, where safe care arrangements are implemented for example on a Friday evening, it is good practice for an EDT alert form to be completed and sent to the Emergency Duty Team setting out the agreed arrangements.

7. MEDICAL EXAMINATION

Consideration should always be given at the strategy discussion/meeting to the need for a medical examination of each child.

The social worker co-ordinating the enquiry should discuss the need for a medical examination with a suitably qualified and experienced paediatrician or forensic medical examiner/physician and they should be invited to attend the strategy discussion/meeting whereby it will be agreed the timing and location of the examination taking account of the best interests of the child.

There should also be consideration of the need for other children in the household or in contact with the alleged offender to be medically examined.

Although a medical examination is not a requirement in every Section 47 Enquiry, it needs to be considered regardless of whether the child has any apparent or visible injuries or appears neglected and emotional. The medical examination should be dispensed with only if those managing the enquiry are satisfied that they can achieve the purposes of the enquiry without it. This must involve discussion with the appropriate paediatrician. Those reasons will need to be clearly recorded by all professionals involved.

Practitioners need to be aware that the purpose of a medical examination or assessment is to:

- Ensure the child's condition is medically assessed and treatment given as

- appropriate.
- Obtain assessment about possible indications of abuse.
- Ensure that any injuries or signs of neglect or abuse are noted for evidential purposes.
- Secure forensic evidence.

The child's welfare is the paramount concern, and the gathering of evidence must not become an additional source of trauma for the child. The need for forensic evidence should always be considered as secondary to the need for medical treatment for a child.

- There should be liaison with police and social services to avoid the need for repeated medical examinations.
- The police or social worker will fully brief the examining doctor if he or she has been unable to attend the strategy discussion/meeting.

Where appropriate, consent will be sought from the person with parental responsibility.

Consent to the medical examination

Examining doctors must be aware of the principles of informed consent and of the guidance contained in the All Wales Model Policy for consent to examination or treatment (2020).

Social workers and police officers undertaking Section 47 enquiries and criminal investigations also need to be aware of the issues of consent for the medical examination.

Consent and young people – medical examination

A child of 16 years and over can give their own consent. If they are unable to consent, for example because of a learning disability, consent may be sought from a person with parental responsibility.

Children under the age of 16 years, who can fully understand what is proposed and its full implications, are competent to consent. Children of 16 and over have the right to consent to medical treatment and some children below 16 may be regarded as of sufficient understanding and maturity to consent to medical treatment without the need for parental consent (this is referred to as Fraser Competence). However, the more serious the medical procedures proposed, a correspondingly better grasp of the implications is required. Therefore, the examining doctor needs to ensure that the child fully understands the nature of the medical examination and how the information obtained might be shared with others.

If a child is not deemed to be competent, consent from a person with parental responsibility is required. However, the child may still refuse to be examined.

For a child under 16, consent for a child protection medical examination will require

the informed consent of a person with parental responsibility and of the child, preferably in writing.

Where the child is already the subject of proceedings in a court, the consent of the same Court is required. If the child is subject to a Care Order, see local arrangements as to who in the local authority can provide consent.

Obtaining informed consent

For the consent to be informed the doctor needs to speak directly to the person with parental responsibility and explain:

- the purpose and process of the medical examination.
- clearly specify all the elements of the examination i.e., history, examination, forensic specimens, use of video/still photo-documentation.
- explain information will be shared for discussion with colleagues.
- findings and reports will be shared with social services, police, crown prosecution service and Courts.
- That information gained by the examination may also be read out in Court.

Consent should always be sought on a face-to-face basis – that is with the parent in attendance with the child. However, if the parent cannot or does not want to be present the doctor will need to decide on the action needed to obtain a valid consent.

In an emergency, when urgent medical treatment is required and every effort has been made to locate parents or a person with Parental Responsibility, the following may apply:

- A child who has reached his/her sixteenth birthday may give consent.
- A responsible adult acting in loco parentis, may give consent on the parents' behalf so long as all reasonable steps have been taken to consult the parent(s) or those with Parental Responsibility and such action is not against their expressed wishes. In the case of a child who is looked after, this will involve the relevant senior manager having a discussion with the medical professional involved before considering whether it is appropriate to give consent.
- Dependent on his/her age and level of understanding, a child who has not reached the age of sixteen may be regarded by a doctor as capable of giving consent (Fraser Competent).
- In a 'life or limb' situation, a doctor may decide to proceed without any consent.
- Consent should be given in writing, but it is equally valid if given verbally, provided it was informed and freely given. Written consent is preferred where children are in receipt of services away from home and may require urgent medical treatment in an emergency. Where it is only possible to acquire verbal consent, it should be given in the presence of a reliable witness, e.g., acting on behalf of the Local Authority.

The medical report following examination

This should include:

- a verbatim 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).
- if there was no consent, what was the rationale for progressing – see above.
- other findings relevant to the child (e.g. squint, learning or speech problems etc).
- confirmation of the child's developmental progress (this is especially important in cases of neglect).
- date of the report.
- any other examinations that were undertaken.

The report and any diagrams should be signed and dated by the doctor undertaking the examination. The report should be shared with the relevant Children's Services within 10 working days of the examination taking place.

8. SECTION 47 ENQUIRIES DETERMINATIONS - OUTCOME STRATEGY DISCUSSION/MEETING

It is essential that any determination i.e. decision made:

- is child-centred;
- has a multi-agency focus;
- is aimed at ensuring the child's care and support protection needs are met.

The determination should be made following multi-agency discussion between those who have conducted or been significantly involved in the enquiries. It may also involve those who have significant involvement in the child's life.

Children's Services are responsible for deciding what action to take, based on the multi-agency information shared, and how to proceed following Section 47 enquiries. Section 47 of the Children Act 1989 is clear that it is for the local authority to decide whether they should take any action.

The views of the child/children and parents themselves should also be *considered* but the decision is made by managers/practitioners.

The 'determinations' to be considered are:

Determination 1: concerns are not substantiated;

Determination 2: concerns are substantiated but the child is not judged to be at continuing risk of significant harm although they may have care and support needs;

Determination 3: concerns are substantiated, and the child is judged to be experiencing or at risk of abuse, harm or neglect and a child protection conference should be convened.

In some circumstances a further strategy meeting/discussion may be the most effective way of discussing the outcome of the Section 47 enquiries and determining next steps.

9. RECORDING

A full written record must be completed by each agency involved in a Section 47 Enquiry. The responsible manager must countersign/authorise Children's Services Section 47 recording and forms.

At the completion of the enquiry, the social work manager should ensure that the concerns and outcome have been entered in the recording system including on the child's chronology and that other agencies have been informed.

Children's social care recording of enquiries should include:

- Agency checks;
- Content of contact cross-referenced with any specific forms used;
- Strategy discussion/meeting/meeting notes;
- Details of the enquiry;
- Body maps (where applicable);
- Assessment including identification of risks and how they may be managed;
- Decision making processes;
- Outcome/further action planned.

All agencies involved should ensure that records have been concluded and countersigned in line with agency policies and recording procedures.

All records should be checked for the correct spelling of names and any alias as well as correct dates of birth.

APPENDIX 1


ALLEGATION OF SEXUAL ABUSE	
TYPE OF REFERRAL/REPORT	INTERVENTION THRESHOLD
Allegation of child sexual abuse	Social services and police will always undertake the Child Protection Section 47 enquiries jointly.
Diagnostic medical findings of sexual abuse; that is, a child is medically examined and the paediatrician reports that there are medical indications of sexual abuse, with/without the child making an allegation or other corroboration.	Social services and police will always undertake the Child Protection Section 47 enquiries jointly.
Non-diagnostic medical findings of sexual abuse; that is, a child is medically examined and the paediatrician reports that there are medical indications of sexual abuse, but they are not conclusive. The child does not make an allegation, or is too young	Social services and police will always undertake the Child Protection Section 47 enquiries jointly.
Sexually activity relating to children under the age of 13 years.	Please refer to the Wales Safeguarding Procedures. In accordance with the Sexual Offences Act 2003 children under the age of 13 years are of insufficient age to give consent to sexual activity. Social services and Police will always undertake the Child Protection Section 47 enquiries jointly.
Sexually activity relating to children aged between 13 and 16 years.	<p>In accordance with the Sexual Offences Act 2003 the age of lawful consent to sexual activity remains at 16 years, although it is acknowledged that mutually agreed, non-exploitative sexual activity does take place between teenagers and that it does not cause significant harm. If an initial assessment indicates that the sexual activity is neither exploitative nor coercive, and both young people consent, it is usually recommended that a social services and/or health intervention is undertaken.</p> <p>Whilst a criminal offence may have been committed, in such circumstances the police will decide the level of any criminal investigation but will not seek to criminalise young people. During the social services and/or health intervention if it becomes evident that the young person has been exploited, coerced, and/or did not consent</p>

	<p>to the sexual activity, a strategy discussion/meeting should be reconvened and an agreed course of action undertaken in accordance with the Wales Safeguarding Procedures</p>
<p>Sexually active young people aged between 17 and 18:</p>	<p>Consenting sexual activity is not an offence over the age of 16 years, however young people continue to be protected by the Children Act 1989. In any Care & Support Assessment/ strategy discussion/meeting consideration needs to be given to issues of sexual exploitation and the abuse of power when deciding about intervention</p> <p>In accordance with the Sexual Offences Act 2003 the young person in this age group is not deemed able to give consent if the sexual partner is in a position of professional trust, such as a foster carer or teacher, or is a family member as defined in the legislation. In the event of a complaint against a professional the Wales Safeguarding Procedures Section 5 will need to be followed.</p> <p>If a report is received that indicates that a child has been abused by another child which does not fit the above criteria, that is, they are not in a relationship, see Section below: <i>Allegation that a child or young person is exhibiting sexually harmful behaviours.</i></p>
<p>Allegation that a child or young person is exhibiting sexually harmful behaviours.</p>	<p>The initial referral may be made directly to the police and a criminal investigation commenced. The police should regard the matter as a Child Protection referral and must always inform social services.</p> <p>Where an initial referral has not been made directly to police a strategy discussion should be held and a decision based on a joint enquiry being held where there is information/evidence shared to indicate a criminal offence has occurred. In some circumstances where there is no evidence of a criminal offence but concerning Harmful Sexual Behaviour, this may warrant a single agency response.</p> <p>In most circumstances joint social services and police Child Protection enquiries should be undertaken in respect of the alleged victim.</p>

	<p>In some instances, the police may contact the Youth Justice Service (YJS) to initiate a 'Request for Information Relating to Sexual Offences and Harmful Sexual Behaviour by Children and Young People'.</p> <p>The Youth Justice Service (YJS) should always be invited to a strategy discussion/meeting if the child or perpetrator is known to the YJS.</p> <p>The police, will interview the alleged perpetrator in accordance with the Police and Criminal Evidence Act (PACE), 1984</p>
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ALLEGATION OF PHYSICAL ABUSE

TYPE OF REFERRAL/REPORT	INTERVENTION THRESHOLD
Allegation of physical abuse with injuries to child; medical evidence of injuries, with/without an allegation by the child.	Social services and police will always undertake the Child Protection Section 47 enquiries jointly.
<p>Report of concern that a child might be subject to physical abuse, but the child has not made an allegation and there are no injuries.</p> <p>In line with the Abolishment of the Physical Punishment Act, any form of physical chastisement is now illegal in Wales.</p> <p>The new law is not intended to prevent parents from disciplining their children. However, if they use physical punishment to discipline a child in their care they could be charged with common assault. They may get a criminal record which is the same for any criminal offence.</p> <p>Proportionate decision making and early multi agency communication are required as there is advice and support available to encourage people to stop using physical punishment and find positive ways to manage children's behaviour.</p> <p>Ending physical punishment in Wales GOV.WALES</p> <p>In cases where the police decide further action is required, there will be an option of a rehabilitative alternative to prosecution. If the police decide this is appropriate, they can refer an individual into out of court parenting support to encourage positive</p>	<p>Where it is suspected a child is at risk of physical abuse consideration should always be given to whether a joint enquiry is required as a criminal offence may have occurred.</p> <p>Where a single agency response is agreed, police should be updated on the outcome or updated if social services become aware of more serious abuse that would warrant a criminal investigation.</p>

parenting techniques and help avoid re-offending.	
ALLEGATION OF NEGLECT	
TYPE OF REFERRAL/REPORT	INTERVENTION THRESHOLD
Allegation/report of serious neglect indicating the neglect is persistent and severe, and a child is suffering or likely to suffer significant harm.	Social Services and police will undertake the Child Protection Section 47 enquiries jointly.
Allegation/report of neglect where there are concerns about the child's welfare, but the neglect is not initially assessed as persistent and/or severe that warrant criminal investigation.	Children Services to undertake single agency Section 47 enquiries or a proportionate assessment. If during their enquiries and/or assessment children services become aware that more serious neglect has occurred, that warrant criminal investigation, Police will be informed and a strategy discussion/meeting will be held to decide if joint Child Protection Section 47 enquiries should be undertaken. Police to be updated with the outcome and for consideration of whether further Police involvement is required
ALLEGATION OF EMOTIONAL ABUSE	
TYPE OF REFERRAL/REPORT	INTERVENTION THRESHOLD
Allegation/report that a child is being emotionally abused, which is reported as being persistent and severe, and the child is suffering or likely to suffer significant harm.	Children Services to undertake single agency Section 47 enquiries or a proportionate assessment. If during their assessment and/or enquiries social services become aware that more serious abuse has occurred, that warrant criminal investigation, Police will be informed and a strategy discussion/meeting will be held to decide if joint Child Protection Section 47 enquiries should be undertaken. Police to be updated with the outcome and for consideration of whether further Police involvement is required. CAMHs should be involved in discussions as early as possible.
EXPLOITATION	
TYPE OF REFERRAL/REPORT	INTERVENTION THRESHOLD
 <p>Forms of Exploitation.docx</p>	Professional judgement should be exercised when considering the intervention threshold in cases where a child may be vulnerable and/or at risk of being exploited.

There are many forms of exploitation. The attached document gives a brief summary of the different forms of exploitation. Exploitation is often hidden, is complex and can have significant and devastating effects on children, young people and their families.

There should always be a multi-agency response to children and their families and children must be recognised as victims. Exploitation is ABUSE.

Low Risk: Concern that the child / young person is at risk of being targeted or groomed, but there are positive protective factors in the child /young person life. Threshold: **Preventative Services** to promote safety and reduce the likelihood of Exploitation.

Medium Risk: Presenting numerous vulnerability factors but not at immediate risk. There is evidence the child /young person may be a risk of opportunistic abuse or is being targeted /groomed. Some protective factors present. Would benefit from professional intervention, assessment, awareness and prevention work. Threshold: If not already open, Children Services to commence a **Proportionate Assessment**. If open, consideration of strategy discussion with the professional network is needed for further support/work with the young person & robust safety plan to be created & implemented.

Evidence of High Risk: Child is presenting high number of vulnerability factors, is known to have been exploited and/or groomed. Regularly goes missing and concerns in relation to drugs/alcohol and inappropriate adult associates. Child has disclosed exploitation. Requires statutory intervention to protect.

Threshold: **Strategy Discussion** to be held within 24 hours in line with WSP

Where a strategy discussion is initiated, consideration should always be given to whether a joint enquiry is required as a criminal offence may have occurred.

Where a single agency response is agreed, police should be updated on the outcome or updated if social services become aware of more serious abuse that would warrant a criminal investigation.

In cases where there is medium/high risk the Exploitation Pathways should be followed to ensure targeted multi-agency responses to protect children and pursue and disrupt offenders who exploit are followed.

