

This form is for viewing only **it must not** be downloaded to be used to complete for a child's records as it is only an example of the actual integrated Children's System document.

Record of Outcome of S47 Enquiries



CHILD/YOUNG PERSON'S DETAILS

Family Name:		Forename:	
DoB or expected date of delivery:		Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/> Unborn <input type="checkbox"/>
Address: <i>(including postcode)</i>			
Postcode:			
Telephone:		E-mail:	
SWIFT Party ID Number:			

FINDINGS: Please detail actions carried out following the strategy discussion(s) and summarise findings in terms of child's developmental needs, including child's safety; parenting capacity; and wider family and environmental factors.

Action	Person / Agency	Date completed	Findings

EVALUATION AND OUTCOME OF S47 INVESTIGATION

(to be completed by Duty/Team Manager in conjunction with Social Worker following S47 investigation)

Present	Post

Record of Outcome of S47 Enquiries

Outcome of Investigation

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Outstanding Issues

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Record of Outcome of S47 Enquiries

Evaluation of risk

Immediate Protection Plan

Record of Outcome of S47 Enquiries

DECISION (X one box only)

Paragraphs 5.45 to 5.52 of Working Together to Safeguard Children refer to the outcome of s47 enquiries.

Concerns not substantiated.	<input type="checkbox"/>
Concerns are substantiated, but the child / young person is not judged to be at continuing risk of significant harm (significant harm is amended w.e.f. 31/10/05 to include for example impairment suffered from seeing or hearing the ill-treatment of another).	<input type="checkbox"/>
Concerns are substantiated, and the child / young person is judged to be at continuing risk of significant harm.	<input type="checkbox"/>

REASON(S) FOR DECISIONS

FUTURE ACTIONS

If services are being provided these should be detailed in the updated Initial Plan on the last page of this document.

	Yes	No		Yes	No
Child Protection Conference*	<input type="checkbox"/>	<input type="checkbox"/>			
Monitor child's welfare (See paragraph 5.47 of Working Together)	<input type="checkbox"/>	<input type="checkbox"/>	Proposed date of Initial Child Protection Conference		
Complete Core Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Provision of Services (s17)	<input type="checkbox"/>	<input type="checkbox"/>
Initiate Legal Action in Court	<input type="checkbox"/>	<input type="checkbox"/>	No Further Action	<input type="checkbox"/>	<input type="checkbox"/>

REASON(S) FOR ACTIONS

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Name of Team Manager	
Signature:	
Date:	

Name of Social Worker	
Signature:	
Date:	

SWIFT Reviewed/Updated by:

Name of Officer:		Name of Officer:	
Date:		Date:	
Name of Officer:		Name of Officer:	
Date:		Date:	

Have all relevant agencies/parents/carers and child been advised of outcome in writing?		
School/Nursery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School Nurse/Health Visitor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GP/Paediatrician	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Probation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NSPCC	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police/CPU	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Significant Agency/Authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parents/Carers	Yes <input type="checkbox"/>	No <input type="checkbox"/>