

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession

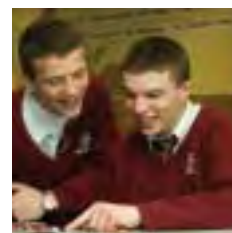


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Introduction

1. The Government is committed to publishing good practice guidance for all agencies on safeguarding children from abuse or neglect linked to a belief in spirit possession. This guidance has been published following a consultation on the draft document, *Safeguarding Children from Abuse linked to a Belief in Spirit Possession*. It is particularly aimed at practitioners and their managers in local authorities, education, health, and social care settings, but may be useful to a range of professionals and organisations.
2. Statutory guidance on safeguarding and promoting the welfare of children, where concerns exist that they may have been abused, is set out in *Working Together to Safeguard Children (2006)*. The processes detailed in *Working Together* should be followed at all times.
3. *Working Together* sits within the broader framework of Every Child Matters (ECM) and the Government's commitment to five key outcomes for every child. The objective of ECM is to improve all outcomes for all children and young people through radical reform of children's services, including those responsible for safeguarding and promoting the welfare of children.
4. This non-statutory good practice guidance is intended to help practitioners and their managers apply *Working Together* to the particular needs of children abused or neglected because of a belief in spirit possession. To do so it sets out:
 - Key considerations
 - Definitions and Incidence
 - Why children are abused or neglected in this way
 - How to identify child abuse or neglect linked to spirit possession
 - What to do if you suspect such abuse or neglect
 - Concerns about a place of worship



- Emerging best practice of agencies and institutions

Further information on the legislation is provided in Appendix 1 of *Working Together to Safeguard Children (2006)*.

Policy and Legislation

5. The key guidance relevant to safeguarding children includes:

- *Working Together to Safeguard Children (2006)*
- *The Framework for the Assessment of Children in Need and their Families (2000)* (Further information on this is provided in appendix 2 of *Working Together to Safeguard Children (2006)*)
- *What to do if you're worried a child is being abused (2006)*
- *Safeguarding Children and Safer Recruitment in Education (2006)*

The key legislation includes:

- The Children Act 1989
- Education Act 2002
- Homelessness Act 2002
- The Children Act 2004

Key Considerations in Addressing Abuse or Neglect Linked to a Belief in Spirit Possession

6. The following key considerations can assist our understanding of, and action to safeguard children from, abuse or neglect linked to a belief in spirit possession. These points build on principles detailed in *Working Together* (Chapter 5) that should underpin all work to safeguard and promote the welfare of children. The key considerations are:

- i. ***Child abuse is never acceptable in any community, in any culture, in any religion, under any circumstances.*** This includes abuse that might arise through a belief in spirit possession or other spiritual or religious beliefs.

- ii. ***Everyone working or in contact with children has a responsibility to recognise and know how to act on evidence, concerns, and signs*** that a child's health, development and safety is or may be being impaired, especially when they suffer or are at risk of significant harm.
- iii. ***Standard child safeguarding procedures apply and must always be followed*** in all cases where abuse or neglect is suspected including those that may be related to a belief in spirit possession. Children suffering or at risk of suffering from such abuse or neglect will be identified and appropriately safeguarded if statutory procedures are implemented correctly. *Working Together* provides the framework of statutory guidance. Any concerns about a child suffering harm should trigger an enquiry under section 47 of the Children Act 1989.
- iv. ***Child abuse linked to a belief in spirit possession sometimes stems from a child being used as a scapegoat.*** Whilst specific beliefs, practices, terms or forms of abuse may exist, the underlying reasons for the abuse are often similar to other contexts in which children become at risk of poor outcomes due to factors such as family stress, deprivation, domestic violence, substance abuse and or mental health problems. In addition, children who are different in some way, perhaps because they have a disability, an illness, learning needs, or are exceptionally bright, might be targeted in this kind of abuse. In some cases, there will be no obvious difference and the child will have been targeted because they will have been perceived to be 'spiritually' different.
- v. ***The number of identified cases of such abuse is small*** but where it occurs the impact on the child is great, causing much distress and the child will be suffering harm. It is possible that a significantly larger number of cases remain undetected.
- vi. ***Professionals with safeguarding responsibilities need to be able to identify links,*** where they exist, between individual cases of such child abuse and individual faith leaders as well as wider belief, faith or community practices. Where connections are identified and appropriate action is taken, the risk that other children will be similarly abused can be greatly reduced. In some cases, links to a belief in possession may not come to

light until some way into the investigation of abuse.

vii. ***Local agencies and institutions should also work to minimise risk of harm***, by building trust and understanding of child abuse issues with local communities. Robust local partnerships advance early identification and safeguarding of children. Local agencies and institutions share responsibility for safeguarding and promoting the welfare of children and young people. They should act if they have concerns about a child's welfare, and ensure that practices that lead to abuse that may be linked to a belief in spirit possession, or any other belief, are challenged and stopped.

viii. ***People working with children should always take advice whenever they feel it is required, in accordance with information sharing protocols and guidance.*** The fact that a suspected case of abuse or neglect may be linked to spirit possession can initially seem daunting. It is important to use the experience of colleagues, including those in other services, to overcome misgivings and understand complexities. A child's safety and welfare must always come first.

Definitions and Incidence

Definitions

7. The term 'belief in spirit possession' is defined for the purposes of this guidance as the belief that an evil force has entered a child and is controlling him or her. Sometimes the term 'witch' is used and is defined here as the belief that a child is able to use an evil force to harm others. There is also a range of other language that is connected to such abuse. This includes black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah, demons, and child sorcerers. In all these cases, genuine beliefs can be held by families, carers, religious leaders, congregations, and the children themselves that evil forces are at work. Families and children can be deeply worried by the evil that they believe is threatening them, and abuse often occurs when an attempt is made to 'exorcise', or 'deliver' the child. Exorcism is defined here as attempting to expel evil spirits from a child.

Incidence of abuse

8. The number of identified child abuse cases linked to a belief in spirit possession is small especially when compared to the total number of children known to be abused. Research commissioned by the DfES (2006) reviewed child abuse cases that had occurred since

January 2000. Thirty-eight cases involving 47 children were found to be relevant and sufficiently documented. This is in comparison to 26,400 children on child protection registers in England at 31st March 2006.



9. Whilst the number of identified cases is small, the nature of the child abuse can be particularly disturbing and the impact on the child is substantial and serious. The abuse may be carried out by the child's parents or carers or others in the family network, as well as by faith leaders. There have been reported cases of individuals who present themselves as faith leaders/healers being paid by parents and carers to 'exorcise' children. The belief that a child is possessed can be supported by faith leaders and the child, and in some cases the family may be

ostracised by community members. The child can themselves come to hold the belief that they are possessed and this may be harmful in itself and can significantly complicate their rehabilitation.

10. Where such abuse or neglect is identified, some children are placed in an alternative family, through long-term foster care or adoption, and some are returned to the family home within the framework of a child protection plan. Where abuse exists but is not identified, or there is no intervention to safeguard the child's welfare, children may continue to be severely abused. There are also circumstances where carers or parents believe that a child has passed evil spirits to an unborn child, and practitioners will need to be mindful that a pre-birth assessment may be required, and that children subsequently born into the household may be vulnerable to harm.

Forms of Abuse

11. The abuse usually occurs in the household where the child lives. It may also occur in a place of worship where alleged 'diagnosis' and 'exorcism' may take place. The most common forms of abuse include:
 - **physical abuse:** in the form of beating, shaking, burning, cutting, stabbing, semi-strangulating, tying

up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes, or placing chilli peppers or other substances in the child's mouth;

- **emotional/psychological abuse:** in the form of isolation, for example, not allowing a child to eat or share a room with family members or threatening to abandon them, or telling a child they are evil or possessed. The child may also accept the abuse if they are coerced into believing they are possessed;
- **neglect:** in the form of failure to ensure appropriate medical care, supervision, regular school attendance, good hygiene, nourishment, clothing or keep the child warm;
- **sexual abuse:** children abused in this way may be particularly vulnerable to sexual exploitation, perhaps because they feel powerless and worthless and feel they will not be believed if they tell someone about the abuse.

Why are Children Abused or Neglected in this Way?

12. It is not helpful to have a stereotype of who might abuse or neglect a child because of a belief in spirit possession. A belief in 'spirits' and 'possession' is relatively widespread, whilst abuse linked to such beliefs is

rare. This kind of abuse is not confined to particular countries, cultures, religions or communities.

13. Abusers will appear to be quite ordinary and may be family members, family friends, carers, faith leaders or other figures in the community. There are, however, a number of common factors that put a child at risk of harm.

Rationalising misfortune by attributing it to spiritual forces

As in many child abuse cases, abuse linked to a belief in spirit possession generally occurs when problems within a family or in their broader circumstances exist. In these particular cases a spiritual explanation is sought in order to rationalise misfortune. Child abuse can occur when rationalisation takes the form of believing oneself to be cursed and that a child is the source of the problem because they have become possessed by evil spirits.

Scapegoating because of an obvious or perceived difference

The reason why a particular child is singled out and accused of being possessed is complex. It often results from a combination of a weak bond of affection between a child and parent or carer, a belief that the child is violating family norms and above all a perception that the child is 'different'.

It may be that the child is being looked after by adults who are not the parents, and who do not have the same affection for the child as their own children. A child can also be viewed as being different for disobedience, rebelliousness, over-independence, bedwetting, nightmares, illness, perceived or physical abnormality or a disability. Disabilities involved in documented cases included learning disabilities, mental health, epilepsy, autism, a stammer and deafness. Many of the children were also described by their families or carers as being naughty. In other cases there were no obvious reasons, but a perceived issue.

Belief in evil spirits

In the cases identified by the DfES commissioned research, every child had an accusation of 'evil' made against him or her. This was commonly accompanied by a belief that they could 'infect' others with such 'evil'. The explanation for how a child becomes possessed varies widely but includes through food that they have been given or through spirits that have been in contact with them.

Social factors

A range of social factors that may make a child more vulnerable to accusations of being possessed were also identified by the DfES commissioned research. These included:

- **changes in family structure or dynamics.** The research found that children had become more vulnerable following a change in family structure. Carers often had new, transient or several partners. The family structure also tended to be complex so that exact relationships to the child were not immediately apparent. This may mean the child is living with extended family or in a private fostering arrangement. In some cases this may even take on a form of servitude.
- **a family's disillusionment with life or negative experience of migration.** In the majority of identified cases the families were first or second generation migrants to the UK. The nationality and background of the parent or carer included Congolese, Nigerian, South Asian, Caribbean, Angolan, Ghanaian, Tanzanian, Mauritian, and white English. The research suggested that the families often suffered from the difficulties and stress of migration including isolation from extended family, a sense of not belonging, alienation or feeling threatened or misunderstood, as well as significantly unfulfilled expectations of quality of life.
- **a parent's or carer's mental health.** In over a quarter of identified cases there were

concerns for the mental health of a parent or carer. The illnesses involved included post-traumatic stress disorder, depression and schizophrenia.

Identifying Child Abuse or Neglect Linked to a Belief in Spirit Possession

14. In working to identify such child abuse it is important to remember every child is different. Some children may display a combination of indicators of abuse whilst others will attempt to conceal them. In addition to the social factors above, there is a range of common features across identified cases. These indicators of abuse, which may also be common features in other kinds of abuse, include:

- a child's body showing signs or marks, such as bruises or burns, from physical abuse;
- a child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children;
- a child's personal care deteriorating, for example through a loss of weight, being hungry, turning up to school without food or lunch money, or being unkempt with dirty clothes and even faeces smeared on to them;
- it may be directly evident that the

child's parent or carer does not show concern for or have a close bond with the child;

- a child's attendance at school becoming irregular or the child being taken out of school altogether without another school place having been organised, or a deterioration in a child's performance at school;
- a child reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'.

15. In addition to these specific indicators, Chapter 5 of *Working Together* (see particularly page 113) provides useful advice on being alert and identifying warning signs, including a description of some common pitfalls in initial assessment and how these can be avoided. The completion of a Common Assessment Framework assessment may provide a helpful way of gathering and summarising information about a child so as to clarify whether there is a safeguarding concern or whether other action to assist the child should be undertaken. Practitioners who have concerns about a child's welfare should discuss these concerns with their manager or a designated member of staff, or a named or designated health professional. Concerns can also be

discussed with senior colleagues in another agency such as children's social care without necessarily identifying the child in question. If the child is considered to be a child in need, the child should be referred to local authority children's social care. This includes a child who is believed to be, or is already known to be, suffering significant harm.

What to Do if You Suspect Child Abuse or Neglect Linked to a Belief in Spirit Possession

16. Any practitioner who comes in to contact with children should be able to recognise evidence that a child is being abused or neglected, and know what to do to safeguard and promote the welfare of a child. This may be the crucial intervention that protects the child from further abuse or neglect. The process that should be followed in all cases is set out in *Working Together* with practice guidance set out in *What to do if you're worried a child is being abused*. Annex 1 of this document provides a summary of the process. The specific roles and responsibilities of different practitioners are detailed in Chapter 2 of *Working Together*.
17. The purpose of this section is to highlight issues additional to the process outlined in *Working Together* that practitioners may

want to consider as particularly relevant if they suspect child abuse linked to a belief in spirit possession. There are five additional considerations that we propose practitioners consider. These are set out below.

(a) *How do I understand the particular risk of harm to the child?*

Working Together and local procedures will set out how to assess the needs of a child including the risk of harm. Abuse linked to a belief in spirit possession can be hard for professionals to accept and it may be difficult to understand what they are likely to be dealing with; it can often take a number of visits to recognise such abuse. In cases of suspected abuse linked to a belief in spirit possession it may be particularly useful to consider the following:

- **How do I build a relationship of trust with the child?** Children and young people will usually stick to their account and not speak until they feel comfortable. It will be important to spend time with the child alone and build a relationship of trust. It is important to ascertain the child's wishes and feelings and understand the environment in which the child lives.
- **What are the beliefs of the family?** Beliefs in spirits and possession are widespread. The key feature in

cases of abuse is not the beliefs of a family, but that the perpetrator of abuse uses these beliefs as a justification for abuse of a child.

- **You should seek advice** if you are dealing with a culture or set of beliefs that you do not understand, or which are unfamiliar to you. Practitioners need to have an understanding of religious beliefs and cultural



practices in order to help gain the trust of the family or community. The NSPCC has produced a helpful resource on faith and religion, available at www.nspcc.org.uk/inform

- **What is the family structure?** In cases of abuse linked to a belief in possession, the relationship between the child and their carer may be unclear. These cases of abuse will sometimes relate to the

arrival of a new adult into the household, or the arrival of the child, perhaps from abroad. What are the roles of the adults in the household? Who looks after the child? Is the child being privately fostered? If the child has recently arrived, what was their care structure in their country of origin? What is the immigration status of the child? The identities and relationships of all members of the household should be identified, including with documentation. It may be appropriate to consider DNA testing.

- **Are there reasons why the child might be picked on?** Are they different from other children in the family or community? Are they disabled? Have their parents been labelled as possessed?
- **Do I need a professional interpreter?** What is the preferred language of the child and family? There may be a need for neutral, high-quality, gender-appropriate translation or interpretation services. Children should never be expected to interpret on behalf of adults or other family members. If working with a very small community, what is the relationship between interpreter and the family? Are they part of the same social network?

(b) How do I best safeguard and promote the welfare of the child?

Working Together and local policies and procedures will set out what to do to safeguard and promote the welfare of a child at risk of harm. In cases of abuse linked to a belief in possession it may be particularly useful to consider:

- **What pressures are the family under?** These cases of abuse will sometimes relate to blaming the child for something that has gone wrong in the family. Is there anything you can do to address relevant pressures on the family?
- **Is the perpetrator of abuse isolated?** The perpetrator may believe that they are doing what they should to rid the child of evil spirits and might even believe that they are not harming the child. Are these beliefs supported by others in the family or in the community? Would it help to involve a senior faith leader?
- **Involving the family.** A belief that the child is possessed may mean they are stigmatised in their family. Do members of the family have the same views about the situation? If the child has been labelled as possessed, how does this affect their relationship with others in the extended family and community?

- **Asking questions or seeking advice** about a culture, religion, or set of beliefs you are not familiar with. The use of correct terminology will help to build up trust with the child and family.
- **A multi-agency response.** There will be a variety of different agencies in the community involved with children and their development. Practitioners should be aware of the services that are available locally to support the child and how to gain access to them.

(c) Which services are relevant in these cases of abuse?

Abuse of a child linked to a belief in possession can take the form of physical, emotional or sexual abuse and neglect. In some cases the abuse can be very severe and there may be a substantial psychological impact on the child, particularly if they are ostracised by the family or community or if they themselves believe that they are possessed. The services that a child needs will depend on their individual circumstances but services that may be particularly relevant to such abuse include:

- Local authority children's social care, including a placement away from home in foster care, residential care, or adoption.

- Child and adolescent mental health services (CAMHS) and it may be appropriate to engage adult mental health services to assess and where appropriate work with the perpetrator of abuse and child's parents or carers.



- Health services, especially for victims of severe physical abuse.
- Faith groups, the family's faith community may need advice from local authority children's social care. They may be able to help a family understand how to treat their child and offer support to the child or family to help promote the welfare of the child. However, care should be taken to establish whether the faith group that the victim's parents or carers are affiliated to supports the practice of abusive exorcism. Social workers may also want to seek advice from faith groups to aid

their understanding of reasons behind any abuse.

- Wider family support services from the statutory and voluntary sector.
- The Police. Where a social worker believes that a criminal offence may have been committed, they or their manager should discuss the child with the police at the earliest opportunity.
- Schools. Schools may identify concerns about children. Where a child of school age is the subject of a child protection plan the school should be involved in the preparation of the plan, and where appropriate in its delivery.

(d) Children being taken out of the UK

If a practitioner is concerned that a child who is being abused or neglected may be taken out of the country and as a result s/he may be at risk of significant harm, the practitioner should contact local authority children's social care and the local police immediately. The local authority may need to consider whether it should use its powers under the Children Act 1989 to safeguard the child. A practitioner seeking to protect such a child should consider the need for independent legal advice about immigration from an accredited lawyer. Consideration should be

given to liaison with the Borders and Immigration Agency, not only about the child but also about the abusers and anyone seeking to smuggle a child out of the country. It will be relevant to consider:

- Why is the child being taken out of the UK?
- Will the care arrangements for the child in the UK allow the local authority to discharge its safeguarding duties?
- What is the child's immigration status? Has the child recently arrived in the UK, and how did they arrive?



- What are the proposed arrangements for the child in their country of destination? Is it possible to check these arrangements?
- Are you satisfied that these

arrangements will safeguard and promote the welfare of the child?

(e) Take advice

If you suspect that a child is at risk of harm, but you are not sure what to do, consult a manager, designated or named health professional, designated member of staff, or local authority children's social care. Similarly, seek advice if you are dealing with a culture that you do not understand.

Concerns about a Place of Worship

18. Concerns about a place of worship may emerge where:

- a lack of priority is given to the protection of children and there is a reluctance by some leaders to get to grips with the challenges of implementing sound safeguarding policies or practices;
- assumptions exist that 'people in our community' would not abuse children or that a display of repentance for an act of abuse is seen to mean that an adult no longer poses a risk of harm;
- there is a denial or minimisation of the rights of the child or the demonisation of individuals;
- there is a promotion of mistrust of secular authorities;
- there are specific unacceptable practices that amount to abuse.

Services should consider how best to tackle the concerns, whether intervention is needed to safeguard children and whether concerns can be addressed through influence and engagement.

Best Practice of Agencies and Institutions

19. It is incumbent on all agencies to work together to safeguard and promote the welfare of children. Agencies should look for warning signs of abuse, be able to identify children at risk of abuse and intervene to prevent it. They should apply basic safeguarding principles, including sharing information across agencies, being child-focused at all times and keeping an open mind when talking to parents and carers. They should follow the guidance set out in *Working Together* in their work with all children and families, ensure they liaise closely with colleagues, and make connections with key people in the community, especially when working with new immigrant communities, so that they can ascertain the different dimensions of a family's cultural beliefs and how this might impact upon child abuse. Clear guidance for practitioners on information sharing can be found in *Information Sharing: Practitioners' Guide (2006)*.
20. The specific statutory roles and responsibilities of different agencies and institutions in safeguarding children are set out in Chapter 2 of *Working Together*. These include:
 - Local authorities, NHS bodies, the police, other criminal justice organisations, Connexions (all under s11 of the Children Act 2004)
 - Local authorities, maintained (state) schools and further education institutions (under s175 of the Education Act 2002) and independent schools (under s157 of the Education Act 2002)
 - Voluntary and private sectors
 - Faith communities
21. The purpose of this section is not to summarise these statutory responsibilities. Instead it is to set out best practices that agencies and institutions are already developing and undertaking by building on statutory responsibilities to safeguard children specifically from abuse linked to a belief in spirit possession. We have identified four key areas of emerging best practice.

(a) Understanding the wider context of abuse

Whilst the number of identified cases is small, it is possible that a larger number of cases remain undetected. Alternatively, the broader connections to belief, faith

or community practices may go unrecognised so that an individual case is identified and resolved solely with regard to physical abuse. In these cases, wider issues are not explored leaving other children at risk of harm.

Best practice exists where agencies ensure professionals, and in particular professionals, with safeguarding responsibilities, understand and are able to recognise wider strategic issues. Professionals become confident at considering whether such child abuse is being influenced by people around the lead perpetrator and work to follow up links, often including the practices of specific faith and / or community groups. Agencies and Local Safeguarding Children Boards (LSCBs) support professionals with information and support by, for example, organising presentations to front line staff and first line managers. Collaboration across neighbouring children's services authorities can also ensure a wider pool of expertise is available to provide advice on specific cases.

(b) Early identification

Identifying child abuse at an earlier stage can prevent repetition and the risk of greater severity. The DfES' commissioned research highlighted two key issues. First, it found that

schools were often best placed to identify children suffering abuse at an early stage. It is also important that all healthcare professionals are aware of these issues, including health visitors, school nurses, GPs, paediatricians, midwives, and Accident and Emergency services. Second, it found that migrant families are likely to turn to non-governmental and faith-based organisations if they are facing difficulties. These organisations may be well placed to discuss a family's beliefs and put problems they are experiencing in a wider context rather than simply as an issue of spirit possession. However, certain faith groups may also be instrumental in this form of abuse. It is essential therefore to carry out local checks before actively involving any previously unknown faith group in individual cases. In both contexts, when abuse is identified, it is essential that agencies implement multi-agency procedures, for example attending joint home visits, attending strategy meetings and maintaining good communication between agencies. If immigration status is a factor identified as affecting the family, then the Borders and Immigration Agency must be invited to any strategy meeting and be aware of any potential abuse of the child.

(c) Developing partnerships with communities

One of the functions of LSCBs is to communicate the need to safeguard children and raise awareness on how best this can be done. Some LSCBs are using this as an opportunity to build stronger links and understanding with communities. Specifically they are developing partnerships to engage community and faith leaders so as to:

- discuss normal child development and children with additional needs;
- discuss inappropriate punishment for children;
- provide protection and awareness training;
- work to ensure safeguarding procedures are in place.

(d) Working with places of worship and faith organisations

- Agencies and LSCBs are also working to identify and build links with places of worship and faith organisations. These partnerships are focused on developing understandings of what constitutes child abuse and why it is wrong.

Annex 1

What to do if you're worried a child is being abused

All those who come into contact with children and families in their everyday work, including practitioners who do not have a specific role in relation to safeguarding children, have a duty to safeguard and promote the welfare of children. You are likely to be involved in three main ways:

- you may have concerns about a child, and refer those concerns to children's social care or the police. School staff (both teaching and non-teaching) should be aware of the local procedures to be followed for reporting concerns about a particular child. This will normally be via the school's designated senior member of staff or their nominated deputy or if neither are available, another senior member of the school's staff. In emergencies however, contact the police direct;
- you may be approached by children's social care and asked to provide information about a child or family or to be involved in an assessment. This may happen regardless of who made the referral to children's social care;
- you may be asked to provide help or a specific service to the child or a member of their family as part of an agreed plan and contribute to the reviewing of the child's progress.

Everyone working with children and families should

- Be familiar with and follow your organisation's procedures and protocols for promoting and safeguarding the welfare of children in your area, and know who to contact in your organisation to express concerns about a child's welfare.
- Remember that an allegation of child abuse or neglect may lead to a criminal investigation, so don't do anything that may jeopardise a police investigation, such as asking a child leading questions or attempting to investigate the allegations of abuse.
- If you are responsible for making referrals, know who to contact in police, health, education, school and children's social care to express concerns about a child's welfare.
- When referring a child to children's social care you should consider and include any information you have on the child's developmental needs and their parents' or carers' capacity to respond to these needs within the context of their wider family and environment. This information may have been obtained during the completion of a Common Assessment (2006). Similarly, when contributing to an assessment or providing services you should consider what contribution you are able to make in respect of each of these three domains. Specialist

assessments, in particular, are likely to provide information relevant to a specific dimension, such as health, education or family functioning.

- See the child and ascertain his or her wishes and feelings as part of considering what action to take in relation to concerns about the child's welfare.
- Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for disabled children and for children whose preferred language is not English. The nature of this communication will also depend on the substance and seriousness of the concerns and you may require advice from children's social care or the police to ensure that neither the safety of the child nor any subsequent investigation is jeopardised. Where concerns arise as a result of information given by a child it is important to reassure the child but not to promise confidentiality.
- Record full information about the child at first point of contact, including name(s), address(es), gender, date of birth, name(s) of person(s) with parental responsibility (for consent purposes) and primary carer(s), if different, and keep this information up to date. In schools, this information will be part of the pupil's record.
- Record in writing all concerns, discussions about the child, decisions

made, and the reasons for those decisions. The child's records should include an up-to-date chronology, and details of the lead worker in the relevant agency – for example, a social worker, GP, health visitor or teacher.

If you have concerns about a child's welfare

Everyone should

- Discuss your concerns with your manager, named or designated health professional or designated member of staff, depending on your organisational setting. If you still have concerns, you or your manager could also, without necessarily identifying the child in question, discuss your concerns with senior colleagues in another agency in order to develop an understanding of the child's needs and circumstances.
- If, after this discussion, you still have concerns, and consider the child and their parents would benefit from further services, consider which agency, including another part of your own, you should make a referral to. If you consider the child is or may be a child in need, you should refer the child and family to children's social care. This may include a child whom you believe is, or may be at risk of, suffering significant harm. If your concerns are about a child who is already known to children's social care, the allocated social worker should be

informed of your concerns. In addition to children's social care, the police and the NSPCC has powers to intervene in these circumstances.

- In general, seek to discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to children's social care unless you consider such a discussion would place the child at an increased risk of significant harm. (Appendix 1 in *What to do if* sets out six key points on information sharing reproduced from *Information sharing: Practitioners' guide* (HM Government 2006) – Section 4 of this information sharing guidance provides more in-depth guidance on consent, confidentiality and information sharing. See www.ecm.gov.uk/deliveringservices/informationsharing
- When you make your referral, agree with the recipient of the referral what the child and parents will be told, by whom and when.
- If you make your referral by telephone, confirm it in writing within 48 hours. Children's social care should acknowledge your written referral within one working day of receiving it, so if you have not heard back within 3 working days, contact children's social care again.

Social workers and their managers, in responding to a referral, should

- Following a referral, you and your manager should decide on the next course of action within one working day and record this decision on the Referral and Information Record (Department of Health, 2002). Further action may include undertaking an initial assessment, referral to other agencies, provision of advice or information, or no further action.
- If you and your manager decide that you should take no further action at this stage, tell the referrer of this decision and the reasons for making it. Where a referral has been received from a member of the public, do this in a way that is consistent with respecting the confidentiality of each party.
- New information may be received about a child or family where the child or family member is already known to children's social care. If the child's case is open, and there are concerns that the child is or may be suffering harm, then a decision should be made about whether a strategy discussion should be initiated. It may not be necessary to undertake an initial assessment before deciding what to do next. It may, however, be appropriate to undertake a core assessment or to update a previous one, in order to understand the child's current needs and circumstances and inform future decision-making. If this information

causes you to be concerned about a child's safety then discuss it with your manager. If you consider the child is or may be suffering harm, decide whether, as the child and family will be well known to children's social care it is appropriate to hold a strategy discussion without undertaking an initial assessment.

- You and your manager should consider whether a crime may have been committed. If so, discuss the child with the police at the earliest opportunity, as it is their responsibility to carry out any criminal investigation in accordance with the agreed plan for the child.
- When you have received a referral from a member of the public, rather than another professional, remember that personal information about referrers, including anything that could identify them, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer. If the police are involved, you will need to discuss with them when to inform the parents about referrals from third parties, as this will have a bearing on the conduct of police investigations.

Police officers should

- Where you become involved with a child about whom you have child welfare concerns, refer to children's social care and agree a plan of action.

- Where you are contacted by children's social care about a child, consider whether to begin a criminal investigation and lead on any investigation.
- Undertake the evidence gathering process whilst working in partnership and sharing relevant information with children's social care and other agencies.
- Take immediate action where necessary to safeguard a child, consulting with children's social care and agreeing a plan of action as soon as practicable.

What should happen later in the child protection process

Social workers and their managers should

- Lead on the assessment and planning processes, ensuring planned interventions are carried out and the child's developmental progress reviewed, and provide support or specific services to the child or member of the family as part of an agreed plan.

Police officers should

- Investigate any allegations of crime or suspected crime and use the information gained to assist other agencies in understanding the child's circumstances, in the interests of the child's welfare.

- Investigate the criminal history of any known or suspected offender and where appropriate refer to the multi-agency public protection arrangements (MAPPA) so that any future risk of serious harm can be properly assessed and managed.

Everyone else should

- provide relevant information to children's social care or the police about the child or family members;
- contribute to initial or core assessments and undertake specialist assessments, if requested, of the child or family members;
- provide support or specific services to the child or member of the family as part of an agreed plan, and contribute to the reviewing of the child's developmental progress.

Further information

Framework for the Assessment of Children in Need and their Families. Website:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003256

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. Website:
<http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/>

What to do if you're worried a child is being abused. Website:
<http://www.everychildmatters.gov.uk/research/IG00182/>

Safeguarding Children and Safer Recruitment in Education (2006)

Information sharing: Practitioners' guide. Website:
<http://www.ecm.gov.uk/deliveringservices/informationsharing>

The Common Assessment Framework for Children and Young People: practitioners guide. Website:
<http://www.ecm.gov.uk/caf>

The Exemplar Records for the Integrated Children's System Website:
<http://www.everychildmatters.gov.uk/ics>

Child Abuse Linked to Accusations of "Possession" and "Witchcraft"
<http://www.dfes.gov.uk/research/data/uploadfiles/RR750.pdf>

Faith, Religion and Safeguarding. Website:
<http://www.nspcc.org.uk/inform>