



Safeguarding Children from Abuse Linked to a Belief in Spirit Possession

Date Revised: March 2014

Acknowledgements

This inter-agency document was commissioned and produced by Enfield Safeguarding Children Boards (ESCB)

This document should be read alongside *Working Together*, which sets out how all agencies and professionals should work together to safeguard and promote children's welfare. It should also be read alongside the *Framework for the Assessment of Children in Need and their Families (2000)*, which provides a framework to assist in determining whether a child is in need under the Children Act 1989 and deciding how best to provide help.

Thanks are due to everyone involved, either in the project or reading the drafts and responding to them.

Important Note

This protocol should be read in conjunction with *the London Child Protection Procedures*, 4th Edition (London Safeguarding Children Board, 2013).

Contents

Acknowledgements	ii
1. Purpose of the Protocol.....	1
2. Introduction	1
2.1 The Basis of the Protocol	1
2.2 Key Considerations	2
2.3 Definitions and Incidence	3
3. Abuse Linked to a Belief in Spirit Possession	4
3.1 Forms of Abuse	4
3.2 Why Children are Abused or Neglected in this Way	4
3.3 Social Factors	5
3.4 Identifying Child Abuse or Neglect Linked to a Belief in Spirit Possession	6
4. Where there are Concerns.....	6
4.1 Overview.....	6
4.2 Understanding the Particular Risk of Harm to the Child.....	7
4.3 Safeguarding and Promoting the Welfare of the Child.....	8
4.4 Relevant Services in Cases of Abuse	8
4.5 Children Being Taken out of the UK.....	9
5. Best Practice	10
5.1 Overview.....	10
5.2 Understanding the Wider Context of Abuse	10
5.3 Early Identification	11
5.4 Developing Partnerships with Communities.....	11
6. What to do if... ..	11
6.1 ...You're Worried a Child is Being Abused.....	11
6.2 ...You Have Concerns about a Child's Welfare.....	13
6.3 Social Workers and Their Managers	14
6.4 Police Officers.....	14
6.5 Everyone Else.....	15
Appendix 1: Statutory Base and Guidance	16
Appendix 2: Definitions.....	16
Appendix 3: Related Protocols.....	17
Appendix 4: Contact Details	17

1. Purpose of the Protocol

- 1.1 To establish the duties and responsibilities to all persons and bodies who exercise public functions in relation to **safeguarding and promoting the welfare of children** (i.e. a person who has not reached their 18th Birthday), as listed in section 11 of the Children Act 2004 and under sections 175 and 157 of the Education Act 2002.
- 1.2 To establish clear joint working arrangements between these persons and bodies on the issue of abuse linked to belief in spirit possession. This includes (though is not limited to):
- a. The Local Authority (including Children's Services);
 - b. The Police Authority;
 - c. The British Transport Police Authority;
 - d. The Health Authority (including the Strategic Health Authority, NHS Trust, NHS foundation Trust, Primary Care Trust, Special Health Authority, Local Health Board, and Child and Adolescent Mental Health Services);
 - e. The Education Authority (including maintained schools and colleges);
 - f. Independent Schools;
 - g. The Probation Board;
 - h. The Youth Offending Team;
 - i. The Local Safeguarding Children Board.

A full list of relevant bodies can be obtained from reading the specified sections of the above Acts. It is also recognised that while not subject to statutory requirements, Non-Government Organisations (NGOs) / Voluntary Organisations may also play a vital role in the matter, especially in respect to identifying and supporting victims.

- 1.3 To improve the knowledge of these persons and bodies on the issue of abuse linked to belief in spirit possession, and to establish clear partnership-working structures and referral pathways to enable this work to be undertaken within prescribed 'Best Practice' guidelines, as provided by the government.
- 1.4 To maintain this protocol as an organic document, to be revised and updated on a regular basis in response to service developments, statutory legislation, and best practice guidelines.

2. Introduction

2.1 The Basis of the Protocol

- 2.1.1 The protocol is based upon best practice (and non-statutory) guidelines entitled *Safeguarding Children from Abuse Linked to a Belief in Spirit Possession* (HM Government, 2009).

- 2.1.2** It is also based on statutory guidance *Working Together to Safeguard Children* (HM Government, 2013), and *London Safeguarding Child Protection Procedures* (4th Edition, London Councils, 2013). *Working Together* itself sits within and encompasses the five key outcomes of the Government's *Every Child Matters* agenda, whereby every child should:
- a. Be safe;
 - b. Be Healthy;
 - c. Enjoy and Achieve;
 - d. Make a positive contribution; and
 - e. Achieve economic wellbeing.

2.2 Key Considerations

- 2.2.1 Child abuse is not and 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.
- 2.2.2** 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.
- 2.2.3** 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.
- 2.2.4** 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:
- a. Family stress;
 - b. Deprivation;
 - c. Domestic violence;
 - d. Substance abuse; and
 - e. Mental health problems.
- 2.2.5** In addition, children who are different in some way, perhaps because they have a learning disability, an illness, additional needs, or are exceptionally bright, may also be targeted. 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'. The number of identified cases of such abuse is small, but where it occurs, the impact on the child can be immense, causing substantial distress and harm. It is possible that a significantly larger number of cases remain undetected.

- 2.2.6** 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 Spirit Possession may not become apparent until after an investigation into abuse takes place.
- 2.2.7** 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.
- 2.2.8** People working with children should always take advice whenever they feel it is required, in according with information sharing protocols and guidance. 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.

2.3 Definitions and Incidence

- 2.3.1** The term 'belief in spirit possession' is defined for the purposes of this protocol 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 terms connected to such abuse. These include:
- a. Black magic
 - b. Kindoki
 - c. Ndoki
 - d. The Evil Eye
 - e. Djinns (the term 'genie' is a modern derivative of this)
 - f. Voodoo
 - g. Obeah
 - h. Demons
 - i. Children may also be called **witches** or **child sorcerers**
- 2.3.2** In all these cases, genuine beliefs may 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 perceived 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**.
- 2.3.3** 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.

- 2.3.4** 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 it, and can significantly complicate their rehabilitation.
- 2.3.5** 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.

3. Abuse Linked to a Belief in Spirit Possession

3.1 Forms of Abuse

- 3.1.1** 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 abuse includes:
- a. Physical Abuse:** including beating, shaking, burning, cutting, stabbing, semi-strangulating, tying up, or rubbing chili peppers or other substances into genitals or eyes, or placing these substances in the mouth;
 - b. Emotional/Psychological Abuse:** including enforced isolation, threats of abandonment, convincing the child that they are evil or possessed (potentially leading the child to accept their abuse as a consequence);
 - c. Neglect:** including a failure to ensure or provide appropriate medical care, supervision, regular school attendance, hygiene, nourishment, clothing or warmth; and/or
 - d. Sexual Abuse:** children abused in these circumstances may be particularly vulnerable to sexual exploitation, especially as they may feel powerless and worthless. They may also feel that they would not be believed.

3.2 Why Children are Abused or Neglected in this Way

- 3.2.1** 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.
- 3.2.2** 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:
- a. Rationalising misfortune by attributing it to spiritual forces:** 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;

- b. **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.

- 3.2.3 In the cases identified by the DfES commissioned research, every child had an accusation of 'evil' made against them. 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.

3.3 Social Factors

- 3.3.1 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:

- a. **Changing 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.
- b. **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 into 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 also suffered from the difficulties and stress of migration including isolation from extended family, a sense of not belonging, alienation of feeling threatened or misunderstood, as well as significantly unfulfilled expectations of quality of life.
- c. **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.

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

3.4.1 In working to identify such child abuse it is important to remember every child is different. Some children will 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. A child's body showing signs or marks, such as bruises or burns, from physical abuse;
- b. A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children;
- c. 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;
- d. 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;
- e. 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;
- f. 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'.

3.4.2 In addition to these specific indicators, chapter 1 of *Working Together* 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 an Early Help Form assessment may provide a helpful way of gathering and summarizing 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.

3.4.3 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, then they should be referred to Children's Social Care. This includes a child who is believed to be, or is already known to be, suffering significant harm.

4. Where there are Concerns

4.1 Overview

4.1.1 Any practitioner who comes into 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*. The specific roles and responsibilities are detailed in chapter 1 of *Working Together*.

- 4.1.2** Take advice. If there are suspicions that a child is at risk, but it is not clear how to proceed, consult a manager, designated or named health professional, or Children's Social Care. Similarly, it would be worthwhile to seek advice when dealing with a culture not understood.

4.2 Understanding the Particular Risk of Harm to the Child

- 4.2.1** *Working Together* and local procedures 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:

- a. Building 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.
- b. The beliefs of the family:** Belief in spirits and possession are widespread. The key feature in cases of abuse is not the beliefs of a family, but that they are used to justify the abuse of a child.
- c. Seeking advice:** If dealing with a culture of set of beliefs which are unfamiliar or difficult to understand, advice should be sought. 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 on their website: www.nspcc.org.uk.
- d. 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 children, 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.

- e. Reasons the child may be picked on:** Are they different from other children in the family or community? Are they disabled? Have their parents been labeled as possessed?
- f. Professional Interpreters:** What is the preferred language of the child and family? There may be a need for a 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?

4.3 Safeguarding and Promoting the Welfare of the Child

4.3.1 *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 belief in possession, it may be particularly useful to consider:

- a. **Family Pressures:** These cases of abuse will sometimes relate to blaming the child for something that has gone wrong in the family. Is there anything that can be done to address relevant pressures on the family?
- b. **Isolation of the perpetrator:** 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 harming the child. Are those beliefs supported by others in the family or in the community? Would it help to involve a senior faith leader?
- c. **Involving the family:** A belief that the child is possessed may mean they are stigmatized in their family. Do members of the family have the same views about the situation? If the child has been labeled as possessed, how does this affect their relationship with others in the extended family and community?
- d. **Asking questions or seeking advice:** Do so about a culture, religion or set of beliefs that are not familiar. The use of correct terminology will help to build up trust with the child and family.
- e. **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 from them.

4.4 Relevant Services in Cases of Abuse

4.4.1 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 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 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:

- a. Children's Social Care, including a placement away from home in foster care, residential care, or adoption.
- b. Child and Adolescent Mental Health Services (CAMHS). It may also be appropriate to engage adult mental health services to assess – and where appropriate work with – the perpetrator of abuse and the child's parents or carers.
- c. Health Services, especially for victims of severe physical abuse.

- d. Faith Groups. The family's faith community may need advice from Children's Social Care. They may also 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 that 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.
- e. Wider family support services from the statutory and voluntary sector.
- f. The Police. Where a social worker believes that criminal offence may have been committed, they or their manager should discuss the child with the police at the earliest opportunity.
- g. 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.

4.5 Children Being Taken out of the UK

4.5.1 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 they may be at risk of significant harm, the practitioner should contact Children's Social Care and the police immediately. The Local Authority may need to consider using powers under the Children Act 1989 to safeguard the child.

4.5.2 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:

- a. Why is the child being taken out of the UK?
- b. Will the care arrangements for the child in the UK allow the local authority to discharge its safeguarding duties?
- c. What is the child's immigration status? Has the child recently arrived in the UK, and how did they arrive?
- d. What are the proposed arrangements for the child in their country of destination? Is it possible to check these arrangements? Are these arrangements satisfactory to safeguard and promote the welfare of the child?

4.5.2 This issue may link directly to the matter of child trafficking. Where there are concerns that a child has been or may be trafficked, consult the Child Trafficking Protocol, available on the Enfield Safeguarding Children Board website.

4.6 Concerns about a Place of Worship

4.6.1 Concerns about a place of worship may emerge where:

- a. 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;

- b. 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;
- c. There is a denial or minimisation of the rights of the child or the demonisation of individuals;
- d. There is a promotion of mistrust of secular authorities;
- e. There are specific unacceptable practices that amount to abuse.

4.6.2 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.

5. Best Practice

5.1 Overview

5.1.1 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.

5.1.2 They should also 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: Guidance for Practitioners and Managers 2008*

5.2 Understanding the Wider Context of Abuse

5.2.1 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.

5.2.2 Best practice exists where agencies ensure professionals, and in particular those with safeguarding responsibilities, understand and are able to recognize 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.

5.2.3 Agencies and Local Safeguarding Children Boards 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.

5.3 Early Identification

- 5.3.1** 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.
- 5.3.2** 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.
- 5.3.3** 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.

5.4 Developing Partnerships with Communities

- 5.4.1** One of the functions of the LSCB 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:
- a. Discuss normal child development and children with additional needs;
 - b. Discuss inappropriate punishment for children;
 - c. Provide protection and awareness training;
 - d. Work to ensure safeguarding procedures are in place.
- 5.4.2** 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.

6. What to do if...

6.1 ...You're Worried a Child is Being Abused

- 6.1.1** 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:

- a. 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 directly;
- b. You may be approached by Children's Social Care and asked to provide information about a child or family, or required to be involved in an assessment. This may happen regardless of who made the referral;
- c. 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.

6.1.2 Everyone working with children and families should:

- a. 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.
- b. 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 question or attempting to investigate the allegations of abuse.
- c. 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.
- d. 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 an early help form). 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.
- e. See the child and ascertain his or her wishes and feelings as part of considering what action to take in relation to concern about the child's welfare.
- f. 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.

- g.** 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.
- h.** 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.

6.2 ...You Have Concerns about a Child's Welfare

6.2.1 Everyone should:

- a.** 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.
- b.** 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.
- c.** If your concerns are about a child who is already known to social care, the allocated social worker should be informed of your concerns. In addition to Children's Social Care, the police and the NSPCC have power to intervene in these circumstances.
- d.** 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.
- e.** When you make your referral, agree with the recipient of the referral what the child and parents will be told, by whom and when.
- f.** 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 three working days, contact children's social care again.

6.3 Social Workers and Their Managers

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

- a.** 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.
- b.** If a decision that no further action is made, inform the referrer of this decision and the reasons for making it. Where a referral has been received from a member of the public, it must be done in a manner consistent with respecting the confidentiality of each party.
- c.** New information may be received about a child or family where the child 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 a Child and Family assessment before deciding what to do next. It may, however, be appropriate to undertake a child and family 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 concern about a child's safety then it should be discussed with a manager. If the child is considered to be suffering from harm, a decision should be made whether it is appropriate to hold a strategy discussion without undertaking a child and family assessment.

- d.** Consideration with management should be made 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.
- e.** 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.

6.4 Police Officers

6.4.1 Police Officers should:

- a.** 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.
- b.** Investigate the criminal history of any known or suspected offender and where appropriate, refer to the multi-agency protection arrangements

(MAPPA) so that any future risk of serious harm can be properly assessed and managed.

6.5 Everyone Else

6.5.1 Everyone else should:

- a.** Provide relevant information to Children's Social Care or the police about the child or family members.
- b.** Contribute to the Child and Family assessment and undertake specialist assessments, if requested, of the child or family members.
- c.** 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.

Appendix 1: Statutory Base and Guidance

- A. Children Act 1989
- B. Children Act 2004
- C. The Education Act 2002
- D. Children and Young Persons Act 2008
- E. Child Abduction Act 1984
- F. Local Authority Social Services Act 1970
- G. London Child Protection Procedures 2013
- H. Working Together to Safeguard Children 2013
- I. Safeguarding Children from Abuse Linked to a Belief in Spirit Possession 2009

Appendix 2: Definitions

A. Child, Children and Young People

As defined in the Children Act 1989 and 2004, 'child' means a person who has not reached their 18th Birthday. This includes young people aged 16 and 17 who are living independently; their status and entitlement to services and protection under the Children Act 1989 is not altered by the fact they are living independently.

B. Child in Need

Children who are defined as being "in need" under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, plus those who are disabled. Local Authorities have a duty to safeguard and promote the welfare of children in need.

C. Child Abuse and Neglect

The categories of maltreatment used are as set out in the document *Working Together to Safeguard Children* (2006). These are:

- a. **Physical Abuse**
- b. **Sexual Abuse**
- c. **Emotional Abuse**
- d. **Neglect**

D. Safeguarding

According to the DfE website www.gov.uk, the Government has defined the term 'safeguarding and promoting the welfare of children' as:

- Protecting Children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes

E. Child Protection

The process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.

Appendix 3: Related Protocols**A. Forced Marriage**

The *Children and Young People: Forced Marriage* protocol should be consulted, and is available from the Enfield Safeguarding Children's Board website:

<http://www.enfieldscb.org/>.

B. Child Trafficking

The *Child Trafficking* protocol should be consulted, and is available from the Enfield Safeguarding Children's Board website: <http://www.enfieldscb.org/>.

C. Sexual Exploitation

The *Working with Sexually Active and Possible Sexual Exploitation of Under 18s* protocol should be consulted, and is available from the Enfield Safeguarding Children's Board website: <http://www.enfieldscb.org/>.

Appendix 4: Contact Details**A. Enfield Children & Families Social Care Referral & Assessment Team**

Duty: 0208 379 2507

Fax: 0208 375 2595

B. Children's Services Emergency Assessment

Emergency Duty Team: 0208 379 4445