Safeguarding children and young people from abuse, harm and neglect - the responsibilities of Chartered Psychologists

Introduction

As stated in the UN Convention on the Rights of the Child (1989, Article 19), it is the responsibility of all adults to work to prevent abuse and neglect, to protect children from harm, and to identify and report concerns about child abuse.

As psychologists we share a professional interest in people’s psychological functioning and are therefore in a particularly relevant position to identify interactions or circumstances that affect the health and development of children in any setting in which we find ourselves. This applies not only to clinicians who undertake direct work with children and families in a variety of settings such as early years, schools, clinics or residential care provision; it applies equally to those who work with individual adult clients, seen for instance in clinics, hospitals and prisons, who may make historical disclosures of abuse or raise concerns about child protection within their families or communities. It also applies in our professional and personal networks.

This paper outlines the professional practice framework for all Chartered Psychologists in relation to child protection with the aim of:

- raising the profile of child protection across all Society divisions/specialisms of applied psychology;
- promoting shared minimum standards for all psychologists around child protection;
- helping to inform other professionals and the general public of the roles, responsibilities and accountability of Chartered Psychologists in relation to child protection.

Professional responsibilities of Chartered Psychologists

Chartered Psychologists work within the professional framework of the Code of Ethics and Conduct and Professional Practice Guidelines of the British Psychological Society. Chartered status is awarded to psychologists who have met specified criteria through training and supervision and who are bound by the Code and Guidelines and a commitment to continuing professional development.

Historical/legal context

While there is the principle that children and young people need adult protection, the social, political and legal context in which children and families exist and in which professionals work has continued to evolve. During the last 30 years the ways in which children suffer assaults upon their well-being have become more widely known and accepted. Psychologists can contribute to a better understanding of how children are harmed by abuse. Currently, the global context for considering the well-being of the child is provided by the UN Convention on the Rights of the Child (1989, Article 19). The primary legislation affecting children in England and Wales are the Children Acts (1989, 2002, 2004); for Northern Ireland, the Children (Northern Ireland) Order (1995); and for Scotland, the Children (Scotland) Act (1995). They provide the legal framework that establishes the responsibility for all Chartered Psychologists in respect of child protection and promotion of the welfare and development of the child.

There is no single agreed definition of what child abuse and neglect is and definitions have changed over time. Abuse can be physical, sexual or emotional. It may be acute or a long-term pattern of neglect. Often children are abused in more than one way. (Scottish Executive, 2002)

Additionally, children are vulnerable to abuse whenever their disabilities go unsupported. Other forms of abuse include witnessing domestic violence, racism, bullying, pornography, sexual exploitation and slavery. It is also recognised that abuse can occur in different settings. ‘A person may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely by a stranger.’ They may be abused by an adult or adults or another child or children (DoH et al., 2006).

Local Safeguarding Children Boards (formerly area child protection committees) (ACPCs) provide the multi-agency framework and are charged with the responsibility for promoting the safeguarding of children in the community. As such the work of all psychologists must accord with locally agreed arrangements for the

*Safeguarding children* (DoH, 2002) and *It’s everyone’s job to make sure I’m alright* (Scottish Executive, 2002), culminating in *Working together to safeguard children* (DoH et al., 2006), have provided an additional context for the development of a range of professional practices. They further reinforced the fact that all professionals, including psychologists, have a clear legal duty to consider the welfare of the child as paramount. ‘Safeguarding children’ remains the most fundamental responsibility of all psychologists whose work impinges on the lives of children either directly or indirectly.

**Key principles underpinning work to safeguard and promote the welfare of children from Working together to safeguard children**

We endorse *Working together* (DoH et al., 2006) and the importance of the key principles to the work of psychologists which can be summarised as:

- child centred;
- rooted in child development;
- focused on outcomes for children;
- holistic in approach;
- ensuring equality of opportunity;
- involving children and families;
- building on strengths as well as identifying difficulties;
- multi-/inter-agency in approach;
- a continuing process not an event;
- providing and reviewing services;
- informed by evidence.

For those children who are suffering or at risk of suffering significant harm, joint working is essential to safeguard them and where necessary to help bring to justice the perpetrators of crimes against children. Therefore all psychologists should:

- be alert to potential indicators of abuse or neglect;
- be alert to the risks which individual abusers, or potential abusers, may pose to children;
- understand how children can come to abuse other children;
- recognise that some professionals use their position to abuse children and vulnerable people;
- challenge institutional abuse in its many forms;
- contribute to whatever actions are needed to safeguard the child and promote her/his welfare;
- contribute to the further understanding of prevention of abuse;
- work cooperatively with parents unless this is inconsistent with ensuring the child’s safety;
- share and help to analyse information so that an assessment can be made of the child’s needs and circumstances;
- take part in regularly reviewing the outcomes for the child against specific plans; and
- have a knowledge and understanding of designating children in need services.

**A framework for considering the unique contribution that psychologists can make to professional responses to child protection**

It is acknowledged that a professional response to child protection issues crosses divisions and specialisms. It is of vital importance that psychologists who may not view their work as linked with child protection issues reflect upon and regularly reappraise their professional stance. They may become more aware of how their professional practice may impinge upon and be able to contribute either directly or indirectly to good practice in the field of child protection.

Key areas to which the professional practice of psychology can contribute include:

1. An understanding of children’s individual development and identity needs including:
   - educational needs/learning style/provision (special educational needs);
   - class;
   - culture;
   - ethnicity and language;
   - gender;
religion; and
sexuality.

2. Professional assessment skills including:
- facilitating children’s expression of their needs and wishes;
- methodological understandings, e.g. culturally fair psychometric assessment;
- a range of assessment approaches and tools, e.g. dynamic assessment, structured observation, semi-structured interview techniques, psychometric assessment;
- specialist areas, e.g. neuropsychology, forensic, mental health, risk assessments, addiction, occupational, vocational, learning abilities, post-traumatic stress, loss/bereavement, parenting abilities;
- contributions to the court processes and criminal justice system; role of expert witnesses.

3. An understanding of family systems/caring environments including:
- family functioning;
- family patterns and cycles;
- strengths/protective factors;
- stress/disharmony/domestic violence/family breakdown;
- parenting abilities;
- children in public care;
- opportunities and life chances.

4. An understanding of organisational systems including:
- recruitment/selection;
- work competencies;
- healthy organisations;
- frameworks for accountability, e.g. supervision, appraisal, continuing professional development, ‘whistle blowing’;
- local, national and international organisations and their interface with cultural practices, legal requirements and responsibilities, e.g. female genital mutilation, child labour/sexual exploitation.

5. Intervention strategies including:
- individual and family therapy – a range of therapeutic approaches, e.g. psychotherapy, play therapy, cognitive therapy, and psycho-educational approaches for children/young people/adults. Therapeutic approaches can cover presenting issues such as addiction, self-esteem, depression, anger management, social skills and post-abuse support;
- group work across a wide spectrum of presenting needs, such as parenting skills, assertiveness, dealing with court;
- offending behaviours – risk assessments, individual and/or group work, e.g. sex offender treatment programme, motivational interviewing;
- support for families;
- preparation for child witness and post-court support.

6. Knowledge of multi-professional working and skills in multi-agency partnerships:
- understanding systems, including respect for allied professionals’ roles and competencies;
- ability to communicate, fit for purpose, across a range of contexts;
- a recognition of limitations in areas of expertise;
- ability to offer a perspective on power and how this might affect professional responses.

7. Research and evaluation:
- ability to offer a breadth and depth of skills and experience from a range of perspectives both within and across divisions at a micro and macro level.

**Implications for the Society and the professional training and practice of psychologists**

All psychologists, not only those whose professional practice relates directly to children and families, should become more aware of child protection issues and how these may impinge upon their work.
Recommendations

The Society should promote a ‘minimum standard of practice’ to:

- ensure that initial training, continuing professional development and supervision sustain the required competency and skills levels with respect to child protection issues necessary for informed practice as a psychologist;
- promote and maintain high standards of professional competence across all divisions on matters relating to child protection;
- ensure clear and transparent reporting procedures in cases of suspected or alleged abuse by a Chartered Psychologist;
- ensure that support procedures are in place for professionals at risk of accusation.

Chartered Psychologists should be able to demonstrate:

- adequate basic qualifications, information and skill level about child welfare abuse/neglect;
- an ability to maintain a ‘focus on the welfare of the child as being paramount’;
- adherence to and knowledge of local protocols and procedures in relation to Local Safeguarding Children Boards;
- knowledge of current legislation as it applies to professional practice;
- regular awareness of and participation in training re current child protection issues;
- participation in regular supportive supervision;
- clear effective record keeping;
- implementation of duty of care for client group and/or their children;
- that data protection and confidentiality issues are respected as long as these do not put children at risk of abuse or harm;
- a recognition of professional boundaries ensuring that statutory bodies are informed of any child welfare/child protection concerns; and
- a commitment and ability to work alongside other agencies/professionals as required.

Psychology service/agency managers should ensure:

- all service members have copies of child protection procedures;
- a designated Child Protection Officer for the service;
- clear reporting procedures;
- ongoing training and continuing professional development opportunities for all service members;
- access to supervised practice;
- that police checks are undertaken for all new personnel;
- that the induction policy and practice covers local child protection procedures and protocols;
- a senior manager is available at all times to support staff concerns regarding child protection issues;
- a confidentiality policy that incorporates information sharing, report writing protocols;
- implementation of national and local data protection legislation and procedures;
- implementation of duty of care for staff and client group; and
- regular review of diversity policies with respect to child protection issues.
Appendix

Key definitions and concepts (from Working together to safeguard children, DoH et al., 2006)

Children
A child is anyone who has not yet reached his or her 18th birthday. ‘Children’ therefore means ‘children and young people’ throughout. The fact that a child has become 16 years of age, is living independently, is in further education, is a member of the armed forces, or is in hospital, prison or a young offenders institution does not change his or her status or entitlement to services or protection under the Children Act 1989.

Safeguarding and promoting welfare, and child protection
Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
● protecting children from maltreatment;
● preventing impairment of children’s health or development; and
● ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child protection
Child protection is part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm.

Children 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 that their health and development will be significantly impaired, without the provision of services (section 17(10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken into account in deciding whether or not a child is in need under the Children Act 1989 are what will happen to that child’s health or development without services being provided, and the likely effect the services will have on the child’s standard of health and development. Local authorities have a duty to safeguard and promote the welfare of children in need.

Concept of significant harm
Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether or not they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

A court may make a care order (committing the child to the care of the local authority) or supervision order (putting the child under the supervision of a social worker, or a probation officer) in respect of a child if it is satisfied that:
● the child is suffering, or is likely to suffer, significant harm; and
● the harm or likelihood of harm is attributable to a lack of adequate parental care or control.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child’s physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family’s strengths and supports.

What is abuse and neglect?
Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.
Physical abuse
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse
Emotional abuse is the persistent emotional maltreatment of a child in such a way as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve causing a child to see or hear the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse
Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of pornographic materials or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect
Neglect is the persistent failure to meet a child’s basis physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing; shelter (including exclusion from home or abandonment); failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision, including the use of inadequate car-takers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

References

Professional Practice Board Child Protection Working Party
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The British Psychological Society was founded in 1901 and incorporated by Royal Charter in 1965. Our principle object is to promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of Members of the Society by setting up a high standard of professional education and knowledge.

The Society has more than 44,000 members and:

- has branches in England, Northern Ireland, Scotland and Wales;
- accredits nearly 800 undergraduate degrees;
- accredits nearly 160 postgraduate professional training courses;
- confers Fellowships for distinguished achievements;
- confers Chartered Status for professionally qualified psychologists;
- awards grants to support research and scholarship;
- publishes 11 scientific journals and also jointly publishes Evidence Based Mental Health with the British Medical Association and the Royal College of Psychiatrists;
- publishes books in partnership with Blackwells;
- publishes The Psychologist each month;
- supports the recruitment of psychologists through the Psychologist Appointments and www.psychapp.co.uk;
- provides a free ‘Research Digest’ by e-mail and at www.bps-research-digest.blogspot.com, primarily aimed at school and university students;
- publishes newsletters for its constituent groups;
- maintains a website (www.bps.org.uk);
- has international links with psychological societies and associations throughout the world;
- provides a service for the news media and the public;
- has an Ethics Committee and provides service to the Professional Conduct Board;
- maintains a Register of more than 14,000 Chartered Psychologists;
- prepares policy statements and responses to government consultations;
- holds conferences, workshops, continuing professional development and training events;
- recognises distinguished contributions to psychological science and practice through individual awards and honours;
- maintains a Register of Psychologists Specialising in Psychotherapy.

The Society continues to work to enhance:

- recruitment – the target is 50,000;
- services to members – by responding to needs;
- public understanding of psychology – addressed by regular media activity and outreach events;
- influence on public policy – through the work of its Boards and Parliamentary Officer;
- membership activities – to fully utilise the strengths and diversity of the Society membership.