



The British
Psychological Society
Professional Practice Board

Safeguarding and promoting the welfare of children

Position Paper

May 2014 (2nd edition)

In October 2012 the Society's Professional Practice Board decided to update the Society's position paper on *Safeguarding and Promoting the Welfare of Children* and that the Child Protection Working Party should be reconvened to undertake this task.

This position paper is of importance to all psychologists and will be subject to both a mid-term review (two-and-a-half years after publication) and a full revision (five years after publication), to ensure the document remains relevant to psychologists and up to date with political and social developments.

I wish to acknowledge and thank the members of the core working group who contributed to the updating of the Position Paper, notably Tom Billington, Anne Peake and Khadj Rouf, and to the support offered by the Society, particularly that of Matthew Smith-Lilley.

Gill Evans

Child Protection Working Party Convener

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Mid-term review: November 2016

Full review: May 2019 (the document will be suspended until the full review is complete).

Members of the Working Party

Gill Evans (Chair), Educational and Forensic Psychologist

Anne Peake, Educational Psychologist

Dr Khadj Rouf, Consultant Clinical Psychologist

Prof Tom Billington, Educational and Child Psychologist

This edition updates and revises the 2007 *Safeguarding and promoting the welfare of children* position paper, which has now been withdrawn.

If you have problems reading this document and would like it in a different format, please contact us with your specific requirements.

Tel: 0116 252 9523; E-mail: P4P@bps.org.uk.

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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.

The Society endorses the Department for Education's guidance, *Working Together to Safeguard Children* (Department for Education, 2013), which sets out how organisations and individuals should work together to safeguard and promote the welfare of children.

That guidance defines safeguarding and promoting the welfare of children as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.

This paper outlines the professional practice framework for all Chartered Psychologists in relation to safeguarding children and young people with the aim of:

- raising the profile of safeguarding across all Society divisions and specialisms of applied psychology;
- promoting shared minimum standards for all Chartered psychologists with regard to safeguarding;
- helping to inform other professionals and the general public of the roles, responsibilities and accountability of Chartered psychologists; and
- raising awareness that all Chartered psychologists must be mindful of the needs of children in the family, irrespective of the setting in which they work (research/academic; statutory agencies; private practice), their specialism or their model of working.

Professional responsibilities of Chartered psychologists

Chartered psychologists work within the professional framework of the *Code of Ethics and Conduct* (BPS, 2009) and *Generic Professional Practice Guidelines* of the British Psychological Society (BPS, 2009). Chartered status is awarded to psychologists who have met specified criteria through training and supervision, who are bound by the code and guidelines and who have a commitment to continuing professional development. Since 2009 the Health and Care Professions Council (HCPC) has regulated the ethical practice and continuing professional development of practitioner psychologists.

Historical/Legislative 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. Over 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. The accounts of victims of abuse also help to inform practitioners about how children are targeted, manipulated and silenced. It also allows the profession to contribute to an understanding of circumstances that may place children at greater vulnerability of 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) and Children and Families Act (2014); for Northern Ireland, the Children (Northern Ireland) Order (1995); and for Scotland, the Children (Scotland) Act (1995). They provide the legal framework establishing the responsibilities of all psychologists in respect of child protection and the promotion of a child's welfare and development.

Definitions of child abuse and neglect 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. The Department for Education's guidance, *Working Together to Safeguard Children* (DoE, 2013), provides definitions of abuse. These are included in Appendix A together with definitions of concerns where children are vulnerable and need safeguarding, for example, in cases of self-harm.

Local Safeguarding Children Boards (LSCBs) provide a multi-agency framework and have responsibility for promoting the safeguarding of children within the community. As such the work of all Chartered psychologists must accord with locally agreed arrangements for the implementation of the Children Acts (1989, 2002, 2004,), the Children (NI) Order (1995), the Children (Scotland) Act (1995).

Such guidance serves to reinforce 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. The guidance aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children. The core legal requirements are:

- The child’s needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that each child receives the support they need before a problem escalates.
- All professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children.
- All professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children’s social care.
- Appropriately trained professionals are able to use their expert judgement to put a child’s needs at the heart of the safeguarding system, so that the right solution can be found for each individual child.
- All professionals contribute to whatever actions are needed to safeguard and promote a child’s welfare and take part in regularly reviewing the progress of a child against specific plans and outcomes.
- LSCBs co-ordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements.
- When things go wrong, Serious Case Reviews (SCRs) are published and are open and transparent about any mistakes which were made so that lessons can be learnt.
- Local areas innovate and changes are informed by wide ranging and cross-cultural evidence and examination of data (from both clinical practice and research evidence).

Key principles underpinning the work of Chartered psychologists to safeguard and promote the welfare of children

The key principles for the work of psychologists can be summarised as being:

- Child-centred and focused on outcomes for children.
- Rooted in child development.
- Based on hypotheses and formulation derived from comprehensive assessment which:
 - is holistic in approach;
 - ensures equality of opportunity;
 - involves children and families;
 - builds on strengths as well as identifying difficulties;
 - is multi-/inter-agency in approach;
 - is a continuing process not an event;
 - is ongoing provision and reviews of services offered; and
 - informed by evidence.

When working with children who are suffering, or are 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, psychologists should:

- be alert to potential indicators of abuse or neglect;
- if the clinician works in an adult/older adult setting, still consider the potential impacts of parental ill health on the family and whether this creates any significant negative impacts or risks for children within that family;
- be aware that if an adult has responsibilities for children outside the home setting, such as working with children, then again, it is important to consider the impacts of mental ill health and/or their health more generally upon the adult's capacity to work safely;
- be alert to the risks, which individual abusers, or potential abusers, may pose to children;
- be aware that children within the same family can be treated differently (one child may be singled out for abuse);
- 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 their welfare;
- contribute to the further understanding of prevention of abuse;
- work co-operatively with parents unless this is inconsistent with ensuring the child's safety;
- share and help analyse information so that an assessment can be made of the child's needs and circumstances;
- ensure that the child's view is sought, heard and communicated within the network;

- make special provisions to help children who have communication difficulties, and thus have additional vulnerabilities;
- promote the active involvement of children and families in their own care, as much as possible within safeguarding parameters;
- take part in regularly reviewing the outcomes for the child against specific plans; and
- have a knowledge and understanding of services for children in need and how to access them.

Situations of risk which require additional consideration are:

- Working with vulnerable adults, who may have multiple and chronic problems, including mental health issues, learning difficulties or substance misuse.
- A disclosure made by adults of historical allegations of abuse, particularly of sexual abuse, which may mean the alleged abuser is continuing to harm other children.
- Sexual exploitation, which involves exploitative situations, contexts and relationships without the child recognising the harm, on account of their social/economic and/or emotional vulnerability.
- Internet abuse, which can involve cyber-bullying, exposure to pornography or violence and exploitation of young people.
- Domestic violence is a safeguarding matter when the adults have children or there are children in the house. Incidents or patterns of controlling, coercive, threatening, violent or abusive behaviours can impact on the care of children and the capacity of adults concerned to safeguard children.
- Shame-based murder, where children or young people, particularly from minority ethnic communities, may be physically assaulted or murdered because of bringing perceived 'shame' to their families, or 'breaking' cultural expectations of 'honour'.
- Trafficked children – any child transported for exploitative reasons is considered to be a trafficking victim, whether or not they have been forced or deceived. This is partly because it is not considered possible for children to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adults.

It is suggested that particular attention should be paid to the quality of note-keeping and the wording used in records where there are concerns or suspicions about children suffering harm. Psychologists should seek advice from their Local Safeguarding Children Board and/or their Designated Safeguarding Officer for their organisation, with regard to governance issues.

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

It is acknowledged that a professional response to safeguarding issues crosses divisions and specialisms. It is of vital importance that psychologists who may not view their work as linked with child welfare or 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 safeguarding children and young people.

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

1. An understanding of children's individual development and identity needs, including:

- age/stage of development;
- abilities/disabilities;
- educational/special needs;
- gender;
- class/poverty/disadvantage;
- culture;
- ethnicity and language;
- religion; and
- sexuality.

Some of these are protected characteristics under the *Equality Act 2010*.

2. Professional assessment skills, including:

- Facilitating children's expression of their needs and wishes.
- Methodological understandings, for example, culturally fair psychometric assessment.
- A range of assessment approaches and tools, for example, dynamic assessment, structured observation, semi-structured interview techniques and psychometric assessment.
- Formulation of information gathered from assessment; this process allows clinicians and clients to make sense of current difficulties, and to identify potential points for therapeutic intervention.
- Specialisms, training and experience offer professional assessment skills in areas such as mental health, risk assessments, addiction, occupational, vocational, learning abilities, post-traumatic stress, loss/bereavement and parenting abilities. Specialisms include, for example, educational psychology, neuropsychology and forensic psychology.
- Contribution to the court process and the criminal justice system through the role of expert witnesses.

3. An understanding of diverse family systems and caring environments, including how they impact upon children and young people:

- family functioning;
- family patterns and cycles;
- strengths/protective factors;
- stress/disharmony/domestic violence/family breakdown;
- parenting abilities;
- children in public care/adopted/subject to special guardianship orders; and
- opportunities and life changes.

4. An understanding of appropriate organisational systems and policies relevant to an individual's role and responsibilities, including:

- A duty to promote non-discriminatory policies and resources.
- Recruitment/selection, including safer recruitment practices.
- Work competencies.
- Healthy organisations.
- Frameworks for accountability, for example, supervision, appraisal, continuing professional development, managing allegations against staff, 'whistle blowing'.
- Local, national and international organisations and their interface with cultural practices, and legislation.
- Professional requirements and responsibilities to act where there is suspicion of child maltreatment, for example, female genital mutilation, child labour/sexual exploitation.

5. Intervention strategies, including:

- Individual and family therapy – a range of therapeutic approaches, for example, 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.
- Consultation and advice to enable community/self-help groups.
- Group work across a wide spectrum of presenting needs, such as: support groups, parenting skills, assertiveness, dealing with court.
- Offending behaviours – risk assessments, individual and/or group work, for example, sex offender treatment programmes, motivational interviewing.
- Support for families/vulnerable adults.
- 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 provide an evidence-based practice with integral planned review 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 safeguarding/child protection issues and how these may impinge upon their work.

Recommendations

- The Society recommends that psychologists engage in continuing professional development (CPD) and supervision to sustain the required competency and skill levels necessary for informed practice as a psychologist working with safeguarding issues. For further information on CPD and supervision recommendations please see the Society's publications:
 - *Code of Ethics and Conduct* (BPS, 2009)
 - *Independent Practice as a Psychologist* (BPS, 5th edn., 2010);
- Psychologists should understand the need for advice and multi-agency working in areas of complexity, such as organised abuse, sexual exploitation, historic abuse, domestic abuse, parental mental illness and parental substance misuse
- Psychologists should seek to promote and maintain high standards of professional competence across all divisions and special groups on matters related to safeguarding children and young people and promoting their welfare.

Chartered psychologists should be able to demonstrate:

- Adequate basic qualifications, information and skill level about the welfare and safeguarding of children, including a recognition of concerns related to child abuse and neglect.
- An ability to maintain a 'focus on the welfare of the child as being paramount'.
- A capacity to use safe working practices in an adherence to and knowledge of local protocols and procedures of the Local Safeguarding Children Boards.
- Knowledge of current legislation as it applies to professional practice.
- Their safeguarding training is current under the requirements of their Local Safeguarding Children Board.
- Participation in regular supportive supervision which focuses on the content of intervention, clinical dilemmas, potential ongoing safeguarding issues and the emotional impact of the work, rather than just managerial/case management issues.
- 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. These issues are explained clearly to clients at the start of the service.
- A recognition of professional boundaries ensuring that statutory bodies are informed of any child welfare/child protection concerns.
- A commitment and ability to work alongside other agencies/professionals as required.

Psychology service/agency managers should ensure:

- All service members have copies of their Local Safeguarding Children Board procedures.
- Flexibility within the service to allow a combination of short-, medium- and long-term interventions for children and families, as needed.
- There is a named designated individual for Safeguarding within the service.
- That they are aware of any adult clients in settings such as mental health, addictions or head injury services, who have children within their household, or contact with children, either occupationally or voluntarily. The impact of adult problems on parenting/ability to work safely with children should be carefully considered.
- Clear reporting procedures for concerns.
- Ongoing training and continuing professional development opportunities for all service members.
- Access to supervised practice.
- That police checks and safer recruitment procedures are undertaken for all new personnel.
- That the induction policy and practice of the service covers the Local Safeguarding Children Board procedures and protocols.
- A senior manager is available at all times to support staff concerns regarding safeguarding issues.
- A confidentiality policy that recognises the need for 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.
- Regular review of diversity policies with respect to safeguarding matters.

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, March 2013

This guidance covers: the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.

All psychologists should be familiar with the guidance. The following appendices are extracts from the guidance.

Appendix A

Definitions:

Abuse

A form 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Child Protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Children

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

Deliberate Self-Harm

Intentional self-poisoning or injury, irrespective of the apparent purpose of the act (www.nice.org.uk). This can involve:

- cutting, burning, biting;
- substance abuse;
- head banging and hitting;
- taking personal risks;
- picking and scratching;
- neglecting oneself;
- pulling out hair;
- eating disorders; and
- over-dosing and self-poisoning.

There is no typical person who self-harms. It can be anyone. An individual who self-harms cannot and should not be stereotyped: they can be of all ages, any sex, sexuality or ethnicity and of different employment status (www.nshn.co.uk).

Domestic Violence and Abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological;
- physical;
- sexual;
- financial; and
- emotional.

Controlling behaviour is defined as:

A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is defined as:

An act, or a pattern of acts, of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

(www.homeoffice.gov.uk/crime/violence-against-women-girls/domestic-abuse)

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber 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.

Neglect

The persistent failure to meet a child's basic 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, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment; or
- take heed of or respond to a child's basic emotional needs.

Physical Abuse

A form of abuse which 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.

Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Sexual Exploitation

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition: for example, being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Trafficked Children

The Palermo Protocol establishes children as a special case. Any child transported for exploitative reasons is considered to be a trafficking victim, whether or not they have been forced or deceived. This is partly because it is not considered possible for children to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adults. It is important that these children are protected also.

Most children are trafficked for financial gain. This can include payment from or to the child's parents. In most cases, the trafficker also receives payment from those wanting to exploit the child once in the UK. Some trafficking is carried out by organised gangs. In other cases individual adults or agents traffic children to the UK for their own personal gain. For example, these children may be used for:

- sexual exploitation;
- domestic servitude;
- sweatshop, restaurant and other catering work;
- credit card fraud;
- begging or pickpocketing or other forms of petty criminal activity;
- agricultural labour, including tending plants in illegal cannabis farms;
- benefit fraud;
- drug mules, drug dealing or decoys for adult drug traffickers; and
- illegal inter-country adoption.

Younger children are sometimes trafficked to become beggars and thieves or for benefit fraud. Teenagers are often trafficked for domestic servitude or sexual exploitation.

Working Together to Safeguard Children – Safeguarding Trafficked Children 2007.

Young Carers

Are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental ill health problems, or misuse drugs or alcohol.

Appendix B

The legislation relevant to safeguarding and promoting the welfare of children is set out below.

Childcare Act 2006

Section 40 requires early years providers to comply with the welfare requirements of the Early Years Foundation Stage.

Children Act 1989

The Children Act 1989 places a duty on local authorities to promote and safeguard the welfare of children in need in their area.

Section 17(1) of the Children Act 1989 states that it shall be the general duty of every local authority:

- (a) to safeguard and promote the welfare of children within their area who are in need; and*
- (b) so far as is consistent with that duty, to promote the upbringing of such children by their families.*

By providing a range and level of services appropriate to those children's needs.

Section 17(5) enables the local authority to make arrangements with others to provide services on their behalf and states that every local authority:

- (a) shall facilitate the provision by others (including in particular voluntary organisations) of services which it is a function of the authority to provide by virtue of this section, or Section 18, 20, 22A to 22C, 23B to 23D, 24A or 24B; and*
- (b) may make such arrangements as they see fit for any person to act on their behalf in the provision of any such service.*

Section 17(10) states that a child shall be taken to be in need if:

- (a) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under Part 3 of the Children Act 1989;*
- (b) the child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or*
- (c) the child is disabled.*

Under Section 17, local authorities have responsibility for determining what services should be provided to a child in need. This does not necessarily require local authorities themselves to be the provider of such services.

Section 27 of the Children Act 1989 imposes a duty on other local authorities, local authority housing services and health bodies to co-operate with a local authority in the exercise of any of their functions under Part 3 of the Act which relate to local authority support for children and families. Where it appears to a local authority that any authority or body mentioned in Section 27(3) could, by taking any specified action, help in the exercise of any of their functions under this Part, they may request the help of that other authority or body, specifying the action in question. An authority or body whose help is so

requested shall comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions. The authorities are:

- (a) any local authority;*
- (b) any local housing authority;*
- (c) any Local Health Board, Special Health Authority, Primary Care Trust, (National Health Service Trust or NHS Foundation Trust); and*
- d) any person authorised by the Secretary of State for the purpose of Section 27.*

Section 47(1) of the Children Act 1989 states that:

Where a local authority:

- (a) are informed that a child who lives, or is found, in their area (i) is the subject of a emergency protection order, or (ii) is in police protection; and*
- (b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm:*

the authority shall make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard and promote the child's welfare.

Section 53 of the Children Act 2004 amends both Section 17 and Section 47 of the Children Act 1989, to require in each case that before determining what services to provide or what action to take, the local authority shall, so far as is reasonably practicable and consistent with the child's welfare.

- (a) ascertain the child's wishes and feelings regarding the provision of those services or the action to be taken; and*
- (b) give due consideration (with regard to the child's age and understanding) to such wishes and feelings of the child as they have been able to ascertain.*

Emergency protection powers

The court may make an emergency protection order under Section 44 of the Children Act 1989, if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if the child:

- Is not removed to different accommodation; or
- Does not remain in the place in which the child is then being accommodated.

An emergency protection order may also be made if enquires (for example, made under Section 47) are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and the applicant has reasonable cause to believe that access is needed as a matter of urgency.

An emergency protection order gives authority to remove a child, and place the child under the protection of the applicant.

Exclusion requirement

The court may include an exclusion requirement in an interim care order or emergency protection order (Section 38A and 44A of the Children Act 1989). This allows a perpetrator to be removed from the home instead of having to remove the child.

The court must be satisfied that:

- there is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will cease to suffer, or cease to be likely to suffer, significant harm, or that enquiries will cease to be frustrated; and
- another person living in the home is able and willing to give the child the care that it would be reasonable to expect a parent to give, and consents to the exclusion requirement.

Police protection powers

Under Section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child could otherwise be likely to suffer significant harm, the officer may:

- remove the child to suitable accommodation; or
- take reasonable steps to ensure that the child's removal from any hospital, or other place in which the child is then being accommodated is prevented.

No child may be kept in police protection for more than 72 hours.

Children Act 2004

Section 10 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners and such persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of children in the authority's area – which includes protection from harm or neglect alongside other outcomes.

Section 11 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

Section 13 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that the Secretary of State may prescribe in regulations that should be represented on LSCBs.

Section 14 sets out the objectives of LSCBs, which are:

- (a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the local authority, and*
- (b) to ensure the effectiveness of what is done by each such person or body for the purposes of safeguarding and promoting the welfare of children.*

The LSCB Regulations 2006 made under Section 13 set out the functions of LSCBs, which include undertaking reviews of the deaths of all children in their areas and undertaking Serious Case Reviews in certain circumstances.

Under **Section 55** of the Borders, Citizenship and Immigration Act 2009, the Secretary of State (in practice, the UK Border Agency or 'UKBA') has a duty to ensure that functions relating to immigration and customs are discharged with regard to the need to safeguard and promote the welfare of children. Section 55 is intended to have the same effect as Section 11 of the Children Act 2004.

Crime and Disorder Act 1998

Section 38 requires local authorities, within the delivery of youth justice services, to ensure the provision of persons to act as Appropriate Adults to safeguard the interests of children and young persons detained or questioned by police officers.

Education Act 2002

Section 175 places a duty on local authorities in relation to their education functions, the governing bodies of maintained schools and the governing bodies of further education institutions (which include sixth-form colleges) to exercise their functions with a view to safeguarding and promoting the welfare of children who are either pupils at a school or who are students under 18 years of age attending further education institutions.

The same duty applies to independent schools (which include Academies/free schools) by virtue of regulations made under section 157 of this Act.

The Equality Act 2010

The Equality Act sets out the duty of public services to:

- eliminate discrimination, harassment, victimisation;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Act identifies a number of 'protected' characteristics where specific elements of the legislation apply. These groups/characteristics are:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race; religion or belief;
- sex; and
- sexual orientation.

Housing Act 1996

Section 213A of the Housing Act 1996 (inserted by Section 12 of the Homelessness Act 2002), housing authorities are required to refer to adult social care services homeless persons with dependent children who are ineligible for homelessness assistance, or are intentionally homeless, as long as the person consents. If homelessness persists, any child in the family could be in need. In such cases, if social services decide the child's needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable advice and assistance in this, and the housing authority must give reasonable advice and assistance.

Police Reform and Social Responsibility Act 2011

Section 1 (8)(h) requires the police and crime commissioner to hold the chief constable to account for the exercise of the latter's duties in relation to safeguarding children under Sections 10 and 11.

Children and Families Act 2014

The Act gives greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities; new legal duties to support children at school with medical conditions and help for parents to balance work and family life.

There are reforms for children in care, including young people having the choice to stay with their foster families until their 21st birthday; reduced timescales in care proceedings and new regulations for residential care homes. There are new requirements on local and health authorities to work together.

References

- British Psychological Society (2010). *Independent practice as a psychologist*. Leicester: British Psychological Society .
- British Psychological Society (2009). *Code of ethics and conduct*. Leicester: British Psychological Society .
- British Psychological Society (2008). *Generic professional practice guidelines*. Leicester: British Psychological Society .
- Department for Education (2013). *Working together to safeguard children*. London: Author.
- Department for Education and Home Office (2008). *Safeguarding children who may have been trafficked*. Retrieved 11 March 2014 from <https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>.
- Home Office (2013). Information for local areas on the change to the definition of domestic violence and abuse. Retrieved 11 March 2012 from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf.
- United Nations (1989). *United Nations Convention on the Rights of the Child*. Retrieved 11 March 2014 from www.un.org/documents/ga/res/44/a44r025.htm.

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St Andrews House, 48 Princess Road East, Leicester LE1 7DR, UK

Telephone 0116 254 9568 Facsimile 0116 227 1314

E-mail mail@bps.org.uk Website www.bps.org.uk