

Association of Child Psychotherapists
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Lord Herbert Laming
Sanctuary Buildings
Great Smith Street
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9 December 2008

Dear Lord Laming,

Re: Progress report on safeguarding

Further to your letter dated 20 November, we are writing in response the three questions you posed about issues relating to child protection, which are intended to contribute to your report on progress in implementing effective arrangements for safeguarding children. Please accept our thanks for extending the deadline so that we could contribute to this important piece of work.

Please find attached our answers to the questions and some background information about our organisation.

You may also be interested in an article on the Baby P case by one of our members, Louise Emanuel, which appeared in The Guardian last Thursday and offers an insight into our approach. You will find a link in the pages that follow.

Please do get in touch if we can offer any further assistance.

Yours sincerely,

Beverley Tydeman
Chair

Laura Smith
Communications Manager

Response of the Association of Child Psychotherapists to Lord Laming's call for evidence for his Progress Report on Safeguarding Children
9 December 2008

Question 1: What good practice has been successfully achieved in safeguarding children since the publication of the Victoria Climbié Inquiry Report? We would like you to set out key features of this good practice, and whether it is being universally applied across the country, particularly in relation to:

- * the effective implementation of safeguarding systems and procedures**
- * the interagency working**
- * the development and deployment of professional workforce capacity, and**
- * effective systems of public accountability**

Since the Victoria Climbié Inquiry, the government has made important steps in work with children, parents and families, notably through the aims set out in the **National Service Framework for Children, Young People and Maternity Services** and **Every Child Matters**. We are very much in agreement with the aims of these documents, but our experience shows that their application is patchy.

Specialist Child and Adolescent Mental Health Service (CAMHS) teams for looked after children, for example, have been set up in a number of local authorities. But provision is uneven and it is unclear whether any audit has been undertaken to establish where they do and do not exist. In addition, most specialist services set up in the wake of the Victoria Climbié Inquiry are specifically for children who have already entered care. Children in need, on the edge of care and on the child protection register, arguably the children most in need and at risk, still have to rely in the main on their local CAMH service for mental health input. These services generally cannot respond as quickly or engage as fully with the complex networks as specialist CAMH services designated for this population.

Where they do exist, such teams offer a model of multi-agency work, offering key features of good practice including good communication and sharing of information between professionals, the use of evidence-based approaches and the measurement of outcomes, with screening on referral and outcome measurement on discharge.

We would argue strongly for the inclusion of a mental health component in all initial assessments of children first coming into care. This may include interviews with the birth parents, as well as all the professionals involved. This could help to identify areas of potential vulnerability in families, especially as many abusers are very skilled at putting on a convincing front.

Safeguarding systems vary across the country with many local authorities under-resourced and using agency staff. There is a 'tick box' culture within some departments which encourages staff to prioritise covering their backs rather than thinking about the cases. Many social workers are actively encouraged to remain emotionally detached from the work they do, as any subjective feeling is thought to inhibit 'objective' decision-making. In fact, they are encouraged by the managerial systems to be dependent on their managers for decision-making, while their role is to be information gatherers who report back their findings to their managers who are the ones who then decide. This clearly inhibits each worker's capacity to use their own

judgment about what they have directly experienced. The pervasive ‘tick box’ culture and an emphasis on quick solutions impedes the ability of services to recognise and respond to the deep-seated and complex difficulties of families with trans-generational patterns of deprivation, neglect and abuse.

Question 2: What are the key barriers, including in the legal process, that may impede efficient and effective work with children and families that may be preventing good safeguarding practice from becoming standard practice everywhere, for example in deciding whether an application should be made to take a child into care? Is the right balance being struck between the correct application of processes and the needs of the child?

It is our experience that interagency working is impeded by the extreme complexity of the family systems around children in need, together with the sheer workload with which social workers are faced, which too often forces them into “crisis mode” and means they rarely have the time to sustain relationships with families or the space to think clearly.

The dynamics of such family systems work against good communication and collaboration. Many workers in the field are not sufficiently trained to recognise and address these dynamics. This difficulty was effectively illustrated by ACP member Louise Emanuel in *The Guardian* last Thursday (**I have seen close up how social workers can be seized by paralysis**, *The Guardian*, 4 December – <http://www.guardian.co.uk/commentisfree/2008/dec/04/child-protection-social-care>).

Other pressures further impede effective work with children and families. Social workers in general are under pressure to reduce the numbers of children on the child protection register. The legal thresholds for removing children mean that social workers have to present concrete evidence of a kind that is difficult to convince a court of in cases of emotional abuse and/or neglect. This emphasis on concrete evidence leaves little room for psychological observation and understanding.

Meanwhile, the systems and paperwork requirements that have been put in place to protect children may actually impede the work by reducing the amount of time that social workers have to build relationships with parents and children. You may have read the recent article in *The Guardian* (**Child protection stifled by £30m computer system – report**, 19 November 2008), which reported on research that found that social workers may have to spend more than 100 hours for every case filling out forms, cutting the time they have to make visits. In our view, it is the relationships rather than the systems that make a difference – the relationships in the family and the relationships made between the family and safeguarding professionals. It is essential that social workers are freed to spend more time working with children and families and that they use their direct experience in their decision-making.

In terms of the legal process, many decisions around permanence for children are held up because further assessments are ordered, often resulting in duplication of effort and ‘drift’ for the children. The Chief Medical Officer’s report, **Bearing Good Witness**, published last year, drew attention to the shortage of expert witnesses with a mental health perspective who could appear within family proceedings, and the need for further training of such workers. Many front-line workers lack the knowledge and

skills required to recognise adult mental health issues and are therefore taken in by the needs of the adults, to the detriment of the needs of the child. There is great variation in the thresholds of significant harm as seen by local safeguarding teams.

Finally, despite the laudable aims of **Every Child Matters** and its emphasis on improving outcomes for children and young people, the pressure from government appears to minimise the complexity and difficulty of the psychological and emotional factors that impede professionals from recognising abuse and/or neglect and protecting children from risk. For example, parents with histories of abuse and emotional neglect of children are being offered parenting programmes, despite a lack of clear evidence that such programmes can impact on this level of parental incapacity.

Question 3: What specific actions should be taken by Government and national and local agencies to overcome these barriers and accelerate systematic improvements in safeguarding practice across the country?

The primary focus for government and local and national agencies should be on the training of social workers and others working in the field of child protection. The **CAMHS Review** published in November recognised that “parents, carers and everyone involved in day to day contact with children and young people need a better understanding of child development” and called on all bodies involved in the training of the children’s workforce to provide “basic training in child development and mental health and psychological wellbeing” within the next two years.

We submit that in particular, social workers and those working in child protection need training to give them an understanding of basic child and adolescent mental health issues including:

- **Attachment:** much of the valuable and well-evidenced research of the last fifty years is not sufficiently known about or understood by social workers and guardians. Child and adolescent psychotherapists and other mental health professionals working with social services for looked after children provide training on these issues but this should be part of every social worker's knowledge base.
- **Observation:** the psychological defences adopted by abused and neglected children make it hard for them to speak out directly and openly. Supervisors in contact centres and others working with potentially dangerous families need training and supervision to be able to observe and respond to non-verbal signals and behaviours.

Social workers also need consultation and supervision which can engage more deeply with what is happening in the work with families, parents and children. It is our experience that the supervision offered is often irregular or insufficient and when given often tends to be oriented around paperwork and does not assist social workers to tackle the emotional aspects of this difficult work. Emotional engagement is, in fact, seen as detrimental to decision-making, rather than as offering information about what is going on.

Background information

The **Association of Child Psychotherapists (ACP)** is the professional body for child and adolescent psychotherapists in the United Kingdom. The ACP is responsible for ensuring that the training and practice of child and adolescent psychotherapy is of the highest standard. It is also working to increase its availability to children and young people within the public sector, including NHS services across the country.

The ACP is recognised by the Department of Health as the body which accredits trainings in child and adolescent psychotherapy. Our 700 members work in the public sector in NHS Child and Adolescent Mental Health Service (CAMHS) teams, nurseries, schools, hospitals, specialist and residential units, within social services, for example in looked after children teams, and in the voluntary sector and private practice. The rigorous doctoral-level training consists of two years pre-clinical training, followed by a four year full-time placement in a CAMHS team. Most trainees enter the profession after working in another professional capacity, for example in teaching, nursing, medicine, psychiatry or social work.

For further information, please visit our website:
www.acp.uk.net