SAFEGUARDING AND CHILD PROTECTION

FIFTH EDITION

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Contents

Introduction

This is now the fifth edition of a book that started life in 1998. The landscape of safeguarding work continues to evolve, as do the legislative and policy frameworks that guide practice. It is now embedded in national policy that safeguarding is everyone's responsibility and while local authorities play a lead role, everyone who comes into contact with a child and their families has a role to play both in preventative work and interventions to protect children from harm. As identified in previous editions, local authorities have overarching responsibility for safeguarding and promoting the welfare of all children in their area (HM Government, 2015). However, while social workers are the leads in inter-agency and inter-professional working, when child protection interventions are required safeguarding and child protection are issues of multi-agency responsibility. This is in terms of inter-agency and professional working, information sharing across sectors and working with local communities, families and children themselves (Laming, 2009; Munro, 2011; HM Government, 2015). Laming (2009) highlights that in order to safeguard children from harm, relationships between practitioners are crucial: 'it's not about structures, it's about making it work out there for children'. Social services cannot work in isolation from other agencies. All service providers in touch with children have a role in prevention, recognising and responding to concerns about a child. Those working in universal services, education as well as health, are in a prime position to identify situations that may fall outside the 'norm' and threaten the safety and well being of children.

In recent years there has been increasing emphasis on prevention and early intervention. Child abuse itself can only be prevented if vulnerable children are identified early – before abuse takes place. However, as Powell (2011) notes, good safeguarding practice across all agencies remains largely hidden and unannounced. It is difficult to capture evidence of success in preventing harm. However, anyone whose work brings them into contact with children and or their families may come across situations that present a significant risk to children. This book starts with the premise that safeguarding the welfare of children is a public health issue for all sectors not just social care or those specifically working in public health.

As Powell (2011) notes, the core skills for safeguarding include the ability to assess need, to work in partnership with children, their families and multi-disciplinary teams in order to promote physical and emotional well being and to ensure safety. If outcomes for vulnerable children are to be improved, practice itself must also take account of and reflect the changes that relate to wider society as well as practice itself, such as the ever increasing use of technologies. Best practice must be based on best evidence and be in accordance with contemporary policy and legislation so as to reflect the current safeguarding agendas across all sectors. Children are best protected from harm when practitioners are clear about what is required of them

individually and how they need to work together. This book is primarily aimed at those working in childcare settings and the early years. It is also relevant for students on undergraduate childcare/childhood studies and early-years programmes and primary teacher training programmes. However, the book is also relevant to a wider professional audience than is initially evident, including that of healthcare and social care. Safeguarding is an inter-professional responsibility and, while each profession and practice area may have specific responsibilities related to individual roles, each sector cannot work in isolation from each other if vulnerable children are to be protected from harm.

The previous four editions of this book were written by Jennie Lindon, a respected expert in the field of early years, education and play who has extensive experience of working with professionals to safeguard vulnerable children. I am privileged to update this edition, the aims of which remain philosophically the same as the previous editions in showing active respect for the needs of children and their families. This book seeks to retain the uniqueness of Jennie's approach while providing contemporary perspectives on safeguarding. This edition focuses on how those working with children should respond to concerns about a child's vulnerability and work together with others to effectively address the needs of vulnerable children and those children who need protecting from harm. This focus is set within current legislative and policy frameworks. It will take account of the 'early help' and children's rights agendas in order that practitioners might contribute to the prevention of abuse to children and intervene early to improve outcomes for vulnerable children within an inter-professional context and to help ensure that the child's needs are at the centre of all decisions and interventions.

However, what is important to remember is that the core of safe practice when working with and for children remains unaltered. At root, as identified in the previous editions, children are kept safe, or put at risk, through the behaviour of other adults or other children but largely by people they know. Additionally, children and young people steadily need to share in the responsibility to keep themselves safe although they are inevitably influenced by their previous experience, including the extent to which familiar adults have taken seriously their responsibility to enable older children and adolescents to take good care of themselves.

The authors are committed to the Children's Rights agendas and continue to promote the importance of listening to and hearing the child's voice. They support the notion that learning and knowledge is generated from conversations with, and listening to the voice of, children and young people. This book, therefore, has as its premise that children's rights and child-centredness are essential to effective safeguarding. A wide range of practitioners make up the children's workforce across the sectors and it therefore remains imperative that an inter-professional disciplinary approach be taken and that practitioners, within and across all sectors, work together

to protect vulnerable children. Additionally, safeguarding can only work if practitioners have the opportunity to understand about safeguarding in action, to reflect, to explain (hopefully more clearly) and to double-check. Furthermore, all practitioners need to understand their own role within safeguarding – what they do as well as those parts of the process that are the direct responsibility of another professional service (Lindon, 2008). Practitioners can, however, only understand their involvement by understanding the larger picture, including historical influences and how the broad framework for safeguarding and child protection developed in the UK, as well as the key issues needed for the system to work effectively.

'Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children' (HM Government, 2015). The structure of this book has been adjusted slightly to address contemporary approaches. It discusses the principles, definitions and how to recognise abuse and neglect before discussing the steps to take within the legislative and policy framework. It is important to note that this edition of the book draws on contemporary legislation and uses the current government guidelines as a framework and makes reference to these guidelines for formal definitions of abuse and neglect.

It is recognised that policy for practice may change during the lifetime of this edition and it is the reader's individual responsibility to ensure that they are cognizant with contemporary legislation and policy for practice.

An introductory first chapter has been included in this edition to consider the underpinning principles and frameworks for safeguarding and child–protection practice and to provide a contextual background. This includes a brief overview of contemporary policy and introduces the roles of others, including health and statutory lead agencies (children's social care and the police). It will discuss contemporary perspectives, and define key terms.

Chapter 2 explains and describes the main types of abuse and neglect, as they are covered within the child-protection policy guidance in the UK. It therefore looks at what constitutes abuse and neglect and presents policy definitions of abuse and neglect and the historical influences on these. Definitions are important as they influence contemporary perspectives and inform understandings for the recognition and response to abuse and neglect. Definitions are inextricably linked to incidence and prevalence. Consideration is given to extrafamilial abuse as well as intrafamilial abuse. The chapter acknowledges that the scope of child protection has increased with contemporary concerns that include: child abuse and neglect in an international context, child asylum seekers, unaccompanied minors, trafficking of children, the abuse of children online, 'fabricated' or 'induced' illness, child sexual exploitation and the impact of extremism.

Chapter 3 provides an overview of the legislative and policy context from a historical and contemporary perspective. It addresses how practitioners

should respond to concerns within the legislative and policy frameworks. While practitioners are working within the present, it is useful to have an understanding of how historical perspectives have influenced the development of legislation and policy in the UK before addressing contemporary perspectives.

Chapter 4 is concerned with 'child protection in action': how practitioners recognise and respond to concerns and the steps they should take to deal with them. It considers the notion of the vulnerable child and signs of vulnerability before discussing steps and interventions that should be taken to address concerns. It discusses signs of abuse or neglect in light of the definitions provided in Chapter 2, and also factors that might influence whether or not a child discloses abuse.

Chapter 5 considers equality practice and safeguarding. This chapter identifies key issues related to gender and disability, as well as cultural background, faith and cultural traditions that challenge safeguarding and child protection.

Chapter 6 reviews policy, procedures and what constitutes best practice. The implications for safety and security are identified and the chapter emphasises the importance of documentation and record keeping, information sharing and why an inter-professional integrated approach is required.

Chapter 7 is concerned with how practitioners promote the well being and welfare of children and the principles that underpin 'good' care of children. It considers physical care and nurture, keeping children safe and the impact of troubled relationships between peers.

Chapter 8 aims to bring together the main principles of good practice that support children and families in order to empower them. It considers how practitioners should work for and with families. It also provides perspectives for child protection and the courts, and, drawing on previous discussions about the vulnerable child, gives attention to families and children under stress.

Chapter 9 discusses the importance of early help and aims to summarise key issues and reflect on the implications for future safeguarding practice.

As with previous editions, the authors have had to make some decisions about terminology and the following definitions are used within this book:

- Child: A child is defined as anyone who had not yet reached their eighteenth birthday (HM Government, 2015a). However, this book is concerned with children 0–8 years of age. Therefore, unless stated otherwise, 'children' means this age group. Older children will be referred to as young people.
- Parent: anyone who takes the main family responsibility for children and acts in a parental role, whether or not that person is a birth parent. Please assume the word always includes 'and other family carers'.
- Practitioner: anyone whose work brings them into face-to-face contact with children on a regular basis. I have been specific about the profession whenever the information is relevant.
- Practice area: any group situation, attended by children, where services are delivered to children and their families.

- Designated safeguarding professional lead: Contemporary safeguarding–children policy requires 'a designated professional lead' (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. 'Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively' (HM Government, 2015).

   In educational settings this lead is referred to as the 'designated safeguarding lead' and so throughout this book, that term will be used. However, in healthcare the terms 'named professional' and 'safeguarding adviser' will be used.

The scenarios were developed from real people and places, but in every case details have been changed to provide anonymity and confidentiality. Readers can use these examples to explore aspects of practice – either on their own or in discussion with colleagues or fellow students. Throughout the book there are key messages for practice that help to link theory to practice and 'reflection points' that provides the reader with opportunities to consider some of the issues discussed and the implications for their own and others' practice and or practice experiences. Additionally, the reader is signposted to further resources at the end of each chapter. Any references to websites were correct at the time the book went to press.

The information in *Safeguarding and Child Protection* is accurate to the best of our knowledge, at the time of writing in 2015. As with every other edition of this book, reviews of safeguarding and proposals for change may occur after the book has gone to press. It is the individual responsibility of all readers to check and to update themselves. This responsibility is especially sharp if you or your colleagues are seeking to reach a difficult decision that is dependent on interpretation of the law, or a precise understanding of guidance or local guidelines. No section of this book claims to offer legal advice.

Otherwise, we take the usual responsibility for the content of the book, the ideas within it and any errors we have failed to recognise. Please let Hodder Education know if you identify mistakes or misunderstandings and we will correct them as soon as possible.

Dedications and acknowledgements

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1 Safeguarding children: principles for practice

Introduction

The aim of this book is to prepare and support those students and practitioners working within, or studying, early years or childcare settings for school-aged children, and to confirm the importance of safeguarding for practitioners in these and other practice settings. It is about promoting best outcomes for children and to help determine that the actions and interventions of practitioners ensure the welfare and well being of vulnerable children. This chapter provides a contextual background.

This book starts with the premise that safeguarding children is the responsibility of all practitioners whose work brings them into contact with children, young people and their families. It is acknowledged that 'Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which make this clear, and ... This includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions' (HM Government, 2015a).

Section 17 of the Children Act pertains to 'children in need' who would benefit from additional statutory support and Section 47 pertains to those children who have suffered or are likely to suffer significant harm and require more urgent interventions.

However, local authorities do not have *sole* responsibility for safeguarding and as HM Government (2015a: 5) states: 'safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play' and that 'Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. Under section 10 of the same Act, a similar range of agencies are required to co-operate with local authorities to promote the well being of children in each local authority area. This co-operation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery' and 'Professionals working in agencies

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⇨ with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer'.

All practitioners, therefore, need to understand their own role within safeguarding: what they do, as well as those parts of the process that are the direct responsibility of another professional or service. Children are best protected when all professionals understand their individual and others' roles (HM Government, 2015a). You can only make sense of your involvement by understanding the larger picture: how the broad framework for child protection developed in the UK and key issues for the system to work effectively. This opening chapter outlines the principles for safeguarding practice and provides a context from a historical and contemporary perspective. The legislative and policy frameworks are introduced, as are the roles of different professionals across the sectors.

This chapter therefore covers the current context of safeguarding in the UK, providing an overview of contemporary perspectives. It considers children's rights, parenting and 'parental responsibility' and what this means. It defines the key terms used in current policy and highlights the implications for multi-agency practice.

The current context of safeguarding in the UK

In recent years, the scope of safeguarding work has increased and developed. When the Children Act 1989 (Great Britain 1989) was implemented in 1991 the main concerns for child protection workers were with intrafamilial neglect and abuse, and the main forms of abuse were physical, sexual, emotional and neglect. However, as Corby *et al.* (2012) note, the early 1990s saw increased attention given to organised abuse and both a rise and fall in concerns about ritual abuse. By 2000, the abuse of children in institutional settings was on the agenda, and remains a concern, particularly in light of historical child abuse cases. Bullying is now contextualised as peer abuse and it is recognised that children may abuse other children, although it has to be recognised that the 'bully' may also be a victim in light of their own unmet needs or that their behaviour is a maladaptation to previous harm. Since 2000, it has also been highlighted that parental drug and alcohol misuse, parental mental health and domestic abuse have adverse effects on children and often coexist as 'the toxic trio' (Brandon *et al.* 2009, 2011, 2012). Other concerns have also emerged such as child abuse and neglect in an international context, child trafficking, child asylum seekers, as well as 'fabricated' or 'induced illness' and female genital mutilation. There is now a focus on extrafamilial abuse as well as intrafamilial abuse, with increased understandings of the extent and nature of Child Sexual Exploitation both on and off line (Webb and Holmes, 2015). The perpetrators, however, are still usually known to their victims.

In recent years, the concept of safeguarding children has taken on a higher profile than in the past. However, promoting the welfare of children and ensuring that they are protected from harm is challenging. It does, though, (as Powell (2011) notes) cut across all sectors within a context of multi-professional and inter-agency working and requires that all partners from education, health, children's social care, and the police work together. It is everyone's responsibility and a key public-health issue that encompasses a wide range of activities including:

- preventative work
- holistic assessment of need
- early identification of vulnerability and prevention of harm or further harm
- referral to appropriate agencies who can provide family and parenting support
- recognition and referral of children who are at risk of, or who are suffering from significant harm
- working within a multi-agency team to provide additional support, on-going assessment and interventions as part of a 'child in need' or 'child protection plan'
- reviews of child deaths and serious cases.

It is also worth noting, as highlighted by Powell (2011), that successful safeguarding practice across all agencies remains largely hidden. Examples of success are rarely captured. However, anyone whose work brings them into contact with children and their families may come across situations that present a significant risk to children but rarely the serious injury or death of a child from abuse or neglect. Reviews of such cases, along with opportunity to reflect on practice through supervision, can offer insight into good practice and opportunities for improvement on an individual and organisational level.

The next section will briefly review the underpinning knowledge for practice and key terms, before discussing some of the contemporary considerations for practice.

Keep the child in mind

In light of the above, a key message for those working with children is that successful safeguarding practice is based on the willingness to work in partnership with other colleagues as well as children and families, and on the promotion of physical and emotional well being through actions that promote early intervention and prevention of harm or further harm.

Children: the wider context

As noted in the introduction, the UK has adopted the legal definition of a child as being an individual who has not yet reached the age of 18 years. This is in line with the United Nation (UN) Convention on the Rights of the Child 1989 (UN, 1989) and is the definition used within safeguarding policy. The definition applies to all children and young people, including those who are living independently, are in the armed forces, are in secure custodial accommodation or are in further or higher education. The definition also applies to those in hospital (HM Government, 2015a). It also means that young people over the age of 16 years are entitled to statutory child-protection interventions, including teenage parents who might be vulnerable themselves.

It is also important to note that childhood itself is a period of rapid maturity. Development is, however, multifaceted, and sometimes uneven, and includes physical, psychological, cognitive, emotional and social development. It is worth noting that from a health perspective, the National Institute for Health and Clinical Excellence (NICE) offer the definitions as follows:

- Infant: aged under one year
- Child: aged under 13 years
- Young person: aged 13–17 years.

Take another perspective

It is also important to consider unborn infants. While unborn infants are not legally defined as children, their need for protection from harm must still be considered in cases where there is concern that the expectant parents may not have the capacity to meet the baby's needs following birth. This would primarily be the responsibility of the midwife and other professionals providing care in the antenatal period. However, practitioners working in all sectors need to be aware of the specific factors that may affect the welfare of the unborn child and recognise and respond to concerns. This may include such factors as substance misuse and/or adult mental-health problems. It is also pertinent to reiterate that a young parent may still be a child themselves. Those working with infants and children may well come across parents who are pregnant and give cause for concern, hence the need to consider the unborn on the age spectrum.

This book is focusing on the infant and younger child but, whatever age the child, it is important to acknowledge that children at different points on the age spectrum have different and individual needs.

Pause for reflection

What do you think are the particular developmental needs of infants and children under the age of eight years?

Children's rights: rights for all children

Each individual child has the right to provision for welfare and protection from harm as contained within the United Nations Convention on the Rights of the Child (UNCRC), which provides a basis for practice to ensure that actions are taken to ensure a child's welfare (Powell, 2011). The UNCRC details the responsibilities of governments to provide the best possible services to support children to achieve their full potential and make a successful transition to adulthood as they grow and develop. This includes all sectors, i.e. education and health as well as social care.

The UNCRC has four core principles:

- non-discrimination
- devotion to the best interests of the child
- the right to life, survival and development
- respect for the views of the child.

The UNCRC provides the principles for a rights-based approach to the safeguarding of children – an approach that is enshrined in safeguarding and child protection legislation, policy and practice guidance within the UK and that should therefore be embedded within practice.

The UNCRC articulates the need for children to be both seen and heard. It is an international agreement that protects the rights of children and provides a framework that enables children to be put at the centre of service delivery. The UK Government ratified the UNCRC in 1991 and, in doing so, upholds children's rights to expression and also the receiving of information (HM Government, 2015a).

Keep the child in mind

Children's rights, child-centredness and listening to the voice of the child are essential for effective safeguarding practice across all agencies and sectors (HM Government, 2015a; Powell, 2011) and, as Laming (2009) points out, this approach is essential for the achievement of best outcomes for children.

Notably the child's best interests must be the top priority at all times and the paramountcy principle of the Children Act 1989 (see page 55) must be adhered to where applicable and children's rights under the UNCRC, Article 3 be fully honoured (Webb and Holmes, 2015).

Pause for reflection

How would you describe your approach to practice?

How will you ensure that you will uphold a 'rights based' approach to your work with children?

Parents, parenting and parental responsibility

It has been reiterated above that safeguarding is everyone's responsibility. However, as Powell (2011) notes, it is important to point out that the care and protection of children is primarily the role and responsibility of parents, or those who have been granted, through the courts, parental responsibility for a child. Parental responsibility can be held by more than one person other than the biological mother with or without the biological father. This could be the local authority if the child is in care or another member of the family through, for example, a 'child arrangement order'.

What does it mean?

In April 2015, 'residence' and 'contact' orders were abolished and replaced by **child arrangement orders**. Previously it was a *residence order* that settled the arrangements as to the person with whom a child was to live. It was a *contact order* that previously required the person with whom a child lives, or is going to live, to allow that child to visit or stay with the person named in the order, or for that person and the child otherwise to have contact with each other.

The new 'child arrangement orders' determine:

a. **With whom** a child is to live, spend time or otherwise have contact, and
b. **When** a child is to live, spend time or otherwise have contact with any person.

As such, a child arrangement order therefore decides:

● Where a child lives
● When a child spends time with each parent
● When and what other types of contact (like phone calls) take place

The legislation of Children Act 1989 has therefore been amended.

(Alternative Family Law, 2015)

Parental responsibility

This is defined as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has'. The mother always has parental responsibility but others can acquire it. It is important to note that with regard to fathers, the child's father has parental responsibility if:

● he **is married** to the mother at the time of the birth;
● under English law also, **if he marries** the mother later on;
● he **is on the birth certificate** for births registered in England or Wales after 1 December 2003;

- he and the mother have signed a parental responsibility agreement which is a prescribed form, and lodged it with the court; or
- the court has made a parental responsibility order in the father's favour.

Whoever has parental responsibility it is important that a child's basic needs are met, that they are kept safe and protected and are shown warmth and love. If a reciprocal bond develops between the carer and their child it is more likely to impact positively on a child's development. However, it's worth mentioning here that bonding and attachment are not the same. As Wilkins *et al.* (2015) discuss, bonding is a general term relating to the many different kind of relationships people have. Attachment, however, is about another human being providing a secure base and a focus for proximity seeking and safe-haven behaviours at times of heightened anxiety. Within attachment relationships there is a sense of turning to someone else for safety and security, whereas the reciprocal bond that an 'adult attachment' figure develops with their child is known in attachment theory as a caregiving bond. As the infant develops, an attachment relationship is formed with their parent, and so the parent develops a caregiving bond with the infant (Wilkins *et al.* 2015). This bond is experienced as love.

Infants and children must also be encouraged to express their views and the parent is responsible for providing the stimulation needed for their development and to help them achieve their potential within a stable environment with consistent guidance and boundaries. While there is no 'perfect' model of parenting, having an understanding of what 'good' parenting looks like is helpful in recognising parents who may need support and determining what support might be required by the family as a whole (Powell, 2011).

Pause for reflection

What might be the difference between supportive parenting and unsupportive parenting?

Are you aware of the professionals who might be involved in supporting parenting?

Fatherhood

In recent years there has been increased attention given to fatherhood and the role of fathers in ensuring the health, safety and well being of their children (Reeves, 2008). The needs of young fathers in the UK have received less attention, but there is now growing recognition that fathers – particularly young fathers, resident or non-resident – may require support in order to parent effectively.

Within the United Kingdom the Fatherhood Institute is influential in ensuring that fathers are represented within policy and practice, and the Fatherhood Institute website (www.fatherhoodinstitute.org) provides legal advice about parental responsibility for unmarried fathers. The amendments to the original legislation as contained within the Children Act 1989 about the position of fathers and parental responsibility has created greater inclusivity for fathers, which should be reflected in the practice of those working with children and their families (Powell, 2011).

Terminology: safeguarding and child protection

The terms 'safeguarding' and 'child protection' are not synonymous: safeguarding pertains to wider activities that support the well being of children; child protection is *part of* safeguarding.

Safeguarding

Safeguarding is defined within statutory guidance (HM Government, 2015a) 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.

This definition reflects the move from an outcome-based approach to policy and practice within the UK. Contemporary policy advocates the provision of help and advice to parents, the promotion of healthy choices for children and gives more emphasis on well being (HM Government, 2015; Powell, 2011). The Children Act 2004 takes attainment of five outcomes as being core to its definition of well being. These are said to reflect what children and young people said they wanted from their childhood, which is to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well being.

While there has been debate about the outcomes and the terminology the outcomes remain and it is important to recognise that they are all linked. A child who is not healthy or safe might not enjoy and achieve (Powell, 2011).

Child protection

Child protection is part of safeguarding and promoting welfare.

What does it mean?

Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect.

- Child abuse involves acts of commission and omission, which result in harm to the child.
- In line with statutory guidance, Local Children Safeguarding Boards (or their equivalent) produce local policies and procedures for inter-agency working to 'safeguard children'. Additionally, all organisations providing services for children will have their own local or 'in house' policies and procedures.
- It is also important that further or higher education institutions have guidance for students explaining what they should do if they identify concerns in practice.

Pause for reflection

Are you aware of how to locate and use these documents in your own organisation, locality or practice area?

Vulnerability and risks to children's well being

It could be argued that infants and young children are vulnerable in light of their age and dependency on others to ensure their safety. However, an infant's or child's vulnerability increases with increased risk to their health, safety and well being when factors impact on their parents' ability to meet their needs. These include parental mental health difficulties, substance misuse and domestic abuse and or violence. As mentioned earlier, these phenomena often co-exist and have been conceptualised as the toxic trio (Brandon *et al.* 2009, 2010, 2012). Children's vulnerability is also increased when their parents have never worked, or are long-term unemployed, when compared with the children of professional or managerial classes (Action for Children, 2012; Powell, 2011).

Although the extent to which children are vulnerable is difficult to measure (Action for Children, 2012), increasing attention is being given to the needs of vulnerable children with emphasis on a model of integrated services to meet these needs (Department of Health (DH) 2009). Current policy agendas highlight that if the inequalities in children's health, well being and achievement are to be reduced, practitioners need to be able to identify children with high risk and low protective factors and ensure that these families are referred to appropriate services for support (DH, 2009).

Poverty is one of the biggest risk factors related to poorer outcomes for children.

Pause for reflection

Are you able to identify the risk factors that are likely to impact on health, learning and achievement in early childhood?

Are you aware of the generic indicators that can be used to identify children who are at risk of poor educational and social outcomes?

Do you know how your practice area works with others to address health inequalities in your locality?

Parental capacity

Parental capacity relates to the ability of a parent to meet their child's needs. The NSPCC (2014) identifies that 'good enough parenting' comprises four elements:

- meeting children's health and developmental needs
- putting children's needs first
- providing routine and consistent care
- acknowledging problems and engaging with support services.

On the other hand, risky parenting is associated (Kellett and Apps, 2009) with:

- neglecting basic needs; putting adults' needs first
- chaos and lack of routine, and
- an unwillingness to engage with support services.

Keep the child in mind

Parenting capacity is one of the three core elements that need to be assessed when there are concerns that a child is vulnerable to maltreatment. The other two elements being the child's developmental needs, and the wider family and environmental factors. The three elements are, however, inter-related and cannot be considered in isolation (HM Government, 2015a).

Child maltreatment

Child maltreatment is the concept that relates to the abuse and neglect of a child. Abuse is a form of maltreatment. It is therefore important to note that child maltreatment is a challenging concept to define, mainly because what is, or is not, seen to be harmful to children can vary over time and within society according to contemporary knowledge, and the beliefs and values of both individuals and society as a whole (Corby *et al.* 2012). Definitions of maltreatment and what constitutes abuse and neglect are discussed in Chapter 2.

Pause for reflection

It might be useful to look at child maltreatment as being on a spectrum of 'poor to good parenting' (Powell, 2011).

What benchmarks would you use to help you decide whether or not a parent's behaviour is indicative of abuse?

What are the categories of abuse identified within UK policy?

It is also important to note that child maltreatment most commonly occurs within family settings, with the perpetrators being the parents. However, it can also occur in institutions, including educational and healthcare settings, and communities. The perpetrator is rarely a stranger and while 'stranger danger' is given attention, stranger abuse is relatively uncommon (Powell, 2011).

Significant harm

Significant harm is the benchmark used to determine whether or not compulsory, statutory intervention is required to protect the child from harm, i.e. the need to invoke child protection proceedings. The concept of 'significant harm' was introduced with the Children Act 1989 (England and Wales) as the key to child protection work. It recognises the need to consider a range of factors, including:

- the nature of harm;
- the impact on the health and development of the child;
- any special needs the child may have (including disability or a medical condition);
- parental capacity to meet the needs of the child; and
- the context of the family and environment.

It is important to note that there are no absolute criteria to judge significant harm. It depends on the extent, nature and severity of the abuse and/ or neglect, as well as the seriousness and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.

Reflecting on the daily-lived experiences of the child can help practitioners determine whether or not a child is suffering significant harm. However, it is always important that concerns are shared. In schools, this will be with the designated safeguarding officer and in other organisations with the safeguarding lead. If there are any concerns that significant harm has occurred then a referral must be made to Children's Social Care under section 47 of the Children Act 1989 and local policies must be followed (HM Government, 2015a). Referral processes are discussed in Chapter 3.

The impact of child maltreatment

Recognising and responding to concerns about vulnerable children is crucial if outcomes for vulnerable children are to be improved. Furthermore, child maltreatment will have both short-term and long-term ramifications if interventions are not put in place to stop the harm. As Powell (2011) notes, these include:

- death
- neurological damage
- disability (physical and learning)
- physical injuries
- mental health problems (including depression and self-harm)
- poor self-esteem
- attachment disorders (for a useful resource on attachment theory see Wilkins *et al.* (2015))
- emotional and behavioural problems; and educational difficulties.

There is increasing evidence to confirm that child maltreatment is linked to poor health and social outcomes in adulthood. While some individuals do develop resilience to the effects of abuse and neglect, not all do and it is argued that the morbidity and mortality that results from what is essentially a preventable phenomenon is unacceptable.

The incidence and prevalence of child maltreatment

The incidence of child abuse is measured by the number of cases that are recorded by the authorities over the course of one year. Research studies provide an indication of the prevalence of child abuse within the population – which is the proportion of a population who were abused during childhood. So, for example, where a small sample of the population is asked about their life experiences, the proportion of respondents who were abused is then extrapolated up to give an idea of what proportion of a wider population has experienced abuse (NSPCC, 2015).

However, findings from research studies often reveal much higher numbers of children who have been abused than official statistics do. Some child abuse does not come to the attention of the authorities as many children do

not disclose their abuse to anyone at the time because they are scared of the consequences of telling or are unsure *who* to tell or *how* to tell someone. In a research context people will often disclose abuse because they are able to do so anonymously.

Most research is done with adults, who may find it easier to talk about something that is no longer happening. After keeping the abuse secret for so long, it is a relief for some to be able to talk about it. For others, it is only after many years that they come to realise what happened to them as children was actually abuse. However, some may never disclose and as the NSPCC (2015) notes, there is no way of knowing how many people never tell anyone.

Studies do suggest that one in ten of all children suffer from some form of maltreatment during childhood but not all are captured in official statistics (Cawson *et al.* 2000; Radford *et al.* 2011; Harker *et al.* 2013; Department for Education, 2013). Cawson *et al.* (2000) undertook a study on behalf of the NSPCC and found that out of a sample of 2,869 young adults 18 to 24 years of age:

- 7 per cent reported serious physical abuse in childhood
- 1 per cent reported serious sexual abuse
- 11 per cent reported serious neglect
- 6 per cent reported serious emotional abuse.

In total, the study found that 16 per cent of the sample considered they had been seriously abused or neglected in childhood, with some respondents reporting multiple types of maltreatment. This is representative of one in six children in England. Radford *et al.* (2011), again on behalf of the NSPCC, interviewed young adults aged 18 to 24 years, and children aged 11 to 17 years. They found that one in four adults reported having been seriously maltreated in childhood. One in five of the children reported serious levels of maltreatment (Corby *et al.* 2012).

Corby *et al.* (2012) conclude that it is highly likely, if not proven, that child abuse and neglect is more widespread than official statistics can demonstrate.

There is still much hidden harm and therefore it is important that all practitioners whose work brings them into contact with children and their families are equipped with the skills and underpinning knowledge to recognise and respond to concerns. It is important that a vulnerable child can be recognised as well as the indicators of abuse and neglect.

The risk of abuse is greatest in infancy, although it is also evident that some groups of children and young people are at increased risk of abuse due to pre-existing vulnerabilities – for example, children with a disability, looked-after children, children seen as different and those whose needs have been missed or marginalised (Brandon *et al.* 2009).

Pause for reflection

Consider the factors that might increase a child's vulnerability and therefore increase the risk of maltreatment.

Safeguarding children and public health: implications for all sectors

Successful safeguarding not only improves outcomes for vulnerable children but also improves the well being of the population as a whole (Department of Health, 2009; Powell, 2011).

Safeguarding is a major public-health issue but this does not mean that the responsibility for this lies within the field of public health. As mentioned above, everyone who comes into contact with children and families has a role to play (HM Government, 2015a). Fergussion (2009) discusses how safeguarding is part of the continuum of care provided by a range of practitioners working within children and families. It is those who come into contact with children and families within universal services (e.g. education and health) who are best placed to identify issues of concern about the safety and well being of a child. Fergussion (2009) emphasises how a public health model implemented by all allows a move from a disease model (which focuses on recognising the 'signs and symptoms' of abuse and referring on) to a model that engenders prevention and early intervention. While it is crucial that actual abuse is recognised, it is also important that practitioners across the children's workforce are able to recognise vulnerability and engage in early help agendas in order to prevent or reduce the risk of a vulnerable child being harmed as a result of abuse or neglect. Parton (2015) also supports the notion that a broad public-health framework is a useful approach but it does need to locate a children's rights perspective as the focus of safeguarding and child protection practice. In addition, there needs to be recognition that there are a wide range of significant factors that result in the maltreatment of children.

All practitioners therefore have a mandate for prevention, early intervention and proactive work with children and families, alongside their responsibilities to recognise and respond to concerns that a child may be suffering harm.

Providing early help is more effective in promoting the welfare of children that reacting later. Early help is about proving support as soon as a problem emerges at any point in the child's life.

Roles, responsibilities and skills

Effective communication and assessment skills as well as knowledge of childcare and development are important tools for best practice in the field of safeguarding children. Effective safeguarding is also dependent on the ability to practise in an authoritative way when concerns arise.

Documentation and record keeping must also be clear, factual and contemporary, demonstrating justification of decision making, including that which is related to information sharing with other practitioners and agencies. Poor record keeping is a common theme in findings from serious case reviews along with a lack of clarity about assessment, decision making, care planning and evaluation of interventions. Crucially, there is often a failure to reflect the views and wishes of the child. This is picked up in Chapter 6.

Practitioners must therefore be able to recognise concerns and make referrals as well as contribute, as appropriate, to strategy discussions, initial child-protection conferences, core groups, child protection review conferences, child-death review processes and serious case review processes as appropriate to their role.

HM Government (2015c) in the policy document *What to Do if You're Worried a Child is Being Abused* identifies four key steps that a *practitioner* should follow to help them identify and respond appropriately to possible abuse and/or neglect. These are:

- to be alert
- to question behaviours (of children and parents)
- to ask for help
- to refer.

The document highlights that it may not always be appropriate to go through all stages sequentially. If a child is in **immediate danger** or is at **risk of harm**, the first step would be to make a referral to children's social care and/or the police, but it is also important to identify the basic facts. It will then be the role of the social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention or a criminal investigation, or both.

It is important, though, that practitioners record in writing all concerns, and record all the discussions that have taken place about the concerns. This should include who the discussions took place with. Practitioners should also document the outcome of discussions and the decisions made, together with the reasons for those decisions.

Policy updates (2015)
Working Together to Safeguard Children (HM Government, 2015a)

This is the key statutory guidance for anyone working with children in England and it should be complied with. This guidance updates the previous version published in 2013 and has been amended to include:

- changes on how to refer allegations of abuse against those who work with children

- clarification of requirements on local authorities to notify serious incidents (where a child dies or is seriously harmed)
- a definition of serious harm for the purposes of serious case reviews.

Keeping Children Safe in Education (HM Government, 2015b)

This is the key statutory guidance for all schools, colleges and academies in England. It sets out what they must do to safeguard and promote the welfare of children and young people under the age of 18. This guidance replaces the previous version published in 2014. It has been amended to include:

- some changes on how to report concerns and allegations
- clarification about recruitment and vetting processes
- clarification around preventing radicalisation.

What to Do if You're Worried a Child is Being Abused (HM Government, 2015c)

This is a short document containing advice for practitioners. It has been produced to help anyone whose work brings them into contact with children and families to identify child abuse and neglect and to take appropriate action in response. This advice replaces the version published in 2006.

Information Sharing (HM Government, 2015d)

This has been updated since 2008 in order to provide advice for practitioners providing safeguarding services to children, young people, parents and carers. It aims to help people working with children or parents and carers to decide when and how to share personal information legally and professionally. It replaces the previous 2008 publication 'Information sharing: guidance for practitioners and managers'.

- It is important that the above documents are used in conjunction with each other.
- Information sharing with the relevant agencies and practitioners is crucial for effective safeguarding and child protection practice. If practitioners are not sure as to whether they should share information a good starting point is to consider: 'what will happen if I share the information and what will happen if I do not?' Always seek advice and refer to the above policy.
- Concerns about the maltreatment of a child must always be referred to children's social care and the practitioner should discuss their concerns with the designated safeguarding lead in the organisation and seek support from them with regard to making the referral.

Summary

This introductory chapter has provided an overview of the principles and contemporary perspectives that underpin practice. The main message is that

safeguarding is about prevention and early help. Practitioners need to be able to recognise the vulnerable child and risk factors for maltreatment, as well as recognising the indicators of abuse and neglect.

It is important that practitioners not only recognise but also respond to concerns. The child should be the focus of all actions and responses and it is important to think child, think family and uphold children's rights. Subsequent chapters will address the nature of abuse and neglect, recognising concerns and responses, interventions and legislative and policy framework that guides practice.

Key texts

Harker, L. *et al*. (2013) *How Safe are Our Children?,* London: NSPCC

HM Government (2015a) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*, Department for Education

HM Government (2015b) *Keeping Children Safe in Education*, London: Department for Education

HM Government (2015c) *What to Do if You're Worried a Child is Being Abused*, London: Department for Education

Laming (2009) *The Protection of Children in England: A Progress Report.* London: House of Commons. Available online at: http://dera.ioe. ac.uk/8646/1/12_03_09_children.pdf

National Institute for Health and Care Excellence (2009) *When to Suspect Child Maltreatment*, London: NICE

NSPCC (2014) *Assessing Parenting Capacity: An NSPCC Factsheet*, London: NSPCC. Available online at: www.nspcc.org.uk/globalassets/documents/ information-service/factsheetassessing-parenting-capacity.pdf

NSPCC (2015) *Statistics on Child Abuse: Incidence and Prevalence*, London: NSPCC. Available online at: www.nspcc.org.uk/services-and-resources/ research-and-resources/statistics/incidence-prevalence/#tab-registers

Powell, C. (2011) *Safeguarding and Child Protection for Nurses, Midwives and Health Visitors: A Practical Guide*, Milton Keynes: Open University Press

Other useful sources of information

The Healthy Child Programme:

www.gov.uk/government/uploads/system/uploads/attachment_data/ file/167998/Health_Child_Programme.pdf

www.unicef.org.uk/UNICEFs-Work/UN-Convention

www.fatherhoodinstitute.org

2 Defining vulnerability, abuse and neglect

Introduction

Definitions of abuse impact on policy, practice and research. This chapter explains and describes the main types of abuse and neglect, as they are covered within the child-protection policy guidance in the UK. It provides contemporary definitions as reflected in policy at the time of writing. It is important that practitioners understand the different kinds of abuse and the facts they are all equally important and constitute unacceptable treatment of children. The discussion focuses on early and middle childhood: children up to about eight years of age. But bear in mind that all these issues also apply to older children and young people up to the age at which they cease legally to be a 'child'.

As indicated in Chapter 1, there is increasing emphasis in policy agendas on the need to protect vulnerable children and improve outcomes for the most vulnerable. There is emphasis on the need to recognise risk factors as well as abuse and neglect. Children are still being 'missed' and abuse and neglect is not being picked up until it is significant. This chapter will first consider what is meant by a vulnerable child and vulnerability, before discussing the different types of abuse. Contemporary definitions will be given as these provide the conceptual framework for practice within which legislation and policy are located. Definitions also determine the incidence of abuse and neglect as well as providing the framework for recognising unacceptable behaviour towards children.

This chapter will cover the following: definitions of abuse and neglect, what constitutes a vulnerable child and vulnerability, emotional abuse, physical abuse, sexual abuse and exploitation and neglect. It will also discuss 'fabricated' and 'induced illness'.

Vulnerability

Conceptions of vulnerability are central to recognising risk factors to abuse (Bradford, 2004). A vulnerable child may be at increased risk of maltreatment. The concept of 'vulnerability' also informs how individuals and groups are managed and classified within society, including those with mental illness, learning disability, the elderly,

within the criminal justice system, and children living with adversity and or those at risk of harm. Vulnerability is, however, difficult to measure (Action for Children, 2012). Nonetheless, it is important to highlight that findings from numerous inquiries and reports clearly articulate that vulnerable children are not always recognised early enough and there is much concern about 'poor' outcomes for vulnerable children (Laming, 2003; 2009; Munro, 2011; Coffey, 2014; Jay, 2014; Casey, 2015). There are particular concerns about 'missed opportunities' to identify neglect. The need to identify vulnerable children and the importance of reducing vulnerability are therefore key themes in contemporary policy for children in the UK.

Thus, it is clearly important that practitioners can identify vulnerabilities and risk factors to abuse and neglect. These vulnerabilities vary from child to child. Disabled children are particularly vulnerable to abuse, which may be because they have an impaired capacity to resist or avoid abuse. They may not recognise that they are being harmed and may not be able to distinguish between therapeutic and harmful interventions. They may have speech and language as well as communication needs and may not be able to articulate or tell others about what is happening to them. Children also develop and mature at different rates and so what appears to be worrying for a younger child may be 'normal' behaviour for an older child.

Parental behaviours may also impact on a child and so practitioners should be alert to parent–child interactions that are concerning, and other parental behaviours. Children are more vulnerable if they have parents who are misusing drugs or alcohol, or if there is a sudden change in a parent's mental-health well being, or they have a significant mental-health illness. Children exposed to domestic violence and abuse are also vulnerable and will experience harm as a result of the exposure.

By understanding the warning signs, practitioners can respond to problems as early as possible and make referrals to services to help ensure that the child and family will be provided with the right support and services.

Keep the child in mind

It is important to recognise that a 'warning sign' does not automatically mean a child may is being abused or neglected but it does indicate that the child is vulnerable (HM Government, 2015c). It is the exposure to the risk that increases the child's vulnerability.