

Understand how to respond to evidence or concerns that a child or young person has been abused or harmed

Practitioners are good at recognising when all is not well with a child or young person. Historically, the biggest difficulty has not been in recognising problems, but in communicating concerns to others (including parents or carers) and acting on them. Often practitioners worry about the consequences of passing on information, and worry that it might lead to the family being split up. It is important to remember that in the vast majority of cases the different services will work *with* the family to ensure the child or young person's safety. But the decision about what is best for the child or young person should be made by a trained social worker, acting on the best possible information. When practitioners feel worried but do not communicate their concerns to others, a child or young person can be put in danger.

Definitions of abuse and neglect

'Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger, for example, via the internet. They may be abused by an adult or adults, or another child or children.' (*Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*, DCSE, 2010)

There are four categories of abuse: physical, emotional and sexual abuse, and neglect. These are outlined below.

Physical abuse

Physical abuse is the most apparent form of child or young person abuse. It includes any kind of physical harm to a child or young person, which can include hitting, shaking, throwing, poisoning, burning or scalding, drowning and suffocating.

Physical harm may also be caused when a parent fabricates the symptoms of illness in a child, or deliberately induces illness – for example, giving a child so much salt that he or she becomes very ill, so that medical staff think the child has a gastric illness or a brain condition.

Emotional abuse

Emotional abuse is difficult to define and can be difficult to detect. It involves continual emotional mistreatment which results in significant damage to the child or young person's emotional development. The child or young person may come to feel worthless, unloved, and inadequate or valued only if they meet the expectations or needs of another person. Emotional abuse includes:

- The parent having expectations that are beyond what is suitable for the child or young person's age and development. This includes unreasonable expectations, like continuously trying to force a child to achieve more, and then constantly criticising the child for his or her failures. At the other end of the spectrum, some parents may fail to stimulate their child adequately; for example, keeping a two-year-old child in a playpen with only a few baby toys.
- Preventing a child from participating in normal social interaction with other children, either by keeping the child at home, or by taking the child out but being so overprotective, fearful or controlling that the child cannot join in.
- Failing to protect the child from witnessing the mistreatment of others; for example, cases of domestic violence.

All children and young people will experience some emotional difficulties as part of the ordinary processes of growing up. It becomes abusive if the result is significant damage to the child or young person's emotional development. All cases of child or

young person abuse will include some degree of emotional abuse.

Sexual abuse

Sexual abuse involves forcing or encouraging a child to take part in sexual activities. The child may or may not be aware of what is happening. Activities may involve physical contact (such as rape, including forced anal sex or oral sex) or non-penetrative acts like touching or masturbation.

The abuse may include non-contact activities, such as involving children in looking at or in the production of sexual images online or on mobile phones, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect means that the parent persistently fails to meet the child's basic physical needs, psychological needs or both. The result is that the child's health or development is significantly impaired.

Neglect can occur during pregnancy if the mother abuses drugs or alcohol, which can have serious effects. Neglect of babies and young children includes the failure to:

- provide adequate food, clothing and shelter
- keep the child safe from physical and emotional harm or danger
- supervise the child adequately, including leaving the child with inadequate carers
- make sure the child is seen promptly by medical staff when ill
- respond to the child's basic emotional needs.

Research Activity

This section on abuse and neglect draws on guidance from *Every Child Matters*.

- Find out more by reading the guidance in full on this website: www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/workingtogether
- Search online for 'Working Together to Safeguard Children'.

Recognising child abuse

The National Society for the Prevention of Cruelty to Children (NSPCC) states that:

'Children and young people often find it very difficult to talk about the abuse they are experiencing. So adults have a vital role to play in looking out for the possible signs.'

The following section draws on the NSPCC's guide, *Learn how to recognise the signs of child abuse*. It is not always possible to be completely certain that a child is being abused, but there are signs and indicators that all early years practitioners should look out for:

- A baby or toddler who is always crying.
- A child who often has injuries or bruises.
- A child who is often very withdrawn. Withdrawn children are not simply quiet or shy – they shrink from adult attention, lack interest in their surroundings and try to occupy themselves without being noticed.
- A child who is often in very dirty clothes, looks unwashed for a period of time or is very smelly.
- A child who is frequently very hungry.
- A child who is often inappropriately dressed for the weather or time of year. This would include children who often come to the setting in thin T-shirts, shorts or dresses through the winter. It would also include children who come into the setting on a hot day in very warm clothes.
- Any indication that a child is being left home alone, or left unsupervised in unsafe circumstances at home.
- A child who does not receive the medical treatment which he or she needs.
- A child who is mocked, sworn at, constantly joked about and made to feel foolish or useless.
- A child who expresses fear about particular adults, seems reluctant to be picked up by a particular adult, or afraid to be left alone with that person.
- A child with very strong mood swings – anxiety, depression, uncontained anger or severe aggression.
- A child whose sexual knowledge, use of sexual words or sexual behaviour is not appropriate for their age or development.
- A child who is witnessing domestic violence.

- A child who is witnessing significant drug or alcohol abuse.

There may be valid explanations for some of these signs. Equally, there are many other indications of possible abuse, and other circumstances that could be unsafe for a child. The NSPCC advises that:

'The most important thing to remember is that if you have a gut feeling that something is not right, **trust your judgement** and take action.'

Research Activity

- Read the full NSPCC guide at this website: www.nspcc.org.uk/helpandadvice/whatchildabuse/signsofabuse_wda51231.html Search online for 'Learn how to recognise the signs of child abuse'.

Allegations

Sometimes a child or young person may allege information that leads you to think that he or she is being abused. With young children, this may happen in a number of ways. A child might tell you something directly: 'Mummy and Daddy went out yesterday, and me and Scarlet were scared because we were all alone.' Or a child might use play to communicate – for example, you might observe a child in the home corner shouting at and slapping one of the dolls.

In all cases, your role when a child or young person alleges is to listen very carefully and show concern. Reaffirm that it is good for the child or young person to tell you things that are worrying or upsetting him or her. Say that you believe them. If you are not sure about something a child has said, then ask for clarification: 'I am not sure I quite understood – did you say it was your arm that hurts?'

However, there are also some things that you must *not* do. You must not question or cross-examine a child, or seem to put words into a child's mouth. You would therefore not ask a question such as, 'Does this happen every day?' because the child might just agree with you, or repeat your words. You are there to listen and observe – you are not an investigator.

A child or young person may make an allegation to anyone – their key person, the caretaker, the dinner supervisor, a student on placement. For that reason, it is very important that everyone who comes into contact with children and young people has training on safeguarding and knows what to do if they have any reason to be worried about a particular child or young person.

Key term

Allegation – This is when a child or young person alleges information that causes an adult to be concerned about their safety and wellbeing. This might happen through children talking, acting things out in their play, or drawing and painting. It is essential that early years practitioners listen and watch very carefully, but do not question the child or put words into the child's mouth.

Procedure for when abuse is suspected

If a child or young person alleges to you, or if you are worried for one or more of the reasons listed by the NSPCC (see page 000):

- Make a note that is as exact as you can make it, recording exactly what the child or young person said, and anything you noticed (signs of an injury, child or young person seeming upset, stressed, angry or ashamed while talking to you). If you have had ongoing concerns, summarise what these are; again, be as accurate as you can.
- Discuss your concerns as a matter of urgency with the named member of staff for safeguarding, however busy that person seems to be.

In most cases, the named member of staff will discuss the concerns with the parent or carer and then make a judgement about what to do next. You should be told what action (if any) is being taken, and why. Responses might include:

- **No action** – for example, in a case where a parent gives a reasonable explanation for their child's injury or behaviour.
- **Advice given** – for example, a parent is advised on what sort of clothes will keep their child warm enough in winter. Staff can then check that the child is appropriately dressed on subsequent days.

- **Support offered** – for example, a parent might agree that she is finding it difficult to manage the child or young person's behaviour, and might welcome the offer of support from a parenting group or an appointment with a clinical psychologist.
- **Referral to family support at the local children's centre** – this will provide structured support and help for the family on a voluntary basis. A similar type of referral might be made to a specialist social work team (Disabled Children's Team, Domestic Violence Project).
- **Referral to Children's Social Care (social services)** – if the named person judges that the child or young person is at risk of significant harm, a written referral will be made to Children's Social Care.

If you have raised a concern and you think that the action being taken is inadequate, meet the named person again. Explain your opinion, referring to what you have observed or heard. Although such conversations are very difficult, they are essential if we are to uphold to the principle that the child or young person's welfare and safety comes first.

If you are a learner, discuss your concerns in confidence with your tutor. Any worried adult is also entitled to contact Children's Social Care or the NSPCC directly. If you have reason to believe your concern is not being acted on, you should do this.

Research Activity

Read the summary document, *What to do if you're worried a child is being abused*. It is available on this website: <http://www.education.gov.uk/publications/eOrderingDownload/6841-DfES-ChildAbuseSumm.pdf> or search online for 'What to do if you are worried a child is being abused'.

Confidentiality and 'need to know'

In general, you must keep sensitive information confidential. If information circulates too freely, parents can feel very exposed and vulnerable. They may stop sharing information with staff.

Where appropriate, seek consent before you share information

You might find out on a home visit that a child's mother has a serious mental health difficulty, which is well managed by medication and therapy. However, the medication can make her feel rather tired first thing in the morning, and she tells you that she can struggle to take on information or hold a conversation then. So you might say, 'I will need to tell my manager this, but shall we also let the staff team know, so that they can talk with you at the end of the day and not in the morning?' The parent can then give or withhold consent freely.

Activity

1 What are the four categories of child abuse?

2 What should you remember to do, if a child or young person alleges to you? What should you avoid doing?

3 Why would early years staff share concerns about a child's welfare or wellbeing with the child's parents, rather than just keeping a record or making a referral?