Chapter 25 Safeguarding Practices

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Learning Outcomes

- Explore the legislation, statutory guidance and principles underpinning contemporary safeguarding practices.
- Distinguish between the various types of child abuse and neglect.
- Understand the risk factors and recognise the signs of child abuse and neglect.
- Know how to report child protection concerns.
- Develop an understanding of online harms and how to keep children safe online.

Introduction

Babies and young children rely on the adults who care for them to ensure that their needs for safety, security and love are met. As an early years practitioner, safeguarding is embodied in every contact you have with a baby or young child because it is this contact that lets them know how much they matter and enables you to sense when something is not right in their world. Sadly, experiences of abuse and neglect are a reality for many children. In March 2019, 52,260 children were subject to a child protection plan in England and of these, 34,340 were under the age of nine (DfE, 2019). On average, at least one child per week is killed by assault, neglect, or undetermined intent in the UK with babies under the age of one year more likely than any other age group to be killed by another person (NSPCC, 2020). The UK has a framework of legislation and guidance to support practitioners to safeguard children and take action to ensure their protection. This chapter will provide an overview of this framework and

the principles that underpin it. It will help to identify children who might be at risk of harm, understand how to share concerns and provide an understanding of responsibilities for an early years practitioner in relation to safeguarding practices.

The Historical Context

The current child protection system has evolved over time from the disconnected actions of a few philanthropic individuals into a highly organised social system. This is made up of a multitude of interconnected agencies, professionals, and means of communication which together can be read as a statement of what society finds acceptable in terms of its treatment of children (Luhmann, 2013). Until the nineteenth century, child abuse was not widely conceptualised as a social problem. However, industrialisation and the transfer of labour from rural to urban areas made child poverty more visible and social reformists became concerned with the associated dangers to poor children from alcohol, prostitution, and other social ills. Poor parents who could not materially support their children came to be seen as neglectful and immoral providing the favourable conditions needed for the identification of child abuse as a social problem (Martineau, 1997).

The late nineteenth century brought with it the launch of some hugely influential charitable organisations whose common concern was improving the welfare of children (Wells, 2009). Notable amongst these was the establishment of Barnardo's in 1867 and the National Society for the Prevention of Cruelty to Children (NSPCC) in 1889. The original focus of these charities was to educate parents and impel them to behave responsibly towards their children; there was no intention at this stage to punish offenders or remove children from the home.

However, implicit in this charitable work was the notion that the children of the idle and neglectful poor were better off without their parents. In 1889, under increasing pressure from the NSPCC, the government passed the Prevention of Cruelty to Children Act closely followed by the Children Act 1908 or the Children's Charter as the two acts were popularly known. This, for the first time, created, not only the crime of child abuse but also the means to deal with it (Hendrick, 2003).

This era marked a remarkable change in societal attitudes towards children who now came to occupy centre stage in social policy. A total of fifty-two Acts involving the welfare of children were passed by Parliament between 1885 and 1913. Urban areas became the focus for a mass of interventions in family life. In 1933 the Children and Young Persons Act provided a definitive list of offenses against children which is still referred to today by those attempting to identify risks to children. The introduction of the 1948 Children Act was in many ways simply a consolidation of all this previous legislation but it was also significant in that it brought with it the establishment of local authority children's departments which employed professionally trained social workers in place of previous reliance on NSPCC inspectors.

Until the 1970's cases of neglect dominated child protection work and accounted for around ninety percent of identified cases partly because the general social acceptance of the physical punishment of children made the identification of physical cruelty problematic (Ferguson, 2011). This changed in the latter half of the twentieth century, partly as a result of pioneering medical professional Henry Kempe who identified the battered child syndrome. Conceptualising child abuse as a syndrome made it something that doctors could diagnose

with the use of x-rays to uncover hidden injuries. For Kempe, these injuries were not the result of poverty or neglect but the result of poorly controlled aggression in parents and he argued that potentially fatal cases of child abuse went unrecognised because society did not accept that some people intentionally harmed or killed their children (Kempe et al., 1962).

Kempe's work, followed by the widely reported death of Maria Colwell in 1973, ensured that the concept of physical child abuse rose in the public consciousness from near obscurity to glaring visibility. Maria was killed by her stepfather shortly after social services returned her from kinship care to live with him and her biological mother. Key contributary factors in Maria's death were thought to be inadequacies in the training of social workers and lack of communication between the various agencies who were aware of her situation. The subsequent findings of the inquiry into her death (Secretary of State for Social Services, 1974), ensured that from that point on, a primary aim of the child protection system has been to ensure that professionals from all agencies, including health, education and police services, are familiar with the signs of child abuse and have developed procedures for sharing information between them (Frost and Parton, 2009).

The Contemporary Legal Framework

The 1989 Children Act amalgamated almost all prior child protection law into what is probably the most significant and comprehensive enactment of child care legislation to date (Holt, 2014). It followed three highly influential public inquiries into the deaths of Jasmine Beckford, Tyra Henry and Kimberley Carlisle in the mid 1980's which highlighted how key safeguarding agencies had failed to work together to prevent the deaths of children. The Act is based on a number of guiding principles, the first of which is that the welfare of the child is

paramount. Section 1 (3) of the Act sets out the welfare checklist which social workers refer to in all cases where there are child protection concerns. This checklist states that there should be consideration of the ascertainable wishes and feelings of the child, the physical, emotional, and educational needs of the child, the likely effect of any change in circumstances, the child's age, sex, background and other relevant characteristics, any harm the child is suffering or is at risk of suffering and the capabilities of the child's caregivers in relation to meeting his or her needs.

Another key principle of the Act is that of parental responsibility. This emphasises that the primary responsibility for the care of children rests with the parents and safeguarding agencies should support families to fulfil this responsibility. This principle is supported even when the child is subject to a care or supervision order in which case the local authority as *corporate parent* is required to support contact between the child and parents and consult the parents regarding important decisions in the child's life (Holt, 2014).

Section 17 of the 1989 Act requires local authorities to provide services for children in need and their families and this includes children with disabilities, children with complex care needs or special educational needs, and asylum-seeking children. Children are considered to be in need if they are unlikely to achieve or maintain a reasonable level of health and development without the provision of local authority services. The Act also places a duty on local authorities to investigate cases where a child is thought to be suffering or likely to suffer significant harm. In such cases the local authority should initiate an enquiry to determine any actions that are needed to protect and safeguard the welfare of the child; this is often referred

to as a section 47 enquiry. The threshold at which professionals should take action is where there is:

> (1) …reasonable cause to suspect that a child who lives, or is found, in their area is suffering or is likely to suffer, significant harm.

In this case:

> (2) ...the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

However, there is often a blurring of the boundaries between a child in need (section 17) and a child in need of protection (section 47) and it is not always easy to decide what constitutes significant harm.

Debates and Dilemmas

A child in need of protection?

You have some concerns about one of your key children. Mia is four years old and lives with her mum. Her mum had previous involvement with social services and, when Mia was two, her mother's partner (who is not Mia's father), was asked to leave due to his violence towards her mother. Mia's mother received support from a domestic violence recovery programme and the housing service. All of that is now in the past and Mia has been happy in the setting and is progressing well in her development. One of the other parents has confided in you that the couple have

recently been reunited and there have been reports of disturbances from neighbours. Mia's attendance has become sporadic lately and you have noticed that she sometimes seems preoccupied. Although she seems to be developing well, you are concerned that there may be risks to Mia associated with the couple resuming their relationship.

1. *What might be your specific concerns in this case?*
2. *Does this case meet the 'significant harm' threshold under S47 of the 1989 Children Act?*

You might be concerned that Mia's home environment is not safe and secure or that her emotional development and wellbeing might be affected by fearing or witnessing incidents of domestic abuse. You might be concerned that Mia's mum is prioritising her own needs over her child's by resuming a violent relationship. If the couple intend to continue their relationship and Mia is exposed to violence within the family home she could be at risk of significant harm and therefore an assessment is required by a social worker to determine whether there are current risks to Mia.

The Principles Underpinning Contemporary Safeguarding Practices

Working Together to Safeguard Children

In 2000 the death of Victoria Climbie resulted in the widespread reform of children's services in the UK. Victoria was eight years old when she died in London as a result of months of abuse and multiple injuries inflicted on her by her great-aunt and her great-aunt's partner who were subsequently convicted of her murder. The inquiry into Victoria's death found, as had

that into the death of Maria Colwell decades earlier, that there were no clear lines of communication between the professionals who were involved in Victoria's life at the time of her abuse including social workers, police officers, doctors, and her childminder (Laming, 2003).

The Children Act 2004 brought with it a collection of reforms which sprung from the recommendations of Laming's inquiry and the subsequent Green Paper *Every Child Matters* (DfES, 2003) aimed at integrating services for children. These included the establishment of Local Safeguarding Children Boards (LSCBs) to coordinate safeguarding activity across statutory and voluntary agencies, the requirement for local authorities to appoint Directors of Children's Services and the introduction of a Children's Commissioner in England. Crucially, the Act placed a duty on safeguarding agencies including health, education, social care, and police to cooperate to protect and promote the wellbeing of children in the local area.

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (HM Gov., 2018) is the most recent statutory guidance which all agencies and organisations that work with children must follow. This guidance has been through several revisions since it was first published in 1999 but is still based on the idea that a single professional person or agency is unlikely to have a complete picture of a child's circumstances and therefore everyone who comes into contact with a child has a responsibility to identify concerns, share information with relevant agencies and take action to ensure the child is protected. The guidance also introduced the relatively new concept of Safeguarding Children Partnerships which took over in 2019 from LSCBs to promote multi-agency working and practice at a local level. Each partnership is made up of three statutory

safeguarding partners within the local area; the local authority, the chief officer of police, and the clinical commissioning group. The partners are required to take strategic leadership in arrangements to safeguard children and have a responsibility to engage any other relevant agencies including educational settings and other organisations to work collaboratively to protect and promote the welfare of children within the local authority area.

Working Together (HM Gov., 2018:7) defines safeguarding as:

- Protecting children from maltreatment.
- Preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

Extended Reflective Thinking

With colleagues, reflect upon the four aspects of safeguarding defined in Working Together (HM Gov., 2018)

- *Think of examples under each heading of what your team currently does to keep children safe.*
- *How do you work with other agencies and professionals to safeguard children?*
- *How might you develop your safeguarding practices as a team?*

Early Intervention

Early intervention is a fundamental principle which underpins safeguarding policy and practice in the UK. Well-placed, structured interventions in the early years of a child's life can prevent problems escalating and dramatically improve their long-term health, safety, educational and socioeconomic outcomes (Field, 2010; Allen, 2011). Intervening early in a child's life can reduce the need for expensive public service interventions later in life related to crime, educational failure and poor mental health (Powell, 2019). Early intervention services are wide ranging and can be universal, meaning they are offered to all families, or provide targeted support for particular groups. Examples include school-based intervention programmes to support early language skills and home visiting services to support families to develop parenting skills. Many early years practitioners are employed in early intervention services, such as those offered by Sure Start Children's Centres which aim to reduce inequalities and improve outcomes for children.

Children's health and development can be threatened by issues such as poverty, parental unemployment, financial stress, poor housing and being brought up in a community where there are high levels of violence and anti-social behaviour. These risk factors increase the likelihood that children will experience unemployment, substance abuse, sexual exploitation, criminal activity, domestic violence, and mental health problems in later life (Early Intervention Foundation, 2018). Knowledge of these risk factors can help practitioners to identify vulnerable children who might benefit from early interventions aimed at reducing the potential impact of these issues, for example, the Healthy Start Scheme or the Troubled Families Programme. Providing support early on can increase protective factors in a child's

life through development of social and emotional skills, strong parental mental health, income support, and strong family support networks (NSPCC, 2019). This promotes children's welfare which is an important aspect of safeguarding and can reduce the need for children to be referred to child protection services.

Recognising Child Abuse

Child abuse occurs when a child is harmed by the actions or inactions of an adult or another child. It can be intentional or unintentional and can happen in a variety of settings including the home, educational setting, local community, and online. Child abuse is often defined under the four main categories of physical abuse, emotional abuse, sexual abuse, and neglect. However, it can take many forms including child trafficking, modern slavery, child sexual exploitation, female genital mutilation, cyberbullying or witnessing domestic violence. Spotting the signs of abuse and reporting them quickly is key to minimising danger to the child and other members of the family.

Neglect

Almost half of children on child protection plans in England are registered under the category of neglect making this the most common form of child abuse (DfE, 2019). Neglect can take several forms but is usually understood as the ongoing failure of a caregiver to meet a child's basic needs. Physical neglect means that young children are not properly supervised putting them at risk of significant harm, or that their physical needs for food, shelter and adequate

clothing are not met. Emotional neglect occurs when a child does not receive the love, care and nurturing needed to thrive and survive. Other forms of neglect occur when a parent or carer does not ensure that a child receives an education or the medical care that they need. Neglect can have severe developmental consequences for babies and young children including disruption of brain development which increases the risk of developing cognitive and behavioural disorders. Neglected children also experience a greater risk of developing relational, and interpersonal difficulties in later life (National Scientific Council on the Developing Child, 2012).

It is not always easy to spot the signs of neglect and one or two isolated signs does not necessarily mean that a child is neglected, but multiple signs noted over a period of time can give cause for concern. You might notice a young child is smelly, dirty or has inadequate clothing. They might often be late or absent from school or nursery. You might notice frequent accidental injuries caused by a lack of supervision, or untreated illnesses or infections. Neglected children might have low weight or short stature for their age, be frequently tired, or display behavioural signs such as finding it difficult to concentrate or take part in activities, being clingy, withdrawn, aggressive or developing obsessive or compulsive behaviours.

Physical Abuse

Physical abuse usually happens within the confines of the home and may occur as an isolated event or repeated events, sometimes over many years. It involves the deliberate infliction of violence on a child and is characterised by the presence of non-accidental injury. In its most

extreme forms, it results in severe life-changing injury or death. During the period 2014-2019 there was an average of 84 child homicides per year in the UK with babies under one having the highest rate of homicide and the child's parent or stepparent being the most common perpetrator (NSPCC, 2020). All children have minor trips, falls and accidents from time to time but repeated or patterned injuries could be a sign that a child is being abused.

Signs of physical abuse include bruises, fractured bones, burns, scalds, bite marks, lacerations, and scarring. Other injuries are internal and the cause of any symptoms might not be obvious, for example, poisoning might cause vomiting or seizures; drowning and suffocation might result in ongoing breathing difficulties. Symptoms of head injury in a baby who has been shaken or thrown might include vomiting, seizures, extreme drowsiness, or irritability. This can result in severe long term consequences including brain damage, physical disabilities, learning difficulties, blindness, hearing and speech difficulties, or death. A more unusual form of physical abuse is where a parent or carer (usually the child's mother), deliberately induces or fabricates the symptoms of illness in a child. This is sometimes referred to as Munchausen's syndrome by proxy. The parent may persuade healthcare professionals that their healthy child is ill by manipulating test results or by inducing the signs of illness through administration of medicines or other substances.

Emotional Abuse and Witnessing Domestic Violence

Almost all parents will at some point be too tired, busy, or preoccupied to be responsive to their child's immediate interests and might say hurtful things in anger which they regret later on. This is unlikely to cause long term psychological damage as children understand that the

adults they love might occasionally act out of character when stressed. Emotional abuse is characterised by the child receiving persistent negative messages which have severe adverse effects on their emotional development and wellbeing (NSPCC, 2010). Emotionally abusive behaviours include persistent verbal abuse, deliberate humiliation, or making a child feel ashamed for something they are developmentally unable to do. It might also include threatening or witnessing violence including domestic violence and bullying, causing a child to feel frightened or that they are in danger. Other children might be isolated or prevented from taking part in social and learning activities or may be deliberately silenced.

In the year preceding 31st March 2019 there were 105,070 child protection assessments in England where emotional abuse was identified as a contributing factor, and on this date, 18,460 children in England were subject to a child protection plan under the category of emotional abuse including 230 unborn babies. (ONS, 2019). In many cases this might have been as a result of living in a situation of domestic violence. Experiencing domestic violence during pregnancy increases the risk of premature labour, low birth weight, fetal distress, injury, and death. In addition to the physical risks, anxiety, stress, and depression experienced by the mother during pregnancy can affect the unborn baby resulting in behavioural problems as a child, a higher risk of developing mental health problems and an increased risk of being abused themselves either in childhood or later in life (Lannert et al., 2014).

Experiencing emotional trauma early in childhood can have a powerful impact on a person's physical and mental health as an adult. The Adverse Childhood Experiences Study (Felitti et al., 1998), found that children who had been emotionally abused or neglected were between four and ten times more likely than other children to experience depression, obesity,

inactivity, drug and alcohol misuse, and attempted suicide as adults. The study also found that chronic, unrelieved stress in early childhood affects development of the brain and central nervous system which can result in suppressed immune system function and a greater likelihood of heart disease, lung disease, liver disease and skeletal fractures as an adult, all of which shorten life expectancy. Persistent stress and emotional deprivation in early childhood can also cause psychosocial short stature (PSS) which is a growth disorder. This occurs when the child's body is constantly in *fight or flight* mode causing increased release of the hormone cortisol which inhibits the production of growth hormone in the brain (Gaines Lewis, 2014).

It can be difficult for early years practitioners to recognise and substantiate emotional abuse because there are often no physical signs or injuries. However, signs that a baby or young child may be experiencing emotional abuse include low self-confidence or self-esteem, social withdrawal, or a loss of interest in activities, regression in development, an ambivalent relationship with caregivers, aggression towards other children or being overly affectionate towards adults they have not known for very long.

Sexual Abuse and Child Sexual Exploitation

The NSPCC (2019a) estimates that one in twenty children in the UK experience sexual abuse. Thirty-three percent of children who have been sexually abused are 8 years old or younger when their abuse starts and sometimes it continues for many years (ONS, 2019). Sexual crimes against children include penetrative and oral sex; inappropriate sexual touching; forcing a child to strip, masturbate or perform sexual acts; possessing, taking, downloading, viewing, or distributing sexual images of children; and engaging in sexual activity in front of a child including viewing pornography. Child sexual exploitation is a type

of sexual abuse and occurs when a child is coerced or deceived into taking part in sexual activity in return for something the victim wants or needs such as gifts, drugs, money, or affection. This includes grooming where an abuser deceives a child into forming an emotional connection, trusting, or consensual loving relationship in order to sexually exploit them; this can happen in person or online. Older children are more likely to experience sexual exploitation, but victims can be as young as 8-years-old, particularly in relation to online abuse (DfE, 2017).

There may be physical signs of sexual abuse, particularly when it has involved penetrative sex. Bruising; discharge or soreness in the genital or anal area; or frequent urinary tract infections could be signs of sexual abuse. However, most forms of sexual abuse do not result in physical signs or injury. You are more likely to observe behavioural signs such as anxiety, depression, self-harm or aggression; nightmares or bedwetting; avoidance of being alone with a particular person; age-inappropriate sexual knowledge; and inappropriate or abusive sexual behaviour towards other children or adults (Beckett, 2007).

Child Trafficking and Modern Slavery

In 2019, a total of 4550 children were identified as potential victims of trafficking by UK authorities (Home Office, 2019). Child trafficking is abuse that involves the recruitment, transportation and harbouring of children using deception, force, or coercion for the purposes of exploitation. It often involves networks of organised criminals who engage in related activities such as falsifying documents, renting premises and laundering money. Children may be trafficked across borders from one country to another but can also be trafficked

within a country. Traffickers often use grooming techniques to gain the trust of a child or family and may trick them into believing that the child will receive an education or a better life elsewhere. Trafficking is considered to be an aspect of modern slavery because children are separated from their families, moved against their will, dehumanised, treated as commodities, held captive and are often controlled through psychological, physical, or sexual abuse.

Children are trafficked for a variety of reasons including illegal adoption and fostering arrangements, sexual exploitation, forced marriage, domestic servitude, forced labour, and criminal activity such as moving drugs, street crime, benefit fraud and immigration fraud. Trafficked children are intentionally hidden and isolated from the wider community so it can be difficult to identify them. Signs that a child may have been trafficked include them being unsure of personal details or where they live, having unexplained gaps and moves in their history, having poor quality relationships with their adult carers, living at an address with a number of other unrelated children, physical injury, exhaustion, or ill health, being fearful or avoidant of adults, not being enrolled in school or registered with a GP, wearing the same clothes consistently and not owning personal items. If you suspect a child has been trafficked, it is important *not* to raise concerns directly with the adults who are caring for the child as this could put the child at further risk by being moved.

Risk Factors for Child Abuse and Neglect

A range of contributary factors increase the risk that children will experience abuse in early childhood including living with domestic violence or where the parent's needs make it

difficult for them to adequately care for their children, such as where there is substance or alcohol misuse or mental health problems. However, the focus on individual deficits in cases of child abuse mean that the role of structural inequalities is often ignored and the contribution to child abuse of factors such as poverty is poorly acknowledged (Parton, 2014). Poverty and unequal social conditions are key drivers in the demand for early intervention and child protection services. However, families who live in poverty often experience social and psychological feelings of shame related to being unable to provide for the basic needs of their children. The stigma associated with being subject to child protection proceedings adds to these feelings of shame. Bywaters et al., (2019), point out that we cannot be certain whether the child protection system and its services exacerbate inequalities in the lives of children and families or whether they reduce them.

Intersectionality is a concept which can support understanding of how various social categories shape individual children's experiences of child abuse and neglect. It is based on the idea that interlocking structural factors such age, ethnicity, culture, disability, gender, poverty, and religion can intersect to increase the bias and inequalities experienced by individual children. Nadana et al.,(2015) argue that there are significant gaps in our knowledge about how cultural and social forces interact to increase the likelihood of child abuse and neglect, and if the problem is to be treated more effectively, a greater understanding of the complexity of individual identities and context is needed.

The *Crime Survey for England and Wales* (ONS, 2019) found that those with a disability are around twice as likely as other children to experience abuse before the age of sixteen. Prevalence of child abuse is higher for girls than boys for all types of abuse apart from

physical abuse where there is no difference. Those of mixed or multiple ethnic identity are more likely to have experienced abuse before the age of 16 years (32%) compared to those who identify as White (21%), Black (17%), and Asian (11%). However, these figures should be interpreted with caution as they might well reflect wider socio-economic inequalities such as poverty which can increase stress in families and impact on parents abilities to respond to their children's needs. They could also reflect cultural differences in the likelihood of reporting abuse, for example, Asian girls face particular barriers in disclosing sexual abuse as they may fear bringing shame and dishonour on their families (Gohir, 2013). Although there would seem to be differences in experiences of child abuse relating to factors such as gender, disability, and ethnicity, it is difficult to draw conclusions in relation to individual experiences of intersectionality.

Reporting Child Abuse

It is difficult to know the full extent of child abuse because many children never disclose their abuse and so much of it remains hidden. The Crime Survey for England and Wales (ONS, 2019), has estimated that approximately 8.5 million adults experienced abuse before the age of 16 years. This is equivalent to approximately 20% of the adult population and means that many children who are being abused will never come to the attention of children's social care services. It is therefore vitally important that early years practitioners are alert to behavioural signs and other indicators of abuse and neglect, particularly in children who are non-verbal, and that they know how to share information about child protection concerns whilst respecting the confidentiality of children and families.

Disclosure

Young children may not recognise they are being abused and awareness may only come gradually as they develop and mature and are able to compare their own family circumstances with those of others. Children with learning disabilities are less likely than other children to understand their situation as abusive and may have communication difficulties which make it particularly difficult for them to disclose their abuse. Therefore, practitioners should be particularly alert to the potential safeguarding needs of children who are disabled or have special educational needs even if they do not have a statutory Education, Health and Care Plan (HM Gov., 2018). Children who disclose abuse often do so because they want to make it stop or they need medical treatment or emotional support. Disclosure is not always verbal and many children reveal their distress through behavioural indicators and signs. Cossar et al., (2013) found that many young people who had felt unable to tell an adult about their abuse as a young child said that they wished an adult had noticed what was going on and asked them about it. This has implications for those who work with young children as the appropriate and sensitive intervention of a trusted adult can support them to disclose and get the help they need. It is important for practitioners to use their instincts, particularly when working with babies and non-verbal children; if practitioners feel uneasy or that something is not quite right, that is often a feeling that is worth paying attention to.

Children often delay disclosing abuse for many months or years because they fear they will not be believed, blame themselves for the abuse or feel shame and embarrassment. When a child discloses, it is therefore very important that they are believed and taken seriously, as it may have taken considerable time and courage for the child to speak out. They should be reassured that action will be taken to keep them safe. Children may be reluctant for the

practitioner to share information with others as they may fear consequences from their abuser. Practitioners should reassure the child but tell them that they need to share the information to keep them safe, explaining the action that is intended in developmentally appropriate language. Information can be shared without the consent of the child or caregivers if it is justified in the public interest or required by law such as where there are child protection concerns.

Raising Concerns

Anyone who works with babies and young children, has a duty of care to protect them from harm. When making decisions about whether to refer a child, it is important to be familiar, not only with the national legislation and statutory guidance, but also the procedures set out by the local Safeguarding Children Partnership and the safeguarding policies and procedures within the school or organisation. It is important to record, in writing, all the facts and concerns relating to the child with dates and times where possible. Records of discussions had about the child's welfare and the reasons for any decisions you have taken must be kept.

Debates and Dilemmas

Recording information

Imagine that a parent has made a freedom of information request in relation to her child's safeguarding file and the early years practitioner has documented that her

child is at risk of 'abuse' rather than 'harm'. What might be the consequences in terms of working with this parent in the future?

It is important to consider how the language used might be interpreted by the families worked with. The word *abuse* is quite emotive and judgemental; it might be perceived to imply intent and blame. The word *harm*, on the other hand, is more child centred. It can help parents to focus on the child's experience and allow support for them in reducing the risks the child might be facing. Giving some thought to the choice of language can help prevent barriers arising and support working relationships with parents.

Once the decision has been made to share concerns about a child, the most appropriate course of action will depend on the seriousness and circumstances of the concerns and the settings safeguarding procedures. In most cases concerns should be discussed with the line manager or setting's designated safeguarding lead (DSL). All schools and early years settings are required to appoint a DSL who has responsibility for liaising with safeguarding partners, sharing information when appropriate, and attending multi-agency meetings. The DSL manages child protection files and makes referrals to children's social care, police, and mental health services. They are also responsible for developing and maintaining a proactive safeguarding culture within the setting, acting as a source of support, advice and expertise for colleagues and managing the training needs of staff (HM Gov., 2018). The DSL will usually make the decision regarding whether to refer the case. However, if concerns are not being acted upon by the DSL, it is the practitioners responsibility to take action and refer to children's social care but should notify the DSL that this is what has been done. If the DSL is

not available and a child is in immediate danger or at risk of harm, it is possible to make a referral directly to children's social care or call the police.

Once the referral has been made, a social worker should contact the practitioner or the DSL and might be asked to take part in further assessment of the child through an early help assessment, a S17 child in need assessment, or a S47 child protection investigation (HM Gov., 2015). Early years workers can make a valuable contribution to assessment as they have a detailed knowledge of child development and what children are generally able to do and understand at various ages. This ability to assess a young child's development and identify regression or delay can be of crucial importance in assessing risk (Holt, 2014). If the social worker decides that the child is suffering, or is likely to suffer, significant harm, a strategy meeting will be held to rapidly identify a course of action. The early years worker might be invited to contribute to this discussion by providing information and helping to identify what action is needed. If, following the strategy meeting, the child is assessed to be at continued risk of significant harm, an initial child protection conference will be convened to make further decisions and the EYW may be invited to contribute to this process. At the conference, if the child is made subject to a child protection plan, a core group of practitioners and family members will be identified to develop and implement the child protection plan. If the practitioner is identified as a member of the core group they will play a central role in this and may work closely with the child and family to implement the plan.

Safeguarding Children Online

The internet is integral to daily life for many people and this is particularly the case in the context of home schooling and home working during the lockdown periods due to the Covid 19 pandemic. According to Ofcom (2018):

- 19% of 3-4-year-olds have their own tablet and 1% have their own smartphone
- 52% of 3-4-year-olds go online for nearly 9 hours a week
- 45% of 3-4-year-olds use YouTube
- 1% of 3-4-year-olds have a social media profile

The study found that parents have increasing concerns about companies collecting information about their children online, their child doing damage to their reputation, their child giving out details to inappropriate people, the content of the games their children are playing, pressures to spend money online, being exposed to content which encourages children to harm themselves and the possibility of radicalisation online. A significant concern for many parents is cyberbullying which is when a child is shamed, humiliated, trolled, excluded, or threatened online. Children who can read and write often use social features on their mobile devices within apps or in online games and this puts, even young children, at risk of cyberbullying. Cyberbullying is just as harmful as bullying in the real world and can have serious emotional and physical consequences for a child including self-harm and suicide.

The government's recent Online Harms White Paper (HM Gov., 2019) sets out proposals for tackling harmful content and activity online. It points to the fact that in 2018 there were more than 18.4 million referrals by US tech companies of child sexual abuse imagery to the National Center for Missing and Exploited Children (NCMEC) including 113, 948 referrals related to the UK. Facebook removed 8.7 million pieces of content featuring child nudity and

sexual exploitation in the third quarter of 2018. According to the Internet Watch Foundation (2020) 55% of child sexual abuse imagery found online contains children under ten and of this, 33% is in the most serious category.

Not all children access the internet in their early years settings, however, they are very likely to be accessing technology and the internet at home. Early years practitioners, therefore, have a key responsibility for helping young children understand how to stay safe online. There are a number of things that can be done to help children stay safe online. Practitioners can provide parents with the information needed to download and use parental controls on their children's devices. Practitioners can plan opportunities for the children in their care to learn about online safety and can create opportunities for conversations about online safety, reminding children to ask an adult for help if they are unsure or worried about anything they encounter online.

Safeguarding in the Pandemic

The Coronavirus pandemic has resulted in increased stress factors for many families. Financial and food insecurity, unemployment, caring for relatives who are shielding, and the demands of juggling home schooling and home working, have led to an increase in parental mental health issues, alcohol and substance misuse, and associated risks to children of physical, sexual, online, emotional, and domestic abuse and neglect (NSPCC, 2020). Children have experienced reduced safeguards due to being confined to their homes for long periods away from their friends and trusted adults outside of the family. This has meant prolonged exposure to harm for those children who were already experiencing familial abuse

and has left other children vulnerable to the negative coping strategies employed by caregivers under stress.

Reports of physical abuse and neglect increased significantly during the first lockdown period. One study found that ten babies under the age of 13-months presented to Great Ormand Street Hospital with abusive head trauma during one month in the first lockdown compared to an average of 0.67 cases per month (Sidpra et al., 2020). Childline reported a threefold increase in counselling sessions related to familial child sexual abuse following the lockdown with children stating that there had been an increase in the frequency of incidents during the stay-at-home order (NSPCC, 2020a). Increased time spent online has left children more vulnerable to the risks of online sexual exploitation and cyberbullying. This may be partly because the increase in adults working online at home provides them with greater opportunities to exploit children and there has been an increase in sexual offenders contacting children on social media since the start of the pandemic (Europol, 2020). Many children have struggled with online learning during the school closures for a variety of reasons including a lack of access to a suitable device, connection to the internet or a suitable place to work. Others have struggled due to their special educational needs, limited English, or lack of motivation. Many children did not return to their early years settings after the first lockdown and the vast majority of providers reported that children's progression in communication, language, literacy, mathematics, physical, personal, social and emotional development had declined (Ofsted, 2020).

It is likely that there will be many long-term adverse effects to children associated with the pandemic including deficits in education, poor mental health, reduced prospects of social

mobility and increased social inequalities (Cullinane and Montacute, 2020). The increased risk of significant harm to children is likely to continue while schools, early years settings and children's services continue to deal with closures and disruptions, and normal safeguards and protective measures are reduced. The pandemic has highlighted, more than ever, the need to protect children and promote their welfare.

Conclusion

Working with babies and young children can be a very rewarding job but it brings with it a high degree of responsibility and accountability for their safeguarding and protection. Those who work with children have a duty of care to be proactive, take preventative measures and have policies, procedures, and strategies in place to protect children from harm and promote their welfare. An early years practitioner has a key responsibility for ensuring that children can thrive, develop, and learn and this includes supporting them to develop protective factors such as relational, emotional and communication skills which can help to protect them from harm now and in the future.

This chapter has explored the various risks that children face in relation to abuse, neglect, the internet, and the pandemic. Child protection concerns might arise at any point when working with young children and it is important to feel confident to respond appropriately if this happens. It is important to ensure that all practitioners are up to date with current safeguarding policy and guidance and the legislation that underpins it. It is just as important to continue to reflect on safeguarding practices with colleagues, including how to work with other agencies, in order to promote the welfare of the children and protect them from harm.

Further Reading

Burton, S and Reid, J (2018) *Safeguarding and Protecting Children in the Early Years*. Abingdon. Routledge.

This book is aimed at students and practitioners and offers a comprehensive guide for safeguarding children in the early years.

Duncan, M (2019) *Participation in Child Protection. Theorising Children's Perspectives*. Cham, Switzerland. Palgrave MacMillan.

This book explores children's experiences of the child protection system and proposes a theory for the various ways children participate in statutory child protection interventions.

Parton, N (2014) *The Politics of Child Protection. Contemporary Developments and Future Directions.* Basingstoke. Palgrave MacMillan.

This book provides a critical analysis of policy developments within the child protection system and argues that wider social issues such as poverty, class and inequalities need to be addressed to improve child protection practices.

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