

CHAPTER 14

SAFEGUARDING CHILDREN IN THE EARLY YEARS

HARRIET WARD AND REBECCA BROWN

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- The impact of abuse and neglect on early childhood development showing why early intervention is important
- The role of early years practitioners in identifying and responding to maltreatment, in preventing its recurrence and mitigating impairment
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Introduction

The most recent study of the extent of child abuse and neglect in the United Kingdom was conducted by the NSPCC in 2009. It showed that 2.5% of

children aged under 11 and 6% of young people aged 11–17 had experienced some form of maltreatment from a caregiver within the previous year (Radford et al., 2011). However, only a relatively small proportion of these children receive support from social workers, for many are never referred to the statutory services, and many referrals are not assessed as being sufficiently severe to be taken up as ongoing cases.

Statistics relating to those children who *do* receive support from social services show that very young children are particularly vulnerable to maltreatment. Children under the age of 1 are nearly three times as likely to be identified as likely to suffer harm from physical abuse as older children, and over twice as likely to receive services in response to evidence of neglect. If a child dies or is seriously injured, the Local Safeguarding Children Board is required to undertake a Serious Case Review in order to identify what lessons can be learnt to prevent such cases in the future. Almost half (45%) of all Serious Case Reviews in England involve a child under 1, and children of this age face around eight times the average risk of child homicide (Cuthbert et al., 2011).

Early years practitioners are well placed both to detect possible signs of maltreatment in very young children and to complement the work of children's social services in offering preventive and protective services that safeguard and promote their welfare and support their families. This chapter explores their role in this area.

Why is early intervention important?¹

Over the past 10 years or so there have been significant advances in our understanding of early childhood development. Recent research has explored the role the infant's environment plays in shaping the development of the brain and central nervous system, and has focused particularly on how this affects the child's ability to negotiate the key developmental tasks of impulse control, trust and attachment. At birth human infants are dependent on their primary caregivers (usually their mothers) for survival, and it is this relationship which forms the most significant part of their early environment.

Human infants are born with very immature brains. The brain develops very rapidly in the first two years of life, but because so much development takes place after birth, the baby's social environment has a particularly strong influence. Very early interactions with the primary caregiver through touch, face-to-face contact and stimulation through conversation (or reciprocating baby babble) provide the positive experiences necessary to the construction of a rich network of neural connections in the brain that form the basis for cognitive and social development.

It is through early interactions with their primary caregivers that babies and very young children also learn to regulate their emotions. When infants feel their survival is threatened, through hunger, cold or discomfort, they

experience stress, and this triggers a specific physiological response: 'the adrenal glands generate extra cortisol to generate extra energy to focus on the stress and to put other bodily systems "on hold" while this is being dealt with' (Gerhardt, 2004: 59). Infants cannot regulate their own stress response systems; they are dependent on their caregivers to respond to their signals of discomfort, and to re-establish their equilibrium through tending to their needs and soothing them by, for instance, mirroring and defusing their distress, and by touching, holding and rocking (Hofer, 1995). The manner in which the caregiver responds to the infant's needs lays the foundation for the construction of the child's internal working model of how the world of the self, others and relationships seem to work. Children who experience 'sensitive, loving, responsive, attuned, consistent, available and accepting care' become securely attached to their care givers. They are able to regulate their emotions, and they develop internal working models in which they see themselves as loved, likeable and socially effective and other people as positively available (Howe, 2005).

Impact of abuse and neglect on early childhood development

Improved understanding of early childhood development has also shown what happens when children do not receive the type of sensitive, loving care that stimulates the growth of the brain and promotes the establishment of secure attachments. Studies of American children who have experienced gross neglect show that severe sensory deprivation inhibits the growth of the brain (Perry, 2002). At a less extreme level, poor stimulation and social deprivation in early childhood are associated with developmental problems such as language delay, fine and gross motor delays, attention difficulties and hyperactivity (Perry, 2002).

Early childhood development is shaped as readily by negative experiences of parenting as by positive experiences. While children who receive sensitive, loving care that is responsive to their needs are likely to develop secure attachments and positive internal working models, those whose interactions with their caregivers are inadequate or damaging are more likely to develop insecure attachments and to see themselves as neither loved nor loveable.

Children who experience their caregivers as frightening, dangerous and/or frightened may develop disorganised attachments. They may be fearful of approaching their caregivers because they cannot predict whether they will be shouted at or cuddled. These children develop highly negative internal working models and see other people as not to be trusted. Up to 80% of children who experience abuse or neglect in their early years develop disorganised attachments (Van IJzendoorn et al., 1999). Because their caregivers are unable to respond appropriately to their basic needs, these

children experience persistent and chronic stress. Such stress results in the brain being flooded by cortisol for prolonged periods and can have particularly toxic consequences. These can include damage to areas of the brain high in cortisol receptors, thereby impeding the development of capacities such as planning, impulse control and language comprehension and an eventual lowering of the threshold for arousal, with the result that these children have difficulty in regulating their emotions. High cortisol levels are related to a range of psychopathologies in adulthood; they can affect the brain's ability to think and manage behaviour, and have a negative impact on physical as well as mental health (see Gerhardt, 2004).

Children who experience physical abuse, particularly in the early years, may be permanently disabled or indeed may die as a consequence. They may also experience long term adverse psychosocial consequences. Young children who experience sexual abuse may also be physically harmed, as well as emotionally damaged. The more recent research on the development of the brain and nervous system demonstrates that emotional abuse and neglect also have long term, negative consequences for all areas of children's physical, cognitive, emotional and social development. Moreover the evidence shows that emotional abuse and neglect can compromise children's development from earliest infancy, indeed before birth if they are subject to alcohol or substance misuse *in utero*. Because such rapid development takes place within the first two years of life, and because we now know more about how it can be compromised, there has been a particular emphasis in recent years on the development of policies to prevent abuse and neglect and to intervene early when maltreatment occurs (see Field, 2010; Marmot, 2010; Allen, 2011). Two major reviews, of the child protection system (Munro, 2011) and the family justice system (Norgrove, 2011), both stress the importance of early intervention, an issue that also lies behind recent government initiatives to speed up the process and increase the number of children placed for adoption (DfE, 2011a). Policies designed to promote early intervention often have a double meaning: safeguarding children is important in the early years, because of the speed with which the brain and central nervous system develop; it is also important to intervene when maltreatment first occurs, as the more entrenched it becomes, the more difficult to eradicate and the harder for children to overcome the consequences.

Protecting and safeguarding children from abuse and neglect outside the early years setting

Recent government policies have emphasised the point that 'safeguarding children is everybody's business' and that agencies should work collaboratively to ensure that all children are properly protected from abuse and neglect and their consequences. It should be clear from the evidence discussed

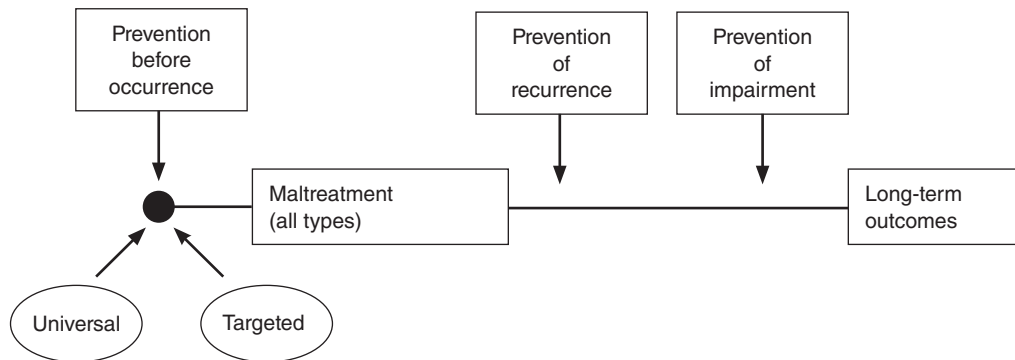


Figure 14.1 Framework for intervention and prevention of maltreatment. (Reproduced with permission from Barlow, J. and Schrader McMillan, A. (2010) *Safeguarding Children from Emotional Maltreatment: What Works*, London and Philadelphia: Jessica Kingsley Publishers. p. 41)

above that practitioners in early years settings have a particular role to play in ensuring that children are safeguarded from harm.

Figure 14.1 has been used by a number of commentators to illustrate the difference between preventive services, designed to reduce the likelihood of children being abused and neglected, and therapeutic interventions aimed at preventing recurrence and/or mitigating the consequences of abuse for children and families. The left-hand side of the diagram indicates that preventive services can be universally provided (i.e. available to everyone) or targeted at particularly vulnerable groups in a population; interventions offered after maltreatment has occurred (on the right hand side of the diagram) are generally more specialist and are designed to prevent long term impairment to the child's health and development.

The role of early years professionals in identifying maltreatment

Because almost all families will make use of universal services such as GP surgeries and schools, practitioners who work in them are most likely to be the first professionals to see the early signs of vulnerability in a family. In fact, failure to register with a GP or to send one's children to school are well-known indicators of the presence of more deep-seated problems. Moreover professionals who work in universal services tend to see a very wide range of families and are in a better position to identify children whose appearance and behaviour stands out from the norm than those who work more exclusively with families in need, who may see so much evidence of abuse and neglect that they become desensitised to indicators of maltreatment.

Thus within the early years workforce health visitors, nursery nurses and primary school teachers are in a particularly strong position to identify those families who may require additional support in order to prevent abuse and neglect from occurring or escalating. However, in order to do this they need firstly to be aware of the evidence detailed above that shows how abusive and neglectful parenting can have a long term detrimental impact on early childhood development and that clearly demonstrates the importance of taking early preventive action. They also need to be aware of the types of situations in which maltreatment is more likely to occur, and of a range of key indicators that suggest that preventive action should be taken.

A wide body of research has attempted to identify the risk factors that compromise parenting capacity and make it more likely that children will be harmed, and the protective factors that may reduce their impact (see Jones et al., 2006, for further details). For instance, mental illness, alcohol and drug misuse, learning disability and domestic violence are all known to reduce parents' capacity to meet their children's needs, particularly when they occur in combination; however, having a supportive partner, extended family or friendship network, or accessing effective services can mitigate their impact and ensure that children are adequately protected (see Cleaver et al., 2011 for further information). Families that show multiple risk factors and no evidence of protective factors are extremely unlikely to develop the capacity to safeguard a baby within an appropriate timeframe (see Ward, Brown and Westlake, 2012); early years practitioners need to be aware of this when deciding whether or not to refer to children's social care.

The *Statutory Framework for the Early Years Foundation Stage* (DfE, 2012) lists the following signs that early years practitioners may encounter which indicate that children could be experiencing abuse or neglect:

- significant changes in children's behaviour
- deterioration in children's general well-being
- unexplained bruising, marks or signs of possible abuse or neglect
- children's comments that give cause for concern
- any reason to suspect abuse or neglect outside the setting, for example in the child's home; and/or
- inappropriate behaviour displayed by other members of staff, or any other person working with the children.

(DfE, 2012: para 3.6)

Research programmes and reviews of research tend to identify more specific indicators, such as any sign of bruising on a baby (Cardiff Child Protection Systematic Reviews); sudden weight loss in a small child (Wooster, 1999); or inconsistent or sporadic attendance at nursery (see Ward, Brown and

Maskell-Graham, 2012). A recent overview of findings from 15 new research studies on safeguarding children sets out a number of indicators that should raise concerns amongst early years practitioners in health and education (see Davies and Ward, 2012: ch. 2). However, information is constantly changing in this area as new research findings are disseminated, and no list can be thoroughly comprehensive. Practitioners need to take up opportunities to attend training sessions organised through the Local Safeguarding Children Board both to explore their role in safeguarding children alongside other professionals and to keep up to date with new research findings.

Referrals to children's social care

All early years practitioners should be aware of the procedures they should follow if they have concerns that a child may be being maltreated (see DfE, 2012). However, even if a referral is made, concerns may not be considered sufficiently serious for the family to be offered social work support. Health visitors and primary school teachers often find themselves frustrated by the high thresholds for access to social work support, and by what they regard as a poor and sometimes inappropriate response to their referrals (see Ward, Brown and Westlake, 2012; Ward, Brown and Maskell-Graham, 2012). On the other hand, there is evidence that many practitioners, in early years as well as other services, are reluctant to take direct action other than to make a referral (Daniel et al., 2011). In part this is an understandable response to the intense negative media interest engendered by high profile tragedies such as those of Victoria Climbié (Laming, 2003) and Peter Connolly (Haringey LSCB, 2010), where professionals failed to identify abuse or prevent a fatal outcome. Referrals to children's social services have risen substantially since the public outcry following Peter Connolly's death, and are now 14% higher than they were in 2008 (DfE, 2011b); however, this does not necessarily mean that children are better safeguarded. In the inner city areas in particular, children's social services departments are often overloaded, resulting in high caseloads, social worker exhaustion and rapid staff turnover. All agencies with responsibilities for children have a part to play in making sure that they are adequately safeguarded. As numerous inquiries have found, working alongside other services including children's social care is more likely to provide better protection than referring on and assuming that another agency has taken over responsibility (see for instance Laming, 2003, 2009).

The role of early years practitioners in preventing maltreatment and its recurrence

Early years practitioners therefore have an important role to play not only in identifying abuse and neglect but also in preventing its appearance

or recurrence. They should be familiar with the Common Assessment Framework (CAF), a shared assessment and planning framework for use across all children's services and local areas in England. The purpose of the CAF is to facilitate the early identification of children and young people's additional needs and promote the provision of coordinated services to meet them. An early research study that preceded its introduction showed that almost all practitioners working in children's services shared a common understanding of children's needs and agreed on those areas that indicated a cause for concern but that children and families were poorly served by overlapping assessments, fragmented services and unnecessary referrals to children's social care (see Ward and Peel, 2002). The CAF was introduced to: ensure that all practitioners adopted a common approach to assessments where families appeared to have additional needs; to reduce duplication; and to promote the development of a team around the child, with a lead professional acting as a family's key point of contact, while other members of the team provided preventive, family support services that were jointly planned and carefully coordinated. Early years practitioners may well form part of the team around the child or act as lead professionals; at least some practitioners in every service should be equipped to undertake a common assessment (Children's Workforce Development Council, 2009).

Early years practitioners also have a role to play in delivering services designed to strengthen parenting capacity and prevent abuse and neglect in families that are known to be vulnerable. Diminishing resources have increased pressures to demonstrate that costly interventions are effective, and in recent years there has been a move towards the introduction of standardised, evidence-based programmes, that have been subject to formal evaluation and proven to produce better outcomes than other alternatives (for further details see Davies and Ward, 2012: ch. 5). The Triple P – Positive Parenting Programme – is one of the best developed of a number of evidence-based parenting programmes designed to 'prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of their parents'. There is both a standard version, for all parents, and an enhanced version, with additional modules aimed at teaching parents 'a variety of skills aiming to challenge the beliefs they hold regarding their own behaviour and the behaviour of their child, and to challenge any negative practices they currently use in line with these beliefs' (see www.triplep.net). In Glasgow, for instance, the TripleP programme is offered free to all parents with young children through health visitors, schools and nurseries on a one-to-one, seminar or group basis. Some health visitors have been specially trained to offer the enhanced version to families where there is a high risk of maltreatment or its recurrence (see <http://glasgow.triplep-staypositive.net/contact>).

The role of early years practitioners in preventing impairment

Early years practitioners also have a part to play in programmes designed to prevent impairment after maltreatment has occurred. An example is the development of nurture groups, which have been introduced by many schools in areas of high deprivation in the United Kingdom to meet the needs of children whose poor nurturing experiences in early childhood have meant that they are not ready to meet the social and intellectual demands of formal schooling. Nurture groups aim to address the consequences of insecure attachment and compromised development typically seen in children who have experienced emotional abuse and neglect, discussed earlier in this chapter. Most nurture groups have high staff–child ratios; they are usually led by a trained teacher supported by additional staff with early years’ experience or training.

A study of nurture groups in Scottish primary schools found them to be effective in helping build resilience, confidence, self-esteem and ability to learn in some of the most vulnerable children. A particular strength is their focus on the development of those language and communication skills that are essential for both social interaction and educational progress and are often poorly developed in children who have been severely neglected in infancy. However nurture groups are also often poorly integrated into the mainstream school and into other services for vulnerable children (see Education Scotland, 2008).

Poor integration and lack of communication can reduce much of the value of an effective intervention. For instance, acting outside nurture groups, individual primary school staff sometimes personally offer exceptionally high levels of care to children who appear to be neglected or abused; but although these may be beneficial in the short term, unless they form part of a strategic, inter-agency plan, initiatives that are taken in isolation from other services may come to an abrupt end when a child moves class or a staff member leaves, and may also mask evidence of deteriorating home circumstances that require a swift response from children’s social care (see Ward, Brown and Maskell-Graham, 2012). National policies that are designed to increase the autonomy of schools may inadvertently reduce incentives for integrating services that form a necessary part of ensuring that children are adequately safeguarded.

Working alongside social workers

It should be evident from the above that children are best protected from harm when all those who have responsibility for their welfare can work closely

together. This means that, where there are safeguarding concerns, early years practitioners will almost always need to collaborate with social workers; practitioners from both disciplines have much complementary expertise to bring to this relationship. For instance, we have already seen that practitioners in universal services are sometimes better able to identify children whose delayed development or abnormal behaviour marks them out from the crowd. While social workers should, through their training and experience, have greater expertise in issues concerning child protection, early years practitioners might expect to have a more detailed understanding of normative childhood development. Moreover, social workers are involved with a much wider range of age groups, and they may not necessarily have extensive experience of working with very young children. Secondly, early years practitioners may well be able to provide greater continuity than social workers, who may not be able to retain responsibility for a family as their case is moved from one team to another. Recent research has identified an urgent need for practitioners in less intensive services, such as health visitors and early years practitioners in Sure Start children's centres, to provide ongoing preventive family support both for children whose families are labouring under the types of stresses that may lead to maltreatment, and for families where child protection issues have been addressed and the social work case file is now closed. There are particular concerns about inadequate procedures for 'stepping down' from an intensive intervention, so that families with extensive additional needs who have experienced high levels of social work support may find themselves unable to cope if this is suddenly withdrawn without continuing, less intensive involvement from other services (see Davies and Ward, 2012). The case study of Simon illustrates these points.

Case Study 14.1



Simon's mother was several months pregnant when she told her GP she was an extensive crack cocaine user. She was referred immediately to children's social care. Although Simon was made the subject of a child protection plan before his birth, his mother continued to use crack cocaine throughout the pregnancy. Because she was unlikely to meet his needs he was expected to require permanent placement, probably with his maternal grandmother. However, once Simon was born, his mother became determined to come off drugs and change her lifestyle. A residential parenting assessment, made when Simon was a few weeks old, was positive and Simon and his mother returned home with the added support of the grandmother who came to live with them. When Simon was 1, the original, Interim Care Order was replaced with a Supervision Order; shortly after he was 2, children's social services ceased to be involved with this family because there were no continuing concerns. When Simon was 3 he was showing signs of emotional and behavioural disturbance, possibly related to his extensive exposure

to drugs in utero. His mother was having difficulty in managing his behaviour, and both the nursery and his health visitor had raised concerns about his defiance and his tendency to be disruptive when in a group of children; they helped his mother access specialist help through 'positive play' sessions arranged through the local Sure Start children's centre. Simon was 5 when last visited by the research team. He was still living with his mother who continued to receive substantial support from her extended family, and had remained free of drugs since his birth. He and his mother had responded well to the play sessions and his behaviour was no longer a cause for concern.

(Simon is currently being followed in a longitudinal study of infants suffering or likely to suffer significant harm. Parts of his case history have previously been published in Ward, Brown and Westlake, 2012; Ward, Brown and Maskell-Graham, 2012.)

Simon's case illustrates how early years practitioners can work together effectively with social workers and professionals from other services to promote long term significant change, when they succeed in complementing one another's skills and expertise. The team around Simon were the social worker, the health visitor and the substance misuse worker, and each provided separate, but complementary support. For the first two years of his life, the social worker took the lead in ensuring that Simon was safe, but his mother also received extensive support from her health visitor and the substance misuse worker. In the early months, Simon's health visitor and social worker coordinated their visits, to ensure that at least one professional saw him every week. As so frequently happens, the social worker had an exceptionally heavy caseload, and once she was sure that Simon would be kept safe, she turned her attention to other cases, and the health visitor took increasing responsibility for these visits, on the understanding that she would contact the social worker should the situation deteriorate. After social services closed the case, the health visitor continued to visit for at least another year, offering less intensive, stepped down support, and advising on normative childhood development and appropriate eating, sleep patterns and behavioural management, areas in which she had specific expertise. Simon's mother regarded this support as helpful, and it allowed the health visitor to build up a good relationship with her. Simon's mother was well aware that he had come close to being permanently separated from her at birth; like many other parents in her situation, when difficulties later arose she was reluctant to contact the social worker, for fear that Simon would be removed. However the good relationship with the health visitor meant that, when Simon's behaviour began to cause concern, his mother felt able to discuss her worries with her and the nursery staff, both of whom had independently identified difficulties and were able to help her access specialist support. Although in Simon's case maltreatment ceased when he was born and there has been no recurrence, the early years practitioners

were aware of his previous history and able to identify any signs of further problems, as well as offering appropriate continuing support to prevent them from recurring. Simon's mother was lucky in that the social worker was able to retain responsibility for his case throughout social services involvement, but it was the health visitor who could offer the long term supportive relationship that she needed to develop her capacity as a parent.

Protecting and safeguarding children from abuse and neglect within early years settings

While the majority of abuse and neglect occurs within the family, providers should also be alert to the need to ensure the safety of children within early years settings. *The Statutory Framework for the Early Years Foundation Stage* (DfE, 2012) sets out mandatory safeguarding and welfare requirements concerning issues such as the designation of a practitioner with lead responsibility for safeguarding children and liaising with the Local Safeguarding Children Board; appointment and vetting of staff; staff training in safeguarding and child protection; staff supervision; procedures concerning complaints and allegations against staff members; the role of key workers; staff to children ratios; and behaviour management. There are good reasons why these standards are set out in such detail, for there is ample evidence of what can happen when procedures designed to ensure that children are properly safeguarded are not followed and agencies fall short of their duty to protect the children in their care. The example of Nursery Z emphasises how women can become sexual abusers as well as men, and demonstrates how lax procedures can create a culture in which the abuse of small children can go unrecognised and unchecked for lengthy periods. This case only came to light by chance, when police searched the computer used by the male perpetrator and found images that linked him indirectly to the nursery.

Example: Nursery Z

In October 2009 a female member of staff, 'K', at Nursery 'Z' in Plymouth was found guilty on seven counts of sexual assault and six counts of making and distributing indecent pictures of children. She had been arrested after photographs of a sexual nature, in which Nursery Z was identified, were found on the computer of a 39-year-old man in the North of England.

The Serious Case Review found a number of factors at individual, agency and strategic levels that might have prevented abuse from happening at the nursery or led to its early identification.

At an individual level K had been demonstrating increasingly sexualised behaviour over the previous 6 months. Other staff had become concerned about

her crude language, her discussion of extra-marital relationships (in some of which she apparently exchanged sex for money) and her showing them indecent images of adults, stored on her mobile phone. These behaviours were evidently inappropriate, yet no one felt able to challenge her.

K was described as an emotionally vulnerable woman who had been working in an environment where she was able to supply images of sexual abuse of children to further her on-line relationship with a predatory man. At an agency level it became evident that the nursery was run very informally, with boundaries between staff and parents blurred by friendship networks, and with senior staff forming a clique that made it difficult to question them. Lax recruitment procedures, a lack of supervision, poor access to safeguarding training, and a failure to provide clear procedures for intimate care of children or for complaints about individual members of staff had all led to a situation where risks were not identified and the nursery's capacity to provide a safe environment for children compromised.

At a strategic level, Nursery Z's status as an unincorporated institution had led to insufficient arrangements for governance and accountability; there was also insufficient integration with other services such as children's social care, and too little communication between Ofsted and the Early Years' Service so that concerns were not adequately shared or progress monitored.

(see Plymouth Safeguarding Children Board, 2010)

The Serious Case Review into events at Nursery Z demonstrates why staff in early years settings need to remain vigilant when caring for young and vulnerable children. Incidents such as those described above are, thankfully, relatively rare, but all early years practitioners need to be aware that paedophiles will target places where children are to be found. Of more common concern, however, are those staff who have difficulty in responding to children's needs with the type of sensitive, nurturing care that is necessary for successful development. This is a particular issue in contexts such as day nurseries, where staff are required to fulfil many of the routine parenting tasks, and is a further reason why rigorous recruitment processes and clear policies for behaviour management are so important.

Conclusion: Implications for training

Finally, this chapter concludes by considering how the issues discussed above have implications for training. Safeguarding children is not the main focus of early years training, but it should form a thread that runs throughout it, for the need to ensure that children are safe should be at the forefront of every practitioner's mind. This means that training needs to raise awareness that abuse and neglect are common experiences for many thousands of children and that they cause both immediate distress and long-term, negative outcomes. Basic training on normative childhood development should also incorporate discussion

on how this can be compromised by abuse and neglect, and why there is a need for preventive services and timely intervention in the early years. Training should also be informed by the principle that safeguarding children is everyone's responsibility and explore what this means in early years settings; in particular it should equip practitioners with the skills to identify and work with parents who may not recognise certain practices as abusive or who may be resistant to change (see Fauth et al., 2010). Training on assessing learning and development through watching and learning (see Chapter 8) should incorporate information on key indicators of abuse and neglect, which should become apparent in the process of analysing what has been observed. More specialist training on these issues should be undertaken at post-qualifying level through the inter-agency training sessions run by Local Safeguarding Children Boards. All early years practitioners with responsibilities for safeguarding children should attend these sessions, which should not only provide access to up-to-date information, but also opportunities to develop collaborative relationships with other professionals including social workers, which form the bedrock of ensuring that children are safe.

Key points to remember

- The evidence concerning the impact of abuse and neglect on early childhood development demonstrates why prevention and early intervention are so important when there are indications that children may be at risk of harm.
- Early years practitioners have an important role in identifying potential maltreatment and in responding through programmes designed to prevent its recurrence and/or mitigate the consequences.
- They need to develop complementary relationships with social workers so that children and families can benefit from their combined skills.
- They also need to ensure that children are protected from harm both outside and within early years settings.

Points for discussion

- Is safeguarding children everybody's business? To what extent and why?
- What are the factors that facilitate or obstruct successful working relationships with social workers?

Reflective task

- Reflect on your interactions with children, parents and colleagues throughout the previous day and write down any incidents which indicate that

children might be better safeguarded. How might you use this information to develop your work with individual children? Are there any implications for procedures within your agency?

Note

- 1 For a full discussion of the material in this and the following section see Gerhardt, S. (2004) *Why Love Matters: How Affection Shapes a Baby's Brain*. London: Routledge.

Further reading



- Davies, C. and Ward, H. (2012) *Safeguarding Children Across Services*. London: Jessica Kingsley Publishers.
- Gerhardt, S. (2004) *Why Love Matters: How Affection Shapes a Baby's Brain*. London: Routledge.

Useful websites



The Department for Education is responsible for the development of policy and practice concerning safeguarding children from abuse and neglect. Key policy documents can be downloaded from: www.education.gov.uk/childrenandyoungpeople/safeguardingchildren

Research briefs and other documents from the Safeguarding Children Research Initiative including a free download of the Overview (Davies and Ward, 2012) are located at:

www.education.gov.uk/researchandstatistics/research/scri/b0076846/the-studies-in-the-safeguarding-research-initiative

Short summary papers showing findings from systematic reviews focusing on specific issues concerning child abuse and neglect are available from:

www.core-info.cardiff.ac.uk

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