

The Importance of Recognising the Signs of Sexual Abuse with Children in Early Years Settings

A.

In view of case study 3, where 2-year and 4-month-old Lucy attends a day nursery, a practitioner has witnessed Lucy crying in the bathroom with red and inflamed areas surrounding Lucy's genitals. When questioned how Lucy was feeling, Lucy replied that Dad had said: "not to tell anyone, it was their secret". As a matter of safeguarding, this may be perceived as child sexual abuse, although it is of utmost importance that practitioners abstain from assuming the circumstances (Hegarty, *et al.*, 2020). Section 42 of the *Sexual Offences Act 2003* sustains that the offence of sexual abuse of trust is committed by an individual over the age of 18 intentionally engaging in sexual activity directed at an individual who is under 18, regarding the perpetrator being within a position of trust. Bentovin (2018) and the NSPCC (2022) agree by suggesting that a child being forced or enticed to partake in sexual activities, which may include non-contact activities or the encouragement to engage in sexually inappropriate ways, may be unaware of the circumstances, notably when the perpetrator is of a trustworthy status to the victim (Tener, Tarshish and Turgeman, 2020).

The process of safeguarding ensures the protection of children and young people from abuse, harm, and neglect (Firmin, 2020) which as maintained by Nutbrown (2021) is of utmost significance within an early years education setting in accordance with the *Children Act 2004* and the *Education Act 2002*. It is crucial that all members of staff are proactive with regard to safeguarding concerns (Baginsky, *et al.*, 2022). Therefore, an early years education setting is obligated to provide adequate and appropriate safeguarding training and awareness courses for all practitioners employed at the setting (Bradwell and Bending, 2021) in order for practitioners to obtain the vital knowledge of signs and symptoms of the multitude of types of abuse that may occur concerning the observation of abnormal or changed behaviour of an individual as insisted by Callaghan, *et al.* (2015), alternatively, disclosure from an individual regarding abuse or neglect raises cause for concern (McGuire and London, 2020). Subsequently to obtaining knowledge and understanding of safeguarding protocols and procedures, practitioners must also consider providing a safe and comfortable environment for children within the setting (Sciaraffa, *et al.*, 2018) to therefore promote the development of healthy and compassionate relationships which is significant when a child is disclosing information (Morrison, Bruce and Wilson, 2018). Morrison, Bruce and Wilson (2018) continue by insisting that as a result of the development of healthy relationships between children and setting practitioners, children can converse openly and honestly without fear of judgment and disregard. Evidence from Child Practice Reviews highlights the need for children to initiate conversations with practitioners, in a safe environment where they feel they can openly discuss the abuse or neglect they have been subjected to, which have prompted safeguarding concerns (Webb, 2020). Therefore, when approached by Lucy, practitioners must communicate in a highly sensitive manner and avoid assuming the circumstances in which the injuries occurred, and instead listen respectfully to Lucy and take note when possible of the discussion using Lucy's words and avoiding mature phrasing, to ensure that that correct information can be passed on to the necessary agencies and services to continue with the report (Kelly and Green, 2019).

In addition, safeguarding involves the recording where a practitioner has witnessed and observed of changed or abnormal behaviour of an individual child (Callaghan, *et al.*, 2015). Regardless if the individual has disclosed information, practitioners have a responsibility to hold a record of information concerning an individual (Saffady, 2021), which according to Lamb, *et al.* (2018) can include a change in behaviour, the child's response to others in the setting, whether withdrawn or erratic tendencies to ordinary occurrences in the setting, visible marks or bruises on the child's body, or a change in hygiene and eating routine. During the recording and observation period, it is essential that practitioners are informed on the correct practice in which to record, where McCoy and Keen (2022) argue it is crucial to account for the exact words used by the child, contrary to relating the discussion using mature details and phrasing. This ensures that the information from the disclosure made by the individual is communicated correctly to the appropriate services in order to proceed with further reporting (Joseph, *et al.*, 2019), for which a Designated Safeguarding Officer would be responsible (McGoven and McGoven, 2021). Furthermore, Stevens, *et al.* (2018) argue that practitioners are responsible for observing and recording conjecturing signs and symptoms of abuse or neglect in compliance with the protection policy of the setting which correlates with the *Education Act 2002*. It is crucial that practitioners additionally recognise that individuals may be hesitant to disclose details of the incident attributable to the fear of consequences or as a consequence of the absence of a healthy and compassionate relationship with the practitioner (Moore, *et al.*, 2018). Therefore, it is the responsibility of the practitioner to ensure that appropriate measures are taken to establish that the individual is protected (Briggs, 2020), which requires the setting to possess policies and procedures for reporting concerns and collaborating with the appropriate multi-agencies when necessary (Jahans-Baynton, 2021). Following the *General Data Protection Regulation 2018* recordings and observation notes must be stored safely where exclusively practitioners have access to (O'Leary, 2020).

B.

The data protection law allows professionals to share information and communicate effectively when required in order to safeguard children and prevent the risk of significant harm (Buitelaar, 2018). Volosevici (2019) supports this by maintaining that the *General Data Protection Regulation 2018* ensures that individuals' fundamental rights are protected, particularly in regard to personal information. In order to support families in maintaining their children's well-being, professionals are required to communicate and effectively share information during Initial Child Protection Conferences (Cossar, Brandon and Jordan, 2016) concerning an inquiry of abuse by Designated Safeguarding Officers (Graham, *et al.*, 2017). Graham, *et al.* (2017) continue by suggesting that following an educational practitioner observing and recording information that raises cause for concern, it is the practitioner's responsibility to report to the Designated Safeguarding Officer of the setting. The DSO then continues by forwarding the information collated by the practitioner to appropriate agencies, such as social services if the information presented by the family was not adequate, or additionally if the family become defensive and withdrawn (Winnicott, 2021). As per section 3, part 2 of section 47 of the *Children Act 1989* and per the *Education Act 2002* a referral made by a Designated Safeguarding Officer must be responded to by a social worker within twenty-four hours.

It is essential that practitioners obtain consent from the parents or guardians of the individual (Parsons, Sherwood, and Abbott, 2016) and inform the child of the process that must happen in a sensitive manner, as a result of the referral being central to the individual, in accordance with the *Social Services*

and Well-being (Wales) Act 2014. It is the responsibility of the Designated Safeguarding Officer to contact the Multi-Agency Safeguarding Hub immediately to ensure no further abuse can occur (ref) who will inspect the reports made and provide feedback within twenty-four hours of the referral. Per Section 3 Part 2 of Section 47 of the *Children Act 1989*, the local authorities are required to conduct an inquiry into the referral allegations and appoint a social worker to visit the home environment of the individual in which the reference was made (Coulshed and Orme, 2018) to assess the living standards of the home, in accordance with the *Care Standards Act 2000* legislation, which is associated with the Victoria Climbié Inquiry (Laming, 2003) where it was highlighted that secure and more robust procedures were necessary under the *Children Act 2004*.

Due to the extent of Lucy's injuries which discounts the *Human Rights Act 1998* in addition to Article 17 of the UNCRC (UNICEF, no date) where the obligation is upon adults to protect children from abuse, harm, and neglect and the distress of the individual, the practitioner must involve the necessary services immediately (Crawford and L'Hoiry, 2017) including the police, as a result of Lucy disclosing concerning information regarding Dad being the perpetrator and the nature of the injuries (Simmons, *et al.*, 2018). Consequently, providing the circumstances, notifying or requesting consent from the parents regarding the advancement of the report would be detrimental (Peckover and Golding, 2017) and therefore the practitioner must continue the referral in the absence of parental consent in order to prioritise the individuals' safety and to abstain the abuse from progressing (Firmin, 2018). It is therefore essential that professionals communicate openly and effectively to ensure that safeguarding responsibilities are met and that approaches are suitable for the specific needs of individual families (Jahans-Baynton and Grealish, 2020).

Complications and obstacles can occur when making referrals regarding abuse or neglect (Taylor, *et al.*, 2017). As a result of a significant member of the referrals team, for example, the Designated Safeguarding Officer being absent due to long-term illness or annual leave consequently causes a delay in the investigation. Subsequently, delays in the referral process can be detrimental to the safety of the individual, which consequently may have adverse long-term effects on the child's well-being, such as depression and anxiety disorders (Gardner, Thomas and Erskine, 2019). Gardner, Thomas and Erskine (2019) continue by maintaining that as a result of a child being involved in a traumatic life event, may lead to future alcohol and drug misuse in later life.

C.

Safeguarding training at present forms a principal segment of the mandatory training requirements for ESTYN and CIW (ESTYN, 2024), therefore, all education settings are required to arrange and supply sufficient and productive safeguarding training for practitioners to ensure that the setting implements proactive protocols and sustain responsibility in regards to the process of protecting children from abuse, harm, and neglect (Jerome, Elwick and Kazim, 2019). According to Moyles, Payler, and Georgeson (2017) having robust policies and procedures in place is essential in achieving objectives regarding the recording process whilst concurrently prioritising the safety needs of the individuals involved.

It is essential that early years settings appoint an adequate member of staff as a Designated Safeguarding Officer who will atone for all child protection concerns and safeguarding processes and

policies within the setting (ref). Despite a setting possessing a Designated Safeguarding Officer, it is vital that all practitioners continue to hold responsibility for safeguarding concerns (Twigg, 2020). Consequently, as a result of significant harm or death to an individual who has suffered child abuse where a practitioner has suspected signs of harm or neglect, however, has failed to take appropriate responsibility in recording and reporting concerns may be prosecuted (Green, 2019). Settings must ensure that all members of staff are aware of their safeguarding responsibilities whilst concurrently establishing that practitioners are made aware of whom to report concerns to therefore ensuring that concerns are approached and managed appropriately and punctually (Reid and Burton, 2014).

The Disclosure and Barring Service 2011 enables employers and organisations to inspect if prospective individuals who have made applications to join the childcare industry or care for vulnerable individuals have a criminal record (Marshall, 2019). This ensures that educational settings are safe environments and supports schools in making safe recruitment decisions, whilst preventing unsuitable and possibly dangerous people from working with vulnerable individuals, within the setting (Erooga, 2012). Erooga (2012) continues by insisting that the Disclosure and Barring Service 2011 ensures the safety and protection of young children's well-being, where practitioners and school staff require an enhanced DBS check along with a child barred list check.

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