Communicating effectively with children under five

Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs.

Working Together to Safeguard Children, 2013

Children and young people are a key source of information about their lives and the impact any problems are having on them in the specific culture and values of their family. It is therefore puzzling that the evidence shows that children are not being adequately included in child protection work. A persistent criticism in reports of inquiries and reviews into child deaths is that people did not speak to the children enough.

Munro, 2011

Staff across frontline services need appropriate support and training to ensure that as far as possible they put themselves in the place of the child or young person and consider first and foremost how the situation must feel for them. They need to be able to notice signs of distress in children of all ages, but particularly amongst very young children who are not able to voice concerns.

Laming, 2009

The natural language of childhood is play ... play is the royal road to the child's unconscious processes ... an ideal vehicle through which non-verbal communication can occur.

Dale, 1992

Key messages

> Children's practitioners have a duty to ascertain a child's wishes and feelings when deciding what services to provide and before making any decisions about action to be taken to protect a child. However, evidence suggests communication and observation is not always as effective as it should be. For all practitioners, the child's welfare should be paramount and central to practice.

> Infants are particularly vulnerable to physical abuse and neglect because of developing skills across all areas, the development of attachment relationships and the formation of multiple neural connections in the brain. More than 40 per cent of children with a child protection plan are aged between 0 and 4 years old. It is essential practitioners have a sound knowledge of child development, are skilled in communicating with very young children (including non-verbal communication) and understand the impact of abuse and neglect on developmental milestones.

> Barriers to communicating effectively include hostile or non-compliant parents, insufficient training, a lack of practical tools (eg toys, crayons and paper) to facilitate communication, excessive caseloads and poor supervision or managerial support. It is especially important that supervisors and managers recognise that practitioners are likely to need additional time and resources to communicate with very young children.

> Techniques for communicating effectively with children under five include active listening and talking, observation and different types of play. All practitioners who work with young children should create and carry a 'toolkit' that include toys, books and drawing materials among other items. Liaising with other practitioners and family members who know the child well is also important for effective communication.

> Observation is a critical skill for communicating with very young children. Careful and skilled observation helps the practitioner understand what is happening in the life of the child, including the relationship between the carer and child, how comfortable the child is with those around them and any signs of distress.

Introduction

This briefing is part of a series for frontline practitioners working in child and family social care and wider children's services. It focuses on the importance of effective communication with young children under the age of five, including babies and toddlers. The briefing considers in turn:

> the legal context

> why communicating with children under the age of five is important

> potential barriers to effective communication

> techniques for communicating with young children

> dealing with the emotional impact of child protection work on practitioners.

> A complementary chart on how to put together and use a toolkit for communicating with young children through play accompanies this briefing. You can find and download the chart at **www.rip.org.uk/frontline**

> Other briefings in the series can also be found at **www.rip.org.uk/frontline**

The legal context

Since 2005 local authorities have been under a duty under the Children Act 1989 (as amended by section 53 of the Children Act 2004) to ascertain the child's 'wishes and feelings' and give due consideration (with regard to their age and understanding) when determining what services to provide under section 17 of the Children Act 1989, and before making decisions about what action to take to protect individual children under section 47.

The child's right to have their views taken into account is also set out in the United Nations Convention on the Rights of the Child (UNCRC), which has been ratified by the UK. Article 12 of the UNCRC grants that:

'States parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.'

Practitioners therefore need to be able to communicate effectively with children in order to find out about them as individuals, to gain an insight into their lives and to establish how their life feels to them. Practitioners also need to be able to determine children's views about decisions that will have an impact on their life. This does not always happen, however, as Professor Eileen Munro (2011) made clear in the final report of her review of child protection. Evidence provided by children for the review presented 'a mixed picture of what they experience in practice'.

Significant shortcomings in practice were also identified by Ofsted (2011a) in a report on the themes and lessons to be learnt from 67 serious case reviews that took place between April and September 2010.

'Serious case reviews highlighted the importance of seeing, observing and hearing the child. However, in some of the reviews they found that the child was not seen by the professionals involved or was not seen frequently enough. In other cases, even where the child was seen, they were not asked about their views and feelings.'

(Ofsted, 2011a)

For practitioners working with young children, particularly those under the age of five, the need to communicate effectively is likely to have an impact on the amount of additional time they need to undertake a comprehensive assessment. They may need to work closely with practitioners from other disciplines who know the child well and they may need to develop new skills in order to observe, engage and communicate effectively with very young children.

Why is communication with under-fives so important?

Brandon et al (2011) note there are key developmental stages 'which have implications for understanding child maltreatment'. In infancy, the child is *'particularly vulnerable to both physical abuse and neglect, because of rapidly developing skills in all areas, the formation of multiple neural connections in the brain, the importance of perceptual input, and the development of attachment relationships'* (Brandon et al, 2011).

A lack of stimulation in infancy 'may affect the acquisition of future developmental milestones'. Failure to develop appropriate language skills due to neglect 'may lead on to wider cognitive and social impairments', while disorders of attachment are associated with future emotional and social difficulties. Maltreatment in the early years can lead on to difficulties in the regulation of emotion, initiating social interaction and responding to others appropriately (Brandon et al, 2011).

Although it is not possible to make definitive predictions about changes to the brain as a result of different types of abuse (Woolgar, 2013), early childhood neglect and abuse can have an impact on brain development (Research in Practice, 2014). Young children need consistent and emotionally available caregivers and the absence of sensitive caregiving has an impact on the infant's stress response and subsequent brain development and attachment (Schofield and Simmonds, 2011). However, most of the changes seen in the brain in response to neglect or abuse are adaptive rather than irreparable damage. The plasticity of the brain means recovery is possible. Individual children also have different susceptibilities and resilience to adverse environments (Research in Practice, 2014;

Woolgar, 2013). It is important that practitioners do not feel disempowered by the evidence on the impact of abuse and neglect on early brain development and understand that 'high-quality nurturing care and other positive experiences can help repair earlier damage' (Research in Practice, 2014).

Official government statistics (DfE, 2013) show that, at 31 March 2013, more than a quarter (26.2 per cent) of the 378,600 children in need in England were under the age of five; this includes more than 20,000 babies under the age of 12 months. The percentage of children subject to a child protection plan who were under the age of five is higher still. Almost a third (30.3 per cent) of the 43,100 children who were subject to a child protection plan at the end of March 2013 were aged between one and four years old; a further 4,870 babies (11.3 per cent) below the age of 12 months were also subject to a plan (DfE, 2013).

The youngest children are especially vulnerable. In 2011 Ofsted published a thematic report on learning the lessons from serious case reviews from 1 April 2007 to 31 March 2011. Of the 471 SCRs evaluated by Ofsted concerning 602 children, 210 (35 per cent) children were babies under the age of one. The report notes that this had been 'a consistent pattern across the four-year period' (Ofsted, 2011b).

Given the vulnerability of children under the age of five – and particularly those under 12 months – it is vital that practitioners are able to gain an insight and understanding of the child's world and develop the skills to observe, engage and communicate effectively with them. Skilled observation is particularly important, especially for babies and very young children who are less able to verbalise how they feel. Observing the child is key to gaining an understanding of how they are, how they feel, their attachments with caregivers and siblings, and their development.

The evidence is, however, that practitioners' communication with young children is not always as effective as it needs to be. Ofsted's evaluation of 50 SCRs conducted between April 2007 and March 2008 identified the failure to maintain a focus on what was happening to the child as 'possibly the most significant practice failing throughout the majority of serious case reviews' (Ofsted, 2008). The report highlighted the failure of professionals *'to see the situation from the child's perspective and experience, to see and speak to the children, to listen to what they said, to observe how they were and to take serious account of their views in supporting their needs'*.

Other research confirms that insufficient attention is often paid to 'what children say, how they look and how they behave' (see Broadhurst et al, 2010). As long ago as 1998 Ayre (cited in Broadhurst et al, 2010) noted a lack of observational data in practitioners' records and reports. More recently, the final report of the Munro Review (2011) highlighted that evidence submitted to the review by older children presented 'a mixed picture' in terms of the extent to which they feel consulted. However, the children's evidence also conveyed 'how much positive impact professionals can have when they find time to spend with the children they are helping and keep a clear focus on their needs' (Munro, 2011).

Munro notes that some practitioners 'may feel ill-equipped to communicate with children', while many also 'have strong personal views about the age at which children should be consulted' (Munro, 2011). Although some practitioners 'may lack communication skills or may feel awkward about asking to see children alone', it is essential that they 'take the time to see, speak to and observe children' (Broadhurst et al, 2010). Practitioners need to be encouraged to inform their managers if they find themselves in situations where they do not feel confident in seeing and speaking to young children so that they can get appropriate support and training (Broadhurst et al, 2010).

Safeguarding and resilience

Communicating effectively with children under the age of five contributes to a comprehensive assessment of need and risk. Even very young children are able to communicate what is happening in their world and how this feels for them. Through observation and direct communication, practitioners may also identify the impact (or potential impact) of abuse and neglect on a child's development and emotional well-being. Having knowledge of the impact is critical in determining whether the child has suffered or is likely to suffer significant harm. Through their own observations and communication with the child, practitioners may also be able to confirm (or refute) the concerns of others, including parents, caregivers and other professionals.

Having a sense of the child and a picture of the child's life from themselves contributes to effective analysis and professional judgements of risk and resilience, adversity and protective factors and, ultimately, to safeguarding. Use of the *Resilience Matrix* developed by Daniel and Wassell (see Daniel and Wassell, 2002; Daniel et al, 1999) in conjunction with the *Assessment Framework* (HM Government, 2013; DH et al, 2000) enables the practitioner to explore and consider the child's resilience and protective factors alongside risk and vulnerability in their assessment and planning of interventions. The *Resilience Matrix* considers factors within each dimension, which may include:

> **Resilience** – normal development, sociability, secure attachments, positive relationships, a sense of humour, the ability to problem solve

> **Vulnerability** – disability, poor attachments, racism, being perceived as the wrong gender or unattractive, mental illness

> **Adversity** – loss, bereavement, domestic abuse, poor housing, homelessness, parental mental illness, parental substance misuse

> **Protective factors** – an extended family, grandparents, community networks and resources, universal services (eg health, education).

(✱) More information

> For more information on resilience see the Frontline briefing from Research in Practice at **www.rip.org.uk/frontline**

> See also **www.childcentredpractice.co.uk** including the 'risk and resilience model' at **www.childcentredpractice.co.uk/planning-workshop**

> See Brown and Ward (2013: p22-23) for lists of factors associated with future harm (ie those factors that make future significant harm more or less likely) **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200471/Decision-making_within_a_child_s_timeframe.pdf** (pages 22-3)

Understanding child development

In order to have a sense of how children under the age of five communicate, practitioners need to be grounded in child development. The ability to recognise what stage of development a child is at is key to effective engagement and communication. It is also important for practitioners to have an understanding of and be able to recognise how neglect and abuse can impact on a child's development and how they communicate, which may not be in line with the child's chronological age. Other issues such as disability and conduct disorders may also need to be taken into consideration when thinking about how a child communicates.

When seeking to engage and communicate with young children living within an environment of risk, practitioners will need to consider that those children may have verbal language delay. This will also need to be taken into account when planning to intervene. Using data from the Millenium Cohort Study, Sabates and Dex (2012) examined the association of multiple risk factors (such as parental depression or substance misuse, domestic violence, financial stress and overcrowding) with deficits in developmental outcomes for children at ages three and five. They found children living in families with two or more risk factors had lower scores in naming vocabulary than those living in households with no risk or one risk only. This was true for children at both three and five.

Potential barriers to communicating with young children

There are a number of barriers or possible barriers that have the potential to impede a practitioner's ability to communicate effectively with children under the age of five. Practitioners and their supervisors and managers will need to be alert to these potential barriers and seek ways to overcome or avoid them. Potential barriers include:

> *Time and workload:* Communicating with young children takes time – time to observe, to engage and to communicate. Young children have limited concentration and practitioners may have to plan a number of sessions or visits to get a sense of the child, their wishes and their feelings. Making the necessary time can be harder still in rural areas where geography and distant location may pose an additional barrier.

> *Hostile or non-compliant parents:* Parents may not want practitioners to speak to their child – and, in particular, to speak to the child alone. Where this is a problem, it may be possible to see and communicate with the child in a nursery, for example, or to visit jointly with another practitioner who is already known to the child and family, such as a health visitor.

> *Inexperience:* Some practitioners may be inexperienced or lack confidence when working with very young children, or may need additional training. One way forward might be for them to spend some time shadowing an experienced practitioner in a family centre or nursery to develop a sense of young children, their development and stages of play and how they communicate. This could form part of continuing professional development.

> *Environment:* The environment may not be conducive to effective communication and observation, particularly in a chaotic household. There may be a number of distractions for the child and these may also impact on the practitioner's observations. It may be helpful for the child to be observed in another setting and this may also further inform assessment.

> *Age:* The child's age and stage of development may also present a barrier – for example, babies who have non-verbal language, toddlers who have limited concentration and pre-school children who are reluctant to communicate. A sound understanding of child development and opportunities for engaging under-fives will help develop the practitioner's skills and confidence.

> *Children with additional needs:* Establishing effective communication with children who have additional needs or for whom English is a second language may also be particularly challenging. Practitioners need to be guided by those who know the child well and understand how they communicate – for example, the child's parents, nursery staff or the health visitor.

> *A lack of creative tools:* Practitioners will be hampered if they do not have a set of practical resources to help them work creatively with children. A basic 'toolkit' can be assembled on a limited budget and built up over a period of time. (Suggested components for such a kit are discussed later in the briefing.)

> *Lack of support:* Poor supervision and a lack of managerial support can be a potential barrier to effective communication. Practitioners need support from their managers to enable them to develop their skills and confidence to communicate effectively with under-fives. It is especially important that managers and supervisors recognise that practitioners may need additional time and resources to communicate with very young children.

> *Competing demands:* The competing demands and priorities for practitioners and those of parents/carers and siblings may be difficult to manage and may impact on the practitioner's time and availability to communicate effectively with under-fives. Such problems will need to be addressed in supervision. An effective strategy may be to co-work cases within the team and with other professionals in a multi-agency arena.

What techniques should practitioners use to communicate with children under five?

This section lists a range of strategies and approaches that will help practitioners to communicate effectively with very young children.

Talking and 'active' listening

As we have seen, it is vital that practitioners do not lose sight of the importance of listening to what children say. 'Active' listening – which involves the practitioner using body language such as nods, eye contact and sitting forward, as well as verbal affirmations and reflecting back what the child has said – can help a child to communicate what has happened and how they feel. It shows the child they are being listened to and that what they are saying is important and is being taken seriously. For a child who may not be used to being heard or listened to, active listening is key to establishing trust, effective engagement and encouraging them to communicate.

So if a child tells you how they are feeling, you could lean forward to show you're listening and reflect their words back to them – for example, 'You said you feel cross.' You could ask the child 'What does cross look like?' Or you could ask them to draw a cross face. You can further demonstrate your engagement by making eye contact with the child and affirming them for telling you how they feel.

Talking to young children (even babies) helps to engage them, develop trust and build the relationship between child and practitioner. When faced with the multiple needs of parents and families, it is important that practitioners do not overlook the needs of those under five – historically, some practitioners have felt them to be too young or to lack the verbal skills to communicate their wishes and feelings.

(✱) More information

> Community Care's 'Social work toolkit for direct work with children' describes a number of tools that can be used for talking and communicating with children – see **www.communitycare.co.uk/tools-social-workers-can-use-to-talk-to-children**

Observation

Observation is crucial for effective communication with children under the age of five – particularly for those children who have no verbal communication. Careful and skilled observation enables the practitioner to form a view of the child, their demeanour, attachments and relationships with others, a sense of how they feel and how comfortable they are in close proximity to the adults in their life. Observing a child before seeking to establish a relationship and communicate with them can also help the practitioner to think about the most effective ways to engage them.

When observing children under five it is important to consider their attachment to their primary caregivers and siblings. It is in these relationships that the child develops their sense of themselves and their world, and these attachments will have an impact on the child's development and relationships with others. The most important part of an infant's development is their relationship with their primary caregiver. If this relationship is lacking and the child is not receiving adequate care and stimulation, 'all domains of their development will be compromised' (Brown and Ward, 2013). This needs to be considered when thinking about how to engage and communicate with the child.

'Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioral, and moral.'
(National Scientific Council on the Developing Child, 2004)

(★) More information

> See *Learning Through Child Observation* (2nd edition) by Mary Fawcett (2009), Jessica Kingsley Publishers

> See Community Care's 'Social work toolkit for direct work with children' at **www.communitycare.co.uk/tools-social-workers-can-use-to-talk-to-children**

'Checking things out' and liaising with other practitioners

Practitioners will often find it helpful to check things out and liaise with others who are close to the child. Speaking at an early stage to those who know the child well – parents and carers, nursery and school staff – will enable the practitioner to find out what a child likes to do or what the child's particular interests are – for example, cars, books, drawing, TV programmes and favourite characters, and so on. This can be valuable knowledge in helping the practitioner to engage the child more effectively.

Play

'The natural language of childhood is play ... play is the royal road to the child's unconscious processes ... an ideal vehicle through which non-verbal communication can occur.'
(Dale, 1992)

Play is the natural medium for children and is therefore an important aid to engagement and effective communication. As the Munro review (2011) noted, 'Play and drawings may be more appropriate for some [children] than anything resembling an "interview".' Practitioners can use play activities and techniques to help them facilitate communication and establish a reliable sense of the child's world.

Here are some suggestions for how you can use play to help you engage and communicate with young children:

> **Working with metaphors:** The practitioner can use objects – small figures, animals, buttons, stones, etc – to represent those people around the child, such as family members. Ask the child to think about his or her family and to select an object to represent each member. These objects can be used in eco-maps or genograms.

> **Eco-maps:** The child can use the objects to represent themselves and the people in their lives. They can then be asked to place those objects as near or far away from him or her as they wish. Alternatively, this approach can be adopted using creative materials. There is no limit to how creatively you use this medium – what is important, however, is that this makes sense for the child.

> **Using a third object:** A 'third object' – such as a puppet or soft toy – can be used to facilitate verbal communication and help the child relate to you. For example, a puppet may tell another puppet (or toy or you) what they think or how they feel. Children may use toys to help re-enact events and to explain what has happened to them in real life.

> **Art and messy play materials:** Using creative art and messy play materials can help children communicate. Children can be encouraged to create pictures or models to help them communicate with you. Children are often able to convey through another medium what they cannot say.

> **Baking or icing biscuits:** Cakes or biscuits make an excellent base on which a child can draw 'feelings faces' in icing. It may not be practical to spend time baking, but a quicker and therefore more realistic strategy is to facilitate the icing of bought biscuits. These can be used to create 'feelings faces', which the child can then eat.

> **Worksheets and masks:** Another aid to communication is to use 'feelings worksheets' that include happy and sad faces. Paper plates provide an attractive base for children on which they can then draw or paint 'feelings faces' and masks.

> **Stories and storytelling:** Stories can be used to facilitate engagement and communication. There are a number of books written for very young children with specific topics in mind, such as dealing with bereavement and loss, which will help children come to terms with personal experiences.

> **Outdoor and exploratory play:** Outdoor play, such as ball games, or exploratory play that involves walks, climbing and exploring and uses natural objects such as stones, pebbles, shells or wood, etc, can all be used to promote engagement and facilitate communication.

Stages of play

Practitioners will find it helpful when thinking about how they are going to engage and communicate with children under five to consider not only the type of play that is appropriate, but also the 'stage' of play. The child's age and stage of development need to be taken into account. For example, toys that are colourful and make a noise are ideal for engaging and communicating with babies, while creative play using paint, clay and collage is an ideal medium for three and four-year-olds. For pre-school children, small figures can be used in genograms. For most toddlers and older children, puppets and teddies or toy telephones are useful for the child to 'talk through' as a third object.

In the 1930s, Mildren Parten categorised the stages of children's play (see box on next page). She argued that given the opportunity to interact children progress naturally from one stage to the next. So in the earliest stage as 'onlookers', very young children watch other children at play but do not join in. They advance through 'solitary' and then 'parallel' play to the more socially complex 'associative' and 'co-operative' play that requires working together. Parten's categories are still used today as a helpful framework within which to understand children's play and social maturity (Hughes, 2010). She described the transition from solitary play that is typical of one and two-year-olds to the highly interactive play of the average four-year-old. Many modern psychologists would question whether her categories are developmental stages, however; a more typical view might be that 'preschool children of all ages engage in all types of play, depending on the circumstances they are in' (Hughes, 2010).

Stages of play

In the 1930s, sociologist Mildred Parten observed American pre-school children at play and categorised their play into a series of stages. Parten noted that as children become older and improve their communication skills, non-social types of play ('solitary' and 'parallel') become less common and the social types ('associative' and 'co-operative') more common. Earlier types of play do not disappear entirely, however, and may be revisited even when children are capable of more complex social play. Identifying a child's stage of play allows parents and caregivers to support the child's growth and progression.

Unoccupied behaviour: The child is not playing but watches anything that happens to catch his interest. When nothing interesting is going on, the child might move around, follow an adult or glance around the room.

Onlooker behaviour: Very young children typically exhibit 'onlooker behaviour' – that is, they will observe other children at play but not join in. Instead the child stands or sits, but within speaking distance. Parten noted that two-year-olds engage in a lot of onlooker play – although not joining in, they are often actively engaged as spectators and may ask questions or offer suggestions.

Solitary play: In the solitary stage, the child prefers to play with toys alone and is not comfortable interacting with others. The child pays little attention to other children's play, although he may occasionally interact by taking another child's toy.

Parallel play: Parallel play involves playing independently but side by side. Toddlers and two-year-olds commonly demonstrate parallel play. Children will sit near each other and use the same sorts of toy, but each concentrates on their own individual play and makes little attempt to communicate.

Associative play: Associative play occurs during the early preschool years. During associative play, children interact frequently and share materials. Children display interest in the play of others but maintain distinctly different storylines and themes. Associative play is common among three and four-year-olds.

Co-operative play: Co-operative play requires working together. Children share materials, work together to create a theme and storyline for their play, adopt roles and assign roles to other children. Co-operative play involves a high degree of complexity and represents a high level of social maturity. Four-year olds engage in a good deal of co-operative play.

More information

> For more information on stages of play,
as defined by Parten and others, see
**www.education.com/reference/article/
characteristics-social-play**

Developing a practitioner's 'toolkit'

Child and family practitioners whose work brings them into contact with very young children will find it helpful to put together and carry a 'toolkit' that contains a range of practical materials and resources to help them communicate effectively with young children. Having a toolkit to hand will also be particularly helpful if practitioners have to respond in a crisis situation when they may have very little time to plan how they will engage or speak to the child. On such occasions the practitioner may have only the child's chronological age and no further information.

Some suggestions for inclusion in a toolkit would be:

> crayons, pens and paper

> puppets and soft toys

> small figures and objects such as cars, building blocks and animals

> stories and books

> magic wands

> a toy telephone and musical baby toys.

> See the chart – 'Developing a toolkit for assessment' – which accompanies this briefing and sets out a full range of possible components for your toolkit, together with suggestions for how to use them.
You can find and download the chart at **www.rip.org.uk/frontline**

The emotional impact of child protection work

Information obtained from communicating with young children in the course of child protection work can have a powerful impact on practitioners, both personally and professionally. The child may be experiencing forms of abuse or neglect which the practitioner has experienced. These may also be personal experiences that the practitioner has not yet fully 'dealt with'. The practitioner might over-empathise with the child, which could have an impact professionally on their ability to remain objective, or the practitioner may over or underreact to the risks the child is facing. If the practitioner becomes too emotionally involved with the child, this can contribute to an assessment that does not consider the views of others.

For frontline practitioners, the particular vulnerabilities of under-fives may be especially distressing. As Munro put it, 'The emotional impact of this work can ... be very painful, making workers aware of how terrible some children's lives are'. Practitioners may demonstrate this in their demeanour and body language, which may influence the child, the communication and/ or observation. Practitioners may lose focus in their assessment and lose sight of the purpose of communicating; they might also be tempted to make fixed judgements of the parents or carers, or they may just become stuck. Information obtained from a child may also change the practitioner's views and they may start to doubt their professional judgements.

It is vital, therefore, that practitioners recognise the potential impact of child protection work on themselves and use supervision to explore that impact and to consider how this could affect their assessments.

What can practitioners do to deal with these emotional effects?

The very nature of child abuse evokes an emotional response and it is important – both for the personal well-being of the practitioner and for safe and effective practice – that the practitioner is not left to manage those feelings in isolation.

Practitioners working in child protection need to:

> recognise and acknowledge the impacts of the emotional nature of the work

> share how they feel with their peers and colleagues

> share how they feel in supervision (both formal and informal)

> make use of their agency's employee assistance programmes and human resources

> develop strategies for leisure and relaxation outside of work that will help them manage the impacts (eg walking, sport, music, relaxation, friends and family)

> seek counselling or other forms of support if there is any personal impact from child protection work arising out of personal experience of domestic abuse or child abuse, for example.

In conclusion, effective communication with under-fives is imperative to effective safeguarding. Practitioners have a real opportunity to develop an understanding of what has happened and what it feels like for the child and, ultimately, to ensure the child's voice, wishes and feelings are reflected throughout the process.

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