‘Opening Doors’: best practice when a young child might be showing or telling you that they are at risk
This article gives practical, evidence-based guidance on responding carefully to young children in early years settings, using an ‘open doors’ framework. The guidance is relevant for many situations, but particularly when you may be worried about a child’s safety.

During the course of this article, early years settings is used to describe the whole range of places where young children receive care and education outside of their homes — childminders, nursery and reception classes, playgroups, children’s centres and nurseries. Much child abuse goes unreported. ‘Disclosure’ is often seen as a one-off, one-way event where a child ‘tells’ an adult. Separately, many professionals are given negative, prohibitive guidance about responding to early concerns. This paper re-frames disclosure as an interaction in which the listening adult may need to play an active, enabling role, and respond to what a child ‘does’ as well as what they ‘say’.

The paper uses the analogy of ‘opening doors’ for children in response to possible concerns. It reviews what is known from research about young children’s memory, communication and testimony; sets out clear guidance for how to respond directly to children and ends by following a young child through a sequence of moments, where adults have opportunities to ‘open or close’ doors on crucial communication. Specific examples are given throughout, showing how to safely open doors for children, while avoiding accidentally closing doors, or trying to lead or direct children through doors, or not noticing children who are trying to open doors. Connections are made with current safeguarding procedures and with best practice guidance in the early years.

‘Opening doors’ is a framework of positive, evidence-based guidance translated into very practical responses. This approach has evolved within multidisciplinary practice and training; its roots are in direct work with children giving evidence about serious crime, including sexual and physical assault, and rape. A series of ‘opening door’ photographs were produced in collaboration with children, who were active agents in the creation of the images.

The context
Child abuse has serious consequences for children, families, and society. For example, the annual cost of child sexual abuse in the UK has been estimated at £3.2 billion (Saied-Tessier, 2014). Research indicates that children experience much higher levels of abuse and neglect than those recorded in official statistics (Allnock, 2015; Beckett and Warrington, 2014; Radford et al, 2013; Smith et al, 2015;) with recent research suggesting that 85 percent of child sexual abuse goes unreported in England (OCC, 2015).

A failure to listen to children is a recurrent finding in reviews of professional practice – for example, the serious case review into the death of Daniel Pelka (four-years-old) noted that ‘Daniel had become invisible to professionals… there was no evidence of any conversation with Daniel about his home life’ (Rogers, 2013). Separately, an evaluation of 67 serious case reviews identified that too often the focus on the child was lost and the voices of children and young people were not heard (Ofsted, 2011).

In January 2011, a nursery worker, Paul Wilson, came to the attention of the police following an accusation by a 13-year-old girl of online grooming. Examination of his computer revealed many indecent images, including a serious assault of a three-year-old in a nursery, which he had recorded on his mobile phone. He was arrested, charged and subsequently convicted and sentenced to life imprisonment after admitting two charges of rape, 16 counts of causing or inciting a child to engage in sexual activity, 25 of making indecent images, and three of distributing images of children.

The review found that it was known by the nursery, Ofsted and the Local Authority that Wilson had a ‘special relationship’ with the child, which should have raised the alarm and been examined in more detail. One of the key lessons from the serious case review was the need for those working with children to listen to, and to ask about, children’s experiences directly with them, rather than just speaking to adults (Wonnacott, 2014).

A more recent serious case review, into the death in foster care of a child aged 23-months-old, raises similar issues. Although several professionals noticed that the child had become ‘very watchful and wary’; that his behaviour ‘showed clearly that he was miserable and at times hungry’, and he had lost two kilograms in 12 weeks, these concerns were not followed up (Bentley-Lawson, 2017 para 9.9 and 9.11). The review notes ‘regular and consistent supervision … is crucial for the safeguarding of children, especially non-verbal/pre-school children’ (ibid p49).

There are signs of positive change – young children’s unspoken communication is now being accepted within Much child abuse goes unreported. ‘Disclosure’ is often seen as a one-off, one-way event where a child ‘tells’ an adult. Separately, many professionals are given negative, prohibitive guidance about responding to early concerns.
When a young child might be showing or telling you that they are at risk

- An 18-month-old freezes every time his nappy is changed.
- A three-year-old plays 'jections' (injections) alone in the quiet area.
- A three-year-old has very faint bruising around her neck, you think it might be finger marks.
- A four-year-old announces that 'Fireman Sam squirts on my tummy all night' – see page 57.
- A four-year-old plays 'bedtime' frantically and repetitively, whispering 'Don't tell or I kill you.'
- A five-year-old offers 50p to lick another child's minnie at playtime.
- A five-year-old tells you she has 'a bad, bad secret' but cannot say what it is.
- A three-year-old plays 'jections' (injections) alone in the quiet area.
- An 18-month-old freezes every time his nappy is changed.

Safeguarding policies and procedures in the early years

Confident early pick-up of possible concerns – by careful opening of doors – is an essential foundation for children’s safety. The requirement to protect children from harm is embedded throughout policies and guidance across every discipline and agency involved with children, for example:

- ‘… safeguarding children and protecting them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.’ (Department for Education, 2015b, p5).
- ‘Safeguarding is everybody’s business … the safety and well-being of those in vulnerable circumstances is at the forefront of our business’ (NHS England 2015 p6).
- ‘The police have a duty to safeguard and protect children.’ (College of Policing 2016).

The requirement to protect babies, toddlers and young children from harm is similarly clear in Early Years Foundation Stage (EYFS) policies and guidance, for example: ‘Providers must be alert to any issues for concern in the child’s life at home or elsewhere. Providers must have and implement a policy, and procedures, to safeguard children. A practitioner must be designated to take lead responsibility for safeguarding children in every setting. Policy must cover the use of mobile phone and camera. Providers must train all staff to understand their safeguarding policy and procedures … Training … must enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way.’ (Department for Education 2014 para 3.4, 3.5 and 3.6).

Closing doors by mistake

Multi-agency government guidance states: ‘If a child reports, following a conversation you have initiated or otherwise, that they are being abused and neglected, you should listen to them, take their allegation seriously, and reassure them that you will take action to keep them safe.’ (Department for Education, 2015a).

Although most guidance, like the above, says children should be listened to, it rarely explains how to do this safely. In fact, practitioners in many early years settings are given long lists of what not to do: ‘Don’t investigate, don’t ask suggestive or leading questions, don’t ask any questions at all, don’t press the child for information; avoid making promises you can’t keep, don’t extend a child’s account, never put words into a child’s mouth.’ [Department for Education, 2015b; Department for Education 2016; Department for Education, 2015a; Pan Sussex Child Protection Procedures 2016; Pan London Child Protection Procedures 2016; Early Years Foundation Stage 2014; CACHE Children and Young People Diploma 2011]

Such prohibitive, negative guidance can accidentally silence children, by creating anxiety, hesitancy or confusion in the adults. In our experience, many professionals are clear about what they must not do or say. Relatively few people are confident about what they should do or say.

The opening doors guidance is entirely positive, i.e. it explains what to do, rather than what not to do.

Re-framing ‘Disclosure’ – what research tells us

It is commonly thought that young children do not ‘tell’ about abuse, especially sexual abuse. For example, research reports that children rarely disclose sexual abuse immediately after the event (Smith et al, 2015) and that 60-80 percent of victims ‘withhold’ or ‘delay’ disclosure (Hébert, Tourigny, Cyr, et al, 2009; Jones, 2000; Paine and Hansen, 2002; McElvaney, 2015). However, some recent research suggests that many children do attempt to tell, over time, in different ways and that disclosure tends to be a process rather than a single episode (London et al, 2005; Alaggia, 2010). Some children face additional barriers in disclosing abuse – for example, very young children and some disabled children (Marchant 2013, 2010).

In a recent study in England, more than 80 percent of young adults who had experienced high levels of abuse and
violence during childhood reported that they had tried to
tell someone about the abuse. Not being noticed, asked or
heard ‘was a consistent thread throughout… Some young
people emphasised that they delayed their disclosures – or
did not disclose – because no-one asked them or no-one
noticed’ (Allnock and Miller, 2013). Some young people
are also sure that when they were children there were signs
of abuse that should have been picked up (McElvaney,
2015).

Disclosure is often understood as a one-off, one-way
event. However, disclosure can better be understood ‘as
a process that unfolds over time in different contexts and
not as a singular event’ (Reitsema and Grietens, 2016).
‘Disclosure’ develops through an interplay between
children’s signs and expressions and the reactions of the
adults around them, both verbal and non-verbal. Children
receive information on how adults respond to them, they
process and evaluate this information, and they base their
reactions on this (McElvaney, Greene, and Hogan, 2012).

Our experience with more than 1,000 children
giving evidence about alleged abuse, suggests that many
children – especially young or disabled children – show or
tell repeatedly before action is taken – for example, ‘Oh
she’s been saying that for ages.’ ‘He always does that, we
thought that’s just him.’ The initial response of adults to
children’s disclosures can also affect children’s wellbeing
and the likelihood that they will recant or ‘take back’ their
allegations (Ahern and Lamb, 2016) – adult responses are
also key in later legal proceedings (Stolzenberg and Lyon,
2014).

**Children’s evidence – what research tells us**

Early years practitioners are practised and skilled at
understanding young children, and know that listening
means attending in the widest sense to all of children’s
communication – everything that they say and do, from
sounds, words and sentences to expressions, gestures, eye
gaze, play, demonstrations, behaviour and drawing.

Research has confirmed that young children rely
much more on unspoken communication than adults
(Doherty-Sneddon 2003). This applies both to receptive
communication (children’s ability to understand)
and expressive communication (children’s ability to
explain). Therefore, being aware of one’s own unspoken
communication (intonation, facial expression and body
language) and paying careful attention to children’s
unspoken communication is essential when exploring
possible safeguarding concerns.

Young children may ‘show’ about abuse well before
they can or will ‘tell’ about it. They may also say or do
things that are worrying, but are not clear allegations
or disclosures. Children may make repeated deliberate
attempts to begin to show or tell, or may unintentionally or
accidentally do so. Children may be coerced into making
false allegations, or their reports of innocent events may
be misunderstood (for example, a four-year-old who
announced, ‘Fireman Sam sleeps in my bed and squirts
all on my tummy’ had just received a duvet cover for his
birthday picturing Fireman Sam using his hose).

There is now also a robust knowledge base for
investigative interviewing of children. Founded on extensive
worldwide research, this provides a helpful basis for much
clearer guidance about how adults should respond to initial
concerns, reducing the risk of confusing or contaminating
children’s accounts, and also reducing the risk of
accidentally silencing children.

Research is absolutely clear that the best way to elicit
accurate information from children is to ask as few
questions as possible (Burrows and Powell, 2014; Lamb et
al, 2008) and to make these short, open-ended questions
that let the child decide what to focus on, and do not
introduce any information the child has not mentioned
(Lamb et al, 2008; Lyon, 2014; Malloy et al, 2013; Orbach
and Pipe, 2011; Powell and Snow, 2007).

Asking open-ended questions is not easy and takes
practise. There is also confusion about which questions
are open-ended. For example, ‘wh’ questions (who, what,
where, when, why) are often incorrectly defined as open-
ended questions. They are actually closed questions, because
they direct the child’s attention. ‘Wh’ questions can easilyecome unintentionally leading, i.e. ‘Who else was there?’
assumes that another person was present.

The ‘opening doors’ guidance is based on what is known
about children’s memory and children’s testimony (Lamb
et al, 2011; LaRooy et al, 2015; Marchant, 2013; 2015)
and about the impact of trauma (Perry et al, 2006; Van der
Kolk, 2015). It also draws on a set of ideas about non-
directive communication within play therapy and beyond
(Axline, 1947; Pinney, 1984; Rogers, 1942).

The opening doors approach is compatible with current
policy and guidance (Department of Education, 2015a;
2015b; Home Office 2011; Ofsted 2016).

Practitioners must be very aware that it is easy to ‘close
doors’ on children without meaning to
A different approach to guidance

The ‘opening doors’ approach offers a positive, accessible and safe way to explore possible concerns with children, gently and at their pace. The aim is to get just enough information to work out what action is required, without leading children or contaminating their accounts. This approach is safe in terms of protecting children and preventing potential evidence. It is also safe whether children have been abused or have been misunderstood, or have been coached to give false accounts.

Positive guidance – Opening Doors

We could give much more enabling, helpful and clear guidance on how to respond to young children’s possibly concerning behaviours or comments. We could say...

- You are part of children’s first line of defence. It is your job to build helpful relationships with children. You are likely to meet some children who are not safe. They may tell you. Or they may show you. This might happen suddenly and without warning, or it may happen slowly, bit by bit, over time. It is your job to notice low level concerning behaviour that makes you skip a beat. It is your job to attend to the things children say or do that might not initially make sense.
- It is your job to notice the baby who keeps very still and silent when you change their nappy, to think about the toddler who makes you feel uneasy with the way they straddle your lap and rock on you, to see the child who is so busy keeping quiet and watching every adult in the room.
- It is your job to notice. And it is your job to respond. This is how to do that job. And this is how to do it carefully and well. The analogy used is of ‘opening doors’, that a child can walk through, or not. Early years settings are used to keeping in mind issues of safety around young children. It is, therefore, hoped that the ‘doors’ analogy will easily stick in the mind of practitioners.
- If a child tells or plays or draws or shows about possible abuse, listen and attend carefully, with 100 percent of your attention, even if you look like you are doing something else. Many children find it easier if eye contact is not required (sit next to, instead of in front of the child, or direct your gaze to shared play, or simply look away).
- Let the child tell you what they want to tell you, or show you what they want to show you, as long as they and other children are safe. If the time or place is tricky, you might be able to adjust the environment rather than interrupt or stop the child (for example, reduce sound in the room, alert another worker to engage with the other children, or perhaps quietly direct them to play elsewhere, and always have a pen and notebook nearby, ready to make notes).
- If you are not sure what the child said or did, or if you are not sure what they meant, offer an open invitation – ‘tell me more about that’, or ‘show me that again’.
- Then say things like ‘uhuh’ or ‘mmhmm’, or ‘go on’, to show you are listening. These are safe things to say because they encourage the child to continue, without directing their account in anyway. Saying ‘OK’ or ‘right’ or ‘yes’ is riskier because these can suggest approval of what the child is telling you, and some things that children need to tell about are really not OK.
- Make clear through your behaviour and body language that you are calm and alright, and that you have time. Breathe, relax, keep still if the child is still. Give the child as much physical space as they need. Adapt your language and communication style in line with the child’s needs.
- Ask as few questions as possible. Ask one question at a time. Good questions are open questions – ‘tell me about that’, ‘then what happened’, ‘what else happened’, ‘tell me more about that’. Let the child use his or her own words.
- Be clear about what you need to know. Try to get just enough information to work out what action is required. Make a careful record of what the child said and did, and any questions you asked. If a child tries to demonstrate violent or sexual acts using your body, say calmly, ‘I can’t let you do that’ and, if necessary, move away. If a child draws something concerning, keep the drawing safe.
- If appropriate, reflect back, using the child’s own words. Say exactly what they said, without expanding or amending or asking questions. If appropriate, comment to show that you have noticed what a child is doing (for example, ‘you are showing me with your hands’).
- Let the child know what you will do next. This can be very simple: ‘I am going to have a think and then I will come back’, then perhaps, ‘a policeman called Jon is going to come to nursery, he needs your help. I will stay with you when he’s here’.

The aim is to keep opening doors, to keep an open mind about what you see and hear. You may need to carry on opening doors throughout an interaction that may last two minutes, or that may be spread across several weeks or months. eye

References


Axline V (1947) Play Therapy, Ballantine: New York, USA

Opening Doors in action

The example below shows this ‘door opening’ approach in action, following a young child through a sequence of moments where adults have opportunities to open or close doors.

**Sammi, age 3, is a bright child with no known health issues, additional needs or safeguarding concerns. Today you notice that Sammi is wriggling constantly whenever she sits on a chair or on the floor.**

**What might close the door for Sammi?**
- Open the door for Sammi to sit down.
- Open the door for Sammi to move around.

**What might open the door for Sammi?**
- Ask Sammi to sit down and wait calmly.
- Open the door for Sammi to move around.

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### Responses that may silence or contaminate (close the door)

- Sammi wiggles all the time and looks very uncomfortable.
- Notice and comment clearly you are a bit worried.

### Responses that may help (open the door)

- Sammi looks away.
- Sammi nods, then leans towards you and says ‘ouchy’.
- Say ‘yes, I know’.

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**What might close the door for Sammi?**
- Open the door for Sammi to sit down.
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**What might open the door for Sammi?**
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**Responses that may silence or contaminate (close the door)**

- Sammi wiggles a bit less.
- Notice and comment clearly you are a bit worried.

**Responses that may help (open the door)**

- Ask Sammi to sit still as the children behind can see.
- Open the door for Sammi to move around.

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**Responses that may silence or contaminate (close the door)**

- Sammi wiggles, all the time and looks very uncomfortable.
- Notice and comment clearly you are a bit worried.

**Responses that may help (open the door)**

- Ask Sammi to sit still as the children behind can see.
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Key points

- Disclosure is often seen as a one-off, one-way event, where the adult is a passive recipient of words that a child says
- In fact, disclosure is interactive, and many young children show as well as tell
- The way adults respond when children begin to show or tell about possible abuse can determine whether they continue telling and whether they are kept safe
- Adult responses can also clarify, confuse or contaminate children’s accounts
- ‘Opening Doors’ is a positive, practical, accessible, evidence-based approach, enabling adults to respond confidently and carefully when there may be safeguarding concerns about a child