

**Appendix 1. Definitions of vulnerable children from published and grey literature sources**

Definition	Source	Important concepts identified	Key terms
<i>Social</i>			
<p>“Vulnerable children are those –</p> <p>(a) who are unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of social care services,</p> <p>(b) whose health or development is likely to be significantly impaired, or further impaired, without the provision for them of social care services,</p> <p>(c) who have a physical or mental impairment,</p> <p>(d) who are in the care of a public authority, or</p> <p>(e) who are provided with accommodation by a public authority in order to secure their well-being.”</p>	<p><i>UK Parliament, House of Commons, Welsh Affairs.</i></p> <p>Link:  <a href="http://www.publications.parliament.uk/pa/cm200708/cmselect/cmwelaf/576/57605.htm">http://www.publications.parliament.uk/pa/cm200708/cmselect/cmwelaf/576/57605.htm</a></p>	<ul style="list-style-type: none"> <li>– Will not achieve reasonable standard of health without provision of social care services.</li> <li>– Have mental or physical disability.</li> <li>– Provided accommodation or are in the care of a public authority.</li> </ul>	<p>Children in care, social care, foster care, social services, disability, public housing, social services, public authority, council housing</p>
<p>“A vulnerable child in this context is one who is not within the social care system, but where there are</p>	<p><i>Child and Maternal Health Observatory.</i></p>	<ul style="list-style-type: none"> <li>– Not within the social care system.</li> </ul>	<p>Services, social worker, agency, agencies</p>

warning signals that the child is becoming at risk of harm. The child and his or her family is likely to be receiving help from one or more agencies, and while no single agency has identified a significant risk to the child, when information from all agencies is pooled, the picture that emerges indicates that there are many factors having a negative impact on the child. While inter-agency data sharing to resolve child protection concerns is established, data sharing to identify these children who are earlier on in the process tends not to happen routinely in a similar way.”

“Children most at risk of experiencing inequalities and poor life chances. Focus is on those whose experience of multiple, adverse, overlapping factors in their lives makes them vulnerable to significant risk of poor outcomes.”

“Vulnerable children are identified as having needs or circumstances that require particularly perceptive intervention and/or additional support. This includes children –

Link:  
<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1>

*National Child Bureau.*

Link:  
<https://www.ncb.org.uk/resources-publications>

*Ofsted*

Link:  
<http://ww5.swindon.gov.uk/moderngov/documents/s69891/Childrens%20Centre>

– Child or his or her family is receiving help from more than one agency.

– Multiple and overlapping experiences.

– Socioeconomically deprived.  
 – Domestic abuse and child protection issues.  
 – Mental disability.  
 – Children in care.

Low income, low socioeconomic class, poverty, traveller, minority, looked after children, greater needs, support

- (a) From low income backgrounds,  
 (b) living with domestic abuse, adult mental health issues and substance abuse,  
 (c) Children ‘in need’ or with a child protection plan,  
 (d) Children who are in the care of the local authority (looked after children), or  
 (e) Those with protected characteristics, as defined by the Equality Act 2010, including Gypsy and Traveller communities, minority ethnic groups or those from same sex parent families.’
- s%20-%20Appendix%203%20-%20Ofsted%20Definition%20of%20Vulnerability.pdf
- Protected characteristic children have higher needs.

- “Over one third of the children in the United Kingdom grow up in conditions of socioeconomic deprivation. In consequence they experience poorer health than their more affluent peers. Within this socioeconomically deprived population exist several groups of children and young people who are profoundly marginalised—
- (a) Homeless children,  
 (b) Refugees,
- Webb, E. Children and the inverse care law. *BMJ*. 1998; 316(7144):1588.  
 doi:  
<http://dx.doi.org/10.1136/bmj.316.7144.1588>
- Large population of children in socioeconomic deprivation, predisposing to vulnerability.  
 – Poorer access to healthcare.
- Homeless, refugee, deprived, low socioeconomic class, marginalised, access, ethnic minority, poor access

(c) Traveler communities,

(d) Children in care.

These groups have poor access to health services and as a result poor. Other groups, such as children from minority ethnic communities and adolescents, have poor access to services. ”

“Children and young people who are in need of support but are resilient. This includes children who are not suffering from an imminent risk of physical abuse or neglect and whose vulnerability does not reach obvious thresholds for statutory intervention. Young carers are an example where their resilient capabilities are frequently allowed to predominate in their assessment of their needs.”

Ward, H. and Rose, W. *Approaches to Needs Assessment in Children's Services*. Gateshead. Jessica Kingsley Publisher; 2002.

- Child carers can cope so are a hidden group to services.
- Due to their coping underlying emotional needs are frequently.
- Wide literature base on caregiving being detrimental to health.

Young carer, caregiver, needs, social care, mental, social exclusion, social isolation, care burden

‘orphans and vulnerable children (OVC) are children affected by HIV and AIDS by virtue of, among others, living in a household where one or more people are ill, dying or deceased, or which fosters orphans, and children whose care givers are too ill or old to continue to care for

Tagurum, Y. *et al.* Situational analysis of orphans and vulnerable children in urban and rural communities of Plateau State. *Ann. Afr. Med.* 2015; 14(1):18-24. doi: 10.4103/1596-3519.148714.

- Affected by HIV/AIDS.
- Carers can no longer take care of them.
- More health needs than their peers.

HIV, AIDS, orphans, household, unwell carers

them. They often have more health needs than their peers.’

“The loss of a parent through death or desertion is an important aspect of vulnerability. Additional factors leading to vulnerability included severe chronic illness of a parent or caregiver, poverty, hunger, lack of access to services, inadequate clothing or shelter, overcrowding, deficient caretakers, and factors specific to the child, including disability, direct experience of physical or sexual violence, or severe chronic illness.”

Skinner, D. *et al.* Towards a definition of orphaned and vulnerable children. *AIDS and Behaviour*. 2006; 10(6):619-626.

- Orphans are vulnerable.
- Loss of parent or chronic illness of parent. Poverty, hunger, lack of shelter – e.g. stigma of low socioeconomic class, are all additional factors.

Poverty, orphan, loss of parent, carer, adoptee, adopted, chronic illness, overcrowding

“A child whose parents are dead.”

*Oxford Dictionary*

- No parental care.
- Are in care of public authorities or not in care at all.

Orphan, loss of parent

### *Mental*

“Literature shows consistently increased levels of psychological morbidity among refugee children, especially post-traumatic stress disorder, depression, and anxiety disorders. The delivery of mental health care for these children is also different. There is particular

Fazel, M. and Stein, A. The mental health of refugee children. *Archives of Disease in Childhood*. 2002; 87(5):366-370.

doi:10.1136/adc.87.5.366

- Stress from the country of origin, the migration and the resettling in foreign country is a traumatic experience.
- Increased morbidity in this demographic.
- Children as a group have greater dependence on

Refugee, mental health, depression, anxiety, stress, refuge, dependant, culture, migration, immigration

concern for the plight of unaccompanied children.”		outside sources for protection and care.	
“Many different factors affect the mental health of forcibly displaced children in the presence of substantial life challenges, such as perceived discrimination, being unaccompanied, poor finances, parental psychiatric problems.”	Fazel, M., Veed, R., Panter-Brick, C. and Stein, A. Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. <i>Lancet</i> .2012; 379(9812):266-282.	<ul style="list-style-type: none"> <li>– As above</li> <li>– Parental psychiatric problems</li> </ul>	<p>Discrimination, racism, language, Low income</p> <p>Lower socioeconomic class, poverty, poor, parental mental illness, parental psychiatric illness</p>
“Refugees resettled in western countries could be about ten times more likely to have post-traumatic stress disorder than age-matched general populations in those countries. Worldwide, tens of thousands of refugees and former refugees resettled in western countries probably have post-traumatic stress disorder. Five surveys of 260 refugee children from three countries yielded a prevalence of 11% (7–17%) for post-traumatic stress disorder.”	Fazel, M., Wheeler, J. and Danesh, J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. <i>Lancet</i> . 2005; 365(9467):1309-1314.	<ul style="list-style-type: none"> <li>– Age matched refugees have higher prevalence’s of PTSD.</li> <li>– It is seen in studies in varying countries.</li> </ul>	Refugee, stress, low income, mental health
“Children with learning disabilities have a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) with a reduced ability to cope	Calder, M. and Hackett, S. <i>Assessment in Child Care</i> . 2 <sup>nd</sup> edition. Dorset. Russell House Publishing. 2013.	<ul style="list-style-type: none"> <li>– Affected by the way they are perceived in the communities they live in.</li> <li>– Cannot cope independently.</li> <li>– Cannot learn new skills.</li> </ul>	Learning disability, impairment, intellectual disability, learning difficulties, mental retardation, dyslexia, dyspraxia

independently (impaired social functioning).”

“Children and adolescents with learning disabilities have high rates of mental health problems and behavioural difficulties. Comorbid disorders such as epilepsy, autism and attention-deficit hyperactivity disorder are common and overall there is more than a six-fold increased risk of mental illness.”

“Children can feel afraid, anxious or guilty about their parent’s illness, and find it hard to make and keep friends. Mental illness can be difficult to understand and some children and young people fear that the same thing could happen to them. A mentally ill parent can behave in ways that can be confusing or distressing for children. Some children are more resilient than others and seem to cope better with their parent’s mental illness, understanding more of what is happening and supporting their parent with confidence. A child’s age, gender, temperament and intelligence are among a range of factors that affect

Emerson, E. and Hatton, C. Mental health of children and adolescents with intellectual disabilities in Britain. *The British Journal of Psychiatry*. Royal College of Psychiatry, London, 2007.

*Family Minded. Supporting Children in families affected by mental illness.* Barnardo’s. 2008.

Link:  
[https://www.researchgate.net/publication/242696030\\_Supporting\\_children\\_in\\_families\\_affected\\_by\\_mental\\_illness](https://www.researchgate.net/publication/242696030_Supporting_children_in_families_affected_by_mental_illness)

– Conditions like autism are not illnesses but the resulting social isolation results in mental illness such as depression.

– Uncertainty about their parent’s condition can cause anxiety, guilt and social isolation.  
– Ability to cope is affected.  
– Resilience is decreased which increases vulnerability.

Depress, mental illness, isolation, epilepsy, autism, ADHD

Young carer, uncertain, mental illness, social isolation, distress, anxiety, mental handicap

a child's resilience to this particular situation.”

<p>“Children with learning disabilities were significantly more likely to:</p> <p>(a) Have poor general health,</p> <p>(b) Have been exposed to a greater variety of adverse life events (e.g., domestic abuse, serious accidents, abuse),</p> <p>(c) Live in poverty,</p> <p>(d) Have a mother who has mental health issues.”</p>	<p>The Mental Health of Children and Adolescents with Learning Disabilities in Britain. <i>Lancaster University</i>. 2007.</p>	<ul style="list-style-type: none"> <li>– With learning disabilities have poorer health, and more adverse life events.</li> <li>– Higher chance of being in poverty.</li> </ul>	<p>Poverty, poor, abuse, adverse life events, learning disability</p>
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*Physical (Disability)*

<p>“Disabled children are not the same as one another but rather have their own individual needs and specific disabilities. To compare in other ways can result in their abuse being overlooked and assumed to be part of their ‘condition’ as research has shown injuries were accepted as an ‘inevitable feature of the child’s disability’ rather than the abuse inflicted on them.”</p>	<p>Wilson, K. and James, A. <i>The Child Protection Handbook</i>. 3<sup>rd</sup> edition. Elsevier. 2007.</p>	<ul style="list-style-type: none"> <li>– Disability must be seen as individual.</li> <li>– Injuries are accepted as part of the disability incorrectly.</li> <li>– Legislation protecting from harm covers “harm suffered considered significant on the child health and development compared with what one could expect of a similar child’ which doesn’t work with disabled children.</li> </ul>	<p>Disabled, injury, injuries, wheelchair, aids, crutch, abuse, impairment, physiotherapy, physical handicap</p>
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“Deaf and disabled children are more likely to be abused than non-disabled children. They are particularly vulnerable to abuse because they are -

*Safe Network*

- As above
- Not educated specifically about their own bodies.
- More isolated.
- Less communication.

Communication, education, isolation, disabled, mobility

(a) not offered the same protection as non-disabled children

(b) often treated as different, and less likely to (c) receive adequate sex education or information about their own bodies

(d) generally more isolated, both physically and socially and also from mainstream facilities and services

(e) less likely to have people who they can communicate with

(f) dependent on others for their most important needs, such as feeding, taking medication or their intimate care needs. ‘

“When a disabled child is referred to Children’s Social Care for assessment it can be for many reasons, ranging from practical service requests to concerns about significant risk of harm. These frameworks however were not initially designed with disabled

Calder, M. and Hackett, S. *Assessment in Child Care*. 2<sup>nd</sup> edition. Dorset. Russell House Publishing. 2013.

- As above.
- Inadequate frameworks, institutionalised discrimination.
- Needs not met correctly.

Discrimination, needs assessment, occupational therapy, housing, stress,

children in mind. This has led to basic services being too intrusive and complex assessments lacking. This can lead to the views of the child not being listened to and in cases risks not understood and responded to.”

### *Child Protection*

“Many children accept maltreatment as a "normal" family dynamic and do not recognize the need for help or intervention. While this may be particularly true for young children, older youth often report family violence as usual, expected, and part of their environment. Note: We are reminded that parents who were themselves raised with drugs and alcohol, domestic violence, or mental health issues often don't see their own histories as abusive. They were in fact vulnerable as children and are less likely to protect their own children without this realization.”

*Ohio Child Welfare Training Program*

- Children who grow up with abuse do not recognise it as abuse and thus do not seek out help.
- Parents can be abusive without realising as they grew up used to abuse.

Abuse, maltreatment, harm, child protection, injury, stress

“Neglect is the failure of a parent to provide for the development of the child – where the parent is in a position to do so – in one or more

Krug, E., Dahlberg, L., Mercy, J., Zwi, A. and Lozano, R. *World report on violence and health*. WHO. 2002.

- Failure of parent to provide for the child where there is provision to do so.

Neglect, development, self-protection, abandonment,

of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions. Neglect is distinguished from circumstances of poverty in that neglect can occur only in cases where reasonable resources are available to the family or caregiver.”

- Distinguished from cases of poverty. mistreatment, desertion, disregard

“Children and young people on the Child Protection Register have been identified as being at risk of significant harm. This vulnerability has necessitated a multi-agency response with an identified child protection plan put in place. All key agencies involved with the child and family should be aware of the child protection plan in place.”

*East Renfrewshire Child Protection Committee*

Link:

<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=3558&p=0>

- Children on this register are predefined as vulnerable. Protection plan, agency, response, harm, child protection register
- Multi-agency responses are pre-set.

“The term ‘child protection’ refers to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices. Child protection programmes also target children who are uniquely vulnerable to these abuses, such as when living without parental care,

*Child Protection Information Sheet. What is Child Protection?* UNICEF. 2006.

Link:

[http://www.unicef.org/protection/files/What\\_is\\_Child\\_Protection.pdf](http://www.unicef.org/protection/files/What_is_Child_Protection.pdf)

- Child protection includes sexual, physical, emotional and financial abuse. Child protection, abuse, neglect, sexual abuse, violence, conflict, homelessness, vagrancy, exploitation
- Those subject to this abuse are at risk of poor outcomes.

in conflict with the law and in armed conflict. Children subjected to violence, exploitation, abuse and neglect are at risk of death, poor physical and mental health, HIV/AIDS infection, educational problems, displacement, homelessness, vagrancy and poor parenting skills later in life.’’

‘preschool children who have been neglected or emotionally abused exhibit a range of serious emotional and behavioural difficulties and adverse mother-child interactions that indicate that these children require prompt evaluation and interventions.’

Naughton, AM. *et al.* Emotional, behavioural, and developmental features indicative of neglect or emotional abuse in preschool children: a systematic review. *JAMA Paediatric.* 2013; 167(8):769-775.

- Neglected or abused children in their pre-school exhibit behavioural difficulties as they grow older.
- Require additional evaluation and interventions.

Abuse, emotional abuse, neglect, learning disability

‘‘Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over

*NSPCC*

Link:

<http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

- Cause significant harm.
- Sexual, emotional, physical, neglect.

Significant harm, sexual, emotional, physical, neglect,

a period of time, rather than being  
a one-off event. And it can  
increasingly happen online.”

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