

# QUESTION TIME



NDNA's **Jo Baranek** addresses common queries regarding the EYFS requirements for Safeguarding...

## Q: What are the EYFS requirements for Safeguarding?

**A** Since 2008, the EYFS has laid down the statutory requirements for early years provision. It followed on from the legal requirements set out under the Childcare Act 2006. It was amended in 2012 with a greater emphasis on safeguarding and child protection.

Providers must have, and implement, a policy and procedures to safeguard children. These must be in line with the guidance and procedures of the relevant Local Safeguarding Children Board. They must include action to be taken if an allegation is made against a member of staff as well as covering the use of mobile phones and cameras in a nursery. There must also be a lead practitioner, who will have responsibility for safeguarding children in the setting.

All staff must be trained and have a full understanding of the safeguarding policy and procedures as well as receiving training to identify signs of possible abuse and neglect at the earliest opportunity. It is important they understand the importance of the EYFS and how it links to the different policies and

procedures in place in the nursery. For more details log on to the EYFS framework at [ow.ly/rprVH](http://ow.ly/rprVH)



## find out more

NDNA has a free factsheet, 'Child protection: Supporting understanding, skills and knowledge in our teams', available online at [ndna.org.uk](http://ndna.org.uk), as well as an Advanced Safeguarding training course. Log onto [www.ndna.org.uk/advanced-safeguarding](http://www.ndna.org.uk/advanced-safeguarding) for more information.

## Q: How should I record details of suspected abuse?

**A** Recording details, regardless of which signs and symptoms they are, is vitally important to gather ongoing information on the child. All information recorded needs to be factual and not opinionated, and must show a true picture of what has been observed, what you have been told and what has been heard or discovered.

Using body maps to identify where injuries have been seen provides an accurate record of an injury position. All records need to be dated, signed, name printed and countersigned by a senior member of the team. They need to be securely filed in a lockable cabinet and shared only with relevant professionals or team members.

When you record existing injuries it is important to follow a consistent procedure, which should be laid out in your policy and registration pack, showing parents what you will do if their child appears to have an unexplained injury. All staff must be fully aware of the reporting process and staff should talk to parents sensitively about any concerns they have.

## Q: What are the types of abuse?

**A** It is essential that your team has a clear understanding of the different types of child abuse and how to recognise the symptoms. There are four main types of abuse with some general signs and symptoms, but all children are individual and they may vary.

■ **Physical abuse** - may involve hitting, shaking, throwing, scalding or otherwise causing physical harm to a child. This can also include fabricated illness by an adult carer. Signs could include unexplained recurrent injuries or burns (other than those normally seen in a young child), aggression towards others, fear of physical contact

such as shrinking back if touched, improbable excuses or refusal to explain injuries.

■ **Sexual abuse** - involves forcing or enticing a child to take part in sexual activities. It can involve physical penetrative or non-penetrative acts and may include non-contact activities such as watching sexual activities or encouraging children to behave in sexually inappropriate ways. Signs can include being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age, regression to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys or comforters, becoming worried when clothing is being removed.

■ **Emotional abuse** - is the persistent emotional mistreating of a child causing adverse effects on the child's emotional development. It can include little or no contact or love given to

the child by the abuser. It can also include seeing or hearing someone else being mistreated or serious bullying. Signs can include physical, mental and emotional development lags, overreaction to mistakes, sudden speech disorders and neurotic behaviour such as rocking, hair twisting or self-mutilation.

■ **Neglect** - is persistently failing to meet a child's basic physical and psychological needs. It can happen before a child is born with maternal substance abuse. Signs can include children constantly coming to nursery hungry, with medical complaints or wearing clothing that is too small for them, compulsive scavenging, poor personal hygiene such as nappies staying unchanged for long periods of time, and untreated medical conditions.

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