

# A UNIQUE CHILD SERIES



# Being safe and protected ■ Discovering boundaries ■ Making choices

by Liz Wilcock

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# Introduction: Keeping Safe

'Unique' is a word that has been firmly associated with the Early Years Foundation Stage (EYFS) since 2008. As the first of the four theme headings, the term 'unique child' has come to represent everything about a child, in other words – All About Me!

The revised EYFS framework, which became effective from September 2012, has taken forward the Government's reforms to the original 2008 framework. Recommendations in the 2011 Tickell Review had a focus on strengthening partnerships between parents and professionals in the best interests of each child and this is a crucial element within the 'Unique Child' theme.

Many define the word 'unique' as 'being an individual', but what does this broadly mean within the EYFS and, specifically, for the child?

Before we explore this, it is worth reminding ourselves of the EYFS principle and commitments for A Unique Child.

# Principle

Every child is a competent learner from birth who can be resilient, capable, confident and self-assured.

# Commitments

## 1.1 Child Development

Babies and children develop in individual ways and at varying rates. Every area of development – physical, cognitive, linguistic, spiritual, social and emotional – is equally important.

## 1.2 Inclusive Practice

The diversity of individuals and communities is valued and respected. No child or family is discriminated against.

#### 1.3 Keeping Safe

Young children are vulnerable. They develop resilience when their physical and psychological well-being is protected by adults.

#### 1.4 Health and Well-being

Children's health is an integral part of their emotional, mental, social, environmental and spiritual well-being and is supported by attention to these aspects. So, what does all of this mean for a child? Without doubt, if a child is respected, supported in his/her learning, happy, emotionally secure and well loved, the child will thrive throughout their early years.

When children recognise that key people in their lives are responsive to their care and learning needs, that these people are looking out for them to keep them safe and healthy, the impact on the children will be positive.

Children need to know who they are, and will need support to affirm aspects of their own identities. To understand how each child is unique, we can think about ourselves – how do we know that we are unique? What makes us unique?

Whether we consider aspects such as our own appearance, what we think about ourselves or how others view us – all of these things will describe our uniqueness – that is, what makes us an individual.

It is important for children to understand and appreciate their own identity, that is, to know their name, date of birth, whether they are male or female, the colour of their skin and their own physical features. In addition, children need to know the composition of their family and where they are in relation to their siblings. When children develop a strong sense of identity, individually and within a group, they will gain a sense of belonging. The role of the adult is to support each child to become comfortable with themselves, to be assertive and self assured.

This book is about the third commitment of A Unique Child – Keeping Safe.

We will explore ways to keep children safe from harm, recognising that babies and children are vulnerable as they have little sense of danger and only learn to assess risks with help from adults. Striking a balance between a child's safety and being overprotective is important – being overprotected may prevent children from learning about possible dangers and about how to protect themselves from harm, whether this harm stems from within the environment or though abusive treatment from others.

We will consider how we can introduce boundaries to young children – how we can involve parents in the process of using a consistent approach when helping children learn right from wrong. We need to help children to understand why we all live with rules and boundaries – we are helping them to understand that there are consequences to our actions. offence that is related to an offence, and had a relevant order imposed;

- included on the list of those who are barred from working with children, held by the Independent Safeguarding Authority;
- made the subject of a disqualifying order;
- refused registration as a childcarer previously or have had registration cancelled, unless the cancellation was only for non-payment of fees for continued registration after 1 September 2008;
- refused registration as a provider or manager of children's homes or have had registration cancelled.

Providers must notify Ofsted of any significant event which is likely to affect the suitability of any person who is in regular contact with children on the premises where childcare is provided. The disqualification of an employee could be an instance of a significant event.

(Sources: Ofsted www.ofsted.gov.uk, Department for Education, www.gov.uk)

# The environment: safety and suitability of premises and equipment Safety

Adults must ensure that the premises, including overall floor space and outdoor spaces, are fit for purpose and suitable for the age of children cared for and the activities provided on the premises. Adults must comply with requirements of health and safety legislation, including fire safety and hygiene requirements.

Adults must also take reasonable steps to ensure the safety of children, staff and others on the premises in the case of fire or any other emergency, and must have an emergency evacuation procedure. In addition, adults must have appropriate fire detection and control equipment (for example, fire alarms, smoke detectors, fire blankets and/ or fire extinguishers) which need to be in working order. Fire exits must be clearly identifiable, and fire doors must be free of obstruction and easily opened from the inside.

## Premises

The premises and equipment must be organised in a way that meets the needs of children.

The premises should be well ventilated and have suitable heating for the winter months. The maintenance of property and equipment is important, to ensure that the children can have a safe place to play.

Staff must ensure that wet floors do not present a slipping hazard for the children, parents, visitors or themselves. They need to make sure that drawers are closed when not in use and that any free standing cabinets are not top heavy as they could topple over. Fire doors should never be wedged open.

Providers must follow their legal responsibilities under the Equality Act 2010, for example, the provisions on reasonable adjustments.

Adults must provide access to an outdoor play area or, if that is not possible, ensure that outdoor activities are planned and taken on a daily basis, unless circumstances make this inappropriate, for example unsafe weather conditions.

Provision must be made (space or partitioned area) for children who wish to relax, play quietly or sleep, equipped with appropriate furniture. Sleeping children must be frequently checked. Except in childminding settings, there should be a separate baby room for children under the age of two. However, adults must ensure that younger



### Something to think about

- Electrical cords should not be within reach of children. Provide socket covers so that there are no exposed wall sockets.
- A list of emergency phone numbers needs to be posted near each telephone in the setting.
- Any large tubs/buckets/paddling pools containing water need to be closely supervised and emptied when not in use since small amounts of water can be a drowning hazard for young children.
- Ensure that there are no poisonous plants on the premises.
- All toys need to be safe by being age and stage appropriate for the children in the group.

children in a baby room have contact with older children and are moved into the older age group when appropriate. An example of this could be at mealtimes when older children and babies can come together to mix socially, along with the adults responsible for them.

Providers must ensure there is an adequate number of toilets and hand basins available (usually one toilet and one hand basin for every ten children over the age of two). Except in childminding settings, there should usually be separate toilet facilities for adults. There must be suitable hygienic changing facilities for changing any children who are in nappies and adults should ensure that an adequate supply of clean bedding, towels, spare clothes and any other necessary items is always available.

There must be an area where staff may talk to parents and/or carers confidentially, as well as an area in group settings for staff to take breaks away from areas being used by children.

The adults must only release children into the care of individuals who have been notified to the setting by the parent, and must ensure that children do not leave the premises unsupervised. In addition, the adults must take all reasonable steps to prevent unauthorised persons entering the premises, and have an agreed procedure for checking the identity of visitors.

Providers must carry public liability insurance. Inspectors will check that current insurance is in place and displayed in the setting. The insurance needs to be tailored to the individual business to ensure that appropriate cover is in place.

## Risk assessment

Each adult must ensure that they take all reasonable steps to ensure children in their care are not exposed to risks and must be able to demonstrate how they are managing risks. Discussions are necessary to help determine where it may be helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how the staff team are managing risks, if asked by parents and/or carers or inspectors. Risk assessments should identify aspects of the environment that need to be checked on a regular basis, when and by whom those aspects will be checked, and how the risk will be removed or minimised.

# Outings

Children must be kept safe while on outings. Adults must assess the risks or hazards which may arise for the children, and must identify the steps to be taken to remove, minimise and manage those risks and hazards. The assessment must include consideration of adult to child ratios. The risk assessment does not necessarily need to be in writing; this is for the adults to decide on. Vehicles in which children are being transported, and the driver of those vehicles, must be adequately insured. When children are due to be taken out, for example, to the local park, older children may contribute to the discussion on what needs to be thought about before they leave the setting. Children love to be a part of a 'plan'!

# Accident or injury

Settings must ensure there is a first aid box accessible at all times with appropriate content for use with children – the adults must keep a written record of accidents or injuries and first aid treatment and must inform parents and/or carers of any accident or injury sustained by the child on the same day, or as soon as reasonably practicable, of any first aid treatment given.

As a guide to what could be included in a first aid box, the Health and Safety Executive provide the following information on their website – hse.gov.uk.

'As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- a leaflet giving general guidance on first aid, for example, HSE's leaflet Basic advice on first aid at work);
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);

#### SECTION 1: BEING SAFE AND PROTECTED

- two sterile eye pads;
- two individually wrapped triangular bandages, preferably sterile;
- six safety pins;
- two large sterile individually wrapped unmedicated wound dressings;
- six medium-sized sterile individually wrapped unmedicated wound dressings;
- at least three pairs of disposable gloves.

Registered providers must notify Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence. Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.

(Sources: Ofsted www.ofsted.gov.uk, Department for Education, www.gov.uk, www.hse.gov.uk)

Ultimately, the role of the adult is to keep children safe. Staff should always be taking steps to minimise risk for the children. In this section of the book, we will consider how you can protect children from harm in terms of child protection.

When we hear about injuries or deaths involving children, we must let this stay as a reminder to us all about the responsibility we have in ensuring the safety and wellbeing of every child.

The priority of adults working with children is to ensure that the needs and safety of each child is always put first. Professionals should, whenever possible, work with parents to keep their children safe. The role of the key person in the setting cannot be underestimated – getting to know the child and the family well is important. The key person should develop sound professional relationships with the family in the best interests of the child. If there are concerns about a child's welfare, the key person will play a crucial part in any investigation.

There are four categories of abuse that adults working with children need to be aware of:

- Physical;
- Sexual;



- Emotional; and
- Neglect.

Although these categories describe the different ways in which children may be harmed, they may also combine, for example, if a child was harmed in a sexual or physical way, emotionally that child would be suffering too. It is important that every practitioner recognises the signs of abuse.

Physical abuse is non-accidental injury – deliberately inflicted. This can include: hitting, shaking, squeezing, burns, bruising, broken limbs, cuts, bites, gripping, giving a child inappropriate drugs or alcohol and attempting to poison, suffocate or drown.

Physical abuse can cause long term problems – scars, internal injuries, brain damage – even death in extreme situations.

Of course, children may accidentally harm themselves as they play and explore. They may have bruising or broken limbs as a result of falling over – most children have these kinds of accidental injuries. However, when there is further cause for concern, because the child has become either withdrawn/aggressive or other signs raise your level of concern, action does need to be taken. Other signs could include the child being less responsive than usual, flinching or even ducking away as an adult comes close. Small indicators of potential issues for a child should be noted by adults as they observe children – this will help build up a picture of what is happening in a child's life.

Sexual abuse is when an adult takes advantage of a child for their own sexual gratification. This may include inappropriate fondling.

Sexual abuse can result in damaging, long lasting effects for a child, including having difficulties in later life in forming trusting and stable personal relationships.

Emotional abuse is when there is a persistent lack of affection and physical interaction with a child, when an adult continuously fails to show love and affection, and when a child feels persistently rejected, criticised, belittled, bullied, frightened, harassed, taunted, threatening, ridiculed, ignored. This type of abuse can have an impact on the way a child feels about themselves – they may become nervous, withdrawn, lacking in confidence and self-esteem.

Neglect, or failure to thrive, is when there is a persistent or severe failure to meet a child's basis physical needs.

This may include lack of adequate food, inappropriate diet, exposing a child to cold, leaving a child unattended, inappropriate clothing, failing to attend to personal hygiene, failing to seek medical attention.

Neglect can lead to a child 'failing to thrive' and having serious health problems.

Practitioners need to be clear about recognising the signs of abuse and what they must do in order to protect the children. Safeguarding training is essential for all staff. It is crucial that everyone associated with the care of the children accept the enormous responsibility they have in keeping children safe from harm. Each member of staff must be aware of the routes of referral if abuse or poor treatment is suspected or disclosed. A 'referral' means that the setting makes contact with the Local Authority to discuss their concerns. The social worker, with their manager, will decide on next course of action if the child is regarded as being at risk of harm. In some situations, settings are advised to just monitor the situation to see if the concerns are on-going.

When making a referral, responsible adults need to consider what is most important which is, of course, the child. If an investigation does take place in the best interest of the child, a possible outcome could be that ultimately the child be removed and taken to a place of safety. What is clear is that, whenever possible, every attempt should be made to discuss concerns with the parents of the child, unless to do so may place a child at a greater risk of harm – that is, if there were concerns that the parents may be involved in the harm of the child.

Children from all cultures and socio-economic groups can be victims of abuse – children of all ages, male and female. For some practitioners, to even believe that abuse happens in our society is hard to accept, but this is the sad reality. Practitioners need to understand the negative impact on a child's development when they have been subjected to abuse. To accept that the role of the practitioner is primarily to protect children from harm is a duty placed on all who come into contact with children and their families. Staff in all settings need to develop confidence in recognising the signs of abuse and through observation, be able to record significant changes in children's behaviour that may indicate that there is a concern to be addressed.

Each setting must have a named designated person for safeguarding – this person will be responsible for seeking advice or making a referral to safeguard a child. The document to which settings should refer for guidance is – Working Together to Safeguard Children (2013), which is Department for Education publication. The guidance became effective from 15 April 2013 and replaced Working Together to Safeguard Children (2010) and sets out how organisations and individuals should work





together to safeguard and promote the welfare of children. More info from the Department for Education website (www.gov.uk/dfe).

The guidance states – 'Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage.

Early years providers should ensure that:

- staff complete safeguarding training that enables them to recognise signs of potential abuse and neglect; and
- they have a practitioner who is designated to take lead responsibility for safeguarding children within each early years setting and who should liaise with local statutory children's services agencies as appropriate. This lead should also complete child protection training'.

# For leaders of settings

Ofsted must be informed of any allegations of abuse against a staff member, student or volunteer. This is a Statutory Framework requirement, and Ofsted will want to know what actions you have taken about the allegations, in terms of your investigation and how you have ensured that safety of the children, for example, by either suspending the person or ending their employment for gross misconduct.

Do you take up references from previous employers and explore any gaps in employment history when you appoint new staff? The references will give you an insight as to how a new member of staff has performed in their past work, although some previous employers may not give a lot of detail; they may only confirm that the person was employed by them and the dates associated to that employment. Gaps in employment history must be explored, as there may be a period of months or years when the job applicant was not employed. Circumstances such as a person being made redundant and unable to find suitable work immediately, or taking time out to raise their own child are legitimate, however, whatever the reasons, the applicant needs to clearly explain their gaps in their CV to ensure that the new employer is not concerned about whether there may be more serious reasons such as time spent in prison.

Have you made it a part of your procedures that it is an offence not to report concerns about another colleague, if children may be at risk? Do you have an open door policy that makes every member of staff feel that they can come and speak with you about any concerns they may have?

Have you made sure that every member of staff has attended a safeguarding training session and that the designated person in the setting has attended relevant training through the local authority? There are several ways in which this training can be accessed – your own local authority may offer safeguarding training, independent trainers may advertise their courses in your area, your local college may offer training for staff in your setting, and there are on-line courses that may appeal to learners. Examples of online training providers who may offer an introduction to safeguarding, refresher courses, or child protection courses are:

- Safeguarding Training (highspeedtraining.co.uk);
- Child Safeguarding Course (safeguarding.co.uk);
- Online Study Courses (OpenStudyCollege.com).

Are all your staff aware of the importance of protecting themselves against allegations of abuse? In a group setting, it is unlikely that a member of staff would be alone for more than a couple of minutes with a child, but this may happen if, for example, a child had an accident, and needed to be taken to the toilet area to be changed. The member of staff could consider:

1. Informing other staff of the situation, and state that the child is about to be taken to the toilet area to be changed.