



Wattisham Airfield Childcare Centre

Safeguarding/Child

protection

Designated Safeguarding Officer – Sarah Frost

Deputy Safeguarding Officer – Claire Blowers

Abbreviation Key:-

DSO-Designated Safeguarding Officer

LSCB-Local Safeguarding Children's Board

LADO-Local Area Designated Officer

MASH-Multi agency safeguarding hub

Purpose and Aims

The purpose of Wattisham Airfield Childcare Centre's safeguarding policy is to provide a secure framework for the nursery in safeguarding and promoting the welfare of those children who attend our nursery.

Ethos

Safeguarding in Wattisham Airfield Childcare Centre is considered everyone's responsibility and as such our nursery aims to create the safest environment within which every child has the opportunity to achieve their Five Outcomes as set out in Every Child Matters: Change for Children- Children Act 2004. We recognise that professionals in all agencies working with children in our care share a commitment to safeguard and promote their welfare. The Local Safeguarding Children Board (LSCB) will co-ordinate any investigation of referred concerns relating to the welfare of a child in our care. This may also be alongside involvement with Police and or Ofsted.

All staff and committee members have an up to date DBS which is checked through Atlantic data services.

Safeguarding and promoting the welfare of children, for the purpose of this policy is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

(Taken from the HM government document 'Working together to safeguard children' March 2015)

WHAT IS A LOCAL SAFEGUARDING CHILDREN BOARD (LSCB)?

Local safeguarding children's boards were established by the Children Act 2004 which gives statutory responsibility to each locality to have this mechanism in place. LSCB are now the key system in every locality of the country for organisations to come together to agree on how they will cooperate with one another to safeguard and promote the welfare of children. The purpose of this partnership working is to hold each other to account and to ensure safeguarding children remains high on the agenda across the region.

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

The local authority designates an officer to support nurseries when they receive allegations against a colleague.

MULTI AGENCY SAFEGUARDING HUB (MASH)/CUSTOMER FIRST

We contact customer first when needing advice and/or making a referral. The Mash provides a consultation line for us to discuss the most appropriate and effective way of providing or obtaining help for a child or adult we feel is at risk of abuse.

THE DESIGNATED SAFEGUARDING LEAD IS RESPONSIBLE FOR:

- Monitoring and recording initial concerns about the wellbeing of a child or young person
- Making referrals to the local children's services agencies and with the LSCB
- Liaising with other agencies if necessary
- Arranging training for staff and volunteers
- Support and advise staff

It is not the role of the DSL to undertake an investigation on the concerns or allegations of abuse or harm. It is the role of the DSL to collate and clarify details of the concern or allegation and to provide this information to the team at customer first whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989. The MASH team can be contacted for advice.

Customer first contact number: 0808 800 4005

Customer first after 17.30 and weekends: 0808 800 4005

Suffolk Police main switch board: 01473 613500

STAFF RESPONSIBILITIES

All staff are aware of their responsibilities and those in ratio hold a relevant safeguarding qualification. The DSL completes training every 2 years and updates their knowledge and skills regularly. (At least annually) including training in roles and responsibilities, The common assessment framework and signs of safety. Staffs knowledge is tested through yearly questionnaires and any further training can be identified.

Management discuss any concerns during regular supervisions and at staff meetings if appropriate.

It is important that all Senior Staff support staff when dealing with child protection cases. Any member of staff who feels the need for further support can contact the manager or chair of the committee.

Staff acknowledge the definitions and signs of abuse which are outlined towards the end of this policy.

ALL STAFF'S RESPONSIBILITIES

It is the responsibility of all members of staff who witness inappropriate conduct between a parent/carer and a child or any member of staff and a child, to report it immediately to the DSL and/or deputy DSL.

This will include but is not an exhaustive list:

- Inappropriate use of language
- Inappropriate or rough handling of children
- Smacking
- Force feeding of children
- Humiliating children
- Shouting at and intimidation of children
- Leaving children alone/unattended

Instances of where children have missed more than one session at the setting without notification from the parents, we will carry out a curtesy call to enquire on the child's wellbeing.

FAILURE TO REPORT ANY CONCERNS ABOUT A CHILD'S WELFARE MAY LEAD TO A FORMAL DISCIPLINARY INVESTIGATION.

SAFEGUARDING PROCEDURES

If you are concerned that a child may be at risk of harm you must inform the Designated Safeguarding LEAD immediately. The DSL and/or the deputy DSL will be available to contact at all times.

All relevant paperwork for recording concerns are stored in the filing cabinet in the office. If the DSL is not in the building when needed they can be contacted on their private home/mobile number.

MANAGING DISCLOSURES OF ABUSE

If a child discloses abuse it is important that, as far as possible, the following basic principles are adhered to:

- Listen to what the child has to say with an open mind
- Do not ask probing or leading questions designed to get the child to reveal more
- Never stop a child who is freely recalling significant events
- Make note of the discussion, taking care to record timing, setting and people present

as well as what was said and record when possible on a monitoring or record of concern form with the original noted discussion attached to the form.

- Do not ask children to write a statement
- Never promise the child that what they have told you can be kept a secret.
- Inform the DSL
- Speak to the parents if not detrimental to the child's welfare.

MAKING A REFERRAL

Details of referring are displayed in all play rooms, staff room and office. Anyone can make a referral but generally the DSL will lead a referral. Any referrals made to the LADO must be reported to ofsted.

- If a child discloses any information whilst at nursery, a Record of concern form will be used.

- If the child in question has physical injuries these can be recorded on the Body Map form within the record of concern form.
- The LSCB /LADO/ will be responsible for deciding how to progress the referral and will advise the DSL or manager what action to take.
- This will include how and when the child's parents are contacted if they haven't been so already and whether the LSCB will direct us with any other agencies that need to be involved.
- DSL or Manager will formally record any discussions including the name of the LADO or person spoken to on LSCB and also the date and time of this meeting or discussion.
- If the LADO recommends that the member of staff is suspended the manager must inform the head of committee and call ACAS to ensure that the suspension is in line with procedures.
- On occasion it may be necessary to give the member of staff administrative duties away from the children while waiting for a decision from LADO.
- Managers will keep all persons involved in the incident informed of any action taken.
- An investigation may be carried out by the LSCB as a result of the referral which may involve a strategy meeting.
- Dependent on the nature of the allegation, permission may be given by the LADO for an internal investigation to be carried out.

Other staff should only be informed of the allegations if necessary and statements may be taken from them in order to aid the investigation process.

Once permission to proceed has been received from LADO, an investigation meeting may be held to ascertain whether any disciplinary action will be taken, in accordance with our disciplinary procedures.

The outcome must be reported to the regulatory body (Ofsted).

- Disciplinary action MAY be taken against any member of staff who discloses information to any outside source without FIRST ATTEMPTING to report the incident to a DSL.

CONCERNS ABOUT A CHILD INVOLVING A MEMBER OF STAFF –WHISTLE BLOWING

If a member of staff witnesses a child being treated incorrectly, abused or at risk of harm by a member of staff, or an allegation is made against a member of staff in respect to their conduct by a parent, another member of staff or a child, he or she must inform the Designated Safeguarding Lead or manager immediately.

There should not be delay in reporting the incident to LADO including out of hours.

Everyone has a duty to report any instances where staff fail to follow company policies and procedures thus compromising the safety and wellbeing of a child.

If there are ever conflicts of opinions between staff members other staff will be interviewed.

The Manager or DSL of the setting will in the first instance make a referral as highlighted in the 'Making a referral' section of this policy and the Local authority flowcharts.

If a member of staff or visitor has concerns about an adult's behaviour in the setting which might be signs of abuse or neglect, they must be reported following the Whistle Blowing policy procedures.

WHISTLE BLOWING PROCEDURES:

- Any concerns should be raised with the Designated safeguarding lead, management or the chair person if the concern regards the DSL or management.
- All disclosures will be reported in written form
- If the committee feel that the disclosure could put any adults or children within the setting at risk the staff member will be suspended until an investigation is carried out
- An investigation will be carried out at the earliest convenience
- The staff member will be invited to a meeting and are informed that they can bring a representative with them if they choose to do so

- The outcome of the meeting is given to the adult in writing.
- They have 7 days to appeal in writing if they don't agree with the outcome
- An alternative member of the committee will investigate and inform of the outcome in writing

All referrals made by telephone are followed up in writing within 48 hours. Working together to Safeguard children (HM Government 2015) states that professionals would seek in general to discuss any concerns with the family and where possible seek their agreement to making referrals to the local authority central duty team.

This should only be done where such discussion and agreement seeking will not place the child at an increased risk of significant harm.

INFORMATION SHARING

Effective sharing of information between professionals and local agencies is essential for effective identification and assessment. Early sharing of information is the key to providing effective early help where there are emerging problems. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

If a parent informs the nursery setting that they have got a court order in place for their child we must follow the court order.

All information is shared with the DSL or Manager. It is then at their discretion and the advice of the LSCB on who needs to be informed in the nursery staff team and with other professionals.

Sharing information will ensure all staff who work shifts, take annual leave, are absent due to sickness, will have an awareness of the children they care for and how signs and symptoms of changes in children they are responsible for are recorded.

SUPPORT AVAILABLE TO STAFF:

Should an allegation that warrants a suspension be evident; the staff member should be given the opportunity to nominate a person who will be their support, and if they so wish, represent them as part of the investigation/disciplinary process surrounding the allegation.

ACTIONS FOLLOWING DISMISSAL:

Managers have a responsibility, under the Safeguarding Vulnerable Groups Act 2006, to make a referral to the Disclosures and Barring Service when a member of staff is dismissed (or would have been, had the staff member not left the setting first) because they have harmed a child or put a child at risk of harm.

SAFEGUARDING OF CHILDREN IS PARAMOUNT TO US. ANY CONCERNS RELATING TO A CHILD AT RISK WILL BE REPORTED TO THE LOCAL SAFEGUARDING CHILDREN BOARD

PHYSICAL INTERVENTION

Physical intervention is only permitted to be used by staff if it is to protect a child from self-harm or from harming others. For example, if a child is about to hit / scratch / bite another child or member of staff the child may be physically turned away from the other person or moved. When using physical intervention staff must use limited force with the child they are removing and report any such incident to the person in charge. The incident and action taken will be recorded on a physical contact sheet and parents informed.

MOBILE TELEPHONES, DEVICES AND CAMERAS IN THE SETTING

Staff, contractors and visitors are not permitted to use their personal mobile phones, or personal cameras in the building unless it is an area where children are not present. Staff mobiles and cameras must be kept in the staff

room in staff lockers. Contractors and visitors must turn their mobile phones onto silent or vibrate and store them out of sight.

Parents are also asked to put their mobile phones away when entering the building and each room displays a "Mobile Free Zone" poster in a prominent position. No photography or recording of events/performances will be permitted without prior consent from ALL parents. Staff will take photographs of children ONLY using nursery cameras and/or Samsung tablets. The photographs are used for displays, Tapestry, websites and marketing purposes where permission has been granted from the parent/carer on the child details form. Old photographs are given to parents, stored in nursery or safely destroyed once removed.

CONCEPT OF SIGNIFICANT HARM

(Guidance from London Safeguarding Children's Board)

Risk from harm includes – Physical injury, physical neglect, failure to thrive, emotional abuse, sexual abuse, verbal abuse, the use of inappropriate language and swearing.

Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or likely to suffer significant harm.

There are no absolute criteria on which to rely on when judging what constitutes significant harm.

Consideration of the severity of illtreatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Each of these elements has been associated with more severe effects on the child and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of longterm neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

PREVENT

The purpose of the prevent strategy is to stop people becoming terrorists or supporting violent extremism in all its forms. All staff in the setting have completed prevent training.

Within nursery staff build children's resilience to radicalisation by promoting fundamental British values enabling them to challenge extremist views. We encourage children to know that their views count, value each other's views, values and talk about their feelings. Staff also support the decisions that children make and provide activities that

involve turn taking, sharing and collaboration. Children are given opportunities to develop enquiring minds in an atmosphere where questions are valued.

For early years childcare providers, the statutory framework for the early years sets out the standards for learning, development and care for children from 0-5, thereby assisting their personal, social and emotional development and understanding the world.

PEER ON PEER ABUSE

This can be deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those being abused to defend themselves. It can take many forms but the main types are physical (e.g. hitting, kicking, theft) verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from activities and social acceptance of their peer group) the damage inflicted by peer on peer abuse can frequently be underestimated and can cause considerable distress to the extent that it can effect health, development and at the extreme significant harm. To promote respect for others, staff model positive working relationships and if tension becomes apparent between children, staff will encourage them to talk it through with each other if appropriate. Staff will discuss any peer on peer abuse with the child/rens parents.

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

Why are children with disabilities more vulnerable to abuse?

- Children with SEND are at an increased likelihood of being socially isolated
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They are especially vulnerable to peer on peer abuse

The SENco (Special educational needs coordinator) has completed training to identify any safeguarding indicators that may impact on a child with SEND. Any such concerns for the safety and welfare of a child with disabilities will be acted upon the same way as a child without SEND.

Filters are in place to protect children and staff from accessing harmful material. The manager monitors websites at least once a term to ensure filters are working as they should be.

DEFINITIONS OF CHILD ABUSE AND NEGLECT

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent fabricates the symptoms of or deliberately induces illness in a child.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development and may involve:

- Conveying to children that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person.
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child

participating in normal social interaction.

- Seeing or hearing the illtreatment of another or children witnessing acts of violence.
- Serious bullying, causing children frequently to feel frightened or in danger or the exploitation or corruption of children.
- Exploiting and corrupting children.
- Some level of emotional abuse is involved in all types of maltreatment of a child though it may occur alone.

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or nonpenetrative acts.

Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual.

Sexual abuse includes noncontact activities, such as involving children in looking at or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Staff are aware and trained in FEMALE GENITAL MUTILATION (FGM) and IRONING

FGM and IRONING are a criminal offence. Staff are aware of these acts and understand what characteristics they need to be aware of to identify these acts. Information about any new offences are displayed on the safeguarding board in the staff room.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of inadequate caregivers).
- Ensure access to appropriate medical care or treatment.

(It may also include neglect of or unresponsiveness to a child's basic emotional needs.)

RECOGNITION OF ABUSE AND NEGLECT

The factors described later in this policy are frequently found in cases of child abuse or neglect. Their presence is not proof that abuse has occurred but must be regarded as indicators of the possibility of significant harm indicating a need for careful assessment and discussion with the nominated child protection lead.

Following the sharing of information concerns may require consultation with and/or referral to the LA children's social care and/or the police.

The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may:

- Appear frightened of the parent.

- Act in a way that is inappropriate to their age and development.

The parent may:

- Persistently avoid routine child health services and/or treatment when the child is ill.
- Have unrealistic expectations of the child.
- Frequently complain about / to the child and may fail to provide attention or praise (high criticism / low warmth environment).
- Be absent or leave the child with inappropriate carers.
- Have mental health problems which they do not appear to be managing.
- Be misusing substances.
- Persistently refuse to allow access on home visits.
- Persistently avoid contact with services or delay the start or continuation of treatment.
- Be subjected to or involved in domestic violence.

RECOGNISING PHYSICAL ABUSE

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury.
- Several different explanations provided for an injury.
- Unexplained delay in seeking treatment.
- The parent/s is uninterested or undisturbed by an accident or injury.
- Parents are absent without good reason when their child is presented for treatment.
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury).
- Frequent use of different doctors and accident and emergency departments.
- Reluctance to give information or mention previous injuries.

BRUISING

Children can have accidental bruising but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

- Any bruising to a precrawling or prewalking baby.
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding.
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive).
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally.
- Variation in colour possibly indicating injuries caused at different times.
- The outline of an object used (e.g. belt marks, hand prints or a hair brush).
- Bruising or tears around or behind the earlobe/s indicating injury by pulling or twisting.
- Bruising around the face.
- Grasp marks on small children.
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

BITE MARKS

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite

BURNS AND SCALDS

It can be difficult to distinguish between accidental and non accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious.

For example:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine).
- Linear burns from hot metal rods or electrical fire elements.
- Burns of uniform depth over a large area.
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks).
- Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation.
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

FRACTURES

Fractures may cause pain, swelling and discolouration over a bone or joint and loss of function in the limb or joint.

Nonmobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, nonexistent or inconsistent with the fracture type.
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement.
- There is an unexplained fracture in the first year of life.

SCARS

A large number of scars or scars of different sizes or ages or on different parts of the body may suggest abuse.

RECOGNISING EMOTIONAL ABUSE

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

The following may be indicators of emotional abuse:

- Developmental delay.
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment).
- Indiscriminate attachment or failure to attach.
- Aggressive behaviour towards others.
- Appeasing behaviour towards others.
- Frozen watchfulness, particularly in preschool children.
- Low self esteem and lack of confidence.

- Withdrawn or seen as a 'loner' – difficulty relating to others.

RECOGNISING SEXUAL ABUSE

Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.

If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional/behavioural.

Behavioural indicators which may help professionals identify child sexual abuse include:

- Inappropriate sexualised conduct.
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age.
- Contact or noncontact sexually harmful behaviour.
- Continual and inappropriate or excessive masturbation.
- Selfharm (including eating disorder), self mutilation and suicide attempts.

Physical indicators associated with child sexual abuse include:

- Pain or itching of genital area.
- Blood on underclothes.
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs.

RECOGNISING NEGLECT

It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect.

These include:

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care).
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment).
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause.
- Failure of child to grow within normal expected pattern, with accompanying weight loss.
- Child thrives away from home environment.
- Child left with inappropriate carers (e.g. too young, complete strangers).
- Child left with adults who are intoxicated or violent.
- Child abandoned or left alone for excessive periods.

Children with disabilities and young people can be particularly vulnerable to neglect due to the increased level of care they may require.

In addition:

To protect the children in our care we have other policies for staff which link to the safeguarding of all our children.

Our policies and procedures are revised and developed to ensure staff are fully aware of their responsibilities regarding safeguarding.

Our recruitment policies are extremely stringent and ensure that safe recruitment of new employees takes place including the vetting of each employees' qualifications, work history, experience, criminal records and suitability.

Data Protection

Any safeguarding data is stored securely within the office. When a child leaves, any open safeguarding data will be transferred to their new setting with parental permission.

Any safeguarding data that is closed will be stored securely on our premises until the child is 21 years old. It will then be shredded.

Useful Contacts:

Suffolk Safeguarding Children Board www.suffolkscb.org.uk

Customer First: 0808 800 4005

Police: 999

Ofsted – The National Business Unit, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD

Tel: 08456 404040

BECTA www.becta.org.uk

Child Exploitation and Online Protection Agency www.ceop.org.uk

www.thinkuknow.co.uk

Legal framework:

- Children Act, 1989, 2004, 2006
- Safeguarding vulnerable groups Act 2006
- UN Conventions on the Rights of the Child 1989
- Data Protection Act 1998
- The Prevent duty
- Every Child Matters: Changes for Children
- Human Rights Act 2000
- EYFS Welfare requirements – Suitable person
- EYFS Welfare Requirements – Safeguarding children and promoting children's welfare
- Employment and Equality Regulations 2003

- Every Child Matters: Change for Children 2004
- Race Relations Act 1976 (& 2000 amendment)
- Sex Discrimination Act 1975
- Special Educational Needs and Disability Act 2001
- The Equality Act 2010 all previous legislation under one law
- Disability Discrimination Act 1995
- Rehabilitation of Offenders Act 1974
- The Employment Equality (Religion or Religious belief) regulations 2003
- The Employment Equality (age) Regulation Act 2006

This policy was adopted at a meeting of _____ name of setting

Held on _____ (date)

Date to be reviewed _____ (date)

Signed on behalf of the management
committee _____

Name of signatory _____

Role of signatory (e.g. chair/owner) _____

Review dates:

Date _____ **signed** _____

Date _____ **signed** _____

Date _____ **signed** _____

Date _____ **signed** _____