

Safeguarding Children and Child Protection Policy

PART 1: Safeguarding children and child protection procedures

Introduction

Summerfields Nursery is dedicated to the support, development and promotion of high-quality care and education for the benefit of our children, families and community. We are committed to safeguarding children and promoting their welfare through building a safer organisational culture.

All staff, students and volunteers have a responsibility for safeguarding children, being vigilant and identifying and reporting any safeguarding concerns, in line with this and supporting policies, including:

Acceptable internet use policy	Nappy Changing Policy
Attendance Policy	Online safety Policy
Data protection and confidentiality policy	Promoting positive behaviour policy
Inclusion and equality policy	Respectful Intimate Care Policy
Intimate care policy	Recruitment, Selection and suitability of staff policy
Late collection and non-collection of children policy	Social networking policy
Emergency lock down policy	Special educational needs and disabilities (SEND) policy
Lone working policy	Staff code of conduct
Looked after children policy	Suitability of staff policy
Low-level concern policy	Supervision of children
Missing child from nursery policy	Supervision of visitors policy
Missing child from outings policies	Volunteer policy
Mobile phone and electronic device use policy	Whistleblowing policy
	Young workers policy

We ensure all staff, students and volunteers have the necessary knowledge and skills to carry out their duties and are confident to implement these policy and procedures on an ongoing basis to support them in promoting and safeguarding the welfare of children. This is achieved through recruitment and induction processes and by offering ongoing training and support to all staff, appropriate to their specific role, in line with the criteria set out in Annex C of the EYFS.

This policy is reviewed annually to ensure it remains in line with statutory guidance. Its effectiveness is monitored through staff reviews, appraisals and feedback to ensure appropriate knowledge and awareness is in place.

It is the responsibility of every staff member, student and volunteer to report any breaches of this policy to the Designated Safeguarding Lead (DSL).

Policy intention

The policy makes it clear that all staff, students and volunteers have a responsibility to safeguard children and young people and to protect them from harm. It aims to raise awareness of how to safeguard and promote the welfare of children and provides procedures should a child protection issue arise.

This policy applies to all children up to the age of 18 years whether living with their families, in state care, or living independently (*Working together to safeguard children*, 2018).

Safeguarding and promoting the welfare of children, in relation to 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
- Taking action to enable all children to have the best outcomes.

(Working together to safeguard children, 2018)

Child protection is an integral part of safeguarding children and promoting their overall welfare. In this policy, child protection shall mean:

- The activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

To safeguard children and promote their welfare we will:

- Develop a safe organisational culture where staff are confident to raise concerns about professional conduct
- Ensure all staff are able to identify the signs and indicators of abuse, including the softer signs of abuse, and know what action to take
- Share information with other agencies as appropriate.

We promote:

- Always listening to children
- Positive images of children
- Children developing independence and autonomy as appropriate for their age and stage of development
- Safe and secure environments for children
- Tolerance and acceptance of different beliefs, cultures and communities
- British values
- Providing intervention and help for children and families in need.

We have a duty to act quickly and responsibly in any instance that may come to our attention. If in any doubt about what constitutes a safeguarding concern, refer to the Designated Safeguarding Lead (DSL). If there is a concern, never do nothing

(Laming, 2009), always do something, including sharing information with any relevant agencies. Safeguarding is everybody's responsibility.

The nursery aims to:

- Keep the child at the centre of all we do, providing sensitive interactions that develop and build children's well-being, confidence and resilience. We will support children to develop an awareness of how to keep themselves safe, healthy and develop positive relationships
- Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND), isolated families and vulnerabilities in families, including the additional potential impact of the trio of vulnerabilities on children and Adverse Childhood Experiences (ACEs)
- Ensure that all staff feel confident and supported to act in the best interest of the child, maintaining professional curiosity around welfare of children, sharing information, and seeking help that a child may need at the earliest opportunity
- Ensure that all staff are trained at least every two years and updated regularly with child protection training and procedures and kept informed of changes to local and/or national procedures, including thorough annual safeguarding updates
- Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the East Sussex County Council.
- Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest
- Ensure that staff identify, minimise and manage risks while caring for children
- Follow clear whistleblowing procedures by taking any appropriate action relating to poor or unsafe practices and allegations of serious harm or abuse against any person working with children including reporting such allegations to Ofsted and other relevant authorities
- Ensure parents are fully aware of our safeguarding and child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur
- Regularly review and update this policy with staff and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by East Sussex County Council.

Designated Safeguarding Lead (DSL)

The DSL has overall responsibility for the Safeguarding children and child protection policy and procedures. It is their role to ensure that the policy and procedures are implemented to safeguard and promote the welfare of children. They are responsible for coordinating safeguarding and child protection training for staff across the organisation.

There is always at least one designated person on duty during the opening hours of the setting. The designated persons receive comprehensive training, consistent with the training criteria provided in Annex C of the EYFS, at least every two years and update their knowledge on an ongoing basis, but at least once a year. They in turn support the ongoing development and knowledge of the staff team with regular safeguarding updates.

Designated Safeguarding Lead	Samantha Packer
Deputy Designated Safeguarding Lead	Angela Matthews Sarah Field

In the unlikely event of the DSL or Deputy DSL absence and to ensure immediate action can be taken, contact the Local Safeguarding Partnership (LSP).

The role of the DSL

The role of the DSL is to:

- Monitor and update the Safeguarding children and child protection policy and procedures in line with new legislation and to ensure it is effective. This will be done by making sure that everyone understands the correct procedures during their individual annual review
- Ensure updates and new legislation are reflected in our services as soon as they are known
- Act as a source of support, advice and expertise for all staff, students, volunteers, children and parents who have child protection concerns
- Ensure detailed, accurate, secure written records of concerns and referrals
- Review all written safeguarding reports
- Assess information provided promptly, carefully and refer as appropriate to external agencies
- Provide signposting to other organisations
- Consult with statutory child protection agencies and regulatory bodies where required
- Make formal referrals to statutory child protection agencies or the police, as required.

In addition, the DSL is required to:

- Keep up-to-date with good practice and national requirements for safeguarding and child protection
- Provide information on safeguarding and child protection for the setting
- Raise awareness of any safeguarding and child protection training needs and implement where necessary
- Retain up-to-date knowledge of local child protection procedures, including how to liaise with local statutory children's services agencies and with the local safeguarding partners to safeguard children.

The DSL does not investigate whether or not a child has been abused or investigate an allegation or disclosure. Investigations are for the appropriate authorities, usually the police and social services.

Sharing low-level concerns

On occasion, inappropriate, problematic or concerning behaviour by staff or other adults is observed but does not meet the threshold for significant harm. This may be classed as a 'low-level' concern, although this does not mean that it is insignificant.

See Low-Level Concerns Policy for full details

We define a low-level concern as:

- Any concern, no matter how small, that an adult working with children may have acted in a way that is inconsistent with our Staff code of conduct policy, including inappropriate behaviour outside of work
- A concern that may be a sense of unease or a 'nagging doubt' and does not meet the harm threshold or is serious enough to refer to the LADO.

We encourage a culture of openness, trust and transparency, with clear values and expected behaviour, monitored and reinforced by all staff. All concerns or allegations, however small, will be shared and responded to. All concerns will be shared with the DSL, or other nominated person, as in our reporting procedures. We encourage concerns to be shared as soon as reasonably practicable and preferably within 24 hours of becoming aware of it. However, it is never too late to share a low-level concern.

It is not expected that staff will be able to determine whether the behaviour in question is a concern, complaint or allegation before sharing the information. If the DSL is in any doubt as to whether the information meets the harm threshold, they will consult the LADO.

Occasionally a member of staff may find themselves in a situation which could be misinterpreted or appear compromising to others. If this occurs, staff are encouraged to self-report to the DSL. Equally, a member of staff may have behaved in a manner which, on reflection, falls below the standards set in our Staff behaviour policy. If this occurs, staff are encouraged to self-report to the DSL. We encourage staff to be confident to self-refer and believe it reflects awareness of our standards of conduct and behaviour.

When the DSL receives the information, they will need to determine whether the behaviour:

- Meets, or may meet, the harm threshold (and so contact the LADO)
- Meets the harm threshold when combined with previous low-level concerns (and so contact the LADO)
- Constitutes a 'low-level' concern
- Is appropriate and consistent with the law and our Staff behaviour policy.

The DSL will make appropriate records of all information shared, including:

- With the reporting person
- The subject matter of the concern
- Any relevant witnesses (where possible)
- Any external discussions such as with the LSP or LADO
- Their decision about the nature of the concern
- Their rationale for that decision
- Any action taken.

This constitutes a record of low-level concern. We retain all records of low-level concerns in a separate low-level concerns file, with separate concerns regarding a single individual kept as a chronology. These records are kept confidential and held

securely, accessed only by those who have appropriate authority. Records will be retained at least until the individual leaves their employment.

If the low-level concern raises issues of misconduct, then appropriate actions following our Disciplinary procedures will be taken. Records will be kept in personnel files as well as in the low-level concerns file.

Monitoring children's attendance

As part of our requirements under the statutory framework we must follow up on absences in a timely manner. See our Attendance policy for further details about the processes we will take to implement this requirement.

We are required to monitor children's attendance patterns and trends to ensure they are consistent and no cause for concern. We ask parents to inform the nursery prior to their children taking holidays or days off, and all incidents of sickness absence should be reported to the nursery the same day so the nursery management are able to account for a child's absence.

If a child has not arrived at nursery within one hour of their normal start time, the parents will be contacted to ensure the child is safe and healthy. If the parents are not contactable then the emergency contacts numbers listed will be used to ensure all parties are safe. Staff will work their way down the emergency contact list until contact is established and we are made aware that all is well with the child and family.

If contact cannot be established then we would assess if a home visit is required to establish all parties are safe. If contact is still not established, we would assess if it would be appropriate to contact relevant authorities, including the police, in order for them to investigate further.

Where a child is part of a child protection plan, or during a referral process, any absences will immediately be reported to the Local Authority children's social care team to ensure the child remains safe and well.

Informing parents

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the Local Authority children's social care team, police or LADO does not allow this to happen.

This will usually be the case where the parent or family member is the likely abuser or where a child may be endangered by this disclosure. In these cases the investigating officers will inform parents.

Support to families

The nursery takes every step in its power to build up trusting and supportive relationships among families, staff, students and volunteers within the nursery.

The nursery will continue to welcome a child and their family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be

treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interest of the child.

Confidentiality

Confidentiality must not override the right of children to be protected from harm. However, every effort will be made to ensure confidentiality is maintained for all concerned if an allegation has been made and is being investigated.

If uncertain about whether sensitive information can be disclosed to a third party, contact the DSL or call the Information Commissioner's Office Helpline on 0303 123 1113. They will provide advice about the particulars relating to each individual case, including information which can and cannot be shared.

Staff must not make any comments either publicly or in private about the supposed or actual behaviour of a parent, child or member of staff.

Record keeping and data protection

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate and in line with guidance of the Local Authority with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

The nursery keeps appropriate records to support the early identification of children and families which would benefit from early help. Factual records are maintained in a chronological order with parental discussions. Records are reviewed regularly by the DSL to look holistically at identifying children's needs.

Our Data protection and confidentiality policy will be applied with regards to any information received from an individual. Only persons involved in the investigation should handle this information although any investigating body will have access to all information stored in order to support an investigation.

PART 2: Definitions of abuse

Definition of 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'*. It gives LAs a duty to make enquires 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.

Whilst there are no absolute criteria to rely on when judging what constitutes significant harm, consideration should be given to:

- The severity of the ill-treatment, including the degree of harm
- The extent and frequency of abuse and/or neglect
- The impact this is likely to have, or is having, on the child involved.

This may be a single traumatic event, such as a violent assault, suffocation or poisoning, or it can be a combination of events (both acute and long-standing) that

impairs the physical, intellectual, emotional, social or behavioural development of the child.

Definitions of abuse and neglect

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or, more rarely, a stranger. Perpetrators of abuse can be an adult, or adults, another child or children.

(*What to do if you're worried a child is being abused: Advice for practitioners*, 2015 and *Working together to safeguard children*, 2018)

The signs and indicators listed below may not necessarily indicate that a child has been abused, but can help to indicate that something may be wrong, especially if a child shows a number of these symptoms, or any of them to a marked degree.

Indicators of child abuse

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries
- Significant changes to behaviour patterns.

Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include:

Emotional states: Fearful, withdrawn, low self-esteem.

Behaviour: Aggressive, habitual body rocking.

Interpersonal behaviours:

- Indiscriminate contact or affection seeking
- Over-friendliness to strangers including healthcare professionals
- Excessive clinginess, persistently resorting to gaining attention
- Demonstrating excessively 'good' behaviour to prevent parent disapproval
- Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
- Coercive controlling behaviour towards parents
- Lack of ability to understand and recognise emotions
- Very young children showing excessive comforting behaviours when witnessing parental or carer distress.

Child-on-child abuse

Child-on-child abuse is also known as peer-on-peer abuse; children are included as potential abusers in our policies. Child-on-child abuse may take the form of bullying, physically hurting another child, emotional abuse or sexual abuse. Reporting

procedures in these instances remain the same although additional support from relevant agencies may be required to support both the victim and the perpetrator. Children who develop harmful behaviours are also likely to be victims of abuse or neglect.

If **child-on-child abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Physical abuse

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

If **physical abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Fabricated or induced illness (FII)

This abuse is when a parent fabricates the symptoms of, or deliberately induces, illness in a child. The parent may seek out unnecessary medical treatment or investigation. They may exaggerate a real illness and symptoms, or deliberately induce an illness through poisoning with medication or other substances, or they may interfere with medical treatments. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

FII is a form of **physical abuse** and any concerns must be reported in line with our safeguarding procedures.

Female genital mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed with no medical reason. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy, according to the community.

It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death (definition taken from the *Multi-agency statutory guidance on female genital mutilation*). Other consequences include shock, bleeding, infections (tetanus, HIV and hepatitis B and C) and organ damage.

FGM is a form of **physical abuse** and any concerns must be reported in line with our safeguarding procedures. In addition, there is a mandatory duty to report to police any case where an act of FGM appears to have been carried out on a girl under the age of 18.

Breast ironing or breast flattening

Breast ironing, also known as breast flattening, is a process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or to delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage. These actions can cause serious health issues such as abscesses, cysts, itching, tissue damage, infection, discharge of milk, dissymmetry of the breasts, severe fever.

Breast ironing/flattening is a form of **physical abuse** and any concerns must be reported in line with our safeguarding procedures.

Emotional abuse

Working together to safeguard children (2018) defines emotional abuse as 'the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on

the child's emotional development.' Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur separately.

Examples of emotional abuse include:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Not giving a child opportunity to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Age or developmentally inappropriate expectations being imposed, such as interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children
- A child seeing or hearing the ill-treatment of another.

A child may also experience emotional abuse through witnessing domestic abuse or alcohol and drug misuse by adults caring for them. In England, The Domestic Abuse Act (2021) recognises in law that children are victims of emotional abuse if they see, hear or otherwise experience the effects of domestic abuse.

Signs and indicators may include delay in physical, mental and/or emotional development, sudden speech disorders, overreaction to mistakes, extreme fear of any new situation, neurotic behaviour (rocking, hair twisting, self-mutilation), extremes of passivity or aggression, appearing to lack confidence or self-assurance.

If **emotional abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Sexual abuse

Sexual abuse involves forcing, or enticing, a child to take part in sexual activities. Sexual abuse does not necessarily involve a high level of violence and includes whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of

clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.

Sexual abuse can take place online and technology can be used to facilitate offline abuse. Adult males are not the sole perpetrators of sexual abuse; women also commit acts of sexual abuse, as do other children. This policy applies to all children up to the age of 18 years.

Action must be taken if staff witness symptoms of sexual abuse including a child indicating sexual activity through words, play or drawing, having an excessive preoccupation with sexual matters or having an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. This may include acting out sexual activity on dolls or toys or in the role-play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words.

Additional signs of emotional and physical symptoms are shown below.

Emotional signs	Physical signs
<ul style="list-style-type: none"> • Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age or stage of development • Personality changes, such as becoming insecure or clingy • Regressing to younger behaviour patterns, such as thumb sucking or bringing out discarded cuddly toys • Sudden loss of appetite or compulsive eating • Being isolated or withdrawn • Inability to concentrate • Lack of trust or fear of someone they know well, such as not wanting to be alone with a carer • Becoming worried about clothing being removed. 	<ul style="list-style-type: none"> • Bruises • Bleeding, discharge, pains or soreness in their genital or anal area • Sexually transmitted infections • Pregnancy.

If **sexual abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Neglect

Working together to safeguard children (2018) defines neglect as ‘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 adults involved in the care of the child failing to:

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

An NSPCC briefing (July 2021) found neglect to be the most common form of abuse, with one in ten children in the UK having been neglected. Concerns around neglect have been identified for half of children who are the subject of a child protection plan or on a child protection register in the UK. Younger children are more likely than older children to be the subject of a child protection plan in England because of neglect, although research suggests that the neglect of older children is more likely to go overlooked.

Signs of neglect include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in, or a child having an illness or identified special educational need or disability that is not being addressed. A child may be persistently hungry if a caregiver is withholding, or not providing enough, food. A child who is not receiving the attention they need at home may crave it from other adults, such as at nursery or school.

If **neglect** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Domestic abuse

The definition of domestic abuse from the Domestic Abuse Act, 2021 is:

Behaviour of a person (A) towards another person (B) is 'domestic abuse' if:

- *A and B are each aged 16 or over and are personally connected to each other*
- *The behaviour is abusive.*

Behaviour is 'abusive' if it consists of any of the following:

- *Physical or sexual abuse*
- *Violent or threatening behaviour*
- *Controlling or coercive behaviour*
- *Economic abuse (any behaviour that has a substantial adverse effect on B's ability to acquire, use or maintain money or other property and/or obtain goods or services)*
- *Psychological, emotional or other abuse.*

It does not matter whether the behaviour consists of a single incident or a course of conduct.

Domestic abuse can happen to anyone regardless of gender, age, social background, religion, sexuality or ethnicity and domestic abuse can happen at any stage in a relationship.

Signs and symptoms of domestic abuse include:

- Changes in behaviour (for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed etc.)
- Visible bruising or single, or repeated, injury with unlikely explanations
- Change in the manner of dress (for example, clothes to hide injuries that do not suit the weather)
- Stalking, including excessive phone calls or messages
- Partner or ex-partner exerting an unusual amount of control or demands over work schedule
- Frequent lateness or absence from work.

All children can witness and be adversely affected by domestic abuse in the context of their home life. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children.

Where incidents of domestic abuse are shared by our own staff, students or volunteers we will respect confidentiality at all times and not share information without their permission. However, we will share this information, without permission, in cases of child protection or where we believe there is an immediate risk of serious harm to the person involved.

If **domestic abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Contextual safeguarding

As young people grow and develop, they may be vulnerable to abuse or exploitation from outside their family. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

As part of our safeguarding procedures we will work in partnership with parents and other agencies to work together to safeguard children and provide the support around contextual safeguarding concerns.

Child sexual exploitation (CSE) and Child criminal exploitation (CCE)

Both CSE and CCE are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation (*Keeping children safe in education, 2022*).

Child sexual exploitation (CSE)

CSE is where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into **sexual** activity. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology and

may be without the child's immediate knowledge such as through others copying videos or images they have created and posted on social media.

Signs and symptoms include:

- Physical injuries such as bruising or bleeding
- Having money or gifts they are unable to explain
- Sudden changes in their appearance
- Becoming involved in drugs or alcohol, particularly if it is suspected they are being supplied by older men or women
- Becoming emotionally volatile (mood swings are common in all young people, but more severe changes could indicate that something is wrong)
- Using sexual language beyond that expected for their age or stage of development
- Engaging less with their usual friends
- Appearing controlled by their phone
- Switching to a new screen when you come near the computer
- Nightmares or sleeping problems
- Running away, staying out overnight, missing school
- Changes in eating habits
- Talk of a new, older friend, boyfriend or girlfriend
- Losing contact with family and friends or becoming secretive
- Contracting sexually transmitted diseases.

Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any **criminal** activity. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

Other examples include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people. Signs and symptoms of CCE are similar to those for CSE.

If **CSE** or **CCE** is suspected, then any concerns must be reported in line with our safeguarding procedures.

County Lines

The National Crime Agency (NCA) defines county lines as gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of 'deal line.' Customers live in a different area to the dealers, so drug runners are needed to transport the drugs and collect payment.

Perpetrators often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. A child is targeted and recruited into

county lines through schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes.

Signs and symptoms include:

- Changes in dress style
- Unexplained, unaffordable new things (for example, clothes, jewellery, cars etc.)
- Missing from home or school and/or significant decline in performance
- New friends with those who don't share any mutual friendships with the victim, gang association or isolation from peers or social networks
- Increase in anti-social behaviour in the community including weapons
- Receiving more texts or calls than usual
- Unexplained injuries
- Significant changes in emotional well-being
- Being seen in different cars or taxis driven by unknown adults
- A child being unfamiliar with where they are.

Cuckooing

Cuckooing is a form of county lines crime. In this instance, the drug dealers take over the home of a vulnerable person in order to criminally exploit them by using their home as a base for drug dealing, often in multi-occupancy or social housing properties.

Signs and symptoms include:

- An increase in people, particularly unknown people, entering or leaving a home or taking up residence
- An increase in cars or bikes outside a home
- A neighbour who hasn't been seen for an extended period
- Windows covered or curtains closed for a long period
- Change in resident's mood and/or demeanour (for example, secretive, withdrawn, aggressive or emotional)
- Substance misuse and/or drug paraphernalia
- Increased anti-social behaviour.

If **cuckooing** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Child trafficking and modern slavery

Child trafficking and modern slavery is when children are recruited, moved, transported and then exploited, forced to work or are sold.

For a child to have been a victim of trafficking there must have been:

- *Action*: recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation
- *Purpose*: sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs.

If involvement in **county lines** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Modern slavery includes slavery, servitude and forced or compulsory labour and child trafficking. Victims of modern slavery are also likely to be subjected to other types of abuse such as physical, sexual and emotional abuse.

Signs and symptoms for children include:

- Being under control and reluctant to interact with others
- Having few personal belongings, wearing the same clothes every day or wearing unsuitable clothes
- Being unable to move around freely
- Appearing frightened, withdrawn, or showing signs of physical or emotional abuse.

If **child trafficking** or **modern slavery** are suspected, then any concerns must be reported in line with our safeguarding procedures.

Forced marriage

A forced marriage is defined as 'a marriage in which one, or both spouses, do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure.'

Where incidents of forced marriage are shared by our own staff, students or volunteers, we will respect confidentiality at all times and not share information without their permission. However, we will share this information without permission in cases of child protection, or where we believe there is an immediate risk of serious harm to the person involved.

If it is suspected that a **forced marriage** is being planned, then any concerns must be reported in line with our safeguarding procedures.

'Honour' based abuse (HBA)

HBA is described as 'incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing.' (*Keeping children safe in education, 2022*). Such abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their 'honour' code. It is a violation of human rights and may be domestic, emotional and/or sexual abuse such as being held against their will, threats of violence or actual assault. It often involves wider family networks or community pressure and so can include multiple perpetrators.

Signs and symptoms of HBA include:

- Changes in how the child dresses or acts, such as not 'western' clothing or make-up
- Visible injuries, or repeated injury, with unlikely explanations
- Signs of depression, anxiety or self-harm
- Frequent absences

- Restrictions on friends or attending events.

Where incidents of HBA are shared by our own staff, students or volunteers, we will respect confidentiality at all times and not share information without their permission. However, we will share this information without permission in cases of child protection, or where we believe there is an immediate risk of serious harm to the person involved.

If **honour based abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Child abuse linked to faith or belief (CALFB)

Child abuse linked to faith or belief (CALFB) can happen in families when there is a concept of belief in:

- Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
- The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
- Ritual or multi-murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies
- Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation
- Children's actions are believed to have brought bad fortune to the family or community.

If **CALFB** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Extremism and radicalisation

Under the Counter-Terrorism and Security Act 2015, there is a duty to safeguard vulnerable and at risk children by preventing them from being drawn into terrorism. This is known as the Prevent Duty.

Children can be exposed to different views and receive information from various sources and some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism and terrorism; usually it's a gradual process so those who are affected may not realise what's happening. Radicalisation is a form of harm. The process may involve:

- Being groomed online or in person
- Exploitation, including sexual exploitation
- Psychological manipulation
- Exposure to violent material and other inappropriate information
- The risk of physical harm or death through extremist acts.

For further information visit [The Prevent Duty](#) website.

If **radicalisation or extremism** is suspected, then any concerns must be reported in line with our safeguarding procedures. This includes reporting concerns to the police.

Online safety

While the growth of internet and mobile device use brings many advantages, the use of technology has become a significant component of many safeguarding issues such as child sexual exploitation and radicalisation.

There are four main areas of risk associated with online safety:

- Content - being exposed to illegal, inappropriate or harmful material such as pornography, fake news, racist or radical and extremist views
- Contact - being subjected to harmful online interaction with other users such as commercial advertising or adults posing as children or young adults
- Conduct - personal online behaviour that increases the likelihood of, or causes, harm, such as making, sending and receiving explicit images and online bullying
- Commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

Report **online safety concerns** to the DSL and to the Child Exploitation and Online Protection Centre (CEOP): <https://www.ceop.police.uk/Safety-Centre/>
Inappropriate content received via email must be reported to the DSL and to the Internet Watch Foundation (IWF): <https://www.iwf.org.uk/>

Up skirting/down blousing

Up skirting and down blousing are criminal offences. They involve taking pictures of someone's genitals, buttocks or other intimate images under their clothing without them knowing, either for sexual gratification or in order to humiliate, or distress, the individual.

If **up skirting or down blousing** is suspected, then any concerns must be reported in line with our safeguarding procedures.

PART 3: Reporting procedures

Public interest disclosure (whistleblowing)

Whistleblowing is the term used when a worker passes on information concerning wrongdoing. All safeguarding allegations, internal or external, current or historical, must be passed on the DSL. We will cooperate fully with the authorities involved and follow any guidance given. See the Whistleblowing policy which outlines our procedures, including where staff may wish to raise concerns about poor or unsafe practice regarding our safeguarding provision. All concerns will be taken seriously by the senior leadership team.

We believe keeping children safe is the highest priority and if, for whatever reason, concerns cannot be reported to the DSL or deputy DSL, or where a staff member feels that their genuine concerns are not being addressed, concerns can be reported

anonymously to the LA social services safeguarding children team, the NSPCC, the police, or Ofsted.

Allegation against our staff

An allegation against our staff may relate to a person who has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children, or
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

We will make every effort to maintain the confidentiality of all parties while an allegation or concern is being investigated. Dealing with an allegation can be a stressful experience and, to support the staff member, a named person (usually the DSL or Deputy DSL) to liaise with will be offered. The timeframes for an investigation will follow the guidelines of other involved authorities.

We will follow our own local safeguarding partner's website information about how to report an allegation and we would contact the LADO for advice.

We reserve the right to suspend a staff member until the investigation is concluded. Further action will be determined by the outcome of the investigation.

Founded allegations are considered gross misconduct, in accordance with our disciplinary procedures, and may result in the termination of employment. DBS will be informed to ensure their records are updated and Ofsted will be informed. We retain the right to dismiss any member of staff in connection with founded allegations following an inquiry.

All safeguarding records are kept until the person reaches normal retirement age or for 21 years and 3 months, if that is longer. This will ensure accurate information is available for references and future DBS checks and avoids unnecessary reinvestigation.

Unfounded allegations will result in all rights being reinstated. A return to work plan will be put in place for any member of staff returning to work after an allegation has been deemed unfounded. Individual support will be offered to meet the needs of the staff member and the nature of the incident such as more frequent supervisions, coaching and mentoring or external support services.

If the member of staff resigns during the investigation, we will inform DBS, Ofsted and the police, where appropriate.

Support for staff during safeguarding incidents

The DSL will support staff throughout any of the processes listed above and will organise appropriate counselling should this be required.

Any member of staff who has concerns about the content of this policy and its procedures, should speak to the DSL as soon as possible. If any member of staff wishes to talk confidentially about any safeguarding concern or any other issue relating to child protection or personal circumstance, it is important to do this as soon as possible.

Reporting procedure

We will always act on behalf of the child and will do everything possible to ensure the safety and welfare of any child and so will take all allegations of potential abuse seriously. All concerns reported to staff will be pursued, regardless of the nature of the concern and to whom the allegation relates.

All staff have a responsibility to report safeguarding and child protection concerns and suspicions of abuse. These concerns will be discussed with the DSL as soon as possible, as follows:

	Staff member role on receiving information that causes a safeguarding concern	DSL role on receiving information that causes a safeguarding concern
Step 1	<ul style="list-style-type: none"> • Contact the DSL immediately. This must be a verbal conversation to ensure the concern is clearly understood and action is taken • If the DSL is unavailable, contact the Deputy DSL, LSP, NSPCC, social services or police until you are able to have a verbal conversation • For children who arrive at nursery with an existing injury, an 'incident outside nursery' form will be completed. If there are queries or concerns regarding the injury or information given, follow these procedures 	<ul style="list-style-type: none"> • If it is believed a child is in immediate danger, contact the police
Step 2	<ul style="list-style-type: none"> • Write an objective report including: <ul style="list-style-type: none"> – Child's name and address – Age and date of birth – Date, time and location of the observation or disclosure – Exact words spoken by the child (as close to word-for-word as possible) and non-verbal communication – Outline of the concern 	<ul style="list-style-type: none"> • Sign and date report received from staff member • Securely store the information according to the nursery procedures • If the safeguarding concern relates to a child, contact the Local Authority children's social care team, report concerns and seek advice immediately, or as soon as it is practical to do so • If the safeguarding concern

	<ul style="list-style-type: none"> – Exact position and type of any injuries or marks seen – Exact observation of any incident or concern reported and the names of any other person present at the time – Any known confidentiality issues – Signature and date of person making the report and the DSL or other nominated individual receiving the report 	<p>relates to an allegation against an adult working or volunteering with children, contact the Local Authority Designated Officer (LADO) and request a confirmation email of the report, then report the concern to Ofsted</p> <ul style="list-style-type: none"> • A full investigation into any allegation will be carried out by the appropriate professionals to determine how this will be handled • Note any actions requested by LADO / Ofsted and follow any instructions received
Step 3	<ul style="list-style-type: none"> • If you feel the report is not being taken seriously or are worried about an allegation getting back to the person in question, then it is your duty to inform the Local Authority children’s social care team yourself directly • Follow all instructions from the Local Authority children’s social care team and/or Ofsted, co-operating where required 	<ul style="list-style-type: none"> • If appropriate, discuss the concerns or incidents with parent(s), unless it is believed that this would place the child at greater risk of harm • Record all discussions (remember parents will have access to these records on request in line with GDPR and data protection guidelines) • Follow all instructions from the Local Authority children’s social care team and/or Ofsted, co-operating where required • Record information and actions taken
Step 4		<ul style="list-style-type: none"> • If the DSL is not the owner/manager and there is an allegation against a member of staff, then the owner/manager must be informed as they have a duty of care for their employees
Step 5		<ul style="list-style-type: none"> • If the Local Authority children’s social care team have not been in contact within the timeframe set out in Working Together to Safeguarding Children (2018), it must be followed up • Never assume that action has been taken
Step 6	<ul style="list-style-type: none"> • Safeguarding procedures will be reviewed to ensure the process has been applied in line with the policy 	

If a concern is raised anonymously and we have no contact details, we will treat the concern as valid and follow the procedures as above. If a malicious call is suspected, the procedures will still be followed: a child may be in danger. The Information Commissioners Office (ICO) will be contacted to ensure permitted data sharing.

PART 4: Recruitment, selection, induction and training

Recruitment and selection

Through the implementation of our Safer recruitment of staff policy, we endeavour to prevent unsuitable people from becoming members of staff. We check the suitability of new recruits following the procedures outlined in the Recruitment, selection and suitability of staff policy.

Procedures include relevant checks, such as obtaining references, establishing the identity of applicant and conducting criminal records disclosures prior to employment. Where required, staff and stakeholders have enhanced DBS checks. Clear person specification criteria and processes during the recruitment and selection process enable us to determine a candidate's suitability for the role.

We have specific responsibilities, as outlined in this policy, for any staff, apprentices, students and learners under the age of 18 whether living with their families, in state care, or living independently.

Induction and probation for staff

As part of our induction process, all new workers will receive basic training on this Safeguarding children and child protection policy so they have the necessary knowledge and skills to safeguard and promote the welfare of children.

Within the first week of induction, all staff will receive a copy of this policy. It is the line manager's responsibility to ensure that the new staff member understands it and is able to follow it. All safeguarding training must be completed by the end of the probationary period.

All staff are expected to keep their safeguarding knowledge and skills up-to-date and report any concerns they may have. We maintain records to ensure all staff have received the training they need.

Learners on placements or in employment

We hold responsibility for ensuring that learners on placement or in employment are familiar with and sign up to this policy and agree to work within this framework. Learners will receive basic child protection training prior to starting their placement.

Learners and students under the age of 18 will be protected as children. Risk assessments will be completed to ensure their safety and well-being are protected and supported during their employment or training period. If situations arise during employment or placement which identifies those aged 18 or under are at risk from

abuse or neglect, we will contact the appropriate bodies to ensure the individual is safeguarded.

Responding to and recording disclosures

Staff, volunteers or students may receive a safeguarding disclosure. See the guidance below for responding to and reporting disclosures of abuse.

Responding to a child's disclosure of abuse - what to do and say

- Stay calm and listen carefully
- Try not to look shocked and reassure them that this is not their fault
- Find an appropriate opportunity to say that the information will need to be shared and do not promise to keep the information shared a secret
- Allow the child to continue at their own pace
- Only ask questions for clarification and avoid asking any questions that may suggest a particular answer
- Reassure the child that they have done the right thing, let them know what you will do next and with whom the information will be shared
- Record the disclosure in writing using the child's own words as soon as possible, but not while the child is talking
- Includes the date and time, any names mentioned and to whom the information was given
- Sign and date the record, store it securely and refer the disclosure to the setting DSL and/or manager.

Recording a case of disclosure or suspicions of abuse in the community

If you observe a concern or receive a disclosure, make an objective record. Where possible include:

- Child's name and address
- Age of the child and date of birth
- Setting name and address
- Date and time of the observation or disclosure
- Details of the concern using factual information, including the exact words, if relevant
- Accurate details of the observation, including actions of the child or adult involved
- Accurate details of an injury or wound seen, including position and size
- The names of any other person present at the time
- Name of the person completing the report
- Name of the person to whom the concern was shared, with date and time.

Discuss the record with the setting DSL or manager and follow the procedures. We expect all members of staff and stakeholders to co-operate with relevant agencies to ensure the safety of children.

Legal framework

We adhere to all current legislation, as below:

Children and Social Work Act 2017

Criminal Justice and Court Services Act 2000
 Female Genital Mutilation Act 2003 (as amended by the Serious Crime Act 2015)
 Freedom of Information Act 2012
 Keeping Children Safe in Education
 Safeguarding Vulnerable Groups Act 2006
 The Childcare Act 2006
 The Children Act 2004
 The Children Act (England and Wales) 1989
 The Counter-Terrorism and Security Act 2015
 The Data Protection Acts 1984, 1998 and 2018
 The Domestic Abuse Act 2021
 The Human Rights Act 1998
 The Police Act 1997
 The Sexual Offences Act 2003
 Working together to safeguard children 2018

Relevant non-statutory guidance:

Child sexual exploitation, DfE 2017
 Information sharing, DfE 2015
 What to do if you're worried a child is being abused, DfE 2015

Useful contacts

Setting	
Main office	07543815182
DSL	Samantha Packer
Deputy DSL	Angela Matthews and Sarah Field
Ofsted (England)	0300 123 1231
Police and related contacts	
Emergency police	999
Non-emergency police	101
Child exploitation and online protection (CEOP)	Online contact only
DfE counter-extremism helpline	020 7340 7264
Other useful contacts	
Anti-terrorist hotline	0800 789 321
NSPCC Child Protection Helpline	0808 800 5000
Childline	0800 1111
Kidscape	020 7823 5430

National Domestic Abuse helpline	0808 2000 247
Modern slavery helpline	08000 121 700
Crimestoppers	0800 555 111
Internet Watch Foundation (IWF)	01223 20 30 30
Information Commissioners Office (ICO)	0303 123 1113

This policy was adopted on	Signed on behalf of the nursery	Date for review
<i>06.01.2026</i>		<i>06.01.2027</i>

Data Protection and Confidentiality Policy

At **Summerfields Nursery** we recognise that we hold sensitive and confidential information about children and their families and the staff we employ. This information is used to meet children's needs, for registers, invoices and emergency contacts. We store all records in a locked cupboard or on the office computer with files that are password protected in line with data protection principles. Any information shared with the staff team is done on a 'need to know' basis and treated in confidence. This policy will work alongside the GDPR Privacy Notice to ensure compliance under General Data Protection Regulation (Regulation (EU) 2016/679 (GDPR) and Data Protection Act 2018.

Legal requirements

- We follow the legal requirements set out in the Statutory Framework for the Early Years Foundation Stage (EYFS) 2021 and accompanying regulations about the information we must hold about registered children and their families and the staff working at the nursery.
- We follow the requirements of the General Data Protection Regulation (Regulation (EU) 2016/679 (GDPR), Data Protection Act 2018 and the Freedom of Information Act 2000 with regard to the storage of data and access to it.

Procedures

It is our intention to respect the privacy of children and their families and we do so by:

- Storing confidential records in a locked cupboard or on the office computer with files that are password protected
- Ensuring staff, student and volunteer inductions include an awareness of the importance of the need to protect the privacy of the children in their care as well as the legal requirements that exist to ensure that information relating to the child is handled in a way that ensures confidentiality. This includes ensuring that information about the child and family is not shared outside of the nursery other than with relevant professionals who need to know that information. It is not shared with friends and family, or part of any social discussions outside of the setting. If staff breach any confidentiality provisions, this may result in disciplinary action and, in serious cases, dismissal. Students on placement in the nursery are advised of our Data Protection and confidentiality policy and required to respect it
- Ensuring that all staff, volunteers and students are aware that this information about children and families is confidential and only for use within the nursery and to support the child's best interests with parental permission
- Ensuring that parents have access to files and records of their own children but not to those of any other child, other than where relevant professionals such as the police or local authority children's social care team decide this is not in the child's best interest
- Ensuring all staff are aware that this information is confidential and only for use within the nursery setting. If any of this information is requested for whatever reason, the parent's permission will always be sought other than in the safeguarding circumstances above

- Ensuring staff do not discuss personal information given by parents with other members of staff, except where it affects planning for the child's needs
- Ensuring staff, students and volunteers are aware of and follow our Social networking policy in relation to confidentiality
- Ensuring issues concerning the employment of staff remain confidential to the people directly involved with making personnel decisions
- Ensuring any concerns or evidence relating to a child's personal safety are kept in a secure, confidential file and are shared with as few people as possible on a 'need-to-know' basis. If, however, a child is considered at risk, our safeguarding/child protection policy will override confidentiality.

All the undertakings above are subject to the paramount commitment of the nursery, which is to the safety and well-being of the child.

General Data Protection Regulation (Regulation (EU) 2016/679 (GDPR) compliance

In order to meet our requirements under GDPR we will also undertake the following:

1. We will ensure our terms & conditions, privacy and consent notices are easily accessed and made available in accurate and easy to understand language
2. We will use personal data to ensure the safe, operational and regulatory requirements of running our Nursery. We will only make contact in relation to the safe, operational and regulatory requirements of running our Nursery. We will not share or use personal data for other purposes. Further details can be found in the GDPR Privacy Notice.
3. Everyone in our nursery understands that people have the right to access their records or have their records amended or deleted (subject to other laws and regulations).
4. We will ensure staff have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the GDPR. This includes:
 - Being confident of the processing conditions which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data.'
 - Understanding that 'safeguarding of children and individuals at risk' is a processing condition that allows practitioners to share special category personal data. This includes allowing practitioners to share information without consent where there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner but it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

Staff and volunteer information

- All information and records relating to staff and volunteers will be kept confidentially in a locked cabinet
- Individual staff may request to see their own personal file at any time

This policy was adopted on	Signed on behalf of the nursery	Date for review
06.01.2026		06.01.2027

Special Educational Needs and Disabilities (SEND) Policy

This policy has been created with regard to:

- The SEND Code Of Practice 2015
- Children and Families Act 2014 (Part 3)
- Equality Act 2010
- Working Together to Safeguard Children (2018)
- Statutory Framework for the EYFS (2021)

Special Educational Needs and Disability (SEND) code of practice.

The nursery has regard to the statutory guidance set out in the Special Educational Needs and Disability code of practice (DfE 2015) to identify, assess and make provision for children's special educational needs.

At Summerfields Nursery we use the SEND Code of Practice (2015) definition of Special Educational Needs and Disability:

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- *has a significantly greater difficulty in learning than the majority of others of the same age, or*
- *has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.*

Statement of intent

We are committed to the inclusion of all children at our nursery. We ensure all children are cared for and educated to develop to their full potential alongside their peers through positive experiences. We enable them to share opportunities and experiences and develop and learn from each other. We provide a positive and welcoming environment where children are supported according to their individual needs and we work hard to ensure no child is discriminated against or put at a disadvantage as a consequence of their needs. Each child's needs are unique and we do not attempt to categorise children.

We are committed to working in partnership with parents* in order to meet each child's individual needs and develop to their full potential. We are committed to working with any child who has a special educational need and/or disability and making reasonable adjustments to enable every child to make full use of the nursery's facilities. All children have a right to a broad and well-balanced early learning environment.

We undertake a Progress Check of all children at age two in accordance with the Code of Practice (2015) and statutory framework for EYFS to support early identification of needs.

We also undertake an assessment at the end of the Early Years Foundation for any children that remain with us in the final term of the year in which they turn five, as per the statutory framework for EYFS.

We will work closely with the child's parents and any relevant professionals if we identify any areas where a child's progress is less than expected to establish if any additional action is required. This may include:

- Liaising with any professional agencies
- Reading any reports that have been prepared
- Attending any review meetings with the local authority and other professionals
- Observing each child's development and assessing such observations regularly to monitor progress.

All new children will be given a full settling in period when joining the nursery according to their individual needs.

We will:

- Recognise each child's individual needs and ensure all staff are aware of, and have regard for, the Special Educational Needs Code of Practice (2015)
- Ensure that all children are treated as individuals/equals and are supported to take part in every aspect of the nursery day according to their individual needs and abilities
- Include all children and their families in our provision
- Identify the specific needs of children with special educational needs and/or disabilities and meet those needs through a range of strategies
- Ensure that children who learn at an accelerated pace e.g. 'more able' are also supported
- Encourage children to value and respect others
- Provide well informed and suitably trained practitioners to help support parents and children with special educational difficulties and/or disabilities
- Develop and maintain a core team of staff who are experienced in the care of children with additional needs and identify a Special Educational Needs and Disabilities Co-ordinator (SENCO) who is experienced in the care and assessment of children with additional needs. Staff will be provided with specific training relating to SEND and the SEND Code of Practice
- Monitor and review our practice and provision and, if necessary, make adjustments, and seek specialist equipment and services where required
- Challenge inappropriate attitudes and practices
- Promote positive images and role models during play experiences of those with additional needs wherever possible
- Celebrate diversity in all aspects of play and learning.
- Work in partnership with parents and other agencies in order to meet individual children's needs, including the education, health and care authorities, and seek advice, support and training where required

- Share any statutory and other assessments made by the nursery with parents and support parents in seeking any help they or the child may need

Our nursery Special Education Needs and Disabilities Co-ordinator (SENCO) is Samantha Matthews.

The role of the SENCO in our setting includes:

- Ensuring all practitioners in the setting understand their responsibilities to children with SEND and the setting's approach to identifying and meeting SEND
- Advising and supporting colleagues
- Ensuring parents are closely involved throughout and that their insights inform action taken by the setting
- Liaising with professionals or agencies beyond the setting
- Taking the lead in implementing the graduated response and supporting colleagues through each stage of the process.

We will:

- Designate a named member of staff to be the SENCO and share their name and role with all staff and parents
- Have high aspirations for all children and support them to achieve to their full potential
- Develop respectful partnerships with parents and families
- Ensure parents are involved at all stages of the assessment, planning, provision and review of their child's care and education and where possible include the thoughts and feelings voiced by the child, where possible/appropriate
- Signpost parents and families to our Local Offer in order to access local support and services
- Undertake formal Progress Checks and Assessments of all children in accordance with the SEND Code of Practice (2015)/ statutory framework for the EYFS (2021)
- Provide a statement showing how we provide for children with special educational needs and/or disabilities and share this with staff, parents and other professionals
- Ensure that the provision for children with SEN and/or disabilities is the responsibility of all members of staff in the nursery through training and professional discussions
- Set out in our inclusive admissions practice on how we meet equality of access and opportunity
- Make reasonable adjustments to our physical environment to ensure it is, as far as possible suitable for children and adults with disabilities using the facilities
- Provide a broad, balanced, aspirational early learning environment for all children with SEN and/or disabilities and differentiated activities to meet all individual needs and abilities

- Liaise with other professionals involved with children with special educational needs and/or disabilities and their families, including transition arrangements to other settings and schools. (See our transitions policy).
- Use the graduated approach response system to assess, plan, do and review to ensure early identification of any SEND
- Ensure that children with special educational needs and/or disabilities and their parents are consulted at all stages of the graduated response, taking into account their levels of ability
- Review children's progress and support plans regularly and work with parents to agree on further support plans
- Provide privacy of children with special educational needs and/or disabilities when intimate care is being provided
- Raise awareness of any specialism the setting has to offer, e.g. Makaton trained staff
- Ensure the effectiveness of our SEN/disability provision by collecting information from a range of sources e.g. additional support reviews, Education, Health and Care (EHC) plans, staff and management meetings, parental and external agencies' views, inspections and complaints. This information is collated, evaluated and reviewed annually
- Provide a complaints procedure and make available to all parents in a format that meets their needs e.g. Braille, audio, large print, additional languages
- Monitor and review our policy and procedures annually.

Effective assessment of the need for early help

We are aware of the process for early help and adhere to the following procedure:

Local agencies should work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services. Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments, such as the Common Assessment Framework, should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

The early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator. Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.

For an early help assessment to be effective:

- The assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as all the professionals who are working with them;

- A teacher, GP, health visitor, early years' worker or other professional should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen; and
- If parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary.

If at any time it is considered that the child may be a child in need as defined in the Children Act 1989, or that the child has suffered significant harm, or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any professional. (*Working together to safeguard children 2018*)

Graduated Response Approach

We follow the SEND Code of Practice (2015) recommendation that, in addition to the formal checks above, we adopt a graduated approach to assessment and planning, led and coordinated by a SENCO. Good practice of working together with parents, and the observation and monitoring of children's individual progress, will help identify any child with special educational needs or disability. This graduated approach will be led and coordinated by the SENCO and appropriate records will be kept according to the Code of Practice.

Assess

In identifying a child as needing SEND support, the key person, working with the SENCO and the child's parents, will carry out an analysis of the child's needs. This initial assessment will be reviewed regularly to ensure that support is matched to need. Where there is little or no improvement in the child's progress, more specialist assessment may be called for from specialist teachers or from health, social services or other agencies beyond the setting. Where professionals are not already working with the setting, the SENCO will contact them, with the parents' agreement.

Plan

Where it is decided to provide SEND support, and having formally notified the parents, the key person and the SENCO, in consultation with the parent, will agree the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. Plans will take into account the views of the child.

The support and intervention provided will be selected to meet the outcomes identified for the child, based on reliable evidence of effectiveness, and provided by practitioners with relevant skills and knowledge. Any related staff development needs should be identified and addressed. Parents will be involved in planning support and, where appropriate, in reinforcing the provision or contributing to progress at home.

Do

The child's key person will be responsible for working with the child on a daily basis. With support from the SENCO, they will oversee the implementation of the intervention agreed as part of SEN support. The SENCO will support the key person

in assessing the child's response to the action taken, in problem solving and advising on the effective implementation of support.

Review

The effectiveness of the support and its impact on the child's progress will be reviewed in line with the agreed date. The impact and quality of the support will be evaluated by the key person and the SENCO in full consultation with the child's parents and taking into account the child's views. Information will be shared with parents about the impact of the support provided.

Education and Health Care Plan (EHCP)

Some children and young people may require an EHC needs assessment in order to decide whether it is necessary to develop an EHC plan. The purpose of an EHC plan is to make adjustments and offer support to meet the special educational needs of the child, to secure the best possible outcomes for them across education, health and social care.

The local authority will conduct the EHC needs assessment and take into account a wide range of evidence, including

- evidence of the child's developmental milestones and rate of progress
- information about the nature, extent and context of the child's SEND
- evidence of the action already being taken by us as the early years provider to meet the child's SEND needs
- evidence that, where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided
- evidence of the child's physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies.

We will then work with the local authority and other agencies to ensure that the child receives the support they need to gain the best outcomes.

We will review this policy annually to ensure it continues to meet the needs of the children/parents and our nursery.

* For the purpose of this publication the term 'parents' will be used to describe all types of primary caregivers, such as biological and adoptive parents, foster carers and guardians.

This policy was adopted on	Signed on behalf of the nursery	Date for review
06.01.2026		06.01.2027

Sickness and Illness Policy

At Summerfields Nursery we promote the good health of all children attending including oral health by:

- Asking parents* to keep children at home if they are unwell. If a child is unwell it is in their best interest to be in a home environment rather than at nursery with their peers.
- Asking staff and other visitors not to attend the setting if they are unwell
- Helping children to keep healthy by providing balanced and nutritious snacks, meals and drinks
- Minimising infection through our rigorous cleaning and hand washing processes (**see infection control policy**) Ensuring children have regular access to the outdoors and having good ventilation inside
- Sharing information with parents about the importance of the vaccination programme for young children to help protect them and the wider society from communicable diseases
- Sharing information from the Department of Health that all children aged 6 months – 5 years should take a daily vitamin
- Having areas for rest and sleep, where required and sharing information about the importance of sleep and how many hours young children should be having.

Our procedures

In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time, we care for the child in a quiet, calm area with their key person wherever possible
- [We follow the guidance published by UK Health Security Agency for managing specific infectious diseases and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery¹](#)
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours.
- We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection
- We notify Ofsted as soon as is reasonably practical, but in any event within 14 days of the incident of any food poisoning affecting two or more children cared for on the premises.
- We ask parents to keep children on antibiotics at home for the first 48 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and the child is not unwell) This is because it is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics

- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable
- We make information/posters about head lice readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice, we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair.

¹<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Meningitis procedure

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Local Area Infection Control (IC) Nurse. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted where necessary.

We will follow the transporting children to hospital procedure in any cases where children may need hospital treatment.

The nursery manager or selected staff member must:

- Inform a member of the management team immediately
- Call 999 for an ambulance immediately if the illness is severe. DO NOT attempt to transport the unwell child in your own vehicle
- Follow the instructions from the 999 call handler
- Whilst waiting for the ambulance, a member of staff must contact the parent(s) and arrange to meet them at the hospital
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
- Arrange for the most appropriate member of staff to accompany the child, taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident

This policy will be regularly reviewed in consultation with staff and parents and/or after a significant incident, e.g. serious illness/hospital visit required.

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This policy was adopted on	Signed on behalf of the nursery	Date for review
06.01.2026		06.01.2027

Late Collection and Non-Collection of Children Policy

At **Summerfields Nursery** we have morning, afternoon and all day sessions. Parents* are able to collect their child from the nursery flexibly within this time period asking them to be no later than the session end time. We understand that some parents may arrive earlier to collect their child, which is acceptable. However, the full fees still remain in place for the allocated session times.

We give parents information about the procedures to follow if they expect to be late. These include:

- Calling the nursery as soon as possible to advise of their situation and expected time of arrival
- Agreeing a safety password with the nursery in advance to be used by anyone collecting a child who is not the parent (designated adult)
- Asking a designated adult to collect their child wherever possible
- Informing the nursery of this person's identity so the nursery can talk to the child if appropriate. This will help to reduce or eliminate any distress caused by this situation
- If the designated person is not known to the nursery staff, the parent must provide a detailed description of this person, including their date of birth where known. This designated person must know the individual child's safety password in order for the nursery to release the child into their care. This is the responsibility of the parent.

If a child has not been collected from the nursery after a reasonable amount of time ie: **15 minutes** has been allowed for lateness, we initiate the following procedure:

- The nursery manager will be informed that a child has not been collected
- The manager will check for any information regarding changes to normal routines, parents' work patterns or general information. If there is no information recorded, the manager will try to contact the parents on the telephone numbers provided for their mobile, home or work. If this fails the manager will try the emergency contacts shown on the child's records
- The manager or staff member in charge and one other member of staff must stay behind with the child (if outside normal operating hours). During normal operating times, the nursery will plan to meet required staff ratios. If the parents have still not collected the child, the manager will telephone all contact numbers available every 10 minutes until contact is made. These calls will be logged on a full incident record
- In the event of no contact being made after one hour has lapsed, the person in charge will ring the local authority children's social services emergency duty team
- The nursery will inform Ofsted as soon as convenient
- The two members of staff will remain in the building until suitable arrangements have been made for the collection of the child

- The child’s welfare and needs will be met at all times and to minimise distress staff will distract, comfort and reassure the child during the process
- In order to provide this additional care a late fee of **£10.00** will be charged to parents. This will pay for any additional operational costs that caring for a child outside their normal nursery hours may incur.

Contact numbers:

Name	Contact No
Social Services Emergency Duty Team (SPoA)	01323 464222 out of hours 01273 335905/6
Ofsted	0300 123 1231

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This policy was adopted on	Signed on behalf of the nursery	Date for review
06.01.2026		06.01.2027

Complaints and Compliments Policy

At **Summerfields Nursery** we strive to provide the highest quality of care and education for our children and families and believe that all parents* are treated with care, courtesy and respect.

We hope that at all times parents are happy and satisfied with the quality and service provided and we encourage parents to voice their appreciation to the staff concerned and/or management. We record all compliments and share these with staff.

We welcome any suggestions from parents on how we can improve our services, and will give prompt and serious attention to any concerns that parents may have. Any concerns will be dealt with professionally and promptly to ensure that any issues arising from them are handled effectively and to ensure the welfare of all children, enable ongoing cooperative partnership with parents and to continually improve the quality of the nursery.

We have a formal procedure for dealing with complaints where we are not able to resolve a concern. Where any concern or complaint relates to child protection, we follow our Safeguarding children and Child Protection Policy.

Internal complaints procedure

Stage 1

If any parent should have cause for concern or any queries regarding the care or early learning provided by the nursery, they should in the first instance take it up with the child's key person or person in charge. If this is not resolved, we ask them to discuss this verbally with the manager.

Stage 2

If the issue still remains unresolved or parents feel they have received an unsatisfactory outcome, then they must present their concerns in writing as a formal complaint to the nursery manager. The manager will then investigate the complaint in relation to the fulfilment of the EYFS requirements and report back to the parent within 7 days. The manager will document the complaint fully, the actions taken and the outcome in relation to it in the complaints log book.

(Most complaints are usually resolved informally at stage 1 or 2.)

Stage 3

If the matter is still not resolved, the nursery will hold a formal meeting between the manager, parent and a senior staff member to ensure that it is dealt with comprehensively. The nursery will make a record of the meeting and document any actions. All parties present at the meeting will review the accuracy of the record, and be asked to sign to agree it and receive a copy. This will signify the conclusion of the procedure.

Stage 4

If the matter cannot be resolved to their satisfaction, then parents have the right to raise the matter with Ofsted. Parents are made aware that they can contact Ofsted whenever they have a concern, including at all stages of the complaints procedure, and information on how to contact Ofsted is displayed in the setting. Ofsted is the registering authority for nurseries in England and investigates all complaints that suggest a provider may not be meeting the requirements of the nursery's registration. It risk assesses all complaints made and may visit the nursery to carry out a full inspection where it believes requirements are not met.

A record of complaints will be kept in the nursery. The record will include the name of the complainant, the nature of the complaint, date and time complaint received, action(s) taken, outcomes of any investigations and any information given to the complainant including a dated response.

Parents will be able to access this record if they wish to; however, all personal details relating to any complaint will be stored confidentially and will be only accessible by the parties involved. Ofsted inspectors will have access to this record at any time during visits to ensure actions have been met appropriately.

The record of complaints is made available to Ofsted on request. We will follow this procedure for any other compliments and complaints received from visitors to the provider, where applicable.

Contact details for Ofsted:

Email: enquiries@ofsted.gov.uk

Telephone: **0300 123 1231**

By post:

Ofsted
Piccadilly Gate
Store Street
Manchester
M1 2WD

Parents will also be informed if the nursery becomes aware that they are going to be inspected and after inspection the nursery will provide a copy of the report to parents and/or carers of children attending on a regular basis.

*For the purpose of this publication the term 'parents' will be used to describe all types of primary caregivers, such as biological and adoptive parents, foster carers and guardians

This policy was adopted on	Signed on behalf of the nursery	Date for review
06.01.2026		06.01.2027

Inclusion and Equality Policy

Inclusion is a process of identifying, understanding and breaking down barriers to participation and belonging. Inclusive early years practice is about anticipating, paying attention, responding to and reflecting on the needs and interests of all children. A commitment to inclusion should permeate all aspects of the design of educational programmes and the structuring of environments, as well as shaping every interaction with children, parents and other professionals (Birth to 5 Matters, 2021).

Statement of intent

At **Summerfields Nursery** we take great care to treat each individual as a person in their own right, with equal rights and responsibilities to any other individual, whether they are an adult or a child. We are committed to providing equality of opportunity and anti-discriminatory practice for all staff, children and families according to their individual needs. Discrimination on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation has no place within our nursery.

A commitment to implementing our inclusion and equality policy is part of each employee's job description. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the manager at the earliest opportunity.

Appropriate steps will then be taken to investigate the matter and if such concerns are well-founded, the nursery's Disciplinary procedure will be followed.

The legal framework for this policy is based on:

- Special Education Needs and Disabilities Code of Practice 2015
- Children and Families Act 2014.
- Equality Act 2010
- Childcare Act 2006
- Children Act 2004
- Care Standards Act 2002
- Special Educational Needs and Disability Act 2001

The nursery and staff are committed to:

- Recruiting, selecting, training and promoting individuals on the basis of occupational skills requirements. In this respect, the nursery will ensure that no job applicant or employee will receive less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation
- Creating a working environment free of bullying, harassment, victimisation and unlawful discrimination, promoting dignity and respect for all, and where individual differences and the contributions of all staff are recognised and valued

- Providing a childcare place, wherever possible, for children who may have special educational needs and/or disabilities or are deemed disadvantaged according to their individual circumstances, and the nursery's ability to provide the necessary standard of care
- Making reasonable adjustments for children with special educational needs and disabilities to remove barriers and improve access for all
- Striving to promote equal access to services and projects by taking practical steps (wherever possible and reasonable), such as ensuring access to people with additional needs and by producing materials in relevant languages and media for all children and their families
- Providing a secure environment in which all our families are listened to, children can flourish and all contributions are valued
- Including and valuing the contribution of all families to our understanding of equality, inclusion and diversity
- Providing positive non-stereotypical information
- Continually improving our knowledge and understanding of issues of equality, inclusion and diversity and training all staff about their rights and responsibilities under the inclusion and equality policy.
- Regularly reviewing, monitoring and evaluating the effectiveness of inclusive practices to ensure they promote and value diversity and difference and that the policy is effective and practices are non-discriminatory
- Making inclusion a thread, which runs through the entirety of the nursery, for example, by encouraging positive role models through the use of toys, imaginary play and activities, promoting non-stereotypical images and language and challenging all discriminatory behaviour (see dealing with discriminatory behaviour policy).

Admissions/service provision

The nursery is accessible to all children and families in the local community and further afield through a comprehensive and inclusive admissions policy.

The nursery will strive to ensure that all services and projects are accessible and relevant to all groups and individuals in the community within targeted age groups.

Recruitment

Recruitment, promotion and other selection exercises such as redundancy selection will be conducted on the basis of merit, against objective criteria that avoid discrimination. Shortlisting will be done by more than one person where possible.

All members of the selection group are committed to the inclusive practice set out in this policy and will have received appropriate training in this regard.

Application forms are sent out along with a copy of the equal opportunities monitoring form. Application forms do not include questions that potentially discriminate on the grounds specified in the statement of intent.

Vacancies are generally be advertised to a diverse section of the labour market. Advertisements should avoid stereotyping or using wording that may discourage particular groups from applying.

At interview, no questions are posed which potentially discriminate on the grounds specified in the statement of intent. All candidates are asked the same questions and members of the selection group will not introduce nor use any personal knowledge of candidates acquired outside the selection process. Candidates are given the opportunity to receive feedback on the reasons why they were not successful.

We may ask questions, (under the Equality Act 2010) prior to offering someone employment in the following circumstances:

- To establish whether the applicant will be able to comply with a requirement to undergo an assessment (i.e. an interview or selection test)
- To establish whether the applicant will be able to carry out a function that is intrinsic to the work concerned
- To monitor diversity in the range of people applying for work
- To take positive action towards a particular group – for example offering a guaranteed interview scheme
- You require someone with a particular disability because of an occupational requirement for the job.

The National College for Teaching and Leadership provides further guidance specific to working with children, which we follow:

Providers have a responsibility to ensure that practitioners have the health and physical capacity to teach and will not put children and young people at risk of harm. The activities that a practitioner must be able to perform are set out in the Education (Health Standards England) Regulations 2003. Providers are responsible for ensuring that only practitioners who have the capacity to teach remain on the staff team.

People with disabilities or chronic illnesses may have the capacity to teach, just as those without disabilities or medical conditions may be unsuitable to teach. Further information on training to teach with a disability is available from the DfE website.

Successful applicants offered a position may be asked to complete a fitness questionnaire prior to commencing the programme. Providers should not ask all-encompassing health questions but should ensure that they only ask targeted and relevant health-related questions, which are necessary to ensure that a person is able to teach.

Staff

It is our policy not to discriminate in the treatment of individuals. All staff are expected to co-operate with the implementation, monitoring and improvement of this and other policies. They are expected to challenge language, actions, behaviours and attitudes which are oppressive or discriminatory on the grounds specified in this policy and recognise and celebrate other cultures and traditions. All staff are expected to participate in equality and inclusion training.

Staff will follow the 'Dealing with Discriminatory Behaviour' policy where applicable to report any discriminatory behaviours observed.

Training

The nursery recognises the importance of training as a key factor in the implementation of an effective inclusion and equality policy. All new staff receive induction training including specific reference to the inclusion and equality policy. The nursery strives towards the provision of inclusion, equality and diversity training for all staff on an annual basis.

Early learning framework

We follow the Early Years Foundation Stage statutory requirements and ensure that all learning opportunities offered in the nursery encourage children to develop positive attitudes to people who are different from them. Our curriculum encourages children to empathise with others and to begin to develop the skills of critical thinking.

We do this by:

- Identifying a key person to each child who will ensure that each child's care is tailored to meet their individual needs and continuously observe, assess and plan for their learning and development
- Listening to children's verbal and non-verbal communication and making children feel included, valued and good about themselves

- Ensuring that we know what each child knows and “can do” and has equal access to tailored early learning and play opportunities
- Reflecting the widest possible range of communities in the choice of resources
- Avoiding stereotypical or derogatory images in the selection of materials
- Acknowledging and celebrating a wide range of religions, beliefs and festivals
- Creating an environment of mutual respect
- Supporting children to talk about their feelings and those of others, manage emotions and develop empathy
- Helping children to understand that discriminatory behaviour and remarks are unacceptable
- Knowing children well, being able to meet their needs and know when they require further support
- Ensuring that all early learning opportunities offered are inclusive of children with special educational needs and/or disabilities and children from disadvantaged backgrounds
- Ensuring that children whose first language is not English have full access to our early learning opportunities and are supported in their learning
- Working in partnership with all families to ensure they understand the policy and challenge any discriminatory comments made
- Ensuring the medical, cultural and dietary needs of all children are met and help children to learn about a range of food and cultural approaches to meal times and to respect the differences among them.

Parent/carer information and meetings

Information about the nursery, its activities, experiences and resources are shared with parents as well as information about their child’s development. This is given in a variety of ways according to individual needs (written, verbal and translated), to ensure that all parents can access the information they need.

Wherever possible, meetings are arranged to give all families opportunities to attend and share information about their child.

This policy was adopted on	Signed on behalf of the nursery	Date for review
06.01.2026		06.01.2027

Medication Policy

At Summerfields Nursery we promote the good health of children attending nursery and take necessary steps to prevent the spread of infection (see sickness and illness and infection control policies.) If a child requires medicine, we will obtain information about the child's needs for this, and will ensure this information is kept up to date.

We follow strict guidelines when dealing with medication of any kind in the nursery and these are set out below.

Medication Prescribed by a Doctor, Dentist, Nurse or Pharmacist

(Medicines containing aspirin will only be given if prescribed by a doctor)

- Prescription only medicine will be given when prescribed by the above and only for the person named on the bottle/container for the dosage stated
- Medicines must be in their original containers with their instructions printed in English
- Those with parental responsibility for any child requiring prescription medication should hand over the medication to the most appropriate member of staff who will then note the details of the administration on the appropriate form and another member of staff will check these details
- Those with parental responsibility must give prior written permission for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances:
 1. The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes, a new form will need to be completed
 2. The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed
 3. Parents must notify us **IMMEDIATELY** if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given.
- The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written instructions from a relevant health professional such as a letter from a doctor or dentist
- The parent/carer must be asked when the child has last been given the medication before coming to nursery; and the staff member must record this information on the medication form. Similarly, when the child is picked up, the parent/carer must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times
- Where the medication is ear/eye drops/ointments a parent/carer will be asked to come back into nursery to administer, if it is needed to be given during the child's time at nursery.
- At the time of administering the medicine, a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time

and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication)

- If the child refuses to take the appropriate medication, then a note will be made on the form
- Where medication is “essential” or may have side effects, discussion with the parent/carer will take place to establish the appropriate response.

Non-prescription medication (*these will not usually be administered*)

- The nursery will not administer any non-prescription medication.
- An emergency nursery supply of anti-histamines (e.g. Piriton) will be stored on site. This will be checked at regular intervals by the designated trained first aider to make sure that it complies with any instructions for storage and is still in date
- If a child does exhibit the symptoms for allergy reactions, the nursery will make every attempt to contact the child’s parent/carer.
- For any non-prescription cream for nappy rash e.g. Sudocrem, etc. prior written permission must be obtained from the parent/carer and the onus is on the parent/carer to provide the cream which should be clearly labelled with the child’s name
- If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery. If the child is staying, the parent must be asked if any kind of medication has already been given, at what time and in what dosage and this must be stated on the medication form
- As with any kind of medication, staff will ensure that the parent/carer is informed of any non-prescription medicines given to the child whilst at the nursery, together with the times and dosage given
- The nursery DOES NOT administer any medication unless prior written consent is given for each and every medicine.

Injections, pessaries, suppositories

As the administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these without appropriate medical training for every member of staff caring for this child. This training is specific for every child and not generic. The nursery will do all it can to make any reasonable adjustments including working with parents and other professionals to arrange for appropriate health officials to train staff in administering the medication. For children with long term medical requirements, an Individual Health Care Plan from the relevant health team will be in place to ensure that appropriate arrangements are in place to meet the child’s needs.

Staff Medication

All nursery staff have a responsibility to work with children only where they are fit to do so

Staff must not work with children if they are infectious or feel unwell and cannot meet children's needs. This includes circumstances where medication taken by staff affects their ability to care for children, for example, where it makes a person drowsy.

If staff members believe their condition, including any condition caused by taking medication, is affecting their ability to care for children they must inform their line manager immediately

The nursery manager/deputy will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment.

Where staff may occasionally or regularly need medication, any such medication must be stored out of reach of children. If the medication is required to be accessed in an emergency, such as an asthma inhaler, this should be easily accessible but safe from children

In all cases medication must be stored securely out of reach of the children at all times. It must not be kept in the first aid box and must be labelled with the name of the member of staff.

Storage

All medication for children must have the child's name clearly written on the original container and kept in a closed box, which is out of reach of all children.

Emergency medication, such as inhalers and EpiPens, will be within easy reach of staff in case of an immediate need, but will remain out of children's reach. Any antibiotics requiring refrigeration must be kept in a fridge inaccessible to children. This must be in a designated place with the child's name clearly written in the original container.

All medications must be in their original containers, labels must be legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.

Medication stored in the setting will be regularly checked with the parents to ensure it continues to be required, along with checking the details of the medication form remain current.

This policy was adopted on	Signed on behalf of the nursery	Date for review
01.02.2026	<i>SPACKER</i>	01.02.2027



Summerfields Nursery

Our SEN and Disability Information

Updated January 2026

How does the pre-school/ nursery know if children need extra help and what should I do if I think my child has special educational needs?

We work closely with the child and identify ways to move forward together with next steps. If we feel that the child needs extra help with achieving these we have additional measures we can put in place and we work closely with outside agencies where appropriate. Staff give support and advice to parents if they have concerns with their child's development.

How will the pre-school/ nursery support my child with special educational needs?

We match each child with a key worker to form a bond, knowing the child's likes and dislikes. Our support offering for SEN children aims to be as inclusive as possible, with our SENCO trained staff developing a dedicated plan to enable your child to get the most out of their time at nursery and fulfil their potential.

How is the decision made about what type and how much support my child/young person will receive?

Key workers will report any information to the SENCO and parents and an action plan will be created to help support the child. We can involve the Early Years Service and apply for additional funds if necessary.

How will the pre-school/ nursery review my child's progress and how shall they share it with me?

We provide regular parent consultations and key workers are available for daily support to answer queries and provide advice for activities to support the child at home. Where a SEN plan is in place, additional support will be provided as required.

What support will there be for my child's overall wellbeing?

In addition to each child having their own dedicated key worker, all staff work closely to ensure the child's wellbeing. We have policies in place that cover safeguarding, administration of

medicines, intimate care and managing behaviour. We also advocate a child-led learning approach, so children's own views play a part in our practice.

What training do the staff have in supporting children with special educational needs or disabilities?

Qualified members of staff have had SENCO training and undertaken other training to support children with unique needs.

What specialist services and support are available to the preschool/nursery?

We work closely with outside agencies that come in to provide one-to-one support for the child such as the Early Years Service, Health visitors and Speech Therapists. We support this and carry out any activities that may be set for the child to do at nursery.

How will my child/young person be included in activities outside the pre-school/ nursery, including trips?

A pre-assessment is carried out before a school trip is organised and all areas are assessed for suitability. All outings are open to parents to join and help with.

How accessible is the pre-school/ nursery?

Access to the nursery is by ramp, as is the garden. We have a low table for easy reach and posters are at children's eye level.

How will the pre-school/nursery help my child move on to school?

We have relationships with all the local schools and will work with parents to ensure a transition to school includes any elements of a SEN plan.

More information, advice and support

The local offer- services and support available to children and young people who have Special Educational Needs and Disabilities (SEND) and their families in East Sussex:

<https://localoffer.eastsussex.gov.uk>

Information for Families (including SEN and disability advice service)

Phone: 0345 608 0192

Email: cs.customerrelations@eastsussex.gov.uk

Facebook: www.facebook.com/InformationForFamilies

Website <https://new.eastsussex.gov.uk/children-families/information-for-families>

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