Safeguarding Policy Handbook

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1 Paint Pots Safeguarding Policy Statement

Paint Pots are committed to responding promptly and appropriately to all incidents, allegations or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG, 2015) and the Care Act 2014.
At Paint Pots, we will take the necessary steps to safeguard and promote the welfare of all children. Our settings will work with children, parents/carers, staff, and the community to ensure the rights and safety of children give them the very best start in life.

1.1 Our Key Aims:

- To promote children's right to be strong, resilient, and listened to.
- To help children to establish and sustain satisfying relationships with their families, with peers and with other adults.
- To work with parents/carers to build their understanding of, and commitments to, the principles of safeguarding all our children.

1.2 The purpose of this policy statement is:

- To protect children and young people who receive Paint Pots services from harm. This includes the children of adults who use our services
- To provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection.
- This policy applies to anyone working on behalf of Paint Pots including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff and students.

1.3 Legal framework:

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation and guidance is available from nspcc.org.uk/child protection.

1.4 Supporting documents:

This policy statement should be read alongside Paint Pot's organisational policies, procedures, guidance and other related documents:

- Job description for the Designated Safeguarding Lead.
- Dealing with disclosures and concerns about a child or young person.
- Managing allegations against staff and volunteers.
- Recording concerns and information sharing.
- Child protection records retention and storage.
- Code of conduct for staff and volunteers
- Behaviour codes for children and young people.

- Photography and sharing images guidance.
- Safer recruitment.
- Online safety.
- Anti-bullying.
- Managing complaints.
- Whistleblowing.
- Health and safety.
- Induction, training, supervision and support.
- Adult to child supervision ratios.
- Safeguarding training.

We believe that:

Children and young people should never experience abuse of any kind.
We have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.

We recognise that:

- The welfare of children is paramount in all the work we do and in all the decisions we take. Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.
- All children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse.
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse.

We will seek to keep children and young people safe by:

- Valuing, listening to and respecting them.
- Appointing a nominated child protection lead safeguarding, for children and young people across the group, and in each Paint Pots nursery and preschool.
- Adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers.
- Developing and implementing an effective online safety policy and related procedures.
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently.
- Recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made.
- Recording and storing and using information professionally and securely, in line with data protection legislation and guidance

- Sharing information about safeguarding and good practice with children and their families via leaflets, posters, group work and one-to-one discussions.
- Making sure that children, young people and their families know where to go for help if they have a concern.
- Using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately.
- Using our procedures to manage any allegations against staff and volunteers appropriately.
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying should it arise.
- Ensuring that we have effective complaints and whistleblowing measures in place and everyone is aware of the procedure to take.
- Ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance.
- Building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns.

We are committed to reviewing our safeguarding handbook annually.

2 Introduction to Safeguarding Children

This policy has been developed in accordance with **Keeping Children Safe in Education** (September2024), **Working Together to Safeguard Children**(Updated February 2024)and **the Early Years Foundation Stage Statutory Framework** (published November 2024).
Due to the many hours of care we are providing, staff will often be the first people to sense that there is a problem. They may well be the first people in whom children confide about abuse. The setting has a duty to be aware that abuse does occur in our society. This statement lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to abuse.

Our prime responsibility is the welfare and well-being of all children in our care, regardless of gender, age, ethnicity, disability, sexuality or beliefs. As such we believe we have a duty to all children, parents/carers and staff to act quickly and responsibly in any instance that may come to our attention. This procedure will be followed whilst away from the organisation for example whilst on trips or outings the same protocol must be followed.

A childcare practitioner's responsibilities do not include investigating the suspected abuse. However, staff will keep accurate records of their observations and of anything said to them by a child or others in connection with the suspected abuse. It is always important to listen to children, whilst reacting calmly and offering reassurance. All our staff will receive training on the protection of children from abuse. It is the policy of Paint Pots to provide a secure and safe environment for all children.

2.1 Special Educational Needs and Disability (SEND)

It is important to recognise that children with additional needs face an increased risk of abuse and neglect. Attention can often be focused on providing advocacy for them rather than paying attention to their human rights. The systems set up to safeguard children must cover all children on equal terms.
Additional time and resources may need to be allocated when investigating an allegation of abuse. When undertaking an assessment staff must take into account the nature of the child's additional need. The setting's Special Educational Needs and Disabilities Co-ordinator (SEND) will work alongside the DSL when dealing with concerns for a child with additional needs.

We aim to:

- Ensure that children are never placed at risk while in the charge of our staff.
- Ensure that confidentiality is maintained at all times.
- Ensure that all staff are familiar with safeguarding issues and procedures.
- Regularly review and update this policy.

2.2 Paint Pots Safeguarding Procedure

If you have reason to believe a child in our care is subject to abuse or neglect, you must inform the nursery DSL.

- The responsibility of the DSL is to make an assessment of the relevant information.
- Southampton Children's Resource Service or Hampshire Children's Services will be contacted for further advice and/or guidance.
- Group DSL to be informed of any reports/ concerns raised.
- Parents may be consulted if doing so does not put the child at further risk.
- All concerns and actions taken must be recorded in a thorough and factual manner on relevant forms. These are stored in a locked filing cabinet or on a secure, password protected computer.
- If you are not satisfied that your concerns have been dealt with satisfactorily, you should report the incident to the local authority yourself.

An allegation of child abuse or neglect may lead to a criminal investigation.

- Do not do anything that could jeopardise a police investigation, such as asking a child leading questions or attempting to investigate the allegations of abuse.
- Pass on the facts and your concerns to the setting's Designated Safeguarding Lead.
- It is important that the matter remains confidential and should not be discussed with any other person.

In an emergency situation, the police must also be informed by calling 999

Southampton- Children's Resource Service	
Referral Form	https://www.southampton.gov.uk/health-social-care/children/child-social-care/childrens-resource-service/
Professionals Line	02380832300
Out of hours Team	02380233344

Hampshire- Children's Services	
Inter-Agency Referral Form	https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/contacts
Children's Services	0300 555 1384
Out of Hours team	0300 555 1373
Urgent child protection professionals line	01329 225379

3 Professional Curiosity

Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting parents/carers versions of events or disclosures at face value. It can require practitioners to think 'outside the box', beyond their usual professional role, and consider families' circumstances holistically.

It is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. Curious professionals engage with individuals and families through visits, conversations, observations and asking relevant questions to gather historical and current information.

Why is it Important?

Professional curiosity is a golden thread through Safeguarding Partnership learning reviews and audits and is an essential part of safeguarding. Nurturing professional curiosity is a fundamental aspect of working together to keep children, young people and adults safe.

A lack of professional curiosity can lead to:

- Missed opportunities to identify less obvious indicators of vulnerability or significant harm.
- Assumptions made in assessments of needs and risk which are incorrect and lead to wrong intervention for individuals and families.
- The concerns are dealt with in isolation.

Professionals asking questions and seeking explanation from parents/carers is something to be valued; healthy challenge is good and can provide assurance that your assessment of the situation is accurate.

Good information sharing, supervision, and open discussion at key decision-making meetings to 'check and test' information can be crucial in ensuring this does not happen.

4 Transfer of child protection records or welfare concerns

It is stated in Keeping Children Safe in Education, that it is our responsibility to pass on any records to any new school/setting in a timely manner, and that if there is provision that should be in place for a child's first day or information that should be known to safeguard a child then this can be shared prior to their first day. In such instances, this can be completed by the DSL's and both settings should keep a record that this has occurred. KCSiE sets out the legal position where a school can decide to share without consent, this should be read and understood by all staff responsible for sharing records.

If our setting receives information to prepare for day 1 for a child, we will record how we received the information, when, and what actions were put in place as a result of this. This discussion is not to be held in lieu of the transfer of the record. We will follow up with any setting where we do not receive records that we have been made aware of within one calendar month.

We follow guidance from Southampton City Council for the retention and transfer of child protection and child welfare records:

We always do this with parental consent unless to do so would increase the risk to the child.

- Our data retention document for Paint Pots can be found on our internal storage system.
- Decisions to share with/without consent are recorded in the safeguarding log.
- A record of transfer and receipt by the new organisation is obtained and recorded in the safeguarding log or securely in line with the storage of child protection records.

5 Types of Abuse

We acknowledge that abuse can take many different forms and have differing impacts on the children in our care. The forms of abuse are listed below along with our procedures.

5.1 Physical Abuse

Physical abuse is any intentional act causing injury, trauma, bodily harm or other physical suffering to another person by way of bodily contact. Physical abuse is a type of abuse that involves physical violence.

Signs and symptoms may include:

- Scratches/cuts/bite marks/pinch/burn marks inconsistent with normal play activities.
- Bruises in body areas not usually harmed through normal play activities.
- Bruises indicative of slaps, punches, being squeezed or violently shaken.
- Bruises suggesting the use of straps or sticks.
- Nervous/fearful watchfulness, very quiet or withdrawn; fear of physical contact by adult.
- Unexplained fractures.
- Fabricated or induced illness (See number
- Bruising on children who are non-mobile (see number
- Aggressive behaviour to others.

Physical abuse can also include withholding basic needs such as food, clothing or medical care. In addition to the physical injuries caused by physical abuse, it can also lead to psychological trauma such as fear, anxiety, depression and Post Traumatic Stress Disorder (PTSD). Physical abuse can have long-term physical, psychological and social consequences.

Procedure

- Any sign of a mark / injury to a child when they come into our setting will be recorded.
- The matter must be reported to the designated safeguarding lead (DSL)
- The incident will be discussed with the parent/carer.
- Such discussion will be recorded, and the parent/carer will have access to such records. If there appear to be any queries regarding the injury, The Children's Resource Service or Hampshire Children's Services will be notified.

5.2 Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, 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.
- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Action will be taken if staff have witnessed occasions where a child indicated sexual activity through words, play, drawing or had an excessive pre- occupation with sexual matters or had an inappropriate knowledge of adult sexual behaviour or if there are marks / bruises of concern which have been witnessed by a member of staff.

Procedure

- The observed instances must be reported to the DSL.
- The DSL will open an incident report and make an assessment as to whether to refer the matter to The Children's Resource Service or Hampshire Children's Services, and if so, whether to also inform the parents.

5.3 Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction.

- Emotional Abuse may involve seeing or hearing the ill-treatment of another.
- It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

- Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Action will be taken if the staff have reason to believe that there is severe, adverse effect on the behaviour and emotional development of a child caused by persistent or severe ill treatment or rejection.

Procedure

- The matter must be reported to the DSL.
- The DSL will decide whether to discuss the matter with the parent/carer.
- If there appear to be any queries regarding the circumstances, the matter will be referred to The Children's Resource Service or Hampshire Children's Services.

5.4 Neglect

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

Neglect may occur prior to birth as a result of maternal substance abuse for example.
Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care- givers).
- Provide access to appropriate medical care or treatment.
- It may also include unresponsiveness to a child's basic emotional needs.

Action will be taken if the staff have reason to believe that there has been persistent or severe neglect of a child, which results in serious impairment of the child's health or development, including failure to thrive.

Procedure

- The matter must be reported to the DSL.
- The DSL will decide whether to discuss the matter with the parent/carer.
- If there appear to be any queries regarding the circumstances The Children's Resource Service or Hampshire Children's Services will be notified.

5.5 Domestic Violence

Children living with domestic violence is now recognised as a matter of concern within its own right. The outcomes for children are adversely affected if they are living with domestic violence, it usually affects every aspect of their lives. There is potential for short- term and long term detrimental impact on children's health, wellbeing and ability to learn if they are experiencing domestic abuse at home.

Domestic abuse can encompass a wide range a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to psychological, physical, sexual, financial or emotional.

Risks to children living with domestic violence

The severity of abuse against the parent is indicative of the severity of abuse against children.

Emotional abuse from witnessing abuse towards their parent.

This can include hearing abusive verbal exchanges and seeing their parent suffer the effects of abuse.

Physical injury to the child from witnessing the abuse

- Frequent disruptions to their social lives including absences from setting from their parent fleeing violence.
- Domestic violence can diminish the parents' capability to protect their children and can result in them being preoccupied with their own survival that they are unaware of the effect to their children directly.

The safeguarding procedure will be followed if there are concerns that a child is witnessing domestic violence.

See the Safeguarding Children Exposed to Domestic Violence and Abuse, Practitioners Guide in the link table.

5.6 Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM), is a form of physical abuse against children, also known as female circumcision or female genital cutting. FGM has no health benefitsand it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. FGM is defined by the World Health Organisation as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons". FGM has no health benefits for girls and women and procedures can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth.

- The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004. It was made illegal to: practice FGM in the UK; take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country; and aid, abet, counsel or procure the carrying out of FGM abroad.
- The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood, adolescence, at marriage or during the first pregnancy. However, in the majority of cases FGM takes place between the ages of 5-8 and therefore girls within that age bracket are at a higher risk.
- Victims of FGM are likely to come from a community that is known to practise FGM. UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. Women from non-African communities who are at risk of FGM include: Yemeni, Kurdish, Indonesian and Pakistani women.

Suspicions may arise in a number of ways that a child is being prepared for FGM to take place either in the UK or abroad.

These include –

- A mother or an older sibling has already undergone FGM
- An older female relative coming to stay from abroad
- Knowingthat the family belongs to a community in which FGM is practised
- Making preparations for the child to take a holiday, arranging vaccinations or planning absence from the setting.
- A child talking about a 'special procedure/ceremony' that is going to take place for herself or other siblings which will make her a woman.
- Girls are at particular risk of FGM during summer holidays. This is the time when families may take their children abroad for the procedure.
- Girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Signs that FGM may have occurred:

- Child being in discomfort / distress or withdrawn.

- Prolonged absence from our setting with a noticeable change in behaviour on return
- Finding it difficult to sit still and appears to be experiencing discomfort or pain
- Spending a long time away from play areas for toilet breaks.

FGM – Procedure making a report

FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf (publishing.service.gov.uk)

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003. The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

If there are any concerns in the first instance, follow Paint Pots safeguarding reporting procedures.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

Procedure:

- Reports under the duty should be made as soon as possible after a case is discovered, and best practice is for reports to be made by the close of the next working day, unless concerns that a report to the police is likely to result in an immediate safeguarding risk to the child (or another child, e.g. a sibling) you are strongly advised to consult your designated safeguarding lead, as soon as practicable, and to keep a record of any decisions made. It is important to remember that the safety of the girl is the priority. You should act with at least the same urgency as is required by your local safeguarding processes.
- It is recommended that you make a report orally by calling 101, the single non-emergency number. When you call 101, the system will determine your location and connect you to the police force covering that area. You will hear a recorded message announcing the police force you are being connected to. You will then be given a choice of which force to be connected to – if you are calling with a report relating to an area outside the force area which you are calling from, you can ask to be directed to that force.
- Calls to 101 are answered by trained police officers and staff of the local police force. The call handler will log the call and refer it to the relevant team within the force, who will call you back to ask for additional information and discuss the case in more detail.

You should be prepared to provide the call handler with the following information:

- explain that you are making a report under the FGM mandatory reporting duty

- **your details:** name, contact details (work telephone number and e-mail address) and times when you will be available to be called back, role, place of work .
- **details of your organisation's designated safeguarding lead:** name, contact details (work telephone number and e-mail address), place of work .
- **the girl's details:** name, age/date of birth, address
- **You will be given a reference number for the call and should ensure that you document this in your records.**

All incidents of FGM must be reported to the group DSL.

5.7 Breast flattening/ breast ironing

Breast flattening describes the process during which young, pubescent girls' breasts are ironed, massaged, flattened and/ or pounded down over a period of time (sometimes years) in order for breasts to disappear or to delay the development of breasts entirely. The girl is then wrapped or has a band applied to her breast area to ensure that the tissue repair in such a way that it flattens the tissue and breast area.

Breast flattening originates predominantly from Cameroon and other parts of Africa, there are concerns that this type of abuse is taking place in African communities within the UK. In many cases family members believe that they are trying to protect the girl from becoming a woman too early, to protect them from becoming attractive to males and deter unwanted attention. Breast flattening usually starts with the first signs of puberty which can be as young as nine years old and is usually carried out by female relatives.

Breast flattening can result in a range of complications including severe burns, infections, cancer risks as well as psychological and emotional turmoil. Girls who have had their breasts flattened may be seen to be experiencing pain or itching and wear a band across their chests.

The safeguarding procedure will be followed when dealing with concerns regarding breast flattening.

5.8 Harmful Behaviour By Other Children – Child On Child Abuse

Children may be harmed by other children. All staff need to be aware of how child on child abuse may manifest itself within the age range we are caring for but we also need to be very clear on what constitutes bullying as opposed to normal every day tussles and disputes.

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing or exclusion eg 'you can't play with us'. It is usually repeated over a prolonged period and involves singling out an individual for repeated attention. It can hurt a child both physically and emotionally.

Our Golden Rules outline our commitment to caring for and respecting ourselves and others. Coupled with our Positive Behaviour Management policy, staff deployment and key worker system, we believe that our children enjoy respectful and supportive relationships with adults and children and that this is expressed in the language and behaviour of our children towards one another.

We are keen to minimise the risk of child on child abuse to ensure that allegations are investigated, logged and dealt with and to ensure that victims are supported.

Procedure

- If there are concerns that a child is bullying, this will be reported to the DSL.
- The DSL will monitor and record patterns of behaviour, always working in partnership with the child's carers, sharing concerns and agreeing a joint strategy to protect and support victims and to help the child bullying moderate his/her behaviour patterns.

5.9 Fabricated or Induced Illness (FII)

Fabricated or induced illness is a relatively rare form of child abuse. Parents/ carers exhibit a range of behaviours when they wish to convince others that their child is ill.

Examples can include:

- Deliberately inducing symptoms in children by administering medication or other substances Interfering with treatments, either by overdosing or not administering.
- Exaggerating symptoms.
- Alleging psychological illness of a child.

The effect on children can be that they experience many unpleasant, unnecessary investigations and/ or treatments but they may not be fully aware of the nature of the abuse.

If there are concerns that a child may be subjected to fabricated or induced illness, the DSL will be informed immediately and Paint Pot's safeguarding procedure will be followed.

5.10 Poor Parenting

When there are concerns that a child is experiencing poor parenting it is important to consider whether the behaviour is an isolated incident or whether it is a regular occurrence. Younger children are particularly vulnerable to poor parenting as they rely on their parents for their basic needs to be met.

When looking at parenting ability it is important to consider whether they are providing the following:

- Basic care
- Ensuring safety
- Emotional warmth
- Stimulation
- Guidance and boundaries, including preventing viewing of inappropriate materials
- Stability

- Regular attendance at nursery, please see attendance procedure

If there are concerns that a parent is unable to meet the child's basic needs then the DSL must be informed and the safeguarding procedure will be followed.

5.11 Internet Safety (Online Abuse)

The internet is a great place for young people to play, learn and connect but it can also put them at risk of online abuse. Online abuse can be any type of abuse that happens on the internet. It can happen across any device that's connected to the internet. It is essential that children are safeguarded from potentially harmful and inappropriate material or behaviours online. Paint Pots will adopt a whole setting approach to online safety which will empower, protect, and educate children, staff and parents in their use of technology and establish mechanisms to identify, intervene in, and escalate any concerns where appropriate.

There is a breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- Content: being exposed to illegal, inappropriate or harmful content. For example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- Contact: being subjected to harmful online interaction with other users. For example: cyber bullying, child on child pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.
- Conduct: personal online behaviour that increases the likelihood of, or causes, harm. For example, making, sending and receiving explicit images, sometimes referred to as 'Sexting' (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography), sharing other explicit images and online bullying.
- Commerce: risks such as online gambling and gaming, inappropriate advertising, phishing and or financial scams

Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse taking place offline, like bullying or grooming, or the abuse may only be happening online.

Paint Pots uses a wide range of technology. This includes computers, laptops, tablets and other digital devices, the internet, Famly (our online learning platform), the intranet and email systems. All setting owned devices and systems will be used in accordance with our acceptable use policies and with appropriate safety and security measures in place.

Paint Pots will do all we reasonably can to limit staff and children's exposure to online risks by providing IT systems and ensuring that appropriate filtering and monitoring systems are in place.

If children or staff discover unsuitable sites or material, they are required to:

- Turn off the device and report the incident to the DSL.
- All users will be informed that use of our systems can be monitored, and that monitoring will be in line with data protection, human rights, and privacy legislation.

Possible Signs of Online Abuse

- Spends a lot more or less time than usual texting, gaming or using social media.
- Seems distant, upset or angry after using the internet or texting.
- Being secretive about who they are talking to and what they are doing online or on their mobile phone.
- Have lot of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.

Procedure

- The DSL has overall responsibility for online safety within the setting but will liaise with other members of staff, for example the manager, the Group DSL and Business manager as necessary.
- The DSL will respond to online safety concerns reported in line with our Safeguarding policy and other associated policies, including our internet acceptable usage, anti-bullying, social networking sites usage, behaviour policies, mobile and electronic devices policy and Famly policy. Where necessary, concerns will be escalated and reported to relevant partner agencies in line with local policies and procedures.
- Children's internet and technology use will be directly supervised by staff and children will be directed to use age-appropriate online resources and tools by staff.
- Paint Pots will ensure that all staff receive online safety training as part of induction and that ongoing online safety training and update for all staff will be integrated, aligned and considered as part of our overarching safeguarding approach.
- Paint Pots will ensure a comprehensive response is in place to enable all children to learn about and manage online risks effectively as part of providing a broad and balanced age appropriate curriculum.
- Parents will build a partnership approach to online safety and will support parents/carers to become aware and alert of the potential online benefits and risks for children by providing information on our setting website and through existing communication channel.

5.12 Possession or Witchcraft Allegations

Sometimes faith/belief issues are believed to be linked to accusations of "possession" or "witchcraft". These beliefs are widespread, they are not confined to particular countries, cultures or religions. Whist this type of abuse is not common, children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem.

Such abuse generally occurs when an adult/ carer views a child as being "different" for any reason, and they believe that this is the reason for bad things happening to them/family or community. The adult believes this difference is due to the child being "possessed" by a spirit or involved in "witchcraft" and attempts to exorcise him or her. A child could be viewed as "different" for a wide variety of reasons, these could include disobedience; independence; bed-wetting; nightmares; illness; or disability.

There are various social reasons that make a child more vulnerable to an accusation of "possession" or "witchcraft", these include:

- family stress and/or a change in the family structure.
- The attempt to "exorcise" may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives, or sometimes a place of worship.

Procedure

- The safeguarding procedure should be followed if staff have any concerns.
- Referrals to The Children's Resource Service or Hampshire Children's Services without Consent will need to be considered in these situations with contextual information available regarding harm that may be brought to the child if consent is sought, advice should be gained from The Children's Resource Service or Hampshire Children's Services.

6 Exploitation

Exploitation can take many forms, including sexual, emotional, criminal, or a combination of these and can lead to increased vulnerability, for example through grooming or radicalisation, modern slavery, or through other aspects of safeguarding.
Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive any child or young person under the age of 18. At Paint Pots, we recognise that any child or young person is vulnerable to all or any if this activity and ensure that all staff are aware of their responsibilities to raise concerns with the DSL.

6.1 Missing Exploited and Trafficked Children (MET)

Within the local area, the acronym MET is used to identify all children who are missing, believed to be at risk of, or being sexually or criminally exploited or who are at risk of or are being trafficked. Given the close links between all these issues, there has been a considered response to join all three issues so that cross over of risk is not missed. We recognise that any child or young person is vulnerable to exploitation and ensure through our safeguarding training for all staff that they are aware of the importance of identifying risks, raising safeguarding concerns, using the Paint Pots Concern Form- however small they may seem, and sharing intelligence with Police using the CPI form.

See more information and guidance using the links on the links document.

6.2 Child Sexual Exploitation (CSE)

The National definition of CSE is “Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity either in exchange for something the victim needs or wants, or for the financial advantage or increased status of the perpetrator or facilitator. 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”.

Like all forms of child sexual abuse, CSE:

- Can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- Can still be abuse even if the sexual activity appears consensual;
- Can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- Can take place in person or via technology, or a combination of both;

- Can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- May occur without the child or young person's immediate knowledge (through others copying videos or imagesthey have created and posting on social media, for example);
- Can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

CSE is a complex form of abuse and it can be difficult for those working with children to identify and assess. The indicators for child sexual exploitation can sometimes be mistaken for 'normal adolescent behaviours'. It requires knowledge, skills, professional curiosity and an assessment which analyses the risk factors and personal circumstances of individual children to ensure that the signs and symptoms are interpreted correctly and appropriate support is given. Even where a young person is old enough to legally consent to sexual activity, the law states that consent is only valid where they make a choice and have the freedom and capacity to make that choice. If a child feels they have no other meaningful choice, are under the influence of harmful substances or fearful of what might happen if they don't comply (all of which are common features in cases of child sexual exploitation) consent cannot legally be given whatever the age of the child.

Signs to look out for:

- Leaving home/care without explanation and persistently going missing or returning late;
- Exclusion or unexplained absences from school, college or work;
- Associatingwith other young people being sexually exploited
- Relationships with controlling or significantly older individuals or groups;
- Acquisition of money, clothes, mobile phones etc without plausible explanation;
- Drugand/or alcohol use – may return home or present at school under influence
- Increasing secretiveness around behaviours;
- Self-harm or significant changes in emotional well-being
- Excessive receipt of texts/phone calls;
- Multiple callers (unknown adults or peers);
- Concerninguse of internet or other social media;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Frequenting areas known for sexual exploitation or adult sex work.

CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim. We will use the exploitation risk assessment form (CERAF) found in the links table, and associated guidance to identify children who are at risk and follow Safeguarding procedures when there is a concern about a child being at risk of or experiencing CSE or Child Criminal Exploitation (CCE). **All concerns must be reported to the DSL.**

6.3 Child Criminal Exploitation (CCE), including County Lines

Child Criminal Exploitation occurs where an individual or group takes advantage of a person under the age of 18 and may coerce, manipulate or deceive a child or young person under that age into any 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. The victim may be exploited even if the activity appears consensual (i.e. moving drugs or the proceeds of drugs from one place to another). CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can take various forms and may involve the child being coerced into:

- Carrying or selling drugs
- Hiding stolen goods or weapons
- Stealing
- Involvement in burglaries
- Money laundering
- Vehicle Crime
- Exploitation through inappropriate/ unsafe employment
- Unlawful sexual activities
- Other criminal activities

County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move (and store) the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Signs to look out for:

- Unexplained absences from after school clubs or going missing from home
- Unexplained acquisition of money, clothes or mobile phones
- Excessive receipt of texts/ phone calls
- Relationships with controlling / older individuals or groups
- Suspicion of physical assault/ unexplained injuries
- Parental concerns
- Carrying weapons
- Self- harm of significant changes in emotional well-being.

Any person who has concerns that a child is being criminally exploited should report their concern to the DSL without delay. The DSL will contact the Children's Resource Service or Hampshire Children's Services. A Community Partnership Information form (CPI) may also be used to report information that may be linked to exploitation.

6.4 Cuckooing

The term 'cuckooing' is used to describe the practice where criminals take over a person's home, by force or coercion, and use the property to facilitate drug dealing and other criminal activities. Victims of cuckooing are targeted because they are seen as vulnerable, these people could be drug users, older people, those suffering from mental or physical health problems, single parents and those living in poverty.

Once they gain control gangs move into the house and use the property for criminal activity, there is then a risk of domestic abuse, sexual exploitation, and violence. Children as well as adults are used as drug runners. Gangs often have access to several addresses, allowing them to move quickly between homes, just for a few hours, days or sometimes longer. By 'cuckooing' criminals can operate from a discreet property which helps them to evade detection.

Victims will often disengage with support services. Cuckooing usually takes place in a multi occupancy or social housing property and there will be an increase in the number of people entering and leaving the property.

6.5 Trafficked Children

Human trafficking is a process that is a combination of movement (including within the UK) for the purpose of exploitation.

- Any child transported for exploitative reasons is considered to be a trafficking victim.
- For any child where exploitation is suspected or known, and there are indicators of movement which is facilitated, arranged or controlled by individuals who may be exploiting or intending to exploit them, trafficking should be considered.
- External (or international) trafficking describes trafficking which occurs from one country to another.
- Internationally trafficked children may first come to the attention of the local authority as unaccompanied children.
- Internal trafficking is the term used to describe trafficking which occurs within the borders of a country. This can be within a neighbourhood, city, county, country etc.

There are a number of indicators which suggest that a child may have been trafficked into the UK and may still be controlled by the traffickers or receiving adults. These are as follows;

- Shows signs of physical or sexual abuse, and/or has contracted asexually transmitted infection or has an unwanted pregnancy;
- Has a history with missing links and unexplained moves;
- Is required to earn a minimum amount of money every day; deprived of earnings by another person; or claims to owe money to another person (debt bondage)

- Works in various locations;
- Has limited freedom of movement;
- Appears to be missing for periods;
- Is known to beg for money;
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good;
- Performs excessive housework chores and/or rarely leaves the residence.
- Is one among a number of unrelated children found at one address;
- Has not been registered with or attended a GP practice;
- Is excessively worried about being deported

Children or young people may be trafficked from town to town or city within the UK, having been groomed and coerced into sexual or criminal exploitation. There are a number of indicators associated with child exploitation that are displayed by young people in this situation (detailed in the child sexual exploitation section). Other signs which may indicate trafficking risks:

- Talking about or rumours about new places the child has or they are planning to visit (without plausible explanation)
- Talking about travel routes or modes of transport, or evidence of travel tickets / receipts Travelling / found out of area without plausible explanation
- Links with controlling or significantly older individuals or groups from other areas (without plausible explanation)

Procedure

Where there are reasonable grounds to suspect a child to be the victim of trafficking, child protection procedures must be initiated by reporting to the DSL, who will contact The Children's Resource Service or Hampshire Children's Services following procedure.

7 Upskirting

Upskirting is a highly intrusive practice which typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear).
At Paint Pots we recognise that "Upskirting" is a criminal offence and any incidents will be recorded and reported to the DSL, the police and Children's services, as appropriate.
It is recognised that incidents are likely to be upsetting and support and sensitivity are required when dealing with both the victim and the perpetrator.

Procedure

The DSL will determine how to approach any incident on a case by case basis, ensuring a clear record is made by the person who it was first reported to. Our safeguarding procedures must be followed for any concerns.

8 Child Absence Concerns

Children's absence will be monitored through the setting registers and weekly attendance monitoring sheets. Children who are absent from the setting will be recorded on the register and the attendance monitoring sheet along with the reason why they are absent. If the parent/carer has not informed the setting that a child will be absent, then the setting must call to check the child is ok on the same day and find out the reason for the absence.

When children are absent from the setting on regular basis, the manager must speak to the parent/ carer to ascertain why this is a regular occurrence. This will be logged on the attendance monitoring sheet. This applies to children who do not attend on repeat occasions or if a child suddenly stops attending the setting without reasonable explanation.

If a child is suddenly taken abroad for long periods of time this must be raised with the DSL who must ensure the child is safe and make appropriate referrals, where required.
Any concerns about a child's attendance will be discussed with the parent/carer unless we believe that a child, or vulnerable adult, may be endangered by engaging in discussion. These decisions will be made by the DSL.

If there are safeguarding concerns regarding a child's absence the Safeguarding procedure will be followed.

9 Non-Mobile Bruising Protocol

The ‘Bruising Protocol’ tells staff what to do when they identify a bruise in a young baby, especially a baby who is not yet crawling or rolling. Bruising is the most common physical sign of child abuse. A bruise can be a sign of abuse in any age but bruising in non-mobile babies is unusual and can be associated with life threatening injury. The practitioners guide to the bruising protocol can be found in the link table.

All non- mobile babies with a bruise should be reported to the DSL who will make a referral to the Children’s resource service (Southampton) and Children’s Services (Hampshire), even if the parent feels they are able to provide a reason for the bruise. Staff will provide parents a copy of the bruising protocol:

10 Adverse Childhood Experiences (ACEs)

ACEs are stressful, abusive or traumatic experiences that children can be exposed to whilst growing up. This can include experiences that directly harm a child such as abuse or neglect, and a range of household or environmental dysfunctions such as witnessing domestic abuse, growing up with substance misuse, mental illness, lack of safe housing, bullying or poverty. Children or young people who experience trauma are often stuck in, or can go back to, behaviours that were present at the age they experienced the traumatic event(s).

ACEs in childhood can have lifelong impacts on a person's mental and physical health including the development of chronic diseases (such as heart disease and cancers) and social and emotional problems.

ACEs are difficult experiences that impact on children and can therefore be very difficult for children to manage as they get older too.

Children with ACEs are:

- 4 times more likely to be a high-risk drinker
- 6 times more likely to smoke e-cigarettes or tobacco
- 6 times more likely to have sex under the age of 16
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence

Developing appropriate coping strategies and building resilience (the ability to bounce back and recover from difficulties and setbacks) has been shown to help counteract some of the negative consequences of ACEs that can affect young people as they develop into adults.

If in any doubt about sharing information, staff should speak to the setting DSL. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare of children.

11 Mental Health

The term "mental health" is often used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk. Children may also be experiencing mental health issues as a result of recent experiences during the pandemic, or for longer.

The team working with the children and families know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of the child.
For children the impact of parental mental health can include:

- The parent / carer's needs or illnesses taking precedence over the child's needs.
- Child's physical and emotional needs neglected.
- A child acting as a young carer for a parent or a sibling.
- Child having restricted social and recreational activities.
- Child finds it difficult to concentrate- impacting on educational achievement.
- A child missing school regularly as (s)he is being kept home as a companion for a parent /carer.
- Adopt paranoid or suspicious behaviour as they believe their parent's delusions.
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child).
- Obsessional compulsive behaviours involving the child.

At Paint Pots we recognise that a mental health issue can be as a result of previous abuse or traumatic event –staff will always report any concerns about a child to the DSL, acknowledging if the behaviours observed are new or triggered in certain situations. The balance between the risk and protective factors are most likely to be disrupted when difficult and adverse childhood events occur in pupils' lives. These include:

- loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;
- life changes – such as the birth of a sibling, moving to a new house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

- COVID separation from others, unexpected change, changed endings and pandemic related issues for individuals and their families.

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to The Children's Resource Service or Hampshire Children's Services.

12 Prevent Duty

The Prevent duty is the duty in the Counter-Terrorism and Security Act 2015.The aim of Prevent is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

Prevent addresses all forms of extremism, including Right Wing and Extreme Right Wing activity, or conspiracy theories that subject to Counter Terrorism Police advice, could manifest as extremist action, animal rights extremism and religious extremism.
In order for us to fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation and know what to do when they are identified.

Protecting children from the risk of radicalisation is part of our wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.
We can also build children's resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views - vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.
General safeguarding principles apply to keeping children safe from the risk of radicalisation as set out in the relevant statutory guidance, 'Working together to safeguard children'.

As with managing other safeguarding risks, we need to be alert to changes in children's behaviour which could indicate that they may be in need of help or protection.

Signs that may indicate a child is being radicalised:

- Isolating themselves from family and friends.
- Talking as if from a scripted speech
- Unwillingness or inability to discuss their views.
- A sudden disrespectful attitude towards others.
- Increased levels of anger.
- Increased secretiveness- especially around internet use.

Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their family and friends.

Any child who is considered vulnerable to radicalisation and there are evidence based concerns indicate they may be being groomed or radicalised will be referred directly to the DSL who will make appropriate referrals to the local authority, and complete a National Referral form.
If the information indicates that there is a level of risk, a "channel panel" will be convened and the nursery will be invited to attend and support this process.

For further advice, contact the Prevent Gateway Team on 01865 555618

In an emergency the police must be contacted on 999.
Effective engagement with parents / the family is also important as they are in a key position to spot signs of radicalisation. It is important to assist and advise families who raise concerns and be able to point them to the right support mechanisms.

13 Allegations of abuse against staff

If an allegation of abuse is made against any member of staff or volunteer, he or she should Inform Company Safeguarding Leads- Cat Baker or Liz McCarthy immediately.

Name	Contact Telephone
Liz McCarthy (Operations Manager)	07746663672
Cat Baker (Group Manager)	07467256562

- Record all the details as known to them. Keep a signed and dated copy.
- If a staff member is the subject of an allegation of child abuse, that staff member will be asked to take leave from their duties on full pay until an investigation has been completed. In the case of a volunteer, he/she will be asked to withdraw from their work until an investigation has been completed.
- It should be made clear that suspension does not imply guilt but rather protects all parties while an investigation is undertaken.
- If a member of staff is found to have committed acts in relation to children and young people which are criminal or which contravene the principles and standards set out in this policy, Paint Pots will take disciplinary action and or any other action that may be appropriate to the circumstances.

13.1 Allegations against staff - Mandatory Actions

All reported or actual incidents or allegations of staff abuse must be reported immediately to the Local Authority Designated Officer (LADO)

Southampton LADO- Jemma Swann	
Phone	02380915535
Mobile	07500952037
Email	LADO@southampton.gov.uk

Hampshire LADO	
Telephone	01962 876 364
Email	child.protection@hants.gov.uk
LADO notification form	LADO notification form

The DSL must inform the local safeguarding children's service of any allegations of serious harm or abuse by any person living, working or looking after children on the premises or elsewhere. Ofsted must be informed if the police or children's services are involved with you or

anyone who lives or who is employed on the premises. The Group DSL and nominated person must inform Ofsted of any allegation of serious harm or abuse by any person living, working or looking after children on the premises or elsewhere or if the police have been involved.

Where concern does not meet the harm threshold, staff should refer to the low level concern policy found in the staff compliance handbook.

14 Safeguarding Contacts

Contact details:

Group Designated Safeguarding Leads
and board members:

Name(s): Liz McCarthy
Role: Operations Manager
Phone/email: 07746 663 672
opsmanager@paintpotsnursery.co.uk

Name(s): Cat Baker
Role: Group Manager
Phone/email: 07467 256 562
groupmanager@paintpotsnursery.co.uk

Name(s): Nick Ralph
Role: Executive Director
Phone/email: 07828522600
director@paintpotsnursery.co.uk