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Redcatch
Community Garden

Protection of Children and Young People

Safeguarding Policy

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1. Introduction

It is the duty, under existing child protection and safeguarding vulnerable adults legislation, of Redcatch Community Garden (RCG) (including directors, staff, students and volunteers) to protect children, young people and vulnerable adults who may come into contact with any form of harm or abuse as outlined in this Policy.

We have a separate Safeguarding Vulnerable Adults policy, available through the RCG Team Handbook. **This policy is for safeguarding children and young people.**

Where a third party is running a service from RCG premises they must have their own safeguarding policies in place or must sign up to this policy. *Please see the RCG facility hire document for further information.*

The policy works in conjunction with other policies, in particular; Equality and Diversity, Confidentiality, Recruitment, Whistleblowing, Disciplinary Policy, Prevent Policy and Data Protection.

For the purpose of this policy, 'vulnerable person / people' includes children, young people and vulnerable adults.

NB: A vulnerable adult is someone who is 18 years of age or over who may need community care because of a disability, age or illness and who may be unable to take care of themselves, or cannot stop themselves being harmed or exploited.

In all of its activities, RCG will ensure the following:

- The welfare of the vulnerable person remains paramount at all times.
- All vulnerable people, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to be protected from harm.
- All vulnerable people have access to a safe, caring and stimulating environment.
- That there is good communication and partnership working between staff and families as well as with external agencies and professionals in and around the area.
- That staff, especially senior staff, are knowledgeable on the range of family support services available in and around the area.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately, communicating with the individuals concerned with regards to any concern in a non-judgemental and professional manner.

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- All staff and volunteers of RCG have a responsibility to report and record concerns/incidents as soon as they come to their attention and to inform the designated person.

2. What is abuse?

Child abuse is any action by another person – adult or child – that causes significant harm to a child.

The 1989 and 2004 Children's Act recognises four categories of abuse:

- 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, or failure to prevent physical injury. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.
- 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 the 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 (see 'Child-on-child abuse').
- Emotional abuse – the persistent emotional maltreatment of a child, causing severe and persistent 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 in so far 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 a child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or

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corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- Neglect – the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent 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); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Safeguarding issues:

- Historical abuse - when a child discloses abuse (either sexual, physical, emotional or neglect) which occurred in the past. This information will be treated in exactly the same way as any other form of abuse. The reason for this is that the abuser may still represent a risk to children now.
- Domestic abuse - any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate family partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and emotional. Exposure to domestic abuse and/or violence can have a serious, long-lasting impact on children. Children experiencing this may demonstrate many of the symptoms listed in the ‘Recognising abuse’ section. Staff will need to treat them sensitively, record their concerns and consider informing First Response.
- Discriminatory abuse – this focuses on a difference or perceived difference. This may involve race, gender, disability, or any of the protected characteristics of the Equality Act.
- Female Genital Mutilation (FGM) – this is illegal in the UK and it is an offence to take UK nationals abroad to aid, abet or carry out FGM. All agencies have a statutory responsibility to safeguard children from being abused through FGM. If you have any concerns with regards to a girl in our care being at risk of FGM then this is a child protection issue and must be documented and reported to First Response or to the Police. Some warning signs include: parents requesting extended leave; if a girl comes from a country that has a

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high prevalence of FGM; mothers and other siblings have already undergone FGM; a girl may indicate that they are going for away for a special event.

- Bullying – is abuse that is deliberately hurtful and is repeated over a period of time. Bullying includes verbal threatening, insulting and personal remarks. It also includes physical abuse e.g. hitting, kicking, pinching, punching, etc. Bullying can also be done indirectly e.g. excluding individuals, talking inappropriately about others, etc.
- Radicalisation – is the process by which a person comes to support terrorism and forms of extremism leading to terrorism (Prevent Strategy, Home Office, 2011). In the context of this policy, it includes children and young people who may be vulnerable to being radicalised through exposure to extremist views. See Appendix 3.
- Human trafficking – involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. If an identified victim of human trafficking is a child, the response will be coordinated under the safeguarding process.
- Child-on-child abuse – children can abuse other children and this can take many forms, including (but not limited to): abuse within intimate partner relationships; bullying (including cyberbullying); sexual violence and sexual harassment; harmful sexual behaviour; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sharing nudes or semi nudes and initiation/beasting (any activity expected of someone in joining or participating in a group that humiliates, degrades, abuses, or endangers them regardless of a person's willingness to participate). It is important that all victims are taken seriously and offered appropriate support. Keeping Children Safe in Education 2025, Part five, provides information and guidance on managing cases of child-on-child sexual violence and sexual harassment. Other areas of child-on-child abuse will be dealt with in line with existing policies e.g. Anti-bullying or behaviour management.

Recognising abuse, neglect and exploitation

If any person has concerns it is not their responsibility to decide if it abuse. It is their responsibility to act on any concerns following the right procedures.

Recognising abuse is one of the first steps in protecting children and young people. There could be signs or changes in behaviour that makes one feel concerned.

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All persons responsible for children at RCG should be alert to signs and symptoms of possible abuse or neglect, including the following behaviour:

- Becoming excessively aggressive, withdrawn or excessively clingy
- Seeming to be keeping a secret
- Personality changes – becoming insecure
- Deterioration in a child's overall well-being
- Unreasonable fear of certain people or places
- Seeking of attention in negative forms
- Acting out in an inappropriate way, perhaps with toys, objects or other children or adults
- Comments made by the child which cause concern e.g. inconsistent explanations of bruising, injuries or home life
- Unexplained bruising, injuries or burns
- Sexually explicit language or actions

Staff and volunteers should be equally vigilant regarding signs relating to disabled children and not automatically assume that any of the above relates to their impairment. Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child or young person and their circumstances.

Child protection is the responsibility of all staff at RCG. All staff are responsible for ensuring the following procedures and processes are put into place. Failure to do so may result in disciplinary action being taken.

Vulnerability

Some children/young people may be more vulnerable to abuse for a range of reasons, so staff need to be alert to these.

- Disabled children. Staff should not automatically assume that possible signs of abuse relate to their impairment
- SEND/children with behaviour issues
- Looked-after children/children in care
- Homelessness
- Children with allocated social worker or family support worker
- Young carers
- Parents/carers in prison
- Mental health
- Children isolated and unsupported for a range of reasons

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This list is not exhaustive, and vulnerability is a changing situation which can affect any child.

3. Procedures

Procedure – what to do if a child makes a disclosure

Stay calm.

If a child/young person is making a disclosure, listen to what they are saying and reassure them that they have done the right thing by telling you.

Ask open questions for clarification. Whatever the situation, do not ask closed or leading questions. An example of an open question is 'Why are you upset?' An example of a leading question is 'Are you afraid to go home because your mum will hit you?'

Do not promise the child/young person that any information/concerns can be kept a secret, as subsequent disclosures could then lead to the child feeling betrayed.

If appropriate, explain to the child/young person who you are going to tell and why. If they ask what might happen next, it is ok to say that you don't know, but that you can be there to support them if they want.

Reassure them that the people who are being informed will be sensitive to their needs and will protect and support them.

Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversation took place. Use a body map or draw a diagram, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour.

Record this as soon as possible on the setting's Record of Concerns Form and use the actual words used by the child.

Keep all records factual. Be aware of not making assumptions or interpretations of what the child/young person is telling you. Store all records securely in the cabinet.

Discuss your concerns with the Designated Safeguarding Lead (DSL). If the disclosure involves a member of staff, follow the 'Staff allegation' section.

If appropriate, the DSL should then raise the concern with the parent/carer. If necessary, this should be by phone, or wait until the end of the session if appropriate. Depending on the parent's response, the DSL will decide on what action

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to take. This may include no further action, monitoring the situation, offering/signposting to support or reporting to the appropriate agency (see below for details).

The Record of Concerns form should be filled in, acknowledging that the information-sharing process has taken place and detailing the parent's response and action to be taken as a result. This will be kept in the child's file (or the safeguarding log if the child does not have a file) and reported to the appropriate bodies if need be. All information protected by the Data Protection Act 1998 will be treated in line with RCG's Confidentiality and Data Protection Policy, a copy of which is available on request.

If a disclosure has taken place in a therapy session, the therapist should fill in a Record of Concern form and pass this to the DSL, before or soon after they verbally pass on their concern.

Procedure – what to do if abuse is suspected

If any signs or symptoms lead you to feel concerned that a child may be being abused or neglected, it is important that you record these using the setting's Record of Concern Form (recording who, what, when & where) and share these concerns with the DSL.

With the DSL, decide on a plan of action. Consider the following: ongoing observation of the child, noting any further concerns; discussion with other staff to gain any further information they may have; discussion with parents/carers to establish if there might be reasons for the child's behaviour/actions; working with the child and parents/carers to reduce risk, either by offering a service through your setting or by referring to additional support externally.

If you or the DSL are uncertain about whether the concern is reportable, call the Family Help for advice.

If you are still concerned about the welfare of the child/young person, this information must be passed on to First Response. Parents/carers should be informed unless you think this could put the child or yourself at risk.

See below for further details.

When we have a safeguarding concern about a child or young person attending school, the DSL will let the school know – in case it informs other concerns at school.

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Procedure – if there is risk of immediate danger or harm

If it is an emergency, call 999.

If any staff member feels that a child is at risk of any immediate danger, they have the right to contact the appropriate services without consent from the parent/carer.

Making a Safeguarding Referral

Before any contact is made with any external agency the child must be informed that this action is being taken in the best way that is relevant to the child and their development stage. Parents/carers will be informed of the concern and the actions taken as soon as possible, unless doing so will put the child/young person or staff member at risk.

The DSL/senior staff member will contact First Response. First Response will ask various related questions and, from this, decide the best route for helping the child, young person and/or family.

It is of key importance that the person who has raised the concerns logs all the facts, using any words used by the child, as soon as possible.

Records should include:

- The child's known details including name, date of birth, address and contact numbers.
- Whether or not the person making the report is expressing their own concerns or those of someone else.
- The nature of the allegation, including dates, times, specific factors and any other relevant information.
- Make a clear distinction between what is fact, opinion or hearsay.
- A description of any visible bruising or other injuries. If necessary, a diagram can be drawn to show the position of any bruises or marks the child or vulnerable person may have, with an indication of the size, colour and shape.
- Any indirect signs, such as behavioural changes.
- Details of witnesses to the incidents, if any.
- The child/young person's account, if it can be given, of what has happened and how any bruising or other injuries occurred.
- Factual accounts from others, including colleagues and parents.

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All records must be kept in a secure place and kept confidential. Parents/carers have the right to see any records kept on their child. Information will be shared on a need-to-know basis in order to protect the child from harm but otherwise be kept confidential. All information protected by the Data Protection Act 1998 will be treated in line with RCG's Confidentiality and Data Protection Policy, a copy of which is available on request.

Where a child has an existing social worker or Family Help worker, the DSL will contact them to share information with them rather than First Response. First Response manages new referral and requests only.

The child's well-being is paramount at all times. They must be reassured at all times whilst the concerns are being dealt with.

4. Recruitment

Recruitment at RCG is committed to promoting diversity and equality of opportunity for all staff, job applicants and volunteers. We aim to create a working environment in which all individuals are able to make best use of their skills, free from discrimination or harassment, where individuals are respected, treated fairly and able to give their best and all decisions are based on merit. Please refer to Equality and Diversity Policy and Recruitment Policy for further information.

RCG will take all appropriate steps to ensure that unsuitable people are prevented from working with children or vulnerable adults. As most staff and volunteers are likely to have regular contact with, or encounter these groups (which might include regular processing of information), rigorous checks into their eligibility will be required. Such processes will be compliant with the Equality and Diversity policy.

All employees and volunteers are subject to a DBS check at the time an offer of employment or volunteering is made. The result of the DBS check should be known within 4 weeks of commencing employment. Employees/volunteers in direct contact with children/vulnerable people will have restricted and supervised contact with them until the DBS check is complete. All new staff and volunteers will be made aware of this policy. All staff and volunteers who work directly with children/vulnerable people will receive training in safeguarding which will be regularly refreshed.

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5. Recognising inappropriate behaviour in staff, volunteers and other adults

As an organisation that cares for children/young people, it may at times be necessary for staff members to have physical contact with them for reasons of safety (e.g. holding hands when outside), hygiene (e.g. toilet trips) and emotional support (e.g. comforting upset children). All physical contact must be consensual and child-initiated. Examples of inappropriate behaviour that staff must not engage in include:

- Paying an excessive amount of attention to a child or groups of children, providing presents, money or having 'favourites'.
- Seeking out vulnerable children, e.g. disabled children.
- Trying to spend time alone with a particular child or group of children on a regular basis.
- Making inappropriate sexual comments.
- Sharing inappropriate images.
- Mistreating a child.
- Encouraging secretiveness.

There may be other signs of concern. If you are concerned about another staff member or volunteer's behaviour you must discuss this with the DSL.

Dealing with Child Protection issues are upsetting for all those involved in supporting the child and the family. It is important that any persons dealing with any issues relating to child abuse expresses their feelings through talking with either the DSL or a Board Member. They will endeavour to provide the right support. Parents/carers will be made aware of this policy prior to their children joining an activity, ensuring they are aware of procedures followed by RCG staff and volunteers when concerns are raised. All practitioners will be given a copy of this Policy on induction and will also be provided with regular access to training to ensure they are up-to-date and knowledgeable. Please note it is the duty of staff to report concerning incidents or disclosures to the DSL (or their deputy). Where appropriate, they will inform the relevant authorities (e.g. social services, LADO).

6. Allegations against a person working in the organisation (whistleblowing policy)

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- The concerns must be reported to the DSL. If the concerns regard the DSL they should be reported to the appropriate board member.
- The DSL will decide if the allegation meets the harm test or if is a low-level concern. If it meets the harm test, the LADO will be contacted (via the online form, unless urgent) and if it is a low-level concern, it will be dealt with in-house.
- The harm test for a concern being an allegation that must be reported to the LADO is where a staff member or volunteer has:
 - behaved in a way that has harmed a child, or may have harmed a child, or;
 - possibly committed a criminal offence against or related to a child, or;
 - behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children;
 - behaved or may have behaved in a way that indicates they may not be suitable to work with children.
- A written account of the allegation or suspicion must be submitted to the DSL within one day of it being reported.
- The DSL will contact the LADO to ask for advice and how to proceed and to give details of the concern within one day of it being received. This must be done by filling out the online form. The advice of the LADO will be followed.
<https://bristolsafeguarding.org/children/lado-concerns-about-professionals>
- The DSL (or deputy) will talk to the individual against whom allegations have been made, to state the situation. The individual will be under strict supervision for the rest of the day and not left in sole charge of any child or children.
- The DSL will contact and inform the designated Board Member who is responsible for child protection, informing them of the allegation.
- The issues surrounding the allegation must not be discussed with any colleagues. If this is found to be the case, the disciplinary procedure will be followed.
- If an allegation is made against the DSL, the designated Board Member who is responsible for child protection must handle the allegation.
- The staff member will only be able to come back to work once the allegations have been investigated and the Board deems it appropriate to do so. If this is not the case, the staff member's contract will be immediately terminated.
- Serious incidents must be referred to the Charity Commission/Governing Body.

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7. Useful contacts

Lead DSL: Kaya Green, 07540857681
kaya@redcatchcg.com

Deputy DSL: Jayne Bailey, 07787895496
jayne@redcatchcg.com

8. Referral agencies

If you have immediate concerns about your own or someone else's safety, call the Police on 999.

If it isn't an emergency but you need help fast, call the Police on 101.

For children and young people:

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Bristol Safeguarding Contacts

If you have concerns about a child...



If a child is at immediate risk call the POLICE

POLICE 999

To make a safeguarding or child protection referral, i.e. a child is likely to suffer or is suffering significant harm, call First Response

FIRST RESPONSE

0117 903 6444

(Out of hours Emergency Duty Team

01454 615 165)

To make a request for targeted support from Family Help use the online form (must have parental / carer consent). Triaged by First Response

**Family Help
Online form**

[Make a request for targeted support](#)

To raise a concern about extremism or possible radicalisation (also contact First Response).

PREVENT DUTY

Call the Police 01278 647466

PreventSW@avonandsomerset.police.uk

For advice and guidance about whether to make a referral.

Family Help

North: 0117 352 1499

East & Central: 0117 3576460

South: 0117 9037770

If you have concerns about a professional working with a child...

To raise concerns, report or for advice and guidance in relation to the conduct of someone who works with children.

**Local Authority Designated Officer
KBSP LADO notification form:**

<https://bristolsafeguarding.org/children/lado-concerns-about-professionals/>

T: 0117 903 7795

Email: LADO@bristol.gov.uk

Support and guidance for Childcare Provision

For information, support and guidance.

**BAND 0117 954 2128
admin@bandltd.org.uk**

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- **Disabled Children's Team** – 0117 9038250 (all Bristol)
- **On-Call Consultant Paediatrician** (via BRI Switchboard): 0117 923 0000 – non-mobile babies

9. Support and advice

- South West Child Protection Procedures (online guidance)
<https://swcpp.trixonline.co.uk/>
- Childline – 0800 1111 (open 24 hours)
- National Association for the prevention of Cruelty to Children (NSPCC) –
<https://www.nspcc.org.uk/>
- Keeping Bristol Safe Partnership - <https://bristolsafeguarding.org/>

10. Sharing information

We have a duty to keep personal information about the families attending our services confidential and have a duty to share information on safeguarding with relevant organisations. Staff should speak with the DSL and refer to the Data Protection policy before responding to any requests from external agencies for information.

11. Emergency action

Call the Police! 999

In some cases, staff may need to protect a child immediately. In these situations, the Police must be contacted. The Police are the only agency with statutory powers for the immediate protection of children. It is not the responsibility of RCG employees to decide whether abuse has taken place or not; it is, however, our responsibility to pass on information to the appropriate authorities immediately.

12. Appendix 1 – Code of conduct for working with children and young people

Basic principles

- The Child's welfare is paramount (Children Act 1989).
- All staff have a 'duty of care' to children/young people.
- Adults working at RCG are responsible for their own actions and behaviour and should avoid any conduct which would lead a reasonable person to question their motivation or intentions.

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- Adults working at RCG must work and be seen to work in an open and transparent way.
- Adults should follow the Safeguarding policy about any incident that gives rise to concern.
- Adults should provide a good example and a positive role model to children.
- Adults should behave in a mature, respectful, safe, fair and considered manner. This includes:
 - Not making sarcastic remarks or 'jokes' that are personal, sexual, racist, discriminatory, intimidating or otherwise offensive.
 - Not embarrassing or humiliating children/young people
 - Not discriminating favourably or unfavourably towards any child/young person. All children/young people should therefore be treated equally, with no 'special' relationships or conferring favour on particular children/young people.
 - Not giving or receiving (other than token) gifts unless arranged through RCG.
 - Ensuring all physical contact is appropriate and necessary for wellbeing or safety.
 - Not behaving in a way that could lead a reasonable observer to question conduct, intentions or suitability to care for other people's children.
 - Not making arrangements to contact, communicate or meet with children outside work (this includes use of email, text and other messaging systems).
 - Not developing 'personal' or sexual relationships with young people. Particular attention is drawn to the provisions of the Sexual Offences Act 2003 which states it is a criminal offence of abuse of a position of trust (when a person aged 18 or over is in a 'position of trust' with a person under 18 and engages in sexual activity with or in the presence of that child/young person, or causes or incites that child/young person to engage in or watch sexual activity).

13. Appendix 2 – Procedures for children joining activities on-site

This section applies to activities organised on-site or other circumstances where RCG takes explicit responsibility for children (for example half-term activities and workshops). It applies whether they are run by RCG staff or by third-party facilitators.

Children under 8 years old:

When joining activities or generally visiting the garden, children under 8 must always be accompanied by an adult for the duration of the activity unless the activities are designed as such that RCG takes responsibility for those children. In such cases,

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places must be booked in advance of the session and full contact details of parents and information about the child must be recorded. If a child under 8 is found alone on-site, efforts will be made to find their parent or carer using the contact details given.

Children/young people aged 8 and over:

For children aged 8–17 (up to their 18th birthday people are still considered children) the procedure will vary depending on the nature of the activity.

Pre-booked activities:

For pre-booked activities where parents may leave their children, RCG must always have a contact number for the child's parent or carer. This will be used in case of emergency or should the child leave the activity prior to its end. The standard form 'Children's Activity Booking Form' is a useful tool for gathering relevant information. If a parent drops the child off and signs them into the activity (but does not stay with them), and the child chooses to leave early, we need to call the parent to let them know they have chosen to leave. At that point we have discharged our responsibility to the parent. If the child arrives without a parent to join a pre-booked activity, then we must obtain a contact number for their parent or carer and any other information that enables us to ensure the welfare of the child while they are taking part in activities. We may assume if they arrived by themselves that they are capable of leaving by themselves.

Drop-in activities:

Many activities take place on-site (including general visiting) that are not pre-booked. It is neither practicable nor desirable to attempt to collect contact details for all the children who may be present. In these circumstances, we cannot take additional responsibility for children over 8 years of age. They are in a public place and it must be assumed that their parents are aware and responsible for their behaviour (whether present or not).

Leaders of activities on-site (including all staff in the case of general visiting) should ensure that children are engaged in activities that are age-appropriate and should intervene if children appear to be engaging in behaviour that places them at risk of significant harm. Specific activities run or hosted by RCG must be risk-assessed in advance, to ensure that they are appropriate.

14. Appendix 3 – Preventing radicalisation and extremism introduction

The Prevent Duty / radicalisation

Staff will be trained to recognise possible signs.

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Our setting can also build children and young peoples' resilience to radicalisation by promoting fundamental British values of: democracy; the rule of law; individual liberty; mutual respect for and tolerance of those with different faiths and beliefs and for those without faith, or by discussing human rights so enabling children to challenge extremist views.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist or extremist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. It is important to take action if staff observe behaviour of concern. The Police Prevent Team can give advice, contact 01278 647466 or ring 101 and ask for the Prevent team, explaining you are calling about extremism or radicalisation.

In this document the definitions used in the Home Office 'Prevent Strategy', 2011, are adopted:

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is the promotion or advancement of an ideology based on violence, hatred or intolerance, that aims to: negate or destroy the fundamental rights and freedoms of others; or undermine, overturn or replace the UK's system of liberal parliamentary democracy and democratic rights; or intentionally create a permissive environment for others to achieve the results in (1) or (2). See Prevent Duty Policy for further details.

Radicalisation is a safeguarding issue in the context of children and vulnerable adults. There are a number of behaviours which may indicate a child or vulnerable adult is at risk of being radicalised or exposed to extreme views. These include;

- Spending increasing time in the company of other suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- Possession of materials or symbols associated with an extremist cause.
- Attempts to recruit others to the group/cause.
- Communications with others that suggests identification with a group, cause or ideology.
- Using insulting to derogatory names for another group.
- Increase in prejudice-related incidents committed by that person.

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Other factors or circumstances may also give cause for concern, for example behaviour of other family members. Staff, board members and volunteers should be aware of these behaviours and circumstances and feel confident in reporting them to their immediate manager if they have a concern.

Any concerns about a child will be referred through First Response or the police. The concern may then be dealt with through usual safeguarding procedures.

Another source of advice around preventing extremism in schools and children's services nationally is the Counter Extremism Group. If concerned about extremism in a school or organisation that works with children, or if you think a child might be at risk of extremism, contact the helpline at: 020 7340 7264 or counter.extremism@education.gov.uk

It is the duty of RCG (including the Board of Trustees, staff and volunteers) to guard against radicalisation and extremism as outlined in this Policy. Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice. As a community-based organisation we have a role, in partnership with statutory bodies, in countering such activity. RCG is committed to safeguarding and promoting the welfare of all its clients and recognises that safeguarding against radicalisation and extremism is no different to safeguarding against any other vulnerability in today's society. The policy works in conjunction with other policies, in particular Equality and Diversity, Recruitment and Disciplinary Policy. It also draws on external publications such as Department for Education guidance 'Working together to safeguard children', 2013.

15. Appendix 4 – FGM further information and support/contacts

All agencies have a statutory responsibility to safeguard children in terms of preventing girls from FGM and identifying children who have already survived the procedure. It is important that staff are aware of what FGM is and the signs to look out for in girls at risk of the practice. For more information please go to the Keeping Bristol Safe Partnership FGM Safeguarding Guidance, in the Honour Based Violence section: <https://bristolsafeguarding.org/policies-and-guidance/honour-based-violence/>

Being able to identify girls who are at risk needs a sensitive approach. The Keeping Bristol Safe Partnership has an FGM referral risk assessment for professionals to consider the risks of girls from FGM.

<https://bristolsafeguarding.org/media/27269/fgm-referral-risk-assessment-2018.pdf>

If used, a record of the outcome must be kept.

Consider whether any other indicators exist that suggest FGM may take place or has already taken place, for example:

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- The child has changed in behaviour after a prolonged absence from the setting;
- The child has health problems, particularly bladder or menstrual problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

If a girl is at immediate risk of FGM taking place, it is a significant child protection issue and must be reported to the police and/or First Response.

You have a statutory duty to report if a girl under 18 informs you they have had FGM or if you see it. If FGM has taken place it is a significant child protection issue and must be documented and reported to First Response and/or the police.

When FGM has taken place, the Children's Social Care team will liaise with the health services so that a statutory safeguarding assessment takes place and to look at how the girl and family will be supported to access appropriate health care if needed. Legal action may be considered.

At any time you may seek advice from BAND, Families in Focus or First Response.