



## Children's Safeguarding Policy and Procedures

Date of last review: January 2023

Date of next review: January 2024

### Nominated Safeguarding Leads:

Josephine Lay, Clinical Lead

### Nominated Safeguarding Advisors:

Natalie King, Service Manager

Gemma Halliwell, CEO

### Trustee for Safeguarding and Child Protection:

Steve Livings, Chair of Trustees

Staff Name	Title	Date Reviewed
Natalie King	Service Manager	Jan 2023
Josephine Lay	Clinical Lead	Jan 2023
Gemma Halliwell	CEO	March 2023

The policy will be reviewed on a formal basis each year, or sooner in light of new guidance, legislation or relevant learning or good practice to emerge nationally or locally.

This policy applies to all staff, including senior managers and the board of Trustees, paid staff and sessional workers or anyone working on behalf of The Green House.

### When to use this policy

This policy should be read in conjunction with the Adult's Safeguarding Policy and the Whistleblowing Policy.



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## Policy Statement

The Green House is committed to safeguarding and promoting the welfare of all children, young people, and adults. The welfare of all children is paramount, and safeguarding is everyone's business. Safeguarding is a specific activity that is undertaken to protect specific children and vulnerable adults to keep them safe. We are committed to practice in a way that protects them and recognise that all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity, have a right to equal protection from all types of harm, neglect and abuse.

## Children's Safeguarding Aims

This policy sets out:

- To protect children and young people who receive The Green House's services. This includes the children of adults who use our services.
- To provide staff and volunteers with the overarching principles that guide our approach to child protection.

This policy has been drawn up on the basis of UK law and guidance that seeks to protect children, namely:

- Children Act 1989 and 2004
- United Convention of the Rights of the Child 1991
- Sexual Offences Act 2003
- Children Act 2004
- Equality Act 2010
- Protection of Freedoms Act 2012
- Data Protection Act 2018
- Children and Families Act 2014
- Relevant government guidance on safeguarding children in particular, 'Working Together to Safeguard Children' 2018

## Types of Abuse

**Physical abuse** is violence causing injury or occurring regularly during childhood. It happens when:

- a child is hurt or injured by being hit, shaken, squeezed, thrown, burned, scalded, bitten, or cut.
- someone tries to drown or suffocate a child.
- someone gives a child poison, alcohol, or inappropriate drugs.
- someone fabricates the symptoms of, or deliberately induces, illness in a child. In some cases, the injuries will be caused deliberately. In others they may be accidental but caused by the child being knowingly put at risk.
- Female Genital Mutilation (FGM) is a form of child abuse and a criminal offence in the UK (Female Genital Mutilation Act 2003). Female genital mutilation

(FGM) is the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

**Sexual abuse** occurs when someone uses power or control to involve a child in sexual activity in order to gratify the abuser's own sexual, emotional or financial needs or desires. Child sexual abuse can involve contact abuse and /or non-contact abuse. It may include:

- Physical contact, including assault by penetration or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing.
- forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening · encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).
- non-contact activities, such as showing children pornographic material or involving them in the production of such material
- involving children in watching other people's sexual activity or in inappropriate discussions about sexual matters.

**Child Sexual Exploitation:** this form of child sexual abuse 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 (a) in exchange for something the victim needs or wants, and/or (b) 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. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

**Child trafficking:** this form of child abuse involves recruiting and moving children into the UK from overseas, or children who have been trafficked from one part of the UK to another.

Children can be trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal exploitation such as cannabis cultivation, pickpocketing, begging, transporting, drugs.

Children who are trafficked experience many forms of abuse and neglect. Physical, sexual and emotional abuse is often used to control them and they're also likely to suffer physical and emotional neglect.

Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking (HM Government, 2014 & The Modern Slavery Act 2015).

**Emotional abuse** is persistent or severe emotional ill-treatment of a child that is likely to cause serious harm to his/her development. It may include:

- persistently denying the child love and affection
- regularly making the child feel frightened by shouts, threats, or any other means
- hurting another person or a pet in order to distress a child
- being so over-protective towards the child that he/she is unable to develop or lead a normal life
- exploiting or corrupting a child, e.g., by involving him/her in illegal behaviour
- conveying to a child the message that he/she is worthless, unlovable, inadequate, or his/her only value is to meet the needs of another person. This may or may not include racist, homophobic, or other forms of abuse.

**Neglect** involves persistently failing to meet a child's physical, psychological, or emotional needs. It may include:

- failing to ensure that a child's basic needs for food, shelter, clothing, health care, hygiene and education are met
- failing to provide appropriate supervision to keep a child out of danger. This includes lack of supervision of particular activities or leaving a child alone in the house.
- May also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Abuse can consist of a single or repeated act(s); it can be intentional or unintentional, or result from a lack of knowledge. It can affect one person, or multiple individuals. Professionals and others should be vigilant in looking beyond single incidents to identify patterns of harm. In order to see these patterns, it is important that information is recorded and appropriately shared.

### Contextual Safeguarding

British social researcher Dr Carleen Firmin, University of Bedfordshire, used the term Contextual Safeguarding to describe child protection approaches that might engage and respond to extra-familial risk or abuse.

*“Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Therefore, children's social care practitioners need to*

*engage with individuals and sectors who do have influence over/within extra- familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.”*

(Firmin, 2017)

The Green House is committed to awareness of contextual safeguarding and communicating with partner safeguarding organisations listed at the end of this document.

If abuse/ exploitation within the community occurs safeguarding procedures will be followed.

#### The Green House will:

1. Ensure that all staff and Trustees have enhanced Disclosure Barring Service checks (DBS) prior to engaging in any work with the organisation and are precluded from involvement in the organisation as appropriate.
2. Provide clear and detailed procedures on decision making, accountability and recording of child safeguarding situations.
3. Provide thorough and effective training to staff on child protection policies and procedures (all staff will have a minimum of Level 2 Children’s Safeguarding Training [Level 2 Safeguarding Children | Accredited Online Course \(highspeedtraining.co.uk\)](https://www.highspeedtraining.co.uk)) or through KBSP.
4. Appoint a member of staff as Designated Safeguarding Lead and other key members of staff as Safeguarding Advisors.
5. Provide regular and consistent supervision and support to staff who have as their basis, the safety and welfare of clients
6. Ensure that the organisation is able to learn from specific child protection situations and review policy and procedures as a result if necessary
7. Maintain a current knowledge of child safeguarding procedures nationally and within the Bristol, BANEs, North Somerset, and South Gloucestershire area.

In addition, Staff and trustees will seek to keep children and young people safe by:

- Valuing, listening to and respecting them.
- Adopting child protection practices through procedures and a code of conduct for staff.
- Developing and implementing an effective e-safety policy and related procedures.
- Providing effective management for staff through support and supervision:

- ✓ All clinical staff attend a fortnightly ‘clinical space’ meeting where relevant client cases are discussed.

- ✓ All direct services staff attend weekly team or whole service meetings; team discussion and review of safeguarding / risk/ clinical concerns is a standing item on the agenda.
  - ✓ All clinical staff attend monthly 'case management' meetings with the Clinical Lead where all current cases are discussed.
  - ✓ All Family Support Practitioners attend weekly team meetings with the Service Manager where cases are discussed.
  - ✓ All staff will request a safeguarding consultation, with the Clinical Lead, to discuss their concerns as soon as practicably possible.
  - ✓ All clinical staff have a minimum of one and half hours of external clinical supervision each month.
  - ✓ All non-clinical staff have one hour of external clinical supervision each month.
  - ✓ All external clinical supervisors work under contract to The Green House and are required to immediately raise any safeguarding concerns with the Clinical Lead.
  - ✓ The external supervisors provide a written report annually to the Clinical Lead/Service Manager with safeguarding concerns as a standing item and they meet once a year with the Clinical Lead/Service Manager to discuss the staff's performance and raise any concerns.
  - ✓ All staff have a minimum of 6-weekly individual line management meetings with their designated line manager.
  - ✓ The Clinical Lead and/other staff with safeguarding responsibilities, are available on a daily basis to discuss any safeguarding concerns and provide support and supervision as required to staff.
- 
- Recruiting staff safely, ensuring all staff and Trustees have enhanced DBS checks before they start work in the organisation
  - Ensuring all staff receive child protection training which is updated every year. (The appropriate training levels for all staff and managers including Safeguarding Leads are set out in the Keeping Bristol Safe Partnership Board (KBSP) training programme: <https://bristolsafeguarding.org/training/kbsp-training/>)
  - A training log is kept by the Human Resources team to track that all training is in line with this policy and to ensure staff access to Safeguarding refresher training in a timely way.
  - The CYP Central team will ensure information is easily and accessibly available to young people, parents, carers and staff about child protection and good practice in safeguarding [including on the website and onsite].
  - The CYP staff team will share concerns and relevant information as necessary with agencies who need to know; involving parents/carers and children where safe and appropriate to do so.

It is the responsibility of TGH to ensure they have a skilled and competent workforce, who can implement the roles and responsibilities required to follow children's safeguarding procedures.

Training should take place at all levels within an organisation and be updated routinely to reflect best practice.

Regular line management and case supervision meetings will also provide opportunities for reflective practice which is essential in enabling staff to work confidently and competently with difficult and sensitive situations.

## Roles and Responsibilities

### Role Description: Safeguarding Lead: Clinical Lead for CYP Services

#### **Duties include:**

- Being the main contact within The Green House in relation to Child Safeguarding i.e., enquiries from external parties.
- Named contact for all safeguarding concerns across all services at The Green House
- Named contact for CYP and Adult Safeguarding Services
- Discussion with staff and checking logged information on both Oasis and the safeguarding database, regarding incidents where staff raise any concerns or report concerns to statutory agencies (e.g., Social Services).
- Completing Advanced Child Protection Training which will be updated every 2 years. Is aware of updates in local Child Safeguarding process through links with KBSP, websites and being registered to receive any updates when they are made.
- Communicating to Trustees any safeguarding issues that need to be escalated to them at the bi-monthly meetings where safeguarding is a standing agenda item.
- Ensuring that Policies and Procedures relating to safeguarding are up-to-date and reflect best practice and current guidelines
- Ensuring staff members are appropriately trained in child protection and that training is updated regularly.
- Providing 1:1 Line Management meetings for CYP staff every 6 weeks (as a minimum) where Safeguarding is a standing agenda item.
- Providing monthly 1:1 Case Management to all CYP clinical staff

#### **Not responsible for:**

- Making all necessary Safeguarding referrals - A referral to Early Help/ Social Care will be completed by the designated worker for the child/ young/ person/ adult.



### **Planned absence:**

Staff are informed that the Safeguarding Advisors are the named members of The Green House team responsible for Safeguarding in the absence of the Safeguarding Lead.

### **Role Description: Safeguarding Advisors**

#### **Duties include:**

- Being available for The Green House staff to discuss Safeguarding Concerns
- Communicating with DSL about safeguarding concerns raised to ensure robust information-sharing and joint working across the services.
- Completing Advanced Child Protection Training which will be updated every two years. Is aware of updates in local Child Safeguarding guidance.
- Ensure Safeguarding is a standing item on the agenda for weekly team meetings.
- Ensuring staff members are appropriately trained in child protection and that training is updated regularly. The appropriate training levels for all staff and managers, are set out in the Keeping Bristol Safe Partnership Board (KBSP) training programme. <https://bristolsafeguarding.org/training/kbsp-training/>

#### **Not responsible for:**

- Making all necessary Safeguarding referrals - A referral to Early Help/ Social Care will be completed by the designated worker for the child/ young/ person/ adult.

### **Role Description: Trustee with Safeguarding responsibilities (Steve Livings)**

#### **Duties Include:**

- Receiving safeguarding issues that need escalating by the Safeguarding Lead.
- Ensuring safeguarding is a standing agenda item at trustee meetings.
- Providing safeguarding cover in the absence of the Safeguarding Lead and Safeguarding Advisor.

### **Procedures**

This document sets out what action will be taken if it is suspected that a child is at risk of harm, through abuse or neglect.



## Information Sharing and Confidentiality

Sharing the right information, at the right time, with the right people is fundamental to good practice in children's safeguarding – The Green House is committed to sharing safeguarding information with the right people at the right time in order to:

- Prevent death or serious harm.
- Coordinate effective and efficient responses.
- Enable early interventions to prevent the escalation of risk.
- Prevent abuse and harm that may increase the need for care and support.
- Maintain and improve good practice in child safeguarding.
- Reveal patterns of abuse that were previously undetected and could identify others at risk of abuse;
- Identify low-level concerns that may reveal people at risk of abuse;
- Help people access the right kind of support to reduce risk and promote wellbeing;
- Help identify people who may pose a risk to others;
- Reduce organisational risk and protect reputation.

All staff must ensure that when they share information, they do so in a way that is compliant with the General Data Protection Regulation (GDPR) which was incorporated in to UK law by the Data Protection Act 2018.

- The GDPR and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- When sharing or requesting personal information from someone, staff must be certain of the basis upon which they are doing so and should always take advice from The Green House's data protection officer (DPO) if unsure.
- Staff must be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement and, even when sharing without consent, tell them when information is being shared unless it is unsafe or inappropriate to do so.
- Staff should share with consent only where appropriate and where sharing the information does not fall under a different lawful reason. Where staff have consent, they must be mindful that an individual would have the expectation that only relevant information would be shared and must have the option to withdraw their consent.
- Staff should consider safety and well-being and base their information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Information sharing should always be necessary, proportionate, relevant, adequate, accurate, timely and secure: Staff must ensure that the information shared is necessary for the purpose for which they are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, is shared securely, and that is arrangements in place for it to be returned or destroyed.

- Staff must always keep a record of their decisions and the reasons for them – whether it is to share information or not. If a decision is made to share, then record what you have shared, with whom and for what purpose.

### When working with parents and families:

- Unless it is contrary to the child's best interests, members of The Green House staff should work in partnership with parents and those with parental responsibility wherever possible, supporting them to retain control over the information they hold whenever this is consistent with [good practice](#).
- Families are best supported by agencies working together. Parents and carers should be encouraged to share information on a need-to-know basis with other agencies and individuals who may be able to support them and help them to meet their children's needs.
- When sharing information about a family with other agencies, this should only be done with the knowledge and consent of the family unless the child protection issues make it impossible to respect a parent/carer's wish for information not to be disclosed. In all cases only relevant information should be shared.
- If the Safeguarding Advisors or Safeguarding Lead become concerned that a child may be at risk of significant harm, then the organisation has a duty to make a formal referral as per the procedures outlined below. Where possible this should be done with the parents' knowledge and consent, but, if necessary, such knowledge and consent should be set aside in the interests of the child.
- The Green House seeks to work in partnership with young people as individuals. This includes supporting them to have as much control over their situation as possible, in the context of their stage of development and level of understanding.
- If the child/young person is assessed by The Green House as being [Fraser/Gillick competent](#), such involvement with a child's and young person's parents and carers should be subject to agreement and negotiation with the child/young person as the primary client of the organisation.
- Children and young people are best supported by agencies working together and should be encouraged to share information on a need to know basis with other agencies and individuals (including parents and carers) who may be able to support them.
- Where consistent with good practice and the child's/young person's best interests, children and young people should be supported in retaining control over the information they hold and disclose.
- We will seek, where possible, to make [parents/carers](#) aware and to seek their consent of their intention to make such a referral, but this will not be done in situations where informing parents is deemed by The Green House to

compromise the safety of the child or another child. Nor should parents be consulted if a child/young person deemed to be [Fraser/Gillick competent](#) is not willing to give their consent to their parents being informed.

### Communication to clients of Child Protection Policies and Procedures

All parents/carers and independent young people sign a contract at the beginning of their counselling/ therapy. The leaflet alongside the contract outlines all of the details of the counselling / therapy including explaining about confidentiality and safeguarding. A clear complaints procedure is also outlined in this leaflet. The client takes the leaflet home with them to ensure that they have a written record of what the process is and we also keep a signed copy for our records indicating that they been given and understood the procedures.

### General Procedure for Making a Social Care Referral

The Designated Safeguarding Lead for CYP Services at The Green House, is the Clinical Lead of CYP Services.

No individual staff member will be expected to make decisions regarding the protection of children alone.

If a member of staff has a concern about a child or young person is at risk of harm/being harmed they can call First Response/Families in Focus to consult with them, if they are advised to complete an urgent safeguarding referral they must do so. This referral needs to be logged on the internal Safeguarding form and Oasis case management system for a discussion to be had with the Safeguarding Lead.

However, if the staff member has raised the issue with the Safeguarding Advisors or the Safeguarding Lead and it is their professional opinion that the Safeguarding Lead is not acting on the concerns raised, then the staff member may need to make a judgement on whether the Informant procedure highlighted below should be followed.

The Green House operates a confidential service but if it is assessed that a child is being harmed or is likely to be harmed in any way, then information must be shared within procedural guidelines. Where possible, the counsellor/therapist will seek the consent of the client or their parent / carer, regarding the need to share information before the referral is made. If it is their professional assessment that discussing this with the client on their parent/ carer would place the child at greater risk, then this should be discussed with the Safeguarding Advisor or the Safeguarding Lead.

The Safeguarding Advisor will always inform the Safeguarding Lead within 24 hours of the discussions which have taken place.



A Safeguarding form and OASIS will be filled in to record any discussions or actions taken.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

When sharing information staff should use their judgement when making decisions on what information to share, and when, and should follow the established procedure. Abiding by the following principles will help this process:

### **Necessary and proportionate**

When taking decisions about what information to share, you should consider how much information you need to release. The Data Protection Act, 2018, requires you to consider the impact of disclosing information on the information subject and any third parties. Any information shared must be proportionate to the need and level of risk.

### **Relevant**

Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

### **Adequate**

Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

### **Accurate**

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

### **Timely**

Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations, and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

### **Referral Procedure**

The following procedures should be followed:

Referrals can only be made where the organisation has sufficient information about the service user (one or more of the following: name, address, contact details, date of birth, parent/carer's name).

The following procedures should be followed in line with the Southwest Child Protection Procedures [South West Child Protection Procedures \(proceduresonline.com\)](http://proceduresonline.com)

A staff member may be given direct information about a child who is currently at risk of harm or they may be given information which leads them to a professional judgement that a child is being harmed or is at risk of harm.

The staff member with immediate concerns about Safeguarding should report the matter to their Safeguarding Lead or the Safeguarding Advisor within 24 hours in order that a discussion can take place. If the abuse is happening now, they may need to contact the police if the person is in immediate danger.

The staff member is responsible for explaining the safeguarding process and next steps to the child or young person. The staff member should not use any leading questions when addressing a disclosure.

All concerns should be written up comprehensively, in a timely manner, and in as much detail as possible – using factual information only, providing a clear list of events and using the child/young person's own words where possible. Be clear when stating your own opinion e.g. "in my opinion John looked..."

All case notes should be completed on OASIS in a timely manner.

The staff member will try to inform CYP and parent/ care/ guardian of the need to share information with social care as long as this would not put the child at further risk of harm.

If there is no consent from the service user to make a referral, the member of staff in consultation with the Safeguarding Lead or Safeguarding Advisor will make a decision about whether confidentiality will need to be breached and a referral made.

If it is decided that a formal referral is necessary, the staff member will contact the designated helpdesk or designated Social Worker (see end of the procedure) and pass on the information which is relevant and necessary to the Safeguarding concern.

Reassurance will be provided to the client through all stages of the process where possible, ensuring their wellbeing and informing them about the process.

The referral will be logged using a Safeguarding Log Form and on Oasis and will be completed by the staff member who made the referral.

The member of staff who made the referral will remain in contact with the agency they passed information to, to find out about the outcome of the referral.

The Safeguarding Lead will be informed of the outcome of the referral made and this will be communicated to the client if they are still in contact.

Situations where no referral is possible may leave staff members with uncomfortable feelings and these should be discussed in person with the Safeguarding Lead / Safeguarding Advisor/ Line Manager and/or their Clinical Supervisor.

### Escalation Policy

If staff members are in professional disagreement with the outcome of a referral to a statutory service the Safeguarding Lead can support that staff member to use the [Escalation Policy](#) outlined by the local authority (Bristol).

Links to other local authority escalation procedures are:

South Gloucestershire: [Resolution-of-Profesisonal-Differences-Policy-Oct-2020-FINAL.pdf \(southglos.gov.uk\)](#)

BANES (Bath and North East Somerset): [BCSSP Escalation Procedure \(bathnes.gov.uk\)](#)

North Somerset: [Policies and governance | North Somerset Council \(n-somerset.gov.uk\)](#)

### Whistleblowing / Professional reporting

Whistleblowing is the act of reporting concerns about malpractice, wrongdoing, or fraud. All staff, paid or unpaid, who work with an adult who is experiencing, or at risk of, abuse or neglect, have an individual responsibility to raise concerns about poor practice and a right to know that The Green House will support them if they are acting in good faith. Wherever possible, the anonymity of the professional reported will be respected by the investigating body.

Professional reporting can be difficult for the member of staff and must be recognised as important and courageous. Please see [Whistleblowing Policy Dec 2022](#) for further details

The Green House should ensure that staff who professionally report in good faith are:

- Supported and reassured when information is shared.

- Provided with ongoing support during any investigation that may follow.
- Supplied with information about external sources of support.
- Supported by their organisation.
- Not treated in ways that might be regarded as punitive.

#### [Protect - Speak up stop harm - Protect - Speak up stop harm \(protect-advice.org.uk\)](https://protect-advice.org.uk)

Provide free expert advice to whistle-blowers, helping you decide how best to raise your concern, advising you on what protection you are entitled to and what you can do if things go wrong.

The NSPCC Whistleblowing Advice Line offers free advice and support to professionals with concerns about how child protection issues are being handled in their own or another organisation.

Contact the Whistleblowing Advice Line on:

- 0800 028 0285
- [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

#### Allegations made against a member of staff at The Green House

If an allegation of abuse is made against a member of staff, the referral procedures above will be followed.

If the information you have regarding risk to a child/adult relates to abuse by a member of The Green House, you should immediately inform the Safeguarding Lead or Safeguarding Advisor in the first instance, or if the allegation concerns the CEO, you should speak directly to the Chair of the Board of Trustees.

The Safeguarding Lead and the Chair of the Board of Trustees will immediately inform the individual concerned that they are suspended from duties pending investigation. This is not an assumption of guilt, but serves to allow the appropriate investigation to take place and protects the member of staff or volunteer support worker from further allegations.

The Safeguarding Lead or Chair of the Trustees will arrange for an investigation to be completed as swiftly as possible. This is to be in line with the Keeping Bristol Safe Partnership Board (KBSP) procedure 'Managing allegations against people who work with children'.

[Managing concerns about adults who work or volunteer with children and young people](#)

[LADO Concerns Professionals Bristol Referral Form \(bristolsafeguarding.org\)](https://bristolsafeguarding.org)

The appropriate Local Authority Designated Officer (LADO) also needs to be informed that an allegation has been made and an investigation is ongoing.





### Informant Procedure

This procedure applies to all staff and Trustees of the organisation. The aim of this procedure is to provide a clear and transparent way for any member of staff or Trustee to raise genuine concerns about acts of wrongdoing or malpractice or abuse in the workplace. It also aims to ensure that any concerns are dealt with effectively and in a timely fashion. This procedure provides managers with steps to deal with allegations, ensuring that staff and Trustees are not penalised for raising genuine concerns, even if those concerns prove to be unfounded. It also provides the means for taking disciplinary action against anyone who is found to have raised false concerns with malicious intent. The procedure does not apply to child protection concerns or allegations about a member of staff or volunteer. Concerns or allegations of this nature should be dealt with following the procedure above.

### What to do if you wish to raise a concern about malpractice:

Malpractice is not defined within the policy, but should be taken to mean 'professional who deviates from standards in their profession or place of work, thereby causing injury, alarm or distress to a patient'

- Speak to your line manager, or another colleague (preferably someone you work with closely). If your concern relates to your line manager, you should speak to that person's line manager; or the Chair of the Trustees if it concerns the Safeguarding Lead. If you choose to speak to a colleague, he/she may nominate another responsible manager to handle your concern.
- Your line manager will arrange to meet with you as soon as possible to discuss your concern. This meeting can take place away from the workplace if necessary.
- You will be told at the meeting, or as soon as possible afterwards, what action will be taken to address your concern. It may not be possible to tell you the full details of the outcome, as this could relate to confidential third-party information. If no action is to be taken in relation to your concern, you will also be informed of this fact and given the reasons why.
- If you do not want the person you have concerns about to know your identity, you should make this clear to the responsible manager at the earliest opportunity. Every effort will be made to respect your wishes, but it cannot be guaranteed that your identity will not be disclosed. If this is the case, you will be informed and any issues you may have about this will be discussed with you.
- If you need support in raising your concern, you may bring a work colleague or trades union representative with you to the meeting with the responsible manager.

### What to do if someone raises a concern with you about malpractice:

If someone tells you they are concerned about the actions of another staff member or Trustee, you should arrange to meet him/her as soon as possible. If you are not the

person's line manager, you should establish why he/she has chosen to discuss the concern with you.

You may suggest that the person speaks to another responsible manager if you wish but should not refuse to hear what the person has to say. You should approach the situation sensitively, recognising the discomfort that the person may feel. Offer to meet him/her away from the office if he/she wishes and allow him/her to bring a work colleague or trades union representative to the meeting.

You should also remind the person with the concern about other sources of support available to him/her. Some are listed at the end of this document. If the person reporting the concern wants his/her identity to be kept confidential, you should explain that this will be done, if possible, but that it may not be achievable.

Make notes of your discussions with the individual and check the accuracy of your notes with him/her.

#### Deciding what action to take:

Once you have established the nature of the concern, it may be of a relatively minor nature (where there is little or no adverse effect on a client, or likelihood of repetition if addressed) and you may decide to resolve it informally. Minor complaints can be handled on a case-by-case basis, being addressed and recorded within Line Management meetings. If there are no ongoing safeguarding responsibilities, minor concerns around malpractice should be taken to the person's line manager in the first instance. If the concern appears more serious, you must consider first whether any immediate action is needed to protect children or a vulnerable adult. If so, you should check the child protection procedures to consider what action to take. You should also consider whether there is a need to involve the police and/or other statutory services (e.g. health). If so, you should contact (the Clinical Lead and the person's line manager) to discuss the matter further together. The Clinical Lead will discuss with the CEO to determine next actions.

#### Conducting an investigation:

Unless the matter is relatively minor and can be dealt with informally, the responsible manager should arrange for an investigation to be completed as swiftly as possible. The investigation should also be demonstrably thorough and impartial.

The scope of the investigation will be determined by the nature of the concern. Any investigations and the investigation process will only take place after consultation with the CEO. The CEO will obtain legal and HR Advice and will determine if any other steps are needed before an investigation begins. The CEO will decide who is most appropriate to investigate, whether internal or an external independent person is required will depend on the nature of incident. If the allegation is against the CEO Chair of Trustees will be responsible for deciding the next steps. Witnesses may need to be interviewed and records may need to be scrutinised.

Once the investigation is completed, a report should be produced summarising the nature of the concern, the investigation process and the outcome, including specific recommendations. Take measures to preserve the anonymity of the person who raised the concern, if this has been his/her wish. If the concerns are not upheld, this should also be made clear.

If the concern is upheld and the person at the centre of it is found to have been culpable or remiss in some way, the report's recommendations should be carried out using a clear plan of action. The plan may include the use of disciplinary action, training, coaching, counselling, the implementation of new policies or procedures for the whole workforce, or a referral to the Independent Safeguarding Authority.

If it becomes apparent during the course of the investigation that a criminal offence may have been committed, the police should be informed. Your own investigation may have to be suspended on police advice, if they decide that they need to become involved.

The person who raised the concern should be informed of the outcome, but not the details of any disciplinary action. It may be appropriate for the person who raised the concern to be offered support or counselling.

#### Recording the concerns:

The responsible manager should make accurate notes of each stage of the process, including the discussions during meetings, regardless of whether the concern is dealt with formally or informally. Copies of these notes should be given to the person who is the subject of the concern. The person who raised the concern should also be given copies of notes from his/her discussion. Notes made during the investigation and the report of the investigation, together with any notes relating to the outcome, should be kept on the file of the person at the centre of the concern. If it was requested, these notes should not reveal the identity of the person who reported the concerns.

#### Record Keeping:

Records must be made of discussions, decisions and actions taken at all stages of the procedure, clearly indicating who was present. These will be recorded on The Green House database (Oasis) on the client's file under Safeguarding. See [OASIS & Data Storage Manual](#) for more information.

Good record keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to an individual's care and safety. If records are inaccurate, future decisions may be flawed and harm may be caused to the individual. Where an allegation of abuse is made, all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.



It is equally important to record when actions have not been taken and why e.g. an adult with care and support needs with mental capacity may choose to make decisions professionals consider to be unwise.

### Contact Details for Referrals:

Avon and Somerset have signed up to agreed procedures for safeguarding and child protection.

The Southwest shared core procedures are available at [South West Child Protection Procedures \(proceduresonline.com\)](https://proceduresonline.com) and offer a clear guide and step by step approach on what to do if you are concerned about a child or young person under 18.

Staff should register for updates on each of the appropriate area's website to ensure that they are kept up to date with amendments to policy and procedure.

The [NSPCC Learning Homepage](https://www.nspcc.org.uk) provides extensive resources on child protection policies and procedures and staff should develop their knowledge through familiarity with the materials provided.

If a child is at immediate risk or in danger ring the Police on 999 for non-emergencies call 101 and ask for the Police Light House Unit.

### How to ask for help in Bristol:

**First Response** - the place to call if you are concerned about a child or young person or think they need some help. This is the number for NEW referrals but they can also be contacted about pre-existing cases and who the social worker might be, if the social worker has not been named. **0117 903 6444**

Outside of working hours Bristol Emergency Duty Team: **01454 615 165**

For enquiries about EXISTING cases with an allocated social worker, please call:

#### Families in Focus

North: **0117 352 1499**

East / Central: **0117 357 6460**

South: **0117 903 7770**

Disabled Children Service **0117 903 8250**

If you are concerned about the immediate safety of a child, call 999, or if not in immediate danger call 101 and ask to speak to the Police Light House Safeguarding Unit <https://www.lighthousevictimcare.org/about-us/>

### How to ask for help in North Somerset

North Somerset Children's Services, (Front Door/Care Connect): **01275 888 801**

North Somerset Out of Hours Service: **01454 615165**

Professional Consultation Line **01275 888 690**



### How to ask for help in South Gloucestershire

South Gloucestershire Children’s Services (Access and Response Team): **01454 866 000**

South Gloucestershire Children’s Services Emergency/out of hours: **01454 615 165**

### How to ask for help in Bath & North East Somerset

Bath Family Team: **01225 396312**  
 North East Somerset Family Team: **01225 396313**  
 Disabled Children’s Team: **01225 825307**  
 BANES Emergency Out of Hours Duty team: **01454 615165**  
 Integrated Safeguarding Officer: **01225 396974**  
**01225 396312 / 396313 (duty team)**

### How to ask for help in Somerset

Somerset Direct (Somerset CYP Services, Referral Team): **0300 123 2224**  
 Somerset Out of Hours Emergency Duty Team: **0300 123 2224**

### Other numbers that you can dial are:

- Police Child Abuse Investigation Team (CAIT): 0117 945 4320
- NSPCC 24-hour Helpline: 0800 800 5000 (free from a landline)
- NSPCC Asian Languages Helpline: 0808 800 5000 (free from a landline)
- NSPCC Text helpline: 88858 (service is free and anonymous)
- Police: 101 (non-emergency calls)
- CAMHS Getting Advice Team on 0117 340 8570 (when a child/ young person is not yet referred to CAMHS, but you have escalating concerns about their level of risk and distress).

### Record of changes made:

Staff Name	Changes Made	Date Changes Made
Natalie King	Updated Safeguarding Lead and Safeguarding Advisors	Dec 2022
Natalie King	Updated Record Keeping section to reflect current case management system and Safeguarding log/tracker for recording Safeguarding Concerns	Jan 2023
Natalie King/ Josephine Lay	Updated contact numbers and website for local safeguarding children’s board which is now KBSP.	Jan 2023
Natalie King	Updated link to South West Child Protection Procedure website link.	Jan 2023



Natalie King	Added Whistle-blower advice lines	Jan 2023
Natalie King	Updated UK Legislation	Jan 2023
Natalie King	Updated Safeguarding Adult Multi-Agency Policy 2016/2019	Jan 2023
Gemma Halliwell	Updated procedure for malpractice	March 2023
Natalie King	Removed Susie Hay as listed Safeguarding Lead	July 2023

