



Children's Safeguarding Policy and Procedures

Date of last review: Oct 2025

Date of next review: Oct 2026

Designated Safeguarding Lead:

Rebecca Parkhill, Clinical Manager

Designated Safeguarding Advisors:

- Natalie King, Service Manager
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- Alessia MacDonald, Specialist Practitioner (in the absence of DSL and Service Manager)
- Gemma Halliwell, CEO

Lead Trustee for Safeguarding and Child Protection:

Rob Senior, Clinical Trustee

Staff Name	Title	Date Reviewed
Natalie King	Service Manager	Jan 2023
Rebecca Parkhill	Clinical Manager	Oct 2025
Gemma Halliwell	CEO	March 2023
Steve Livings	Chair of Board	April 2024

The policy will be reviewed on a formal basis each year, or sooner in light of new guidance, legislation; or where relevant learning or good practice 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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1. 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 siblings, peers and other 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: [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/626366/Working_together_to_safeguard_children_2023.pdf)

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.

Sexual abuse by adults in online contexts / 'technology-assisted child sexual abuse' (from Centre of Expertise)- Adults may use online spaces to have sexual conversations with children; view, download or distribute sexual images of children; order someone to perform sexual abuse on a child in front of a webcam; communicate with a child with the intention of performing an offence in person later on; or incite a child to pose naked or perform sexual acts via photo, video or live webcam. Such abuse can occur both on the 'dark web' and, more commonly, on 'open web' platforms such as Snapchat, Instagram, Facebook, Facebook Messenger, X (formerly Twitter) and WhatsApp. It can also take place via mobile phone/texting and gaming platforms.

Online environments and interactions are now fundamental to everyday life. Both adults and children routinely use digital communications technology and the internet – through social media, text messaging, online gaming, message boards, streaming, etc – and this creates increased opportunities for some to abuse. Reference: [Key-messages-from-research-on-child-sexual-abuse-by-adults-in-online-contexts.pdf](#)

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 remaining aware 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.

Child-on-child abuse (previously referred to as 'peer-on-peer' abuse): statutory guidance from [Child on Child Abuse/Harm Safeguarding Resources \(bristolsafeguardingineducation.org\)](https://www.bristol.gov.uk/child-on-child-abuse/harm-safeguarding-resources/) highlights that Child-on-child abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- abuse in intimate personal relationships between children (sometimes known as 'teenage relationship abuse')
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party

- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).'

Harmful Sexual Behaviour Harmful Sexual Behaviours (HSB) can be defined as: sexual behaviours expressed by children and young people under the age of 18 that are developmentally inappropriate, may be harmful towards themselves or others or be abusive towards another child, young person or adult. This definition of HSB includes both contact and non-contact behaviours (grooming, exhibitionism, voyeurism and sexting or recording images of sexual acts via smart phones or social media applications). Source: Practice guidance on Harmful Sexual Behaviour, Wales Safeguarding Procedures

Commitments. The Green House will:

1. Recruit safely to ensure that all staff and Trustees have enhanced Disclosure Barring Service (DBS) checks 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 through the training providers outlined below. Refresher dates for interagency training are based on guidance given by Keeping Bristol Safe Partnership. 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/>

Role	Training	Renewal/ dates	refresher
Office staff (who aren't in client facing roles)	Minimum of Level 2 Children's Safeguarding	In-house training (yearly)	refresher

	Training through Level 2 Safeguarding Children Accredited Online Course (highspeedtraining.co.uk)	
Frontline staff (all client facing roles)	Minimum of Working Together: Our Shared Responsibility (Level 2) KBSP	1.Complete KBSP refresher training every 2 years 2. Complete In-house refresher training (yearly)
Safeguarding Advisors	Minimum of Advanced Child Protection Training For Safeguarding Leads and Specialist Practitioners (Level 3) KBSP	1.Complete KBSP refresher training every 2 years 2. Complete In-house refresher training (yearly)
Designated Safeguarding Lead	Minimum of Child Protection For Managers (Level 4) KBSP	1.Complete KBSP refresher or specialist safeguarding training every 2 years
Trustees	Minimum of Level 2 Children's Safeguarding Training through Level 2 Safeguarding Children Accredited Online Course (highspeedtraining.co.uk)	In-house refresher training (yearly)
Lead Trustee for safeguarding (and clinical trustees)	Minimum of Level 2 Children's Safeguarding Training through Level 2 Safeguarding Children Accredited Online Course (highspeedtraining.co.uk) Safeguarding training for charity trustees NSPCC Learning	In-house refresher training (yearly)

All course links can be found on the Keeping Bristol Safe Partnership website below - [Welcome to the Keeping Bristol Safe Partnership website. \(bristolsafeguarding.org\)](https://www.bristolsafeguarding.org)

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 learns 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.
8. A training log is kept by the HR officer to track that all training is in line with this policy and to ensure staff have access to Safeguarding refresher training in a timely way.

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 direct services staff attend weekly or fortnightly team meetings where relevant client cases can be 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 therapists attend monthly 'case management' meetings with the Clinical Lead where all current cases are discussed.
 - All Family Support and Survivor Voice Practitioners attend 6-weekly case and line management where all current cases can be discussed.
 - All staff will request a safeguarding consultation, with the DSL, to discuss their concerns as soon as practicably possible.
 - All therapists have a minimum of one hour of external clinical supervision each month (depending on caseload size).
 - All direct support staff have external clinical supervision (1-1.5 hours monthly).
 - All office/administrative staff are offered optional internal group supervision 6- weekly.
 - The Service Administrator is offered monthly internal clinical supervision

- All external clinical supervisors work under contract to The Green House and are required to immediately raise any safeguarding concerns with the Clinical Lead/ Service Manager.
 - 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 DSL and/or 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.
- TGH 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 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.

2. Roles and Responsibilities

Role Description: Designated Safeguarding Lead: Clinical Lead

Duties include:

- Being the main contact within The Green House in relation to 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 information is logged by staff on OASIS

- Responsible for updating the safeguarding database including incidents where staff report concerns to statutory agencies (e.g. Social Services).
- Completing Safeguarding Training which will be updated every 2 years. Maintaining awareness of updates in local Safeguarding Adults guidance.
- Communicating to Trustees any safeguarding issues that need to be escalated to them at 6-weekly meetings where safeguarding is a standing agenda item.
- Work alongside the Lead Trustee for safeguarding and ensure that their role and responsibilities is described in writing, agreed by the Board and reviewed regularly. This should include the scope of any formal decision-making authority delegated to them and how they should report to the Board the use of powers in an appropriate fashion.
- Ensuring that Policies and Procedures & resources relating to safeguarding are up-to-date and reflect best practice and current guidelines
- Working alongside HR officer and Service Manager to ensure staff members are appropriately trained in Children and Adult Safeguarding and that training is updated regularly.
- Providing 1:1 case and line management meetings for clinical staff every 4 weeks where Safeguarding is a standing agenda item.

Not responsible for:

- Making all necessary Safeguarding referrals - A referral to Early Help/ Social Care will usually 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 clear 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 Adult and Child Safeguarding guidance.
- Ensuring Safeguarding is a standing item on the agenda for weekly team meetings.
- Ensuring staff members are appropriately trained in safeguarding 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 usually be completed by the designated worker for the child/ young/ person/ adult.

Role Description: Responsibilities of the Lead Trustee for Safeguarding

Guidance taken from NCVO site: [Introduction to safeguarding for trustees | NCVO](#)

The Working Together to Safeguard Children statutory guidance requires any charity working with children to have both a lead trustee for safeguarding and an operationally focussed designated safeguarding lead.

The Charity Commission states that safeguarding is the responsibility of all trustees. Hence the lead trustee is not to be the only person among the trustees who understands safeguarding.

What is a lead trustee for safeguarding?

The lead trustee for safeguarding will, in most cases, be a volunteer from within the board who has skills, experience and confidence in the area of safeguarding.

Wherever possible, we will distinguish between the strategic, advisory and governance role of a lead trustee and the day-to-day operational designated safeguarding lead.

Responsibilities (in addition to their wider responsibilities as a trustee):

1.Strategic

- Consider the organisation's strategic plans and make sure they reflect safeguarding legislation, regulations specific to your activities, statutory guidance, and the safeguarding expectations of the Charities Commission.
- Work with the CEO and designated safeguarding lead regularly to review whether the things the organisation has put in place are creating a safer culture and keeping people safe.
- Check the organisation's risk register reflects safeguarding risks properly and plans sensible measures to take, including relevant insurance for trustees' liability.
- The Green House delivers activities that need inspections (such as audits from the KBSP) and so the lead trustee will be aware of how ready for those inspections we are and respond to any following reports.
- Make sure there is space on the agenda for safeguarding reports and help trustees understand and challenge those reports.

2. Effective policy and practice

- Make sure there is an annual review of safeguarding policies and procedures and that this is reported to trustees.
- Understand the monitoring your charity does to see whether policies and procedures are effective.
- Call for audits of qualitative and quantitative data (either internal or external) when they're needed.
- Learn from case reviews locally and nationally, to improve your organisation's policies, procedures and practices.
- Oversee safeguarding allegations against staff or volunteers, together with CEO and designated safeguarding lead.
- Be a point of contact for staff or volunteers if someone wishes to complain about a lack of action in relation to safeguarding concerns.

3. Creating the right culture

- Champion safeguarding throughout the organisation.
- Attend relevant safeguarding training events and conferences.
- Support the trustees in developing their individual and collective understanding of safeguarding.
- Attend meetings, activities, projects to engage with staff, volunteers and beneficiaries to understand safeguarding on the ground.
- Work with the chair, CEO, designated safeguarding lead and communications team in order to manage all serious safeguarding cases.
- Support regular safeguarding updates for staff, volunteers and beneficiaries.
- Make sure you have ways of gathering the views of staff and volunteers in relation to safeguarding and sharing these with the board.

Support from the chair

The chair should make sure that the lead trustee for safeguarding either has the required knowledge, skills, and experience or is supported to develop these.

This can include:

- setting up regular meetings together with the lead trustee, CEO and designated safeguarding lead
- making sure the lead trustee is allocated enough time at meetings to provide full and detailed reports on safeguarding
- encouraging the lead trustee to take part in local and national partnerships that can help you keep up to date with safeguarding messages, trends and priorities.

3. 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.

3.1 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 this 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.

3.2 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 [Information sharing - advice for practitioners providing safeguarding services \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- 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 [Gillick competent and Fraser guidelines | NSPCC Learning](#), 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.
- 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 ask for parents/carers for their consent to make a social care 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 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/those with parental responsibility and independent young people sign a contract at the beginning of their therapy. The information alongside the contract outlines all of the details of the 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 have been given and understood the procedures.

3.3 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 an immediate concern that a child or young person is at risk of harm/being harmed and they are unable to talk it through with the DSL/ safeguarding advisor or duty, they can call the relevant local authority 'First Response' team to consult with them. If they are advised to complete an urgent safeguarding referral they must do so. Details of each local authority are referred to at the end of this document in: Contact **Details for Referrals**.

This referral also needs to be logged through The Green House internal safeguarding process in order to raise a discussion with the Designated Safeguarding Lead.

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 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 or their parent/ carer would place the child at greater risk, then this should be discussed with the Safeguarding Lead/ Advisor providing cover.

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

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.

3.4 Detailed 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 [Welcome to the South West Child Protection Procedures \(trixononline.co.uk\)](http://trixononline.co.uk)

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.

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 then the member of staff, in consultation with the Safeguarding Lead / 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.

It is the responsibility of the local authority safeguarding team to then respond to the referral and update the staff member who made the referral. If we have concerns about how the referral is responded to and reason to believe a child/young person in service remains at risk of harm, then we will follow the local authority escalation procedure (discussed later). It is not the responsibility of the staff member to follow up the outcome of their social care referral if the client is no longer in service with us.

It is good practice for social care to update the referrer of the outcome of their referral. Staff must update OASIS and the DSL about the outcome of the referral made if the client remains in service and in contact with them.

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.

3.5 Record Keeping

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.

Accurate and up-to-date records of safeguarding concerns are essential for a number of reasons:

- They can help you identify concerns at an early stage.
- They can help you identify patterns of concern.
- They can enable you to record seemingly minor issues to build a more complete picture of what a person may be experiencing.
- They help you monitor and manage safeguarding practices, including decision making, actions taken and agreed joint strategies with other agencies.
- They can provide you with evidence to support actions both within your organisation and when working with external agencies.
- They can support you to demonstrate action taken to reduce impact of harm.
- They can provide continuity when staff or volunteers change or are unavailable.

3.6 Record Keeping Procedures

Our internal safeguarding recording process can be found here: [Safeguarding Process Flow Chart Sept 2024.docx](#)

Types of Records:

1/ Safeguarding and clinical concerns log (Spreadsheet)

- DSL uses this to keep a track of the safeguarding concerns about clients reported by staff.
- It gives a quick guide to outstanding cases and actions. It does not include any personal details, which should be kept in the safeguarding case file on OASIS.
- The concerns log also helps DSL to report both internally and externally on the number and types of safeguarding concerns we're receiving.

2/ Safeguarding case file (on OASIS)

- A safeguarding case file is our record of any decision making, actions or information related to the concern. Records must be made of these, clearly indicating who was present. These will be recorded on The Green House database (OASIS) on the client's file under the 'Safeguarding' tab.
- The safeguarding tab on OASIS will be filled in by the staff member and DSL/advisor involved to record any discussions or actions taken.

Keeping and storing records

There is no one way to set up safeguarding records but there are key things that should be in place.

- They should be started as soon as you become aware of any concern, in as much detail as possible
- Use clear and straightforward language.
- Use the child/young person's own words where possible
- Be concise and accurate, so they can be understood by anyone not familiar with the case.
- Clearly differentiate between facts, opinions and judgements. Be clear when stating your own opinion e.g. "in my opinion John looked..."
- Make sure they're up to date and preferably in chronological order.

3.7 Monitoring and Review of Safeguarding Concerns

- Monitoring. There may be a need to continually monitor the situation internally, to make sure actions are being taken and the situation does not get worse.
- The DSL is ultimately responsible for deciding when a safeguarding concern is 'closed'. Each concern will be different. Some may be closed the same day; others may take several months.
- All safeguarding concerns should be closed once it's been agreed that the staff member involved, safeguarding lead/advisor supporting them and DSL no longer have any ongoing role or any actions left to complete.
- If the police or social services are involved, they will inform you of the outcome of an investigation or tell you when there are no further actions required from you.
- Anyone involved in the safeguarding concern should be informed that it has been closed and Safeguarding Lead/Advisor should complete any safeguarding records and file them securely. DSL holds oversight of this through the concerns log.

3.8 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-Profesional-Differences-Policy-December-2022.pdf \(southglos.gov.uk\)](#)
- BANES (Bath and North East Somerset): [BCSSP Escalation Procedure \(bathnes.gov.uk\)](#)
- North Somerset: [NSSCP Issue Resolution Policy.docx \(live.com\)](#)

4. Whistleblowing / Professional reporting

Whistleblowing is the act of reporting concerns about malpractice, wrongdoing, or fraud. All staff, paid or unpaid, who work with anyone 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 Apr24.pdf](#) for the procedure for raising any malpractice concern (that does not involve immediate safeguarding). Examples include:

- A criminal offence – for example, fraud
- Risk or actual damage to the environment
- A miscarriage of justice
- Their organisation is breaking the law – for example, if the organisation doesn't have the right insurance
- Someone is covering up wrongdoing

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

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

Informant Procedure

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

Any allegation or concern that an employee or volunteer has behaved in a way that has harmed, or may have harmed, a child must be taken seriously and dealt with sensitively and promptly, regardless of where the alleged incident took place.

Depending on the situation, an appropriate response may involve:

- the police investigating a possible criminal offence
- our local child protection services making enquiries and/or assessing whether a child is in need of support

- our organisation following the relevant disciplinary procedures with individuals concerned.

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 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, staff's line manager 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 \(\[bristolsafeguarding.org\]\(http://bristolsafeguarding.org\)\)](#)

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

It is not necessary for individuals who raised the concern to prove the wrongdoing that is alleged to have occurred or is likely to occur. It will be a matter for the Police, LADO and/ or local authority safeguarding to assess whilst the person is suspended from duties.

If the staff member has raised an 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.

4.2 Procedure for Raising Concerns Internally about Education Bodies

Outside of reporting *immediate* safeguarding concerns through LADO (above), guidance from the Department of Education in 2024 guides our procedure which is:

- i. Practitioner (from The Green House or other service supporting child or family) or parent raises concern directly with the School.
- ii. Patterns of concerns (e.g. up to 7 concerns about the same school raised by TGH staff) can be raised with the local authority safeguarding

- in education board for guidance and advice (including whether to report to LADO).
- iii. If a complaint is not responded to, escalate to the Trust (Chair of Trustees) and follow their complaints process (found on school websites).
 - iv. If you have followed all the steps in the school's complaints procedure and believe your complaint was not dealt with correctly, you can [complain to DfE](#).
 - v. The DfE will then contact the Trust and consider whether the right policies and procedures are in place and being followed, and may also reach out to the Local Authority and Ofsted if appropriate.
 - vi. Complaints can be raised anonymously or overtly.
 - vii. Actions and reviews will be recorded on OASIS and our safeguarding spreadsheet.

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 [Welcome to the South West Child Protection Procedures \(trixonline.co.uk\)](#) 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](#) provides extensive resources on child protection policies and procedures and staff should develop their knowledge through familiarity with the materials provided.

How to ask for help in Bristol:

If a child is at immediate risk or in danger ring the Police on 999.
For non-emergencies call 101 and ask to speak to the Police Light House Safeguarding Unit <https://www.lighthousevictimcare.org/about-us/>

Local Authority	Name of Front Door Service	Referral Number	Emergency Duty Team
Bristol	Families in Focus- for advice on making a referral	North: 0117 352 1499 East / Central: 0117 357 6460 South: 0117 903 7770	01454 615 165
Bristol	First Response	0117 903 6444	

	if you are concerned about a child or young person and you need a same day response		
BANES	Early Help	01225 396312 / 396313 (duty team)	01454 615 165
South Glos	Access and Response Team (ART)	01454 866000 (office hours)	01454 615 165
North Somerset	Front Door/Care Connect	01275 888 690 Professional consult (M-Th 9-5); 01275 888 801 to refer	01454 615 165

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:

- Disabled Children Service (Bristol) **0117 903 8250**
- Disabled Children's Team (BANES) **01225 825307**
- 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)
- safeguardingineducationteam@bristol.gov.uk for all safeguarding in education concerns. The service area lead will then contact directly. They will give advice and agree what are the possible next steps
- CAMHS Getting Advice Team on 0800 953 9599 (when a child/ young person is not yet referred to CAMHS, but you have escalating concerns about their level of risk and distress).
- [Safety planning in education: A guide for professionals supporting children following incidents of harmful sexual behaviour \(csacentre.org.uk\)](https://www.csacentre.org.uk/safety-planning-in-education)

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	Jan 2023

	Safeguarding log/tracker for recording Safeguarding Concerns	
Natalie King/ Rebecca Parkhill	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
Natalie King	Added KBSP safeguarding training levels and High-Speed Safeguarding training for office and frontline staff, Safeguarding Advisor and Designated Safeguarding Lead.	Sept 2023
Rebecca Parkhill	Added internal recording processes link: The Green House - Safeguarding Process Flow Chart.docx	December 2023
NO LONGER IN USE. WE WILL REFER TO OLD VERSIONS OF POLICIES IN ARCHIVE AS OF APRIL 2024		

