



SAFEGUARDING CHILDREN POLICY AND PROCEDURES

Nominated Safeguarding Lead: Director, Tom Owen

Nominated Safeguarding Advisors: Clinical Lead for the Children & Young People's Service, Clinical Lead for Adult Services.

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.

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 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.

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

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children in particular, 'Working Together to Safeguard Children' 2015.

2. Abuse and neglect of children includes the following:

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.

3. The Green House will:

- 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.
- Provide clear and detailed procedures on decision making, accountability and recording of child safeguarding situations
- Provide thorough and effective training to staff on child protection policies and procedures
- Appoint a member of staff as Designated Safeguarding Lead and other key members of staff as Safeguarding Advisors.
- Provide regular and consistent supervision and support to staff who have as their basis, the safety and welfare of clients
- Ensure that the organisation is able to learn from specific child protection situations and review policy and procedures as a result if necessary.
- Maintain a current knowledge of child safeguarding procedures nationally and within the Somerset and Avon 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 CYP staff attend a weekly referral meeting where referrals and current client cases are discussed. Safeguarding is a central part of these discussions.
 - All CYP have a minimum of one and half hours 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 with safeguarding concerns as a standing item and they meet once a year with the Clinical Lead to discuss the clinician's performance and raise any concerns.
 - All CYP staff have bi-monthly individual line management meetings with the Clinical Lead.
 - The Clinical Leads and/or the Director, 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 3 years. The appropriate training levels for all staff and managers including Safeguarding Leads are set out in the Bristol Safeguarding Children Board (BSCB) training programme-
<https://bristolsafeguarding.org/children-home/training/>
- A training log is kept by the Clinical Leads to track all training is in line with this policy.
- Sharing information about child protection and good practice with children, young people, parents, carers and staff
- Sharing concerns and relevant information as necessary with agencies who need to know and involving parents/carers and children appropriately.

No referrals will be made to external agencies in respect of suspected abuse of a child without prior discussion with one of The Green House's Safeguarding Advisors or the Safeguarding Lead, regardless of the eventual action taken.

4. Safeguarding Lead role description: the Director of The Green House

Responsible for:

- Being the main contact within The Green House in relation to Child Safeguarding i.e. enquiries from external parties.
- Being available for The Green House staff in the absence of their Safeguarding Advisor (Clinical Lead) to discuss Safeguarding concerns
- Named contact for CYP and Adult Safeguarding Services.
- Reading and counter-signing The Green House's Safeguarding log sheets completed by staff reporting 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 Child Protection Boards websites and being registered to receive any updates when they 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.

Not responsible for:

- Making all necessary Safeguarding referrals

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.

5. Safeguarding Advisors role description: Clinical Leads for CYP & Adult Services

Responsible for:

- Being available for The Green House staff to discuss Safeguarding Concerns
- Completing Advanced Child Protection Training which will be updated every 2 years. Is aware of updates in local Child Safeguarding guidance.
- Co-ordinating use of weekly CYP Team referral meeting which has a standing agenda item for review of cases where Safeguarding issues are indicated.
- 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 Bristol Safeguarding Children Board (BSCB) training programme- <https://bristolsafeguarding.org/children-home/training/>.
- Providing 1:1 Line Management meetings for staff every 2 months where Safeguarding is a standing agenda item

Not responsible for:

- Making all necessary Safeguarding referrals

6. 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.

General Procedure

The Designated Safeguarding Lead for The Green House is the Director.

No individual staff member will be expected to make a decision regarding the protection of children alone. A staff member should make a referral regarding a child who may be at risk, or break confidentiality in consultation with one of the Safeguarding Advisors or 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 confidentiality MUST be breached within procedural guidelines. Where possible, the counsellor/therapist will seek the consent of the client regarding the need to break confidentiality before the referral is made. If it is their professional assessment that discussing this with the client would place the child at greater risk, then this should be discussed with the Safeguarding Advisor or the Safeguarding Lead.

If confidentiality cannot be maintained, only relevant and necessary information will be shared with the appropriate people.

When sharing information staff should use their judgement when making decisions on what information to share and when and should follow the established procedure. The most important consideration is whether sharing information is likely to safeguard and protect a child. 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 1998 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 to a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

If a child or young person is suspected of being unsafe or at risk, there must be an immediate discussion with the Safeguarding Advisor (Clinical Lead) and/or the Clinical Supervisor to assess the urgency of the action required to protect the child. If the Safeguarding Advisor and Clinical Supervisor are not available, the Safeguarding Lead (The Director) must be contacted.

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

If it is felt by the informant that the Safeguarding Advisor is taking insufficient action, any person may escalate the case to the Director.

A Safeguarding log sheet will be filled in to record any discussions or actions taken.

A breach of confidentiality will only be made by a member of staff authorised by one of the Safeguarding Advisors or Safeguarding Lead.

Referral Procedure

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 South West Child Protection Procedures www.proceduresonline.com/swcpp/.

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 Advisor or the Safeguarding Lead within 24 hours in order that a discussion can take place.

The Safeguarding Advisor or Safeguarding Lead will, if possible, ensure a discussion with the child takes place to explain what the Safeguarding process will be. Do not ask the child any leading questions. Can use TED: Tell. Explain. Describe.

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 notes should be dated and signed by the person completing them and stored safely in the client's case file.

If there is no consent from the service user to make a referral, the Safeguarding Advisor or Safeguarding Lead will make a decision about whether confidentiality will need to be broken 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 Sheet and 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 service user 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 their Safeguarding Advisor / The Safeguarding Lead and/or their Clinical Supervisor.

7. Confidentiality and information sharing

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 above. 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. This leaflet outlines all of the details of the counselling 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 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.

7. 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 relates to abuse by a member of The Green House, you should immediately inform the Safeguarding Lead (The Director) in the first instance, or if the allegation concerns The Director, you should speak directly to the Chair of the Board of Trustees.

The Director 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 Director 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 Bristol Safeguarding Children Board (BSCB) procedure 'Managing allegations against people who work with children'. Can refer to: <https://bristolsafeguarding.org/media/1283/allegations-management-guidance-document.pdf>.

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

The investigation should also be demonstrably thorough and impartial. The scope of the investigation will be determined by the nature of the concern. Witnesses may need to be interviewed and records may need to be scrutinised. It is also possible that advice may be needed from someone with specialist knowledge in human resources. 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. The appropriate Local Authority Designated Officer (LADO) needs to be informed of the outcome of the investigation. 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.

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 Director. 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. 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 (name of senior manager who is responsible for this) to discuss the matter further. If you are not the manager of the person who is the subject of the concern, you should refer the matter to the person's manager, who will decide what action to take.

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. Witnesses may need to be interviewed and records may need to be scrutinised. It is also possible that advice may be needed from someone with specialist knowledge in human resources. 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 kept on safeguarding activity sheets, kept securely.

9. Contact details for referrals

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

The South West shared core procedures are available at www.swcpp.org.uk and offer a clear guide and step by step approach to 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 Safe Network www.safenetwork.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**. Police Child Abuse Investigation Team (CAIT): **0117 945 4320**

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 – **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:

North Bristol, Social Work Assessment team: **0117 903 8700**

East/Central Bristol, Social Work Assessment team: **0117 903 6500**

South Bristol (Hartcliffe), Social Work Assessment team: **0117 353 2200**

South Bristol (Knowle), Social Work Assessment team: **0117 903 1414**

If you are concerned about the immediate safety of a child, the Police should be contacted on 0845 456 7000 at any time (or in emergencies by dialling 999).

How to ask for help in North Somerset

North Somerset Children's Services, Single Point of Access: **01275 888808**

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

How to ask for help in South Gloucestershire

South Gloucestershire Children's Services, First Point: **01454 866000**

South Gloucestershire Children's Services Emergency/out of hours: **01454 615165**

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 and services for the hospital for BANES and other local authority children: **01225 825307**

BANES Emergency Out of Hours Duty team: **01454 615165**

Integrated Safeguarding Officer: **01225 396974**

How to ask for help in Somerset

Somerset Direct (Somerset Children and Young People's Services, Referral Team): **0300 123 2224**

Somerset Out of Hours Emergency Duty Team: **0300 123 2224**

Other numbers that you can dial are:

- 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: 85888 (service is free and anonymous)

Date of last review: August 2020
Date of next review: August 2021

Safeguarding Log Form

Reporting Concerns about a Child

To be filled in by the person making the Child Protection Referral



Details of Child and Parents/Carers

Name of child / young person:	D.O.B:
Gender:	Age:
Ethnicity:	Language:
Additional Needs:	Physical disabilities / learning disabilities – please give details:
Name(s) of parent(s) / carer(s): Name(s) and D.O.B / age(s) of other children that you are aware are living in the household:	Child / young person's home address and address(es) of parents (if different from child's):
Telephone number(s) of parent(s) / carer(s):	Telephone number of young person (if over 16 years):

Staff Member Details

Your name:	Your position:
Date and time of incident / disclosure & location (if applicable):	Date and time of discussion with Safeguarding Advisor / Safeguarding Lead at The Green House:

Referral Information

Are you reporting your own concerns or responding to concerns raised by someone else?
If you are responding to concerns raised by someone else, please provide their name, position and organisation:
Please provide details of the incident / disclosure / concerns you have, including dates, times and description of any injuries, whether information is first hand or the accounts of others, including any other relevant details:

The child / young person's account / perspective:
Please provide details of anyone who may have witnessed the incident or who shares the concerns:
<p>Please note: concerns should be discussed with the family unless:</p> <ul style="list-style-type: none"> • The view is that a family member might be responsible for abusing the child • Someone may be put in danger by the parents being informed • Informing the family might interfere with a criminal investigation <p>If any of these circumstances apply, consult with the local authority children's social care department.</p> <p>Have you spoken to the child's parent(s) / carer(s)? If so, please provide details or explain reason why discussions haven't taken place:</p>
Are you aware of any previous incidents or concerns relating to this child or child's family? If so, please provide details:
Summary of discussion with Safeguarding Advisor / Safeguarding Lead at The Green House:

Following your discussion with the Safeguarding Advisor / Safeguarding Lead do you still have child protection concerns?
<p>Have you informed the statutory child protection authorities?</p> <p>Police: Date & time: Name and telephone number of person spoken to:</p> <p>Social Services: Date & time: Name and telephone number of person spoken to:</p> <p>Agreed action with child protection authorities:</p>

Follow-up

What has happened since referring to statutory services? Include the date and nature of the feedback from the referral, outcome and any relevant dates:
Are you happy with the outcome? Why or why not?
Details of any further steps taken to provide support to the child / young person / family and any other agencies involved, please provide names and contact numbers for professionals:
Is any further action(s) required?

Name and position of staff member	Date and time	Signature

Name of Safeguarding Advisor / Safeguarding Lead	Date and time	Signature