

Common Room North Ltd
Safeguarding Children, Young People and Adults at Risk Policy

Last updated: May 2025

We are committed to reviewing and updating our policies every 2 years.

Review due: May 2027

Common Room North Ltd (referred to as CRN in this document) is committed to safeguarding children, young people and adults at risk. CRN will not tolerate the abuse of children, young people or adults in any form.

All employees of CRN have a duty to follow the safeguarding procedures set out in this document. Failure to do so will be a disciplinary matter.

1. Purpose & Scope of Policy

1.1 The purpose of this policy is:

- To protect children, young people and adults at risk, who are involved in the work of CRN, from harm. This includes children and adults who use our services or who work for the company.
- To provide staff and volunteers, as well as children, young people, adults at risk and their families, with the overarching principles that guide our approach to safeguarding
- To guide all employees (paid or unpaid) on how to recognise and respond to safeguarding concerns.

This policy applies to anyone working on behalf of CRN including senior managers, paid staff, volunteers, freelancers, sessional workers, consultants, agency staff and students.

For the purpose of this policy where 'staff' are referred to this includes all those listed above and any other variant working on behalf of CRN.

1.2 Legal Framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation for safeguarding children is available from [the NSPCC](#).

This policy and procedure has been developed to be consistent with the Leeds Multi-Agency Safeguarding Adults Policy and Procedures which can be referred to for additional guidance at [Leeds Safeguarding Adults Board](#)

1.3 Supporting Documents

This policy statement should be read alongside all CRN organisational policies, procedures and guidance. Key documents in relation to safeguarding are listed below:

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- Staff Handbook (which outlines how staff are supervised and supported regarding safeguarding issues)
- Safeguarding report form
- Consent guidelines and documents re sharing images and video footage
- Social media usage guidelines
- Staff disciplinary procedure, grievance procedure and complaints procedure
- Whistleblowing policy
- Health and safety policy
- Data Protection Policy
- Personal Data Flowchart
- Data Retention Schedule

1.4 CRN believes that:

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

1.4.1 We recognise that:

- the welfare of children and adults at risk is paramount in all the work we do and in all the decisions we take
- all children and adults at risk, regardless of age, disability, gender, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- some children and adults at risk are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with children, young people, adults at risk, their parents, carers and other agencies is essential in promoting their welfare.

1.4.2 We will seek to keep children, young people & adults at risk safe by:

- valuing, listening to and respecting them
- appointing a nominated Lead Safeguarding Office (LSO), and a deputy (DSO) to act in their absence
- adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers
- developing and implementing an effective online safety policy and related procedures
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently
- recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made

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- recording, storing and using information professionally and securely, in line with data protection legislation and guidance
- sharing information about safeguarding and good practice with children, adults at risk and their families, where relevant
- making sure that children, young people, adults at risk and their families know where to go for help if they have a concern
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, adults at risk, parents, families and carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment for our children, young people, adults at risk, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- ensuring safe practice when working in partnership with other organisations
- building a safeguarding culture where staff and volunteers, children, young people, adults at risk and their families, treat each other with respect and are comfortable about sharing concerns.

1.4.3 When considering the need to intervene in relation to someone's mental health (aged 16 or over) we also adhere by the five principles of the [Mental Capacity Act 2005](#):

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

1.5 Confidentiality statement

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Common Room offers confidentiality to children, young people and adults we engage with through our work, including staff members. This means we will not normally share information about you to anyone outside the organisation without your agreement. We will keep information about you secure only until it is no longer needed, and share this on a need-to-know basis.

There may however be times when we need to share information about you with external partners or organisations when we are concerned that you or someone else are in danger or at risk of significant harm. Wherever possible we will try to discuss this with you and gain your consent before giving out any information. However, if we are unable to do this and feel that telling you would increase the risk, we may choose to do so without your consent. If you are unsure or would like to know more about the above, please ask one of the workers or email liz.neill@commonroom.uk.com.

- 1.5.1 All staff, volunteers and service users should be made aware of this statement above at the start of any project. It will be included in all standard information gathering forms and templates.
- 1.5.2 Where a child, young person or adult at risk is, or may be, at risk of harm disclosure of information is imperative. The overriding objective must be to safeguard the individual, no confidentiality provisions referenced anywhere in this policy or elsewhere will override this provision. This principle is accepted within the Data Protection Act.
- 1.5.3 The bounds of confidentiality are held to CRN not to any individual or team. The LSO may have the need to access information at any given point and information should be recorded and stored in a way to enable this.
- 1.5.4 Confidentiality, child protection and safeguarding adults at risk must be discussed with children, young people, adults at risk, parents and professionals at the beginning of any piece of work or relationship. It is essential to be clear prior to any concerns arising that any confidentiality will be broken in the event of a safeguarding concern being discovered or raised.
- 1.5.5 Staff must not make any promises to any adult, child or young person that they will keep secrets.
- 1.5.6 Where staff members have a legitimate concern about a child, young person or adult at risk's safety they have a duty to break confidentiality.
- 1.5.7 Where it is necessary to break confidentiality, consent should be sought from the individual and/or their parents or carers where it doesn't put the individual/s concerned at further risk of significant harm.
- 1.5.8 If consent is not agreed but the concern is enough that the LSO decides to share information anyway the individual and as appropriate their parents or carers should be informed if this does not increase the risk of significant harm.

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- 1.5.4 Failure to share disclose information with the LSO or relevant safeguarding authority when a person is deemed at risk of significant harm is a disciplinary matter.

2. Key Roles & Contact Details

Every member of staff and volunteer has a responsibility to act on concerns of possible abuse and must inform the organisation's Lead Safeguarding Officer.

2.1 Lead Safeguarding Officer (LSO)

Name: Liz Neill

Phone: 07496 494679

Email: liz.neill@commonroom.uk.com

2.1.1 The LSO is responsible for:

- Being the main point of contact for staff members with safeguarding concerns
- Providing advice and support to staff on issues relating to safeguarding children, young people and adults at risk.
- Ensuring all concerns are recorded via safeguarding report forms as soon as possible and within a minimum of 24 hours of the concern arising.
- Ensuring Safeguarding Report Forms sent externally (or other external referrals) receive due care and attention at the external agency within 7 days.
- Maintaining oversight of Common Room processes, policies, recording and reporting relating to safeguarding.
- Ensuring that all safeguarding referrals and incident reports are stored securely.
- Chairing an 'as required' meeting to look through any safeguarding reports/incidents that have occurred in the past month and assist in addressing any issues that have arisen from these.
- Providing or ensuring the support and supervision of any staff members involved in responding to safeguarding concerns.
- Ensuring that all staff of CRN are effectively inducted, trained and supported to respond to safeguarding concerns
- Ensuring that children, young people, adults at risk and their parents and carers involved with Common Rooms' work are aware of CRNs safeguarding procedures.
- Ensuring that the partner organisations working with the children, young people, adults at risk or their parents/carers involved in CRNs work have suitable safeguarding procedures in place.

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- In the situation where they may be absent to ensure the Deputy Safeguarding Officer takes over these responsibilities and staff are informed of this
- Ensuring this policy is reviewed, kept up-to-date and any updates shared with all staff and volunteers.

2.2 Deputy Safeguarding Officer (DSO)

Name: Jeni Roussounis

Phone: 07939140451

Email: jeni@commonroom.uk.com

2.2.1 The DSO is responsible for:

- Deputising the LSO responsibilities in their absence.
- Ensuring the LSO is fully updated on their return and maintain involvement in any cases going forward as required.
- Supporting the LSO in their safeguarding work and decision making.

2.2.1 The DSO & LSO will hold a monthly safeguarding meeting, or as and when needed, to review any issues that have arisen and decisions made.

2.4 All CRN staff are responsible for:

- Raising concerns at the earliest opportunity with the LSO (or DSO in their absence).
- Immediately contacting appropriate services in an emergency situation.
- Logging and updating information regarding face to face contact with children, young people and adults at risk
- Using secure documents on the shared drive to log this information including; details of emergency contact details, mobile numbers, support needs.
- Paid staff must ensure all volunteers are supervised at all times and respond to any concerns they raise with them as above.
- Volunteers must ensure they raise any concerns immediately with the LSO/DSO or their supervising staff member.
- The LSO and DSO will remain in ongoing regular contact (minimum monthly) and hold additional meetings when new contact work occurs. These meetings will ensure that all safeguarding procedures are being put in place and to identify and hold oversight of any safeguarding issues raised.

If consulting with the LSO/DSO will lead to an undue delay and thereby leave a person in a position of risk, the worker involved should raise a safeguarding concern directly with the relevant agencies listed below.

2.5 Useful numbers

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Duty & Advice Team - The Front Door

Children's (09:00-17:00): 0113 376 0336 (professionals only line)
Out of hours: 0113 535 0600 (professionals only)
Public Line: 0113 222 4403

Adults Social Care: 0113 222 4401

[Reporting Adult Concerns Link](#)

Out of hours: 0113 378 0644

Other useful numbers

NSPCC Helpline: 0808 800 5000
Local Authority Designated Officer 0113 278 9687 (for allegations against
LADO@leeds.gov.uk children's professionals)

If it is an urgent situation and someone is at risk of coming to immediate significant harm please do not hesitate to call the emergency services on 999

3. Definitions & terminology

For the purpose of this document the following definitions are assumed:

- 3.1 Child or young person:
Anyone who has not yet reached their 18th birthday.
- 3.2 Adult at risk:
An adult who:
- is aged 18 years or more, and
 - has needs for care and support (whether or not these are currently being met),
 - is experiencing, or is at risk of, abuse or neglect, and
 - as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Such a definition includes:

- a person with age related frailty
- a person with a physical disability, a learning disability or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

- 3.3 Safeguarding:

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A term we use to describe how we protect adults and children from abuse, neglect or maltreatment. Safeguarding is about protecting certain people who may be in vulnerable circumstances. These people may be at risk of abuse or neglect due to the actions (or lack of action) of another person. Safeguarding refers to all activity and actions to prevent harm and protect those suffering or at risk of suffering harm.

3.4 Abuse:

Abuse can take many forms and is defined as follows differently for children and adults. The following definitions are taken from the relevant government documents as stated below. CRN are encouraged not to be restricted by definitions as abuse can be perpetrated and experienced differently by different individuals

3.5 Children:

The following definitions for the abuse of children are taken from [Working Together to Safeguard Children 2023](#), Department for Education:

Abuse:

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

3.5.1 Physical Abuse: A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

3.5.2 Emotional Abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of

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another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- 3.5.3 Sexual Abuse: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (See also 3.5.6.2 for definition on Child Sexual Exploitation)

- 3.5.4 Neglect: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- a. provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b. protect a child from physical and emotional harm or danger
- c. ensure adequate supervision (including the use of inadequate caregivers)
- d. ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

- 3.5.5 Extra-familial harm - Children may be at risk of or experiencing physical, sexual, or emotional abuse and exploitation in contexts outside their families (see glossary definition of extra-familial contexts). While there is no legal definition for the term extra-familial harm, it is widely used to describe different forms of harm that occur outside the home. Children can be vulnerable to multiple forms of extra-familial harm from both adults and/or other children. Examples of extra-familial harm may include (but are not limited to): criminal exploitation (such as county lines and financial exploitation), serious violence, modern slavery and trafficking, online harm, sexual exploitation, child-on-child (nonfamilial) sexual abuse and other forms

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of harmful sexual behaviour displayed by children towards their peers, abuse, and/or coercive control, children may experience in their own intimate relationships (sometimes called teenage relationship abuse), and the influences of extremism which could lead to radicalisation.

Extra-familial contexts - Extra-familial contexts include a range of environments outside the family home in which harm can occur. These can include peer groups, school, and community/public spaces, including known places in the community where there are concerns about risks to children (for example, parks, housing estates, shopping centres, takeaway restaurants, or transport hubs), as well as online, including social media or gaming platforms.

Within Extra Familial Harm the following definitions may be also useful:

3.5.5.1 Child criminal exploitation - As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

3.5.5.2 County lines - As set out in the Serious Violence Strategy published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. This activity can happen locally as well as across the UK; no specified distance of travel is required.

3.5.5.3 Serious violence - Serious violence covers specific types of crime, such as homicide, knife crime, and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in gangs and county lines drug dealing. It also includes crime threats faced in some areas of the country such as the use of corrosive substances as a weapon.

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For the purposes of the Serious Violence Duty, as per section 13 of the Police, Crime, Sentencing and Courts Act 2022, Serious Violence in the local area is violence that is serious in that area, taking account of: the maximum penalty which could be imposed for the offence (if any) involved in the violence, the impact of the violence on any victim, the prevalence of the violence in the area and the impact of the violence on the community in the area.

3.5.5.4 Child Sexual Exploitation: Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (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.

3.5.5.5 Financial exploitation - Financial exploitation can take many forms. In this context, we use the term to describe exploitation which takes place for the purpose of money laundering. This is when criminals target children and adults and take advantage of an imbalance of power to coerce, control, manipulate or deceive them into facilitating the movement of illicit funds. This can include physical cash and/or payments through financial products, such as bank and cryptocurrency accounts.

3.5.6 Extremism: Extremism is defined in the Prevent strategy as the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces.

3.5.7 Domestic abuse - The Domestic Abuse Act 2021 introduced the first ever statutory definition of domestic abuse (section 1 of the Act). The statutory definition is clear that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse. Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected” (as defined in section 2 of the Domestic Abuse Act 2021). The

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definition ensures that different types of relationships are captured, including ex-partners and family members. All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse.

3.5.7.1 Teenage Relationship Abuse: Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as teenage relationship abuse. Depending on the age of the young people, this may not be recognised in law under the statutory definition of domestic abuse (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support.

3.5.7.2 Controlling or coercive behaviour - Also known as coercive control, controlling or coercive behaviour is a form of domestic abuse. In 2015, the offence of controlling or coercive behaviour was introduced under Section 76 of the Serious Crime Act as a criminal offence. Controlling or coercive behaviour is included in the definition of domestic abuse in section 1(3)(c) of the Domestic Abuse Act 2021. Controlling or coercive behaviour is a pattern of abuse (on two or more occasions) that involves multiple behaviours and tactics used by a perpetrator to (but not limited to) hurt, humiliate, intimidate, exploit, isolate, and dominate the victim. It is an intentional pattern of behaviour used to exert power, control, or coercion over another person. Controlling or coercive behaviour is often committed in conjunction with other forms of abuse and is often part of a wider pattern of abuse, including violent, sexual, or economic abuse. Children can be used to control or coerce the victim, for example, by frustrating child contact and/or child arrangements, telling the children to call the victim derogatory names or to hit the victim, or by threatening to abduct the children. This pattern of abuse causes fear, serious alarm and/or distress which can lead to a substantial adverse effect on a victim's day-to-day life. This can have a significant impact on children and young people. Section 68 of the Domestic Abuse Act 2021 came into force on 5 April 2023 and removed the 'living together' requirement for the controlling or coercive behaviour offence, which means that the offence applies to partners,

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ex-partners or family members, regardless of whether the victim and perpetrator live together.

3.6 Adults:

The [Care and Support Statutory Guidance 2020](#) states that views of what constitutes abuse must not be limited, as they can take many forms and individual circumstances must be considered.

Incidents may be:

- one-off incidents,
- something that happens repeatedly,
- something that affects one person or many people,
- intentional or non-intentional.

The Care and Support Statutory Guidance 2020 provides the following examples:

- 3.6.1 Physical abuse including assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions
- 3.6.2 Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.
- 3.6.3 Psychological abuse including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.
- 3.6.4 Financial or material abuse including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits.
- 3.6.5 Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- 3.6.6 Discriminatory abuse including forms of harassment, slurs or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation, religion.

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3.6.7 Neglect and acts of omission including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

3.6.8 Organisational abuse including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

3.6.9 Domestic abuse

The Domestic Abuse Act 2021, Section 1 introduces a new definition of domestic abuse:

The behaviour of a person towards another is domestic abuse, if both people are aged 16 or over and are personally connected to each other; and the behaviour is abusive.

Abusive behaviour consists of any of the following —

- physical or sexual abuse;
- violent or threatening behaviour;
- controlling or coercive behaviour;
- economic abuse;
- psychological, emotional or other abuse

Furthermore, it does not matter whether the behaviour consists of a single incident or a course of conduct.

3.6.10 Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

The LSAB Self-neglect policy provides additional information and guidance about self-neglect, legal frameworks and best practice principles.

4. Recognition and Response Guidelines

4.1 Some possible signs of abuse include:

- Unexplained or suspicious or frequent injuries such as bruising cuts or burns, particularly if situated on a part of the body not normally prone to such injuries or the explanation of the cause of the injury does not seem right.
- The child, young person or adult at risk discloses abuse, or describes what appears to be an abusive act.
- Someone else (child or adult) expresses concern about the welfare of another child, young person or adult at risk.

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- Unexplained change in behaviour such as withdrawal or sudden outbursts of temper.
- Inappropriate sexual awareness or sexually explicit behaviour or significant changes in sexual behaviour or attitude
- Low self-esteem
- Difficulty walking or sitting
- Flinching or showing fear
- Damage to property or possessions missing
- Distrust or change of behaviour of adults, particularly those with whom a close relationship would normally be expected.
- Signs of malnutrition
- Missing medical appointments
- Difficulty in making friends, isolation or withdrawal
- Eating disorders, depression, self-harm or suicide attempts
- Uncooperative or aggressive behaviour
- Signs of distress: tearfulness, anger etc.
- Unexplained access to money or receiving generous 'gifts'
- Unexplained lack of money
- Expression of extremist views
- Inappropriate or inadequate clothing
- Poor home environment
- Lack of self-care
- Poor personal hygiene

Please note that all the above could be signs or indicators of abuse and the list is not exhaustive, however many of them may be natural reactions to significant events in people's lives such as bereavement or relationship breakdown. Assumptions must not be made but conversations with people can help to clarify if abuse is occurring.

4.2 If any member of staff or volunteer has reason to believe that abuse is or may be taking place you have a responsibility to act on this information. It does not matter what your role is, doing nothing is not an option.

4.2.1 If a person discloses abuse to you directly, use the following principles to respond to them:

If the situation is urgent take action to keep the person safe:

- Is police presence required to keep someone safe immediately? If so call 999
- Does the person need urgent medical assistance, do they need an ambulance? If so, call 999
- If a crime has occurred, be aware of the need to preserve evidence

General principles for responding:

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- React calmly and reassure the person that they were right to talk to someone.
- Don't be judgemental or jump to conclusions.
- Initially talk to a child, young person or adult about what you are observing. It is okay to ask questions, for example: "I've noticed that you don't appear to be yourself today, is everything okay? But never use leading questions. Most non-leading questions start with who, what, why, where & how
- Listen carefully to what the child, young person or adult has to say and take it seriously. Behave at all times towards them to show them that you believe what they are saying.
- It is not the responsibility of CRN or its staff and volunteers to investigate incidents or ask probing questions of suspected abuse but to gather information and make contact with the relevant authorities only.
- Always explain to children, young people and adults at risk that any information they have given will have to be shared with others, if this indicates they and or other children or adults are at risk of harm; Explain who you will be talking to (the Lead Safeguarding Officer LSO)
- Reassure them that they will be kept informed of any conversations about them and involved wherever possible
- Notify the LSO at the earliest opportunity
- Record what was said (in the words of the person disclosing) as soon as possible after any disclosure; the person who receives the allegation or has the concern, should complete a CRN Safeguarding Report Form and ensure it is signed and dated.
 - The Safeguarding Report Form includes:
 - Date and time of notification
 - Child, Young Person or Adults name
 - How the concern came to the workers attention
 - Details of the concern
 - Actions to be taken (both internal and external actions - based on the issues raised in the allegation. Eg; Notify Manager/ Duty and Advice/ LADO)
- Respect confidentiality and file documents securely
- Encourage the person to access appropriate agencies for further support, the LSO can assist with this

4.2.2 If the person disclosing about abuse or harm is a child, young person or an adult at risk, they may not wish to take the matter further than the person they have informed. They may fear the effect this will have on themselves,

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another person, their or another person's family or may fear forms of retribution. The child, young person or adult at risk must be helped to understand why the information must be shared and what is likely to happen as a result. This discussion to help them understand need not happen if on the balance of probabilities having the discussion could result in a worsening situation or further avoidable harm.

- 4.2.3 If a child, young person or adult at risk alleges that another child, young person or adult at risk is a cause for concern, safeguarding procedures must be considered in respect of both parties.
- 4.3 The Lead Safeguarding Officer (LSO) should take immediate action if there is a suspicion that a child, young person or adult at risk has been abused or is likely to be abused.
 - 4.3.1 In this situation the LSO should contact the police and/or the Duty and Advice Team at The Front Door for children and Adult Social Care for adults at risk.
If contact is made this should be followed up in writing within 24 hrs using the relevant form provided by the relevant authority following contact.
 - 4.3.2 Parents / carers of children and young people will need to be informed about any referral to The Front Door unless to do so would place the child at an increased risk of harm. Ideally this conversation would take place prior to making contact to provide transparency to the family.
 - 4.3.3 If consulting with the Lead Safeguarding Officer (or DSO in their absence) will lead to an undue delay and thereby leave a person in a position of immediate significant risk, the worker involved should raise a safeguarding concern directly with the relevant agencies listed in this policy (2.5).

5. Recording & Managing Confidential Information

All concerns about a child, young person or adult at risk's welfare should be recorded whether or not further action is taken.

- 5.1 Completing a Safeguarding Report Form
 - All forms must be completed and relayed onwards at the soonest opportunity within 24 hours of having a concern or an incident occurring.
 - Records pertaining to safeguarding issues may be accessible to third parties such as children's services, police, the courts and solicitors so every care must be taken to ensure that they are accurate and objective.

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- Staff members should try not to write speculative comments and stick to the facts given by the child, young person or adult at risk.
- Staff opinions/speculations may in some circumstances be crucial but they must be recorded as an opinion and any evidence stated to support these opinions
- All fields should be completed, where information is non-applicable, unknown or unavailable this should be clearly denoted.
- The person filling in the form is responsible for the contents and ensuring it is sent on to the LSO
- In the event of a report being relayed outside the organisation it is the responsibility of the LSO to ensure that it has received appropriate attention from the external agency within 7 days. Upon completing this duty the LSO should confirm this and record the action.
- Upon completion of the form, follow the CRN internal review process

5.2 Making contact with an external agency

- The decision whether to make a report will be based on discussions between the LSO and the person completing the report. Any other issues CRN is aware of in relation to the child, young person or adult at risk should be taken into account and the risks associated with not taking action be weighed.
- The report to the appropriate services will be made by the LSO unless this would lead to an undue delay and thereby leave a person in a position of significant immediate risk. In this case the staff member concerned should raise a safeguarding concern with the relevant agencies listed in this policy (2.5).
- If appropriate, it is the responsibility of the Lead Safeguarding Officer to decide whether the parents/carers of the child, young person or adult at risk should be informed of the external report if they have not already been made aware of this. Good practice would encourage this in almost all circumstances unless it would increase the risk of harm (for example, female genital mutilation)
- If the child, young person or adult at risk has a known contact with Children's Social Work Service or Adult Social Care they must be informed of CRN concerns. If CRN is aware of a named Social Worker contact must be made directly with them in the first instance not via the numbers listed in the policy.
- If the child, young person or adult at risk is from out of the Leeds metropolitan district the NSPCC advice line will be able to provide contact details for their local authority or they will be available via their local safeguarding children's partnership or safeguarding adults board.
- Once the report has been made in writing, the person making the report must ensure they have a written record that it has been received. This must be stored (digitally, on internal shared file and password protected) with the reporting form and any other paperwork relating to the case in line with guidance

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- 5.3 All records will be securely stored with access only for those who need to see the information, usually the worker involved, the LSO and the DSO.
- 5.4 Records will be stored for between six months and six years and then destroyed. The length of record retention will be judged on a case-by-case basis in collaboration with relevant partner organisations and/ or the local authority, police or courts. This may therefore exceed 6 years.
- 5.5 All conversations about any child or adult safeguarding will be conducted confidentially and records of the discussions will be kept.
- 5.6 Any information sent through the post about safeguarding will be marked “Confidential - addressee only”
- 5.7 Sensitive information sent via email will be in a password protected document attached to the email.

6. Joint working arrangements

- 6.1 Common Room often provides staff who work within other settings (e.g. schools) or alongside other organisations (e.g. universities)
When CRN is working in partnership with another organisation, in whatever capacity, the following will be agreed:
 - Which agency will take responsibility for progressing actions on concerns raised by Common Room staff whilst undertaking work in partnership
 - The name of the senior worker to whom safeguarding concerns should be reported
 - Who will ensure that both agencies staff are aware of the procedures being followed
- 6.2 The written agreement or protocol detailing the services to be provided must include the procedure to be followed in the event of concerns about child or adult abuse. The purpose of this is to ensure clarity as to which organisation is responsible for taking action; the agreement must stipulate that CRN must be informed of all incidents.
- 6.3 It must be ensured that the partner organisation has appropriate safeguarding policies in place, which will include child protection and protection of adults at risk policies and procedures, sound recruitment and selection practices and formal complaints procedures.
- 6.4 Procedures for addressing child protection, safeguarding and any other poor practice concerns must be detailed in contracts and service level agreements.

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- 6.5 Where a partner agency does not have safeguarding procedures in place CRN Safeguarding policy will automatically apply, this must be made clear to the partner agency at the outset.
- 6.6 CRN staff must ensure that they are familiar with the procedures of the agency that they are working with and understand the agreed roles and responsibilities of each agency.
- 6.7 CRN Safeguarding procedure still applies to CRN staff. Even in the case that the hosting agency that is taking the lead, any concerns that have been raised should also be reported to the LSO using the Safeguarding Reporting Form giving details of actions taken.

The LSO will follow up with the named person in the lead agency on any action taken.

- 6.8 In project proposals and tenders CRN Safeguarding Children, Young People and Adults at Risk Policy must be referenced and attached where appropriate.

7. Safer Recruitment

- 7.1 CRN has a duty to ensure staff and volunteers are safe to work with children, young people and adults at risk. CRN will take the following steps to deter potential abusers from being able to work with or for the company and to check the suitability of employees:

- Clear job descriptions and person specifications, setting out the boundaries and expectations of the role including details of responsibility & requirements for safeguarding.
- Clear statements about CRNs commitment to safeguarding from the outset on the CRN website, in adverts, job information packs and application forms.
- Use of application forms, not CV's
- Applications will be scrutinised by at least 2 people prior to being invited for an interview.

They will:

- Check for any inconsistencies or gaps in the person's history and ask for clarification.
- Apply the same level of scrutiny to all applicants consistently
- Obtaining references prior to interview wherever possible, including specific enquiries about the applicants background in relation to safeguarding.
- Requiring proof of identity to be presented at interview

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- As a minimum the application process will involve a face-to-face interview and where possible another tool (role play, presentation, activities etc.)
- At interview use of probing questions into motives, attitudes and behaviours not just skills and experience. Questions will cover safeguarding issues as well as role-related questions.
- This safeguarding policy will be provided to all new staff, consultants and volunteers during their induction.
- All volunteers will be supervised at all times.

7.2 Criminal Record Checks

- CRN will, where relevant to the post, seek self-disclosure information about criminal history and use it appropriately. This is in-line with CRN Recruitment of Ex-Offenders Policy.
- CRN staff who are engaged for over 3 months, where relevant, are subject to a DBS check. The level of disclosure (Standard or Enhanced) is dependent on the nature of the role and the level of contact with children, young people and adults at risk in line with DBS guidance found here <https://www.gov.uk/find-out-dbs-check>
- Staff working directly with children, young people or adults at risk will not be allowed to work unsupervised in that setting without an up-to-date DBS check. This does not apply to the vast majority of our work and therefore the majority of CRN staff do not require a DBS check.

7.3 All Consultants working on Common Room's behalf must where appropriate have a current DBS check. This will be identified as necessary by the Director and the consultant will be informed of what is required. The consultant will need to provide evidence of this to the Director. Public Liability and Indemnity Insurance cover is provided by CRN to consultants and staff on payroll for their work in relation to Common Room business.

7.4 It is an offence to employ someone who is not eligible to work in the UK so proof of eligibility will be sought and checked before the offer of employment is confirmed. This will be done by requesting the relevant documentation as identified on <https://www.gov.uk/legal-right-work-uk>

8. Allegations against staff

All CRN staff and volunteers are considered to be in a position of trust. If any of the staff or volunteers of CRN are alleged to have behaved in a way that may pose a risk to others the concern should be raised with the LSO.

8.1 In relation to a Child or Young Person

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- 8.1.1 Working Together to Safeguard Children (DFE 2023) outlines the framework that should be followed in all cases in which it is alleged that a member of staff or volunteer has:
- Behaved in a way that has harmed a child or may have harmed a child
 - Possibly committed a criminal offence against or related to a child
 - Behaved towards a child or children in a way that indicates that they may pose a risk of harm to children.
 - Behaved or may have behaved in a way that indicates they may not be suitable to work with children
- 8.1.2 Any allegation against a member of CRN staff (paid or volunteer) must be raised with the LSO. There will be a clear distinction made between an allegation and a concern about the quality of care. The LSO will address any concerns about quality of care in someone's role through the whistle blowing policy process.
- 8.1.3 Allegations that fit the above criteria will be raised at the earliest opportunity by the LSO with the Local Authority Designated Officer (LADO - contact details in 2.5). The LADO will be contacted to discuss the concern and to receive advice with in one working day.
- 8.1.4 All cases will be subject to initial joint evaluation between the LADO & CRN and may involve other relevant sectors including the Police, Children's Social Work Service and regulatory bodies. This group will decide the way forward.
- 8.2 In relation to an Adult at Risk
- 8.2.1 If the LSO deems that the Adult at risk is experiencing or at risk of experiencing abuse they must contact Adult Social Care on the number provided in this policy (2.5)
- 8.2.2 The LSO will work alongside Adults Social Care and other multi-Agency partners to determine a way forward.
- 8.3 If an individual is removed from post due to the risk of harm they pose to children this must be reported to the Disclosure and Barring Service. The LSO with LADO advice will take responsibility for this.
- 8.4 If an allegation is made against the LSO then the DSO will take up the above role.

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- 8.5 There may be instances when a member of staff's performance or conduct when working with children, young people and adults at risk will lead to CRN's disciplinary procedures being invoked. The nature of the concern about the staff member's conduct and or performance will determine how and what disciplinary action is taken and may include suspension whilst investigations are underway.
- 8.6 After a child protection issue or allegation has been investigated, or a referral has been made, there may be strong feelings among staff, clients, children, young people, parents or carers. Line managers must ensure that those involved are supported to deal with the impact. This could be through extra line management meetings or in any other appropriate way.
- 8.7 If an allegation is made against a child, young person or adult at risk who is a CRN service user. This should be dealt with as with any other safeguarding concern and raised with the LSO initially. The LSO will determine which child, young person or adults are at risk and work through the safeguarding procedure appropriately.
- 8.7.1 Care must be taken if responding to a child, young person or adult at risk disclosing themselves as the instigator of harm as they may not understand what they are doing. They may also be experiencing harm or at risk of harm and should be responded to as a safeguarding concern for themselves also.

9. Management & Supervision of staff and vols

- 9.1 Management and supervision of staff and volunteers is the responsibility of the Director. Teams will be supervised together regarding work plans. Safeguarding concerns can be raised here, if appropriate, for discussion with the team. Regular 1:1 supervision and reflection with all staff is arranged with a frequency which is appropriate to the role, but staff can request to have a 1:1 meeting to discuss a safeguarding issue at any time.

10. Recording and managing confidential information

- 10.1 CRN has clear procedures about holding and sharing personal and confidential information. This is covered during induction of all staff. See *Data Protection Policy and Personal Data Flowchart* and *Data Retention Schedule* for details

11. Distribution and Review of Policy & Procedure

- 11.1 All CRN staff and volunteers will be asked to read this policy on commencement of work and will have it explained to them in induction.

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- 11.2 This policy will be reviewed bi-annually by the LSO & DSO in line with local and national policy and guidance
- 11.3 Any reviews of the policy will be shared with all staff after each update