

1. Introduction

CRY acknowledges the rights of children and adults to be protected from abuse, regardless of gender, ethnicity, disability, sexuality or beliefs. CRY considers that the welfare of children and at risk adults is paramount and will follow legislation, statutory guidance and recognised good practice in order to protect vulnerable people that use CRY's services or who interact with CRY in any way.

CRY will seek to raise awareness amongst its employees and trustees, such that there is an informed vigilance about the dangers of abuse. With regards to CRY's own activities, safeguarding includes preventing harm to children and at risk adults arising from the conduct of CRY staff or other personnel associated with CRY; and / or preventing harm arising from the design and implementation of CRY's programmes and activities. However, CRY will also encourage employees and trustees to identify and report **any** safeguarding concerns in **any** contexts (i.e. whether directly related to CRY or otherwise).

CRY will implement, maintain and regularly review the procedures outlined in this policy, which are designed to prevent and be alert to abuse. Although CRY recognises that safeguarding is the responsibility of everyone involved in the organisation, certain CRY employees will be nominated to form a Safeguarding Team. This team will have specific responsibilities with regards to safeguarding.

All safeguarding concerns or allegations should be addressed as soon as possible with one of CRY's nominated Safeguarding Officers (see Appendix 1). In the absence of the Safeguarding Officers, one of the Deputy Safeguarding Officers should be contacted. In the unlikely event that no members of the Safeguarding Team can be contacted promptly, any safeguarding concerns should be raised with CRY's Chief Executive or Office Manager.

Prompt action is often vital in safeguarding issues – in the first instance, concerns should be raised with the Safeguarding Team (or other nominated person in their absence) **quickly** and **in person** – that is, face-to-face or on the phone. Though initial verbal contact with the Safeguarding Team will almost always be followed by the submission of written notes / observations, it is not acceptable to *only* email a safeguarding concern to someone and assume / hope the email will be read promptly.

CRY will organise its activities in such a way as to promote a safe environment and minimise the risk of harm to children and at risk adults. CRY will follow safe recruitment processes for the selection and appointment of all employees. CRY is committed to providing support, supervision, resources and training - as appropriate - to all roles within the organisation.

All concerns and allegations of abuse will be responded to appropriately, including referring to the statutory authorities if necessary. CRY will cooperate with the statutory authorities in any investigation, will follow multi-agency decisions and will maintain appropriate confidentiality during any investigations. CRY will refer any safeguarding concerns pertaining to the conduct of CRY employees or trustees to the Local Authority Designated Officer (LADO).

Immediate action to ensure safety

Immediate action may be necessary at any stage when safeguarding concerns arise. In all cases, it is vital to take whatever action is needed to ensure the immediate safety of a child or at risk adult – **do not hesitate to call 999 if it is clear that someone immediately needs either medical attention or Police protection**. The Police should always be called immediately where it is clear (or strongly suspected) that sexual abuse or any other sort of crime has occurred. Any other aspects of a safeguarding concern – e.g. making notes, contacting the Safeguarding Team, etc – should be concluded *after* the person's immediate medical / safety needs are taken care of.

2. Aim and purpose of this policy

The aim of this policy is to provide procedures for promoting safeguarding, preventing abuse and protecting children, adults at risk, employees and trustees. This includes clear procedures for taking appropriate action when safeguarding concerns are raised involving children and adults who attend CRY activities and events, or who communicate with CRY through various media (e.g. via phone, email, social media, letter, etc).

This policy is approved and endorsed by the CRY Trustees and applies to:

- all those who attend CRY events or use CRY's services
- CRY Trustees and employees

This policy will be reviewed on an annual basis as a matter of course, or as-needed in response to any incidents, salient observations or changes in the relevant legislation.

In this policy, the term 'children' refers to those under the age of 18 years. Children and parents / carers will be made aware of this policy and our procedures and will be able to access it easily.

3. Duty of care and confidentiality

CRY has a duty of care to all employees and beneficiaries, whether adults or children. CRY will maintain confidentiality at all times – being mindful of current data protection legislation - except in circumstances where to do so would place the individual or another individual at risk of harm.

4. Preventing abuse

CRY's events and activities will be organised in accordance with good practice guidelines so as to promote a safe environment and healthy relationships, whilst minimising opportunities for harm, misunderstanding or false accusation. For each event, risk assessments will be carried out, appropriate consent forms will be used (for activities involving children), appropriate records will be kept and adequate insurance will be in place.

CRY is committed to safer recruitment and selection of all paid employees and trustees. CRY's Safeguarding Team and HR Manager will ensure that these procedures are followed:

- asking applicants to complete an application form
- providing employees with job descriptions and person specifications
- completion of self-declaration forms
- obtaining Disclosure and Barring Service (DBS) checks wherever legally entitled to do so
- taking up two references (not from family members)
- interviewing candidates

Safeguarding training will be provided for CRY employees and trustees; and all CRY employees will be given support and supervision in their role.

All CRY employees and trustees will work within a safeguarding code of conduct (see Appendix 2) and understand that there may be action taken if this code is not followed - possibly involving suspension or termination of employment / involvement with CRY.

CRY will appoint a Safeguarding Team, comprising two Safeguarding Officers and two Deputy Safeguarding Officers. The Safeguarding Team have the following responsibilities:

- To familiarise themselves with CRY's safeguarding policies and procedures and to keep abreast of any changes and developments.
- To ensure that CRY's safeguarding policies and procedures are reviewed annually, kept up-to-date, and are fit for purpose.
- To make sure employees / trustees are aware of CRY's safeguarding policies and procedures.
- To ensure safer recruitment practices are operated at CRY – this includes ensuring that:
 - all new employees and trustees have up-to-date Disclosure and Barring Service (DBS) checks;
 - DBS checks are repeated across the whole organisation from time-to-time (the interval between DBS checks being determined by a risk analysis of various business, societal and media factors); and
 - CRY employees and trustees are aware that they must advise their line manager or the CRY HR Manager if anything pertaining to their DBS status should change in between DBS checks.
- To be the first point of contact for any safeguarding issues at CRY.
- To be named people that children, adults at risk, CRY supporters and outside agencies can talk to regarding any issue to do with safeguarding.
- To be aware of the names and telephone numbers of appropriate contacts within Social Care and the Police, in the event of a referral needing to be made (see Appendix 1).
- To be aware of when to seek advice, and when it is necessary to inform Social Care, the Police or the Local Authority Designated Officer (LADO).
- To take appropriate action in relation to any safeguarding concerns which arise within CRY – e.g. deciding when to contact external authorities.
- To cooperate with Social Care or the Police in safeguarding investigations.
- To ensure that appropriate safeguarding records are kept by CRY, and that information in relation to safeguarding issues is handled confidentially and stored securely.
- To inform the CRY Chief Executive at the time of any referrals made to the statutory authorities, or of any information received from the statutory authorities (unless the matter involves any allegation pertaining to the Chief Executive).
- To report summarised safeguarding information annually to the CRY management team, enabling them to monitor safeguarding at CRY.
- To be advocates for good safeguarding practice at CRY.
- To promote sensitivity within CRY towards all those affected by the impact of abuse.
- To ensure that all CRY employees and trustees receive appropriate safeguarding training.
- To update their own safeguarding training every three years.
- To seek appropriate support and advice in carrying out this role.

5. Types of abuse and possible signs and symptoms

It is important to be aware of the possible signs and symptoms of abuse. Some signs could be indicators of a number of different categories of abuse. It is essential to note that these are only indicators of **possible** abuse. There may be other, innocent, reasons for these signs and / or behaviours. They will, however, be a guide to assist in assessing whether abuse of one form or another is a possible explanation for a child or adult's behaviour.

The definitions of abuse differ between children and adults.

5.1 Children

The below definitions are taken from Working Together to Safeguard Children 2013 and apply to England. Please note that there are national variations for Scotland (National Guidance for Child Protection in Scotland 2014) and Wales (All Wales Child Protection Procedures 2008).

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger, for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse 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. Female Genital Mutilation (FGM) is also a form of physical abuse. This is a cultural (not religious) procedure whereby parts of female genitalia are removed - also referred to as female circumcision. This is normally undertaken on pre-pubescent girls, who are either taken abroad for the procedure or “practitioners” come to the UK. In many cases, anaesthetic and sterile equipment are not used. Complications include serious infection, septicaemia, numerous gynaecological problems and in some cases, death.

Possible signs / symptoms of physical abuse are: unexplained falls or injuries, injuries / bruises at different stages of healing, bruising in unusual areas – e.g. inner arms or thighs, abrasions, injuries to head / face, person is very passive, injuries that reflect an article being used - e.g. an iron, burns / scalds - especially from a cigarette, human bite marks, swelling and lack of normal use of limbs, serious injury with lack of / inconsistent explanation, untreated injuries, unusually fearful with adults, unnaturally compliant to parents, refusal to discuss injuries / fear of medical help, withdrawal from physical contact, aggression towards others.

Emotional / psychological abuse

Emotional / psychological abuse is 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 the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), 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.

Possible signs / symptoms of emotional / psychological abuse are: withdrawal, depression, cowering, fearfulness, changes in sleep patterns, agitation, confusion, changes in behaviour, changes in appetite or weight, acceptance of punishments which appear excessive, overreaction to mistakes, continual self-depreciation, sudden speech disorders, fear of new situations, neurotic behaviour (such as rocking, hair twisting, thumb sucking), self-harm, extremes of passivity or aggression, drug / solvent abuse, running away, bullying / aggression, overly compliant behaviour.

Sexual abuse

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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Possible signs / symptoms of sexual abuse are: difficulty walking or sitting, injuries or soreness to the genital and / or anal area, unexpected / unexplained pregnancy, sexually transmitted infections (STIs), repeated stomach aches, loss of weight, gaining weight, unexplained recurrent urinary tract infections, unexplained discharges or abdominal pain, unexplained gifts / money, sexual knowledge inappropriate for the child's age, sexualised behaviour in young children, sexually provocative behaviour / promiscuity, hinting at sexual activity, sudden changes in personality, lack of concentration, restlessness, socially withdrawn, overly compliant behaviour, poor trust in significant adults, regressive behaviour – e.g. wetting, suicide attempts, self-mutilation, self-disgust, eating disorders.

Neglect

Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Possible signs / symptoms of neglect are: absence of food, heat, hygiene, clothing or comfort, preventing a person having access to services, isolation, absence of prescribed medication, tired / listless, emaciation, potbelly, short stature, poor skin tone and hair tone, untreated medical problems, constant hunger, destructive tendencies, low self-esteem, neurotic behaviour, no social relationships, running away, compulsive stealing / scavenging, multiple accidents / accidental injuries.

5.2 Adults

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Physical abuse

This is the infliction of pain or physical injury, which is either caused deliberately, or through lack of care. Possible signs / symptoms are: a history of unexplained falls, fractures, bruises, burns or minor injuries; signs of under or over use of medication and / or medical problems unattended.

Psychological or emotional abuse

These are acts or behaviours which cause mental distress or anguish or negate the wishes of the adult at risk. It is also behaviour that has a harmful effect on the adult at risk's emotional health and development or any other form of mental cruelty. Possible signs / symptoms are: alteration in psychological state - e.g. withdrawn, agitated, anxious, tearful; intimidated or subdued in the presence of a carer; fearful, flinching or frightened of making choices or expressing wishes; unexplained paranoia.

Sexual abuse

This is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent. Possible signs / symptoms are: pregnancy in a woman who is unable to consent to sexual intercourse; unexplained change in behaviour or sexually implicit / explicit behaviour; torn, stained or bloody underwear and / or unusual difficulty in walking or sitting; infections or sexually transmitted diseases; full or partial disclosure or hints of sexual abuse.

Neglect, or act of omission

This is the repeated deprivation of assistance that the adult at risk needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the adult at risk or to others. A vulnerable person may be suffering from neglect when their general wellbeing or development is impaired. Possible signs / symptoms are: malnutrition, weight loss and / or persistent hunger; poor physical condition, poor hygiene, varicose ulcers, pressure sores; being left in wet clothing or bedding and / or clothing in a poor condition; failure to access appropriate health, educational services or social care; no callers or visitors.

Financial or material abuse

This is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions. Possible signs / symptoms are: disparity between assets and living conditions, unexplained withdrawals from accounts or disappearance of financial documents, sudden inability to pay bills, carers or professionals fail to account for expenses incurred on a person's behalf, recent changes of deeds or title to property.

Discriminatory abuse

This is the inappropriate treatment of an adult at risk because of their age, gender, race, religion, cultural background, sexuality, disability, etc. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Discriminatory abuse links to all other forms of abuse. Possible signs / symptoms are: inappropriate remarks, comments or lack of respect, poor quality or avoidance of care.

Institutional abuse

This is the mistreatment or abuse of an adult at risk by a regime or individuals within an institution (e.g. hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice. Possible signs / symptoms are: lack of flexibility or choice over meals, bed times, visitors, phone calls, etc; inadequate medical care and misuse of medication, inappropriate use of restraint, sensory deprivation - e.g. denial of use of spectacles or hearing aids; missing documents and / or absence of individual care plans, public discussion of private matter, lack of opportunity for social, educational or recreational activity.

6. What to do if there is a disclosure or allegation of abuse

If a child or at risk adult makes a disclosure to you that they are being abused - and / or makes an allegation of abuse against someone - it is important that you do the following:

- make a judgement call on whether the immediate safety and wellbeing of the child or at risk adult are threatened. If they are, then appropriate emergency services should be contacted immediately by dialing 999. You should also explain to the person what you are doing and why (i.e. your concern for their safety).
- stay calm and listen carefully – give the person your full attention
- allow the child or at risk adult to give a spontaneous account without being stopped or interrupted
- reassure them that they have done the right thing in telling you and that you are glad they have talked to you
- do not investigate the allegation / situation or ask leading questions - just record what the child or at risk adult says
- explain that you will need to tell someone else in order to help them
- do not promise to keep secret what you have been told
- inform the CRY Safeguarding Team as soon as possible of the disclosure. This should be direct, verbal contact at first (i.e. face-to-face or via phone) with your documented notes to follow as soon as they are ready
- do not talk to the person who is alleged to have abused the child or at risk adult
- make an accurate record of the information given, taking care to record the timing, setting and people present. Notes should be made on the person's physical appearance as well as what was said. Where possible, notes should be made at the same time as, or immediately after, listening to the child or at risk adult - rather than relying on later recollections of the conversation. Every page of notes made should include the date and time that the notes were made and your signature
- explain to the child or at risk adult that notes are being / will be made, because it is important that the information they give is remembered correctly

A child or at risk adult may approach you and **directly** disclose information about abuse; or they may happen to start talking spontaneously about the matter when you are within earshot - hoping that they will be overheard and you will engage them in further conversation.

Additionally, if you are engaged in 'general' conversation with a child or at risk adult and they appear to be upset or have any bruises / injuries, it is good practice to politely enquire if they are OK (and / or how they sustained the injuries). Again, the child or at risk adult may have engaged you in general small-talk in the hope that the discussion would come round to a point where they feel able to make a disclosure.

A child or at risk adult may also make a disclosure to you on the phone, in a letter, via email or via social media. A disclosure that is not made to you 'face-to-face' should be treated with the same urgency and importance as a face-to-face disclosure – although if you are not engaged in a real-time conversation with the person making the disclosure (i.e. you are not face-to-face or on the phone with them) then your first action should be to alert the CRY Safeguarding Team.

Following any conversation with a child or at risk adult about alleged abuse, you should review (again) whether there is any immediate need to call the emergency services. If the person's disclosure suggests that a crime has been committed and / or that they have sustained any serious injuries, then the Police and / or Ambulance Service should be contacted immediately.

You should then contact a member of the CRY Safeguarding Team as quickly as possible. You should speak to a member of the Safeguarding Team in person or on the phone to report your conversation with the child or at risk adult. If you were able to make notes during the conversation and you are able to email / hand these notes immediately to the Safeguarding Team, then you should do so. If you were not able to make notes, or if you made notes but are not currently in a position to immediately email / hand them to the Safeguarding Team, then you should give a verbal account of the conversation to the Safeguarding Team whilst it is still fresh in your mind.

The Safeguarding Team will review your concern / notes and decide what further action is required – which may involve referring the incident to external authorities. Depending on subsequent action, you may be required to discuss your observations further with the CRY Safeguarding Team and / or various external authorities.

If you did not make any notes during the conversation with the child or at risk adult, you should endeavor to make some notes as soon as possible, once you have finished speaking to emergency services and / or the CRY Safeguarding Team. You should try to make your notes on the same day as your observations, as this is considered to carry more weight than notes written a day or more later, based on your recollections.

Try to keep your notes as factual as possible without slipping into speculation or exaggeration. Of course, your notes should also explain the reason for your concern, which may be somewhat opinion-based. Every page of notes you make should include the date and time that you made the observations; the date and time that you made your notes about your observations; and your signature.

CRY has a Safeguarding Incident Report Form (QS-GEN-11 saved in **Q:\2015 HR\02 CRY spreadsheet documents**) which you can use to record your observations if you are in a position to access it. Otherwise, make your notes in whatever manner you can (i.e. handwritten or digitally) and then transfer them to a Safeguarding Incident Report Form at the earliest opportunity. Any notes that you write should be passed to the CRY Safeguarding Team as soon as possible – even if you have already spoken to them about the issue in person or over the phone.

If you are unable to promptly contact a member of the CRY Safeguarding Team and you are uncertain or uncomfortable about the matter not being addressed quickly, then you should contact the appropriate local social services for advice (see Appendix 1).

7. What to do if you have a safeguarding concern based on your own observations

Firstly, you must make a judgement call on whether the immediate safety and wellbeing of the child or at risk adult are threatened. If they are, then appropriate emergency services should be contacted immediately by dialing 999.

If the person's immediate safety does not seem to be threatened, begin to make a record of your observations / concerns as soon as possible. You should try to make your notes on the same day as your observations, as this is considered to carry more weight than notes written a day or more later based on your recollections. Try to keep your notes as factual as possible without slipping into speculation or exaggeration. Of course, your notes should also explain the reason for your concern, which may be somewhat opinion-based. Every page of notes you make should include the date and time that you made the observations; the date and time that you made your notes about your observations; and your signature.

CRY has a Safeguarding Incident Report Form (QS-GEN-11 saved in **Q:\2015 HR\02 CRY spreadsheet documents**) which you can use to record your observations if you are in a position to access it. Otherwise, make your notes in whatever manner you can (i.e. handwritten or digitally) and then transfer them to a Safeguarding Incident Report Form at the earliest opportunity.

Once you have made a record of your observations, you should immediately contact a member of the CRY Safeguarding Team. You should speak to a member of the Safeguarding Team in person or on the phone to raise your concern; and you should also provide them with a copy of your notes at the earliest opportunity (ideally, by emailing your notes to them). They will review your concern / notes and decide what further action is required – which may involve referring the incident to external authorities. Depending on subsequent action, you may be required to discuss your observations further with the CRY Safeguarding Team and / or various external authorities.

If you are unable to promptly contact a member of the CRY Safeguarding Team and you are uncertain or uncomfortable about the matter not being addressed quickly, then you should contact the appropriate local social services for advice (see Appendix 1).

8. If a safeguarding concern is raised that implicates a CRY employee / trustee

If a CRY employee or trustee is alleged, or known, to have harmed children or adults, then a member of the Safeguarding Team will contact the relevant statutory authority.

For any concerns relating to children, the Local Authority Designated Officer (LADO) will be contacted. The timing and method of any action to be taken will be discussed and agreed with the LADO. This will cover communication with the employee / trustee, suspension, investigation and possible strategy meetings. A decision will be taken by the LADO about when to inform the employee / trustee and CRY will follow this advice.

For LADO contact details, see Appendix 1.

For concerns relating to adults, Adult Social Care will be contacted – see Appendix 1.

In accordance with the law, a referral will be made to the Disclosure and Barring Service (DBS) / Protecting Vulnerable Groups scheme (PVG) if CRY withdraws permission for an individual to engage in work with children / adults at risk, or **would** have done so had that individual not resigned, retired, been made redundant or been transferred to a different position. This would happen where CRY believes that the individual has engaged in relevant conduct, satisfied the harm test, or committed an offence that would lead to automatic inclusion on a barred list.

In such cases, a report will also be made to the Charity Commission, as they deem such a referral to be a 'serious incident' and therefore require notification.

9. The role of trustees in safeguarding

Charity Commission guidelines state that safeguarding is a key governance priority for all trustees, not just those working with groups traditionally considered at risk. Trustees are advised to read the guidance about [safeguarding duties for charity trustees](#).

Trustees are also advised to carry out a thorough review of the charity's safeguarding governance, management arrangements and performance.

Trustees should be aware of the importance of contacting the Charity Commission about any safeguarding issues, or serious safeguarding incidents, complaints or allegations which have not previously been reported to them.

Here are further details about [reporting serious incidents in your charity as a trustee](#).

Appendix 1 – Key Contacts

Person / organisation	Role	Phone number	Email
Azra Loncarevic-Srmic	Safeguarding Officer <i>CRY Director of Screening and Research</i>		azra@c-r-y.org.uk
Ben Robinson	Safeguarding Officer <i>CRY Head of Fundraising</i>		ben@c-r-y.org.uk
Natalie Stevens	Deputy Safeguarding Officer		natalie@c-r-y.org.uk
Cara MacMillan	Deputy Safeguarding Officer		cara@c-r-y.org.uk
Surrey County Council <i>for Surrey-based safeguarding concerns</i>	Multi Agency Safeguarding Hub (MASH) <i>For concerns about children or at risk adults</i>	0300 470 9100 <i>(office hours)</i> 01483 517 898 <i>(out of hours)</i>	csmash@surreycc.gcsx.gov.uk <i>(emails only checked during office hours)</i>
Other local councils <i>for safeguarding concerns identified outside Surrey at Screenings or other off site CRY events</i>	Councils will have dedicated services for children and at risk adults	A CRY employee at the event (usually event manager) will have to find contact details (e.g. Google)	A CRY employee at the event (usually event manager) will have to find contact details (e.g. Google)
Surrey County Council	Local Authority Designated Officer (LADO) <i>for safeguarding concerns that implicate CRY employees / trustees</i>	0300 123 1650 <i>(office hours only)</i>	LADO@surreycc.gov.uk

Appendix 2 – Safeguarding Code of Conduct

All CRY employees and trustees should agree to the following code of conduct:

- Do treat all people with dignity and respect
- Don't abuse the power and responsibility of your role.
- Don't belittle, scapegoat, put down, or ridicule a child or adult (even in 'fun') and don't use language or behaviour with sexual connotations (e.g. flirting or innuendo)
- Do act inclusively, seeking to make everyone feel welcome and valued
- Don't exclude people from conversations and activities unless there is a good reason
- Do treat people with equal care and concern
- Don't show favouritism (e.g. in selection for activities, in giving rewards, etc) or encourage excessive attention from a particular person
- Do encourage everyone to follow any behaviour agreement or ground rules and apply sanctions consistently
- Don't threaten or use sanctions which have not been agreed, or make empty threats
- Don't feel you have to deal with every problem on your own
- Do seek to diffuse aggressive or threatening behaviour without the use of physical contact
- Don't use physical restraint except as a last resort to prevent injury. This should use minimum force
- Do relate to children in public. If a child wants to talk one-to-one about an issue, tell one of your colleagues and find somewhere quieter, but still public, to talk
- Don't spend time alone with children out of sight of other people
- Do make sure that - where appropriate, bearing in mind data protections legislation - any electronic communication with children or at risk adults is done with parental / carer consent; and is transparent, accountable, recorded and adheres to safeguarding policies
- Don't keep communication with children or at risk adults secret, while still respecting appropriate confidences
- Don't take photos or videos of children without consent
- Try to avoid physical contact with children or at risk adults, but where it is necessary (e.g. at a Screening event) it should be:
 - appropriate to the situation and to the age, gender and culture of the child / at risk adult
 - in response to the needs of the child / at risk adult
 - respectful of the child / at risk adult's privacy, feelings and dignity
- Don't use any physical contact which could be misconstrued as aggressive (e.g. rough games) or sexual
- Do respect the privacy of children and at risk adults
- Don't assume that children or at risk adults should tell you anything you ask just because you are a CRY employee / trustee
- Do respect the right of children and at risk adults to wash, change and use the toilet in private
- Don't walk in on anyone unnecessarily or unannounced
- Do listen to children and at risk adults and tell the CRY Safeguarding Team if you have any concerns about someone's welfare
- Don't promise to keep something secret if it is about a child or at risk adult being harmed or at risk of harm; but only tell those who need to know
- Do respect and promote the rights of children and at risk adults to make their own decisions and choices
- Don't work in ways that put your needs and interests before those of the children and at risk adults you encounter in your work
- Do encourage respect for difference, diversity, beliefs and culture
- Don't discriminate or leave discrimination or bullying unchallenged