Cordis Bright | Policy on Safeguarding and Protecting Children, Young People and Adults at Risk

Introduction

1. Cordis Bright is committed to safeguarding and promoting the wellbeing of all people that we work with and who work for us, with particular vigilance in relation to children, young people and adults at risk.

2. This policy sets out how we prevent harm, recognise risk, respond proportionately and work with partners to keep people safe.

3. The policy complements guidance issued by our clients and local safeguarding procedures. Where there is any conflict, the most protective standard applies.

Legal and policy framework

4. Our approach is informed by the statutory frameworks and national guidance in each UK nation. Staff and people working on behalf of Cordis Bright must follow local safeguarding procedures relevant to where the work is taking place and, where appropriate, where the participant resides. Key frameworks include:

    a. England: Working Together to Safeguard Children (2023); Care Act 2014 and Care and Support Statutory Guidance (Adult Safeguarding).
    b. Wales: Social Services and Well-being (Wales) Act 2014 Part 7 and guidance; Wales Safeguarding Procedures (2019).
    c. Scotland: National Guidance for Child Protection in Scotland (2021, updated 2023); Adult Support and Protection (Scotland) Act 2007 and Code of Practice (2022).
    d. Northern Ireland: Co operating to Safeguard Children and Young People (2017, updated online); Adult Safeguarding: Prevention and Protection in Partnership (2015).
    e. Information governance across the UK: UK GDPR and Data Protection Act 2018; ICO Children's Code (Age Appropriate Design Code).

Scope and definitions

5. This policy aims to ensure reasonable and effective steps are taken by Cordis Bright to safeguard children, young people and adults at risk, both through the provision of safe working practices and through the provision of effective and supportive mechanisms for responding to safeguarding concerns, disclosures and allegations.

6. ‘Child or young person’: anyone under aged 18 years, or under 25 years if that person has a special educational need or disability.

7. ‘Adult at risk’: a person aged 18 or over who has need for care and/or support and/or is at risk of abuse or neglect. Please note that terminology varies across UK nations and local definitions should be used.

8. ‘Abuse/neglect’: includes physical, emotional/psychological, sexual abuse, exploitation, modern slavery, domestic abuse, controlling/coercive behaviour, bullying/online abuse,

hate crime, honour-based abuse, self-neglect, organisational/ institutional abuse, financial/material abuse, discrimination, radicalisation, and neglect/acts of omission.

9. ‘Safeguarding concern’: any information indicating a risk of significant harm to a child/young person or a risk of harm/neglect to an adult at risk (including self-harm or suicide risk).

10. Identifying abuse or exploitation can be difficult, but there are a number of ways in which this might become apparent:

    a. disclosure of the abuse, self disclosure or disclosure by a third party. This might be full disclosure or that which raises suspicions of abuse;

    b. signs of abuse, including physical injury for which there appears to be no satisfactory explanation;

    c. particular behaviour that leads to a suspicion that someone is being or has been abused or exploited.

Principles

11. Safety first: the number one duty is the welfare of the child, young person or adult at risk. Take proportionate action to reduce risk.

12. Do no harm: plan and deliver work to minimise risk of distress, re-traumatisation or unintended consequences.

13. Rights, dignity and inclusion: respect equality, diversity and human rights. Make reasonable adjustments for accessibility and inclusion.

14. Informed consent and capacity: obtain informed consent in a meaningful way, assess capacity.

15. Confidentiality and information sharing: maintain confidentiality except where there is a safeguarding risk. Share information lawfully and only on a need-to-know basis.

16. Partnership: work with other partners, including local authorities, NHS and police, to promote safeguarding.

17. Accountability and learning: record decisions and reflect and improve through debriefs, supervision and reviews.

18. Follow relevant legislation and effective practice.

Responsibilities

19. Board of Directors:

    a. Approves this policy and reviews it on a regular basis, ensures adequate resources are in place, and monitors compliance.
    b. Appoints a Designated Safeguarding Lead (DSL) and Deputies, ensuring cover at all times.
    c. Ensures safe systems, insurance and professional supervision are in place.

20. DSL:

    a. Maintains the safeguarding framework, risk register and escalation routes.
    b. Provides advice, case oversight and decision-making support to staff.
    c. Liaises with commissioners, clients and statutory agencies. Makes or supports referrals.
    d. Keeps secure records, oversees incident reviews and undertakes periodic reporting to the Board.
    e. Ensures training and safer recruitment requirements are met.

21. Deputy DSLs: undertake the role of the DSL in their absence.

22. Project Directors and Project Managers:

    a. Ensure robust safeguarding risk assessments and management plans are in place at all stages of a project and keep them up-to-date.
    b. Ensure method design, participant materials and fieldwork logistics are safe, ethical and inclusive.
    c. Brief and supervise project teams, ensure debriefs and wellbeing support.
    d. Ensure health and safety risk assessments are undertaken and any steps are taken to mitigate identified risks.
    e. Ensure that appropriate routes for reporting safeguarding concerns or incidents, and an action plan for handling and escalating these, are built into the project design and kept under regular review.

23. All staff and people working for Cordis Bright:

    a. Complete induction and refresher safeguarding training.
    b. Follow this policy and local procedures; escalate concerns without delay.
    c. Keep accurate, timely records of concerns and actions.
    d. Take responsibility for considering their own personal safety and the safety of others, and for raising any concerns or queries they may have with an appropriate person.
    e. Ensure that they are aware of the support and advice available to them if an incident occurs.
    f. Consider carefully the practical implementation of their work at the planning stage, in terms of gaps in their own knowledge or experience, and in terms of adhering to agreed ethical approaches and to raise any issues or concerns with the appropriate person as early as possible.

24. Clients and other partners:

    a. Share relevant safeguarding expectations, procedures and local contacts.
    b. Agree information sharing arrangements and roles.

Good practice

25. Recruitment and vetting: Cordis Bright will follow the requirements in the Recruitment and Selection Policy. In summary, this involves:

    a. Recruitment processes explore each candidate's skill, experience and suitability for working with children, young people and adults at risk.

b. References are obtained for all successful candidates, and specific questions are included about suitability for working with children, young people and adults at risk.
c. Enhanced Disclosure and Barring Service checks are undertaken on appointment.
d. Enhanced Disclosure and Barring Service checks are repeated on a regular basis and renewed at least every three years.
e. A risk-based approach is taken to responding to any findings from vetting.
f. Additional vetting is put in place in line with the requirements of specific projects.

26. Training and supervision:

a. At induction, all personnel complete safeguarding training.
b. Refresher training is offered to all staff on an annual basis based on their self-assessment of knowledge, skills and confidence.
c. Project-specific safeguarding briefings and additional training are offered on a case-by-case basis.
d. Access is provided to supervision, debriefs and/or wellbeing resources after challenging fieldwork.

27. Project planning and risk assessment:

a. Safeguarding is considered as a risk in each project involving contact with children, young people and adults at risk.
b. A robust plan is put in place for any risks identified. This could include: consent approaches, ethics, crisis/exit plans, recording and handling of disclosures, and local agency contacts.
c. Methods are suitable for higher risk contexts.

28. Informed consent and capacity:

a. Provide clear, age- and capacity-appropriate information sheets and consent materials. This should explain any rights to withdraw and limits to confidentiality.
b. For children, obtain parent/carer consent and the child's consent except where an ethical framework/law permits otherwise. As part of this, consider Gillick competence framework.
c. For adults at risk, follow capacity legislation; use supported decision-making and reasonable adjustments.

29. Safe engagement:

a. Put in place robust risk assessment. Contact with children, young people and adults at risk should be fully risk assessed and appropriate mitigation and safety measures put in place. The risk assessment should be recorded in project documentation with sign-off from the Project Manager or Project Director. If required, advice should be sought from the DSL, Deputy DSL and/or *Research Governance Framework*.
b. Maintain professional boundaries. Contact with children, young people or adults at risk that is supervised or with appropriate oversight should be prioritised. One-to-one, unsupervised contact must be approved by the Project Director.
c. Avoid exchanging personal contact details or social media connections with participants.
d. Do not transport participants unless explicitly risk assessed and authorised.

e. Never photograph/record participants without explicit consent and a clear purpose; minimise collection of identifiable data.
f. Manage incentives safely and transparently.
g. Plan for language, communication and accessibility needs.
h. Be alert to intersectional needs (e.g. disability, ethnicity, LGBTQ+, migration status) and tailor support accordingly.
i. Ensure that internal and external routes to escalate concerns are available at all times when fieldwork/engagement is undertaken (e.g. by notifying the Project Director, Project Manager, DSL or Deputy DSL in advance of any out-of-hours fieldwork/engagement, and by arranging for a project/site-level contact to be on duty at these times).
j. In the unlikely event that we need to provide physical help to anyone taking part in research/engagement, provide this in a way that is open, can be observed, and is safe and comfortable for them.
k. Never give advice beyond signposting to other services.
l. Never instigate or maintain contact outside of Cordis Bright's work with any child, young person or adult at risk.

30. Data protection and information security: Cordis Bright will follow the requirements as detailed in the *Information Governance and Data Protection Policy*.

31. Additional advice: follow the guidance provided in the *Research Governance Framework: employee safety & wellbeing during fieldwork*

Management Arrangements

32. Within Cordis Bright we have set in place the following management arrangements to ensure this policy is implemented and kept up to date:

Responsibility	Who?
Produce and update policy in line with contemporary legislation and guidance	Board of Directors
DSL, available for advice, guidance and to report concerns	Kam Kaur, Director
Deputy DSL, available for advice, guidance and to report concerns in the absence of the DSL	Colin Horswell, Managing Director Tom Noon, Chairman
Appointment processes including DBS and reference checks	Colin Horswell, Managing Director
Training, briefing and dissemination of policy	Board of Directors
Monitoring and appraisal	Board of Directors

Procedure for reporting concerns

33. The individual who is told about, hears, or becomes aware of the concern/disclosure is responsible for following this safeguarding reporting procedure.

34. In the event of a possible disclosure:

a. Reassure the child, young person or adult that they are right to report the behaviour.
b. Listen carefully and calmly to them. Do not interrupt.

c. Avoid questioning where possible. Never ask leading questions.
d. Do not promise secrecy. Inform them that you must report any concerns, explaining what information will be shared and why.
e. If you are shown an injury, record on a body map where this is. See appendix.
f. Follow the additional guidance provided in the appendix.

35. If the person is in immediate danger, phone the police, seek medical advice if needed and then follow the remainder of this procedure. If the person, is not in immediate danger then follow the remainder of this procedure.

36. Report your concerns to the relevant Project Director and the DSL. This must be done as soon as possible and within the working day concerned. If these members of staff are unavailable, contact the Deputy DSL first and then relevant external safeguarding contact specified by the client and inform the Project Director and DSL at the earliest opportunity.

37. Produce a concise written report using the template in the appendix highlighting your concerns and submit this to the relevant Project Director and DSL or Deputy DSL. This must be done within 24 hours. Sharing the information must be consistent with Cordis Bright protocol for sharing personal data[1]. Make certain you distinguish between what the person has actually said and the inferences you may have made. Try to include what the person has said word-for-word in speech marks where possible and any actions you took.

38. Seek any support that you may need from the relevant Project Director and/or your line manager.

39. If you are not satisfied with the response from Project Director, DSL or Deputy DSL, follow the Whistleblowing Policy.

40. There may be occasions where you are unsure about whether a disclosure should be raised as a safeguarding concern or when you have a wider worry about the health or wellbeing of a child, young person or adult at risk. In this instance, we encourage people to discuss the issue with the Project Director, DSL or Deputy DSL. If the concern is time-sensitive, then proceed with the procedure outlined above.

41. The DSL or Deputy DSL, working in partnership with the relevant Project Director, is responsible for assessing the concern/disclosure and following-up as appropriate on a case-by-case basis, prioritising the wellbeing of the child, young person and adult at all times.

42. We recognise that it is the responsibility of statutory child and adult protection agencies to ascertain whether abuse or neglect has actually taken place, and it is our responsibility to communicate concerns.

43. The DSL or Deputy DSL, working with the Project Director, is responsible for overseeing case progress, liaising with agencies, supporting staff and making any adjustments to project delivery.

[1] Refer to the Information Governance and Data Protection Policy for further information. In summary, the document should be password protected. You should send the password to the relevant people via a method other than email, e.g. text or phone call.

44. The DSL or Deputy DSL is responsible for logging all safeguarding concerns, and outcomes and providing regular updates to the Board. This should include identifying any improvements to Cordis Bright processes or systems.

Allegations and concerns about Cordis Bright personnel

45. Any allegation or concern that a member of staff or person working on behalf of Cordis Bright has harmed, may harm, or behaved inappropriately towards a child, young person or adult at risk must be reported immediately to the DSL or Deputy DSL (or Managing Director if the concern involves the DSL).

46. The Grievance Procedure would then be followed and then, if relevant, the Disciplinary Procedure. The client and relevant statutory agencies should be contacted where appropriate.

47. The Company will cooperate fully with any statutory investigations.

Requirement to follow this policy

48. Breaches of this policy and/or failure to comply with the outlined responsibilities may result in disciplinary action leading to possible dismissal and/or legal action in line with the Disciplinary Procedure.

Approved by the Board: September 2025

Appendix – responding to disclosures from children and young people

The below has been drawn from the World Health Organization's *Preventing Child Maltreatment: a guide to taking action and generating evidence*: http://apps.who.int/iris/bitstream/10665/43499/1/9241594365_eng.pdf

When child maltreatment is disclosed, either inadvertently or purposely, a crisis usually follows. Children do not know how the information will be received, or whether they will be believed, supported or blamed. Young children in particular may not understand the consequences of sharing information, and may be shocked or bewildered by the reaction of adults to the disclosures they make.

If a child discloses abuse or neglect, it is essential that the person to whom the disclosure is made should respond appropriately, to support the child. This will avoid undermining the subsequent investigation, which would put the child at further risk. It is common for children to give a small piece of information first to see how adults react and later to divulge more when they feel safe.

The following are suggestions on how to respond to children who disclose maltreatment:

- Treat the child with dignity and respect.
- Remain calm and do not express reactions such as shock, revulsion or moral indignation. The influence of the listener is less if he or she is in an emotional state, especially if the emotions expressed are different from those the child was expecting to receive.
- Avoid expressing disapproval of the alleged perpetrator, as this individual may be loved or cared for by the child even though abusive or neglect may have taken place.
- Listen attentively to a child who is disclosing maltreatment, and avoid filling in silences for the child. Allow the child to express thoughts in its own words, including the use of slang. Do not correct or challenge it – by saying, for example, *"Are you sure it was your uncle?"*
- Allow the child to express and report whatever emotions she or he feels, rather than making possibly inaccurate assumptions about what **should** be felt.
- Never force the child to show physical injuries, or to reveal feelings that the child is not prepared to share.
- Avoid words that may disturb or frighten the child – such as *"rape"*, *"incest"*, or *"assault"*.
- Offer the child reassurance and support by using statements such as:
    - "You were very brave to talk about this."
    - "I am glad you are telling me about this."
    - "I am sorry that this has happened to you."
    - "You are not alone – this happens to other children too."
    - "I will do everything I can to help."
- Avoid comments about the actual incident, including those referring to the alleged perpetrator or the impact of the abuse, such as:
    - "How can you say such things about…?"
    - "What a liar!"
    - "That horrible man has ruined your life."
    - "How could you let him do those things to you?"
    - "Why didn't you tell me this before?"
- Do not make any assumptions about the identity of the suspected perpetrator.

- Answer a child's questions as simply and honestly as possible. If, for instance, a child asks, *"Will Daddy have to go to prison now?"* a response might be, *"I don't know. Other people decide that."*
- Only make promises that can be kept. Do not agree, for instance, to keep what the child said a secret. Explain, in such a case, that some secrets must be shared in order to get help, or to keep people from being hurt. Tell the child the information will be shared only with people who are trying to give help and protection.

Appendix – responding to disclosures from adults

The below is drawn from material produced by SCIE.

It is often very difficult for someone to talk about experiences of abuse, mistreatment or neglect they have had or may be having. The person may feel that they will not be believed, they may fear reprisals, they may feel they are in some way responsible for what is happening to them, and they may feel ashamed. It could well have taken some time for them to find the courage to talk to anyone, so it is important that they know they are supported in giving their account and that they are confident they are being heard and not judged.

When taking a disclosure the aim is to enable the person to give an accurate account of what has happened or is happening to them, and what impact the experience is having on them. The person should receive reassurance that action will be taken to reduce the risk and make them safe.

The person's account of what has happened will provide important evidence if the abuse is a crime and there is a criminal prosecution, so it is important to use the person's own language and record them accurately wherever possible. Guidance for formal interviews is contained in *Achieving best evidence in criminal proceedings*. This document states that any initial questioning should only be to elicit a brief account of what is alleged to have taken place. The purpose is to obtain information that will assist the early investigation, establish whether a crime has been committed, assess the risk and enable appropriate initial action to be taken.

Any views expressed by the person on what they wish to happen, in terms of future investigations, should be noted, even if the person may lack full capacity to make decisions relating to their own safety.

When listening and responding to a disclosure, remember some important communication points:

- to stay calm and not express dismay or shock
- to allow the person to express their feelings, including their fears
- to try to discover what the person is afraid of and when they feel most at risk
- to listen carefully to what the person is saying
- to assure the person that they are being taken seriously
- to demonstrate regret that abuse has taken place and the impact that it must have had on the person physically and emotionally
- to reassure them that there is help available
- to summarise their account and check that you have it right
- to explain the safeguarding adults process in a way that is meaningful to the person, and provide them with information such as leaflets and contact details for the local authority safeguarding adults service.

Disclosures from certain people will require specific communication considerations.
Using the person's name at times at the start of a question or comment, so they are clear they are being addressed, may assist adults with learning disabilities who may have difficulty in understanding pronouns such as 'he', 'she', or 'they'.

Using open questions, i.e., questions that require more than a simple 'yes' or 'no' response, is often the right approach. However, some adults with learning disabilities or autism may find open questions difficult to understand. Adults with autism often have a literal (inflexible)

understanding of language and therefore open questions such as *'Do you know why I'm here?'* and *'Can you tell me what happened?'* can be a problem for this reason. In such cases, try to keep your questions simple, with no more than one or two key concepts, use concrete rather than abstract language, and avoid the use of jargon, abbreviations, and metaphors. More detailed advice on communicating with people with autism can be found on the National Autistic Society's website.

If there is any doubt whether a person understands a question, try asking them to repeat it in their own words. Simply asking, *'Do you understand?'* may result in an automatic positive response. Try to avoid the possibility of witnesses trying to answer a question by guessing what was meant.

An interpreter or appropriate communication aids must be made available if required for clear two-way communication.

Whoever you are speaking and listening to, however, certain things are vital:

- **Do not promise complete confidentiality.** The adult at risk should understand that the information about the abuse will need to be shared, but that it will only be shared with other people who need to know, such as a line manager and other appropriate professionals.
- **If the risk is high and/or other people are at risk**, the person must be advised that the information may have to be shared to protect them and others.
- **Obtain the person's written permission**, if possible, to share the information with other organisations in order for the adult safeguarding work to be facilitated.
- **Ensure that the person is able to speak with you privately.**
- **Clarify the basic facts** about what has happened to the person or to other people who may be at risk, but do not ask detailed or probing questions.
  Such questions are for the investigation.
- **Cover the following key points:**
  - The current location of the adult.
  - Whether there is a need for medical assistance.
  - The nature of the incident.
  - The identity of the person alleged to be causing/have caused harm (if known).
  - Whether anyone else was present.
  - Where the incident happened.
    Consider whether or not it may be a domestic violence situation as this may affect the response and the level of risk.
- **When the person is explaining what has happened, keep interruptions to a minimum.**
- **Take accurate contact details** for the person making the disclosure, including how they can be contacted without putting them at further risk.
- **Agree with the person** what will make them safe while further action is taken.
- **Tell them what will happen next**, and when and how they will be informed about what actions will be taken.
- **Give them your name and details of how to contact you**.
- **Tell your line manager** or other available manager immediately, or within four hours of receiving the disclosure.
- **Make an accurate factual record** of exactly what the person said as soon as you can after receiving the disclosure, giving times, dates and when the disclosure was made. Make this as comprehensive and verbatim a record of what is said as possible.
- **Sign and date the report** using a blue or black pen as it may need to be copied.

- **Make a record of the person's decision about sharing information** with other organisations.

Appendix – reporting template[2]

Details of child, young person or adult at risk

Please complete as much of this information as possible, based on the personal details obtained prior to or during contact with the person about whom you are concerned.

- Name
- Age
- Gender
- Religion
- Ethnicity
- Disability or impairment (if any)

Service which facilitated Cordis Bright's contact with the person

- Name of service
- Name of contact
- Telephone number and email address
- Name of person's support worker (if known)

Nature of incident

- Details of the concern
- Nature of any injury, abuse or neglect
- Date and time when the disclosure was made or when you became aware of the concern

Those involved and circumstances

- Parties involved, including names of others present and their relationship with the child, young person or adult at risk
- Details of who raised the concern if it is not you
- What you were doing before and during the time the concern was raised
- What the child, young person, adult at risk and others were doing before and during the time the concern was raised

What was said or done

- What was said or done and by whom
- Any action taken, either immediately or before making the record
- What the child, young person or adult at risk said as faithfully as possible in their own words
- What was said to the child, young person or adult at risk about confidentiality and/or gaining their consent to share the information

[2] Adapted from NSPCC.

Reporting the concern

- The basis for any decision to share or not to share information with a third party
- Any interpretation or conclusions drawn from what was observed, said or alleged and why
- Name and contact details of the person reporting the concern
- Name and designation of the person to whom the concern was reported, the date and time, their contact details and any agreed actions
- Name of project to which this report relates

Appendix – body map