Safeguarding Policy (Version 1.3 - January 2022)
Susie Shaw – CEO
Review Date: December 2022

Safeguarding Policy

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1. Introduction

At Mind over Cancer we are committed to delivering a service to Teenagers and Young Adults with cancer and their support networks that is embedded in good safeguarding and safe working practice guidance.

We recognise the impact that cancer and its treatment can have on the social, emotional and psychological development of those diagnosed. As such, we consider that all of the people we work with and alongside have the potential to be vulnerable. This commitment extends to siblings, families, or friends of those we provide services to, and to our colleagues and volunteers.

If there is deemed to be a safeguarding issue whereby both children and/or adults are at risk, there are additional policies in place designed to support and mitigate the risk of harm within other Mind over Cancer policies as indicated in section 2.

All Mind over Cancer employees, trustees and volunteers are required to adhere to policies and procedures relating to both child and adult safeguarding practice. Our policy and aims are to safeguard and promote the welfare of teenagers and young adults and their support networks in accordance with the legislation in England including, but not limited to:

- Children Act 1989 & 2004 (England and Wales)
- Equality Act 2010
- UN Conventions on the Right of Child (UNCRC) Nov 1989
- Care Act 2014

We also abide by Government issued guidance such as (but not limited to):

- Working Together to Safeguard Children 2019
- Care Act statutory guidance 2014
- Local area safeguarding procedures.

Each Local Authority also has its own threshold document which outlines at what point Social Care within specific regions may become involved. These documents are available on the individual Local Authority websites.

2. Scope of the policy

This policy is to inform and guide Mind over Cancer employees, trustees, volunteers, staff contracted through employment agencies and contractors, with procedures and requirements relating to safeguarding both children and adults at risk.

For those who support our fundraising, marketing and communications work, there are additional policies in place designed to offer a level of protection for those more vulnerable. Contracted staff (i.e. counsellors) will comply with the safeguarding policy and procedures of their employer – JHD Counselling Services Ltd.
All employees, trustees, volunteers, agency staff and contractors understand that they need to comply with this policy. This policy should be read and applied in conjunction with other relevant policies and guidance as below (not exclusive list):

- Bullying and Harassment policy
- Lone Working policy
- Whistleblowing policy
- Professional Boundaries policy
- Volunteer policy
- Staff Handbook
- Complaints policy
- Social Media policy
- Working with Young People
- Fundraising and Vulnerable People

This policy also outlines our approach to digital safeguarding. It is estimated that 98% of young people can access the internet and the majority use social networking sites; along with playing games and downloading music and videos. Government guidance is clear, that all organisations working with children, young people, families, parents and carers have responsibilities. It is important to remember that children and young people can also abuse and that such incidents fall into the remit of this policy.

“All agencies providing services to children have a duty to understand eSafety issues, recognising their role in helping children stay safe online while also supporting adults who care for children”

3. Key policy principles
   - The welfare of all service users is of paramount concern, regardless of whether they are formally accessing our services directly or not.
   - All people regardless of age, gender, gender identity, ability, disability, race, faith and sexual orientation or identity have the right to be protected from harm.
   - Mind over Cancer will work in partnership with other agencies to promote the welfare and protection of young people. This includes working with or referring to statutory agencies where appropriate.
   - All employees, trustees, volunteers, agency staff and contractors understand that safeguarding is everyone’s responsibility and that by adhering to this policy, their own interests will be protected.

4. Training
All permanent employees, volunteers and those on temporary or agency contracts of 3 months or longer must complete a mandatory safeguarding training course. This is a probation requirement and needs to be completed within the first three months of employment or association with the charity. Staff are required to refresh their training every two years.
All staff, regardless of length of service, should know what constitutes a safeguarding concern and how to raise this in accordance with this policy and procedures.

5. Definitions

**Safeguarding** is the action taken to promote welfare and protect people from harm.

**Digital Safeguarding** is the protection from harm in the online environment through the implementation of effective technical solutions, advice and support and procedures for managing incidents.

**Child Protection** is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm.

**Child:** Any person under 18 years old. England, Wales, Northern Ireland and Scotland each have their own legislation and guidance for organisations to keep children safe. They all agree that in relation to child protection, a child is anyone who is under the age of 18. Therefore, some of the young people we work with will come into this category.

**Adult at risk:** The term Adult at risk replaces that of ‘Vulnerable adult’, which was previously used. An Adult at Risk is defined in the Care Act (2014) as someone who is 18 years or older and who:

- Is or may need community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness
- And
- Who is or may be unable to take care of themselves or is unable to protect themselves against significant harm or serious exploitation.

Adults **may** be deemed ‘at risk of abuse’ if they are experiencing any the following:

- Learning or physical disabilities
- Brain injuries
- Mental ill health or physical ill health
- Substance or alcohol misuse

Abuse occurs when an adult at risk of harm is mistreated, neglected or harmed by another person(s). Everyone has a right to feel safe and to live without fear of abuse, neglect or exploitation. The abuse of adults at risk can take many forms and it can happen anywhere, including nursing and care homes, day services, hospitals, people’s own homes or public places.

Some of the young people we work with may come under this category and it is important to remember that an ‘adult at risk’ could also be an employee, volunteer or another adult involved with Mind over Cancer.

The Care Act (2014) is clear that an adult at risk has the right to make choices about how they live their lives, this includes taking risks that may not be beneficial or you
may not agree with. However, this does not mean that concerns should not be discussed with the individual and raised with the Designated Safeguarding Lead.

The Care Act identifies six principles that underpin practice for safeguarding adults:

- **Empowerment** – People supported to make their own decisions and give informed consent.
- **Prevention** – Taking action before harm occurs.
- **Proportionality** – Responding appropriately to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions and community engagement.
- **Accountability** – Transparency and accountability in safeguarding practice.

6. Recognising abuse

Abuse is any action or behaviour which has a detrimental effect or causes significant harm to another person. Somebody may abuse or neglect by inflicting harm, or by failing to act to prevent harm. Anyone can carry out abuse to others.

There are four recognised categories of abuse in relation to children;

**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.

**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 the child is aware of what is happening or not. The activities may involve physical contact, including assault by penetration (rape or oral sex) or non-penetrative acts such as kissing, masturbation, rubbing and touching either under or outside of clothing. It may also involve non-contact activities such as involving children in looking at or the production of indecent sexual images, watching sexual acts, encouraging children to behave in sexual manner, indecent exposure, innuendo, harassment, or grooming a child in preparation for abuse (including via the internet).

Adult males do not solely perpetrate sexual abuse. Women can also commit acts of sexual abuse, as can other children.

**Emotional abuse:** The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. This may include threats, verbal abuse, humiliation, intimidation, prevention of using services, denial of access to friends, lack of stimulation and meaningful occupation, derogatory remarks, harassment, and deliberate exclusion. It may also be an overprotection or limiting exploration and learning. Emotional abuse could also include witnessing others being subject to abuse. All types of abuse involve some level of emotional abuse, but this can also occur alone.

**Neglect:** The persistent failure to meet a child or dependents basic physical and/or psychological needs, which is likely to result in the serious impairment of their health.
or development. Neglect or acts of omission include failure to provide food, shelter or clothing, failure to provide medical care, hygiene or personal care, inappropriate use of medication, denial of educational, social and recreational needs, lack of stimulation or emotional warmth.

An abused child will often experience more than one type of abuse; this can be a single event or continue over a period of time. There are also other prevalent issues that place children and young people at risk; these include Female Genital Mutilation (FGM), Child Sexual Exploitation (CSE), Intimate Partner Violence (Domestic Abuse), Child Criminal Exploitation and vulnerability to Radicalisation and Extremism (Prevent duty). Contextual Safeguarding recognises that young people are vulnerable to abuse beyond their families in a range of social contexts. Please speak to the Designated Safeguarding Lead if you have concerns about any of the above.

For adults at risk, there are ten recognised categories of abuse or neglect;

**Psychological abuse**: This includes emotional abuse, threats of harm or abandonment, humiliation, deprivation of contact, blaming, bullying and controlling. It can be verbal or non-verbal and the aim is to chip away at the confidence and independence of victims with the intention of making them compliant.

**Physical abuse**: Includes hitting, pushing, slapping, restraint or physical sanctions, misuse of medication, poisoning, scalding or any form of physical harm.

**Sexual abuse**: This includes sexual activity without consent or with someone who is unable to give their consent.

**Neglect and acts omission**: Failure to provide access to health, care or support services, ignoring physical or physical care needs, withholding medication, adequate nutrition or heating.

**Financial abuse**: This occurs when money and/or valuables have been stolen or where someone uses coercion or deception to gain access to money and possessions and uses them in ways that the person does not wish.

**Modern slavery**: This involves the purposeful movement of an adult for economic benefit to a third party (trafficking), often involving forced or unpaid labour, sexual exploitation, rape or prostitution. Children also experience trafficking and/or modern slavery. In some cases, the adult(s) may fail to recognise this as abuse.

**Self-neglect**: When an individual fails (or is unable) to attend to their basic needs, such as personal hygiene, appropriate clothing, feeding, or tending appropriately to any medical conditions they have. This could also include physical self-harming behaviour and hoarding and could be a result of a lack of capacity.

**Organisational abuse**: This occurs when a place, company, organisation or charity undertakes practices which cause harm and abuse. It is also where organisations fail to address practices known to cause harm and when known abuse is ignored to protect adults and/or limit reputational damage.
**Discriminatory abuse:** This involves unfair treatment because of an identifiable factor, such as race, gender, age, disability, sexual orientation, identity or religion. It can include harassment, verbal abuse and unfairly preventing access or opportunities. Physical abuse and other forms of abuse can arise because of discrimination.

**Domestic abuse:** This is abuse inflicted by a partner or family member. It can be a single incident or a recurring pattern, which involves controlling, coercive or threatening actions. Forced Marriage and so-called 'Honour-Based' violence are also forms of domestic abuse. It is acknowledged that domestic abuse can happen from child to parent and sibling to sibling along with partner-to-partner or adult to child.

**Online abuse:** This is relevant to both children and adults at risk; abuse can also be specific to online environments.

**Online bullying and harassment:** Online bullying can be offensive, intimidating, malicious or insulting behaviour and/or an abuse of power which humiliates or denigrates the other person. It can involve one or more persons and can be known as ‘trolling’.

Online harassment can come in the form of unwanted verbal conduct via the internet which has the purpose or effect of violating the dignity of a person and or creating a hostile, degrading, humiliating or offensive environment. It can be related to the personal characteristics of an individual, such as age, sex, race, disability, sexual orientation, gender identity, religion or belief or nationality.

**Sexual exploitation and grooming online:** This is the act of developing a relationship with a child with the intention of abusing them. Offenders use emotional and psychological tricks to build relationships. The abuse can take place online or offline.

Non-contact abuse is where a child is encouraged to share live or still images of themselves of a sexual nature. They can be forced to commit sex acts or to perform on web cams or built in cameras in phones and other devices.

**Racist, hate and homophobic abuse:** This can be an offence to stir up hatred – known as inciting hatred - on the grounds of the following protected characteristics: age, sex, race, disability, religion or belief, sexual orientation, gender reassignment, marriage or civil partnership status, pregnancy and maternity.

The content of a website can also be illegal when it threatens or harasses a person or a group of people. If this is posted because of hostility based on a protected characteristic, it can be considered a hate crime. Illegal material could be in words, pictures, videos, and even music and can include: messages calling for racial or religious violence; web pages with pictures, videos or descriptions that glorify violence against anyone due to a protected characteristic, for example their race, religion, disability, sexual orientation or because they are transgender; and chat forums where people ask other people to commit hate crimes.

**Sexting:** The sharing of illegal and inappropriate imagery online fall into two categories: illegal and inappropriate. ‘Illegal’ is child sexual abuse imagery and
imagery that incites violence, hate or terrorism. ‘Inappropriate’ in this context could mean the sharing of pornography, violent content, racist content and homophobic, biphobic or transphobic content. It is an offence to share inappropriate imagery of anyone under the age of 18 and could result in a conviction.

**Cyberstalking:** This is the repeated use of electronic communications to harass or frighten someone, for example by sending threatening communications.

**Impersonation and hacking:** This is where a user pretends to be somebody else, and they may gain access to their profile and share information, imagery or posts for example, on behalf of that person.

**Disinformation and misinformation:** These are the acts of spreading knowledge that is incorrect. Disinformation is the deliberate intent to spread information which is known to be incorrect. Misinformation is where an individual may not know they are sharing inaccurate information, for example they share information or content that they believe to be true.

**Sharing of personal information online:** This includes information that makes an individual personally identifiable. This can include name, date of birth, address, phone number, email address and social media profile name. It may also include identifying details based on an individual’s protected characteristic.

**7. Roles and responsibilities**

At Mind over Cancer all staff, trustees, volunteers, temporary staff and contractors understand that safeguarding is everyone’s responsibility.

We provide employees with mandatory training in line with good practice guidelines and we have policies and procedures in place to ensure the safety of all. We have contractual agreements, reviewed annually, with our counselling teams which mandate that they receive regular training.

We incorporate safer recruitment processes and inform staff, trustees, volunteers, agency staff and contractors how to respond to situations or concerns.

We work in partnership with other voluntary and statutory agencies to promote the welfare of children and young adults and will continue to work to national and local safeguarding protocols.

There are specific people dedicated to overseeing the safeguarding function at Mind over Cancer

**Designated Safeguarding Lead (DSL):** This person is the first point of contact for any concerns and is required to respond promptly and appropriately. They are responsible for:

- Providing the organisation with advice and guidance compliant with legislation and good practice guidance for working with young people and adults at risk.
• The implementation of safeguarding procedures and the training of staff, volunteers and trustees
• Maintaining records and making safeguarding related referrals to statutory agencies where required.

Head of Service – Susie Shaw – 07946 512550   susie@mindovercancer.org.uk

**Trustee for Safeguarding and Risk:** This person holds ultimate accountability for safeguarding within Mind over Cancer.

Trustee: Sue Morgan – 07432 486346   suemorgancns@hotmail.com

8. How to respond to concerns in relation to children

If there is a serious or immediate risk or emergency medical assistance is required, contact the emergency services on 999.

If you have any concerns, no matter how small, about the safety or welfare of a young person under the age of 18, you must discuss this with the Designated Safeguarding Lead (DSL) as soon as possible. You will be offered an opportunity to discuss your concerns and the DSL will provide advice regarding the next stage of the process and make referrals as necessary. If you have a concern outside of office hours, please follow the procedures for accessing advice and guidance as below.

Anyone can contact the Local Authority Social Care or the Police for advice. Each Local Authority has a dedicated team, these are often known as the Multi Agency Safeguarding Hub (MASH). You can find contact details for the relevant Local Authority teams by accessing:


Alternatively, you can contact/report to the NSPCC 24-hour advice line on 0808 800 5000

If you feel there is an immediate risk of harm or abuse and you are unable to contact the Designated Safeguarding Lead, you **must** contact the local statutory agency i.e. Social care or Police. Only these agencies have the power to investigate cases of potential child abuse. Ensure you complete a written record (Appendix 1) of your report ASAP or within 24 hours of speaking to DSL.

For young people under the age of 18 their parent or carer should be contacted for consent prior to contacting statutory agencies.

This process should be followed **unless** contacting the parents/carers may increase the immediate risk to the young person (For example, suspected Fabricated or Induced illness, Sexual abuse, a disclosure of harm and abuse perpetrated by the parent/carer or another within the home environment).
9. How to respond to concerns in relation to adults

If there is a serious or immediate risk or emergency and medical assistance is required, contact the emergency services on 999.

If you have any concerns, no matter how small, about the safety or welfare of an adult, whether you are working with or alongside them, you must discuss this with the Designated Safeguarding Lead (DSL) as soon as possible. You will be offered an opportunity to discuss your concerns and the DSL will provide advice regarding the next stage of the process and make referrals as necessary.

Unless there is a significant risk of harm to others where possible, adults at risk should consent before contacting statutory agencies. The six principles of safeguarding adults (See section 5) should be applied and each Local Authority has a Safeguarding Adults Board/Committee who can provide advice and receive reports of concerns.

This website provides a link to the contact details for each Local Authority in England, Wales and Scotland: https://www.safecic.co.uk/your-scb-acpc/2-uncategorised/60-adult-safeguarding

If you feel there is an immediate risk of harm or abuse and you are unable to contact the Designated Safeguarding Lead, you must contact the local statutory agency i.e. Social Care or Police.

10. Dealing with disclosures

If a young person or adult directly shares worries or experiences of abuse, it is imperative that this is taken seriously and responded to accordingly. In addition, you may be told of concerns via a third party or make observations yourself.

To support you in dealing with a disclosure you should:

- Listen carefully to what you are being told.
- Explain early in the conversation that you will have to share information with selected others and do not promise to keep secrets.
- Ask open questions such as ‘Can you tell me what you mean by that?’ or ‘Can you describe what happened?’
- Avoid asking leading questions or asking why something happened.
- Don’t make assumptions or fill ‘gaps’ in the story.
- Stay calm and try not to react strongly, such as being obviously shocked or angry.
- Reassure the person they have done the right thing by telling you.
• Tell them what you’re going to do next, unless this puts them or someone else at risk.

• Ensure you have the name and contact details of the person.

• Record in writing what has been said. You can use the ‘Safeguarding report form’ at the end of this policy (Appendix 1) or if this is unavailable, please keep a written record of the disclosure. Use the specific words of the person making the disclosure. Note the date, time, witnesses, any allegations or names mentioned. Ensure you sign and date this and speak immediately to the DSL.

• Take some time; acknowledge that receiving a disclosure can evoke unexpected emotions.

Dealing with abuse can be one of the most difficult and distressing areas of working with young people. Do not underestimate how it may make you feel. If you feel that you need additional supervision or support, please speak to the Designated Safeguarding Lead.

11. Reporting concerns about professionals, colleagues, celebrities or high-profile supporters.

In situations where a concern is raised about the behaviour of a trustee, employee, agency staff, volunteer, ambassador or any representative of Mind over Cancer, you should respond as if you are receiving a disclosure. A concern can come from a young person, parent, fellow employee, agency staff, contractor or volunteer. You can also observe concerns yourself.

It is essential that you raise the concerns immediately with the Designated Safeguarding Lead (DSL), who will offer advice regarding the next stage of the process. The DSL will escalate the concerns to the Trustee responsible for Safeguarding and the Designated Officer within the relevant Local Authority (formally known as LADO) for a plan of action to be agreed.

If your concerns are about the DSL, then you should approach the Trustee for Safeguarding or the Designated Officer in the local authority. You can contact the Designated Officer who covers this region on:

01223 723967 (Office hours) 01733 234724 (Emergency out of hours) or lado@cambridgeshire.gov.uk

It is important that you do not share the information with the person that the allegation is against. It could jeopardise an investigation or cause others to be at risk of harm. This is highly sensitive information and should not be discussed with other members of staff other than with the Safeguarding Team.

Prior to any events which have young people, celebrities and high-profile supporters in attendance you will receive a safeguarding briefing delivered by Mind over Cancer
staff. The briefing will explain our requirements for clear and appropriate boundaries and engagement with young people, both at and beyond the event. Supporters are informed that it is not appropriate to exchange contact details or develop any relationship with young people they meet through the charity. Equally, young people in attendance at events are also informed of the expectations of their own behaviour and that of supporters.

Failure to comply with this guidance may result in termination of the relationship with said supporter.
Appendix 1: Safeguarding Reporting Form

Safeguarding Report Form

This form is to help you capture an accurate record of your concern or the disclosure you have received and therefore it may not be necessary to complete every section. Please complete this form ASAP (or within 24 hours of concern/speaking to DSL) and send to DSL via email. A record of the concern, and any actions or decisions will be held in a secure folder on SharePoint. The DSL may pass this concern form to the relevant Local Authority or Police and this may be used as evidence in cases which result in Social Care or Court proceedings. If you are worried about completing a written record of your concerns, please do discuss this with the Designated Safeguarding Lead.

<table>
<thead>
<tr>
<th>This report relates to:</th>
<th>Concern</th>
<th>Incident</th>
<th>Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please highlight)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of person this form relates to:</th>
<th>Date &amp; time of concern / incident / disclosure:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Their Address:</th>
<th>Location or site of concern / incident / disclosure:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Their DOB:</th>
<th>Who was present?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nature of concern / incident / disclosure:</th>
<th>(If there is a physical injury please complete body map on page 3)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Have you discussed this with anyone else? (i.e. Parents, Social Care, Police etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Details:</th>
<th>(who, when, what information was given?)</th>
</tr>
</thead>
</table>
Have you notified the child/parent/adult at risk that you are reporting a concern?

Yes / No

Details: *(who, when, what information was given?)*

Where applicable, has the parent consented? *(Consent is not required if it may pose an increased risk of harm to the child)*

Do you know if any other agency or professional is working with the child, young person or adult at risk? *(Please detail).*

<table>
<thead>
<tr>
<th>Submitted by:</th>
<th>Date &amp; time of reporting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td></td>
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<tr>
<td>Contact number:</td>
<td></td>
</tr>
</tbody>
</table>

**For completion by Designated Safeguarding Lead**

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of DSL/Staff</th>
<th>Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Body Map

Please complete this if you are raising a concern about an injury or markings.

The body map only needs to be completed in cases where injuries are reported or visible. If injuries are hidden but disclosed, do not ask to see but report above. Please do ask however if there is bleeding, pain or medical assistance is required immediately.

Indicate any injury on the appropriate section of the diagrams below – **DO NOT PHOTOGRAPH IT**

<table>
<thead>
<tr>
<th>Description of injury:</th>
</tr>
</thead>
</table>

Has the young person/adult at risk has given an account of this injury? Details:

Has the parent or carer has volunteered an account of this injury? Details: