

Cancer52 Safeguarding Policy And Procedure

Policy aim

1. Cancer52 is committed to taking all reasonable steps to ensure that no child or vulnerable adult comes to harm or suffers abuse or neglect of any kind as a result of contact or involvement by the child's family, or by the vulnerable adult or his/her friends and/or family, with Cancer52. In addition, steps will be taken to protect children and vulnerable adults who come to the notice of Cancer52 and who appear to have been harmed and/or abused or are at risk of harm and/or abuse.
2. Cancer52 is committed to the protection of children and vulnerable adults and regards the safeguarding and promoting of the interests and wellbeing of children and vulnerable adults as of paramount concern. Where there is any direct conflict between the interests, concerns and wellbeing of individual children/vulnerable adults, the interests of the child/vulnerable adult will take precedence over any conflicting matters.
3. Cancer52 considers it the duty of all those employed by, providing services for, volunteering for, or acting on behalf of, the organisation, to prevent the physical, sexual, mental or emotional abuse of all children and vulnerable adults with whom they come into contact, either directly, or indirectly via family members, friends, and/or other parties.
4. The above aims and principles apply equally to allegations of historical abuse against children or vulnerable adults. Cancer52 is committed to listening to such allegations, taking them seriously and acting responsibly in the light of their disclosure.
5. Where there is a conflict between Cancer52's Safeguarding Policy and Procedure and other organisational policies and procedures, then the Safeguarding Policy will take precedence unless any reasonable judgment would render such a decision irrational or illogical. In particular, Cancer52's duty to maintain confidentiality with beneficiaries and service users may be breached where child or vulnerable adult protection issues come to light.
6. Cancer52 is committed to ensuring that all staff (which term in this document includes employees, self-employed staff, contractors and volunteers) are not only made aware of this policy but are trained in understanding and applying it.

Definitions

7. A list of commonly used definitions in relation to harm, abuse and neglect is included at Appendix 2.
8. In relation to children, this policy classes children and young people under the age of 18 as vulnerable (in Scotland, children and young people under the age of 16 and young people between the ages of 16 and 18 who are affected by disability or are vulnerable).

Risk assessment

9. A risk assessment has been carried out and is included at Appendix 1. The implications for Cancer52's activities and procedures are reflected in this policy, in particular in the following section.

Procedures within Cancer52

Information and case records

10. Service user and beneficiary information and data held by Cancer52 are subject to the Data Protection Act and GDPR. Any records (whether manual or digital) containing sensitive information are kept securely either in locked filing cabinets or, in the case of databases and other records that are held digitally, subject to ICT restrictions limiting access to authorised staff. More information on Cancer52's Data and Privacy policies are available here [insert link].
11. Sensitive information is restricted to only those staff who need access to it to carry out their roles and duties in providing support services to service users.

Allegation, disclosures and concerns about the safety of children and vulnerable adults

12. Where an allegation of child or vulnerable adult abuse or neglect, or a disclosure relating to current or historical abuse or neglect, is made to a Cancer52 staff member this will, in all circumstances and irrespective of the apparent credibility of the allegation, be referred immediately to the Chair or Chief Executive.
13. The staff member should write down the nature of the concern, allegation or disclosure, using so far as possible, the words used by the child or adult making the allegation or disclosure, and remembering to date and sign the record. The staff member should ensure that this written information is passed to the Chair or the Chief Executive as quickly as possible.
14. Staff members should act quickly upon any allegation or disclosure, and in a thorough, considered and conscientious manner. Wherever possible, the Chair or Chief Executive should be informed on the same day the concern arises.
15. The Chair is Cancer52's 'authorised person' in relation to all decisions on safeguarding matters. In the Chair's absence, this role will be taken on the Chief Executive.
16. Contact details for the Chair and Chief Executive and are listed in Appendix 3 to this policy.

Action by the Chair or Chief Executive upon receipt of report or referral

17. Upon receiving information of an allegation or disclosure, the Chair or Chief Executive should treat the matter seriously. Where the Chair is contacted, s/he may involve another Trustee, or external contact with appropriate expertise, where this is necessary to deal appropriately with the staff member's report, referral or concerns. A decision will be taken, in the light of the particular circumstances of the case, on what further action should be taken.
18. Where an allegation of child or vulnerable adult abuse, or suspected child or vulnerable adult abuse (whether current or historical), is made to Cancer52 this will, in all circumstances and irrespective of the apparent credibility of the allegation, be referred immediately in writing to the Local Authority Social Care/Safeguarding Team (in England and Wales), or the Relevant Social Services Area Service Team (in Scotland), or the Relevant Health and Social Services Trust (in Northern Ireland) in whose area the child, young person or vulnerable adult lives (or to the relevant agency responsible for the welfare of the child, young person or vulnerable adult). In exceptional cases it may be necessary to telephone the relevant

agency and to follow this up with a letter. Under no circumstances should any member of staff seek to deal with the abusive situation.

19. Where no allegation of child or vulnerable adult abuse has been made, but where the information received is serious, gives cause for a child protection or vulnerable adult protection concern, and appears to be reasonably well-founded it will be reported immediately to one of the appropriate agencies listed in para 21.

Allegations against members of staff

20. Situations may arise where there are child or vulnerable adult protection concerns involving a member of staff, whether they are an employee, self-employed, contractor or a volunteer. Any such allegations of abuse or misconduct involving children, young people or vulnerable adults made against staff members will be dealt with as follows:

- all allegations will be reported immediately to the Chair or Chief Executive, supplemented with clearly written notes and supporting evidence, as appropriate. Where the Chair is contacted, s/he may involve another Trustee, or external contact with appropriate expertise, where this is necessary to deal appropriately with the staff member's concerns.
- if the allegation involves the possible commission of a criminal offence the matter will be reported to the police. It will also be a matter for decision whether the allegation should immediately be drawn to the attention of the member of staff concerned; or whether this should be deferred to a later stage when, on the advice of the police, this would not risk prejudicing the police investigation.
- at the same time a decision will be taken by the Chair or Chief Executive whether to suspend the member of staff on full pay or whether to limit the duties of the staff member in some way.
- in consultation with the member of staff – and as speedily as possible in the light of consideration of other issues referred to in this paragraph – the Chair or Chief Executive will designate a member of staff, Trustee or other person to act as supporter and adviser to the accused member of staff throughout the investigation. The nature and level of the support to be provided will need to be determined on an individual basis, taking into account all the circumstances of the allegation and the staff member's needs.

21. Where the concerns relate to the Chief Executive, then this should be reported to the Chair, or other Trustee with responsibility for child protection matters, and to the relevant Social Care/Safeguarding Department, Social Work Department, Health and Social Services Trust, or Police Force.

Actions after reporting an allegation or disclosure

22. Within seven days of reporting the allegation or disclosure, if the Chair or Chief Executive has not received any feedback or response from the relevant agency, then whoever reported the allegation or disclosure should contact the agency concerned to find out what has happened. If s/he is not satisfied with the action that has been taken, then s/he should refer the matter, stating his/her concerns in writing, to either another relevant social services or social work agency, or the police force, or one of the agencies listed in Appendix 4.
23. Similarly, where any member of staff involved in receiving the allegation or disclosure is not satisfied with Cancer52's response, and the subsequent handling of it, then s/he should contact one of the organisations listed in Appendix 4.

Supporting the child, young person or vulnerable adult making an allegation or disclosure

24. Where a child, young person or vulnerable adult discloses that s/he has been abused (either recently or historically), the staff member receiving the disclosure should be supportive to the person. Staff should listen with care and not ask any unnecessary questions or appear to interrogate the person, although clarification should be sought wherever appropriate. Staff should take what the person is saying seriously, be non-judgmental, not show disbelief and advise him/her that the staff member will have to pass on the information. Staff should reassure the person that s/he is right to make the disclosure or allegation, and reassure the person that something will be done. Staff should avoid being judgmental or displaying strong emotions and should not introduce personal or third party experiences of abuse.
25. The person is likely to continue to be involved with Cancer52 following the reporting of the concerns and links should be maintained with the relevant agencies to ensure that appropriate support is offered to the person and anyone else affected by the concerns.
26. Where a staff member discloses that s/he has been abused (either recently or historically), paragraphs 24 and 25 will still apply. However, in addition, the Chair or Chief Executive should designate a member of staff, Trustee or other person to act as supporter and adviser to the member of staff disclosing. The nature and level of the support to be provided will need to be determined on an individual basis, taking into account all the circumstances of the disclosure and the staff member's needs. It may be necessary to seek and provide external advice and counselling to support the staff member.

APPENDIX 1

RISK ASSESSMENT

A1 The following risk assessment of the organisation's activities in relation to child and vulnerable adult protection issues has been carried out. The risk assessment will be reviewed by the Board of Trustees at least annually.

All staff/contractors

Direct contact leading to abuse by employees

A2 None of Cancer52 staff or trustees, all of whom are home-based workers, do not have direct contact with children, as Cancer52 is not an organisation that primarily focuses on or works with children. Rather is it an organisation that supports other members organisations working in the field of rare/less common cancers.

A3 Some staff or trustees will have direct contact with adults through the organisation's work, a small number of whom may be classed as a vulnerable adult. Given that those vulnerable adults may also be distressed or have further vulnerabilities due to their cancer diagnosis, or the diagnosis of a friend or family member, there is the potential for employees to be in a position of power and trust. Although such situations will be few and far between, it is possible that employees could have the opportunity to abuse those adults.

Indirect contact leading to abuse by staff

A4 Given the nature of Cancer52's work as a member organisation other organisations (and as such working through a limited number of known contact within each member organisation), it is not believed that there are situations where Cancer52 would have indirect contact with children or vulnerable adults.

Disclosure of abuse

A5 Given that all staff are accessible at some level either by member organisations, beneficiaries, supporters, the general public, there is the potential for any staff member to be the recipient of a child or vulnerable adult abuse disclosure. This is a serious risk, albeit given the nature of the organisation's work it is not believed to be high. The most likely instance (and even this is believed to be a low risk) would be a disclosure from someone in relation to a member organisation's action or inactions regarding an abusive situation or disclosure.

Historical abuse

A6 Given that all employees and volunteers are accessible at some level either by member organisations, beneficiaries, supporters, the general public, there is the potential for any staff member to be the recipient of a disclosure of historical abuse or neglect by a child or vulnerable adult abuse disclosure. This is a serious risk, albeit given the nature of the organisation's work it is not believed to be high.

APPENDIX 2

DEFINITIONS

The definitions and lists below are by no means exhaustive but are designed to give staff and people involved with the organisation some guidance on how to recognise child and vulnerable adult abuse. Any information has to be seen in the context of the child, young person or vulnerable adult's whole situation and circumstances. Different types of abuse may overlap or co-exist.

Children Act 1989, Section 31(9) (Care and supervision orders), as amended by Adoption and Children Act 2002, Section 120 England

'harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

'development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and

'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Children Act 1989, Section 31(10) (Care and supervision orders) England

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

Definitions of Harm, Abuse and Neglect – Children - England

Extract from

Working Together to Safeguard Children
(HM Government, March 2015, pp35 to 38)

[From Appendix A, Glossary, pages 92 to 94]

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or 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.

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability.

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.

Neglect

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

- 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); or
- ensure access to appropriate medical care or treatment.

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

Definition of Abuse – Vulnerable Adults - England

Extract from

No secrets:

Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Home Office and Department of Health, March 2000)

Section 2 Defining who is at risk and in what way

...

2.2 ... In this guidance 'adult' means a person aged 18 years or over.

2.3 The broad definition of a 'vulnerable adult' referred to in the 1997 Consultation Paper *Who Decides?*, issued by the Lord Chancellor's Department, is a person:

'who is or may be in need of community care services by a reason of mental or other disability, age or illness; and
who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.'

...

2.5 **What constitutes abuse?** In drawing up guidance locally, it needs to be recognised that the term 'abuse' can be subject to wide interpretation. The starting point for a definition is the following statement:

Abuse is the violation of an individual's human and civil rights by any other person or persons. In giving substance to that statement, however, consideration needs to be given to a number of factors.

2.6 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.

2.7 A consensus has emerged identifying the following main different forms of abuse:

- **physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
- **sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressurised into consenting;
- **psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
- **financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- **neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating; and

- **discriminatory abuse**, including racist, sexist, that based on a person’s disability, and other forms of harassment, slurs or similar treatment.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

2.8 Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time. This makes it important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm. Some instances of abuse will constitute a **criminal offence**. In this respect vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. In addition, statutory offences have been created which specifically protect those who may be incapacitated in various ways. Examples of action which may constitute criminal offences are assault, whether physical or psychological, sexual assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds. Alleged criminal offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action invariably rests with the state in the form of the police and the Crown Prosecution Service (private prosecutions are theoretically possible but wholly exceptional in practice). Accordingly, when complaints about alleged abuse suggest that a criminal offence may have been committed it is imperative that reference should be made to the police as a matter of urgency. Criminal investigation by the police takes priority over all other lines of enquiry.

2.9 Neglect and poor professional practice also need to be taken into account. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as **institutional abuse**.

2.10 **Who may be the abuser?** Vulnerable adult(s) may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

2.11 There is often particular concern when abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the health, safety, welfare and general well-being of a vulnerable person

...

2.14 **In what circumstances may abuse occur? Abuse can take place in any context.** It may occur when a vulnerable adult lives alone or with a relative; it may also occur within nursing, residential or day care settings, in hospitals, custodial situations, support services into people’s own homes, and other places previously assumed safe, or in public places

....

2.17 **Patterns of abuse/abusing.** Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- serial abusing in which the perpetrator seeks out and ‘grooms’ vulnerable individuals. Sexual abuse usually falls into this pattern as do some forms of financial abuse;
- long term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations;
- opportunistic abuse such as theft occurring because money has been left around;

- situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour;
- neglect of a person's needs because those around him or her are not able to be responsible for their care, for example if the carer has difficulties attributable to such issues as debt, alcohol or mental health problems;
- institutional abuse which features poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing and an insufficient knowledge base within the service;
- unacceptable 'treatments' or programmes which include sanctions or punishment such as withholding of food or drink, seclusion, unnecessary and unauthorised use of control and restraint or over-medication;
- failure of agencies to ensure staff receive appropriate guidance on anti-racist and anti-discriminatory practice;
- failure to access key services such as health care, dentistry, prostheses;
- misappropriation of benefits and/or use of the person's money by other members of the household;
- fraud or intimidation in connection with wills, property or other assets.

2.18 ... Building on the concept of 'significant harm' introduced in the Children Act, the Law Commission **suggested** that:

'harm' should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.

Definition of Abuse – Vulnerable Adults - Scotland

Extract from
**Adult Support and Protection (Scotland) Act 2007 Code
of Practice**
(Scottish Government, published October 2008; updated January 2009)

Who is an adult at risk?

1. The Act refers throughout to "adult". In terms of Section 53 of the Act, "adult" means a person aged 16 or over.

Adult at risk - Section 3(1) defines "adults at risk" as adults who:

- are unable to safeguard their own well-being, property, rights or other interests;
- are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

2. The presence of a particular condition does not automatically mean an adult is an "adult at risk". Someone could have a disability but be able to safeguard their well-being etc. It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make them more vulnerable to harm than others.

Risk of harm - Section 3(2) makes clear that an "adult" is at risk of "harm" if:

- another person's conduct is causing (or is likely to cause) the adult to be harmed, or
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

3. The assessment of "harm" and the "risk of harm" are important elements under the Act. The definition of "adults at risk" requires an assessment to be made about the "risk of harm" to the individual at the outset.

4. Because any protection order under the Act represents a serious intervention in an adult's life, a sheriff must be satisfied that an adult is at risk of serious harm, rather than harm, before granting any such order.

Harm - Section 53 states harm includes all harmful conduct and, in particular includes:

- conduct which causes physical harm,
- conduct which causes psychological harm (for example by causing fear, alarm or distress),
- unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion),
- conduct which causes self-harm.

5. The definition of "harm" in the Act sets out the main broad categories of harm that are included. The list in the definition is not exhaustive and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute 'harm' to others can be physical (including neglect), emotional, financial, sexual or a combination of these. Also, what constitutes serious harm will be different for different persons.

APPENDIX 3

CONTACT DETAILS FOR CANCER52'S AUTHORISED PERSON

Authorised person in respect of child and safeguarding decisions and reporting allegations and disclosures:

Chair: Anne MacDowell
Address: Cancer52
Telephone number (day): 07580 976 532 (mobile)
Mobile: 07580 976 532 (mobile)
Email: anne.macdowell@cancer52.org.uk

Interim CEO: Sasha Daly
Address: Cancer52
Telephone number: 0203 355 1989
Email: sasha.daly@cancer52.org.uk

APPENDIX 4

INDEPENDENT CONTACTS OUTSIDE OF CANCER52

Cancer52 is a national organisation, so it is not possible to list all the individual agencies or police forces with child protection and/or criminal offences responsibilities within the UK in this policy.

If any member of staff, or person involved with the work of Cancer52, is dissatisfied with the manner in which the organisation has handled any disclosure or allegation, then they should contact the appropriate social services or social work department, or health and social services trust, or police force, in the area relevant to the allegation or disclosure.

Full details of individual local authority social services or social work departments, or health and social services trusts can be found at:

<https://www.gov.uk/find-local-council>

Full details of individual police forces can be found at: <https://www.police.uk/forces/>

Also the following organisation can be contacted:

National Society for the Protection of Cruelty to Children

NSPCC Child Protection Helpline, 42 Curtain Road, London, EC2A 3NH Tel: 0808 800 5000

Website: www.nspcc.org.uk