

SAFEGUARDING POLICY

Policy Name	Safeguarding Policy
Summary of Policy	Teenage Cancer Trust we're committed to delivering a service to young people with cancer that is embedded in good safeguarding, and safe working practice guidance. This policy is to inform and guide Teenage Cancer Trust employees, trustees, volunteers, temporary staff contracted through employment agencies and contractors, with procedures and requirements relating to safeguarding both children and adults at risk.
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Approved By (Director / Deputy Director)	Designated Safeguarding Lead
RACI for Policy:	<p>Responsible: Director of Culture & Transformation</p> <p>Accountable: Board of Trustees (via the Risk and Safeguarding Committee)</p> <p>Consulted: SLT, DSL</p> <p>Informed: All</p>

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1. Introduction

At Teenage Cancer Trust we're committed to delivering a service to young people with cancer 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 the people we work with and alongside have the potential to be vulnerable. This commitment extends to siblings, family or friends of those we provide services to, and to our colleagues and volunteers.

All Teenage Cancer Trust 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 young people in accordance with the legislation of the four nations including but not limited to:

- Children Act 1989 & 2004 (England and Wales)
- Children (Scotland) Act 1995
- Children (NI) order 1995
- Equality Act 2010
- UN Conventions on the Right of Child (UNCRC) 1990
- Care Act 2014
- Adult Support and Protection (Scotland) 2007
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Counter Terrorism and Security Act 2015
- Children and Social Work Act 2007
- Data Protection Act 2018

Teenage Cancer Trust policies and procedures relating to both child and adult safeguarding practice also reflect Government issued guidance such as (but not limited to):

- Working Together to Safeguard Children 2018

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- Care Act statutory guidance 2014
- Local authority safeguarding procedures.
- What to do if you're worried a Child is being abused 2015
- Child Sexual Exploitation Guidance 2017
- Information Sharing Guidance for Practitioners 2018
- Mental Capacity Act 2005 – Code of Practice

Each Local Authority has its own threshold document which outlines at what point Social Care in that area 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 Teenage Cancer Trust employees, trustees, volunteers, temporary 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 engagement work, there are additional policies in place designed to offer a level of protection for those more vulnerable. Funded staff will comply with the safeguarding policy and procedures of their employing NHS Trust, as outlined in their terms of grant.

Teenage Cancer Trust have a range of additional policies in place that are designed to support and mitigate the risk of harm against both children and adults who come into contact with our services please see section 2 for details.

All employees, trustees, volunteers, agency staff and contractors understand for Teenage Cancer Trust should follow this policy. This policy should be read and applied in conjunction with other relevant Teenage Cancer Trust policies and guidance such as (not exclusive list):

- Managing allegations or concerns about staff or volunteers policy
- [Bullying and Harassment policy](#)
- [Lone Working policy](#)
- [Whistleblowing policy](#)
- [Volunteer policy](#)
- [Staff Handbook](#)
- [Complaints policy](#)
- [Social Media policy](#)
- [Working with Young People](#)
- [Fundraising and Vulnerable People](#)

This policy also outlines the Teenage Cancer Trust approach to digital safeguarding which involves keeping young people safe online through the provision of our services. Government guidance is clear that all organisations working with children, young people, families, parents and carers using online platforms, have a responsibility to ensure

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safeguarding is imbedded across those platforms. It is important to remember that young people can misuse online spaces and 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 young people is of paramount concern, regardless of whether they are accessing our services 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.
- Teenage Cancer Trust 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 the 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 the mandatory safeguarding training course provided by Teenage Cancer Trust. This is a probation requirement and needs to be completed within the first six months of employment. Staff are required to refresh their training every two years, and this can be completed via the online course offered by Teenage Cancer Trust or by attending the mandatory training facilitated by the Designated Safeguarding Lead, whichever is preferable to the employee.

For agency staff and contractors, temporary or agency contracts less than three months, an induction meeting with the Designated Safeguarding Lead is required, where the policy and procedures for raising concerns will be addressed and appropriate contact details provided.

All staff, regardless of length of service, should know what constitutes a safeguarding concern and how to raise this in accordance with the policy and procedures.

Teenage Cancer Trust trustees are asked to complete the ‘Trustee safeguarding training’ offered by the NSPCC and produced with the assistance of the Ann Craft Trust, to better understand their specific duties in protecting young people, staff, and volunteers within their role as a charity trustee.

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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 concerns.

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 young people we work with come under 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 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 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 representing Teenage Cancer Trust.

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Teenage Cancer Trust use the term '**young person**' to include anyone under the age of 18, and/or anyone who received a cancer diagnosis between the ages of 13 and 24 and is on active treatment or completed treatment within the last two years.

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 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. Somebody may abuse 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 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)

Perpetrators of abuse cannot be defined by their gender or other personal characteristics. Children can also engage in harmful sexual behaviour towards others or act as perpetrators within peer-on-peer abuse.

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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 may often experience more than one type of abuse; this can be a single event or continuing 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 but may be vulnerable to abuse within a range of social contexts. Contextual safeguarding looks to prevent abuse by making the spaces young people share and the context of which they live in safer. 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.

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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, domestic servitude, 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 fail (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: Is any incident or pattern of incidents involving controlling, coercive, threatening or violent behaviour between those aged 16 or over who are, or have been, intimate partner or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse such as harassment, stalking, online or digital abuse, forced marriage or so called 'honour based' violence.

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 conduct online 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 personal characteristics of an individual, such as age, sex, race, disability, sexual orientation, gender identity, religion or belief or nationality.

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

Non-contact abuse is where a child or adult at risk, 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 or online group 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 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 age, disability, gender or trans identity, sex, religion, race, beliefs or sexual orientation; and chat forums where people are asked or encouraged to commit hate crimes.

Sexting: The sharing of illegal and inappropriate imagery online (sometimes known as sexting) can 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, bi-phobic 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,

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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 (See Appendix 1)

At Teenage Cancer Trust all staff, trustees, volunteers, temporary agency staff and contractors understand that safeguarding is everyone's responsibility.

We provide employees with mandatory training in line with best practice and we have policies and procedures in place to ensure the safety of all. We have contractual agreements, reviewed annually, with NHS Trusts, which mandate that our clinical and funded staff receive regular training.

We incorporate safer recruitment processes and inform staff, trustees, volunteers, agency staff and contractors of their responsibilities towards safeguarding and provide information on how to respond to situations of concern.

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

There are specific staff dedicated to overseeing the safeguarding function at Teenage Cancer Trust:

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.
- 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.

Designated Safeguarding Lead – Hollie Todd (She/Her)

07715 961510

Hollie.Todd@teenagecancertrust.org

Deputy DSL:

This person acts in the absence of the DSL and should be approached in the absence of the DSL, or where concerns may be raised about the DSL. This will typically be the Chief Nurse but where this is not the case, a notification on the DSL's out of office email message will advise where to obtain immediate support or advice.

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Chief Nurse – Dr. Louise Soanes
07715 961097
Louise.Soanes@teenagecancertrust.org

Trustee for Safeguarding and Risk:

Teenage Cancer Trust's Lead Trustee for Safeguarding and Risk, is responsible for:

- Championing safeguarding throughout the organisation
- Ensuring effective policy and practice relating to safeguarding across the organisation
- Considering strategic risks and ensuring they are reflective of the relevant safeguarding legislation, statutory guidance, and best practice, including the safeguarding expectations of the Charity Commission

Trustee: Sue Morgan via Suemorgan@nhs.net.

All charity trustees in the UK are required to take steps to protect everyone who comes into contact with their organisation from harm (Charity Commission for England and Wales, 2019; Charity Commission for Northern Ireland, 2019; Scottish Charity Regulator, 2018).

The Charity Commission requires charities to report serious incidents. If a serious incident takes place within Teenage Cancer Trust, it is important that there is prompt, full and frank disclosure to the Commission. The responsibility for reporting serious incidents rests with the charity's trustees who bear ultimate responsibility for ensuring a report is made in a timely manner.

8. How to respond to concerns in relation to children (see Appendix 2)

If there is an immediate risk of harm or if 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 child or young person, you must discuss this with the Designated Safeguarding Lead (DSL) as soon as practically possible. The DSL will ask you to record your concerns on the [Safeguarding Concern Form](#) via Backstage. If the DSL is not available within office hours, you must contact the deputy DSL who will provide support.

The DSL (or deputy DSL) will provide advice regarding possible the next stage of the process and make referrals as necessary. You may be asked to complete the Safeguarding Record Form if the DSL needs to make a referral as a result of your concerns. You should record that 'a safeguarding concern was identified, please speak to the DSL' onto the individual young person/s CARE record.

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If you have a concern outside of office hours, please follow the procedures for accessing advice and guidance below unless specific arrangements have been made available for reporting concerns outside of office hours, for your service.

If you feel there is an immediate risk of harm or abuse and you are unable to contact the Designated Safeguarding Lead or Deputy Safeguarding Lead, you **must** contact the Police, local statutory agency i.e., Social care or the NSPCC Helpline (who also hold statutory powers). The police, social care team and the NSPCC are the only agencies that have the power to investigate cases of potential child abuse or harm to a young person.

If there is an immediate risk of harm or if emergency medical assistance is required, contact the emergency services on 999. For non-emergency police assistance, contact 101 and request to speak to the local police force of where it is believed that the child is at risk of harm, or where it is believed that the crime has taken place.

Anyone can contact the Local Authority Social Care or the Police for advice. Each Local Authority Social Care team has a dedicated response team often known as the Multi Agency Safeguarding Hub (MASH). Each Local Authority Social Care team will have an Emergency Duty Team (EDT) that operate outside of usual working hours.

You can find out contact details for the relevant Local Authority teams by accessing:

<https://www.gov.uk/report-child-abuse-to-local-council> (England and Wales)

<https://www.mygov.scot/report-child-abuse/> (Scotland)

<https://www.nidirect.gov.uk/articles/reporting-child-abuse-and-neglect> (Northern Ireland)

Alternatively, you can contact, or report concerns for a child to the NSPCC Helpline on 0808 800 5000 open Monday to Friday 8am-10pm or 9am-6pm at the weekends.

Ensure you complete the [Safeguarding Concern Form](#) found on Backstage as a written record of your report including all relevant information including any references numbers or referral numbers provided by police, social care teams or the NSPCC. You must arrange to speak to the DSL (or deputy) about the concern as soon as practically possible.

For young people under the age of 18 their parent or carer should be contacted for consent prior to contacting statutory agencies. However, an inability to inform them should not prevent a referral being made.

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

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parent/carer or another within the home environment) or if due to limitations of the service, Teenage Cancer Trust do not hold parent/carer contact details.

9. How to respond to concerns in relation to adults (see Appendix 2)

If there is an immediate risk of harm or if 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 an adult at risk, whether you are working with or alongside them, you must discuss this with the Designated Safeguarding Lead (DSL) as soon as practically possible. The DSL will ask you to record your concerns on the [Safeguarding Concern Form](#) via Backstage.

If the DSL is not available, within office hours there will be a deputy who will act in absence. The DSL (or deputy DSL) will provide advice regarding possible the next stage of the process and make referrals as necessary. You may be asked to complete the Safeguarding Record Form if the DSL needs to make a referral as a result of your concerns. You should record that 'a safeguarding concern was identified, please speak to the DSL' onto the individual young person/s CARE record.

Unless there is a significant risk of harm to others where possible, adults should consent before contacting statutory agencies. The six principles of safeguarding adults (See section 5) should be applied.

If you have a concern outside of office hours, please follow the procedures for accessing advice and guidance below unless specific arrangements have been made available for reporting concerns outside of office hours, for your service.

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 Police, local statutory agency i.e., Social care or the NSPCC Helpline (who also hold statutory powers). The police, social care team and the NSPCC are the only agencies that have the power to investigate cases of potential abuse or harm.

If there is an immediate risk of harm or if emergency medical assistance is required, contact the emergency services on 999. For non-emergency police assistance, contact 101 and request to speak to the local police force of where it is believed that the adult is at risk of harm, or where it is believed that the crime has taken place.

Anyone can contact the Local Authority Social Care or the Police for advice. Each Local Authority Social Care team has a dedicated Safeguarding Adults Board/Committee and an Emergency Duty Team (EDT) that operate outside of usual working hours. Contact details for adult safeguarding boards and social care can be found on the relevant local authority website.

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Alternatively, you can contact, or report concerns for an adult at risk to the NSPCC Helpline on 0808 800 5000 open Monday to Friday 8am-10pm or 9am-6pm at the weekends.

Ensure you complete the [Safeguarding Concern Form](#) found on Backstage as a written record of your report including all relevant information including any references numbers or referral numbers provided by police, social care teams or the NSPCC. You must arrange to speak to the DSL (or deputy) about the concern as soon as practically possible.

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 or if this is unavailable, please just keep a written record of the disclosure. Use the specific words of the person making the

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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 your line manager, the Designated Safeguarding Lead or HR.

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 Teenage Cancer Trust, then 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 and ask you to record your concerns on the [Safeguarding Concern Form](#) via Backstage.

The DSL will follow the Managing concerns or allegation about staff or volunteers policy and may be required to escalate the concerns to the Lead Trustee for Safeguarding and the Designated Officer within the relevant Local Authority (LADO) for a plan of action to be agreed.

If your concerns are about the DSL, then you should report these to Tracey O'Hara as the Deputy Director of People and Culture, Kate Collins as the CEO or the Trustee for Safeguarding, Sue Morgan (via Jennifer Elder). You can also report your concerns externally via the Designated Officer in the local authority. You can contact the Designated Officer who covers Teenage Cancer Trusts head office on:

0207 641 7668 or lado@westminster.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 except with the agreement of the Designated Safeguarding Lead.

Teenage Cancer Trust [Whistleblowing policy](#) aims to provide employees with avenue to raise concerns internally relating to matters of staff malpractice, illegal acts or omissions at work, financial malpractice or fraud, including poor fundraising practices and to receive feedback on any action taken.

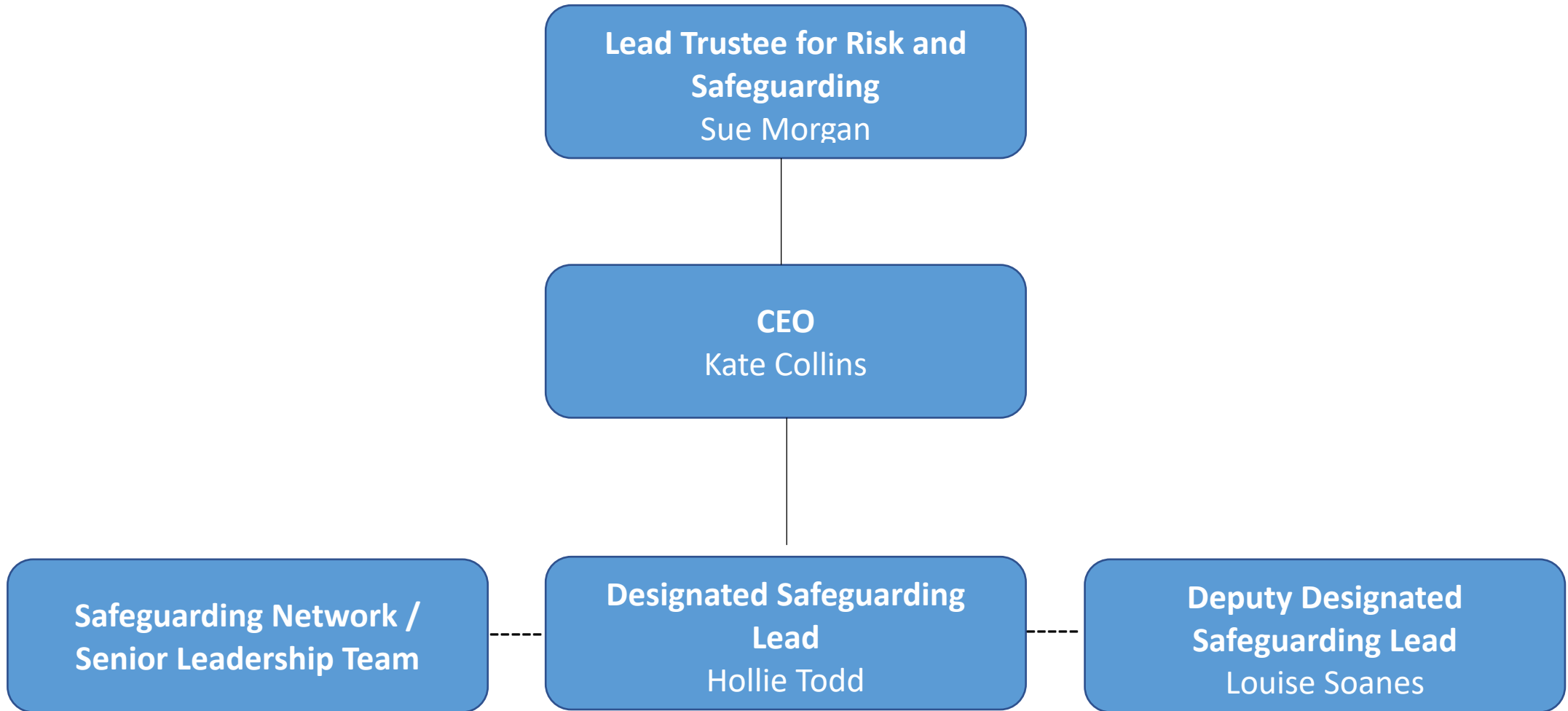
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Prior to any events, which involve young people, celebrities and high-profile supporters in attendance will receive a safeguarding briefing delivered by Teenage Cancer Trust staff. The briefing will explain our requirements for clear and appropriate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

Failure to comply with this guidance may result in termination of the relationship with said supporter.

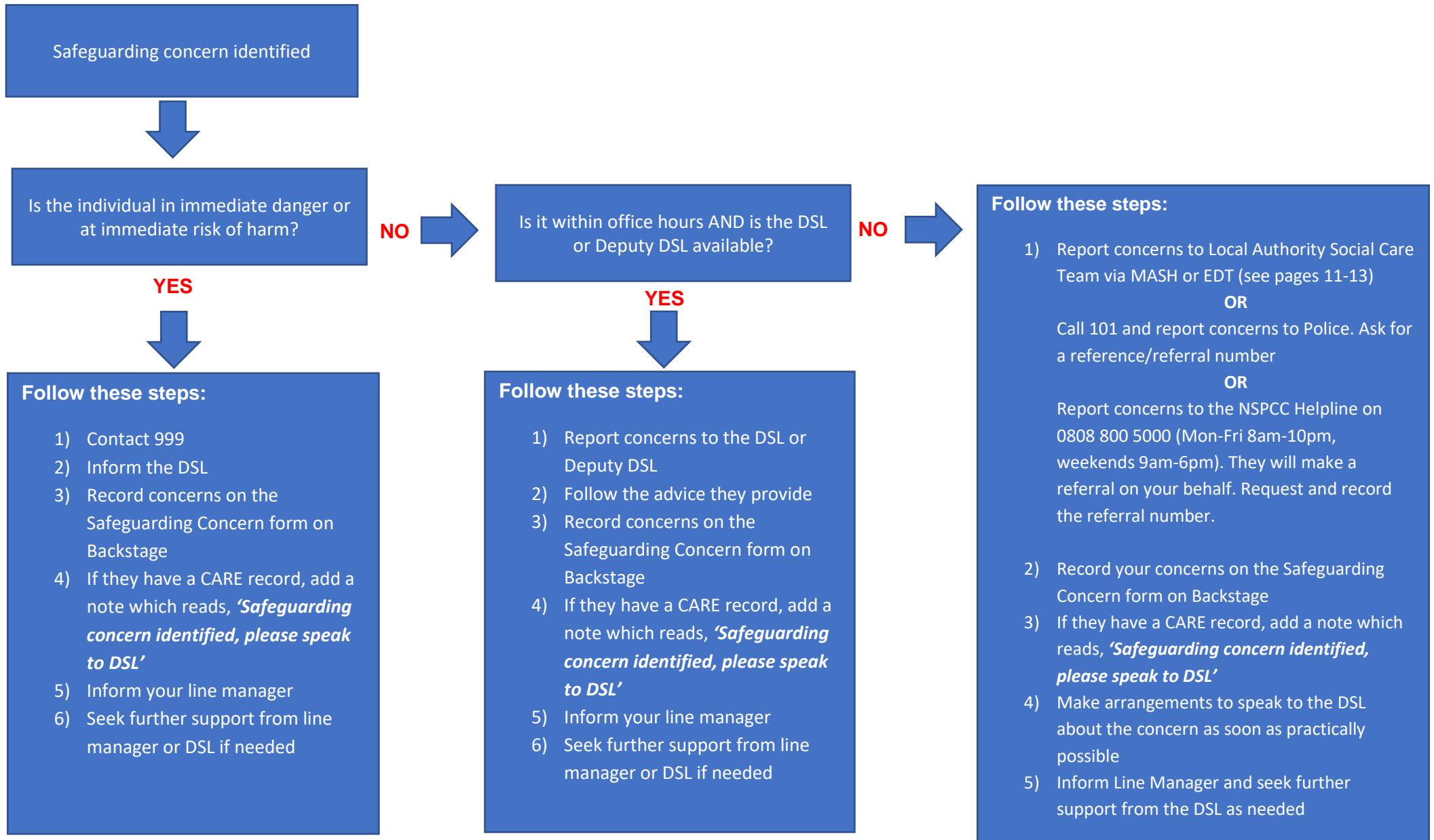
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Appendix 1: Safeguarding Governance Structure



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Appendix 2: Safeguarding Procedure Flowchart



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Appendix 3: Safeguarding Report 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 following 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.

This report relates to a:	
Concern or Incident or Disclosure	
(Please highlight)	
Name of person this form relates to: Their Address: Their DOB:	Date & time of concern / incident / disclosure: Location or site of concern / incident / disclosure: Who was present?
Nature of concern / incident / disclosure <i>(If there is a physical injury please complete body map on page 3)</i>	
Have you discussed this with anyone else? (I.e. Parents, Social Care, Police etc.) Yes / No Details: <i>(who, when, what information was given?)</i>	

SAFEGUARDING POLICY

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).*

Submitted by:

Job Title:

Contact number:

Date & time of reporting:

SAFEGUARDING POLICY

For completion by Designated Safeguarding Lead

<u>Date</u>	<u>Name of DSL/Staff</u>	<u>Action taken</u>

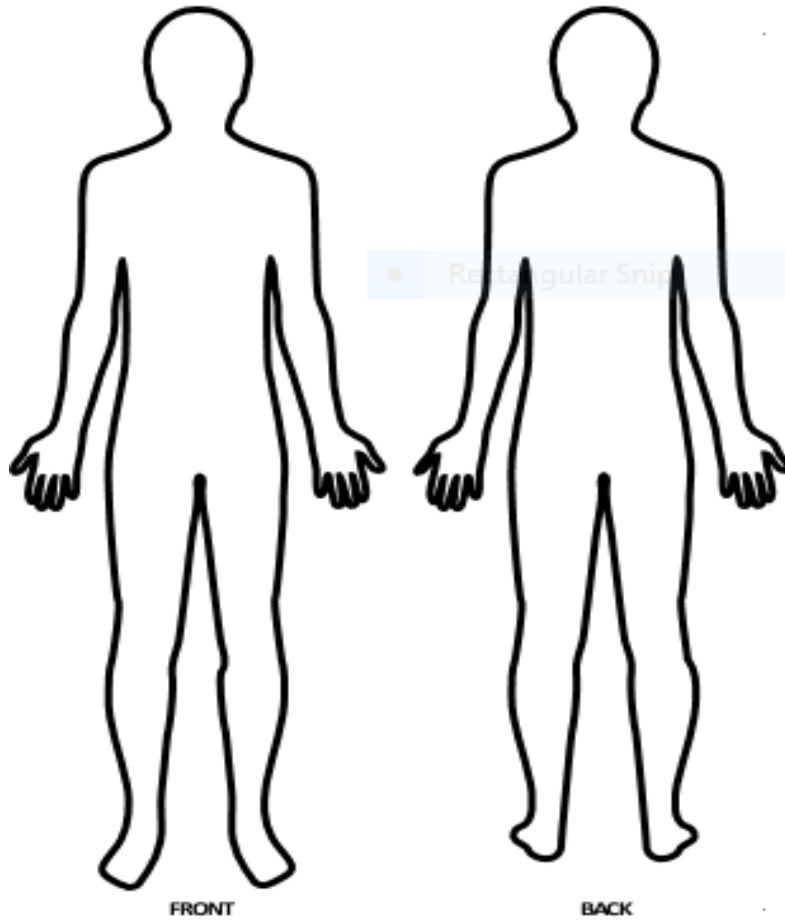
Body Map

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 required immediately.

SAFEGUARDING POLICY

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



Description of injury:

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: