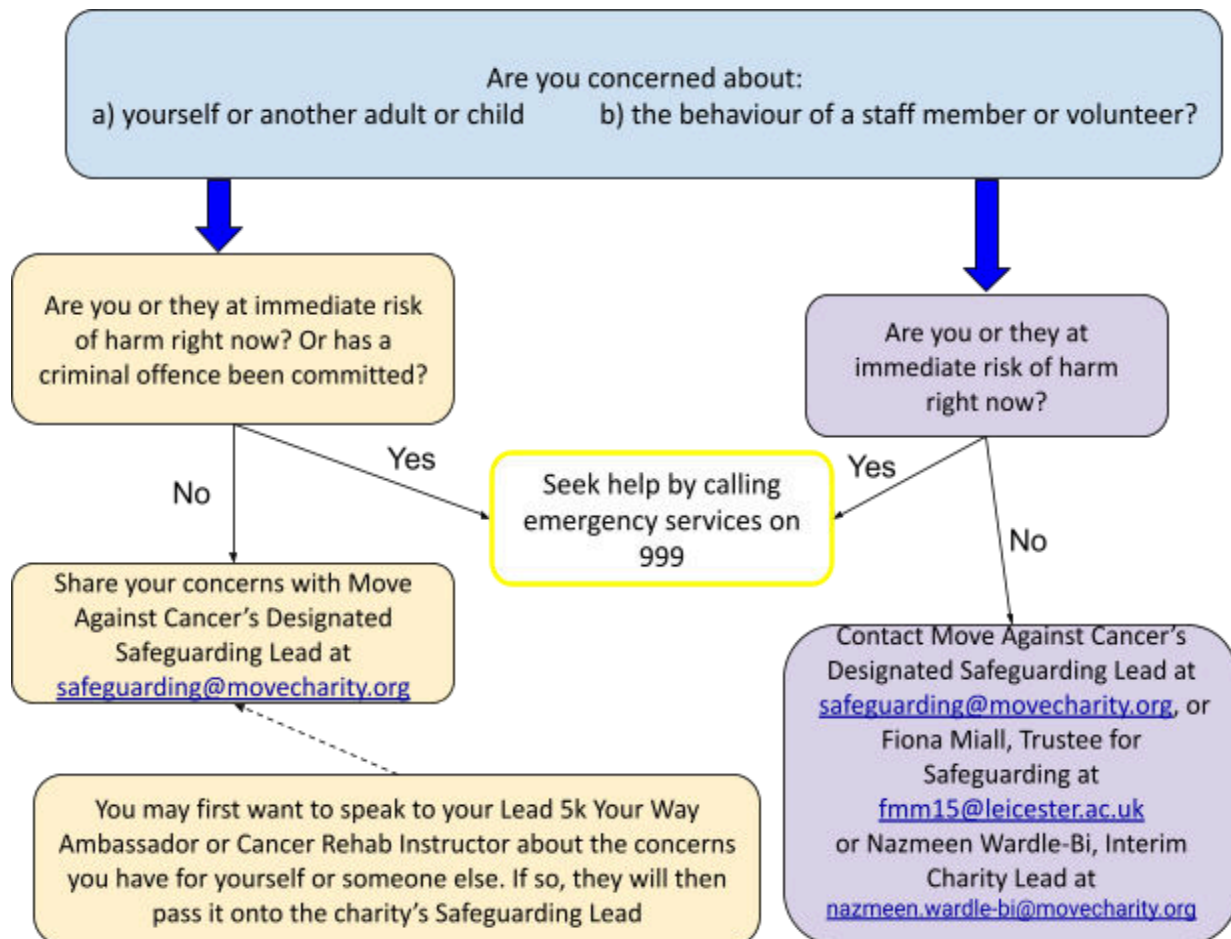


Safeguarding Procedure

This is the procedure that you and Move Against Cancer will take in response to a safeguarding concern. For our Safeguarding policy see here: <https://www.moveagainstcancer.org/safeguarding-policy/>

Procedure Flowchart -



A more detailed breakdown of this procedure is as follows:

[Recognise the concerns](#)

[What is Safeguarding and what is abuse?](#)

[How to respond](#)

[How to report - by whom, to who, by when and in what format -](#)

[Designated Safeguarding Lead procedure steps:](#)

Recognise the concerns

We all have a duty to act to protect anyone experiencing or likely to experience abuse, harm and neglect.

At Move Against Cancer, protecting people includes protecting: our volunteers (ambassadors), our 5k Your Way participants, our Online Programme participants, our staff, our trustees, our donors, our supporters and anyone who engages with our resources.

We work with children (under 18s) as well as potentially vulnerable adults, who are at greater risk of harm.

If you believe that you or someone else is at danger of or is experiencing abuse, harm and neglect, then it is important that you report it.

What is Safeguarding and what is abuse?

Safeguarding: As per the Care Act 2014, safeguarding adults means protecting an adult's right to live in safety, free from abuse and neglect.

As per the Working together to Protect Children 2023 statutory guidance, safeguarding children includes providing help and support to meet the needs of children as soon as problems emerge, protecting children from maltreatment, whether that is within or outside the home, including online and preventing impairment of children's mental and physical health or development.

Example of types of abuse includes:

- **Physical Abuse:** Assault (For example, hitting, slapping, punching, kicking, hair-pulling, biting, pushing); rough handling; scalding and burning; physical punishments; inappropriate or unlawful use of restraint; involuntary isolation or confinement; misuse of medication; forcible feeding or withholding of food
- **Sexual Abuse:** Rape, attempted rape or sexual assault; inappropriate touch anywhere; non-consensual masturbation of either or both persons; non-consensual penetration or attempted penetration of the vagina, anus or mouth; inappropriate looking, sexual teasing innuendo or sexual harassment; sexual photography forced use of pornography or witnessing sexual acts; indecent exposure
- **Psychological Abuse:** Enforced social isolation (e.g. preventing someone from accessing services, educational and social opportunities and seeing friends); removing mobility or communication aids or intentionally leaving someone unattended when they need assistance; preventing someone from meeting their religious and cultural needs; preventing the expression of choice and opinion; intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse; addressing a person in a patronising or infantilising way; threats of harm or abandonment; cyberbullying
- **Modern Slavery:** Human trafficking; Forced labour; Domestic servitude; Sexual exploitation, such as escort work, prostitution and pornography; debt bondage – being forced to work to pay off debts that realistically they never will be able to
- **Financial Abuse:** Theft of money or possessions; fraud, scamming; Preventing a person from accessing their own money, benefits or assets; Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions; Arranging less care than a person needs to save money to

maximise inheritance; Denying the person from receiving outside assistance to manage/monitor their financial affairs; Denying the person from receiving assistance to access benefits; Misuse of the person's personal allowance in a care home

- **Neglect:** Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care; Providing care in a way that the person dislikes; Failure to administer medication as prescribed; Refusal of access to visitors; Not taking account of a person's individual cultural, religious or ethnic needs; Not taking account of educational, social and recreational needs; Preventing the person from making their own decisions; Preventing access to glasses, hearing aids, dentures etc; Failure to ensure privacy and dignity
- **Self-neglect:** Lack of self-care to an extent that it threatens personal health and safety; Neglecting to care for one's personal hygiene, health or surroundings; Inability to avoid self-harm; Failure to seek help or access services to meet health and social care needs; Inability or unwillingness to manage one's personal affairs

How to respond

Risk to someone's immediate safety

If you believe yourself or someone else to currently or immediately be experiencing harm or danger, call the emergency services on 999. Do not wait for a response from safeguarding to do so.

Concerns about your safety

If you are within a 5k Your Way group, you may want to speak first to your Lead Ambassador, or if you are on our Online Programme, you may want to speak to your Cancer Rehab Instructor. They can then pass on your concerns to the Safeguarding Lead, or you can contact the Safeguarding lead directly on safeguarding@movecharity.org

Concerns about someone else's safety

If someone tells you something that means you are concerned about their safety or safety of someone else including another adult at risk or child (they are at risk of abuse, harm or neglect), then it is important to record all the information as soon as possible. Ask open questions to get more information. Stay neutral in your reaction so that you do not influence what they are telling you.

If the concern comes via email, letter or other means of communication, then preserve this evidence.

Tell the Designated Safeguarding Lead (safeguarding@movecharity.org). Do not promise confidentiality to the person, as if there is the risk of harm, abuse or neglect, you have an obligation to tell someone else.

You should seek the consent of the person at risk of harm that you are telling the Designated Safeguarding Lead. You do not have to seek their consent if the following applies:

- Seeking their consent will place them at increased risk of significant harm
- Seeking their consent will prejudice the prevention, detection or prosecution of a crime
- Seeking their consent will lead to unjustified delay in making enquiries about harm
- They are unable to consent (i.e. they are under 18 years old)
- It's just not practicable (i.e. you don't have their contact details)

How to report: by whom, to whom, by when and in what format

No report of concern, or possible concern, should ever be ignored.

- Fill out the Safeguarding Concern Form - found [here](#)

This should be completed by the person who received the concern within one day of receiving the concern, and sent to the Designated Safeguarding Lead Josie Darwin at safeguarding@movecharity.org

- If an incident occurs that is similar in nature to the initial incident, it is essential that this is still reported.

Internal information sharing-

This concern will be treated as confidential and only shared on a need to know basis. All safeguarding concerns will be taken seriously.

Escalation

If you feel unable to contact the Designated Safeguarding Lead or feel that you need a point of escalation, you can contact Fiona Miall, the trustee lead for safeguarding at 07753224935 or fmm15@leicester.ac.uk to raise your concerns.

Designated Safeguarding Lead procedure steps

Recording Safeguarding incidents (DSL only)

All incidents will be recorded on the Safeguarding Concern Form. All Safeguarding concern forms sent will be stored in a confidential, password protected folder.

A Safeguarding log will track all incidents raised and outcomes of the incidents, including no action needed incidents.

All Safeguarding incidents will be kept on record for 18 months before securely disposed of unless another incident is linked to the initial incident, and requires previous evidence.

Responding (DSL only)

All incidents will be carefully considered for their level of risk of imminent harm, abuse or neglect, and managed on this level.

For serious incidents, the Designated Safeguarding Lead will bring in the support of the Lead Trustee for Safeguarding.

Where the concern has come from an event run by a partnership organisation that we work with, we will refer back to the agreements that we formed with our partnership at the time, to decide who will be responsible for this safeguarding incident.

Refer (DSL only)

Significant risk of harm, abuse or neglect

In cases of significant risk of harm, abuse or neglect, the Designated Safeguarding Lead will make a referral to Local Authorities. We will avoid multiple people making referrals to avoid ineffective referrals.

The DSL will seek the consent of the people at risk of harm, unless there is a justifiable legal basis to do so:

- Place them at increased risk of significant harm
- Prejudice the prevention, detection or prosecution of a crime
- Lead to unjustified delay in making enquiries about harm
- They are unable to consent (i.e. they are under 18 years old)
- It's just not practicable

The DSL will record their decision to share their information, and if no consent given, why this decision was taken.

The DSL will also consider whether any other boards need to be told about this incident - whether Disclosure and Barring Service, or other regulator such as Care Quality Commission.

Low level/ concern (DSL only)

Where there is a low-level concern with minimal harm experienced on the individual or if an individual isn't doing as well as they should, although there is no evidence of harm - then the Designated Safeguarding Lead might signpost or refer the person or their family to other specialist relevant organisations, helping them to access these. If in need of universal, early help and welfare support, the DSL may seek an 'early help' assessment from local authority social services. If the person or family already has another lead professional, for example a social worker, the DSL may speak to them about the concern raised. This may be particularly relevant for online programme participants who have social workers working with them through cancer treatment.

Wherever possible, at these low level concerns we will empower the individual to take action themselves to build resilience and independence. We will do these signposting or referral actions with their consent.

Review

After every serious safeguarding incident or significant changes to legislation, the safeguarding policy and procedure will be reviewed.

Move Against Cancer will learn from safeguarding incidents, and implement change within the charity based on key learnings. The DSL will review trends of location, types of incidents and programmes of work, to better develop training, protection measures or support in areas of work more commonly raising safeguarding concerns or incidents.