

# Coping with Cancer in Leicestershire and Rutland

## Safeguarding Policy



## Introduction

Coping with Cancer in Leicestershire and Rutland (CWC) provides services to a wide range of individuals and we recognise that occasionally some of our clients may be vulnerable adults. CWC believes that it is always unacceptable for a person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of children and vulnerable adults by a commitment to practices which protect them from harm.

In the context of this policy a child is defined as anyone aged under 18 years. CWC does not provide services to children under the age of 18 as they are referred to a more child focused service.

Vulnerable adults are those who are or may need community care services by reason of mental or other disability, age or illness and who may be unable to take care of themselves or unable to protect themselves against significant harm or exploitation.

Whilst legal frameworks may differ, the spirit of these procedures should be applied in respect of all users of CWC's services.

The purpose of this policy and procedures is to provide protection for the children and vulnerable adults who access services from CWC. In this context, children means the children of adult clients.

This policy and procedures also provide all staff (including volunteers) with guidance on what they should do if they suspect that a child or vulnerable adult may be experiencing, or be at risk from, some form of abuse.

## Who this policy applies to:

This policy applies to all staff and volunteers of CWC.

## Policy & Procedures

### 1. Recruitment, selection and training of staff and volunteers:

- 1.1 CWC has a recruitment and selection policy which is followed when recruiting new members of staff or volunteers. Points from that policy relevant to safeguarding are detailed below.
- 1.2 CWC will ensure that our recruitment and selection procedures will take account of the need to protect vulnerable adults and children.
- 1.3 Two references will be taken up for all successful candidates prior to a formal offer of employment, and where appropriate referees will be asked to comment on the applicant's suitability to work with vulnerable adults and/or children.
- 1.4 All posts at CWC will be subject to an enhanced level disclosure from the Disclosure and Barring Service (DBS).
- 1.5 Induction for new staff and volunteers will include information on all relevant policies and procedures, including safeguarding, and ongoing training will be provided if necessary.

## 2. Reporting Procedure:

- 2.1 Abuse of vulnerable adults and young people can take many forms (**see appendix I**). It is not the responsibility of anyone working within CWC (or voluntary) to decide whether or not abuse has taken place. It is therefore vital that staff members and volunteers raise all cases of suspected or alleged abuse in line with the procedures identified in this policy. It is important to do this as they may have already been concerns expressed by others and failure to report concerns may place a vulnerable adult or young person at risk.
- 2.2 Any disclosure or suspicion of abuse should be reported to the Charity Manager as soon as possible. This should be done as soon as is practicable, by telephone or face-to-face. This should be followed up by completion of a 'Record of Special Concerns' form. (**see Appendix III**)
- 2.3 The Charity Manager will gather further information and details by interviewing the person making the report, or the client directly. They may refer to the Chair of the Management Committee if they wish.
- 2.4 The Charity Manager will then decide on appropriate action. The nature of this action will be determined by the individual circumstances, but it may include the involvement of external authorities, such as Social Services, referral organisations and the Police.
- 2.5 In the case of a disclosure or suspicion of abuse concerning a young person aged under 18, CWC will always refer the matter to the appropriate external authorities, which in the first instance is likely to be Social Services.
- 2.6 All staff and volunteers will be familiar with good practice guidelines on the immediate action to be taken following a report of abuse (**see appendix II**)
- 2.7 Any allegation made against a member of staff or volunteer should be reported to the Charity Manager who will investigate and take action as per the Disciplinary Policy. In the event of an allegation being made against the Charity Manager, this should be reported to the Chair of the Management Committee.
- 2.8 If a disclosure of abuse is made by a client, care should be taken to explain to them the procedure that will be followed and they should be told that it may not be possible for CWC to maintain confidentiality.

2.9 If a client makes an allegation about another organisation this should be reported to the Charity Manager who will investigate and take appropriate action.

# Appendix I: Identifying Abuse

Abuse is the violation of an individual's human rights. It can be a single act or repeated acts. It can be physical, sexual, or emotional. It also includes acts of neglect or an omission to act. In all forms of abuse there are elements of emotional abuse. Vulnerable adults may also suffer additional types of abuse such as being manipulated financially or being discriminated against. Other examples of abuse include inflicting physical harm such as hitting or misuse of medication, rape and sexual assault or exposure to sexual acts without informed consent, emotional abuse such as threats, humiliation and harassment, exploitation, ignoring medical or physical needs, withholding of necessities of life such as food or heating. This list is not exhaustive.

## Possible Indicators of Abuse

### Physical Abuse:

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

### Sexual Abuse:

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person,
- Behaviour of others towards the vulnerable adult

### Psychological/emotional Abuse:

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears

- Low self esteem
- Confusion

#### Neglect:

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

#### Financial or material signs:

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

#### Discriminatory signs:

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

#### Other signs of abuse:

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions

## **Appendix II: Good Practice Guidelines on the Immediate Action to be taken Following the Report of Abuse**

- React calmly so not to frighten or deter him/her.
- Re-assure him/her that you are glad they have told you, and it is not their fault.
- Don't promise to keep it to yourself, at the earliest opportunity remind them of our confidentiality policy and explain what this means.
- Explain that you need to make sure that they will be safe and may have to pass on the information to somebody trusted to deal with it appropriately.
- Listen carefully to what they say and take them seriously.
- Allow them to tell you what happened in their own words.
- It is important to clarify what you have heard, and to establish the basic facts. However avoid leading questions and do not ask them specific questions about explicit details.
- If possible make brief notes during the initial disclosure, explaining to them why you are doing this. If not possible to do at the time, make notes as soon as possible afterwards. All notes should be dated and signed by the staff member or volunteer taking them. The information recorded should include:
  - The nature of the suspicion or allegation.
  - A description of any visible injury.
  - Dates and times and any other factual information.
  - The distinction between fact, opinion or hearsay.

# Appendix III: Record of Special Concerns

It is essential that all concerns are reported immediately to the Charity Manager. Please complete this form as soon as possible. It is imperative that all issues and concerns are recorded.

Name of Client: \_\_\_\_\_

Name of person making report: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of visit: \_\_\_\_\_

Describe area of concerns / issue:

Action Taken:

To whom reported: \_\_\_\_\_

Date reported: \_\_\_\_\_