

SAFEGUARDING POLICY AND PROCEDURE

| POLICY MONITORING | |
|-----------------------------------------|------------------------------|
| Person responsible for Policy | Designated Safeguarding Lead |
| Committee responsible for Review | Board of Trustees |
| Policy approved | 18 July 2022; 20 July 2023 |
| Frequency of Review | Annually |
| Date of next Review | July 2024 |

Policy statement

- 1 Lymphoma Action is committed to taking all reasonable steps to protect those who come into contact with the Charity from abuse or mistreatment of any kind. This policy extends not only to safeguarding beneficiaries and supporters, but also employees, volunteers, partners and the public. In addition, steps will be taken to protect children and adults at risk who come to the notice of Lymphoma Action and who appear to have been harmed and/or abused or are at risk of harm and/or abuse. The Charity has a Designated Safeguarding Lead (DSL) who is responsible for supporting safeguarding across the organisation and managing any disclosures, incidents or allegations.
- 2 Lymphoma Action is committed to the protection of children and adults at risk and regards the safeguarding and promoting of their interests and wellbeing of paramount concern.
- 3 Lymphoma Action considers it the duty of all those employed by, providing services for, volunteering for, or acting on behalf of the organisation, to take all reasonable steps to prevent the physical, sexual, mental or emotional abuse of all children and adults at risk with whom they come into contact, either directly, or indirectly via family members, friends, and/or other parties.
- 4 These principles apply equally to allegations of historical abuse against children or adults at risk. Lymphoma Action 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 Lymphoma Action’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, Lymphoma Action’s duty to maintain confidentiality with beneficiaries and service users may be breached where child or adult at risk protection issues come to light (see also Confidentiality Policy and Procedure).

- 6 Lymphoma Action is committed to ensuring that all staff (which in this document includes employees, self-employed workers, Trustees and volunteers) are not only made aware of this policy but are provided with training to understand and apply it.

Definitions

- 7 Understanding different types of harm is an important part of recognising safeguarding concerns. Harm may be physical, emotional/psychological, neglect or financial/material harm. 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 as under the age of 18.

Risk assessment

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

Procedures within Lymphoma Action

Information and case records

- 10 Service user and beneficiary information and data held by Lymphoma Action are subject to the Data Protection Act. 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.
- 11 Sensitive information is restricted to only those employees who need access to it to carry out their roles and duties in providing support services to service users.

Other safeguards

- 12 Lymphoma Action has other policies and procedures which provide additional protection and safeguards against the abuse of children or adults at risk, for instance, the checks within its recruitment and selection procedure, codes of conduct, and guidelines on running meetings and groups, events, and procedures governing the Buddy service. In addition, a number of policies covering employee, Trustee and volunteer behaviour provides additional protection and safeguards for employees, Trustees and volunteers.

Allegation, disclosures and concerns about the safety of children and adults at risk

- 13 Where an allegation of child or adult at risk abuse or neglect, or a disclosure relating to current or historical abuse or neglect, is made to a Lymphoma Action employee this will, in all circumstances and irrespective of the apparent credibility of the allegation, be referred immediately to the designated safeguarding lead (DSL) or, in their absence, the Chief Executive.
- 14 The employee 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 employee should ensure that this written information is passed to the DSL as quickly as possible.

- 15 Employees should act quickly upon any allegation or disclosure, and in a thorough, considered and conscientious manner. Wherever possible, the DSL or Chief Executive should be informed on the same day the concern arises.
- 16 Where an alleged incident concerns the DSL or CEO, the Chair of the Board of Trustees should be contacted. They may involve another Trustee, relevant senior manager or external contact with appropriate expertise, to deal appropriately with the employee's concerns.
- 17 Volunteers should initially contact the Volunteering Development Manager, who will inform the DSL or Chief Executive.
- 18 The Director of Services is Lymphoma Action's Designated Safeguarding Lead and, therefore, authorised person in relation to safeguarding matters. The Chief Executive is responsible for supporting the DSL and monitoring safeguarding concerns to ensure they are managed and reported in line with policy.
- 19 Appendix 3 sets out the responsibilities of the DSL and the CEO in more detail. Contact details for the DSL, Chief Executive and SMT are listed in Appendix 4 to this policy.

Action by the DSL upon receipt of report or referral

- 20 Upon receiving information of an allegation or disclosure, the DSL should treat the matter seriously and discuss it immediately with the Chief Executive (or, in the Chief Executive's absence, the Chair). A decision will be taken, in the light of the particular circumstances of the case, on what further action should be taken.
- 21 Where an allegation of child or adult at risk abuse, or suspected child or adult at risk abuse (whether current or historical), is made to Lymphoma Action this will, in all circumstances and irrespective of the apparent credibility of the allegation, be referred immediately by the DSL 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 adult at risk lives (or to the relevant agency responsible for the welfare of the child, young person or adult at risk). 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 alleged abusive situation.
- 22 Where no allegation of child or adult at risk abuse has been made, but where the information received is serious, gives cause for a child protection or adult at risk protection concern, and appears to be reasonably well-founded it will be reported immediately to one of the appropriate agencies listed in para 21.
- 23 Where the incident relates to employees, Trustees or volunteers, the DSL should also consider measures needed internally to protect the confidentiality and wellbeing of the employee, Trustee, or volunteer. In all instances, the DSL will be mindful of the need to minimize risk, eg. in relation to incidences and allegations of domestic abuse.
- 24 There is now an online resource: <https://safeguarding.culture.gov.uk/> which includes guidance on handling safeguarding allegations; an online tool to help handling a safeguarding issue and signposting to further support and guidance.

- 25 The DSL and Chief Executive should consider any other reporting requirements, eg. to the Disclosure and Barring Service, any other regulator or the Charity Commission. In addition, NCVO lists other reporting for online harms including for sexual abuse, intimate images (revenge porn), terrorism and harmful content.

Allegations against employees

- 26 Situations may arise where there are child or adult at risk protection concerns involving an employee, whether they are a paid employee, self-employed worker or a volunteer. Any such allegations of abuse or misconduct involving children, young people or adults at risk made against employees will be dealt with as follows:
- All allegations will be reported immediately to the DSL (or in their absence the Chief Executive) or where the allegations relate to the Chief Executive, the Chair, supplemented with clearly written notes and supporting evidence, as appropriate.
 - 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 employee 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 DSL and the Chief Executive (in consultation with the Chair) whether to suspend the employee on full pay or whether to limit the duties of the employee in some way.
 - In consultation with the employee – and as speedily as possible in the light of consideration of other issues referred to in this paragraph – the DSL will designate an employee, 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, considering all the circumstances of the allegation and the employee’s needs.
- 27 Where the concerns relate to the Chief Executive, then this should be reported to the Chair, or other Trustee with responsibility for safeguarding 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

- 28 Local agencies have differing approaches to feedback, some may proactively feed back, whereas others are unlikely to. Lymphoma Action’s responsibility ends when the report has been made. Any follow-up with the agency should be directed through the DSL or Chief Executive.
- 29 Where any member of staff involved in receiving the allegation or disclosure is not satisfied with Lymphoma Action’s response, and the subsequent handling of it, then they should contact one of the organisations listed in para 32 and/or use the Charity’s Whistleblowing Policy to contact external organisations that will be able to expedite the matter.

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

- 30 Where a child, young person or adult at risk discloses that they have been abused (either recently or historically), the employee 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 (with open questions such as ‘explain to me...’, ‘describe to me...’, or ‘tell me more...’. Staff should take what the person is saying seriously, be non-judgmental, not show belief or disbelief and advise them that the information will need to be passed on. Staff should always seek consent to share information from the person at risk at the earliest opportunity, unless doing so would 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, or it is impractical, or they are unable to consent.
- 31 If the person continues to be involved with Lymphoma Action following the reporting of the concerns, 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.
- 32 Where an employee discloses that they have been abused (either recently or historically), the DSL or Chief Executive should designate an employee, Trustee or other person to act as supporter and adviser to the employee disclosing. The nature and level of the support to be provided will need to be determined on an individual basis. It may be necessary to seek and provide external advice and counselling to support the employee.

Instances where it is unclear whether there is or is not a safeguarding issue

- 33 There may be times when it is unclear whether there is or is not a safeguarding issue. In these instances, this policy should be followed, and incidents of concern should be discussed with the DSL and the Chief Executive to ascertain the risk and any actions that need to be taken. An [incident form](#) should be completed, even if the incident of concern was discussed and decided *not* to be a safeguarding/reportable incident.
- 34 Where it is clear the incident involves criminality, we must act to report it to the authorities. In some situations, the report may need to be made to a statutory safeguarding or other authority aside from, or as well as, the police. Where a criminal offence has been or has potentially been committed, in the UK, and/or there are safeguarding risks to a child or adult, it should usually be reported to the police force local to where the offence took place. Where this is not possible, for example if we have only a phone number, we must call 999 or 101.

Independent contacts outside of Lymphoma Action

- 35 Lymphoma Action is a national charity, 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 employee, or person involved with the work of Lymphoma Action, is dissatisfied with the way in which the Charity 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/pu/contact-us/uk-police-forces/>

Other useful organisations/links:

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

<https://www.gov.uk/guidance/safeguarding-duties-for-charity-Trustees>

<https://knowhow.ncvo.org.uk/safeguarding>

Appendix 1

RISK ASSESSMENT

A1 The following risk assessment of the Charity's activities in relation to child and adults at risk protection issues has been carried out. The risk assessment will be reviewed by the Board of Trustees at least annually and the risks managed through ongoing training, development and support for staff and volunteers.

Employees

Direct contact leading to abuse by employees

*Direct contact is a face-to-face interaction, being visible in the same environment, with or without physical contact. Lymphoma Action considers services delivered using a digital platform with use of video and microphone, for example, online support meetings, Live your Life workshops, and educational and support events for people affected by lymphoma, as **Direct** contact.*

A2 The majority of Lymphoma Action employees, working from the Charity's office or from home, do not have direct contact with children. However, the nature of its work may on occasion bring some staff into direct contact with children in the course of their work. Rare though these situations would be, there is potential for Lymphoma Action employees to be in a position of power and trust, giving them access to children and families and the potential to cause harm to them.

A3 Some employees will have direct contact with adults through the Charity's work, a small number of whom may be classed as an adult at risk. Given that those adults at risk may 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 very rare, it is possible that employees could have the opportunity to cause harm to those adults.

Indirect contact leading to abuse by employees

Indirect contact is an intervention which does not involve face to face interactions (whether digital or not), and not made in the same environment, for example, telephone, email, and post.

A4 Certain employees, including those working on the Helpline, receive information by telephone, post and email which could, in theory, put them in a position of power and trust giving them access to families and the potential for causing harm.

A5 Those same employees may also be in a similar position in relation to the small numbers of adults at risk with whom they come into contact.

Direct contact leading to abuse by Trustees or volunteers

A6 Lymphoma Action delivers a number of volunteer-facilitated peer support services and is governed by a volunteer Trustee board. Volunteers may then have contact with families and children. Children or young people under the age of 18 are not permitted to attend support groups (under 16 for Live your Life), and the Buddy scheme only ever works with children via adult contact and is a phone service. It is, therefore, unlikely that volunteers will be in direct

contact with children without the parents or guardians also being present. Unlikely though these situations would be, there is potential for some Lymphoma Action Trustees or volunteers to be in a position of power and trust, giving them access to children and families and the potential to cause harm to them.

- A8 Trustees and volunteers will have direct contact with adults through the Charity's work, a small number of whom may be classed as an adult at risk. Given that those adults at risk may have further vulnerabilities due to their cancer diagnosis, or the diagnosis of a friend or family member, there is the potential for Trustees and volunteers to be in a position of power and trust.

Indirect contact leading to abuse by Trustees or volunteers

- A9 Trustees and volunteers will receive information which could put them in a position of power and trust, giving them access to families and the potential for causing harm to children.

- A10 Trustees and volunteers will be in a similar position in relation to adults, a small number of whom may be classed as an adult at risk. As with para A8, this gives these Trustees and volunteers the potential to be in a position of power and trust.

All staff and volunteers

Disclosure of abuse

- A16 Given that all employees, Trustees, and volunteers are accessible at some level either by services users, beneficiaries, supporters, the general public, or one or more of the preceding groups, there is the potential for any staff member or volunteer to be the recipient of a child or adult at risk harming disclosure. This is a serious risk, albeit given the nature of the Charity's work it is not assessed to be high.

Historical abuse

- A17 Given that all employees, Trustees and volunteers are accessible at some level either by services users, beneficiaries, supporters, the general public, or one or more of the preceding groups, there is the potential for any staff member or volunteer to be the recipient of a disclosure of historical harm or neglect by a child or adult at risk abuse disclosure. This is a serious risk, albeit given the nature of the Charity's work it is not assessed to be high.

Digital Services

Additional considerations

- A18 Lymphoma Action considers services delivered using a digital platform as direct contact and as such will be mindful of digital safeguarding needs.

Digital safeguarding means: 'the protection from harm in the online environment through the implementation of effective technical solutions, advice and support and procedures for managing incidents'. Online service delivery has its own associated risks and being online can make it harder for everyone to be held accountable for their actions.

- A19 There are additional areas to consider in terms of digital service delivery which include parental consent for online meetings; being alert to the potential for Cyber bullying/harassment; privacy

concerns; the use of closed groups, participants choosing to share personal information with each other, and ensuring personal identifiable information including location is not made visible/shared by the Charity. Lymphoma Action will advise participants on protecting their own safety online but accepts that not all risk can be mitigated in the online environment.

Appendix 2

DEFINITIONS

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

Children (England, Wales, Northern Ireland)

Definitions of harm, abuse and neglect of children

Extract from [Working Together to Safeguard Children](#) (HM Government, July 2018)

This guidance is applicable to all children up to the age of 18 years whether living with their families, in state care, or living independently.

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| 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. Harm can include ill treatment that is not physical, and the impact of witnessing ill treatment of others, especially in relation to the impact on children of domestic abuse. Children may be abused in a family or in an institutional/community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. |
| 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 that causes 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; not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate; age or developmentally inappropriate expectations being imposed on children; seeing or hearing the ill-treatment of another; serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger; the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. |
| Sexual abuse | Forcing or enticing a child/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 |

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| | <p>happening. The activities may involve physical contact, incl. assault by penetration (eg. Rape, oral sex) or non-penetrative acts, eg. Masturbation, kissing, rubbing touching outside of clothing. Or include non-contact activities, eg. 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 for abuse. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Women can also commit acts of sexual abuse, as can other children.</p> |
| Child sexual exploitation | <p>CSE is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child/young person into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology.</p> |
| Neglect | <p>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. Neglect may involve a parent/carer failing to provide adequate food, clothing, 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 caregivers); ensure access to appropriate medical care or treatment. It may also include neglect of/unresponsiveness to, a child’s basic emotional needs.</p> |
| Financial & material abuse | <p>This type of harm may relate to a person’s financial or material wellbeing and can range from withholding of funds and fraud to manipulation and coercion relating to one’s financial affairs or material possessions.</p> |
| Child criminal exploitation | <p>As set out in the Home Office’s Serious Violence Strategy, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive someone under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.</p> |
| Cyber bullying | <p>Cyberbullying is bullying that takes place over digital devices like mobile phones, computers and tablets. It is repeated and intentional. Cyberbullying can occur through SMS, text and apps, or online in social media, forums, or gaming where people can view, participate in, or share content. Cyberbullying intends to cause harm, embarrassment or humiliation and can cross the line into unlawful or criminal behaviour. It can involve:</p> <ul style="list-style-type: none"> ○ <i>Virtual mobbing or dog-piling</i>: Encouraging other people to harass someone on social media ○ <i>Doxxing</i>: Publishing someone’s personal information ○ <i>Trolling</i>: Posting messages which are intended to provoke an angry response ○ <i>Baiting</i>: Accusing someone of being involved in sexual activity ○ <i>Cyber-stalking</i>: Repeated use of online messaging to frighten or harass |

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| | <ul style="list-style-type: none"> ○ <i>Spamming</i>: Sending a large number of unwanted messages ○ <i>Flaming</i>: Abusing someone in a live chat forum. |
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Children (Scotland)

The key guidance for the safeguarding of children in Scotland is the [National guidance for child protection in Scotland](#) (Scottish Government, 2021b). In Scotland, the definition of a child varies in different legal contexts, but statutory guidance which supports the [Children and Young People \(Scotland\) Act 2014](#), includes all children and young people up to the age of 18.

Where a young person between the age of 16 and 18 requires support and protection, services will need to consider which legal framework best fits each person’s needs and circumstances. The National guidance for child protection in Scotland gives more detail about this and explains how professionals should act to protect young people from harm in different circumstances.

Adults at risk (England, Wales, Northern Ireland)

The introduction of [The Care Act 2014](#) puts adult safeguarding on a statutory footing for the first time and replaces the No Secrets (2000) guidance for safeguarding adults.

An ‘adult at risk’ is anyone aged 18 years or over who may be in need of community care services by 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.

Descriptions of abuse and neglect of adults at risk

Extract from **The Care Act 2014**

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| Physical Abuse | Non-accidental harm to the body caused by the use of force, which results in pain, injury or a change in the person’s natural physical state |
| Psychological/ Emotional | Behaviour that has a harmful effect on an adult at risk’s emotional health and development |
| Financial or material Abuse | The use of the adult at risk’s property, assets, or income without their informed consent, or making financial transactions that they do not understand to the advantage of another person |
| Sexual Abuse | The involvement of the adult at risk in sexual activities or relationships which are for the gratification of the other person and which they have not consented to, or they cannot understand, or violates sexual taboos of family custom and practice |
| Neglect and Acts of Omission | A lack of action or activity ‘that results in the adult’s basic needs not being met’. It can be intentional or unintentional. This may include: ignoring medical, emotional or physical care needs, failure to provide access to appropriate health/social care/educational services, and the withholding of necessities such as medication, adequate nutrition/hydration, heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned, particularly when they lack the mental capacity to assess risk for themselves |
| Discriminatory Abuse | Behaviour that makes or sees a distinction between people as a basis for prejudice or unfair treatment |

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| Domestic Abuse/violence | Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.’ This would include abusive practices such as Female Genital Mutilation, “honour”-based violence and forced marriage |
| Self-Neglect | Is a behavioural condition in which an individual neglects to attend their basic needs such as personal hygiene, or any medical conditions, or keeping their environment safe to carry out usual activities of daily living. It can occur as a result of physical health, mental health and social problems |
| Exploitation | Sexual exploitation involves exploitative situations and relationships where people receive ‘something’ (eg. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Exploitation includes all types of abusive “grooming” of any individual towards activities that may cause them harm, including radicalisation that may result in acts of terrorism |
| Modern Slavery | This encompasses slavery, human trafficking, forced labour, and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. |

Adults at risk (Scotland)

The **Adult Support and Protection (Scotland) Act 2007** (Scottish Government, published October 2008; updated January 2009) is designed to protect those adults who are unable to safeguard their own interests and are at risk of harm. Section 53 of the Act, “adult” means **a person aged 16 or over** and “child” means an individual under the age of 16.

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.

Appendix 3

DESIGNATED SAFEGUARDING LEAD (DSL)

What does the role include?

The Designated Safeguarding Lead (DSL) acts as the main source of support, advice and expertise for safeguarding. Responsibilities include:

- Advising and supporting the Senior Management Team in developing and establishing your organisation's approach to safeguarding.
- Playing a lead role in maintaining and reviewing the organisation's plan for safeguarding.
- Coordinating the distribution of policies, procedures and safeguarding resources throughout the organisation.
- Advising on training needs and development, providing training where appropriate.
- Providing safeguarding advice and support to staff and volunteers.
- Managing safeguarding concerns, allegations or incidents reported to your organisation and advising the CEO (including of any escalation needs to the Trustees or Charity Commission).
- Managing referrals to key safeguarding agencies (eg. social services or police) of any incidents or allegations of abuse and harm.
- Undertaking specific training available for designated safeguarding leads and update every two years.

CEO responsibilities for supervision and support

The CEO must support the DSL and will ensure that the DSL:

- Has enough time to do their role and fulfil the responsibilities as Designated Safeguarding Lead.
- Has an opportunity to discuss issues relating to the workplace and working practices as well as receiving appropriate management, supervision and support.
- Is supported with their emotional wellbeing.

The CEO is ultimately responsible:

- For making sure safeguarding concerns are addressed sensitively and effectively in a timely manner following Lymphoma Action's policies and procedures.
 - For taking a strategic view and working closely with the Designated Safeguarding Lead who will manage any cases.
 - For reviewing the need for any communications to the Board of Trustees or the Charity Commission.
 - For ensuring that safeguarding is embedded in the culture and governance of the Charity.
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Appendix 4

CONTACT DETAILS FOR LYMPHOMA ACTION'S AUTHORISED PERSON

Designated Safeguarding Lead (DSL):

Director of Services: Dallas Pounds
Address: Lymphoma Action
Unit 3, Bell Business Park, Smeaton Close
Aylesbury, Buckinghamshire HP19 8JR
Telephone number (day): 01296 619411 (direct)
01296 619400 (switchboard)
Mobile: 07702 166957
Email: d.pounds@lymphoma-action.org.uk

In DSL's absence and authorised person in respect of safeguarding governance:

Chief Executive: Ropinder Gill
Address: Lymphoma Action
Unit 3, Bell Business Park, Smeaton Close
Aylesbury, Buckinghamshire HP19 8JR
Telephone number (day): 01296 619410 (direct)
01296 619400 (switchboard)
Mobile: 07768 644018
Email: r.gill@lymphoma-action.org.uk

In the Chief Executive's absence, contact:

Chair of Board of Trustees: Mark Harrison
Address: Lymphoma Action
Unit 3, Bell Business Park, Smeaton Close
Aylesbury, Buckinghamshire HP19 8JR
Telephone number (day): 07792 079289
Email: chair@lymphoma-action.org.uk

Alternative members of Senior Management Team if the DSL or Chief Executive is not available:

Director of Finance: Jim Howson
Address: Lymphoma Action
Unit 3, Bell Business Park, Smeaton Close
Aylesbury, Buckinghamshire HP19 8JR
Telephone number (day): 01296 619428 (direct)
01296 619400 (switchboard)
Email: j.howson@lymphoma-action.org.uk

Director of Fundraising and Comms: Deborah Laing
Address: Lymphoma Action

Unit 3, Bell Business Park, Smeaton Close
Aylesbury, Buckinghamshire HP19 8JR

Telephone number (day):

01296 619418 (direct)

01296 619400 (switchboard)

Email:

d.laing@lymphoma-action.org.uk

This Policy is owned by the Chief Executive and updated by the Designated Safeguarding Lead (Director of Services).

Review schedule:

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Reviewed Jan 2020; March 2021

Approved November 2021

Updated May 2022, June 2022

Approved 18 July 2022

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