



# Safeguarding Policy

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## About This Policy

All staff including directors, employees, volunteers, and sub-contractors; involved with, or working in the company, will be given a summary and access to this full policy upon appointment, and thereafter annually, and will sign to say they understand and will comply with the company's safeguarding arrangements. Failure to comply will be considered a disciplinary matter and be dealt with accordingly. The summary policy is available to the public on the company's website and this full version is available upon request. Similarly, all staff have access to both the summary and full policy on PeopleHR.

## Policy Statement

- MoreLife upholds the belief that the welfare of all children, young people and adults at risk is of paramount importance, regardless of their age, ability, culture, disability, gender assignment, sexual orientation, race, religion, or belief.
- Morelife takes its duty of candour (see PeopleHR for current policy) seriously and encourages openness and honesty at all levels.
- MoreLife is committed to ensuring that everyone, individuals, and organisations, who are involved with the company, are clear about their safeguarding roles and responsibilities. The company will actively promote the welfare of all children, young people and adults at risk by working to the best possible safeguarding standards across all its services, activities and venues.
- MoreLife has appropriate arrangements in place to safeguard and protect children, young people and adults at risk from harm as legislated for in England, including the weight management service in Greater Manchester which is regulated by the Care Quality Commission (CQC).
- The directors have a shared responsibility for ensuring that those benefiting from, or working with, the company, are not harmed in any way through contact with it. The company has a zero-tolerance policy for any abusive or harassing behaviour across all its activities.
- The company is clear that this policy must be strictly adhered to by all staff, including those from partner organisations when they work with the company.

## Legal Framework

This policy is developed in line with the under-pinning key legislation, government and statutory guidance across England where the company operates (see [appendix A](#)). The key principle is that safeguarding is everyone's responsibility and each individual and organisation should play their full part; and have a child-centred and adult focused approach.

## Children and Young People

Safeguarding and promoting the welfare of children and young people is:

1. protecting children from maltreatment.
2. preventing impairment of children's health or development.

3. ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
4. taking action to enable all children to have the best outcomes.

## **Adults at Risk**

The aims of adult safeguarding are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- stop abuse or neglect where possible.
- safeguard adults in a way that supports them in making choices and having control about how they want to live.

## **Definitions**

### **Children**

For the purpose of this policy:

**A child is any person under the age of 18 years.**

### **Child in Need**

Under **Section 17 Children Act 1989**, a child will be considered in need if:

- they are unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the Local Authority.
- their health or development is likely to be significantly impaired, or further impaired, without the provision of services from the Local Authority.
- they have a disability.

### **Looked After Children**

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child (LAC). Looked after children are also often referred to as children in care (CIC). 70% of looked after children have emotional or mental health needs which impact on their presentation within the health setting.

### **Private Fostering**

Private fostering is when a child under the age of 16 (or under 18 if disabled) is cared for by someone who is not their parent or a close relative. This is a private arrangement made between a parent and a carer, expected to last 28 days or more.

### **Young carers**

Are defined as a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work).

## **Child Protection**

Is defined as protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a likelihood or risk of significant harm from abuse or neglect.

Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse and neglect. This includes Female Genital Mutilation and other Honour-Based Violence, and extra-familial threats including radicalisation and sexual or criminal exploitation.

There may be a need for immediate protection whilst an assessment or enquiries are carried out.

## **Significant Harm**

Under Section 31(10) of the Children Act 1989: Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

## **Adults**

### **An adult at risk is defined as:**

- having needs for care and support, and.
- experiencing, or being at risk of, abuse and neglect and.
- as a result of those care needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

## **Adults with Care and Support needs**

Care and support are the mixture of practical, financial, and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers.

## **The six principles of Safeguarding - The Care Act 2014**

First introduced by the Department of Health in 2011, but now embedded in the Care Act, these six principles apply to all health and care settings:

1. Empowerment - People being supported and encouraged to make their own decisions and informed consent.
2. Prevention - It is better to take action before harm occurs.
3. Proportionality - The least intrusive response appropriate to the risk presented.
4. Protection - Support and representation for those in greatest need.

5. Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
6. Accountability - Accountability and transparency in safeguarding practice.

### **Making Safeguarding Personal**

Making Safeguarding Personal (MSP) is an initiative which aims to develop an 'outcome focus' to safeguarding work and a range of responses to support people to improve or resolve their circumstances. MSP in its simplest form means putting the person at the centre of everything we do during a safeguarding enquiry, from the very beginning to the very end. MSP seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people.
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'.
- An approach that utilises social work skills rather than just 'putting people through a process'.
- An approach that enables practitioners, families, teams and safeguarding adult boards to know what difference has been made.

### **Advocacy and Human rights.**

Advocacy is one of the many ways in which people can be supported and empowered to uphold their rights and entitlements, be provided with choices and options, and safeguarded from harm and abuse. An advocate can help a person to:

- speak up for themselves or give their views.
- understand the process they are going through; their rights and what choices are available to them.
- be part of an important decision which is being made about them.
- prepare for and take part in meetings and tribunals.
- raise queries or concerns.
- access information in the format which is most suitable.
- access services that can support them.

Advocates can also provide information and signpost people to other helpful services. Intervention often means people do not need to access justice through the courts or legal pathway as our intervention empowers people and protects their human rights.

### **Serious Harm**

Harm is defined as all harmful conduct and/or:

- behaviour that causes physical or psychological harm for example harassment and intimidation, causing fear, alarm, or distress.
- unlawful conduct which adversely affects property, rights, or interests such as theft, fraud, or extortion.

- behaviour that causes self-harm and self-neglect.

“**Staff**” refers to: directors, employees and all other staff, associates or sub-contractors.

### **Named Persons for Safeguarding**

The roles and responsibilities of the following named persons can be found in [appendix B](#).

#### **The Named Director for Safeguarding is:**

Name: Professor Paul Gately  
Job Role: Managing Director  
Tel: 07711 185836  
Email: [paul.gately@more-life.co.uk](mailto:paul.gately@more-life.co.uk)

#### **The company’s National Lead for Safeguarding is:**

Name: Sophie Edwards  
Job Role: Clinical Director  
Tel: 07785 433985  
Email: [sophie.edwards@more-life.co.uk](mailto:sophie.edwards@more-life.co.uk)

#### **The company’s National Deputy for Safeguarding is:**

Name: Kathryn Marshall  
Job Role: Clinical Governance, Compliance and Data Protection Manager  
Tel: 07826 516728  
Email: [Kathryn.marshall@more-life.co.uk](mailto:Kathryn.marshall@more-life.co.uk)

The company's Area Leads for Safeguarding and Mental Capacity are shown below together with Safeguarding Deputies:

Location	Area Safeguarding and Mental Capacity Leads	Area Safeguarding Deputies	
Leeds	Name: Kathryn Marshall Job Role: Clinical Governance, Compliance and Data Protection Manager Tel: 07826 516728 Email: <a href="mailto:kathryn.marshall@more-life.co.uk">kathryn.marshall@more-life.co.uk</a>		
Bedfordshire and Milton Keynes	Name: Grace Shiplee Job Role: Contract Manager Tel: 07788 943221 Email: <a href="mailto:grace.shiplee@more-life.co.uk">grace.shiplee@more-life.co.uk</a>	Name: Emma Nicholls Job role: Service Lead Tel: 07826518366 Email: <a href="mailto:emma.nicholls@more-life.co.uk">emma.nicholls@more-life.co.uk</a>	Name: Andrew Mason-Kearney Job role: Delivery Lead Tel: 07436252426 Email: <a href="mailto:andrew.mason-kearney@more-life.co.uk">andrew.mason-kearney@more-life.co.uk</a>
Cambridgeshire & Peterborough	Name: Grace Shiplee Job Role: Contract Manager Tel: 07788 943221 Email: <a href="mailto:grace.shiplee@more-life.co.uk">grace.shiplee@more-life.co.uk</a>	Name: Sarah Knapp Job role: Service Lead Tel: 07747 219223 Email: <a href="mailto:sarah.knapp@more-life.co.uk">sarah.knapp@more-life.co.uk</a>	
Camden & Islington	Name: Emily Costelloe Job Role: Contract Manager Tel: 07780 493033 Email: <a href="mailto:emily.costelloe@more-life.co.uk">emily.costelloe@more-life.co.uk</a>	Name: Matthew Buckley Job Role: Service Lead Tel: 07780 493032 Email: <a href="mailto:matthew.buckley@more-life.co.uk">matthew.buckley@more-life.co.uk</a>	
Essex	Name: Emily Costelloe Job Role: Contract Manager Tel: 07780 493033 Email: <a href="mailto:emily.costelloe@more-life.co.uk">emily.costelloe@more-life.co.uk</a>	Name: Matthew Buckley Job Role: Service Lead Tel: 07780 493032 Email: <a href="mailto:matthew.buckley@more-life.co.uk">matthew.buckley@more-life.co.uk</a>	
Greater Manchester	Name: Rebecca Hellyer Job Role: Contract Manager Tel: 07436 338460 Email: <a href="mailto:rebecca.hellyer@more-life.co.uk">rebecca.hellyer@more-life.co.uk</a>	Name: Job Role: Service Lead Tel: Email: <a href="mailto:@more-life.co.uk">@more-life.co.uk</a>	
Hounslow	Name: Ryan D'Cruz Job Role: Service Lead Tel: 07585558966 Email: <a href="mailto:ryan.d'cruz@more-life.co.uk">ryan.d'cruz@more-life.co.uk</a>	Name: Job Role: Service Lead Tel: Email: <a href="mailto:@more-life.co.uk">@more-life.co.uk</a>	
Medway	Name: James Roast Job Role: Contract Manager Tel: 07826 517951 Email: <a href="mailto:james.roast@more-life.co.uk">james.roast@more-life.co.uk</a>		
NHSE	Name: Victoria Simpson Job Role: NHSE Contract Manager and Data Reporting Strategy Coordinator Tel: 0113 812 5233 Email: <a href="mailto:victoria.simpson@more-life.co.uk">victoria.simpson@more-life.co.uk</a>		
Sheffield	Name: Rebecca Hellyer Job Role: Contract Manager Tel: 07436 338460 Email: <a href="mailto:rebecca.hellyer@more-life.co.uk">rebecca.hellyer@more-life.co.uk</a>	Name: Job Role: Service Manager Tel: Email: <a href="mailto:@more-life.co.uk">@more-life.co.uk</a>	
Sussex	Name: Grace Shiplee Job Role: Contract Manager Tel: 07788 943221 Email: <a href="mailto:grace.shiplee@more-life.co.uk">grace.shiplee@more-life.co.uk</a>	Name: Sarah Knapp Job role: Service Lead Tel: 07747 219223 Email: <a href="mailto:sarah.knapp@more-life.co.uk">sarah.knapp@more-life.co.uk</a>	
Walsall	Name: Victoria Simpson Job Role: NHSE Contract Manager and Data Reporting Strategy Coordinator Tel: 0113 812 5233 Email: <a href="mailto:victoria.simpson@more-life.co.uk">victoria.simpson@more-life.co.uk</a>		



## Safeguarding Code of Conduct

**Regardless of role, all staff will** work to the highest standards of safeguarding practice, taking into account any specific issues listed below which are included in their work.

### **Everyone involved with the company will:**

- treat everyone with whom they come into contact with respect.
- keep their private and professional relationships with clients separate, including when using social media.
- be aware that any personal contact with a child or an adult at risk, with whom they work professionally, is never appropriate outside the work environment.
- where possible, ensure that there is always one other colleague present when working with at risk groups.
- exercise caution when discussing sensitive issues with children or adults at risk.
- maintain and establish appropriate and clear professional boundaries with clients.
- report any safeguarding concerns about the behaviour of colleagues or clients to the Area Lead for Safeguarding without delay.
- check the suicide ideation protocol within the staff handbook if anyone expresses suicidal thoughts.
- understand the need for confidentiality and the importance of gaining consent when they escalate concerns, unless this puts someone at risk of harm.
- understand that there may be some concerns which need escalating without consent if deemed to be in the best interests of the person.
- treat and handle safeguarding information securely at all times, when storing, sharing and accessing the information. The access and sharing of safeguarding information must be on a strict need to know basis refer to the Data Protection Policy (see OneDrive for current policy).
- only touch clients when it is essential and appropriate to do so.
- use the MoreLife Media Consent Form (see PeopleHR for current form) to confirm parents or carers of children under the age of sixteen, or adults who lack capacity, agree to being included on social media. (When children, or adults who lack capacity, are attending with a partner organisation or community group, it is that organisation's responsibility to seek permission and inform MoreLife staff if there are issues).
- report all gifts to the relevant line manager in line with the company's Anti Bribery Policy (see PeopleHR for current policy).
- speak with their line manager if they consider their work may put them into a position that might lead to an allegation of professional misconduct.
- exercise their right to whistleblow externally to the police, Social Care Services (or CQC if the matter is related to a slimming clinic) if they are concerned that safeguarding issues are being mismanaged or ignored within the company.
- maintain confidentiality at all times, including with family and friends.

## What is Abuse?

Abuse of a child, young person or adult at risk can take many forms (see [appendix C](#)).

## Mental Capacity

The primary purpose of mental capacity legislation across the UK is to promote and safeguard decision-making within a legal framework. There is a presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability. All Clinicians and Mental Capacity Leads will receive Mental Capacity and Deprivation of Liberties (DoLs) training.

It is a criminal offence for anyone to knowingly ill-treat or wilfully neglect a person who lacks capacity.

## Confidentiality, Consent and Information Sharing

The company has a Data Protection Policy (See OneDrive) and is mindful of its legal duties under the Data Protection Act 2018 and General Data Protection Regulation (GDPR). Personal information about children, young people, adults at risk and their families will usually be confidential and should not be disclosed to a third party without the consent of the subject.

However, the law allows for the disclosure of confidential information where this is necessary to safeguard a child, young person or adult at risk; or if a crime has or may have been committed, or it is in the public interest.

Disclosure of confidential information must be justifiable, according to the particular facts of the case and must be limited to those people who need to know in order to take appropriate action.

**At all times the 7 key principles of information sharing must be considered:**

### 1. Necessary

When taking decisions about what information to share, you should consider how much information you need to release. Not sharing more data than is necessary to be of use is a key element of the UK GDPR and Data Protection Act 2018, and you should consider the impact of disclosing information on the information subject and any third parties.

### 2. Proportionate

Information must be proportionate to the need and level of risk.

### 3. Relevant

Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make informed decisions.

### 4. Adequate

Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

### 5. Accurate

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

## 6. Timely

Information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to a child. Timeliness is key in emergency situations, and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore place a child or young person at increased risk of harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

## 7. Secure

Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

All safeguarding records of concern for children, young people and adults at risk are kept for 10 years or, in the cases of children or young people, until they are 25 years old (whichever is the longer period).

Staff will follow NHS consent guidance as a model of best practice: For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision. The meaning of these terms are:

- a. Voluntary - the decision to either consent or not to consent to treatment must be made by the person and must not be influenced by pressure from medical staff, friends or family.
- b. Informed - the person must be given all of the information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment does not go ahead.
- c. Capacity - the person must be capable of giving consent, which means they understand the information given to them and can use it to make an informed decision.

If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.

Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment.

Otherwise, someone with parental responsibility can consent for them. This could be the child's mother or father, the child's legally appointed guardian, a person with a residence order concerning the child, a local authority designated to care for the child or a local authority or person with an emergency protection order for the child.

If staff have any doubt about a client's ability to consent, they will always seek advice from an MCA lead and follow the Mental Capacity Act Policy (see OneDrive for current policy).

## Whistleblowing, Serious Incidents and Events

Serious incidents are those that may harm the company's:

- Clients or staff.
- services, assets or reputation.

Staff should refer to the Serious Incident Policy (See OneDrive for current policy).

Where this involves CQC registered services it is the responsibility of the registered manager to notify the CQC.

All staff will know how to “whistleblow” externally in line with the company's Whistleblowing Policy (See OneDrive for current policy). If they have concerns that the company is not addressing safeguarding issues appropriately or they feel unable to raise the matter internally. They can do this by:

Referring directly to local Social Care Services NHS ICB or the Police if a crime has or may have been committed.

**or**

Calling the Whistleblowing Helpline for NHS and Social Care for confidential advice:

08000 724725.

**or**

If the concern is about a CQC regulated setting, contacting the CQC:

03000 616161

enquiries@cqc.org.uk

CQC National Correspondence

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Staff can find local contact details for applicable statutory agencies via the [NHS England Safeguarding App](#) or the government website for reporting [Child](#) or [Adult](#) abuse.

## Responding to Safeguarding Concerns Flowchart for referral (see [appendix D](#) for full policy)

**IF ANYONE IS IN IMMEDIATE DANGER DO NOT DELAY: DIAL 999**

### Step One:

If you are worried a child or adult at risk has been abused, or is at risk of harm, because:

- You have seen something.
- A child or adult says they have been abused.
- Somebody else has told you they are concerned.
- There has been an allegation against a colleague.
- There has been an anonymous allegation.
- An adult has disclosed that they were abused as a child, and it has not previously been reported.
- An adult has disclosed that they are abusing a child or adult.

### Step Two:

MoreLife has a policy for safeguarding - check this for guidance. Talk to the Area Lead for Safeguarding (or Deputy if the Lead is unavailable) unless they are implicated in which case contact the National Lead or Deputy for Safeguarding. Concerns about the National Lead and Deputy should be referred to the Named Director for Safeguarding.

### Step Three:

The Area Lead or deputy for Safeguarding should refer the concern to Social Care Services and/or the Police (MASH, Multi-Agency Safeguarding Hub in some areas) and follow up the referral in writing within 24 hours by secure email or safeguarding portal. In cases of allegations against a person with in a position of trust towards children, the Local Authority Designated Officer (LADO) will co-ordinate the next procedural steps.

Under "whistleblowing", anyone can refer directly to the police, Social Care Services (or the CQC if relevant) if, in good faith, they are concerned the company is not managing safeguarding concerns appropriately.

### Act Promptly

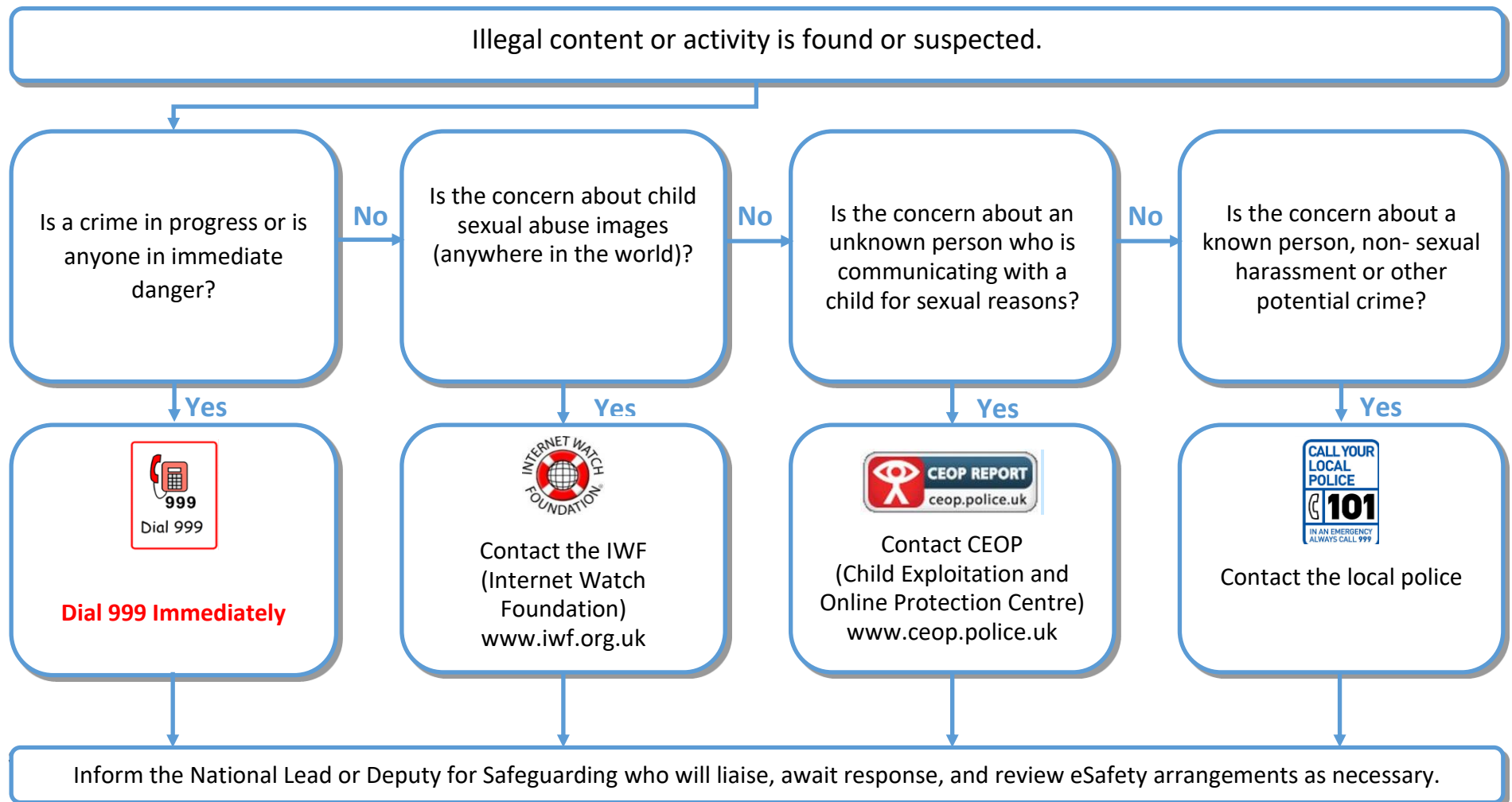
- Consult, Monitor and Record
- Sign/Date/Time
- Include name and role.

**When the concern is about the welfare of a child or adult at risk from schools, colleges, health providers, GP practices, prisons or social care settings, you should refer to that organisation's Lead for Safeguarding in the first instance and then inform your Area Lead or Deputy for Safeguarding that you have referred a concern.**

**Any consultations should not delay a referral. In an emergency do not delay: dial 999**

## Responding to eSafety Concerns

Flowchart for referral (see [appendix E](#) for eSafety policy)



## Recruitment

The company has robust procedures in place for recruitment (see [appendix H](#)).

## Activities where Safeguarding needs to be considered.

### Photography and social media

- a. No photography or video will be taken of individual or small groups of children, young people or members of the public without advising the subjects, parents or carers of the purposes of such images and seeking written signed consent with the MoreLife Social Media Consent Form (see PeopleHR for current form) from the responsible parent (for children under 16, and adults who lack capacity).
- b. When children, or adults who lack capacity, are attending with a partner organisation or community group, it is that organisation's responsibility to seek permission and inform MoreLife staff if there are issues.
- c. Public crowd photography will not be taken unless there is prominent signage by the entrance to the venue, and at the location where filming is taking place, detailing the purpose of such imagery and giving people the option to opt out.
- d. No personal devices, phones or cameras will be used to take any photographs or videos.
- e. MoreLife will commission a photographer when carrying out professional photography or filming. Where this is not appropriate, for example, taking photos for projects, only encrypted MoreLife devices or encrypted equipment will be used.
- f. All official press and other photographers will sign in with their official ID being shown.
- g. No pictures of individual or small groups of children, young people, adults at risk or any members of the public will be published in any medium in a way that they can be personally identified; (refer to the MoreLife Social Media Policy in the staff handbook (on PeopleHR) for photographing, recording video or audio of individuals and permitted use, for exceptions and further guidance).
- h. No images of clients, particularly children, in a state of undress will be taken.
- i. All images will be taken in open public access areas.
- j. All images will be uploaded onto OneDrive managed by the Marketing & Communications Team and deleted from any mobile device.
- k. Any images unused due to lack of quality etc. are deleted within 48 hours.
- l. Images will be kept for a maximum of two years.

### Young people under 16 years and adults at risk who volunteer or work at MoreLife.

- a. It is important that, when young people work or volunteer for the company in any role, a check is made with the relevant local authority's education welfare team to see if an employment permit is required. No young person can work outside the hours of 7am and 7pm or for more than 4 hours without taking a break of at least 1 hour.
- b. During term time children can only work a maximum of 12 hours a week. This includes a maximum of 2 hours on school days and Sundays and a maximum of 5 hours on Saturdays for 13 to 14-year-olds (8 hours for 15 to 16-year-olds).



- c. During school holidays 13 to 14-year-olds are only allowed to work a maximum of 25 hours a week. This includes a maximum of 5 hours on weekdays and Saturdays and a maximum of 2 hours on Sunday.
- d. During school holidays 15 to 16-year-olds can only work a maximum of 35 hours a week. This includes a maximum of 8 hours on weekdays and Saturdays and a maximum of 2 hours on Sundays.
- e. No young person under 16 will handle cash in any way.
- f. Full written consent will be obtained from the parent or legal guardian of a young person under 16 or an adult who lacks capacity to undertake the work.
- g. Full health and safety risk assessments will be undertaken to identify any possible risks when using any equipment.
- h. Workloads will be reduced, and supervision increased in recognition of the young person's or adult at risk's ability and competence.
- i. Young people and adults at risk who volunteer will be told by their supervisor who to contact both in the company and externally if they, themselves, have a safeguarding concern within their placement.

#### **Work experience, college or student placements and apprentices under 18 years old**

- a. All line managers overseeing work experience, placements and apprentices under 18 years old should be given a copy of and agree to adhere to a full health and safety risk assessment by the school, college or placement provider. This risk assessment should cover specific activities where the student or supervisor may be more at risk in the workplace.
- b. Managers will be given the company's Work Experience Safeguarding leaflet (see PeopleHR for their reference).
- c. Consideration needs to be made to the age and maturity of the student or apprentice when allocating and supervising practical tasks.
- d. Close, intimate relationships between students is acceptable provided they act within the law for consent i.e., both parties are over 16 years old.
- e. No worker should develop close private relationships with students under 18 years.
- f. When students and apprentices are also students at educational establishments, safeguarding referrals should be made directly by the worker with the concern to the school or college's Lead or Deputy for Safeguarding.
- g. The concern should be recorded on the company's safeguarding concern record sheet (see Appendices F and G).
- h. Staff should then inform the Area Lead or Deputy that they have raised a concern.
- i. In cases where there are concerns about the school or college, staff should refer to the Area Lead or Deputy who will refer the matter in the usual way.
- j. Students will be given the company's Safeguarding for Work Experience leaflet (See PeopleHR for a copy of the leaflet) by their line manager and told who to contact both in the company and externally if they themselves have a safeguarding concern within their placement.

#### **Working with people from government regulated settings including schools, colleges, health providers, GP practices, prisons and social care settings:**

When there are concerns about the welfare of a child, young person or adult at risk, the staff with the concern should contact that organisation's Lead or Deputy for Safeguarding.



The concern should be recorded on the MoreLife safeguarding concern form (See appendices [F and G](#)).

Staff should then inform the Area Lead for Safeguarding that they have raised a concern, and.

In cases where there are safeguarding concerns about the school, college, health provider, GP Practice, prison or social care setting staff should refer to the MoreLife Area Lead for Safeguarding who will refer to the relevant agencies in the usual way.

### Home Visits

These will only be made to clients when their GP already carries out such visits due to a clinical assessment of need.

All first visits are carried out by two staff who will carry out a risk assessment for future visits by a lone worker.

All staff carrying out home visits should be mindful to:

- only make home visits when necessary and as booked by the company.
- plan and inform their line manager of the purpose, time and duration of each visit.
- if they think there is a very young child or an adult at risk who needs supervision at home alone, stay on the doorstep and dial 999.
- pass on any concerns about anything of concern which they observe such as possible health hazards to the Area Lead or Deputy for safeguarding.
- observe best lone working practices.

### One to one and lone working

There are several services where staff will work with individuals alone due to confidentiality (e.g., NHS health checks) when a fellow worker will always be on hand to act as chaperone.

Under no circumstances should any staff transport a child, young person or an adult at risk in their own or company vehicles unless there is an emergency. Permission should always be sought from their line manager if this occurs.


Those who visit sites and organisations alone should be mindful of their own personal safety.

### CQC Registered services

At all times clinic staff will observe [Regulation 13, Safeguarding](#) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as inspected by the [CQC](#). Inspectors will ask if service providers are safe, effective, caring and responsive to people's needs and well led?

### Authorisation

Policy Owner:	Sophie Edwards
Authorised signatory for Policy:	Paul Gately, CEO
Date of Policy:	3 <sup>rd</sup> May 2024
Policy Review date:	2 <sup>nd</sup> May 2025

	3 <sup>rd</sup> May 2024
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## APPENDICES

### Appendix A

#### Legal Framework: Legislation and Guidance Overview

<b>Description</b>	<b>General Legislation</b>
<i>Job applicants to disclose “spent” convictions and cautions for eligible positions such as direct, regular work with children.</i>	Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975
<i>To make provision in connection with the protection of children and vulnerable adults with regard to Disclosure and Barring</i>	Safeguarding Vulnerable Groups Act 2006
<i>Sexual exploitation and sexual offences</i>	Serious Crime Act 2015 Part 5 (all) Sexual Offences Act 2003 The Female Genital Mutilation Act 2003
<i>Protect individuals who make certain disclosures of information in the public interest; to allow such individuals to bring action in respect of victimisation; and for connected purposes.</i>	Public Interest Disclosure Act 1998
<i>Acts to give further effect to rights and freedoms guaranteed under the European Convention on Human Rights</i>	Human Rights Act 1998
<i>Make provision for the disclosure of information held by public authorities or by persons providing services for them.</i>	Freedom of Information Act 2000
<i>The regulation of the processing of information relating to individuals, including the obtaining, holding, use or disclosure of such information.</i>	Data Protection Act 2018
<b>Description</b>	<b>Legislation: Children &amp; Young People</b>
<i>Overarching children legislation bringing together earlier acts including duty to investigate, cooperation between agencies and the need for a plan to safeguard a child. The welfare of children is paramount.</i>	Children Act 1989
<i>The setting up of boards/ committees to ensure agencies work together to safeguarding of children, with up to date, relevant policies and procedures and training</i>	Children Act 2004 Section 11 Children and Social Work Act 2017
<b>Description</b>	<b>Legislation: Adults</b>
<i>To make provision about safeguarding adults from abuse or neglect</i>	Care Act 2014

<p><i>To make provision for those who lack capacity to manage welfare, finance and health</i></p>	<p>Mental Capacity Act 2005</p> <p>Amendment to the above Act regarding:</p> <p>Deprivation of Liberty Safeguards (DoL's)</p> <p><i>These are used if a person is to be deprived of their liberty in a care home or hospital.</i></p> <p>The Mental Capacity (Amendment) Act 2019, will introduce a new model for authorising deprivations of liberty in care, the Liberty Protection Safeguards (LPS) – Effective date to be confirmed.</p>
<p><b>Description</b></p>	<p><b>Statutory Guidance: Children</b></p>
<p><i>How Agencies act and cooperate to safeguard children</i></p>	<p>Working Together to Safeguard Children 2023.</p>
<p><i>Duty to refer child abuse concerns and co-operate</i></p>	<p>What to do if you're worried a child is being abused 2015</p>
<p><b>Description</b></p>	<p><b>Statutory Guidance: Adults</b></p>
<p><i>To improve safeguarding arrangements for adults who are at risk of harm from abuse, exploitation or neglect.</i></p>	<p>Care and support statutory guidance 2018</p>

## Appendix B - Responsibilities of the Named Persons for Safeguarding

### The Named Director for Safeguarding will:

- a. be known to all staff with contact details.
- b. make sure the company is legally compliant.
- c. oversee the annual review of all safeguarding arrangements for the company or when legislation changes.
- d. ensure safeguarding is a shared responsibility and a standing agenda item for board meetings.
- e. ensure any needs for resources are funded to maintain robust standards of safeguarding across the company.
- f. maintain current training certificates and keep up to date with their legal safeguarding duties.
- g. liaise with, and support, the National Lead and Deputy for Safeguarding with regards to any issues arising around staff or the company's operations.
- h. report any serious incidents or events, where any clients, staff, volunteers, staff, services, assets or reputation have been harmed; to the relevant statutory agencies and/or ensure the relevant registered manager notifies the CQC for regulated services. This should be actioned in line with the company's Serious Incident Reporting Policy (See PeopleHR for current policy)
- i. treat and handle safeguarding information securely at all times, when storing, sharing and accessing the information. The access and sharing of safeguarding information must be on a strict need to know basis, refer to the company's Data Protection Policy (See PeopleHR for current policy)
- j. maintain confidentiality at all times, including with family and friends.

### The company's National Lead and National Deputy for Safeguarding will:

- a. be known to all staff with contact details.
- b. be readily accessible by phone to the Area Leads and Deputies for Safeguarding during operational hours.
- c. listen and offer advice and support to the Area Leads for Safeguarding when needed.
- d. maintain current training certificates and keep up to date with their legal safeguarding duties.
- e. ensure this policy is kept up to date.
- f. prepare an overview safeguarding report for the Named Director for Safeguarding as a standing item for the Board's meeting agendas.
- g. monitor and review any safeguarding concerns about any of the company's activities, clients, staff and venues.
- h. review and stress test this policy annually, or more often if serious incidents occur.
- i. liaise with external statutory agencies as required.
- j. oversee an annual review of a training and job role analysis to ensure safeguarding training is delivered and certificated for all staff as relevant.
- k. liaise with external statutory agencies regarding any allegations or complaints against staff, or when safeguarding issues may attract media attention or litigation.

- l.** in the absence of any Area Lead or Deputy for Safeguarding, refer any safeguarding concerns regarding children, young people or adults at risk in line with this policy.
- m.** treat and handle safeguarding information securely at all times, when storing, sharing and accessing the information. The access and sharing of safeguarding information must be on a strict need to know basis. Refer to the company's Data Protection Policy (See PeopleHR for current policy).
- n.** maintain confidentiality at all times, including with family and friends.

**The company's Area Leads and Deputies for Safeguarding will:**

- a.** be known to all staff in their area with contact details.
- b.** be readily accessible by phone during operational hours.
- c.** maintain current training certificates and keep up to date with their legal safeguarding duties.
- d.** ensure staff report and record their concerns appropriately on the company's safeguarding concern form (see [appendix F](#) and G), on the same working day, factually, timed, dated & signed, including job role.
- e.** refer any welfare concerns regarding children, young people or adults at risk to the agencies available in the local authority area, Social Care Services or the police on 101 (in the case of an emergency, or if it is felt someone is in immediate danger, dial 999).
- f.** record what was discussed and include a chronology of which external statutory agencies the matter has been referred to and any actions agreed; including when it is decided not to make a referral (see safeguarding concern recording form in [appendix F](#) and G);
- g.** confirm any referral in writing within 24 hours, in the secure and encrypted format requested by the agency, including a copy of the safeguarding concern form.
- h.** co-operate with any subsequent requests for information or action from any agencies.
- i.** use MoreLife OneDrive to store all records for the reference of the National Lead and National Deputy as appropriate.
- j.** treat and handle safeguarding information securely at all times, when storing, sharing and accessing the information. The access and sharing of safeguarding information must be on a strict need to know basis, refer to the company's Data Protection Policy (See PeopleHR for current policy).
- k.** maintain confidentiality at all times, including with family and friends.

## Appendix C

### What is Abuse?

#### Children and Young People

**Physical Abuse:** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing significant 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:** Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or 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; may feature age or developmentally inappropriate expectations being imposed on children.

**Sexual Abuse:** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision (including the use of inadequate caregivers); or
- ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Other issues that may involve or give rise to abuse include:**



- **Children under 16 years old living away from home** with someone who is not a close relative. If this happens for more than 28 days, their parent/carer (or anyone else if this has not been done, or not possible) need to register the private fostering arrangements with the local authority.
- **Children going missing** from home, for whatever reason, as they may be exploited or trafficked.
- **Young unaccompanied asylum seekers** who have no responsible adults with them.
- **Peer abuse** including bullying as children can be abusers too.
- **Radicalisation** - some people may be vulnerable to being drawn into terrorism if they lack self-esteem or are victims of bullying or discrimination. Indicators of this can be hard to recognise in both children and adults and may include isolating themselves from family and friends, talking as if from a scripted speech, unwillingness or inability to discuss their views, a sudden disrespectful attitude towards others, increased levels of anger and /or an increased secretiveness, especially around internet use.
- **Violent extremism** is when groups or individuals who condone violence as a means to a political end is a particular risk for some children. Any concerns should be reported.
- **Child sexual exploitation** - Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.
- **Female genital mutilation** - FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.
- **Forced marriage** - Forced marriage is a criminal offence – it is a form of child/ adult/ domestic abuse and has to be treated as such; ignoring the needs of victims should never be an option. Forced marriage affects people from many communities and cultures, so cases should always be addressed using all of your existing structures, policies and procedures designed to safeguard children, adults with support needs and victims of domestic abuse.
- **Concealed pregnancy** when a mother of any age does not seek medical help or support so the unborn baby may be at risk of harm as a result of not accessing maternity services.
- **Child trafficking** - Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud and involvement in criminal activity such as pick-pocketing, theft and working in cannabis farms. There are a number of



cases of minors being exploited in the sex industry. Trafficked children may not only be deprived of their rights to health care and freedom from exploitation and abuse but may also be denied access to education.

- **eSafety** - when children, young people or adults at risk may be targeted online for sexual abuse, financial gain, radicalisation and / or other crimes.
- **Domestic violence** when an individual exercises control over another in an intimate or family relationship. It takes many forms and can include neglect, physical, sexual, financial, property and / or emotional abuse.
- **Coercive behaviour** in the family or in a person's intimate relationships is a criminal offence. Controlling or coercive behaviour does not relate to a single incident, it is a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another. It is a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
- **Modern slavery** - Modern slavery is a complex crime that takes a number of different forms. It encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. Victims may be sexually exploited, forced to work for little or no pay or forced to commit criminal activities against their will. Victims are often pressured into debt-bondage and are likely to be fearful of those who exploit them, who will often threaten and abuse victims and their families. All of these factors make it very difficult for victims to escape.
- **Child abuse linked to faith or belief** which includes belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray. It includes neglect, physical, sexual and/or or emotional abuse.
- **County lines** is when gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, use dedicated mobile phone lines or other form of "deal line". They are likely to exploit children to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

### **Adults at Risk**

Abuse is defined as a violation of an individual's human and civil rights by another person or persons. It may involve a single or repeated act or omission occurring within a personal or professional relationship where there is an expectation of trust which causes harm to an adult at risk.

#### **Significant harm includes:**

- Ill treatment (including sexual abuse and forms of ill treatment that are not physical).
- The impairment of, or an avoidable deterioration in, physical or mental health.
- The impairment of physical, emotional, social or behavioural development.

#### **Behaviours Include:**

- Physical Abuse:** Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Sexual Abuse:** Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or

witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

- c. **Psychological Abuse:** Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- d. **Financial or Material Abuse:** Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It can be online, by phone or face to face.
- e. **Neglect or Acts of Omission:** Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.
- f. **Discriminatory Abuse:** Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.
- g. **Domestic Abuse:** Psychological, physical, sexual, financial, emotional abuse, coercive behaviour in the family or intimate relationships, and so called 'honour' based violence.
- h. **Organisational Abuse:** Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.
  - i. **Modern Slavery:** Encompassing 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.
  - j. **Self-Neglect:** Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.
  - k. **Hate and "Mate" Crime:** A form of hate crime in which an "at risk" person is manipulated or abused by someone they believed to be their friend.
  - l. **Forced Marriage:** When one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In cases of adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced.
  - m. **County lines** is when gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, use dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. They may also "cuckoo" which is taking over the home of a vulnerable person in order to use it as a base for drug dealing.



## Appendix D

### Responding to Child and Adult Safeguarding Concerns

#### Staff may become concerned by:

- their own observations and concerns.
- being told by another person that they have concerns.
- what the child or adult says.
- what others say.
- a complaint (including anonymous) from the public.
- Fabricated or induced illness\*

#### \*If Fabricated or Induced Illness is suspected:

Staff must Consult with the Safeguarding Lead for support in making a plan to manage concerns. The plan will include liaison with professionals involved in the child's care (health visitor, school nurse, GP, Paediatrician, Dietician, etc) for joint management.

#### Mental Capacity

Adults who lack capacity to make decisions about their health and its management and adults who are under the "control" of family members may experience similar issues to children and be at risk of unnecessary examinations and treatments. If suspected, report to patient's doctor (GP) and Safeguarding Lead.

#### Hidden Harms

Staff have a legal duty to report concerns to the Safeguarding Lead.

- CE/CSE
- County Lines
- Forced Marriage/HBA
- **FGM** - It is a mandatory duty for a regulated healthcare professional to report any concerns they have about a female under 18 years and record when FGM is disclosed or identified as part of NHS healthcare. As FGM is illegal this should be reported to the Police via the 101 non-emergency number.
- HBA
- PREVENT/Radicalisation
- Human Trafficking
- Gangs/Youth Violence
- Modern Slavery
- Domestic abuse

#### Handling Disclosures

A disclosure may be made verbally or by the behaviour of a child, young person or an adult at risk and it is important for everyone to remember the following:

- a. Keep calm.
- b. Reassure the child.
- c. Consider who else can hear.

- d. Listen carefully.
- e. Do not ask leading questions or promise confidentiality.
- f. To factually record the child/adult's words as accurately as possible, on the safeguarding concern form and on the same day (see Appendix F and G) timed, dated & signed, including job role.

**Important: When there are safeguarding concerns about a child, young person or adult at risk the person with the concern will immediately assess if the child or adult is currently safe and, in an emergency or, if it is felt someone is in immediate danger, 999 should always be dialled.**

#### **Actions to be Taken.**

##### **If a worker has a concern, they will:**

- a. inform their Area Lead or Deputy for Safeguarding without delay; and
- b. not investigate.
- c. preserve any evidence (if relevant).
- d. factually record their concerns in writing as soon as possible, on the same day, on the company's safeguarding concern form, co-operate with any following requests for action from the Area Lead or Deputy for Safeguarding or external statutory agencies. These records will include name, job role and be timed, dated and signed.
- e. maintain confidentiality at all times, including with colleagues, family and friends.

**Important: The reliance the court will place upon the information obtained from the people involved (particularly from the victim) may be reduced if it is known that someone has discussed the issues with the child or adult outside the normal investigation process.**

#### **Safeguarding Allegations and Complaints against MoreLife Staff**

When there is a safeguarding concern, complaint or allegation about the behaviour of any worker, it should be reported to the Area Lead or Deputy for Safeguarding (or the National Lead or Deputy if the Area Lead or Deputy for Safeguarding is unavailable or implicated). They will directly contact:

- a. for children, the Local Authority Designated Officer (LADO) who will co-ordinate the next steps.
- b. for adults at risk Social Care Services (who are in MASH in some areas) and the relevant NHS ICB who will co-ordinate the next steps.
- c. in the case of an emergency, or if it is felt someone is in immediate danger, the Police will be contacted on 999.

The Area Lead or Deputy for Safeguarding (or National Lead or Deputy, if the Area Lead or Deputy for Safeguarding is unavailable or implicated in any way) will:

- a. ensure the person with the direct concern has factually recorded their concerns in writing and on the same day on the company's safeguarding concern form; timed, dated & signed, including job role.
- b. maintain an accurate chronology of all discussions held and actions taken.
- c. inform the National Lead/or Deputy for Safeguarding as appropriate.

- d. attend multi-agency meetings to discuss the case if requested.
- e. co-operate with any police investigation.

### **In cases of allegations against staff the HR Team will**

- adhere to the LADO's, Social Care Services' and NHS ICB advice.
- consider possible suspension of the member of staff and provide an appropriate named person to support the individual involved.
- for those in Regulated Activity (those who have enhanced DBS criminal records checks with barred list(s) checks): or Regulated Work refer to the relevant regulators; including the Disclosure and Barring Services (for those in regulated activities England and Wales) within 5 days of the closure of the case; and, if relevant, the professional regulator e.g., GMC or NMC

This includes, but is not limited to an individual in Regulated Activity in England or Wales who has:

- Behaved in a way that has harmed or may have harmed a child or adult at risk.
- possibly committed a criminal offence against or related to a child or adult at risk; or
- behaved towards a child or adult at risk in a way that indicates they may pose a risk of harm to vulnerable groups.

### **Staff Records held by the HR Team**

Details of allegations that are found to have been malicious should be removed from staff records.

However, for all other allegations, it is important that a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, and a note of any action taken, and decisions reached, is kept on the confidential staff' file of the accused, and a copy provided to the person concerned.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference, where appropriate.

It will provide clarification in cases where future criminal records checks reveal information from the Police about an allegation that did not result in a criminal conviction and it will help to prevent unnecessary re-investigation if, as sometimes happens, an allegation re-surfaces after a period of time.

The record should be retained for a minimum of 10 years from the date of the allegation or retirement age whichever is the sooner.

## Appendix E

### **Responding to eSafety Concerns Safeguarding and modern technology.**

All online safeguarding concerns will be dealt with in line with this policy, particularly in terms of referral and recording procedures.

#### **All staff will:**

- act professionally and within the law at all times.
- only interact with “at risk” groups with whom they come into contact at work via official MoreLife media, not personal.
- report any concerns without delay in line with the [eSafety concerns: flowchart for referral](#) and then notify the Area Lead or Deputy for Safeguarding of their concerns and actions without delay.
- record their concerns and actions on the safeguarding concern form (see [appendix F](#)); and
- ensure it is timed, dated and signed, including job role.

#### **Examples of things that may give cause for concern may include worker who:**

- a. befriends or communicates with members of the public who they work with, especially children, young people and adults at risk, by their personal phone, online, by messaging and social media etc.
- b. is secretive about what they are doing and who they are meeting.
- c. takes images of company’s activities with their own phone or tablet without permission of their line manager.
- d. does not use the MoreLife Social Media consent form (See PeopleHR for current form) to confirm parents or carers of children under the age of sixteen, or adults who lack capacity, to agree to filming during MoreLife activities.
- e. constantly clears their browser history.
- f. views adult pornography at work.
- g. views child sexual abuse images at any time.
- h. promotes discrimination, illegal acts or racial or religious hatred of any kind.
- i. shares confidential or sensitive information with others who are not authorised to know.
- j. circulates or messages any information which may be offensive.

## Appendix F

### Adult Safeguarding Concern Form

This form should only be filled in with information already known, be careful not to ask leading questions. Fill in factually. It should be filled out ASAP, on the same day and stored on the MoreLife secure document management system Microsoft OneDrive by the Area Lead or Deputy for Safeguarding.

Details of Concerned Person	
Service or department	
Name	
Job Title/Role:	
Contact email	
Contact number(s)	
The Adult at Risk's Details	
Name of the adult at risk (including any names known)	
Date of birth	
Address	
Name of parent or carer if applicable and contact details	
Any special needs known	<i>Including medical/disability/language/etc.</i>
Name and details of any other adults at risk or children (under 18 years of age) in the family or setting	<i>If relevant to the concern</i>
Has the adult's consent been sought? (If not, why not?)	
Details of the Concern	
Date and time of concern	



Details and nature of concern	<i>Including any witnesses</i>
<b>Details of Actions Taken/to be Taken (to be completed by the Area Lead or Deputy for Safeguarding)</b>	
Actions taken so far	<i>Detail any agency contacted, who was spoken to, and any timescales/actions given. If no action has been taken, detail the reason(s) why. Include times and dates.</i>
Actions to be taken	<i>Detail any actions that are to be taken, along with date/time, timescales and the full names and job roles of those who will be taking the action(s).</i>
Name of agency contact(s), addresses and phone numbers/e-mails:	<i>If you have dealt with any agency (i.e., Police/Social services/etc.), record the name, agency, job role and contact details of the person(s) you have dealt with.</i>
<b>Signed</b>	
To be completed by the concerned person	
Signature:	
Print Name:	
Job Title/Role:	
Date:	Time:
To be completed by the Area Lead or Deputy for Safeguarding:	
Action taken:	
Decision Made:	
Signature:	
Print Name:	
Job Title/Role:	
Date:	Time:

## APPENDIX G

### Child Safeguarding Concern Form

This form should only be filled in with information already known, be careful not to ask leading questions. Fill in factually. It should be filled out ASAP, on the same day and stored on the MoreLife secure document management system Microsoft OneDrive by the Area Lead or Deputy for Safeguarding.

Details of Concerned Person	
Service or department	
Name	
Job Title/Role:	
Contact email	
Contact number(s)	
Details of the Child	
Name (including any names known)	
Date of Birth	
Address	
Name of parent or carer and contact details	
Any special needs known	Including medical/disability/language/etc.
Name(s) and details of any other children (under 18 years of age) or adults at risk in the family or setting	
Name(s) and details of any other significant adults in family	
Details of the Concern	
Date and time of concern	

Details and nature of concern	Including any witnesses
<b>Details of Actions Taken/to be Taken (to be completed by Area Lead or Deputy for Safeguarding)</b>	
Actions taken so far	Detail any agency contacted, who was spoken to, and any timescales/actions given. If no action has been taken, detail the reason(s) why. Include times and dates.
Actions to be taken	Detail any actions that are to be taken, along with date/time, timescales and the full names and job roles of those who will be taking the action(s).
Name of agency contact(s), addresses and phone numbers/e-mails:	If you have dealt with any agency (i.e., Police/Social services/etc.), record the name, agency, job role and contact details of the person(s) you have dealt with.
<b>Signed</b>	
To be completed by the concerned person	
Signature:	
Print Name:	
Job Title/Role:	
Date:	Time:
To be completed by the Area Lead or Deputy for Safeguarding:	
Action taken:	
Decision Made:	
Signature:	
Print Name:	
Job Title/Role:	
Date:	Time:

## Appendix H

### Safer Recruitment

#### Criminal Record Checks

Enhanced DBS checks apply to eligible roles, which involve directly supervising or working with children, young people and adults at risk and give opportunity for staff to nurture relationships with children, young people and adults at risk.

The job roles eligible for enhanced checks with and without barred list checks have been assessed by as including:

- all those who work directly with children, young people and adults at risk in, or with, government regulated settings including schools, colleges, health providers, GP practices and social care settings.
- managers of the above posts.
- all other staff are eligible for basic DBS checks.

The DBS have published an online “Eligibility Tool” at [www.gov.uk/find-out-dbs-check](http://www.gov.uk/find-out-dbs-check) that can be used to assist this analysis. The company adheres to all its legal responsibilities under Safeguarding Vulnerable Groups Act 2006.

#### **When recruiting for posts working directly with at risk groups, managers will ensure they have recruited as safely as possible by:**

- strictly adhering to the DBS policy and the company’s policy on the Recruitment of Ex-offenders See the staff handbook on PeopleHR for further details.
- maintaining HR tracking records to give an overview for all staff detailing name, date of birth, address, next of kin, job role, application date, interview dates, references taken up, [Right to Work in the UK](#), original documents seen, issue numbers and dates, relevant essential qualifications, induction delivered and date, ongoing training records and supervision or appraisal dates as relevant.
- carrying out DBS checks at the correct level. New job roles will be assessed for the level of check needed for all workers and their managers using the [DBS Eligibility Tool](#). Currently those eligible for enhanced DBS checks with Children’s Barred lists checks are those delivering advice in hospital settings, and their managers can have enhanced DBS checks only. All other staff, except those working as administration staff for the CQC registered slimming clinic service who are eligible for Standard checks, are entitled to Basic DBS checks.
- additionally, requesting certificates of good conduct from foreign nationals coming to work in the UK; and International Child Protection Certificates (ICCPC) for those who have lived in the UK and abroad and are now looking for work that will involve them with “at risk” groups.
- ensuring all advertisements include a statement which confirms the company's commitment to safeguarding and safer recruitment.
- only using application forms, CVs are not acceptable; requesting written declarations, as appropriate, for enhanced DBS, and basic DBS posts and also those with military

experience at short listing stage, and those working abroad or foreign nationals (see appendices I and J for template forms).

- working to a template outline for interviewing to cover any gaps in employment, discrepancies of information, rechecking if the applicant wishes to declare anything in the light of the requirement of a criminal records check (where relevant) and to assess if the applicant has capacity to safeguard at risk groups if working in regulated activity.
- carrying out face to face interviews with a minimum of two interviewers (one who holds current safer recruitment training, if relevant) and recording notes against the template interview outline.
- requesting a minimum of two written references including one direct from the last employer and following up any discrepancies verbally and recording what was said. Where relevant, referees should be asked if they have any concerns or knowledge about the applicant's suitability to work with at risk groups, including any safeguarding investigations and / or disciplinary issues.
- when employing agency staff, always taking up references from the last place of employment or seeking assurance from the agency that this has been done.
- in accordance with the Asylum and Immigration Act 1996, checking the eligibility of all applicants, including volunteers, to work in the UK. All applicants are asked to provide evidence prior to starting their employment. This is in the form of either a passport confirming that they are a British citizen or European Economic Area National or a United Kingdom Residence permit. Only original documents must be seen for any check, carefully compared against the application form for discrepancies and the essential details of unique numbers, country and date of issue should be recorded on the single central HR tracking record.
- checking that, when presented with a DBS check by an individual registered with the DBS Update Service, their level of check matches that requested by the MoreLife.
- making all offers of employment subject to having satisfactory references and any other relevant checks completed within a fair timescale, as appropriate.
- not allowing newly appointed staff in regulated activity to start work without a criminal records check, and not allowing those casual staff, who only work occasionally and cannot be checked due to not working more than 3 times in a month but would otherwise be in regulated activity, to work without full supervision, unless there is documented evidence of an acceptable check.
- ensuring that, in cases where staff move into a different role in the company from work where criminal records checks are not needed into a post which does, a criminal records check is carried out before the worker begins their new role. Currently all roles at MoreLife require DBS checks.

**In all cases where a criminal records check holds information, or the applicant discloses a criminal record:**

- the Recruiting Manager will take a signed and verified copy to send directly by email to the HR Manager who will complete a risk assessment. No other worker should be involved other than the Managing Director who will sign off the outcome.

The HR Manager will:

- a. ensure the company's Policy for the Recruitment of Ex-offenders within the staff handbook is followed by risk assessing any information disclosed on a criminal records check, or by the applicant.
- b. compare the criminal records check for accuracy with any convictions previously disclosed by the applicant; and
- c. seek expert advice from Social Care Services (the LADO for relevant child information) where an applicant has been barred from working with children, young people and or adults at risk or if there is a concern that s/he may be unsuitable to working directly with them.
- d. ensure that, in cases where low level information is received on the criminal records check, or disclosed by the applicant, but where the manager nevertheless wishes to appoint, there is a clear, recorded risk assessment carried out by the HR Manager, approved by the Managing Director

### **Recruitment of senior staff**

Additionally:

- all directors must be over 16 and not disqualified from being a director.
- all registered managers for CQC regulated services will be assessed by the CQC to ensure they have the skills, qualifications and experience necessary to manage the regulated activities provided.

### **Recruitment of ex-offenders**

- There are some roles within the company that may be suitable for the engagement of ex-offenders. In all cases the company is mindful to make fair and accurate risk assessments of the specific offences in relation to the vacant job role in line with the company's Policy on the Recruitment of Ex-offenders which can be found in the staff handbook on PeopleHR.
- External professional advice from [NACRO](#) or a qualified legal advisor will be sought when needed.

### **Post-recruitment, training and supervision**

- a. Induction and probationary periods, where relevant, for all staff will facilitate the development of understanding and grounding in the safeguarding policies, ethos and culture of the company. This will include being given the summary policy with any supporting safeguarding leaflet and a written record will be maintained with staff signing to say they have read, understood and will follow this policy at all times, equivalent to **Level One training**.
- b. All those who lead or deputise for safeguarding will attend Leading on safeguarding training online, ideally face to face, every two year and as appropriate to their job roles and professional requirements, **equivalent to Level Three** training; and the free government approved [FGM training](#), [PREVENT](#) training and [PREVENT Referral](#) training
- c. All staff who work face to face with clients will undertake / attend child and adult safeguarding training every three years face to face (or two years for online), as appropriate to their job roles and professional requirements, **equivalent to Level**

**Two training;** and the free government approved [PREVENT](#) and [FGM training](#). Also add, **as relevant some senior managers and professionally qualified health professionals will also undertake Level Four training.**

- d. All those professionally regulated health professionals with a mandatory responsibility to report FGM will undertake the free government approved [FGM training](#)
- e. All those who check ID documents will undertake ID verification training which covers the importance of checking security features such as UV/Holograms/Watermarks, exactly matching identity documents for [Right to Work in the UK checks](#) and [DBS checks](#), with reference to the [PRADO](#) website when needed.
- f. All staff will take part in appraisals and / or supervision throughout the year, as necessary.
- g. All staff are offered support when involved with professional safeguarding issues via one-to-one meetings with their line manager as appropriate, who will seek further support from the Area Lead or Deputy for Safeguarding or the National Safeguarding Lead or Deputy if needed.

## Appendix I

**Criminal Record Declaration Template Form 1** For positions that are covered by the Rehabilitation of Offenders Act 1974.

<b>Application for the Position of:</b>	
<b>Organisation name/site location:</b>	

<b>Name of applicant:</b>	
<b>Previous name(s) of applicant:</b>	
<b>Date of Birth:</b>	
<b>Current Address:</b>	
<b>Previous Address:</b> (if resident of 'current address' for less than five years)	

The position that you are applying for is covered by the Rehabilitation of Offenders Act and therefore you are required to declare unspent convictions. It is important you understand that failure to disclose all unspent convictions could result in disciplinary proceedings or dismissal.

Having a criminal record will not necessarily prevent you from being offered employment. Please refer to MoreLife's Policy on the Recruitment of Ex-offenders which can be found in the staff handbook on PeopleHR.

For details of when a conviction becomes 'spent' or for more information on declaring a criminal record, you can contact NACRO at [www.nacro.org.uk](http://www.nacro.org.uk) or Unlock [www.unlock.org.uk](http://www.unlock.org.uk).

### Criminal Record Declaration

<b>Do you have any unspent convictions?</b>	Yes / No (delete as appropriate)
<p><b>If you have answered yes, please provide details of your unspent convictions below (please use a continuation sheet if there is not enough room).</b>  <b>Alternatively,</b> you can upload the details online with this form. If you have provided details under separate cover, please tick this box: <input type="checkbox"/></p>	



**To be used at short listing stage** *Do you have any convictions from a military court (i.e., summary hearing or court martial) which are not yet spent under the Rehabilitation of Offenders Act 1974? Yes/No (delete as appropriate)*

**If you have answered yes, please provide details of these convictions below (please use a continuation sheet if there is not enough room).**

**Alternatively**, you can upload the details online with this form. If you have provided details under separate cover, please tick this box:

I confirm that the information declared on this form (and/or under separate cover) is true and correct to the best of my knowledge and I understand that failure to disclose all unspent convictions could result in disciplinary proceedings or dismissal.

**Signed:**

**Date:**

## Appendix J

### Criminal Record Declaration Template Form 2 For positions that are exempt from the Rehabilitation of Offenders Act 1974.

<b>Application for the Position of:</b>	
<b>Organisation name/site location:</b>	

<b>Name of applicant:</b>	
<b>Previous name(s) of applicant:</b>	
<b>Date of Birth:</b>	
<b>Current Address:</b>	
<b>Previous Address:</b> (if resident of 'current address' for less than five years)	

The position that you are applying for is exempt from the Rehabilitation of Offenders Act 1974 and therefore you are required to declare any convictions, cautions, reprimands or final warnings (spent or unspent) which are not protected by current legislation (i.e., 'filtered'). It is important that you understand that failure to disclose all convictions, cautions, reprimands and final warnings that are not protected could result in disciplinary proceedings or dismissal.

Having a criminal record will not necessarily prevent you from being offered employment. Please refer to MoreLife's Policy on the Recruitment of Ex-offenders which is kept in the staff handbook on PeopleHR.

For details of when criminal records become protected see the government guidance here: <https://www.gov.uk/government/publications/dbs-filtering-guidance> or, for more information, about declaring a criminal record, you can contact NACRO at [www.nacro.org.uk](http://www.nacro.org.uk) or Unlock at [www.unlock.org.uk](http://www.unlock.org.uk).

#### Criminal Record Declaration

<b>Do you have any convictions, cautions, reprimands or final warnings</b> <i>which are not 'protected' (i.e., filtered) under current legislation?</i> Yes / No (delete as appropriate)
--

**If you have answered yes, please provide details of these convictions, cautions, reprimands or final warnings below (please use a continuation sheet if there is not enough room).**

**Alternatively**, you can upload the details online with this form. If you have provided details under separate cover, please tick this box:

**To be used at short listing stage** *Do you have any convictions from a military court (i.e., Summary or Court Martial) which are not protected under current legislation? Yes / No (delete as appropriate)*

**If you have answered yes, please provide details of these convictions, cautions, reprimands or final warnings below (please use a continuation sheet if there is not enough room).**

**Alternatively**, you can upload the details online with this form. If you have provided details under separate cover, please tick this box:

I confirm that the information declared on this form (and/or under separate cover) is true and correct to the best of my knowledge. I understand that failure to disclose all conviction, cautions, reprimands and final warnings that are not protected could result in disciplinary proceedings or dismissal.

**Signed:**

**Date:**

## **Addendum – Covid-19**

### **Safeguarding children, Covid-19 annex.**

#### **Children**

##### **Changes during the COVID-19 crisis**

Changes to ways of working, such as contacting clients on the phone and by video calling, may bring to light new information about a client's home life. If you discover a family is struggling to cope, you should consider whether they and/or their family would benefit from further support from their local Early Help service, community food banks and other resources.

If you have worked predominantly with adults in the past, working via phone and video calling may give you increased access to knowledge about their family, including any children in their life. You will have to be mindful of this when you are considering safeguarding issues and support needs.

For some children, attending school may have been a protective factor, without which they may meet the criteria for being a vulnerable child. During the coronavirus (COVID-19) outbreak, vulnerable children and young people are defined as those who:

- are assessed as being in need under section 17 of the Children Act 1989, including children who have a child in need plan, a child protection plan or who are a looked after child.
- have an education, health and care (EHC) plan whose needs cannot be met safely in the home environment.
- have been assessed as otherwise vulnerable by educational providers or local authorities (including children's social care services), and who are therefore in need of continued education provision.

This might include children on the edge of receiving support from children's social care services, adopted children, or those who are young carers, and others at the provider and local authority discretion.

If you are concerned that not attending school is impacting a child's welfare, you must report this to your safeguarding lead who may contact social care.

Children may be expected to take on inappropriate caring roles in the pandemic. A referral to children's social care services is then appropriate so that the child's needs can be properly assessed, and appropriate emotional and practical support offered.

Family coping mechanisms and situations can change so, in their usual contacts with clients, practitioners should monitor potential safeguarding issues, including the wellbeing of children, parenting and caring for vulnerable adults. It is important to consider that due to isolation, domestic violence and abuse, mental illness, drug and alcohol use, increased strain on relationships, along with safeguarding issues, may escalate. We must also consider whether a child is being adequately taken care of if a parent becomes sick.

#### **Signs of abuse**

Signs of abuse may be harder to detect when you are conducting sessions over the phone or online so you must be extra vigilant. Signs to particularly look out for in children include:

- unexplained changes in behaviour or personality
- becoming withdrawn
- seeming anxious
- becoming uncharacteristically aggressive
- poor bond or relationship with a parent or appearing scared of parent.
- knowledge of adult issues inappropriate for their age
- trying to run away.
- unexplained bruises or injuries
- appearing unkempt or dirty
- losing weight

It is important to recognise that digital communication is a new way of working for not just us, but the children and that differences in behaviour are not always attributed to a welfare concern. With this in mind we must support in an inquisitive manner to really understand if changes in behaviour are a real cause for concern.

## **Adults**

### **Changes during the COVID-19 crisis**

As with children- changes to ways of working, such as contacting clients on the phone and by video calling, may bring to light new information about a client's home life. If you discover a client is struggling to cope, you should consider whether they and/or their family would benefit from further support from their local Early Help service, community food banks and other resources.

Safeguarding duties and responsibilities apply to adults who:

- have care and support needs.
- are experiencing, or at risk of abuse or neglect and
- are unable to protect themselves because of their care and support needs.

For some adults with care and support needs, attending day centres and other services may have provided a protective factor, without which they are more vulnerable to neglect and abuse. Adults with mental illness or drug and alcohol issues may be at heightened anxiety. There may be an increased risk of depression and suicide. So, at this time, those who are particularly vulnerable may accept help from those who seek to exploit them.

It is reported that the greatest opportunity for abuse during the COVID-19 crisis is financial. With additional pressures on services, normal service reductions, fear and isolation, the window is open to those who may seek to exploit those who may be vulnerable. The following have been reported:

- bogus COVID-19 testing kits sold door to door.
- online sales of sanitation equipment that is never delivered.
- links to a fake daily newsletter for COVID-19 updates
- fake insurance schemes and trading advice
- fake government emails offering tax refunds.

Other types of abuse may also escalate during this time. Individuals living with abusive partners may experience increased physical and emotional abuse which are less likely to be picked up as they are not in contact with others. They may be less likely to seek help as they believe emergency and other services are at capacity.

### **Signs of abuse**

There are lots of signs of abuse, please refer to our Safeguarding Policy. These are harder to spot online and so you must be vigilant. They may include:

- unexplained changes in personality
- appearing unkempt or dirty
- weight loss
- unexplained financial issues
- extreme emotions including aggression and anxiety.
- unexplained bruises and injuries
- fear of a partner or carer

It is important to recognise that digital communication is a new way of working for not just us, but our clients and that differences in behaviour are not always attributed to a welfare concern, with this in mind we must support in an inquisitive manner to really understand if changes in behaviour are a real cause for concern.

It is important that you talk to your clients, particularly those with care and support needs about the increased risk of abuse at this time (being mindful of who can hear the conversation). Advise them not to answer the door to strangers, never give out their personal details including passwords and pin numbers to anyone, not to respond to text messages, emails or phone calls from unknown sources and to check in regularly with friends, family and support services.

If you suspect any adult is being abused or neglected, contact you safeguarding lead or deputy (see below).

### **Using virtual platforms**

When having telephone or using video-enabled conversations with clients or families, make sure that your own environment is quiet, free from distractions and remember:

- Check preferred contact number or email address if sending a weblink.
- Identify telephone number as backup in case there are connectivity issues.
- They might be on speaker phone.
- Other people and children may be in the house.
- Staff to introduce anyone off camera and ask the family to do the same.

It is worth establishing these points at the start of the call and adjusting your practice accordingly. If you are running group sessions, be aware that clients may not feel as comfortable disclosing personal information. If any clients appear quiet or anxious, follow up with a phone call.

During every contact it is important to explore how clients and families are coping to give plenty of opportunity to identify care needs and to spot possible abuse. Questions to ask include:

- How are they coping?
- How is their partner coping?
- How is the lockdown impacting family relationships? Any tensions?
- Is there anything they are worried about?
- How are their extended family? Are they worried about them?
- How are their other children coping?
- Explore what support networks they have in place, do they have access to food, etc?
- Provide a means for them to contact you at another time if they think of things that they need to discuss with you (this is particularly important to support disclosure of domestic violence and abuse).

During group sessions it will not be possible to explore all these areas fully with every client. Ensure that you are mindful of any group members who are quiet or seem anxious and pick up with them afterwards on a one-to-one basis.

If concerns are raised, contact your local safeguarding lead or deputy, see [Named Persons for Safeguarding](#) and follow the process outlined in the Safeguarding Policy.