

Adult Safeguarding Policy and

<p>Scope:</p> <p>Safeguarding is everyone's responsibility. It is vital organisations work together to protect adults who need help and support. The introduction of the Care Act 2014 created a legal framework which key organisations and individuals with responsibility for adult safeguarding can agree on how they MUST work together and what roles they MUST play to keep adults at risk safe.</p> <p>The Adult Safeguarding Policy and Procedure document applies to all adult members of the public (aged 18 and over) who access Plushealth online services, volunteers, paid members of staff and Trustees.</p>	
<p>Purpose:</p>	<p>This policy aims to ensure that Plushealth complies with relevant legislation and guidance on safeguarding adults at risk of harm, abuse, or neglect. All volunteers and staff are required to promote the well-being of adults and where there are adult protection concerns, to act to safeguard them.</p>
<p>Aims:</p>	<p>Prevent abuse or neglect wherever possible</p> <p>Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs</p> <p>Safeguard adults in a way that supports them in making choices and having control about how they want to live</p> <p>Promote an approach that concentrates on improving life for the adults concerned</p> <p>Raise awareness so that everyone in the organisation can play their part in preventing, identifying, and responding to abuse and neglect</p> <p>Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult</p> <p>Address what has caused the abuse</p>

<p>Applicable to:</p>	<p>Adults who access Plushealth online peer support services</p> <p>Plushealth volunteers and paid members of staff</p> <p>Plushealth trustees</p> <p>Partner organisations</p>
<p>Safeguarding duties & responsibilities:</p>	<p>All volunteers, paid members of staff and trustees are responsible for the safety of adults involved with Plushealth and must be aware of the adult safeguarding policy and procedures as set out in this document. It is essential to recognise and report any safeguarding concerns to the Safeguarding Lead as soon as practical.</p> <p style="text-align: center;">In the event of imminent danger to an adult or a serious crime is suspected contact the police using the 999 service immediately</p> <p>The Safeguarding Lead is responsible for the effective implementation, management, and reporting of adult safeguarding on behalf of Plushealth trustees. The Safeguarding Lead is the main contact for all safeguarding concerns and should be contacted in all instances where a safeguarding duty is suspected or been identified.</p> <p>The Compliance Trustee is responsible for developing, reviewing, auditing and setting out recommendations in response to any safeguarding incidents that occur. The Compliance Trustee will work with the Safeguarding Lead to review all safeguarding incidents and report to the board of Trustees on a quarterly basis or as required.</p> <p>The Board of Trustees are responsible for agreeing and monitoring Adult Safeguarding Policy and Procedures to meet their legal obligations as set out in the Care Act 2014, in addition to the safe and effective running of the charity to meet its purposes for public benefit.</p>

Key Contacts:	<p>Safeguarding Lead: Mr Christopher Williams</p> <p>Compliance Trustee: TBC</p> <p>Chair of Trustees: Mr Jason Warriner</p>
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Key Concepts:

Plushealth Board of Trustees believe the wellbeing of adults is paramount and safeguarding is the responsibility of all members of staff and volunteers regardless of their role within the Organisation.

Plushealth Trustees, staff and volunteers are committed to ensure the needs and interests of adults at risk are always respected and considered. Plushealth is committed to working with other agencies and partners to support adults at risk, to live safely in their communities, to access mainstream services, specialist services to keep themselves safe from abuse, neglect, exploitation and to ensure access to criminal justice, victim support services and any therapeutic services needed to support the person to recover from the abuse.

The guidance given in the policy and procedures is based on the six principles of adult safeguarding, as set out in The Care Act 2014 which underpins the safeguarding of adults.

1. Principles

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens.”
- **Prevention** – It is better to act before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I can take part in the safeguarding process to the extent to which I want.”

- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life and so do they.”

2. Making safeguarding personal

‘Making safeguarding personal’ means that adult safeguarding should be person led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice, and control. As well as improving quality of life, well-being, and safety.

Wherever possible discuss safeguarding concerns with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process, seeking their consent to share information outside of the organisation where necessary.

3. Wellbeing principle

The concept of wellbeing is threaded throughout the Care Act 2014. Wellbeing is different for each of us however The Care Act 2014 sets out broad categories that contribute to our sense of wellbeing. By keeping these themes in mind, we can all ensure that adults receiving and delivering online support services can fully contribute to the success of Plushealth.

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- Participation in work, education, training, or recreation
- Social and economic wellbeing
- Domestic, family, and personal domains
- Suitability of the individual’s living accommodation
- The individual’s contribution to society

4. Legislation

The practices and procedures within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures. They take the following into consideration:

- The Data Protection Act 2018
- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998

5. Adult safeguarding means protecting an adult's right to live in safety, free from harm and abuse (Care Act 2014 Statutory Guidance).

Adult at risk - A person aged 18 or over who needs care and support, regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

Advocacy – Support for people who have difficulty expressing their concerns and the outcomes they want during the safeguarding process.

Best interest – The Mental Capacity Act 2005 states that if a person lacks mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest.

Carer – In this document carer refers to family/friend carers as distinct from paid carers who are referred to as support workers. The Care Act 2014 defines the carer as an adult who provides or intends to provide care for another adult who needs support.

Concern - Describes when there is or might be an incident of abuse or neglect. Replaces the previously used term "alert."

Enquiry - An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse, or neglect may be taking place. The purpose of the enquiry is to establish whether the local authority or another organisation, or person needs to do something to stop or prevent the abuse or neglect.

Equality Act 2010 – Protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws making the law easier to understand and strengthening protection in some situations.

Independent Mental Capacity Advocate (IMCA) - Established by the Mental Capacity Act 2005. IMCA's are instructed to represent people who lack mental capacity when there is no one outside of services, such as a family member or a friend, who can represent them.

IMCA's are a legal safeguard who will help people make important decisions about where they live, serious medical treatment options, care reviews and adult safeguarding concerns.

Person/organisation alleged to have caused harm - The person/Organisation suspected to be the source of risk to an adult at risk.

Person in position of trust – When a person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

6. What is abuse?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's well-being is promoted. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances.

People have complex lives and being safe is only one of the things they want for themselves. Plushealth will work with the adult to establish what being safe means to them and how that can be best achieved. Staff and volunteers should not be advocating "safety" measures that do not take account of individual well-being.

Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person. It may occur because of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where an adult at risk is persuaded to enter a financial or sexual transaction to which they do not, or cannot, consent.

Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of the individual and in many cases, abuse may be a criminal offence. Intent is

not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that person.

Plushealth staff and volunteers need to look beyond single incidents or people to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks and grooms people. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse.
- Long-term abuse in the context of a continuing family relationship such as domestic violence between spouses or generations, or persistent psychological abuse.
- Opportunistic abuse such as theft occurring because money or jewelry has been left lying around.

Abuse is very distressing and can take many forms:

- **Physical abuse:** hitting, slapping, pushing, kicking, squeezing, shaking, pinching, misuse of any medication, undue restraint, or force feeding.
- **Emotional/ psychological abuse:** includes a range of non-physical controlling behavior that cause emotional damage and undermine a person's sense of well-being confinement, isolation, verbal assault, humiliation, intimidation, infantilisation, or any other treatment which may diminish the sense of identity, dignity, and self-worth.
- **Sexual abuse/sexual assault:** rape or other sexual acts, the inappropriate touching of the individual's sexual areas, or coercion into the viewing of pornographic materials. Compelling, inciting or facilitating a person, with impaired capacity for choice to engage in sexual activity without consent is an offence under the Sexual Offences Act 2003.
- **Financial and material abuse:** withholding of money or possessions, intentional mismanagement of the person's finances or property, theft, fraud, exploitation and stealing person's money.
- **Neglect and acts of omission:** the failure to access appropriate services for recognised needs, avoidance of required health care, ignoring physical care needs, withholding of adequate nutrition, clothing, or warmth, exposing the person to unacceptable risk, lack of action to provide or ensure adequate supervision
- **Discriminatory abuse:** any acts that use hurtful language, cause harassment or similar treatment of the individual because of their race, sex, age, disability, faith, culture, or sexual orientation. Such abuses are increasingly being recognised as hate crimes.

- **Domestic abuse:** domestic violence and abuse, is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial, and emotional abuse.
- **Female Genital Mutilation (FGM):** is a violation of the human rights of girls and women. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.
- **Forced marriage** is a marriage conducted without the valid consent of one or both parties and where duress is a factor.

Slavery, servitude and forced or compulsory labour: A person commits an offence of the Modern Slavery Act 2015 if:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude.
- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

Human trafficking: A person commits an offence of the Modern Slavery Act 2015 if the person arranges or facilitates the travel of another person with a view to that person being exploited. It is irrelevant whether the person consents to the travel or if they are an adult or a child. A person, may, arrange or facilitate travel by recruiting, transporting, or transferring, harbouring, or receiving, and transferring or exchanging control over the person being exploited.

Organisation/institutional abuse: the use of systems, routines, practice, or care that neglect individual needs and create an imbalance and control within a managed setting such as residential/nursing care or day services.

Hate crime: Usually violent, prejudice motivated crime that occurs when a perpetrator targets a victim because of his or her perceived membership in a certain social group.

Radicalisation: The process by which people come to support terrorism and violent extremism and, in some cases, then join terrorist groups.

Self-neglect: Complex and challenging issue with the need to balance autonomy and duty to protect health and wellbeing. Both perspectives can be supported by a human rights

argument. The Care Act 2014 defines self-neglect a form of abuse or neglect that can be raised as a safeguarding but is usually dealt with under the Care Assessment Framework. Professionals need to establish capacity and if the adult is able or willing to care for themselves. An adult who is able to make choices may make 'unwise' decisions that others think of as self-neglect. Hoarding can be considered as self-neglect when the following apply:

- The amount of clutter interferes with everyday living – for example, they are unable to use the kitchen or bathroom and cannot access rooms
- The amount of clutter in the person's home is increasing
- They bring in more things each day and discard very little

7. When does an adult safeguarding duty apply?

Does the Adult have care and support needs?	Yes
Is the adult in imminent danger or a serious criminal act is suspected?	Yes
Is the Adult experiencing, or is at risk of, abuse or neglect?	Yes
Is the Adult unable to protect themselves because of their care and support needs?	Yes
Have you answered Yes to all of the above?	Yes
Are you uncertain of any of the answers?	Yes

If a vulnerable adult is in imminent danger or a serious criminal act is suspected, the police should be immediately informed through a 999 call. Staff and volunteers must avoid any contamination of evidence, either through disturbing physical evidence or questioning witnesses including the victim beyond what is necessary to establish what has happened.

Where there is immediate or continuing concern about harm to a vulnerable adult, steps must be taken to reduce or remove that harm. Wherever possible, these should be discussed with the Safeguarding Lead and be in line with local Plushealth procedures. They will vary from case to case, but must be:

- Effective
- Timely
- Appropriate
- Necessary
- Lawful
- Consistent with the duty of care

8. Risk assessment

Risk assessment in adult safeguarding is the examination of factors that could cause harm so that controls can be considered and implemented to prevent harm. Risk is the likelihood of harm occurring and the severity of its consequences in terms of injury-this can be considered as to the level and frequency of harm. A risk assessment needs to be carried out to determine what action needs to be taken and the action will vary depending on the level of risk – low risk, some risk or medium/high risk.

9. Consent, capacity and best interests

Both the Care Act 2014 and Mental Capacity Act 2005 should enable individuals to maintain their independence and exercise as much control as possible over their lives and any care

and support they receive. This is just as relevant in adult safeguarding enquiries as in other areas.

There are 5 key areas of the Mental Capacity Act 2005:

1. Assume that a person has capacity to make decisions, unless there is evidence otherwise
2. Do all to maximise a person's capacity
3. Unwise or eccentric decisions do not, in themselves, prove lack of capacity
4. If making a decision for or about a person who lacks capacity, act in their best interests
5. Look for the least restrictive option that will meet the needs of the individual

To support this, the Safeguarding Lead will make available any help and support that a person may need to make a specific decision - this could include help with communication or, wherever possible, making sure that the person is spoken to at a time when they are best able to make the decision for themselves.

It is important to be aware that there will be some safeguarding situations where the person may appear to be mentally capacitated but is in fact subject to duress or coercion by another person. If this is the case, MCA procedures may not cover the situation.

In relation to safeguarding, you may need to consider whether, for example, the person has the capacity to decide about their own situation, or whether they can refuse consent for information to be shared in any safeguarding enquiry.

During a safeguarding investigation there will be numerous important decisions that need to be made. It is essential to thoroughly explore issues of consent, capacity and best interests in each case.

10. Record keeping

Good record-keeping is central to effective safeguarding. All staff and volunteers must ensure that they keep accurate recordings of their work in a secure area for both written and electronic records. The details should be:

- Factual
- Accurate
- Concise
- Ethical

- Relevant
- Signed and dated

It is essential when passing information to other agencies that the information given is factual and not an opinion.

People benefit from records that promote effective communication and high-quality care. Failing to keep accurate records of decisions and actions taken can put people at risk. The term 'records' covers several types of documents including:

- Case notes
- Any statements that the person has made about their wishes
- Risk assessments
- Incident reports
- Safeguarding referrals and enquiries
- Referrals to other organisations and professionals
- Staff supervision and training records
- Complaints

All records must be written clearly, and in a manner that can be easily understood by others. They must be accessible to those who needs to see them. Any records that contain personal information should be kept in secure storage that is only accessible to those who have authorisation to access these records. Case notes should always be written in a way that respects the person's dignity. Records will be retained in line with the timescales set out in the relevant legislation.

11. Safeguarding in the context of online peer support

The adult safeguarding principles and procedures outlined in this policy apply equally to 'online' and 'in-person' contact with service participants, members of staff, volunteers & trustees. The focus in this section is on the provision of online (remote) working which applies to the groups mentioned.

Working online can pose additional challenges for those delivering safe and effective peer support. Staff and volunteers providing online peer support may face situations where they do not have all the necessary information available when compared to 'in-person' adult safeguarding concerns.

If a vulnerable adult is in imminent danger, or a serious criminal act is suspected, the police should be immediately informed, through a 999 call. Staff and volunteers should advise the adult concerned to avoid any contamination of evidence, through disturbing physical evidence or questioning the victim beyond what is necessary to establish what has happened.

Mode of communication

Online peer support is delivered using secure online platforms (Skype, WhatsApp, Zoom) with the option given to use video, voice, or text only communication. The mode of

communication can have an impact on assessing risk and when an adult safeguarding duty applies.

Video calls

Peer support delivered using a video call are like 'in-person' service delivery. In some instances, video calls may provide visual information which may not usually be available in relation to home environment, personal appearance, privacy / personal space and general demeanour. Whilst these can be important cues, it is important to ensure key principles are rigorously applied and any concerns arising from environment, appearance or privacy are discussed with the adult concerned.

It is important that staff, volunteers, trustees, and any other individuals who are working on behalf of Plushealth, minimise the risks relating to safeguarding. The environment in which a video call is taking place should be prepared so that:

- Personal pictures are out of view
- Objects to which could be deemed identifiable to the individual should be out of view
- Children are unable to hear the content of the call nor observe or see anything which is deemed as unsuitable
- Other adults within the home environment are not able to overhear or see any content of the discussions which are taking place

Voice only / telephone calls

The absence of the visual cues available via video or in-person service delivery can make risk assessment and when an adult safeguarding duty applies more difficult. Active listening skills and reviewing the understanding of what is being said is an important aspect of delivering safe and effective peer support via voice only or telephone peer support. Body language and visual cues play an important part in helping to identify where an individual may be at risk of any form of abuse and therefore developing and maintaining a safe space and a trusting relationship can be particularly vital when providing peer support using voice only or telephone calls.

Text only communication

Peer support delivered by text-based conversations can be one of the most difficult forms to manage in the context of adult safeguarding. Both visual and voice cues are missing and there is the possibility of greater misunderstanding of what is the correct meaning of the written text. It is therefore vital to clarify meaning carefully and to ensure the person you

have concerns is clear about your understanding of the situation. It may be particularly important to ensure the adult you have concerns about understands how to secure the device they are using and delete text messages before ending the conversation.

Information gathering and consent:

The information gathered when a peer support participant registers for online peer support is brief to remove as many barriers as possible when thinking of confidentiality and privacy.

This can make it more difficult to provide detailed information where a safeguarding concern has been identified. It is therefore vital to obtain further information with the agreement of the adult concerned so the appropriate help and support can be provided.

In the event of a safeguarding concern arising during an active online peer support appointment the following information should be obtained where possible:

- Full name and address of the adult concerned
- Next of kin contact details
- GP name and address
- Details of other agencies the adult has contact with (community mental health team, social worker as examples)

If a vulnerable adult is in imminent danger, or a serious criminal act is suspected, the police should be immediately informed, through a 999 call. In this case address details should be the main concern so the Police and / or other emergency service can attend promptly.

Obtaining consent from the vulnerable adult to share information with other agencies is important and is one of the key principles in adult safeguarding. Unless the adult is in imminent danger, or a serious criminal act is suspected consent must be obtained before (or as soon after) information is shared with others within the Organisation. It should also be explained this information may be required to be shared with other agencies where Plushealth has a legal duty to do so.

In the event of a safeguarding concern arising because of information received via email or other electronic message the following should be considered:

- Contact the Safeguarding Lead to discuss the details of the email or other electronic message. At this point a decision should be made about further actions and who should respond where a safeguarding duty is suspected.
- If it is felt appropriate (bearing in mind the peer support relationship) and agreed by the Safeguarding Lead, the member of staff or volunteer who knows the adult best
- should respond by calling them to offer support and obtain further information. Where a safeguarding concern is confirmed during this call the member of staff or volunteer must act to protect the adult concerned as per the policy as set out.
- In the event of the voice call not being answered it is then appropriate to reply to the original email or other electronic message. In doing so the member of staff or volunteer must explain they believe they have a safeguarding duty and will escalate this in accordance with Plushealth policy and procedures.

- It is vital that the Safeguarding Lead is kept fully informed at every stage to provide the necessary support to the member of staff or volunteer and to advise and oversee the appropriate next steps.
- Where no response is received, the Safeguarding Lead will decide to contact the most appropriate agency to discuss the case further and obtain the necessary support for the adult concerned

If a vulnerable adult who is accessing Plushealth should disclose that they are being abused or concerns are raised about an individual, it is important that the staff member or volunteer follows the appropriate safeguarding actions:

- Speak in a private and safe place.
- Accept what the adult is saying without judgement.
- Do not 'interview' the adult - just gather information to establish the basic facts. This will help when you inform Adult Social Care or the police.
- Never promise the adult that you will keep what they tell you confidential; explain who you will tell and why and that those who you do need to tell are on a need-to-know basis.
- If there are grounds to override an adult's consent to share information, explain what these are.
- Explain to the adult how they will be involved and kept informed.
- Provide information and advice on keeping safe and the safeguarding process.

12. Record Keeping

If a disclosure of abuse or a concern raised regarding a vulnerable adult, it is essential that the staff member or volunteer records this in writing:

- The statement of disclosure
- Based on fact and not opinion and based on how it has been communicated
- Your actions

- Time, dated and signed
- Passed on to the safeguarding Lead

The safeguarding lead will then start the appropriate line of reporting to ensure that the safeguarding concern is dealt with appropriately.

13. Storage of delicate Information

Any disclosures made regarding a vulnerable adult in care, the records obtained by the Safeguarding lead must be stored away from other staff and volunteers and information should only be shared with other professionals on a need-to-know basis.

14. Reporting without consent

There may be instances when individuals are accessing Plushealth services, and a staff member or volunteer has witnessed an incident or has become concerned about the welfare of children in their care or within their environment. In these instances, Plushealth cannot maintain confidentiality and will have a duty to report concerns under the Children's and Young Persons Safeguarding Procedure.

15. Signposting

As part of supporting those who access Plushealth services, Plushealth will work with service users at risk so that their physical, emotional, social, and psychological wellbeing are promoted to enable them to live healthy and fulfilling lives. This will involve working with other organisations, services, and support groups to enable any service user to make informed choices about the direction of the support and care that they wish to access.

16. Safeguarding training and supervision

Basic safeguarding adults training will be delivered as part of Plushealth mandatory training programme for all staff members, volunteers, and Trustees. Additional training is available for staff members who have a co-ordination or management role to undertaking safeguarding investigations.

Plushealth will ensure that an appropriate focus on adult safeguarding is incorporated into monthly clinical supervision meetings for staff and volunteers who provide online peer support. Plushealth Board of Trustees will support staff and volunteers to attend appropriate additional training updates to ensure that they are competent and equipped to comply with the requirements of this policy.

Failure to comply with this policy may lead to failure of Plushealth to meet its legal and statutory requirements in relation to safeguarding adults who may be at risk of abuse and neglect.

If any member of staff, volunteers or Trustees require additional help and support to better understand their safeguarding responsibilities they should contact the Safeguarding Lead to discuss these further.

17. Safe recruitment

Given the sensitive nature of the work that Plushealth undertakes to support individuals living with HIV and the support that service users access, it is necessary that all staff and volunteers undergo appropriate background checks. This will ensure their suitability for any position within Plushealth. All staff and volunteers will have to fulfill the following:

- Satisfactory reference checks
- Appropriate DBS disclosure

All DBS checks will go through a thorough risk management process to ensure that any applicants who do have past convictions are assessed on their suitability of any position that they have applied for.

Safeguarding algorithm

The algorithm provides a quick reference guide when there is a safeguarding concern. It is always better to err on the side of caution where safeguarding concerns are raised or suspected.

