



Safeguarding Policy

V6.3

Document Information

Title of document	Safeguarding Policy
Version Number	V6.3
Type of Document	Level 1 Policy
Purpose of Document	To describe the processes within Millbrook Healthcare to ensure that colleagues are able to recognise and respond appropriately to prevent the risk of harm, abuse or neglect to our service users and take a proactive approach to reporting their concerns effectively.
Target Audience	All Millbrook Healthcare colleagues
Distribution	Millbrook Healthcare public website (electronic) Millbrook Healthcare intranet (electronic) AssessNet portal (electronic)
Consultation	Executive Directors and Designated Safeguarding Leads (DSLs)
Approved by	CEO of Millbrook Healthcare Group
Date of approval	TBC
Next review Date:	(12 months after approval date)
Author(s)	Venetia Lawrence, CES Clinical Lead & CES Designated Safeguarding Lead

Reviewed	11/10/2024
----------	------------

Document Control

Version Number	Reason for Change	Description of Change	Date of Change	Author/Reviewer
2016 v15.3	Annual review		29/02/16	Carole Phillips
2016 v1.0	Annual review	<ul style="list-style-type: none"> • Policy review 	15/05/16	Vicky Jones / Alex Underwood
v2.0	Annual review	<ul style="list-style-type: none"> • Policy review • Date removed from version • Inclusion of updates forms of abuse, Prevent, FGM, CSE and Safe and Well visits 	11/08/17	Vicky Jones / Alex Underwood
V3.0	Policy update	<ul style="list-style-type: none"> • Addition of new contract safeguarding contact details 	08/02/18	Alex Underwood
V4.0	Annual review and policy update	<ul style="list-style-type: none"> • Addition of domestic abuse • Change of author • Change of safeguarding lead • Removal of references to staff that have left 	21/06/2021	Elaine Floodgate
V5.0	Administrative	<ul style="list-style-type: none"> • Removal of references to staff that have left 	07/03/2024	Mat Kelsey
V6.2	Administrative	<ul style="list-style-type: none"> • Removal of references to WCS • Change of Authors • Change in safeguarding process & role accountabilities • Review of legal and contractual obligations. • Review of group training 	11/10/2024	Kim Morgan
V6.3	Administrative	<ul style="list-style-type: none"> • Addition of SAMA • Addition of training • Addition of PREVENT • Addition of reporting flow chart • Addition of staff evaluation form • Addition of safeguarding committee • Change of author • Change of duties and responsibilities • Addition of safeguarding emails • Addition of divisionalisation 	11/10/2024	Venetia Lawrence

CONTENTS

1.	Introduction	5
2.	Aims and Objectives	5
3.	Scope	6
4.	Duties and Responsibilities	6
5.	Definitions.....	8
6.	Recruitment Procedures.....	11
7.	Recording, Reporting and Referring Safeguarding Concerns (Incident Reporting).	12
8.	Pressure Ulcers and Safeguarding Triggers	12
9.	Equipment Provision and Deprivation of Liberty Safeguards (DOLs).....	12
10.	Safeguarding Allegation Management Advisor (SAMA).....	13
11.	Disclosure and Barring Service (DBS)	13
12.	Freedom to Speak Up	14
13.	PREVENT	14
14.	Modern Slavery and Human Trafficking.....	15
15.	Female Genital Mutilation (FGM)	15
16.	Domestic Abuse	16
17.	Safe and Well Visits	16
18.	Associated Documents.....	16
19.	Training.....	17
20.	Review and Monitoring.....	18
21.	SAFEGUARDING EMAILS.....	18
22.	Appendices.....	18
	<i>Appendix A - Millbrook Healthcare Key Safeguarding Contacts List.....</i>	<i>19</i>
	<i>Appendix B - Definitions of ‘at risk’, ‘harm’ and ‘relevant conduct’</i>	<i>20</i>
	<i>Appendix C - Flowchart of Procedures for Responding to Safeguarding Concerns</i>	<i>21</i>
	<i>Appendix D – Safeguarding Reporting Form.....</i>	<i>22</i>
	<i>Appendix E - Staff Self-Evaluation Survey Form – Safeguarding.....</i>	<i>23</i>

1. Introduction

Millbrook Healthcare Holdings Limited and its subsidiaries (“Millbrook Healthcare”) is a national provider of community equipment services, home improvements, and assistive technology, supporting the NHS and Local Authorities. We are fully committed to safeguarding, which means protecting the rights of individuals to live safely, free from abuse and neglect. Safeguarding - whether for adults or children - requires collaborative efforts to prevent, identify, and respond to risks of abuse and neglect.

At Millbrook Healthcare, we believe that living free from harm is a fundamental right for everyone. When abuse does occur, our response must be swift, effective and proportionate to the situation, ensuring that the individual at risk remains central to the process. We prioritise a personalised approach, ensuring that those involved in a safeguarding alert are heard and empowered in the decision-making process. This aligns with the principle of making safeguarding personal.

Our mission is driven by the needs of our service users, and their safety is of paramount importance. To address safeguarding effectively, we recognise the importance of working within a multi-agency framework, sharing responsibility and collaborating with relevant stakeholders to provide high levels of care and protection.

2. Aims and Objectives

The primary aim of this policy is to ensure that Millbrook Healthcare promotes the wellbeing of all service users, embedding safeguarding practices across the organisation and making them an integral part of everyday work. All colleagues are expected to actively prevent harm, abuse or neglect and respond effectively to any concerns raised. Millbrook Healthcare is committed to a culture of zero tolerance towards any practice that harms service users.

This policy ensures that all employees meet the necessary competence levels to provide consistent safety, wellbeing and quality of service across the organisation.

Aims:

- **Compliance:** Adhere to legal and contractual obligations, meeting the requirements set by commissioners, external regulators and other relevant bodies.
- **Board Accountability:** Ensure the Executive Team and the Board of Directors are provided with accurate and relevant information regarding identified concerns and disclosures and proactively refer cases to local authorities if they meet the appropriate thresholds. Learn and share lessons to improve policy and decision-making.
- **Continuous Improvement:** Provide assurance of ongoing service and quality improvements with the safety of service users, colleagues, and others central to the organisation's activities.

Objectives:

- **Cultural Integration:** Embed safeguarding, along with the promotion of service user safety, choice, and wellbeing, into the organisation's culture and daily practices.
- **Dignity and Respect:** Ensure service users are treated with compassion, dignity, and respect at all times.
- **Human Rights:** Uphold the human rights of individuals at risk of, or experiencing, abuse, neglect or exploitation.
- **Learning from Incidents:** Demonstrate the organisation's commitment to learning from incidents and sharing lessons to continuously improve services.
- **Reporting Culture:** Foster an open, fair and just culture that encourages and supports incident reporting by providing training and feedback to colleagues.

- **Incident Reporting:** Promote the timely reporting of incidents and near misses across all levels of the organisation.
- **Incident Tracking:** Maintain a central log of all reported incidents, ensuring regular reviews and thematic analysis to identify trends and areas for improvement.
- **Colleague Responsibility:** Ensure that all colleagues understand their obligations regarding incident reporting and safeguarding protocols.

3. Scope

This policy applies to all colleagues at Millbrook Healthcare, regardless of their job role, seniority, length of service, type of employment or location. It covers all work-related activities, whether carried out from a service user’s home, central services, a private or company vehicle in transit, an external venue or another organisation’s premises, including home-based work.

The policy will be applied fairly and consistently to all employees, respecting the protected characteristics outlined in the Equality Act 2010, which include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Millbrook Healthcare is committed to making reasonable adjustments to ensure employees with disabilities are not disadvantaged by the processes within this policy. Additionally, any employee with difficulty in communicating - verbally or in writing - will have appropriate arrangements made to ensure they understand the policy and its procedures, ensuring they are not disadvantaged in any way.

4. Duties and Responsibilities

Role	Key Responsibility
Chief Executive Officer (CEO)	<ul style="list-style-type: none"> - Overall accountability for safeguarding. - Ensure overall compliance with legal, mandatory and regulatory requirements for Millbrook Healthcare. - Ensure effective governance, risk management and incident reporting processes are in place. - Act as the initial media contact for safeguarding-related incidents or allegations with assistance from the relevant DSL, Managing Director of Homes Services, Group Human Resources and Governance and Head of Risk, Quality & Corporate Governance.
Executive Group	<ul style="list-style-type: none"> - Oversee and coordinate safeguarding activities across the organisation. - Promote safeguarding as a high priority within a learning environment.
Managing Directors (Operational Divisions)	<ul style="list-style-type: none"> - Ensure overall compliance with legal, mandatory and regulatory requirements for the relevant Operating Division. - Facilitate a culture where safeguarding is everyone's responsibility. - Ensure a safe system that protects children and adults across all services. - Accountable for the effectiveness of the Designated Safeguarding Lead (DSL).

Lead Directors (Central Functions)	<ul style="list-style-type: none"> - Ensure compliance with legal, mandatory and regulatory requirements for the relevant Central Function. Promote a culture of safeguarding across central functions. - Support operational divisions in implementing safeguarding measures.
Designated Safeguarding Lead (DSL)	<ul style="list-style-type: none"> - Manage safeguarding concerns, allegations, and incidents, including referrals to external agencies. - Assess incidents to determine if they meet safeguarding alert thresholds. - Monitor safeguarding risks and review incidents monthly with the divisional Managing Director. - Provide feedback to incident reporters if concerns do not meet the threshold for a safeguarding alert. - Acting as the Divisional Safeguarding Allegation Management Advisor (SAMA)
Head of Risk, Quality & Corporate Governance	<ul style="list-style-type: none"> - Administration of this Policy (ie managing policy development, updates, annual reviews and distribution to the Operating Divisions). - Audit (at least annually) that Operating Divisions are compliant with this Policy. -Provide independent oversight of safeguarding processes. -Provide advice and support. Advise and support the senior team in establishing divisional safeguarding approaches
Service Centre Managers and Line Managers	<ul style="list-style-type: none"> - Ensure compliance with legal, mandatory, and regulatory requirements for the relevant Service Centre. -Ensure all direct reports are compliant with safeguarding training. - Support the DSL in organising and facilitating training. - Ensure colleagues have protected time to complete training. - Ensuring that all direct reports actively implement their training including the prompt reporting of Safeguarding incidents or concerns.
All Colleagues	<ul style="list-style-type: none"> - Understand and comply with safeguarding policies. - Attend mandatory safeguarding training and complete online assessments promptly. - Report suspected or actual abuse or neglect within 24 hours. - Participate in investigations related to safeguarding concerns.

	<ul style="list-style-type: none"> - Ensure actions comply with relevant legislation and best practices. - Seek advice from Line Manager or Divisional DSL if unsure about procedures or next steps.
Group Safeguarding Committee	<ul style="list-style-type: none"> -Membership comprises Deb Knowles, Mat Kelsey, Sally Moore, and Venetia Lawrence. -The CEO will attend at least quarterly. -The Committee will meet monthly.

5. Definitions

Further definitions of 'at risk', 'harm' and 'relevant conduct' are provided at Appendix B

Term	Definition
Adultification	Children from certain groups (e.g., Black, Asian, and other minority communities) are perceived as being more "grown up" or adult-like than they actually are, which can lead to different, often harsher, treatment.
Channel Programme	A key part of the Prevent strategy, this multi-agency approach provides early support to individuals at risk of being drawn into terrorism.
Code of Conduct	A policy that sets expectations for staff behaviour, including boundaries, language, relationships, and reporting procedures for allegations against staff.
CSC (Children's Social Care)	A service responsible for providing support to children and families, often involved in safeguarding and child protection cases.
CSPR (Child Safeguarding Practice Reviews)	Previously known as Serious Case Reviews (SCRs), these are conducted when a child dies or is seriously harmed, and there is concern about how organisations worked together.
Culture of Safeguarding	An ethos and environment within an organisation where safeguarding is a core priority, ensuring that children are kept safe from all forms of harm.
EHA (Early Help Assessment)	An assessment to identify what kind of support a child or family needs, to resolve problems early and avoid the need for children's social care intervention.
Escalation Process	A process followed when there is dissatisfaction with the response or assessment of a child or family's needs by a safeguarding organisation.
GDPR (General Data Protection Regulation)	The legal framework governing data protection in the UK, ensuring that personal information is handled safely and securely.
LA (Local Authority)	The governing body responsible for providing public services such as education, social care, and housing in a specific area.
LSCP (Local Safeguarding Children Partnerships)	Local partnerships responsible for ensuring that safeguarding services are coordinated and effective.

Low-Level Concerns	Concerns about staff behaviour that are inconsistent with the organisation's code of conduct but do not meet the threshold for reporting to the LADO.
Maltreatment	The abuse or neglect of a child, which can seriously impair their health, dignity, or development.
Professional Curiosity	The capacity to explore and understand a family's situation beyond surface-level assumptions, practicing respectful uncertainty to maintain an open mind.
SEND (Special Educational Needs and/or Disabilities)	Refers to children with special educational needs or disabilities that may require additional support.
Threshold Document	A document outlining the levels of need for support services in a local area, based on the safeguarding framework set out in Working Together to Safeguard Children.
Abuse	A form of maltreatment of a child or adult. Abuse can be inflicted through physical, sexual, emotional, psychological, financial means, or neglect, acts of omission, discriminatory, and organisational abuse. It can also occur when an individual or organisation fails to act to prevent harm.
Alert	A concern that a person at risk is or may be a victim of abuse, neglect, or exploitation. It can arise from disclosure, an incident, or indicators of harm.
Best Interest Decision	A decision made on behalf of an individual assessed as lacking the mental capacity to make that decision. This process considers the person's past and present wishes, lasting power of attorney, or advance directives, and involves consultation with people who know the individual well (e.g., family, friends, or professionals).
Child	Anyone under the age of 18, irrespective of circumstances such as living independently, being in further education, in the armed forces, or in custody.
Child in Need	Defined under Section 17 of the Children Act 1989 as a child: Unlikely to achieve or maintain a reasonable standard of health or development without services from a local authority. Whose health or development is likely to be significantly impaired without such services. Who is disabled.
Child Protection	A part of safeguarding that involves protecting specific children who are suffering or likely to suffer significant harm (as per Working Together to Safeguard Children 2015).
Child Sexual Exploitation (CSE)	The exploitation of young people under 18 in situations where they receive something (e.g., food, accommodation, drugs, affection) in exchange for performing sexual activities.
Controlling Behaviour	A range of acts designed to make a person subordinate or dependent by isolating them from sources of support, exploiting resources, or controlling their daily behaviour.
Coercive Behaviour	Acts or patterns of assault, threats, intimidation, or humiliation used to harm, punish, or frighten a victim.
Disclosure and Barring Service (DBS)	Helps employers make safer recruitment decisions and prevents unsuitable individuals from working with vulnerable groups, including children.

Deprivation of Liberty Safeguards (DOLS)	Part of the Mental Capacity Act 2005, DOLS ensure that people in care homes or hospitals who lack mental capacity are not unlawfully deprived of their liberty.
Domestic Abuse (Domestic Abuse Act 2021)	Abusive behaviour includes physical, sexual, controlling, coercive, and economic abuse, as well as psychological and emotional harm. Both parties must be aged 16 or over and personally connected (e.g., marriage, relationship). A child witnessing domestic abuse is considered a victim in their own right.
Female Genital Mutilation (FGM)	The partial or total removal of external female genitalia for non-medical reasons.
Hidden Harm	The impact of parental substance misuse on children and young people.
Human Trafficking	The recruitment, transportation, or harbouring of persons by coercion or deception for exploitation, which can include sexual exploitation, forced labour, or slavery.
Local Authority Designated Officer (LADO)	The individual responsible for overseeing allegations made against staff in an organisation, particularly concerning safeguarding issues.
Local Safeguarding Adult Board (LSAB)	A statutory, multi-organisation partnership committee led by the local authority to provide strategic leadership for adult safeguarding.
Local Safeguarding Children's Board (LSCB)	Statutory bodies established under Section 14 of the Children Act 2004. LSCBs coordinate and ensure the effectiveness of actions taken to safeguard and promote the welfare of children.
Looked After Children (LAC)	Children in the care of the local authority, living with foster carers, family, or in residential care.
Modern Slavery	A crime involving the deprivation of liberty for exploitation, including forced labour, sexual exploitation, or servitude.
Multi-Agency Safeguarding Hub (MASH)	A joint service involving police, NHS, adult services, and other organisations. It ensures coordinated action to safeguard at-risk individuals through information sharing.
Neglect	The persistent failure to meet an individual's basic physical or psychological needs, likely leading to serious impairment of health or development.
Physical Abuse	Involves causing physical harm through hitting, shaking, throwing, burning, or poisoning. It can also involve fabricating or inducing illness in a child.
Prevent	The government's counter-terrorism strategy aimed at preventing individuals from being drawn into terrorism.
Radicalisation	The process by which individuals are drawn into extremist ideologies, often through persuasive messaging and charismatic figures.
Referral	A request for services or support from a local authority, which initiates action to safeguard individuals.
Safeguarding	Protecting individuals from abuse, neglect, and exploitation by ensuring their right to live in safety is upheld.

Safeguarding Adults Review	A process to learn from complex safeguarding cases where adults have been seriously injured or died due to suspected abuse or neglect.
Self-Neglect	The inability to care for oneself, leading to serious risks to health and wellbeing.
Significant Harm	Harm that seriously impairs an individual's health or development. It includes sexual abuse, physical abuse, and neglect.
Vital Interest	A legal term used in the Data Protection Act 1998, allowing information sharing in life-threatening or critical situations.
Wilful Neglect	A deliberate failure to carry out care responsibilities under the Mental Capacity Act 2005, which can lead to a criminal offence.
Wellbeing	Achieving the best possible outcomes for individuals through safeguarding and care services.

6. Recruitment Procedures

Millbrook Healthcare ensures the safeguarding of children and vulnerable adults through a rigorous recruitment process, comprehensive training, and the creation of a safe environment. The following measures are in place to achieve this:

1. Disclosure and Barring Service (DBS): All recruitment involves checks through the Disclosure and Barring Service (DBS).
2. Social Media Screening: As part of the recruitment process, online and social media checks will be conducted.
3. Enhanced DBS Checks: No employee is permitted to start unsupervised work until a satisfactory enhanced DBS check and references have been received, verified, and approved by the HR department.
4. Probationary Period: All appointments involving work with children and vulnerable adults, including internal transfers, are subject to a probationary period. Performance reviews are conducted for internal transfers during this period.
5. Declaration of Convictions: All employees must declare any convictions, cautions, or warnings. These declarations will be reviewed by the HR department and the Divisional Managing Director to determine the applicant's suitability for employment.
6. Undeclared Convictions: It is made clear that failure to declare any previous convictions, cautions, or warnings that later appear on the enhanced DBS check will result in the refusal of the application or immediate termination of employment.
7. Ongoing Notification: Employees must notify their line manager and HR department if they receive any convictions, cautions, or warnings while employed.
8. Regular DBS Checks: Employees involved in care, support, or administration must undergo an enhanced DBS check every three years. Failure to disclose any relevant information may lead to disciplinary action.
9. Safeguarding Training: All employees are required to complete safeguarding training as part of their induction. This includes an e-learning module to be completed within the first two weeks of starting employment.
10. Ongoing Safeguarding Competencies: Millbrook Healthcare ensures that all colleagues undertake Level 1 safeguarding training, in accordance with the Adult Safeguarding Levels and Competencies for Healthcare Professionals Intercollegiate Document (2016) and the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document (2014). This foundational training ensures that all staff are equipped with an essential understanding of

safeguarding responsibilities, including recognising signs of abuse, neglect and the correct reporting procedures.

In addition, Designated Safeguarding Leads (DSLs) and key senior staff members are required to complete Level 3 safeguarding training. This advanced training equips them with the knowledge and skills needed to lead on complex safeguarding cases, handle multi-agency collaboration, and make high-level safeguarding decisions.

All level 1 training content is reviewed annually by the Safeguarding Committee and refreshed annually to ensure ongoing compliance with current safeguarding standards and best practices.

7. Recording, Reporting and Referring Safeguarding Concerns (Incident Reporting).

All safeguarding concerns must be promptly reported to the line manager and the divisional designated safeguarding lead (DSL). An incident report must then be made via AssessNET Portal in accordance with the Incident Reporting Policy (**ensure you task the DSL in your division**).

Incident Reporting: If colleagues witness any signs of suspected or actual abuse or neglect, an incident report must be filed as soon as possible. It is the responsibility of all colleagues to ensure that they complete the incident report form using the AssessNET portal (**ensure you task the DSL in your division**). All desktop computers and laptops are equipped with a desktop icon for easy access, and incident reports can be submitted without requiring a user ID or password.

Report Content: The incident report must include only factual and relevant information—no jargon, no opinions. It should be treated as a professional document and written to a high standard. Omission of important details may delay the investigation and review process, as the incident reporter will need to be contacted for additional information.

External Reporting: Some incidents may need to be reported to external agencies, stakeholders, or third parties. When sharing an incident report, all personal identifiable and sensitive information will be redacted in line with the Data Protection Act 1998 and GDPR 2018.

Emergency Situations: If any concerns or disclosures present an immediate threat to life, colleagues must contact emergency services by calling 999 immediately.

Safeguarding Review: The Divisional DSL will review all safeguarding alerts on a monthly basis, with findings reported during Divisional Management Meetings. This review will identify any trends, patterns, or themes, and ensure that learning is shared across the organisation. Managers are encouraged to contact the Divisional DSL with any concerns or queries regarding Safeguarding of the Governance Department on logging concerns.

Duty of Candour: As a healthcare provider, Millbrook Healthcare complies with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which enforces the Duty of Candour. This requires us to act openly and transparently in relation to care and treatment provided to service users. In practice, this means that we must apologise when things go wrong and outline any corrective actions to be taken. For more information, please refer to the Incident Reporting Policy.

8. Pressure Ulcers and Safeguarding Triggers

A safeguarding incident report should be made for pressure ulcers, where there is a concern that a service user is at risk or may be a victim of abuse and/or neglect.

An incident report should also be raised if there are concerns that the adult at risk's carers are refusing assessment, treatment or equipment for the individual.

If it is decided that the concerns raised do not meet the threshold for a referral to the local authority nor requires an investigation, advice will be given to the incident reporter by the Divisional DSL/Clinical Lead.

9. Equipment Provision and Deprivation of Liberty Safeguards (DOLs)

Our Role in Equipment Provision

While we provide and deliver community equipment, we are not clinicians and do not prescribe or assess the suitability of such equipment. The responsibility for assessing risk, prescribing equipment, and ensuring compliance with Deprivation of Liberty Safeguards (DOLs) lies with the prescribing clinician.

Staff Responsibility

If our staff suspect that equipment use may lead to an inappropriate deprivation of liberty, it is essential that they:

- Document their observations clearly and accurately.
- Report concerns promptly to the appropriate clinical team or safeguarding authority.

Context of DOLs in Equipment Use

Certain types of equipment prescribed by clinicians, such as bedside rails, pressure mats, tilt-in-space chairs, or lap straps, have the potential to restrict a person's freedom of movement and may constitute a deprivation of liberty. Similarly, withholding necessary equipment could also result in a deprivation of liberty.

10. Safeguarding Allegation Management Advisor (SAMA)

The Allegations Management Framework (2016) sets the standards for managing allegations against individuals in positions of trust, regardless of sector. This framework is designed to ensure consistent and effective handling of safeguarding concerns across organisations.

Safeguarding Adult Boards strongly recommend that organisations appoint a Safeguarding Allegation Management Advisor (SAMA). In Millbrook Healthcare, the role of the SAMA is held by the Divisional Designated Safeguarding Lead (DSL), with each division having its own DSL to manage safeguarding concerns specific to that division.

The SAMA is responsible for coordinating complex cases where concerns or allegations are raised about the harm or abuse of an adult at risk by a colleague within the organisation. When an allegation is made against a Millbrook Healthcare employee, the following steps must be taken:

- The line manager must inform the SAMA and the HR department immediately.
- An incident report form must be completed via the appropriate reporting platform.
- The Disclosure and Barring Service (DBS) must be notified as soon as there is sufficient evidence of a risk of harm to children or adults at risk. Supporting details of any action taken, such as restriction of practice or exclusion, must also be included in the notification.
- If the allegation involves a regulated professional, a referral may also need to be made to the professional body of the colleague in question. HR, the SAMA, and the Head of Risk, Quality, and Corporate Governance should work together to determine the appropriate actions.

If an internal safeguarding investigation reveals that a crime may have been committed, the case must be reported to the police. The DSL will facilitate this in collaboration with the Head of Risk, Quality, and Corporate Governance.

In cases where an allegation is made against a Millbrook Healthcare colleague unrelated to their employment, the line manager must assess the situation and determine whether the employee's actions pose a risk within the workplace. If necessary, the SAMA should be notified for further guidance and action.

11. Disclosure and Barring Service (DBS)

The Disclosure and Barring Service (DBS) is responsible for conducting pre-employment checks, including criminal record checks, and vetting and barring decisions. The DBS supports employers like Millbrook

Healthcare in making safer recruitment decisions, helping to prevent unsuitable individuals from working with vulnerable groups, including children and adults at risk.

The DBS holds a central register of individuals barred from working with children or adults at risk and is solely responsible for deciding who should be placed on this register. It is a criminal offence for individuals barred by the DBS to work or seek work in positions involving vulnerable groups.

At Millbrook Healthcare, all new DBS checks and renewals are thoroughly reviewed. If a DBS check reveals an undisclosed or criminal conviction that may pose any level of risk to service users or colleagues, it is assessed on a case-by-case basis by the HR Safeguarding Panel. This panel determines any necessary actions based on the outcome of the check.

DBS checks for all employees are renewed and reviewed every three years to ensure ongoing compliance and safety within the organisation.

12. Freedom to Speak Up

At Millbrook Healthcare, one of our core values is being open and honest in everything we do. We believe in fostering a culture of transparency, where colleagues feel comfortable being candid with each other, our service users, their families, and the organisation as a whole. We are committed to openness as a way to improve service provision and ensure the highest standards of care. Colleagues are encouraged to raise any concerns about the quality of service with their line manager.

The **Freedom to Speak Up policy** provides a clear framework for colleagues to report concerns when something is wrong, has happened, or may happen. This policy supports colleagues in raising genuine concerns, ensuring they are treated seriously, promptly, and fairly. To raise a concern, colleagues need only have a genuine belief that something may be wrong and requires further investigation.

To ensure clarity, the policy distinguishes between the following:

- An **allegation**: Serious concerns such as harm or abuse by a staff member, which must be escalated to the **Designated Safeguarding Lead (DSL)** and handled under safeguarding procedures.
- A **concern about service quality**: For example, dissatisfaction with the delivery of services, which should be raised with the relevant manager or team.
- A **complaint**: General grievances from service users or colleagues that do not fall under safeguarding or quality concerns but still require appropriate action.

In safeguarding matters—where there are concerns of abuse or neglect due to the actions or inactions of a colleague—the concern must be raised with the **DSL**, in line with their responsibilities as the **Safeguarding Allegation Management Advisor (SAMA)**.

If a colleague raises a concern and feels they have not received a satisfactory response or are uncomfortable raising the issue internally, they can contact the independent **Whistleblowing Line at 0800 160 1787**, provided by **Wellbeing Solutions**.

Millbrook Healthcare also appoints a **Freedom to Speak Up Guardian**, who acts independently to listen and support colleagues in raising concerns. This role, held by the **Head of Risk, Quality, and Corporate Governance**, adds an extra layer of support and confidentiality.

13. PREVENT

The Prevent strategy is a key part of the Government's overall counter-terrorism approach. It is designed to equip frontline colleagues with the awareness and understanding of their role in preventing vulnerable individuals from being exploited for terrorist purposes, including radicalisation and being drawn into extremism.

The Counter Terrorism and Security Act (2015) places a legal duty on a range of organisations, including healthcare providers, to have due regard for the need to prevent people of all ages from being drawn into terrorism.

The Prevent strategy acknowledges that frontline colleagues, including healthcare staff, may encounter individuals—both children and adults—who are vulnerable to radicalisation. Radicalisation is typically a gradual process, not a one-off event, meaning there is an opportunity to intervene and safeguard the individual before harm occurs or a crime is committed. Colleagues must be aware of the risks of radicalisation, identify individuals who may be vulnerable, and take action to prevent them from supporting terrorism or becoming terrorists.

If a colleague has concerns that an individual (whether child or adult) may have been radicalised or is at risk of radicalisation, they are responsible for reporting their concerns to the divisions Designated Safeguarding Lead (DSL). The colleague must also assist the DSL in completing a Prevent referral to the local authority or local police with input from Governance if required.

All concerns related to Prevent must immediately be reported on AssessNET and assigned to the DSL at the point of logging the incident and additionally communicated to the Governance Department.

14. Modern Slavery and Human Trafficking

Modern slavery includes various forms of exploitation such as slavery, human trafficking, forced labour, and domestic servitude. Traffickers employ coercion, force, and manipulation to subject individuals to inhumane treatment and abuse.

This also encompasses the giving or receiving of payments or benefits to gain control over another person for the purpose of exploitation. It's important to recognise that modern slavery can affect individuals born in the UK, who may be trafficked within the country (e.g., moving someone from one town to another). Victims of trafficking may be exploited for sexual purposes, forced into agricultural labour, or used in benefit fraud. Both children and adults are at risk of being trafficked.

Every colleague in the organisation has the potential to identify a victim of human trafficking. This includes any situation involving the recruitment, transportation, transfer, harbouring, or receipt of persons through the use of threats, force, coercion, abduction, fraud, deception, abuse of power, or exploitation of vulnerability. The purpose of such exploitation includes, but is not limited to, prostitution or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude, or organ removal. Any form of human trafficking is considered abuse.

If you suspect that someone is being trafficked, you must immediately report your concern to the Divisional Designated Safeguarding Lead (DSL), or directly contact one of the following:

- Modern Slavery Helpline: 0800 0121 700
- Police (non-emergency): 101
- Local authority safeguarding team
- In an emergency, always dial 999. Do not assume someone else will take action—your information could save a life. Colleagues must also ensure that their actions do not inadvertently increase the risk of harm to the child or adult involved.

15. Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) refers to all procedures involving the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons. It is sometimes referred to as female genital cutting or female circumcision. FGM has no health benefits and is internationally recognised as a violation of human rights.

If a colleague has concerns that a child or adult may be a victim of FGM, it is essential that they follow the organisation's safeguarding procedures. Colleagues must promptly report their concerns to their line manager and the Divisional Designated Safeguarding Lead (DSL) and complete an incident report form via AssessNET (**ensure you task the DSL in your division**).

If there is an immediate risk or if you believe a child or adult is in danger of undergoing FGM, contact the police immediately by dialling 999. In the case of concerns regarding children, you may also contact the NSPCC's FGM hotline at 0800 028 3550 or via email at fgmhelp@nspcc.org.uk

Colleagues should not hesitate to raise any concerns, as timely reporting could prevent serious harm. Always follow the internal reporting process to ensure the appropriate action is taken if the situation is not life-threatening. If life-threatening then the emergency services should be called without delay.

16. Domestic Abuse

The Domestic Abuse Act provides enhanced protection for victims and strengthens measures to address perpetrators. Domestic abuse is not limited to physical violence but includes emotional, coercive, controlling, and economic abuse. Children are recognised as victims if they witness or experience the effects of abuse.

Key provisions include:

- Statutory definition of domestic abuse.
- New offences like non-fatal strangulation and extending coercive control to cover post-separation abuse.
- Measures to protect victims in court, such as allowing video evidence and prohibiting perpetrator cross-examination.
- Local authorities have a duty to support victims and their children in refuges and safe accommodation.

If a colleague suspects domestic abuse involving a child or adult, they must report concerns through internal processes by contacting their line manager, Designated Safeguarding Lead (DSL), and completing an incident report via AssessNET.

In cases of immediate danger, call the police on 999.

17. Safe and Well Visits

Safe and Well visits are home visits conducted by local Fire and Rescue Services to identify and reduce risks to vulnerable individuals, helping them stay safe at home. These visits involve collaboration between fire services, health, and social care.

Colleagues who work with service users can refer vulnerable adults at increased fire risk for a free Safe and Well assessment. Eligibility includes individuals who:

- Are over 65 years of age
- Live alone
- Have a physical or learning disability
- Have sensory impairments
- Are substance or alcohol dependent
- Are unable to protect themselves from harm
- Are experiencing domestic abuse
- Are returning from hospital with identified fire risks

For referral guidance, speak with your line manager or consult the Designated Safeguarding Lead (DSL) for more details on the process.

18. Associated Documents

Safeguarding Children:

The Children Act 1989

The Children Act 2004

Working Together to Safeguarding Children 2015

Safeguarding Policy v6.3

Promoting the Health and Wellbeing of Looked After Children 2015
Safeguarding Children and Young People: role and competencies for health care colleagues (Intercollegiate Document 2014)

Safeguarding Adults:

The Care Act 2014
Safeguarding Vulnerable Groups 2006
Mental Capacity Act 2005
Adult Safeguarding Levels and Competencies for Health Care Professionals (Intercollegiate Document 2016)

Other Legislation and Associated Documents:

Data Protection Act 1998
Human Rights Act 1998
The Care Standards Act 2000
National Health Service Act 2006
The Protection of Freedoms Act 2012
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20
Domestic Abuse Act 2021
The Caldicott Principles
Deprivation of Liberty Safeguards Guidance
Freedom to Speak Up: Raising Concerns and Whistleblowing Policy
Incident Reporting Policy
Mental Capacity Act 2005
Modern Slavery Act 2015
Information Governance Policy
Risk Management Policy
Quality Governance Strategy

19. Training

Safeguarding training is essential for all colleagues, especially those working in health and social care, where individuals may be less able to protect themselves from neglect, harm, or abuse. Adult safeguarding is a way of working that protects adults with care and support needs, and every colleague has an important role to play.

Safeguarding training is an integral part of the induction process for all new colleagues and is refreshed annually to meet core competency requirements. Every colleague undergoes Level 1 safeguarding training, ensuring they are equipped to fulfil their fundamental responsibilities in safeguarding vulnerable adults and children.

Designated Safeguarding Leads (DSLs) receive Level 3 safeguarding training every two years, in addition to annual Level 1 updates to ensure they remain fully informed and competent in their roles.

Core competencies for Level 1 training include:

- Understanding what constitutes maltreatment, drawing on both family-focused and professional knowledge
- Identifying basic signs of abuse or neglect
- Accurately documenting and reporting concerns
- Recognising when to escalate concerns to other professionals and partner agencies
- Safeguarding training is provided as part of the induction process for all new colleagues and is refreshed annually to ensure ongoing compliance with core safeguarding requirements.

By the end of this training, colleagues will have a clear understanding of their responsibilities to safeguard adults in the workplace.

Key senior staff members who are required to complete Level 3 safeguarding training include:

- Divisional DSLs
- Divisional SAMA's
- **LIVITY LIFE SPECIFIC:** ARC managers and Robert Taylor, **Level 2** – shift leads and Occupational therapists

20. Review and Monitoring

This policy will be reviewed annually by the Group Safeguarding Committee or earlier if new legislation, codes of practice, or national standards are introduced.

At the divisional level, the Designated Safeguarding Lead (DSL) will conduct quarterly reviews of all cases, analysing trends to inform and improve service provision. Each Divisional Managing Director will provide an annual report to the Millbrook Healthcare Executive and Board, detailing cases, key learnings, and proposed or completed service improvements.

As part of our obligations under Section 11 of the Children Act 2004, the organisation will conduct self-assessments to ensure compliance with safeguarding requirements and standards outlined in the Act.

Task	Time frame	Roles responsible
Safeguarding Policy review	Annually	Group Safeguarding Committee
Reviews of all safeguarding cases	Quarterly	Designated Safeguarding Lead (DSL)
Report to the Millbrook Healthcare Executive and Board	Annually	Divisional Managing Director

21. SAFEGUARDING EMAILS

safeguarding@millbrookhealthcare.co.uk

safeguarding@livitylife.co.uk

22. Appendices

Appendix A: Millbrook Healthcare Designated Safeguarding Leads and Other Contacts.

Appendix B: Definitions of 'at risk', 'harm' and 'relevant conduct'

Appendix C: Flowchart of Procedures for Responding to Safeguarding Concerns

Appendix D: Staff Self-evaluation Survey – Safeguarding

Appendix E: Reporting Form

Appendix A - Millbrook Healthcare Key Safeguarding Contacts List

SAFEGUARDING@MILLBROOKHEALTHCARE.CO.UK

SAFEGUARDING@LIVITYLIFE.CO.UK

Appendix B - Definitions of 'at risk', 'harm' and 'relevant conduct'

Safeguarding protects a person's right to live in safety, free from abuse and neglect. All colleagues at Millbrook Healthcare have a responsibility to safeguard vulnerable individuals, particularly those less able to protect themselves, such as children, young people, and vulnerable adults.

Children and Young People

A child is anyone under 18, including those aged 16 or 17 living independently.

Vulnerable Adults

A vulnerable adult is someone in need of care due to physical, learning, or other disabilities, illness, or age. They may also be vulnerable if unable to protect themselves from harm or exploitation.

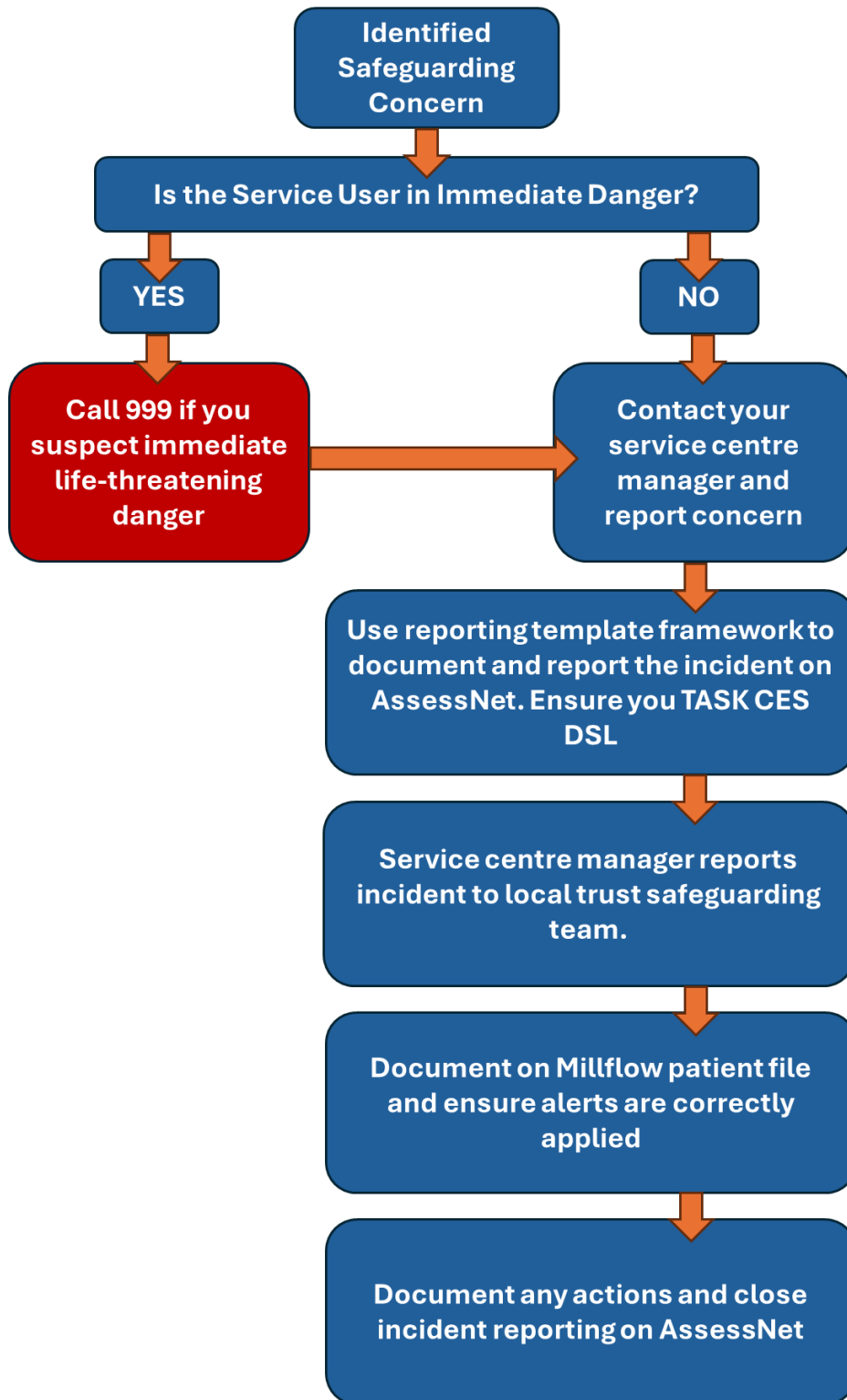
Groups Particularly Vulnerable to Harm:

- Individuals with disabilities
- Those living away from home
- Asylum seekers
- Children in hospital or the youth justice system
- Victims of domestic abuse
- Individuals targeted due to religion or ethnicity
- Those at risk of violent extremism

Types of Harm	Definition
Physical Harm	Involves any action that results in discomfort, pain, or injury, such as hitting, poisoning, or inappropriate restraint.
Emotional and Psychological Harm:	Persistent emotional maltreatment causing distress or developmental issues, including bullying, isolation, and witnessing abuse.
Sexual Harm and Exploitation:	Any sexual activity involving children under the age of consent or vulnerable adults, including non-contact abuse like exposure to pornography.
Neglect:	The failure to meet basic physical or emotional needs, leading to significant harm, such as not providing adequate food, shelter, medical care, or supervision.
Discrimination:	Misuse of power or denial of opportunities based on race, gender, disability, or other protected characteristics.
Institutional Harm:	Harm caused by poor practices or rigid routines in care settings, prioritising the needs of the organisation over those in care.
Financial Harm:	Misuse or theft of a person's property, assets, or funds without their consent.

Appendix C - Flowchart of Procedures for Responding to Safeguarding Concerns

This flow chart applies to CES only



If at any point in this process you need support please email Safeguarding@millbrookhealthcare.co.uk for DSL advice and support.

Appendix D – Safeguarding Reporting Form

Your Name:	Your Position:
Your Place of Work:	Your Contact Details: Phone: Email:
The Service User Details	
Name:	
Address:	
Date of Birth:	
Other Relevant Details of the Allegation/Suspicion:	
Are you recording: <ul style="list-style-type: none"> • Disclosure made directly to you by the service user? <input type="checkbox"/> • Disclosure of suspicions from a third party? <input type="checkbox"/> • Your suspicions or concerns? <input type="checkbox"/> 	
Date and time of disclosure:	
Date and time of incident:	
Details of the allegation/suspicion. State exactly what you were told/observed and what was said. Use the person's own words as much as possible.	
Action taken so far:	
Signed:	Date:

Appendix E - Staff Self-Evaluation Survey Form – Safeguarding

Name:
Date:
Job Role:

Please complete the following form, indicating how confident you are in the following areas of safeguarding.

Knowledge of the following types of maltreatment:	Not at all confident (I need further training regarding this)	Slightly confident (I would like further information or training).	Fairly confident (I could use some updated information).	Completely confident (my knowledge and training is up to date and detailed).
Physical abuse				
Sexual abuse				
Emotional abuse				
Neglect				
Domestic abuse				
Child-on-child abuse				
Bullying				
Hazing/gang initiation				
Online abuse				
Child sexual exploitation (CSE)				
Child criminal exploitation (CCE) (including county lines)				
Grooming				
Harmful sexual behaviour (HSB)				
So-called 'honour-based abuse' (including breast ironing)				

Radicalisation and extremism				
Modern slavery				
Female genital mutilation (FGM)				
Forced marriage				
Child trafficking				

Further safeguarding issues:

Knowledge of the following types of safeguarding issues:	Not at all confident (I need further training regarding this)	Slightly confident (I would like further information or training).	Fairly confident (I could use some updated information).	Completely confident (my knowledge and training is up to date and detailed).
Mental health and wellbeing				
Children with additional vulnerabilities				
Recognising signs of maltreatment				
Knowing why children may not disclose abuse				

Policies and Procedures:

Knowledge of the Policies and Procedures:	Not at all confident (I need further training regarding this)	Slightly confident (I would like further information or training).	Fairly confident (I could use some updated information).	Completely confident (my knowledge and training is up to date and detailed).
Knowing where to find my organisation's safeguarding policy				
Knowing the DSL(s) for my organisation,				

their role, and how to contact them				
Knowing how to report a concern and who to contact				
Knowing how to record a concern				

Other:

Is there anything else you feel you would like further training or information on with regards to safeguarding children in your role?