



Adults at Risk Safeguarding Policy Guidance

Review Date

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Lead Director

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This is a mandatory policy. It applies to anyone delivering or involved in the delivery of any service associated with the Relate brand. Section 4 gives some simple steps to implement this guidance.

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Section 1 - Introduction

Relate's statement on safeguarding adults at risk

1. Relate and all Relate staff shall make the safety and protection from harm of all adults at risk involved in activities which come under Relate's responsibility their highest priority.
2. It is the responsibility of all staff working within Relate to report concerns about abuse or significant harm to an adult at risk. This responsibility extends to all staff and not just those specifically working with adults at risk.
3. Relate has a duty to ensure that its staff fulfil their responsibilities to prevent abuse of adults at risk and to report any abuse discovered or suspected. All Relate staff are obliged to consult their manager about any concerns.
4. Relate will take all reasonable steps during its intake process to identify an adult at risk. Their additional needs will be recorded, and the designated counsellor and supervisor will be informed.
5. Relate recognises that any adult can be subject to abuse and all allegations of abuse will always be taken seriously and responded to swiftly and in accordance with Relate's procedures.
6. All Relate Governance Boards are required to have a Safeguarding Lead and are responsible to ensure the organisation responds appropriately to all Safeguarding concerns.

Principles

The guidance given in the policy is based on the following principles:

- All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
- Relate will seek to ensure that our services are inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.
- The rights, dignity and worth of all adults will always be respected.
- We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, in particular those adults with care and support needs.
- We all have a shared responsibility to ensure the safety and well-being of all adults and will act appropriately and report concerns whether these concerns arise within Relate for example inappropriate behaviour of a practitioner, or in the wider community.

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- All allegations will be taken seriously and responded to quickly in line with this policy.
- Relate recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

Section 2 - Overview

What is safeguarding?

Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect.
- People and organisations working together to prevent the risk of abuse or neglect, and to stop them happening.
- Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.
- Working with partners such as the Care Quality Commission (CQC), police, local councils, health agencies, other regulators and government departments (including the ISA's Disclosure and Barring Service (DBS)).
- Compliance to the Charity Commissions requirements for Safeguarding in Charitable organisations.

(Source: Care Quality Commission)

Why have different policies and procedures for safeguarding children and adults?

In the past, organisations have combined the safeguarding of children with the safeguarding of adults at risk from harm or abuse in both their training and in their policies and procedures.

Many organisations support both adults and children, and it may seem easier and more convenient to have a single safeguarding policy and procedures. However, this is not recommended for a number of reasons:

- Children and adults may each face a different set of issues
- The definitions and terms used differ
- Procedures for reporting abuse and handling cases are not the same
- There is different legislation and policy

Adding safeguarding adults at risk to a safeguarding children policy often dilutes the message about adults. This is particularly likely when organisations base the policy and procedures on those originally written for children.

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Having separate policies and procedures will enable everyone to be clear about how to effectively safeguard both children and adults.

Self determination

One important difference between safeguarding adults and safeguarding children is an adult's right to self-determination. Adults may choose not to act at all to protect themselves, and it is only in extreme circumstances that the law intervenes. This will often only happen when an adult is assessed to lack capacity in that area, or where the concerns may extend to children, such as when they are living in the same household.

This can make the matter of safeguarding adults even more complex. It is not solely focused on creating an appropriate process and system to safeguard. It also needs to take into account the importance of creating a culture that embraces the adults themselves, informing and consulting them on all decisions affecting them.

Section 3 - Safeguarding Adults at Risk

Scope and definitions

It is important to note that definitions and terminology surrounding safeguarding adults at risk have changed over time in line with learning and safeguarding legislation up until the Care Act 2014:

“Vulnerable adult”

The definition of “vulnerable adult” originated in the 1997 Consultation Document “Who Decides?” ‘No Secrets’ was then published as government guidance for developing and implementing multiagency policies and procedures to protect vulnerable adults from abuse. Introduced in 2000 it encouraged organisations to work together to protect vulnerable adults from abuse.

The definition and use of “vulnerable adult” from No Secrets (2000) will have been used in many older safeguarding vulnerable adults policy and procedures but have now been replaced with the new definition from the Care Act (2014).

“Adults at risk of harm”

We have now moved away from the terminology of ‘vulnerable adults’ towards ‘adults at risk of harm’, usually shortened to ‘adults at risk’ in policies and procedures. There may also be reference to an ‘adult with a care and support need’.

The Care Act 2014 makes it clear that abuse of adults links to circumstances rather than the characteristics of the people experiencing the harm. Labelling groups of people as inherently ‘vulnerable’ is seen to be disempowering.

Safeguarding adults at risk

“Adult safeguarding” is working with adults with care and support needs to keep them safe from abuse or neglect. It is an important part of what many public services do, and a key responsibility of local authorities.’ – Care Act 2014.

All organisations have a duty to ensure that the welfare of all adults is ensured. As part of this they need to understand when to implement their safeguarding adults reporting procedures.

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs).
- Is experiencing, or is at risk of, abuse or neglect.
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Who might abuse adults?

Abuse and neglect might be carried out by anyone in contact with adults, even by people employed to provide care.

There may be indicators that adults are experiencing harm from people within your organisation, such as volunteers, members of staff, or other members of the public. Or they may be experiencing harm from those connected with their life outside your organisation, such as a carer or a spouse.

This may include:

- Spouses, friends, family and neighbours
- People employed to provide care
- Paid staff or professionals
- Volunteers
- Strangers

Six principles of Adult Safeguarding

The Care Act (2014) sets out the following principles that should underpin the safeguarding of adults.

Empowerment

People are 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 this directly inform what happens.”

Prevention

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It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know 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 and they will only get involved as much as is necessary.”

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 am able to take part in the safeguarding process to the extent to which I want.”

Partnership

Services offer local solutions through working closely 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.”

Making Safeguarding personal

Rather than following a prescribed system, safeguarding must take into account the individual choices and requirements of everyone involved.

“Nothing about me without me.”

Alongside the increased need to recognise the importance of safeguarding adults as well as children, there has also been a cultural shift towards Making Safeguarding Personal within the safeguarding process.

This is a shift from prioritising outcomes demanded by bureaucratic systems. The safeguarding process used to involve gathering a detailed account of what happened and determining who did what to whom. Now the outcomes are defined by the person at the centre of the safeguarding process.

The safeguarding process now places a stronger emphasis on achieving satisfactory outcomes that take into account the individual choices and requirements of everyone involved.

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“What good is it making someone safer if it merely makes them miserable?” – Lord Justice Mundy, “What Price Dignity?” (2010).

What this means in practice is that adults should be more involved in the safeguarding process. Their views, wishes, feelings and beliefs must be taken into account when decisions are made.

The Care Act 2014 builds on the concept, stating that “We all have different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.”

However, the Act is also clear that there are key issues that should be taken into account when abuse or neglect are suspected, and that there should be clear guidelines regarding this.

Categories of abuse

The Care Act recognises 10 categories of abuse that may be experienced by adults.

Self-neglect

This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one’s personal hygiene, health, or surroundings. An example of self-neglect is behaviour such as hoarding.

Modern Slavery

This encompasses slavery, human trafficking, forced labour, and domestic servitude.

Domestic Abuse

This includes psychological, physical, sexual, financial, and emotional abuse perpetrated by anyone within a person’s family. It also includes so-called “honour” based violence.

Discriminatory

Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.

Organisational

This includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in one’s own home. Organisational abuse can range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Physical

This includes hitting, slapping, pushing, kicking, restraint, and misuse of medication. It can also include inappropriate sanctions.

Sexual

This includes 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.

Financial or material

This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.

Neglect and acts of omission

This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.

Emotional or psychological

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.

Four additional types of harm

There are four additional types of harm that are not included in The Care Act, but are also relevant to safeguarding adults:

Cyber bullying

Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various different types of bullying, including racist bullying, homophobic bullying, or bullying related to Special education needs and disabilities. The main difference is that, instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced marriage

This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third

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party in identifying a spouse. The Anti-Social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

Mate crime

A “mate crime” is when “vulnerable people are befriended by members of the community who go on to exploit and take advantage of them” (Safety Network Project, ARC). It may not be an illegal act, but it still has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private. In recent years there have been a number of Serious Care Reviews relating to people with a learning disability who were seriously harmed, or even murdered, by people who purported to be their friend.

Radicalisation

The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.

Section 4 - Legislation, associated policies and other sources of advice

Key government initiatives and legislation

Sexual Offences Act 2003

The Sexual Offences Act introduced a number of new offences concerning adults at risk and children. legislation.gov.uk

Mental Capacity Act 2005

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and should be the least restrictive intervention.

legislation.gov.uk

Safeguarding Vulnerable Groups Act 2006

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance.

legislation.gov.uk

Deprivation of Liberty Safeguards

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made or

their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

scie.org.uk

Disclosure and Barring Service 2013

Criminal record checks: guidance for employers – How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS).

www.gov.uk/dbs-update-service

The Care Act 2014 – statutory guidance

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing. www.gov.uk

Making Safeguarding Personal Guide 2014

This guide is intended to support councils and their partners to develop outcomefocused, person centred safeguarding practice.

www.local.gov.uk

The Human Rights Act 1998

Gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

<https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

The Public Interest Disclosure Act 1998 (PIDA) as amended 2013 and 2018

A framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

<http://www.legislation.gov.uk/ukpga/1998/23/contents>

Charities Commission Update 22nd October 2019

Safeguarding and protecting people for charities and trustees. Contents include:

1. Managing the risks.
2. Policies Procedures and practices you need to have.
3. Checking your charity's policies, procedures and practice.
4. Checks on Trustees staff and volunteers.
5. Safeguarding children and adults at risk.
6. Working with other agencies. etc.

Helpful for Trustees and CEOs to ensure adherence to the Charities Commission recommendations.

<https://www.gov.uk/topic/running-charity/staff-volunteers>

Other Relate Policies and Procedures that support Safeguarding Adults

This policy is supported by other organisational policies. They help to support an environment in which everyone can feel safe and supported.

- Codes of conduct – for all staff, volunteers, and visitors - where these are in place locally.
- Code of Ethics – Federation wide policy.
- Job description for the role of Safeguarding Lead.
- Safer recruitment of staff and volunteers, including the Clinical Guidance document on recruiting clinical staff (CG20).
- Whistleblowing – as per local arrangements.
- Safeguarding children and young people – Federation wide policy.
- Equality, Diversity and Inclusion – Federation wide policy.
- Compliments, concerns and complaints – Federation wide policy.
- Disciplinary policy – as per local arrangements.
- Consultation and Supervision Policy – Federation wide policy.
- Modern Slavery – in development.
- Domestic Abuse – Federation wide policy.

Terminology and Acronyms

These are some of the more common terminology and acronyms used in

safeguarding adults: ACE – Adverse

CSP – Community Safety Partnership

Childhood Experiences

DA – Domestic abuse

ACT – Ann Craft Trust

DBS – Disclosure and Barring Service

ADASS – Association of Directors of Adult Social Services

DHR – Domestic homicide review

ASC – Autistic spectrum conditions

DoLS – Deprivation of Liberty Safeguards

CIN – Child in need

DSP – Designated senior person

CP Plan – Child protection plan

EHC Plan – Education and health care

CQC – Care Quality Commission

plan EI – Early intervention

CSE – Child Sexual Exploitation

FGM – Female Genital Mutilation

CSH – Children who sexually harm

FMU – Forced Marriage Unit

ICPC – Initial child protection
conference LA – Local
Authority

LADO – Local Authority-Designated
Officer

LPA – Lasting Power of Attorney

LSAB – Local Safeguarding Adults
Board

MAM – Multi agency meeting

MAPPA – Multi Agency Public
Protection Arrangements

MASH – Multi Agency Safeguarding
Hubs

MCA – Mental Capacity Act 2005

MSP – Making Safeguarding Personal

IMCA – Independent Mental Capacity
Advocate

IMHA – Independent Mental Health
Advocate

OPG – Office of the Public Guardian

Relevant organisations

PALS – Patient Advice and Liaison
Service

PIPOT – People in positions of trust

PoT – Position of Trust

RCPC – Review child protection
conference

S47 Enquiries – Child protection
enquiries to establish whether a child
is at risk of significant harm. SAAR –
Safeguarding Adults at Risk

SAR – Safeguarding Adult Review

SCR – Serious case review

SENCO – Special educational needs
coordinator

SIRI – Serious incident requiring
investigation

TAF – Team around family

Adult safeguarding contact points – The place where safeguarding concerns are raised within the local area. This could be a local authority single point of access, the relevant social work or mental health team or a safeguarding hub. Court of Protection – <https://www.gov.uk/courts-tribunals/court-of-protection>

Forced Marriage Unit – <https://www.gov.uk/guidance/forced-marriage>

Local Authority – Adult Social Care, Adult Safeguarding Leads

Police – may be referred to as Community Safety Units or Vulnerable Adults Unit

Sources of advice and guidance

Ann Craft Trust – a Leading UK Authority on Safeguarding Adults and Young People at Risk – <https://www.anncrafttrust.org/>

SCIE – wide range of guidance and resources:
<https://www.scie.org.uk/safeguarding/adults/>

Relate

BACP – <https://www.bacp.co.uk/events-and-resources/ethics-andstandards/good-practice-inaction/publications/gpia030-safeguarding-vulnerableadults-within-the-counselling-professions-inengland-and-wales-lr/>

Appendix 1

What to do if you have a concern

Approach

In the event of a safeguarding issue, follow this process:

1. Seek consent from the person concerned. If you feel that they do not have capacity to consent, or are not able to fully identify the level of risk that they are at you can act without consent but you must log your decision. Collect all available relevant facts and appropriate information.
2. Make a written record of the concern on the appropriate paperwork.
3. Tell the person involved what you are going to do about the concern and note any views that they may have regarding how they wish the matter to be dealt with.
4. Tell only the people who need to know – such as your safeguarding officer and your manager.
5. Consider the balance between listening to someone's wishes and needing to refer information where others may be at risk.
6. Inform the person involved about the outcome of any process.
7. Record and report to [to be completed by the local area/centre].

If someone is injured or at immediate risk, take immediate action. Seek help by dialling 999 for police or ambulance.

There may be particular circumstances (for example where there is a known issue relating to coercive control) where you feel it may be unsafe to tell the person immediately what you are going to do or indeed what you have done. In these circumstances, again, it is important to log the reason for your decision.

Appendix 2

Safer recruitment process

Anyone undertaking a role that involves contact with, or responsibility for, children or other vulnerable adults should be taken through a safer recruitment process. Some individuals may not be suitable to work with adults at risk due to gaps in their understanding, skills, or knowledge. There may also be some concerns about their previous conduct.

Good recruitment practice

If appropriate for the role, the Disclosure and Barring Service (DBS) can disclose and check against their barred list. But this is only one part of a safe recruitment process. In all cases regarding the vetting of paid and voluntary staff, best practice dictates a thorough checking of a candidate's training and qualifications.

All of the following should form the basis of safer recruitment and best practice when recruiting individuals to work with adults at risk:

- Detailed application forms or equivalent – e.g. full CV – enabling identification and scrutiny of someone's whole employment history and any gaps in employment.
- Clear job design, job description and competency based person specification.
- Short listing should be carried out by at least two people.
- Self-disclosure or DBS check.
- Robust interviews that cover safeguarding, equality, and diversity knowledge and skills and conducted by at least two people with the right level of skills, expertise and training.
- Use a mixture of assessment tools – for example a practical test or group exercise.
- Thorough reference checks, including at least two from previous employment. In some circumstances consider taking up references prior to final interviews.
- Verification of qualifications and experience.
- A thorough induction process.
- All clinical recruitment should be undertaken in accordance with the CG 20 on good practice in clinical recruitment.

Appendix 3

Guidance on implementation

There are several steps that Centres and Regions should take in implementing and ensuring the use of this policy and guidance:

1. Ensure the designated safeguarding lead has relevant training on safeguarding adults at risk as well as children and young people. There are a number of on-line resources to support this. See at the end of this guidance for some suggestions.

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2. Make time for all staff and Trustees to review this policy. For most centres and areas this policy and guidance will be broader than they have previously been used to.
3. Hold a workshop to consider which areas are least familiar. Use the selfassessment checklist (see Appendix 4 below for more detail). Members of the Services team in Relate National can also help to facilitate this discussion. Equally, there will be a number of local organisations who will bring a valuable perspective who you could engage too.
4. Ensure that people understand the differences between safeguarding adults and children and young people.
5. Try and identify case studies specific to the service area to know that everyone properly understands how this policy and guidance applies.
6. Whenever people are undertaking safeguarding training, remember to check whether the focus is from the perspective of adults or children or both. .
7. Ensure that all staff are aware of what to do when they have a safeguarding concern.
8. Trustees should expect to see data on safeguarding adults as well as children in the reports they receive as part of the standing item on their Board meeting agendas.

More details and in-depth guidance is available in the accompanying documents “Implementing your approach to safeguarding adults”.

Appendix 4

Self-assessment and audit checklist

Knowledge Base

1. Who do you have within your local network with knowledge and expertise of safeguarding – both children and young and adults? What are their qualifications?
2. How well do you understand how well legislation and guidance regarding safeguarding adults applies to you and your centre or areas?
This is listed by above, but particularly:
 - Care Act 2014
 - Mental Capacity Act 2005
 - Disclosure and Barring checks for working with adults at risk
3. How well do you understand your responsibilities as an organisation to safeguarding adults?

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Within your area or centre:

- What awareness is there of adults at risk?
- Is your board supportive of safeguarding adults at risk?
- Is there a designated lead for adults at risk?
- What training is available regarding adults at risk? □ Who is the training available for?

Policy and Procedures

- Are all of your staff and volunteers aware that there is a policy for safeguarding adults? Do they understand it?
- Are there policies and procedures for recruiting staff and volunteers working with adults at risk?
- Are the reporting policies clear?
- Are all staff aware of the whistle-blowing policy?
- Are you aware of the other policies which support safeguarding of adults at risk?

Contact with External Agencies

- Do you know who to go to in your local authority to raise concerns?
- Have you raised concerns to the local authority?
- Do you have clear reporting mechanisms?
- Do you know who to contact nationally for specialist advice?

Appendix 5

Digital Safeguarding

As part of the DWP Challenge Fund 2, Relate is developing a toolkit of appropriate self-help tools and service delivery focused on reducing parental conflict, delivered through innovative digital mechanisms such as Artificial Intelligence (AI). We are proud of this innovative idea but recognise it needs to feel safe for everyone involved.

This product will not be suitable for all individuals. This appendix outlines our assessment of who this product IS NOT suitable for, how we will screen at the point of contact to ensure safe access and how we will ensure adequate safeguarding of anyone who uses the tool. We recognise the need to ensure that anyone attempting to access the tools who is NOT eligible for the services is redirected to a more appropriate offer e.g., a domestic abuse or mental health service.

Service suitability

This service is not suitable for anyone in the following situations:

1. Parents and separated parents between whom there is known domestic abuse including coercive control.
2. Parents and separated parents who have legal orders around contact or access to children in place, **excluding** Child Arrangements Orders.
3. Parents and separated parents where one or more individuals are under psychiatric care.
4. Parents and separated parents where one of more individuals have a history of suicidal ideation.

Access to services

To ensure the product is only accessible for suitable service users (parents in conflict who do not experience the above issues), we will create a screening assessment which tests for evidence of domestic abuse, the presence of legal orders related to safeguarding concerns, psychiatric care, and suicidal ideation. All clients will need to complete and 'pass' the assessment before they are able to access the product. We have utilised this approach before to ensure only suitable clients can access downloadable workbooks, and we successfully ensure those who indicate abuse in their relationship cannot access the resource as we recognise this can be risky and harmful to all involved.

We also recognise that we have a duty of care to those who are not suitable to access these services. As such, we will ensure anyone who is deemed not suitable

to access this product is signposted to a more appropriate service either at Relate or at another vetted organisation.

Safeguarding those who use the product

Despite having a screening process in place, we know that sometimes people may be accessing the product and then something happens that alerts us or them to the possibility it may not be the right offer for them. Because of this, and to ensure adequate protection for all those who use the service and their co-parents/children we will do the following:

1. Collect names, email addresses, and phone numbers of all those who use the service so we can contact them in case of an emergency (with clear information around GDPR for parents)
2. Use Comm100's safeguarding technology to detect concerning words such as **control, hurt, threat, gaslight, suicide, scared, harm**, etc. We will develop a full list of terminology in conjunction with Comm100 and our senior clinical team.
3. In any situation where concerning language is detected, clients will immediately be signposted to an appropriate service that can provide immediate support.
4. A Relate practitioner will review the concerning language and its context within 24 hours and conduct a welfare check in **when our standard safeguarding practices recommend that one is required**. This procedure is consultative, on a case-by-case basis. We commit to always prioritising the safeguarding of service users and the wider public.

This digital safeguarding process will be reviewed and developed every 3 months initially starting from June 2023.