POLICY & PROCEDURE

Modern Slavery and Human Trafficking

Kope-Medics Gold Standard Governance Edition Act 2015 · Care Act 2014 · Regulation 13 (Safeguarding)

Field	Detail
Document reference	PE07-K
Version	v2.0
Supersedes	QCS PE07 — Modern Slavery and Human Trafficking Policy and Procedure (base framework; structure, numbering and legal references retained)
Policy owner	Registered Manager & Executive Safeguarding Lead — Joseph Ubi
Nominated Individual	Olakunle Opejin
Applies to	All staff, officers, consultants, contractors, volunteers, interns, students, bank and agency workers, and all suppliers and labour providers
Status	Controlled document — issued for use
Linked frameworks	CR74 Safeguarding Adults · AR01 Safeguarding Children · PM11-K Raising Concerns / FTSU / Whistleblowing · PR04-K DBS & Workforce Suitability · Recruitment & Safer Recruitment · Right to Work Checks · Agency Staff · Disciplinary · Clinical Governance
Review cycle	Annual, or following material organisational, workforce or regulatory change

Review Sheet

Field	Detail
Last reviewed	19 May 2026
Last amended	Re-authored to Kope-Medics Gold Standard house style (this edition)
Business impact	MEDIUM — important; incorporate into existing workflow
Reason for review	Strengthen safeguarding governance, workforce and supplier assurance, and CQC Safe/Well-Led evidence; improve inspection and commissioner defensibility
Changes made	Yes — see Summary and “How to read this policy”
Review interval	Annual

Relevant Legislation

- The Modern Slavery Act 2015 — including section 52 (duty to notify) and section 54 (transparency in supply chains)
- The Care Act 2014 — safeguarding adults duties, including section 42 enquiries
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 — including Regulation 13 (Safeguarding service users from abuse and improper treatment), Regulation 17 (Good governance), Regulation 18 (Staffing) and Regulation 19 (Fit and proper persons employed)
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
- Human Rights Act 1998
- Health and Safety at Work etc. Act 1974
- Immigration, Asylum and Nationality Act 2006 — right to work checks
- Employment Rights Act 1996 (as amended by the Public Interest Disclosure Act 1998) — protected disclosures
- Equality Act 2010

Underpinning Knowledge & References

- HM Government (Home Office) — Modern Slavery: Statutory Guidance for England and Wales (under s49 of the Modern Slavery Act 2015)
- HM Government — National Referral Mechanism guidance: adult (England and Wales)
- HM Government — Slavery and human trafficking in supply chains: guidance for businesses (Transparency in Supply Chains)
- GOV.UK — Publish an annual modern slavery statement
- Home Office — Modern Slavery Awareness and Victim Identification Guidance
- Social Care Institute for Excellence (SCIE) — Safeguarding adults: types and indicators of abuse
- Unseen UK — Modern Slavery & Exploitation Helpline (08000 121 700)
- e-Learning for Healthcare — Identifying and Supporting Victims of Modern Slavery

- Gangmasters and Labour Abuse Authority (GLAA) — labour exploitation reporting

Equality Impact Assessment: An equality analysis has been undertaken. This policy shows due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations across the characteristics protected by the Equality Act 2010. Kope-Medics recognises that people at risk of modern slavery are frequently made vulnerable by immigration status, language, disability, capacity or economic dependence, and that its response must be trauma-informed, non-discriminatory and person-centred. The policy is shared with staff and made available in accessible formats on request.

CQC Quality Statements Addressed

Key question	Quality statements
Safe	QSS3 Safeguarding · QSS4 Involving people to manage risks · QSS6 Safe and effective staffing
Well-led	QSW1 Shared direction and culture · QSW2 Capable, compassionate and inclusive leaders · QSW5 Governance, management and sustainability

1. Purpose

About Kope-Medics Ltd

Kope-Medics Ltd is a UK healthcare organisation registered with the Care Quality Commission (CQC), delivering person-centred supported living, complex care, domiciliary care and healthcare staffing solutions. Founded with the vision of improving quality of life and promoting independence, Kope-Medics supports individuals with diverse health and social care needs through compassionate, safe and professional service delivery.

The organisation works closely with service users, families, healthcare professionals, commissioners and local authorities to provide tailored support that promotes dignity, choice and wellbeing. Kope-Medics has continued to grow through its commitment to excellence, compliance and workforce development, and delivers reliable, responsive and culturally sensitive services while ensuring all operations align with regulatory and safeguarding standards.

Purpose of this policy

This policy ensures that everyone at Kope-Medics is aware of the Modern Slavery and Human Trafficking Policy and Procedure and of the arrangements in place to prevent, identify, respond to and report modern slavery in line with national and local guidance. It reflects the reality that modern slavery is not a remote or abstract risk for a complex care provider: it presents in the homes we work in, in the lives of the people we support, and in the workforce and supply chains on which we depend.

This policy relates principally to adults who may be at risk. The procedure for children is detailed in AR01 Safeguarding Children and Child Protection Policy and Procedure. It must be read alongside CR74 Safeguarding Adults Policy and Procedure. Other related policies include PM11-K Raising Concerns, Freedom to Speak Up and Whistleblowing, PR04-K DBS and Workforce Suitability Assurance, the Recruitment Policy and Procedure, the Right to Work Checks Policy and Procedure, and the Agency Staff Policy and Procedure.

Our values

Kope-Medics' values shape how it prevents and responds to exploitation:

- **Compassion —** we respond to victims with empathy and without judgement, recognising that many will not self-identify.
- **Respect and Dignity —** we treat every person, including workers in our supply chain, with fairness and dignity.
- **Person-Centred Care —** we respond to the individual, their capacity, wishes and safety, not to a process.
- **Integrity —** we act ethically and transparently in recruitment, procurement and reporting.
- **Excellence —** we train, audit and improve so that indicators are recognised and acted upon.
- **Accountability —** named leaders own prevention, response and assurance, and decisions are recorded.
- **Teamwork —** we work in partnership with the local authority, police, commissioners and specialist agencies.

- **Equality and Inclusion —** we recognise that exploitation targets those made vulnerable, and we counter it inclusively.

Key question and quality statements

Key question	Quality statement
SAFE	QSS3: Safeguarding
WELL-LED	QSW1: Shared direction and culture
WELL-LED	QSW2: Capable, compassionate and inclusive leaders
WELL-LED	QSW5: Governance, management and sustainability

1A. Kope-Medics Governance Statement

Kope-Medics does not treat modern slavery as a standalone compliance topic or an annual statement to be published and filed. Prevention of modern slavery is a thread that runs through the organisation's core governance systems. It is embedded in, and assured through, the following:

Governance domain	How modern slavery prevention is embedded
Safeguarding	Modern slavery is a form of abuse and exploitation under the Care Act 2014. Any concern is treated as a safeguarding concern from the moment it is identified, and is managed under CR74 (adults) or AR01 (children) in parallel with this policy.
Safer recruitment	Rigorous pre-employment checks (identity, right to work, DBS, employment history, references) reduce the risk both of employing a perpetrator and of employing — and thereby failing — a person who is themselves being exploited.
Workforce governance	Vigilance continues throughout employment: supervision, pay and hours monitoring, bank-account and address checks, and a culture in which workers can disclose exploitation safely.
Supplier assurance	Agencies and labour providers are subject to ethical procurement expectations, documented due diligence and ongoing monitoring, with escalation and contract review where risks are identified.
Quality assurance	Training compliance, recruitment compliance, safeguarding referrals, supplier due diligence and audit actions are measured, reported and acted upon through the governance cycle.
Organisational culture	Staff are actively encouraged to speak up under PM11-K without fear of detriment. A concern raised in good faith is treated as a contribution to safety, not as criticism to be defended against.

Board-level commitment: Kope-Medics has a zero-tolerance approach to modern slavery within its business and its supply chains, and is committed to acting ethically and with integrity in all its dealings and relationships. The Nominated Individual holds provider-level accountability for the effectiveness of the systems described in this policy, and receives assurance on them through the governance cycle set out in Section 5C.

2. Scope

Affected group	Includes
Roles affected	All staff; Registered Manager; other management; bank and agency workers; volunteers, students and contractors
People affected	Service users and, where relevant, their families, carers and representatives
Stakeholders affected	Commissioners; local authorities; the CQC; the police; suppliers, agencies and labour providers

3. Objectives

1. To promote awareness of concerns surrounding slavery and human trafficking and to promote the commitment of Kope-Medics to addressing slavery and human trafficking in all its forms. An annual statement will be produced where applicable.
2. To ensure that identification, protection, care and support for victims of modern slavery and human trafficking is at the heart of safeguarding procedures at Kope-Medics.
3. To ensure that prevention is assured through safer recruitment, ongoing workforce vigilance and proportionate supplier due diligence, and that this assurance is evidenced.
4. To ensure that every member of staff knows how to recognise indicators, how to respond immediately, and how to report — and that no one who speaks up suffers detriment.

4. Policy

1. Modern slavery is a crime and a violation of fundamental human rights. It takes various forms, including slavery, servitude, forced and compulsory labour, and human trafficking, all of which involve the deprivation of a person's liberty by another in order to exploit them for personal or commercial gain.
2. Kope-Medics has a zero-tolerance approach to modern slavery within the business and its supply chains, and is committed to acting ethically and with integrity in all its dealings and relationships. It will implement and enforce effective systems and controls to ensure that modern slavery is not taking place anywhere in Kope-Medics or within any third parties (including agencies) with which it is associated.
3. All staff will be made aware of the issues surrounding slavery and human trafficking, and will be encouraged and supported to report any concerns to management. Kope-Medics will also support any member of staff who may themselves be subject to slavery or human trafficking, and will treat them as a victim requiring safeguarding, not as an employment problem.
4. Where modern slavery or human trafficking is identified, Kope-Medics will share information with the relevant local authority safeguarding team for the person's home local authority, and with the police where a crime is suspected, in order to safeguard the individual from harm and to help prevent future exploitation. The correct authority is identified using the Kope-Medics Safeguarding Contacts Directory (see Section 5).
5. All line managers are responsible for ensuring that those reporting directly to them comply with the provisions of this policy in the day-to-day performance of their roles.
6. All employees who suspect that any member of the workforce is a victim of modern slavery must notify their line manager, or escalate directly under PM11-K where that is not appropriate.
7. Kope-Medics will take steps to ensure that sufficient communication and employee awareness training is undertaken with regard to modern slavery, at induction and thereafter (see Section 5D).
8. All employees will be made aware of PM11-K Raising Concerns, Freedom to Speak Up and Whistleblowing. The purpose of that policy is to enable Kope-Medics to investigate allegations of wrongdoing raised by employees thoroughly and without fear of reprisal.
9. Kope-Medics will use this policy to underpin and inform any statement on slavery and human trafficking that it may be required to produce to meet the requirements of section 54 of the Modern Slavery Act 2015.

4A. Governance and Accountability

Prevention of modern slavery requires clear, named accountability. The following structure separates strategic accountability (provider-level assurance that the systems exist and work) from operational accountability (day-to-day identification, response and reporting). Monitoring and administration inform decisions; decisions on safeguarding, referral and regulatory notification rest with the Registered Manager and Nominated Individual.

Role	Held by	Level	Responsibility for modern slavery
Nominated Individual	Olakunle Opejin	**Strategic**	Provider-level accountability. Assures the board that prevention, identification and supplier assurance systems are effective; receives the quarterly assurance report and KPI dashboard; approves the modern slavery statement where one is produced; oversight of high-risk cases and contract termination decisions. Holds no case-management role.
Registered Manager & Executive Safeguarding Lead	Joseph Ubi	**Strategic / Operational**	Overall operational accountability. Final decision-maker on safeguarding referrals, NRM referrals, police notification and CQC Regulation 18 notifications. Ensures statutory duties are met and that learning is embedded.
Operational Adults Safeguarding Lead	Favour Ayodele	**Operational**	First point of escalation for adult concerns. Triages concerns, liaises with the local authority safeguarding team and police, coordinates the NRM process, maintains the safeguarding and modern slavery register, and provides on-call cover.
Clinical Safeguarding Lead (Children & TDDI)	Afia Anim-Anno	**Operational**	Leads where a concern involves a child (including county lines and child criminal exploitation) or has a complex clinical dimension; ensures AR01 and LADO processes are triggered in parallel.
Deputy Manager & Quality Lead	Favour Ayodele	**Operational**	Measures, monitors and reports compliance: training completion, recruitment audit, supplier due diligence, audit actions and KPIs.
HR / Recruitment	HR & Recruitment function	**Operational**	Operates safer recruitment and right-to-work checks; administers DBS; identifies recruitment-stage indicators (shared bank accounts, shared addresses, third-party control of applicants); maintains agency and labour-provider due diligence records.
Line Managers	Service / care managers	**Operational**	Ensure their teams understand and comply with this policy; maintain vigilance in supervision and day-to-day contact; escalate any concern immediately and without filtering.
All Employees	Every worker	**Operational**	Complete training; remain alert to indicators in service users, their households and colleagues;

Role	Held by	Level	Responsibility for modern slavery
			take immediate action to secure safety; report concerns without delay. No worker is expected to investigate or to be certain before reporting.

Escalation where a leader is implicated: Where a concern implicates the Registered Manager, or where there is a conflict of interest, staff escalate directly to the Nominated Individual, or externally to the CQC, the local authority, the police, or the Modern Slavery & Exploitation Helpline (08000 121 700). No worker is required to raise a concern through a person who is the subject of it.

4B. Modern Slavery Assurance Framework

Kope-Medics assures its response to modern slavery through a single, continuous cycle. Each stage has a named owner and a recorded output. The cycle deliberately places immediate safeguarding before reporting: the first duty is to secure safety, not to complete a form.

Stage	What happens	Owner	Recorded
1. Prevention	Safer recruitment, right-to-work and DBS checks; ethical procurement; supplier due diligence; fair pay, hours and contract terms.	HR / Registered Manager	Recruitment & supplier records
2. Awareness	Induction and mandatory refresher training; manager briefings; indicator resources available in every service.	Deputy Manager & Quality Lead	Training matrix
3. Identification	Staff recognise indicators in service users, households, families or colleagues — including where the person does not self-identify.	All employees	Concern record
4. Immediate safeguarding	Secure immediate safety; call 999 where there is immediate danger; do not alert a suspected perpetrator; do not confront or investigate.	Any employee / Line Manager	Incident record
5. Reporting	Concern reported to Line Manager and the Operational Adults Safeguarding Lead without delay (same day).	All employees	Safeguarding log
6. Investigation	Proportionate internal fact-finding to inform — never to replace or delay — statutory referral; police primacy respected where a crime is suspected.	Registered Manager	Investigation record
7. Referral	Safeguarding referral to the person's home local authority; police where a crime is suspected; NRM where appropriate and with consent (adults); CQC Regulation 18 notification where applicable.	Registered Manager / Safeguarding Lead	Referral record
8. Support	Trauma-informed support for the victim, whether a service user or a member of staff; interpreting, advocacy, capacity assessment and specialist referral as needed.	Registered Manager	Support plan
9. Learning	Case review, root cause analysis and lessons learned shared with staff; policy and practice adjusted where indicated.	Deputy Manager & Quality Lead	Lessons learned log
10. Governance review	Themes, KPIs and audit outcomes reviewed at governance meetings and reported to the Nominated Individual.	Registered Manager → NI	Quarterly assurance report

The order matters: Stages 4 and 5 precede stages 6 and 7 for a reason. Staff must never delay securing a person's safety, or delay reporting, while they attempt to gather more evidence or satisfy themselves that they are right. Reasonable suspicion is enough to report.

5. Procedure

Reporting Modern Slavery and Human Trafficking Concerns

The following procedure applies wherever there are concerns that someone may be a victim of modern slavery or human trafficking. Kope-Medics ensures that staff understand that victims of modern slavery or trafficking will often not self-identify. Many will present with an entirely different issue — a missed care call, an unexplained injury, a controlling relative, a bank account that is not theirs — and many will be fearful of authority, of deportation, or of reprisals against family members.

Reporting and escalation process

Kope-Medics operates across multiple boroughs and receives referrals from multiple commissioners. There is therefore no single, fixed safeguarding authority: the correct authority is determined by the person's own circumstances, not by the location of the head office or of the service.

Identifying the correct authority: Staff must refer to the Kope-Medics Safeguarding Contacts Directory and the relevant local safeguarding procedures to identify the correct safeguarding authority. Safeguarding referrals are made to the safeguarding team of the service user's home local authority — not automatically to the host borough. The Directory is maintained as the single source of current safeguarding contact details across all areas in which Kope-Medics operates.

Escalation steps

1. **Immediate safety.** Take immediate steps to secure the safety of the person and of yourself. Do not confront a suspected perpetrator, do not alert them, and do not attempt to investigate or to "rescue" the person yourself — doing so can place the victim in greater danger and can compromise a criminal investigation.
2. **Emergency services.** Where an individual or group is in immediate risk of danger or harm, the police must be notified immediately on 999. Where there is no immediate danger but a crime is suspected, use 101.
3. **Registered Manager and Safeguarding Lead.** The staff member must discuss the concern with their line manager (where appropriate) and with the Operational Adults Safeguarding Lead (Favour Ayodele) immediately — and in any event the same day. The Registered Manager (Joseph Ubi) is informed as Executive Safeguarding Lead. Where the concern involves a child, the Clinical Safeguarding Lead for Children (Afia Anim-Anno) is informed and AR01 is triggered.
4. **Local Authority.** The concern is escalated to the adult safeguarding team of the person's home local authority (or children's services / LADO for a child), identified via the Safeguarding Contacts Directory. A Care Act section 42 enquiry may follow.
5. **Police.** Modern slavery is a crime. Where a criminal offence is suspected, the police are informed. Evidence is preserved and not disturbed.
6. **CQC notification.** Where the statutory threshold is met, a notification is made to the CQC via the provider portal under Regulation 18 (Notification of other incidents), and the duty of candour under Regulation 20 is considered where a notifiable safety incident has occurred.
7. **National Referral Mechanism (NRM).** Where the person is a potential victim of modern slavery, an NRM referral is considered. For adults, an NRM referral requires the person's informed consent; where consent is refused, a Duty to Notify (MS1) submission is still made to

the Home Office on an anonymous basis. For children, consent is not required. Kope-Medics is not itself a First Responder organisation and therefore makes the referral in conjunction with a First Responder — typically the local authority or the police — whom it contacts without delay.

8. **Record and support.** All actions, decisions and rationales are recorded contemporaneously on the safeguarding log. The person is supported in a trauma-informed way, with interpreting, advocacy or a capacity assessment arranged where needed.

Capacity and consent: Where a person may lack capacity to consent to an NRM referral or to safeguarding action, a capacity assessment is undertaken under the Mental Capacity Act 2005 and a best-interests decision is made and recorded. A person's reluctance to engage must never be treated as a reason to close a concern: fear, coercion and trauma bonding are themselves indicators of exploitation.

5A. Healthcare-Specific Indicators in Complex Care

Generic indicator lists are retained in Appendix PE07-A. The following are the presentations Kope-Medics staff are most likely to meet in supported living, complex care, domiciliary care and staffing. They are examples, not an exhaustive list, and a single indicator is enough to report.

Risks to people we support

Presentation	What it can look like in our services
Domestic servitude	A relative or lodger in the service user's home is doing all domestic work, is never allowed out alone, sleeps in a communal area or on the floor, has no documents and is not introduced to visiting staff. They may be described as "family helping out".
Financial exploitation	Benefits or direct payments paid into an account the person does not control; a relative holding the bank card and refusing to fund food or heating; unexplained withdrawals; care fees paid but essentials missing; multiple benefit claims paid into one account.
Exploitation by family members	A family member speaks for the person at every visit, answers questions directed to them, refuses to allow staff to be alone with them, or restricts access to care. Exploitation within families is common and must not be dismissed as "just how the family is".
Coercive control	The person is monitored, isolated from friends, or fearful of a partner or carer; they defer all decisions; their phone or door key is controlled; they retract concerns after a third party is present.
County lines / criminal exploitation	A young person or a vulnerable adult with unexplained cash, multiple phones, new expensive items, travelling to unfamiliar areas, or going missing. Cuckooing: the person's home is taken over by others who use it to store or deal drugs; strangers come and go at all hours.
Exploitation of people with a learning disability or autism	"Mate crime" — an apparent friend who takes money, moves in, or uses the person's home or bank account. The person may describe the perpetrator as their only friend and defend them.
Exploitation of people lacking capacity	A person unable to consent is used for benefit fraud, has documents signed on their behalf, or is moved between addresses. Lack of capacity increases both the risk and the duty on us to act.

Risks to our own workforce and agency workers

Care workers — particularly those who have been internationally recruited or supplied through third parties — are themselves a recognised high-risk group for labour exploitation. Managers must be alert to the following:

Presentation	What it can look like in our workforce
Labour exploitation of care workers	A worker appears controlled by a third party; wages are paid to someone else; they are unable to explain their own terms; they seem frightened of their "sponsor", agency or landlord.

Presentation	What it can look like in our workforce
Passport retention	A worker's passport, BRP or identity documents are held by an employer, agency, landlord or family member "for safekeeping". This is a serious indicator and is never acceptable.
Sponsorship abuse	A sponsored worker is threatened with loss of visa or reporting to the Home Office in order to compel them to work extra hours, accept unlawful deductions, or stay silent.
Excessive working hours	A worker consistently works excessive hours across multiple placements, appears exhausted, cannot refuse shifts, or is unable to take rest breaks or leave.
Recruitment fee exploitation	A worker has paid a fee to obtain the job or the sponsorship, is repaying a "debt" to an agent or agency, or has deductions taken for training, accommodation or transport that leave them below the National Minimum Wage. Debt bondage is a core indicator.
Shared accounts and addresses	Several workers give the same bank account, phone number, address or next of kin; wages for several workers are paid into one account; one person attends recruitment on behalf of others.

WORKED EXAMPLE **Recognising exploitation where the person does not self-identify**

Scenario: A support worker visiting an adult with a learning disability notices a new "friend" living in the flat. The service user's bank card is kept by the friend, the fridge is empty despite benefits being paid, and unfamiliar men call at the flat late at night. The service user says the friend is "helping" and asks the worker not to tell anyone.

Correct response: The worker does not confront the friend and does not promise confidentiality. They ensure the person is safe, leave, and report to the Line Manager and Operational Adults Safeguarding Lead the same day. This presents as financial exploitation, mate crime and possible cuckooing. A safeguarding referral is made to the person's home local authority, the police are informed, capacity is assessed, and an NRM referral is considered. The service user's reluctance is treated as an indicator — not as a reason to take no action.

5B. Recruitment and Workforce Assurance

Safer recruitment (QCS retained)

All staff engaged in providing services at Kope-Medics are subject to thorough and rigorous recruitment procedures, including a DBS check, identity check, confirmation of validity to work in the UK, employment history, suitability for the role and references. This minimises the chance of employing a person who has been, or is subject to, slavery or human trafficking, and of employing a perpetrator. Kope-Medics follows the Right to Work Checks Policy and Procedure to ensure a robust and fair process at all times.

Kope-Medics will only use staff provided by third-party organisations (such as agencies) that are either registered with the regulator or can confirm that the staff supplied are free to work in the UK and meet all the requirements of the role.

Linked policy framework

Modern slavery prevention is delivered through the existing Kope-Medics workforce policies rather than through a parallel system. This policy is operated alongside:

Policy	Contribution to modern slavery prevention
Recruitment & Safer Recruitment	Identity, employment history and reference verification; face-to-face interview; alertness to third-party control of applicants.
PR04-K DBS & Workforce Suitability	Enhanced DBS with barred-list checks; positive-disclosure risk assessment; ongoing suitability and self-disclosure duties.
Right to Work Checks	Lawful, non-discriminatory right-to-work verification; sponsorship compliance; document checks conducted with the worker present.
Agency Staff	Assurance that supplied workers are lawfully engaged, fairly paid and free from third-party control.
PM11-K Whistleblowing / FTSU	A protected route for workers — including agency and bank workers — to disclose exploitation without detriment.
CR74 Safeguarding Adults	The statutory safeguarding response where a victim is an adult at risk.
AR01 Safeguarding Children	The statutory response where a child is exploited, including county lines and LADO referral.

Ongoing workforce vigilance

Pre-employment checks alone are not assurance. Exploitation frequently begins, or becomes visible, after a worker has been engaged. Kope-Medics therefore maintains vigilance throughout employment:

- recruitment and payroll records are checked for duplicate bank accounts, addresses, phone numbers or next-of-kin details across workers;
- wages are paid only into an account in the worker's own name, and any request to divert pay to a third party is escalated, never actioned;
- identity documents are checked with the worker present and are never retained by Kope-Medics, an agency or any third party;

- working hours are monitored, including across multiple placements, and workers are supported to take rest and leave;
- supervision provides a private, one-to-one opportunity for a worker to disclose concerns, away from any person who may accompany or control them;
- managers are alert to workers who appear coached, fearful, permanently accompanied, or unable to explain their own pay or terms; and
- any worker identified as a potential victim is treated as a safeguarding matter under this policy — not as a disciplinary or immigration matter.

Victims are not offenders: A worker found to be a victim of exploitation — including one whose documents or immigration position have been manipulated by an exploiter — is supported and safeguarded. Kope-Medics will not use a person's immigration status as a reason to withhold safeguarding, and will not treat a victim as culpable for actions they were compelled to take.

5C. Supply Chain Governance and Quality Assurance

Ethical procurement and supplier due diligence

Kope-Medics' supply chain includes staffing agencies and labour providers, consumables, facilities and maintenance, transport, utilities and waste. Its highest modern slavery risk sits with labour supply. The following proportionate controls apply:

Control	What Kope-Medics does
Ethical procurement expectations	All suppliers are made aware of this policy and of Kope-Medics' zero-tolerance position. Suppliers confirm that they pay at least the National Minimum / National Living Wage, do not charge workers recruitment fees, do not retain identity documents, and do not require excessive hours.
Due diligence	Before engagement, checks are made on the supplier's legal status, regulatory registration (where applicable), GLAA licensing where relevant, and any public record of modern slavery offences. Due diligence is recorded on the supplier register.
Agency assurance	Agencies supplying care workers confirm in writing that workers are free to work in the UK, are paid directly and lawfully, hold their own documents, and have a route to raise concerns. Kope-Medics reserves the right to speak to supplied workers directly and privately.
Labour provider monitoring	Ongoing monitoring of supplied workers for indicators — shared accounts or addresses, third-party control, excessive hours, workers who appear coached or fearful.
Concerns escalation	Any concern about a supplier is escalated to the Registered Manager, who determines whether safeguarding referral, police or GLAA notification is required. Concerns are never resolved solely as a commercial matter.
Contract review	Where risks are identified, the contract is reviewed. Kope-Medics may suspend placements, require corrective action within a defined timescale, or terminate the contract. Termination does not remove the duty to safeguard the affected workers.
Risk assessment	A modern slavery risk assessment of the supply chain is undertaken and reviewed at least annually, and following any concern (Appendix PE07-C).

Quality assurance and governance monitoring

Assurance is evidenced, not asserted. The following proportionate activities provide the evidence base for the board and for commissioners:

Activity	What it checks	Frequency	Owner
Safeguarding audit	Modern slavery concerns are correctly identified, escalated, referred and recorded; referrals routed to the correct home local authority.	Quarterly	Deputy Manager & Quality Lead
Incident review	Thematic review of concerns, near-misses and outcomes; root cause analysis where indicated.	Monthly	Registered Manager

Activity	What it checks	Frequency	Owner
Recruitment audit	Sample of files confirms identity, right-to-work, DBS and reference checks complete; duplicate-account/address screening performed.	Quarterly	Deputy Manager & Quality Lead
Supplier review	Due diligence current for all active suppliers and agencies; assurance statements in date.	Annually, and on new engagement	Registered Manager
Lessons learned	Learning from cases and audits is captured, shared with staff and embedded in practice.	After each case; quarterly summary	Deputy Manager & Quality Lead
Governance meeting	Concerns, themes, KPIs, audit outcomes and actions reviewed; escalation to the Nominated Individual.	Quarterly	Registered Manager → NI
Trend analysis	Patterns by service, borough, agency or worker cohort identified and acted upon.	Quarterly	Deputy Manager & Quality Lead
Policy review	Policy reviewed against legislation, statutory guidance and organisational learning.	Annually, or on material change	Registered Manager

Proportionate, not bureaucratic: These activities are deliberately few and meaningful and are absorbed into the existing safeguarding and quality assurance cycle rather than run as a separate programme. They give the Registered Manager and Nominated Individual clear sight of the effectiveness of prevention without generating activity that adds no safety value.

5D. Training and Awareness

All staff undertake training on modern slavery and human trafficking so that they can recognise indicators, respond appropriately, speak up and record concerns. Training is proportionate to role and is refreshed.

Audience	Requirement	Frequency
All staff	Modern slavery awareness at induction, before or immediately after solo deployment: what modern slavery is, the indicators (including that victims rarely self-identify), how to secure immediate safety, how to report, and the protection afforded when speaking up.	Induction, then refresher at least every 2 years
All staff	Modern slavery is embedded within mandatory safeguarding adults and safeguarding children training rather than taught as an isolated subject.	In line with the safeguarding training schedule
Line managers	Additional manager awareness: recognising indicators in the workforce (passport retention, shared accounts, sponsorship abuse, debt bondage), receiving and escalating a disclosure, supporting a victim, and not filtering or delaying a concern.	On appointment, then annually
Safeguarding leads	Enhanced training covering NRM/Duty to Notify, capacity and consent, police liaison, and multi-agency working.	On appointment, then annually
Bank and agency workers	Briefed at the point of placement on how to recognise and report concerns, and on their right to speak up without detriment.	At each placement

Training outcomes

Training is assessed against what staff can actually do. On completion, a member of staff must be able to:

- describe what modern slavery is and name the forms it takes;
- recognise indicators — in a service user, a household, a family member or a colleague;
- understand that a victim will often not self-identify, may deny exploitation, and may protect the perpetrator;
- take immediate action to secure safety, and know when to call 999;
- know not to confront, alert or investigate a suspected perpetrator;
- know who to report to, and that reasonable suspicion is enough — certainty is not required;
- know how to speak up under PM11-K, including externally, without fear of detriment; and
- record the concern factually, contemporaneously and without opinion.

If in doubt: A member of staff who is unsure whether a particular act, the treatment of workers generally, or working conditions within any tier of the supply chain constitutes modern slavery must raise it with the Registered Manager. It is always better to raise a concern that turns out to be unfounded than to stay silent.

5E. KPI and Oversight Table

The following indicators are reported to the Registered Manager and, quarterly, to the Nominated Individual. They are deliberately limited to measures that reveal whether prevention and response are actually working.

Indicator	Target	RAG basis	Responsible lead	Frequency
Staff completing modern slavery awareness at induction before solo deployment	100%	G 100% · A 95–99% · R <95%	Deputy Manager & Quality Lead	Monthly
Mandatory refresher training compliance across the workforce	≥95%	G ≥95% · A 85–94% · R <85%	Deputy Manager & Quality Lead	Monthly
Manager awareness training completed	100%	G 100% · A 90–99% · R <90%	Registered Manager	Annually
Recruitment compliance — identity, right to work, DBS and references complete before start	100%	G 100% · A 98–99% · R <98%	HR / Recruitment	Monthly
Concerns escalated to the Safeguarding Lead the same day	100%	G 100% · A 1 late · R >1 late	Registered Manager	Quarterly
Safeguarding referrals routed to the correct home local authority	100%	G 100% · A 1 error · R >1 error	Operational Adults Safeguarding Lead	Quarterly
Supplier due diligence completed and in date for all active suppliers/agencies	100%	G 100% · A 90–99% · R <90%	Registered Manager	Quarterly
Scheduled audits completed (safeguarding, recruitment, supplier)	100%	G on time · A late · R not done	Deputy Manager & Quality Lead	Quarterly
Audit and case actions closed within agreed timescales	≥95%	G ≥95% · A 80–94% · R <80%	Deputy Manager & Quality Lead	Quarterly
Quarterly assurance report presented to the Nominated Individual	100%	G on time · A late · R not presented	Registered Manager	Quarterly

Interpreting the referral KPI: A low number of safeguarding referrals is not, in itself, assurance. Under-reporting is a recognised risk in modern slavery. Where referrals are low, the Registered Manager tests whether staff are confident to recognise and report — through audit, supervision and spot checks — rather than treating the absence of referrals as evidence of an absence of exploitation.

5. Procedure (continued)

Modern Slavery Annual Reporting

Under section 54 of the Modern Slavery Act 2015, certain businesses are required to publish an annual modern slavery statement setting out the steps taken to identify and address their modern slavery risks. The statutory threshold is an annual turnover of £36 million or more. Kope-Medics reviews annually whether it meets the statutory threshold; where it does not, it may still publish a voluntary statement as a matter of good practice and commissioner assurance (see Outstanding Practice). Kope-Medics will continue to identify and address the risks of modern slavery in its operations and supply chains and will consider how fluctuations in demand and changes in the operating model may create new or increased risks of labour exploitation.

Recruitment Risks

Some suppliers may seek to recruit additional workers rapidly in order to meet increases in demand. Kope-Medics ensures that rigorous recruitment checks are maintained, and that suppliers adhere to the same robust processes, so that vulnerable workers are not exploited by third parties seeking to profit from heightened demand. Surge recruitment, high agency use and rapid package mobilisation are treated as periods of elevated risk, and recruitment audit is targeted accordingly.

The Health and Safety of Workers

As a responsible organisation, Kope-Medics ensures that relevant local and national government policies on worker health and safety are implemented throughout its supply chain, and that supplied workers receive the same protections as directly employed staff.

Risk Assessment

Kope-Medics undertakes a risk assessment of how its suppliers operate, to identify where risks of modern slavery or human trafficking may arise. The Supply Chain Modern Slavery Risk Assessment (Appendix PE07-C) is used and is reviewed at least annually and following any concern.

Review of Effectiveness

Kope-Medics will continue to identify, assess and monitor potential risk areas in modern slavery and human trafficking, particularly within the supply chains of its providers. It will also continue to:

- support staff to understand and respond to modern slavery and human trafficking, and to understand the impact each individual working in care can have in keeping present and potential future victims safe;
- gain assurance that all staff have access to, and complete, training on identifying victims of modern slavery and human trafficking;
- ensure that CR74 Safeguarding Adults and AR01 Safeguarding Children keep modern slavery integral to their content, and that staff are directed to support and advice as needed; and
- test the effectiveness of its arrangements through audit, KPIs, trend analysis and governance review, rather than relying on the absence of reported cases as evidence of safety.

6. Definitions

Term	Definition
Modern slavery	Encompasses slavery, human trafficking, forced and compulsory labour, and domestic servitude. Traffickers and slave masters use whatever means are at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. It is committed both by organised crime groups and by individual opportunistic perpetrators. Many characteristics distinguish slavery from other human rights violations; only one needs to be present for slavery to exist.
Human trafficking	The recruitment, transportation, transfer, harbouring or receipt of persons by means of the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or of a position of vulnerability, or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.
Human smuggling	Not a form of modern slavery. Smuggling occurs where an individual seeks the help of a facilitator to enter a country illegally, and the relationship between the parties ends once the transaction ends. It must not be confused with trafficking.
Exploitation	Sexual exploitation (forced sex work or coerced sexual activity for another's gain); modern slavery (trafficking, forced labour, domestic servitude, organ harvesting); financial exploitation (debt bondage, finances controlled by others, scams, benefit fraud); criminal exploitation (county lines, cuckooing, forced street crime, cannabis cultivation); and cultural exploitation (coercion using religious, social or cultural beliefs — e.g. FGM, radicalisation, forced marriage).
Debt bondage	Where a person is told they "still" owe money after a previous debt has been paid, or is required to work to repay a recruitment fee, travel cost, accommodation or training charge. A core indicator of exploitation.
Cuckooing	Where a perpetrator takes over the home of a vulnerable person, typically to store or deal drugs. Frequently affects people with a learning disability, mental ill-health or substance dependence.
County lines	The use of children or vulnerable adults to transport and sell drugs across county boundaries, typically involving coercion, violence and debt.
National Referral Mechanism (NRM)	The UK framework for identifying and supporting potential victims of modern slavery. Referrals are made by designated First Responder organisations. For adults, an NRM referral requires the person's informed consent; where consent is refused, a Duty to Notify (MS1) submission is still made to the Home Office anonymously. For children, consent is not required.
Section 52 Modern Slavery Act 2015	Places a duty on specified public authorities — including local authorities, as First Responders — to notify the Home Office where a person is identified with indicators suggesting they may be trafficked or enslaved.
Section 54 Modern Slavery Act 2015	Requires commercial organisations carrying on business in the UK, supplying goods or services, with an annual turnover of £36 million or more, to publish an annual slavery and human trafficking statement approved by the board and signed by a director.
Turnover	The amount derived from the provision of goods and services falling within the ordinary activities of the commercial organisation or subsidiary undertaking, after

Term	Definition
	deduction of trade discounts, VAT and any other taxes based on the amounts so derived.
First Responder	An organisation authorised to refer potential victims into the NRM — including local authorities, the police and specified charities. Kope-Medics is not a First Responder and therefore works with one to make a referral.

7. Key Facts — Professionals

Professionals providing this service should be aware of the following:

- Where applicable, an annual statement on modern slavery and human trafficking will be published by Kope-Medics on its website, approved by the senior management team and signed by a Director.
- Where there are cases of slavery or human trafficking, Kope-Medics will share information with the safeguarding team of the person's home local authority, identified via the Kope-Medics Safeguarding Contacts Directory, and with the police where a crime is suspected.
- The Modern Slavery Act 2015 sets out what organisations must do about slavery and human trafficking.
- Staff will receive training on modern slavery and human trafficking, and will be supported by Kope-Medics if they are subject to, or report, cases of slavery or human trafficking.
- Only staff who have been through robust recruitment procedures will be employed at Kope-Medics.
- If slavery or human trafficking is disclosed to you, this must be shared with the Registered Manager — or the police, if someone is in immediate danger.
- Victims rarely self-identify. Reasonable suspicion is enough to report; you do not need to be certain, and you must not investigate.
- A concern raised in good faith is protected under PM11-K. No one who speaks up will suffer detriment.

8. Key Facts — People Affected by the Service

People affected by this service should be aware of the following:

- If you are aware of, or become part of, any acts of modern slavery or human trafficking, this can be reported to Kope-Medics, and the necessary support will be provided.
- You will receive care from staff who have been through robust recruitment procedures.
- You will be listened to and supported. You will not be judged, and you will not be blamed.
- You can also contact the Modern Slavery & Exploitation Helpline on 08000 121 700, or the police on 999 in an emergency.

Further Reading

- e-Learning for Healthcare — Identifying and Supporting Victims of Modern Slavery (e-lfh.org.uk)
- Home Office — Modern Slavery Awareness and Victim Identification Guidance
- GOV.UK — Modern Slavery: Statutory Guidance for England and Wales (s49)
- GOV.UK — National Referral Mechanism guidance and Duty to Notify (MS1)
- GOV.UK — Transparency in Supply Chains: a practical guide
- Unseen UK (unseenuk.org) — Modern Slavery & Exploitation Helpline: 08000 121 700
- Gangmasters and Labour Abuse Authority (GLAA) — reporting labour exploitation
- SCIE — Safeguarding adults: types and indicators of abuse

Outstanding Practice

To evidence outstanding practice in this area, Kope-Medics can demonstrate that it:

Domain	Evidence of outstanding practice
Proactive workforce awareness	Modern slavery is embedded in induction and mandatory refresher training, reinforced in supervision and team meetings, and staff can describe indicators and the reporting route without prompting. Awareness is tested, not assumed.
Ethical recruitment culture	No worker pays a fee to obtain work; no identity documents are retained; pay is made only to the worker's own account; duplicate-account and address screening is routine. Internationally recruited and sponsored workers are actively protected from sponsorship abuse.
Supplier assurance	Documented due diligence on every active supplier and agency; written assurance statements; the right to speak to supplied workers privately; demonstrated willingness to suspend or terminate a contract where risks are identified.
Regular governance reporting	A quarterly assurance report and KPI dashboard is presented to the Nominated Individual, with exceptions, actions and owners, and is available to commissioners and inspectors on request.
Organisational learning	Cases and near-misses generate root cause analysis and lessons learned that visibly change practice, training and policy — with the change traceable back to the case.
Partnership working	Established working relationships with local authority safeguarding teams across the boroughs served, the police, the GLAA and specialist charities; active participation in multi-agency safeguarding arrangements.
Continuous improvement	Trend analysis by service, borough and agency drives targeted action; low referral rates are challenged rather than celebrated; the policy is reviewed against learning, not just against the calendar.
Voluntary transparency	A modern slavery statement is published even where the section 54 turnover threshold is not met, and Kope-Medics shares its practice with other providers as a best-practice resource.

APPENDIX PE07-A

Indicators of Modern Slavery and Human Trafficking

For awareness across the workforce. A single indicator is enough to report. Victims will often not self-identify.

General indicators

Domain	Indicators
Physical appearance	Signs of physical or psychological abuse; malnourished or unkempt; anxious, agitated or withdrawn; untreated injuries.
Isolation	Rarely allowed to travel alone; appears under the control or influence of others; rarely interacts; unfamiliar with their neighbourhood. Relationships that do not seem right — e.g. a young teenager appearing to be the partner of a much older adult.
Poor living conditions	Living in dirty, cramped or overcrowded accommodation; living and working at the same address.
Restricted freedom of movement	No identification documents; few personal possessions; the same clothing every day, often unsuitable for the work; travel documents (e.g. passports) retained by another.
Unusual travel times	Dropped off or collected regularly, very early or late at night; unusual travel arrangements in private cars or taxis.
Reluctance to seek help	Avoids eye contact; frightened or hesitant to talk to strangers; fears law enforcement — through fear of deportation, of violence to themselves or their family, or not knowing who to trust.
Financial indicators	Not paid for work; debt bondage; multiple benefit claims paid into the same account; wages paid to a third party; no access to their own earnings.

Labour exploitation

- Signs of psychological or physical abuse; frightened, withdrawn or confused.
- No free movement; always accompanied.
- Lack of protective equipment or suitable clothing; not trained to fulfil the role safely.
- No access to their own documents — ID or passport confiscated by the employer.
- No contract; not paid the National Minimum Wage or not paid at all.
- Forced to stay in employer-provided, often overcrowded, accommodation; may live on site.
- Transported to and from work, potentially with multiple people in one vehicle.
- Afraid to accept payment; works particularly long hours.

Domestic servitude

- Held in the employer’s or family’s home and forced to carry out domestic tasks — childcare, cooking, cleaning.
- Unable to leave the house alone; movements monitored.
- Works beyond normal hours; deprived of personal living space, food, water or medical care.
- No access to belongings, including ID and mobile phone — which isolates them.

- Employer is abusive, physically or verbally; the person rarely interacts with the family they work for.
- Stands out from the family — for example, noticeably poorer-quality clothing.

Criminal exploitation (including county lines and cuckooing)

- A vulnerable person is forced or manipulated out of their own home by drug dealers who use it as a base to deal drugs (cuckooing).
- Young people forced to transport and sell drugs across county borders (county lines).
- Transported to or from the scene of a crime — shoplifting, pickpocketing or forced begging.
- Does not benefit from money or items obtained through crimes they were forced to commit.
- Forced to cultivate cannabis, with freedom of movement restricted; may have limited English.
- Unexplained cash, multiple phones, new expensive items; going missing.

Sexual exploitation

- Appears scared, intimidated or closely guarded; transported to and from clients.
- Signs of physical abuse — bruising, scarring, burns; may be ‘branded’ with a tattoo indicating ownership.
- Unable to keep payment; restricted or no access to earnings.
- Limited English vocabulary, restricted to sexualised words.
- Multiple people living at the same address; sleeps at the premises in which they work.

Child exploitation

- Mood swings — angry, upset or withdrawn; signs of inappropriate sexual behaviour; dressed inappropriately for their age.
- Goes missing at night or weekends; unclear about their whereabouts; not attending school.
- Gifts, cash or expensive items they cannot explain; older ‘friends’ or partners.

Reporting: If you observe any of these indicators, secure immediate safety, call 999 if there is immediate danger, and report the same day to your Line Manager and the Operational Adults Safeguarding Lead. Do not confront or alert the suspected perpetrator. Do not investigate.

APPENDIX PE07-B

Modern Slavery Concern Report and Escalation Record

Complete as soon as possible after a concern is identified — do not delay reporting in order to complete this form. Record facts, not opinion.

Part A — The concern

Field	Detail
Person raising the concern (name & role)	
Date and time concern identified	
Person at risk (name / initials; service user, worker or other)	
Service / location / borough	
What was seen or heard (facts only)	
Indicators observed (see PE07-A)	
Immediate risk of harm? (Y/N) — if Y, 999 called at:	

Part B — Immediate action taken

Action	Done	Time	By whom
Immediate safety secured			
999 / 101 called (as applicable)			
Suspected perpetrator NOT alerted or confronted			
Line Manager informed			
Operational Adults Safeguarding Lead informed			
Registered Manager informed			

Part C — Escalation and referral

Escalation route	Required?	Date/time	Reference / outcome
Safeguarding referral — home local authority (via Safeguarding Contacts Directory)			
Children's services / LADO (if a child is involved — AR01)			
Police (999 / 101)			
CQC notification — Regulation 18			
NRM referral via First Responder (adult: consent obtained? Y/N)			

Escalation route	Required?	Date/time	Reference / outcome
Duty to Notify (MS1) — where adult consent refused			
GLAA (labour exploitation / agency concern)			

Part D — Capacity, consent and support

Capacity assessment required? Outcome / best-interests decision

Support provided (interpreting, advocacy, trauma-informed support, specialist referral)

Part E — Decision and sign-off

Decision and rationale (sufficient to withstand CQC / commissioner scrutiny)

Authorised by (name & role)	Signature	Date	Reported to NI

APPENDIX PE07-C

Supply Chain Modern Slavery Risk Assessment and Due Diligence Checklist

Complete before engaging any new supplier or labour provider, and review at least annually and following any concern.

Field	Detail
Supplier / agency name	
Service supplied (e.g. agency care workers, consumables, facilities)	
Date of due diligence	
Completed by	

Due diligence checks

Check	Yes	No	Evidence / notes
Legal status and company registration verified			
Regulatory registration confirmed (where applicable)			
GLAA licence held (where labour supply requires one)			
Public record checked for modern slavery offences / enforcement action			
Written assurance received: workers paid at least NMW/NLW, directly, into their own accounts			
Written assurance received: no recruitment fees charged to workers			
Written assurance received: no retention of workers' identity documents			
Written assurance received: working hours not excessive; rest and leave supported			
Supplier holds its own modern slavery / whistleblowing policy			
Kope-Medics' right to speak privately with supplied workers is accepted			
Supplier confirms it holds its own suppliers to the same standards			

Risk rating and decision

Risk rating	Indicative basis	Action
LOW	All checks satisfied; no indicators; low-risk category of supply.	Proceed. Review annually.
MEDIUM	Minor gaps in assurance, or a higher-risk category (labour supply).	Proceed only with corrective actions agreed and a defined timescale; enhanced monitoring; review at 6 months.
HIGH	Material gaps, refusal to give assurance, or indicators identified.	Do not engage / suspend placements. Escalate to the Registered Manager. Consider safeguarding referral, police and GLAA notification. Contract review or termination.

Decision	Authorised by (RM / NI)	Date	Next review date

Escalation reminder: A supplier concern is never resolved solely as a commercial matter. Where workers may be at risk, safeguarding and law-enforcement duties apply regardless of the contractual position, and terminating a contract does not discharge the duty to safeguard the affected workers.

Approval and Sign-Off

This controlled document is approved and adopted by Kope-Medics Ltd as the organisation's Modern Slavery and Human Trafficking Policy and Procedure.

Role	Name	Signature	Date
Nominated Individual	Olakunle Opejin		
Registered Manager & Executive Safeguarding Lead	Joseph Ubi		
Operational Adults Safeguarding Lead	Favour Ayodele		

Document control
Reference PE07-K · Version v2.0 · Status: Controlled — issued for use
Supersedes QCS PE07 (structure, numbering and legal references retained) · Annual review, or on material change
Escalation: 999 (emergency) · 101 (police, non-emergency) · Modern Slavery & Exploitation Helpline 08000 121 700
Safeguarding referrals: route via the Kope-Medics Safeguarding Contacts Directory to the person's home local authority

End of document · PE07-K · v2.0 · Kope-Medics Ltd