NAYLOR'S ARK

SAFE HAVEN

Crisis & Wellbeing Animal Sessions

FULL PILOT OPERATING & SAFETY PACK

Document control	Details
Status	Draft for trustee approval and local professional review before launch
Version	1.1 (improved: online referral, bookable sessions, testimonial consent, data protection, equality, pilot measures)
Date	16 August 2026
Review	After first 3 months, after any serious incident, and at least annually
Operating model	Single-facilitator / lone-worker sessions with remote check-in controls

Important scope statement

Safe Haven is a voluntary, non-clinical animal-based wellbeing service. It is not therapy, counselling, psychiatric assessment, suicide-risk assessment, emergency accommodation, or a substitute for NHS or emergency services.

Pack contents

7. Risk Assessment – Safe Haven Crisis & Wellbeing Sessions
8. Confidentiality, Information Sharing & Safeguarding Statement
9. Professional Referral Information Sheet
10. Participant Information & Boundaries
11. Incident / Escalation Record
12. Pilot Review & Governance Checklist

This pack is designed as a practical starting point. Before launch, trustees should approve it and confirm local safeguarding contacts, insurance cover, data-retention arrangements, staff competence/training and referral pathways.

1. Programme & Operating Procedure

1.1 Purpose

Safe Haven offers free, short periods of calm, supervised time around animals for adults experiencing overwhelming emotional distress, including people experiencing suicidal thoughts. Its purpose is to offer breathing space, grounding, connection and compassionate human presence while maintaining clear boundaries around what Naylor's Ark can safely provide.

1.2 Core principles

- Compassion without judgement: people do not need to justify why they are struggling.
- No requirement to disclose a diagnosis or tell their full story.
- Animal contact is optional; sitting quietly in the environment is acceptable.
- The participant remains in control of ordinary choices wherever safety allows.
- The service complements, but never replaces, clinical, emergency or safeguarding support.
- Suicidal thoughts alone do not automatically exclude someone from a session.

- Decisions are based on the person's immediate needs, the facilitator's competence, animal welfare and whether the session can be delivered safely by one facilitator.

1.3 Pilot eligibility

Initial pilot: adults aged 18 and over. Under-18 crisis sessions are outside the pilot unless a separate child-specific procedure, safeguarding review and appropriate responsible-adult arrangements are approved.

1.4 Access

- Self-referral or referral by a professional/community organisation.
- Pre-booked sessions are preferred. Same-day access may be offered only when operationally safe.
- Suggested session length: 30–60 minutes.
- No charge to the participant.
- Participation is voluntary and may be ended by the participant or facilitator at any time.

1.5 What Safe Haven may provide

- Quiet time near suitable animals.
- Supervised grooming, feeding or simple animal-care activities where appropriate.
- A calm place to sit, walk or talk.
- Grounding through ordinary sensory experiences and routine.
- Compassionate listening without attempting to diagnose, counsel or clinically assess.
- Support to contact NHS 111 mental health support, a trusted person or emergency services where needed.

1.6 What Safe Haven does not provide

- Clinical mental-health assessment or treatment.
- Formal suicide-risk scoring or categorisation into 'low/medium/high risk'.

- Medication advice.
- Restraint, secure supervision or emergency accommodation.
- Management of serious injury, overdose or other medical emergency beyond first aid and calling emergency services.
- A guarantee that information will remain confidential where there is a serious safeguarding or life-safety concern.

1.7 Session environment

- Use a predetermined area with a clear exit route, reliable phone signal where practicable, and no unnecessary access to tools, medicines, chemicals, machinery or other hazards.
- Select animals that are calm and appropriate for the participant and conditions that day.
- Participant must not be left unsupervised with animals.
- Normal hygiene, zoonosis, handwashing, PPE and animal-interaction controls continue to apply.
- Facilitator keeps keys and phone on their person.

1.8 Pre-session suitability conversation

The facilitator is not conducting a clinical risk assessment. The purpose is to establish what the person needs right now and whether Naylor's Ark can safely provide it.

- Ask: 'What would help you most from being here today?'
- Ask: 'Are you physically safe right now, or do you need urgent medical help?'
- Ask: 'Do you feel able to spend this session safely with one member of our team?'
- Ask about any immediate animal-related accessibility, allergy, mobility or behavioural considerations.
- If referred by a professional, clarify any practical information necessary for safe delivery and how the referrer can be contacted.

Do not use a numerical suicide score or checklist to decide whether someone 'deserves' the service. NICE advises against using risk tools/scales or global low/medium/high stratification to predict suicide or determine access to care; focus instead on needs and immediate safety.

1.9 When a normal session should not proceed

- A serious or life-threatening medical emergency is occurring.
- The person has seriously harmed themselves or taken an overdose and requires medical assessment.
- The facilitator believes there is an immediate danger to life that cannot safely be managed within a non-clinical animal session.
- The person is so intoxicated, aggressive, disorientated or behaviourally dysregulated that safe one-to-one animal access cannot be maintained.
- The environment, staffing, animal behaviour, weather or another operational issue makes the session unsafe.

In these circumstances, do not frame the response as rejection. Explain that the person's immediate needs are beyond what Safe Haven can safely provide at that moment and follow the escalation procedure.

2. Mental Health Crisis / Suicide & Self-Harm Response Procedure

2.1 Aim

To give a single facilitator a simple, compassionate response when a participant discloses suicidal thoughts, self-harm, or worsening distress.

2.2 If someone says they are suicidal

13. Stay calm, listen and take the disclosure seriously.
14. Do not shame, argue, challenge, promise secrecy, or tell the person what they 'should' feel.
15. Ask directly about immediate safety in plain language. For example: 'Are you in immediate danger right now?' and 'Have you seriously hurt yourself or taken anything that means you need medical help?'

16. If there is an immediate danger to life, serious injury or overdose, call 999 or support the person to go to A&E. Follow the call-handler's instructions.
17. If urgent mental-health help is needed but it is not an emergency, support the person to call NHS 111 and select the mental-health option. The facilitator may remain with them while they make the call if safe and wanted.
18. If immediate emergency escalation is not indicated, continue compassionate support within Safe Haven's scope, discuss what would help them remain safe after leaving, and encourage connection with an appropriate professional or trusted person.
19. Record only relevant factual information and any actions taken.

2.3 Immediate danger / emergency

- Call 999 where there is serious risk to life or urgent medical need.
- Give the exact site location and access instructions.
- Stay with the person if it is safe to do so.
- Do not physically restrain the person unless acting in an unforeseen immediate emergency where lawful, necessary and proportionate; staff are not trained as a restraint service.
- Move animals away or secure them if this can be done safely.
- Contact the nominated lone-worker check-in person as soon as practicable.
- Preserve relevant information for emergency responders, including what the person has told you and any known substance/medication involved.

2.4 If the person wants to leave

Safe Haven is not a detention service. A facilitator must not represent that they have legal authority to prevent an adult from leaving. If the facilitator believes there is an immediate risk to life, call 999, provide factual information and follow professional instructions. Do not put yourself in physical danger attempting to block or chase the person.

2.5 Self-harm disclosed without immediate medical emergency

- Respond compassionately and avoid judgement.
- Check whether any injury requires urgent medical attention.
- Do not provide instructions about methods of self-harm.
- Encourage appropriate NHS/GP/mental-health support.
- Consider safeguarding issues, including domestic abuse, exploitation or risks involving children/vulnerable adults, and follow the organisation's safeguarding policy.

2.6 Confidentiality

Explain that information is treated respectfully and shared only where needed, but absolute confidentiality cannot be promised. Where there is a serious concern about life, safety, abuse or safeguarding, relevant information may need to be shared with emergency services, safeguarding leads or other appropriate services.

2.7 After an escalation

- Complete the Incident / Escalation Record as soon as practicable.
- Inform the safeguarding lead/trustee according to policy.
- Offer the facilitator a debrief and support; do not require them to immediately continue public-facing duties after a serious incident.
- Review whether any environmental, staffing, referral or procedural change is required.
- Where appropriate and lawful, agree who will make any follow-up contact. Safe Haven should not become continuous crisis monitoring.

3. Single-Facilitator Lone-Working Procedure

Safe Haven is designed to be deliverable by one authorised facilitator. HSE guidance requires lone-working risks to be managed through risk assessment, training, supervision/monitoring, keeping in touch and emergency arrangements.

3.1 Minimum controls

- Facilitator has a charged mobile phone with emergency and nominated contact details available.
- A nominated check-in person is told the session start time and expected finish time. They do not need to be on site.
- Facilitator sends/checks in at the agreed end time. If no check-out is received, the nominated person follows the agreed missed-contact process.
- Sessions are held in daylight/normal operating hours wherever practicable during the pilot.
- Facilitator has immediate access to an exit and does not allow themselves to become trapped between the participant and an exit.
- Potentially hazardous tools, medicines, chemicals and machinery are secured.
- Facilitator may stop the session at any time if they feel unsafe.
- Where known information indicates a foreseeable violence/aggression risk that cannot be adequately controlled for lone work, a one-to-one Safe Haven session is not offered in that format.

3.2 Check-in system

Stage	Action
Before	Message/call nominated contact: facilitator name, Safe Haven session starting, expected finish time.
During	If the session is extended materially, update the nominated contact.
End	Send agreed 'session finished / safe' message.
Missed check-out	Nominated contact attempts facilitator twice. If no response and there is reason for concern, follow pre-agreed escalation, including attending only if safe or contacting emergency services as appropriate.

3.3 Facilitator stop rule

The facilitator has unconditional authority to end animal interaction or move to escalation/support if they feel the situation is outside their competence or personal safety limits. No volunteer should be criticised for using this stop rule in good faith.

3.4 Training/briefing before facilitating alone

- Naylor's Ark safeguarding procedure.
- Safe Haven scope and boundaries.
- Recognising an emergency and how to call 999 / access NHS 111 mental-health support.
- Compassionate listening and direct, non-judgemental safety questions.
- Conflict de-escalation and personal safety.
- Lone-working check-in procedure.
- Animal handling, zoonoses, hygiene and site emergency procedures.
- Recording, confidentiality and information sharing.
- Recommended: recognised suicide-awareness / suicide-first-aid style training appropriate to a non-clinical role.

4. Staff & Volunteer Quick-Reference Guide

SAFE HAVEN: ONE-PAGE RESPONSE

If…	**Do…**
They are distressed but physically safe	Listen. Ask what would help. Offer quiet/suitable animal contact. Keep within your role.
They disclose suicidal thoughts	Take it seriously. Ask about immediate safety and urgent medical need. Do not use a score or label them low/medium/high risk.

If...	Do...
Urgent mental-health help is needed, but no immediate danger to life	Support contact with NHS 111 and select the mental-health option.
Immediate danger to life / serious injury / overdose	Call 999 or go to A&E; follow emergency instructions.
They become aggressive / you feel unsafe	Create distance, leave to a safe place, secure animals if possible, call for help / 999 if required.
They want to leave	Do not physically block them. If immediate life danger is suspected, call 999 and provide factual information.
You are unsure	Pause animal activity, move to the safest practical setting and seek appropriate professional/emergency advice.

Useful phrases

- 'You don't have to tell me everything. What would help you most right now?'
- 'Thank you for telling me. I am taking what you've said seriously.'
- 'Are you in immediate danger right now?'
- 'Have you hurt yourself or taken anything that means you need medical help?'
- 'I can stay with you while we contact urgent mental-health support.'
- 'This is more than I can safely support here on my own, but I am not going to ignore what you've told me. We need to get the right help involved.'

Avoid

- Promising secrecy.
- Trying to diagnose.
- Debating whether they 'really mean it'.
- Using guilt ('think of your family').

- Calling someone attention-seeking.
- Offering medication or clinical advice.
- Taking personal responsibility for keeping someone alive after they leave.

5. Safe Haven Self-Referral / Professional Referral Form

Name / preferred name:

_____

Date of birth (18+ pilot):

_____

Preferred contact method / details:

_____

Emergency / trusted contact (optional unless required by agreed referral arrangement):

_____

Referrer name, organisation and contact details (if applicable):

_____

What would you like from the session?

- Quiet time
- Time around animals
- Grooming / supervised animal care
- Someone nearby to talk to
- Not sure yet

Anything we should know to make animal contact physically safe or accessible? (e.g. mobility, allergies, fear of particular animals):

_____

Immediate safety

Safe Haven is not an emergency service. This question is to make sure the right service responds to an immediate emergency.

Are you currently in immediate danger, have you seriously harmed yourself/taken an overdose, or do you need urgent medical attention? YES / NO

If YES: do not rely on a Safe Haven booking. Immediate danger to life requires 999/A&E. Urgent mental-health help that is not an emergency can be accessed through NHS 111 and the mental-health option.

Is there anything the facilitator needs to know so this can be safely supported one-to-one?

What usually helps you feel calmer or safer?

Anything that tends to make things worse that we should avoid?

Consent

I understand Safe Haven is a voluntary, non-clinical wellbeing service and not counselling, therapy, psychiatric assessment or emergency care. I understand relevant information may be shared if necessary to respond to a serious safety or safeguarding concern.

Participant signature / verbal consent recorded by:

Date:

_____

6. Safe Haven Session Record

Participant:

_____

Date / start time / finish time:

_____

Facilitator:

_____

Nominated lone-worker contact informed at:

_____

Check-out completed at:

_____

Activity / animals involved:

_____

_____

What the participant said they needed from the session:

_____

_____

Relevant observations / factual notes only:

_____

_____

_____

Any safeguarding or immediate-safety concern? YES / NO

_____

Action taken / referrals or support contacted:

_____

_____

_____

Any incident form required? YES / NO

_____

Agreed next step, if any:

_____

_____

Facilitator signature / date:

_____

7. Risk Assessment – Safe Haven Crisis & Wellbeing Sessions

Risk ratings should be aligned with Naylor's Ark's existing risk-assessment matrix before approval. The controls below are the substantive controls for this activity.

Hazard	Who may be harmed	Key controls
Participant's distress escalates	Participant / facilitator	Clear non-clinical scope; direct immediate-safety questions; charged phone; NHS 111 mental-health pathway; 999/A&E for immediate danger; stop session when beyond scope.
Suicide/self-harm disclosure	Participant / facilitator	Compassionate response; no risk scoring; check urgent physical/immediate safety; emergency escalation; factual record;

Hazard	Who may be harmed	Key controls
		safeguarding review.
Violence/aggression	Facilitator / others / animals	Pre-session suitability; clear exits; facilitator stop rule; phone; secure hazards; no lone session where known violence risk cannot be controlled; de-escalation training.
Lone working	Facilitator	Nominated remote contact; start/end check-in; charged phone; defined missed-contact action; daylight/normal hours where practicable; clear exit route.
Animal bite/kick/crush/scratch	Participant / facilitator	Only suitable animals; facilitator controls interaction; existing animal-specific RAs; no unsupervised contact; PPE where required; participant follows instructions.
Zoonotic infection / hygiene	Participant / facilitator	Handwashing; no eating in animal areas; cover cuts; existing zoonosis controls; suitable PPE; cleaning regime.
Participant leaves while concern remains	Participant	Do not unlawfully detain; if immediate danger to life suspected call 999, give factual information; record actions.
Medical emergency / overdose	Participant	First-aid arrangements; call 999; do not treat Safe Haven as substitute for

Hazard	Who may be harmed	Key controls
		medical assessment; access route for ambulance kept clear.
Intoxication	Participant / facilitator / animals	No animal interaction where intoxication prevents safe participation; consider urgent medical/safeguarding needs; facilitator may end session.
Environmental hazards	All	Predetermined session areas; slips/trips, weather, fencing and machinery controlled under site RAs; secure tools/chemicals/medicines.
Confidentiality/data	Participant	Minimum necessary records; restricted access; lawful retention; clear information-sharing exception for safety/safeguarding.
Emotional impact on facilitator	Facilitator	Training, role boundaries, post-incident debrief, ability to stop, trustee/safeguarding support, review workload and repeated exposure.

Risk assessment sign-off

Assessor:

_____

Trustee approval:

_____

Date:

Review date:

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8. Confidentiality, Information Sharing & Safeguarding Statement

Naylor's Ark will treat information shared during Safe Haven sessions respectfully and will collect only information reasonably needed to provide the service safely, manage safeguarding, meet legal/insurance requirements and evaluate the pilot.

We will normally

- Explain why information is being recorded.
- Keep access limited to people who need it for their role.
- Use factual, respectful language.
- Seek consent before routine sharing with family, carers, referrers or professionals where appropriate.
- Follow the organisation's data-protection and retention arrangements.

We may share without consent where necessary

- There is a serious and immediate concern for life or safety.
- A child or adult safeguarding concern requires action.
- There is another lawful requirement to disclose information.

Only relevant information should be shared, with an appropriate service/person, and the reason for sharing should be recorded. Where safe and appropriate, tell the participant what will be shared and why.

Safeguarding

Safe Haven does not replace Naylor's Ark's safeguarding policy. Any concern involving abuse, neglect, domestic abuse, exploitation, coercion, a child, or an adult with care/support needs should be managed under the applicable safeguarding procedure and escalated to the designated safeguarding lead.

Designated safeguarding lead:

_____

Deputy / trustee contact:

_____

Local authority adult safeguarding contact:

_____

Local authority children's safeguarding contact:

_____

9. Professional Referral Information Sheet

What is Safe Haven?

A free, non-clinical animal-based wellbeing session offering an adult in significant emotional distress a calm environment, compassionate presence and optional supervised interaction with suitable animals.

What it is not

It is not a commissioned crisis team, clinical service, therapy, psychiatric assessment, suicide-risk assessment, emergency accommodation or substitute for NHS care.

Pilot model

- Adults 18+.
- Normally 30–60 minutes.
- Delivered by one authorised facilitator using lone-worker controls.

- Self-referral and professional referral.
- Animal contact tailored to safety, welfare and participant preference.

Please do not refer as the sole response where

- The person requires emergency medical treatment.
- There is immediate danger to life.
- The person's current presentation requires continuous clinical observation, secure care, restraint or specialist crisis assessment.
- A known violence/aggression risk cannot be safely controlled in a one-facilitator animal setting.

For immediate danger to life, use 999/A&E. For urgent mental-health help that is not an emergency, NHS 111 provides access to mental-health support.

Safe Haven referral contact:

_____

Opening / pilot session times:

_____

Site access notes:

_____

10. Participant Information & Boundaries

You do not have to be at breaking point to ask for a Safe Haven session.

You can spend your session quietly, talk if you want to, sit near the animals, or take part in a suitable supervised animal activity. You do not need to explain your whole situation or have a diagnosis.

What you can expect

- Respect and compassion.
- A choice about whether you want to talk.
- One Naylor's Ark facilitator nearby throughout the session.

- Clear animal-safety instructions.
- Information treated respectfully.

What we ask from you

- Follow animal and site safety instructions.
- Tell us if you need urgent medical help.
- Do not harm, threaten or deliberately frighten people or animals.
- Do not bring weapons or illegal substances onto the site.
- Understand that we may need to contact emergency or safeguarding services if there is a serious safety concern.

If you need more help than Safe Haven can provide

We will be honest about our limits and help you access the right kind of support where we can. If there is immediate danger to life, emergency services are the appropriate response. If urgent mental-health support is needed but it is not an emergency, NHS 111 can provide access to mental-health support.

11. Incident / Escalation Record

Date / time:

_____

Participant:

_____

Facilitator:

_____

Location:

_____

What happened? Record facts and relevant words used, not assumptions:

_____

_____

_____

_____

_____

Immediate action taken:

_____

_____

_____

999 contacted? YES / NO Time:

_____

NHS 111 mental-health support contacted? YES / NO Time:

_____

Safeguarding lead contacted? YES / NO Time:

_____

Other person/service contacted and reason:

_____

_____

Outcome when participant left / was transferred to another service:

_____

_____

_____

Injuries / first aid:

_____

_____

Animal welfare impact:

_____

_____

Facilitator debrief/support offered:

_____

_____

Learning / changes required:

_____

_____

_____

Reviewed by trustee / safeguarding lead:

_____

Date:

_____

12. Pilot Review & Governance Checklist

☐ Trustees formally approve Safe Haven scope and pilot arrangements.

☐ Insurer is informed of the proposed activity and confirms appropriate cover.

☐ Existing safeguarding policy is reviewed for this activity.

☐ Lone-working risk assessment and check-in system are approved.

☐ Animal-specific risk assessments remain current.

☐ Emergency site address, access instructions and what3words/postcode if used operationally are available to facilitators.

☐ Designated safeguarding lead and deputy contacts are inserted into this pack.

☐ Data protection/privacy notice and retention period are agreed.

☐ Referral form and session record storage permissions are restricted.

☐ Facilitators complete required briefing/training and sign competence acknowledgement.

☐ Local NHS 111 mental-health pathway and local safeguarding routes are checked before launch.

☐ Pilot capacity/opening times are defined so the service does not imply 24/7 availability.

☐ Public wording clearly states that Safe Haven is non-clinical and not an emergency service.

☐ Process exists for facilitator debrief after serious disclosures/incidents.

☐ Pilot is reviewed after 3 months using anonymised themes, incidents, participant feedback and facilitator welfare.

Suggested pilot measures

- Number of sessions offered/completed.
- Self-referral vs professional referral.
- Participant feedback: 'Did this give you useful breathing space today?'
- Number/type of escalations (without publishing identifiable details).
- Animal welfare issues/incidents.
- Facilitator workload and confidence.
- Any sessions declined because they could not safely be delivered by one facilitator.
- Changes recommended before expanding eligibility or hours.

Evidence base / guidance used to shape this draft

This draft reflects current England-wide NHS urgent mental-health routes, NICE self-harm guidance and HSE lone-working principles. Key points incorporated include: NHS 111 access to urgent mental-health support; 999/A&E for immediate danger to life; NICE advice not to use suicide/self-harm risk scales or global low/medium/high stratification to determine care; and HSE requirements to assess lone-working risks, train/monitor lone workers and maintain contact/emergency arrangements.

Sources to verify at review: NHS Mental Health Services / NHS 111; NHS England mental-health crisis support via 111; NICE NG225 Self-harm; HSE Lone Working guidance.

Final approval

Approved by trustees on:

_____

Chair / authorised trustee:

_____

Safeguarding lead:

_____

Next scheduled review:

_____

13. Online referral, booking and testimonial procedure (added v1.1)

13.1 Bookable sessions

Safe Haven sessions are published on the Naylor's Ark website as free, one-to-one, one-hour appointments (currently Thursdays at 11:00, 12:30 and 14:00, refreshed automatically a month ahead). Each session holds one place so that a single facilitator is never supporting more than one participant. Carers or a trusted person may attend in addition to the place, recorded on the booking so the facilitator can prepare.

- Sessions are free; no payment step is presented and the booking confirms immediately.
- The website booking record captures name, contact details, party size, carer numbers and a brief description of support needs.
- The facilitator confirms the lone-working check-in before each booked session and checks out afterwards.
- If no safe session can be offered, the participant is contacted and signposted rather than simply cancelled.

13.2 Online referral form

The website referral form (self-referral or professional referral) collects:

- Name or preferred name, contact details, and an optional trusted or emergency contact.
- Referrer name, organisation and contact details where a professional is referring.
- What the person would like from the session (quiet time, time around animals, grooming or supervised animal care, someone nearby to talk to, not sure yet).
- Accessibility, mobility, allergy or animal-fear information needed to make contact physically safe.
- A single plain-language immediate-safety question. Selecting it displays 999 / A&E and NHS 111 (mental health option) guidance immediately rather than relying on a Safe Haven booking.
- Anything the facilitator needs to know for safe one-to-one support, and what usually helps the person feel calmer.
- Confirmation that the person attending is 18 or over during the pilot.

Referrals are visible only to administrators, are tracked through received, contacted, booked, signposted and closed, and are reviewed at the pilot governance meeting.

13.3 Testimonials and anonymous sharing

Participants may optionally write a few words about their experience. This is never a condition of receiving a session, is never requested during a period of acute distress, and may be left blank.

- Nothing is published without an explicit consent tick on the form.
- Consent is to **anonymous** sharing only. Names, initials, contact details, locations, referrer names, dates of attendance and any other identifying details are removed before use.
- Every testimonial is held as “pending” and must be approved by a trustee or the safeguarding lead before it is used in any publication, website page, funding bid or social media post.
- Consent may be withdrawn at any time by contacting Naylor’s Ark; the testimonial is then removed from future use and marked declined.

- Testimonials are never edited in a way that changes their meaning; light editing for length or to remove identifying detail is permitted.
- Testimonials describing active suicidal intent, method detail, or another identifiable person are not published under any circumstances.

13.4 Data protection and retention

- Lawful basis: legitimate interests for delivering and improving the service, with explicit consent used separately for testimonial publication.
- Referral, booking and session records are stored in the sanctuary's access-controlled system and visible only to administrators.
- Records are retained for three years from last contact, or longer where required by a safeguarding or insurance matter, then securely deleted.
- Participants may request a copy of their information or ask for it to be corrected or erased, subject to safeguarding record-keeping duties.

14. Equality, access and inclusion (added v1.1)

- No one is refused a session because of a diagnosis, disability, neurodivergence, gender identity, ethnicity, faith, sexuality or financial circumstances.
- Non-speaking and non-verbal participants are welcome; the free Silent Connections sessions offer an additional low-demand route.
- Communication can be by email, phone or in writing on the day, according to preference.
- Assistance dogs are considered case by case for animal-welfare and biosecurity reasons, and an alternative arrangement is offered where they cannot be accommodated.
- Physical access, seating, shade, shelter and rest breaks are planned into every session.

15. Measuring the pilot (added v1.1)

Recorded monthly and reviewed by trustees at three months:

- Number of referrals by route (self / professional) and number converted to attended sessions.
- Number of sessions stopped early, escalated to 999 or NHS 111, or declined as unsafe, with reasons.

- Facilitator debriefs completed after escalations.
- Anonymous participant feedback and approved testimonials.
- Animal welfare observations: any signs of stress, and rest rotation compliance.
- Lone-working check-in compliance rate (target 100%).