

# OUR PROCEDURES FOR SAFEGUARDING CHILDREN AND ADULTS AT RISK



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# 1 INTRODUCTION

- 1.1** There are lots of different ways we support children and adults across the charity. It's important that their wellbeing is always our priority. This document explains the principles of safeguarding and defines what our roles and responsibilities are, individually and as a whole, in keeping children and adults at risk safe. Everyone must follow these procedures. That includes all staff, volunteers, trustees, interns, secondees, agency staff, students, partners and people commissioned to provide work for us and are defined as staff and volunteers throughout these procedures
- 1.2** The procedures explain what staff, volunteers, managers and the safeguarding team need to do if there are concerns about a child or adult at risk of being harmed or at risk of harm.
- 1.3** There are four key principles we need to follow.
- Recognising concerns that a child or adult at risk is being harmed or might be at risk of harm.
  - Responding to a child or adult at risk who is telling you what is happening to him or her.
  - Recording the concerns appropriately and any action we take.
  - Referring on the concerns internally or to an outside agency.
- 1.4** This policy will be reviewed annually and kept up to date by our Safeguarding Manager to reflect any changes in legislation and best practice. This policy is reviewed and approved by our Trustees/Governance.

## 2 WHAT DOES A CHILD OR ADULT AT RISK MEAN?

**2.1 Child:** Any person under 18 years old<sup>1</sup>. In Scotland, some legislation refers to anyone under the age of 16 years. For child protection purposes, this policy defines a child as under 18 years old.

**2.2 Adult at risk:** Some adults are more likely to experience abuse, harm, ill-treatment or neglect than others, and are less able to protect themselves. It is this group of adults who are specifically covered by this document. This is because they're more likely to experience abuse, and less likely to be able to take action to make it stop. This may be as a result of:

- Need for care and support to be provided by others – some people may need help with washing, dressing as well as other activities.
- Communication difficulties – some people may not speak clearly if they have a health problem or a learning disability.
- Physical health difficulties – some people may have restricted movement due to health problems.
- Cognitive impairment – some people find it difficult to understand and process information due to health problems.

**2.3** These procedures should be used to safeguard those adults who have care and support needs and are, or are at risk of, being abused or neglected and are unable to protect themselves against the abuse or neglect or risk of it, because of those needs.

**2.4** Adults **may** be deemed to be 'at risk of abuse', and covered by these procedures, if they have any of the following:

- learning disabilities
- physical disabilities
- mental ill health
- sensory disabilities
- dementia
- brain injuries
- substance misuse
- frailty due to their age.

<sup>1</sup> Working Together To Safeguard Children 2018 (England), Cooperating to safeguard children in Northern Ireland 2017 Working Together to Safeguard People Vols 1, 2 and 5 2016 (Wales - Children) National Guidance for Child Protection in Scotland 2014

The Care Act 2014

Statutory Care and Support Guidance 2022 Chapter 14(England) The Adult Support and Protection (Scotland) Act 2007: Code of Practice 2014. Working together to Safeguard People Vols 1, 3, 4 and 6 2016. (Wales - Adults).

**2.5** An ‘adult at risk’ could be a member of the public. But, they could also work for us, be a volunteer or a fundraiser. The important thing to remember is that whoever they are, if they’re experiencing abuse, you should share your concerns, following the guide.

**Practice note:** If you’re in any doubt about whether someone is an adult at risk, you must still share your concerns in line with these procedures. The safeguarding team can then support and make appropriate decisions.

## **3** RECOGNISING ABUSE AND NEGLECT

**3.1** Abuse is the misuse of power by one person over another, and can have a large impact on a person’s independence. Neglect can stop a person who’s dependent on others for their basic needs being able to choose and control fundamental parts of their life. It can cause humiliation and loss of dignity.

**3.2** Anyone can carry out abuse or neglect, including parents, partners, other family members, neighbours, friends, acquaintances, local residents, organised gangs, paid staff or professionals, volunteers and strangers.

**3.3** A concern about a child’s safety and welfare might arise for different reasons.

- A child saying that he or she is being abused or telling you about an experience or event that has happened to them that you think would be harmful.
- Spotting signs of abuse or neglect.
- A child’s behaviour giving cause for concern.
- You directly witnessing a child being harmed by an adult or another child.
- Somebody telling you, either face to face or by any other means of communication, that a child is being harmed or is at risk of harm. This could be someone using our services, another child, a supporter, a donor or a member of the public.
- The behaviour of an adult giving you cause for concern about the safety of a child or children.
- An adult survivor of abuse telling you about their experience of non-recent abuse. The perpetrator may still be alive and children may be at risk.
- A situation where the child is a foreign national and it is not clear who the parents are, or that the child is with adults where the relationship to the child is unclear.

**3.4** A concern about an adult at risk safety or welfare may arise as a result of:

- an adult at risk disclosing that he or she is being abused.
- you spotting signs of abuse on an adult at risk.
- the behaviour of the adult at risk giving cause for concern.
- you directly witnessing an adult at risk being harmed.
- somebody telling you that an adult at risk is being harmed.

For further information please see ‘Diabetes UK Procedures for managing suicide risk – What to do if someone is at risk of suicide’.

### 3.5 Abuse and neglect of children is categorised into four types of abuse:

**Physical abuse:** A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Sexual abuse:** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration – rape or oral sex – or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Emotional abuse:** This is the persistent emotional maltreatment of a child which causes severe and persistent adverse effects on their emotional development. It might involve making them feel they're worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not letting them express their views, deliberately silencing them or making fun of what they say or how they communicate. It might include putting expectations or interactions on them that are beyond their developmental abilities. It could also be overprotection and limiting of exploration and learning, or preventing them participating in normal social interactions.

It could also include seeing or hearing the ill-treatment of someone else. It might involve serious bullying – including cyber bullying – causing a child to frequently feel frightened or in danger. It could be the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it can also occur alone.

**Neglect:** This is the persistent failure to meet a child's basic physical and psychological needs. It's likely to result in the serious impairment to their health or development. It might involve a parent or carer failing to:

- provide adequate food, clothing and shelter – including being made homeless or being abandoned.
- protect a child or vulnerable adult from physical and emotional harm or danger.
- make sure adequate supervision – including the use of inadequate care-givers.
- make sure someone has access to the medical care or treatment they need.

It may also include neglect of, or unresponsiveness to, a child/adults at risk basic emotional needs. Neglect may occur during pregnancy as a result of maternal substance abuse.

Other forms of abuse include, for example, trafficking children, modern slavery, female genital mutilation and forced marriage.

### 3.6 Abuse and neglect of an adult at risk can take many forms, and may include:

- **Physical abuse:** This includes hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Sexual abuse:** This includes sexual activity with someone without their permission or sexual activity with someone who is not able to give their consent permission.
- **Psychological abuse:** This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, bullying, controlling, intimidation, verbal abuse.
- **Exploitation:** This is unfairly manipulating someone for profit or personal gain and can be planned or spur of the moment.
- **Financial or material abuse:** This includes theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, e.g. getting someone to change their will.
- **Neglect and acts of omission:** This includes ignoring medical or physical care needs, failure to provide access to appropriate health, care and support services, the withholding of the necessities of life, like medication, adequate nutrition and heating.
- **Discriminatory abuse:** This includes discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment.
- **Organisational abuse:** Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation (Care and support statutory guidance).
- **Modern Slavery:** Human trafficking, forced labour, domestic servitude, debt bondage or sexual exploitation such as escort work, prostitution or pornography.
- **Self-neglect:** Lack of self-care to an extent that it threatens personal health and safety, inability to avoid self-harm or failure to seek help.
- **Domestic Violence or Abuse:** Acts of assault threats humiliation and intimidation, harming, punishing, or frightening the person.

**Practice note:** It doesn't make any difference whether or not the person intends to cause harm to the individual. The focus should be on the harm any abuse causes to the individual, not the intention behind it.



# ROLES AND RESPONSIBILITIES

**4.1 All Diabetes UK staff and volunteers:** We all have a part to play in keeping children and adults at risk safe and our policies make sure that we actively safeguard everyone.

- We'll be aware of our overarching safeguarding policy and procedures.
- We'll complete our safeguarding eLearning and any role specific safeguarding training.
- We'll understand what to do if someone is worried about a child or adult at risk and share all our concerns appropriately.
- We'll act within our safer working practice procedures at all times.

**4.2 Designated Safeguarding Person (DSP):** Certain teams have a DSP. This person has responsibility as a first point of contact to respond to safeguarding concerns within their team, and support others in doing so.

The DSP will:

- understand our overarching safeguarding policy and procedures.
- attend an introductory level course in safeguarding, and complete our enhanced safeguarding training.
- decide what steps we need to take to look after the safety and welfare of the children and young people or adults at risk in the event of a safeguarding concern.
- make contact with other organisations to share information where appropriate.
- record all our safeguarding concerns and further actions in line with our procedures.
- consult with the Safeguarding Manager or the NSPCC as required.

The Designated Safeguarding Person may also, on occasion, provide safeguarding cover for other areas of the business.

**4.3 Safeguarding Manager:** Our Safeguarding Manager is our safeguarding expert and makes sure everyone follows best practice.

The Safeguarding Manager will:

- produce our policies and procedures in line with legislation, guidance and best practice.
- manage safeguarding cases raised by any staff or volunteers.
- manage the work of and audit case work of Designated Safeguarding Persons.
- provide safeguarding expertise to support directorates and managers so they can meet our safeguarding responsibilities.
- act as subject expert for us and provide safeguarding advice and direction as required.
- report to the Strategic Lead for Safeguarding and trustees about our safeguarding.



**4.4 Managers:** Any managers of staff and volunteers have responsibility for making sure they comply with and meet any safeguarding requirements relevant to their role and the work they're responsible for.

Managers will also:

- understand all safeguarding compliance requirements relevant to their team and directorate.
- make sure all staff and volunteers are recruited in line with our safer recruitment practices.
- make sure all safeguarding concerns are appropriately reported in line with 'What to do if you are worried about a child or adult at risk' procedures.
- highlight any areas where we're not meeting our safeguarding procedures and also asking for support and direction to make sure they're fulfilled.

**4.5 Strategic Lead for Safeguarding:** Oversees the work of the Safeguarding Manager and takes accountability at director level.

**4.5 Trustees:** Hold ultimate accountability for safeguarding within the organisation.

## 5

# THE IMPACT COVID 19 ON SAFEGUARDING

**5.1** Everybody, in some way has been affected by the international Covid 19 pandemic. There are some specific issues to consider when we are now thinking about safeguarding for Diabetes UK.

The principles of safeguarding remain the same and the procedures to follow if you have a concern are also the same. However there are some aspects described below which you need to be aware of:

- **The Legal Framework** – the government (Westminster) have made new legislation for the UK The Coronavirus Act 2020 and in England and Wales The Adoption and Children's (Coronavirus)(Amendments) Regulations 2020 have made some changes to how local authorities can deliver children and adult social services. The new laws do not change the definitions for abuse or harm and local authorities still have a duty to respond to any concerns reported to them. Many local authorities and other professional teams are delivering their services differently.

This might include using telephone or video calls to complete assessments. But there is still help for people who need it. The UK has already begun to ease many restrictions and some services are adapting again. These changes do not affect these procedures, nor the way we report them internally or externally.

**Diabetes UK still have a legal duty to safeguard children and adults at risk.**

- **Support services.** Some statutory support services have had to reduce due to capacity to deliver face to face services as a result of the pandemic and adapting to its impact. This may therefore mean families and individuals may not have as much support as they used to.

- **Informal support networks** of friends, family, work colleagues may still not be as active or available so people may experience more pressure on their daily lives. Some families with children may still not have access to full time school places, may be still be working at home and having to manage childcare.

Home care or nursing services will be impacted by staff shortages and potentially more demand, or longer delays, with older people not going for day care, respite or hospital stays.

- **Extra pressures.** People may still be experiencing increased:

Financial hardship.

Stress and issues with emotional wellbeing including worry about their loved ones.

Mental health and anxiety Loneliness and isolation.

Difficulties shopping for fresh food, especially if they rely on services to do so.

- **Access to health services and medication** – due to capacity and impact of the pandemic, people may have reduced access to health services, or longer delays

This may impact on their health assessments or reviews. People may also be less inclined to seek medical help, believing that they won't get a service. This has included presentations at Accident & Emergency with injuries or health conditions. In emergency and urgent health issues people should still seek advice immediately and attend hospital if advised to do so.

- **Domestic Violence and Abuse.** There has been an increase in reports of violence in the home. This violence can be between intimate partners, carers and adults, or from child to parent violence. People may have less opportunities to get support or find ways to protect themselves. Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour. We may still get reports of domestic abuse that began during the pandemic.

The NSPCC has reported that during the pandemic adolescents were more at risk of physical abuse. We may still get reports of physical abuse that began during, or since.

- **Online sexual exploitation and cyber bullying.** With online activity hugely increased there is an increased risk of children and vulnerable people being exploited or abused sexually, emotionally, financially through the internet.

These are points to be aware of if you are concerned about a safeguarding issue. Although most restrictions have been eased, and the UK appear to be recovery for the pandemic, there will still be impact on people so it is important to consider this when considering a safeguarding issue. If you have a safeguarding concern always seek advice from your line manager, designated person or safeguarding team.

# RESPONDING TO ALLEGATIONS OR CONCERNS FROM A CHILD OR ADULT AT RISK

**6.1** Sometimes, children or adults at risk will share their worries or experiences of abuse with us and it is essential that we listen to them and their voice is heard and taken seriously.

Here's what staff and volunteers should do to support this:

- Listen carefully and compassionately to what is being said.
- Consider the person's age, stage of development and how they prefer to communicate when responding.
- Find an appropriate early chance to explain that it is likely that you'll need to share what you've been told with others. Don't make promises, particularly about confidentiality or outcomes.
- Allow the person to continue at their own pace and avoid asking them to repeat their story.
- Ask open ended questions for clarification only, Can you tell me what's worrying you? Can you tell me what happened?
- Avoid asking questions that suggest a particular answer or that lead the person into saying something. Also avoid asking questions about why something happened.
- Reassure the person that they've done the right thing in telling you.
- Tell the person what you'll do next and with whom you'll share the information, except where doing this may put them or someone else at risk. If you're unsure seek advice from the Safeguarding team.
- Record in writing what was said using, wherever possible, child's or adult's words as soon as you can. Note the date, time, places, allegations, any names mentioned and to whom the information was given. Make sure that the record is signed and dated.

# 7 RESPONDING TO SUICIDE RISK

- 7.1** Diabetes is life changing for many people with the condition and sometimes for their friends and family. Sometimes people will tell us they are having suicidal thoughts or feelings.
- 7.2** Someone might contact you who is threatening to behave or act in a way that will harm themselves, possibly fatally. This might include when someone threatens to or decides to change how they manage their diabetes. There isn't one answer or response that can be given to someone who may feel like hurting themselves or killing themselves. Every situation needs to be thought about and reacted to on a case by case basis. These guidelines will help you if you ever face this situation. But they won't give you an answer to every situation. We have [comprehensive guidelines](#) support our thinking when faced with a situation.
- 7.3** Summary of assessing level of suicide risk for adults at risk – to be used alongside our What to do if someone is at risk of suicide guidelines. See appendix on page [14](#).

# 8 CONCERNS THAT INVOLVE A MEMBER OF STAFF OR VOLUNTEER

- 8.1** Despite all efforts to recruit safely there will be occasions when there are allegations of abuse, or concerns about the behaviour or conduct of a member of staff or volunteer.

We have clear procedures that are applied in the event of an allegation or concern about anyone who works with children or adults at risk.

This is might be because they've:

- 1.** behaved in a way that has harmed, or may have harmed a child or adult at risk.
- 2.** possibly committed a criminal offence against or related to a child or adult at risk.
- 3.** behaved in a way that indicates they may pose a risk of harm to children or adults at risk.

## **8.2** What makes a safeguarding allegation?

An allegation might involve a child or adult at risk who's:

- using one of our services.
- involved in a fundraising or participation activity.
- not known to us;
- known to an employee or volunteer in their community or home life.
- is a child of a member of staff or volunteer.

The allegation may:

- not involve a child victim we know. Potentially someone could be accessing abusive images of children online or using the internet to groom with the intent to harm in the future.
- be about any type of abuse – physical, emotional, sexual or neglect.
- concern a breach of our safeguarding code of conduct and guidance on appropriate conduct.

### 8.3 How might a safeguarding allegation come to light?

Safeguarding concerns can arise from many different ways.

- A child, parent or carer or adult at risk makes a direct allegation against an individual.
- A child, parent or carer expresses discomfort with the behaviour of an individual.
- An employee or volunteer directly observes behaviour that is cause for concern.
- We receive a safeguarding allegation from a person, including a member of the public or professional.
- A member of the public or professional tells an employee or volunteer face to face.
- In the course of another internal procedure, for example a disciplinary or someone **whistleblowing** – speaking out – or making a complaint.

### 8.4 How should a safeguarding allegation or concern be shared?

If your concern involves worries about the behaviour or actions of a member of staff or volunteer you should share the information with our Safeguarding team as soon as possible or within one working day.

**Safeguarding Team:** 020 7424 1047 or [Safeguarding@diabetes.org.uk](mailto:Safeguarding@diabetes.org.uk)

If the concern relates to the Safeguarding team, or it feels appropriate to do so you can share directly with the NSPCC Helpline.

**NSPCC Helpline:** 0808 800 5000

See **'What to do if you are worried about a child or adult at risk'** [flow-chart](#) for full details.

Record all information on the safeguarding record form [online](#) with recording information procedures outlined in section 11.2.

### 8.5 What happens when a safeguarding allegation/ concern is raised?

We're committed to the safe and thorough handling of any safeguarding allegations or concerns through an open and transparent process.

- We make sure that children and adults at risk are protected and supported following an allegation that they may have been abused by an adult working for or on behalf of us.
- We make sure there is a fair, consistent and robust response to any safeguarding allegation made, so that the risk posed to other children or adults at risk is managed effectively.

- We organise an appropriate level of investigation into concerns or allegations, whether they are said to have taken place recently, at any time the person in question has been employed by or volunteered with us, or prior to the person's involvement with us.
- Make sure we continue to fulfil our responsibilities towards members of staff, or volunteers who may be subject to such investigations.

We'll never use settlement agreements, which is when a member of staff agrees to resign provided that disciplinary action is not taken and that a future reference is agreed.

For full details on how we manage safeguarding allegations see our [guidelines for managing safeguarding allegations](#).

## 9

# SAFER WORKING PRACTICE

- 9.1** Safer Working Practice is sensible and simple approach that helps all our staff and volunteers keep themselves, children and adults at risk safe.
- 9.2** By following it we aim to protect children, young people, and adults at risk and to avoid anyone misunderstanding behaviours. The following guidance helps us reduce risk and make sure our activities are as safe and fun as possible.
- 9.3 Safer Working Practice principles**
1. We always need to be aware that the welfare of children, teenagers and adults at risk is our priority above everything else.
  2. No one should behave in a way or have attitudes that would lead any reasonable person to question your suitability to work with children, teenagers or adults at risk.
  3. We should all be aware of our behaviour outside of work or volunteering lives which might lead people to believe you're unsuitable to support children, teenagers or adults at risk. This might be seriously misusing alcohol or drugs or violent behaviour.
  4. Everyone should communicate and behave in an open and transparent way.
  5. We should all discuss and take advice straight away over any situation which may cause concern.
  6. We must all apply the same treatment and welcoming approach to everyone regardless of age, race, gender, disability, religion, belief, sexual orientation or status.
- 9.4** We have various roles in the charity which have specific safer working practice guidelines that will help guide you through particular situation relevant to that role. You should know if and what guidelines there are for your role. Your line manager will be able to help you and you can find out more on the iKnow.

# CONFIDENTIALITY, CONSENT AND INFORMATION SHARING

- 10.1** Keeping children and adults at risk safe needs information to be shared with the right agencies in order to piece together a full picture of a child or adult and their circumstances. Single pieces of information can reveal a very different picture when combined together. To make this possible effective information sharing between professionals and local agencies is essential. This makes sure any issues can be spotted, the situation assessed, the right actions taken and the services a person needs provided.
- 10.2** We must follow the **Data Protection Act 2018** when handling personal information.
- Personal information must be obtained and processed fairly and lawfully.
  - It must only be disclosed in appropriate circumstances.
  - Information kept should be accurate, relevant and not held for longer than necessary.
  - It must be kept securely.
- 10.3** The Data Protection Act allows for the disclosure of personal information without consent of the person it is about in certain situations. This includes if it will prevent or detect a crime, or a child and/or adult is at risk of harm.
- We cannot let fears about sharing information stand in the way of the need to safeguard and promote the welfare and protect the safety of children and adults at risk.**
- 10.4** Ideally we'd gain verbal or written consent from a child, their parent(s) or adult at risk before any personal information relating to them is shared with **another authority**. However, we do not need to seek consent to share information if it might:
- be unsafe to seek – for example if might increase the risk to the child or adult at risk
  - cause an unjustified delay
  - if it would prejudice the prevention, detection or prosecution of a serious crime.
- 10.5** Staff can always seek advice from the safeguarding manager or the NSPCC helpline about whether or not to inform the child/adult and their family where they have concerns that they intend to share.
- 10.6** No one should assume that someone else will pass on information that they think may be critical to keeping a child or adult at risk safe.
- 10.7** If an adult at risk shares any information suggesting that they are being abused, or if you are concerned that this may be happening, you have a responsibility to consider how this information will be treated.



# WHAT TO DO IF YOU'RE WORRIED ABOUT A CHILD OR ADULT AT RISK

- 11.1** It's vital that everyone feels confident and knows how to share any worries they have about a child or adult at risk. It's really important that individuals don't feel that they need to have a definite answer or a complete picture about what might be going on in the life of a child or adult at risk but that if there's anything that causes a worry or concern they can share that to get advice and support.
- 11.2** Our dedicated safeguarding team can offer advice, support and make sure we take any action needed to keep someone safe. We are passionate about making sure that every volunteer and staff has support and children and adults at risk can always be kept safe at any time. We have a partnership with the NSPCC to provide support between 8am and 10pm Mondays to Fridays, and 9am to 6pm at the weekends.

**Diabetes UK Safeguarding Team:**

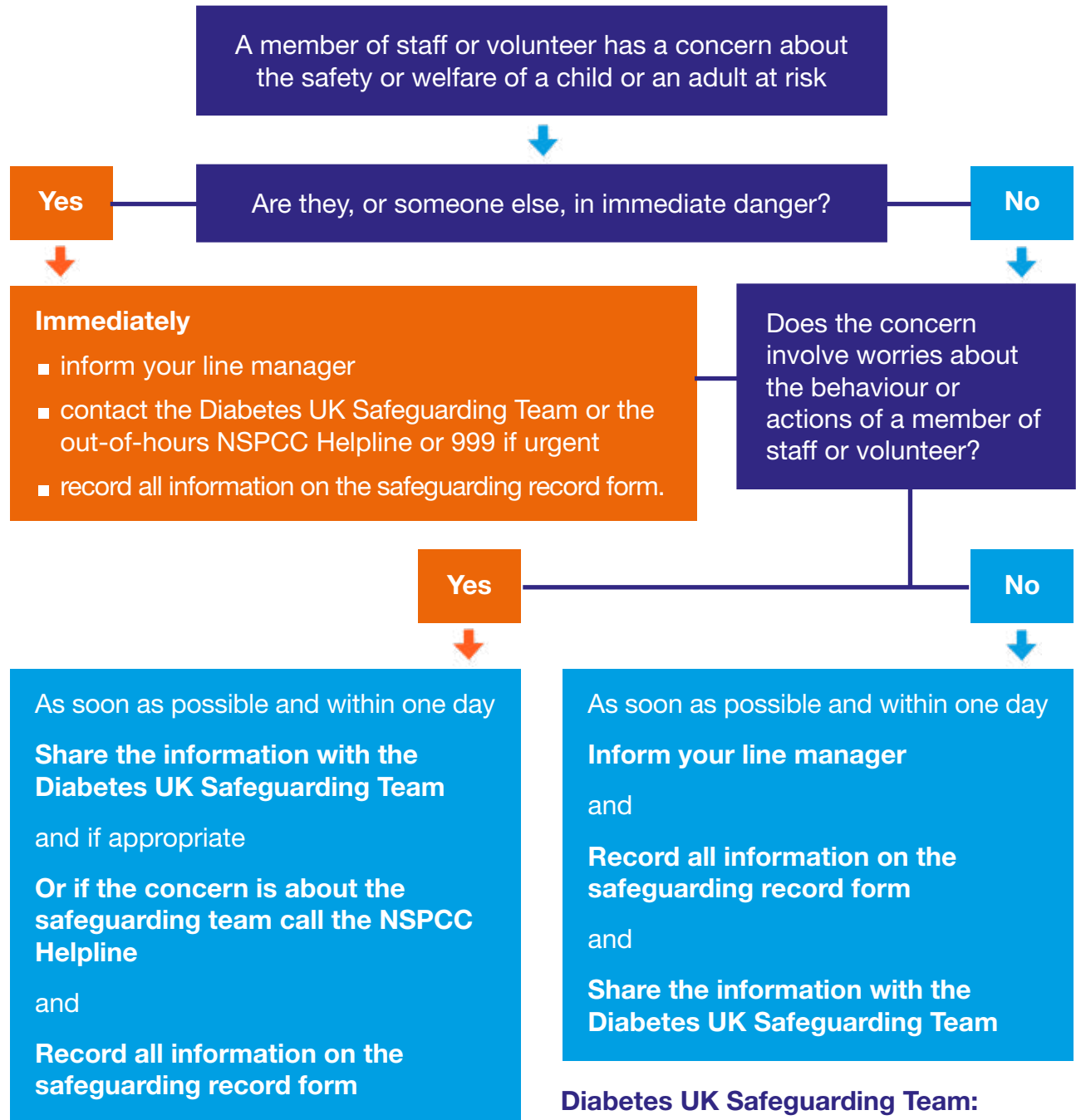
0207 424 1047

[Safeguarding@diabetes.org.uk](mailto:Safeguarding@diabetes.org.uk)

**NSPCC Helpline** 0808 800 5000

# WHAT TO DO IF YOU'RE WORRIED ABOUT A CHILD OR ADULT AT RISK

## Our procedures



**Remember:** Don't wait until you're certain. Discuss any worries you have straight away. Support will be provided by the safeguarding team and/or the NSPCC to make sure we take any actions needed to keep people safe.

**Diabetes UK Safeguarding Team:**  
0207 424 1047  
Safeguarding@diabetes.org.uk  
Out of hours support and advice is available to all Diabetes UK volunteers

**NSPCC Helpline** 0808 800 5000  
Please ensure you tell the advisor that you are calling from Diabetes UK.

# 12 RECORD KEEPING

**12.1** If anyone has a concern about the safety or welfare of a child or adult at risk then that information should be shared with the safeguarding team or NSPCC helpline – out-of-hours – without delay and within one working day rather than 24 hours of the concern first being identified.

**12.2** There are actions everyone must take if they have information to share.

1. They need to inform their line manager about the concern;
2. They need to outline the nature and details of their concern(s) either by filling in the online safeguarding record form or emailing the safeguarding team [Safeguarding@diabetes.org.uk](mailto:Safeguarding@diabetes.org.uk). Please make sure you password protect any documents and provide the password by phone or other separate means responsibly.
3. They need to inform their line manager and record any information shared and actions taken.

**Remember if you require urgent or out-of-hours advice please contact the NSPCC Helpline, (Check operating hours) stating that you are calling from Diabetes UK. In an emergency always dial 999 before completing the above steps.**

## 12.3 Retention of safeguarding information

We have a clear system to securely store personal sensitive safeguarding data in line with UK law and best practice.

Safeguarding concerns	Retention and review
Child or adult at risk safeguarding or welfare concerns which we've not referred to social services or the police.	Seven years after last contact with child or adult concerned <sup>2</sup>
Child or adult at risk safeguarding or welfare concerns which we've referred to social services or the police.	Seven years after last contact with child or adult <sup>2</sup>
Concerns about staff or volunteers who work with children or adults at risk.	Keep until at least their normal retirement age, or for 10 years, whichever is longest

<sup>2</sup> In some cases, records should be kept for longer period if the record meets an exception criteria. (Child protection records retention and storage guidelines. NSPCC. July 2021. <https://learning.nspcc.org.uk/media/1442/child-protection-records-retention-and-storage-guidelines.pdf>)

## **Staff and volunteers outside of their working or volunteering role**

**12.4** When staff or volunteers are outside of their working or volunteering role they might identify concerns about the welfare or safety of a child or adults at risk. This might be in their own family or networks, community, neighbourhood or through other activities in which they participate. In this sense, they are like any other member of the public. Staff and volunteers should share their concerns with the NSPCC helpline or with the local authority children or adult social care service – or equivalent, or the police in the case of an emergency.

# APPENDIX 1

## Summary of assessing level of suicide risk for adults at risk

### Level of risk – Mild

Vulnerable adult appearing to suffer mental health difficulties possibly relating to suicidal thoughts but has no plan or intent.

**Action:** Signposting to specialist charities such as the Samaritans or MIND and their own GP.

### Level of risk – Moderate

Vulnerable adult appearing to suffer mental health difficulties with clear indication of suicidal thoughts but no identified immediate risk or plan to take action.

**Action:** Referral to adult services/adult mental health care depending on the circumstances, and suggesting they contact specialist charities such as the Samaritans or MIND.

### Level of risk – Moderate to severe

Vulnerable adult appearing to suffer mental health difficulties relating to suicidal thoughts has definite indicators like a plan, history of previous attempts or is demonstrating reckless behaviours.

**Action:** Referral to adult services/adult mental health care depending on the circumstances, and suggesting they contact specialist charities such as the Samaritans or MIND.

### Level of risk – Severe

Vulnerable adult appearing to suffer mental health difficulties relating to suicidal thoughts and definite immediate risk of life.

**Action:** Emergency services to act to preserve life and protect them or others. Request a police safe and well check and ambulance services if needed.

**Remember:** We must **always** share any concerns about suicide or self-harm or issues relating to children and teenagers with their parents, carers or statutory authorities who have responsibility for safeguarding and child protection.

**DiABETES UK**  
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