Adult Safeguarding
SMA UK Policy Statement and Guidance

This policy is SMA UK's response to the requirements of organisations working with adults with an eligible need, and their carers as set out in:

- The Care Act 2014 (England and Northern Ireland)
- The Social Services and Wellbeing (Wales) Act 2014
- The Adult Support and Protection (Scotland) Act 2017

Our commitment to Adult Safeguarding means that we will:

- Take all reasonable measures to ensure that the risk of harm to adults with an eligible need and their carers is minimised.

- Take all appropriate action to address any concerns we have about adults with an eligible need and their carers by working in full partnership with other agencies.

To this end we will:

- Always follow the national guidance issued by the Secretary of State (as above) and the guidance and procedures of the local authority responsible for where the adult with an eligible need and their carers live.

- Always have an appropriately trained and experienced member of our Support Team as our Designated Safeguarding Leads (DSL's).

- Have robust procedures in place.

- Ensure all staff and volunteers are clear what is required of them to prevent and reduce the risk of harm to adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and make informed choices without coercion (procedures and guidelines available on request).

- Ensure all who use our services are aware that safeguarding always overrides confidentiality (see Privacy Notice: smauk.org.uk/privacy)

- Maintain our Community Networks Safeguarding Policy.

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- Maintain our Safer Recruitment Policy.
- Monitor and review this policy on a regular basis and address any weaknesses that are identified.

Last reviewed November 2026

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Adult Safeguarding Guidelines

1. Background Information

1.1. What the Care Act 2014 says:

The Care Act 2014 makes it clear that: -

- Safeguarding adults is everyone's business.
- Living a life that is free from harm and abuse is a fundamental right of every person.

The Care Act defines a vulnerable adult as anyone over the age of 18 and who needs extra help to manage their daily living tasks, and who may be unable to protect themselves from harm, abuse, or exploitation due to a:

- Physical impairment or illness.
- Mental health impairment or illness.

Inclusion in one of these groups does not mean that a person is implicitly unable to protect themselves from abuse or neglect.

When abuse or neglect does take place, the Care Act makes it clear that it needs to be dealt with swiftly, effectively and in ways which are proportionate to the issues that have been identified. Each Local Authority has a duty to investigate when there is "reasonable cause to suspect" abuse or neglect is taking place.

Abuse or neglect can be perpetrated by anyone who comes into contact with the adult. This may be a family member, carer/personal assistant, or person in a position of trust. Whether through employment or in people's personal lives, if someone commits abuse/neglect or a crime against any adult, it may mean that they pose an increased risk to those who have care and support needs.

People and organisations must work together to prevent and stop both the risks and experience of abuse or neglect while at the same time making sure that the adult's well-being is promoted. This includes, where appropriate: having regard to their views, wishes, feelings and beliefs in deciding on any action; recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

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Abuse and neglect:

Abuse may be physical, verbal, or psychological, it may be an act of neglect or occur where a vulnerable person is persuaded to enter a financial or sexual transaction to which they have not or cannot consent.

Abuse or neglect may be the result of deliberate intent, negligence, or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect (this list is not exhaustive):

Physical – including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; this also includes 'honour' based violence.

Sexual – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.

Discriminatory – including forms of harassment, slurs, or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, or religion.

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Organisational – 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 because of the structure, policies, processes, and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.

Self-neglect – this covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Radicalisation – defined as the process by which people come to support terrorism and extremism, and in some cases, to then participate in terrorist groups.

On-line abuse – is the behaviour that has a threatening, intimidating, harassing or humiliating effect on a person.

Socio Cultural - refers to a wide array of societal and cultural influences that impacts thoughts, feelings and behaviours. Misusing the traditions, practices and expectations of the spiritual or cultural community to which the person belongs as a means of normalising or suppressing the abusive behaviours, silencing the person, or preventing the person from seeking support and help, e.g. forced marriage.

Cuckooing – also known as 'home invasion' is where criminals target vulnerable adults to take over their home for criminal activities.

1.2. Whistleblowing:

Whistleblowing is the reporting of suspected wrongdoing. In the context of safeguarding, this is what someone should do whenever they have a concern that anyone in a caring or support role or in a position of trust, such as a staff member, volunteer, or agency worker, is in some way abusing their position. It can be a general concern rather than a concern around a specific adult with an eligible need.

1.3. Person in a Position of Trust:

People can be considered to be in a "position of trust" where they are likely to have contact

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with adults who have care and support needs as part of their employment or voluntary work, and:

- Where the role carries an expectation of trust.
- The person is in a position to exercise authority, power and /or control over an adult.

Positions of Trust may include, but are not limited to any staff working on behalf of

- Social Care
- Health Service
- Police and Criminal Justice
- Housing
- Education

All agencies are obliged to raise a safeguarding concern where they become aware of concerns that a person in a position of trust may have:

- Behaved in a way that has harmed an adult who has care and support needs.
- Committed a criminal offence against an adult.
- Committed a crime or behaved in any way towards any child or adult that indicates that s/he may be unsuitable to work in a position of trust.

Concerns about people in positions of trust can be raised by following the Whistleblowing guidance. The DSL must be informed about any safeguarding concerns related to a person in a Potion of Trust.

NB Children: This guidance is concerned with allegations of harm towards adults with care and support needs. However, if the allegation is such that there is a concern that the individual's conduct may also pose a risk to children or their suitability to work with or continue to work with children a referral should be made to the appropriate Local Authority Children's Service/Local Authority Officer (LADO).

2. Organisation Leads

Designated Safeguarding Leads: Adults (DSL's): Michele Phillips and Becci Howell

Whistleblowing leads are as follows:

- **About staff** – DSL, CEO or Chair of the Board (see employee handbook)
- **Community Connections Volunteers** – the DSL
- **Fundraising Volunteers** – the DSL and CEO
- **Other people in Caring / Support roles** - the DSL

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3. What we expect from all our staff

3.1. Commitment & Conduct:

The organisation has robust safer recruitment practices for staff vacancies.

New staff are given copies of this policy and guidelines and sign that they have read and understood what is expected of them. If there are any gaps in their understanding these are addressed.

All staff are:

- Expected to engage with the organisation's Safeguarding awareness training. These include discussions of what observations about an adult would be a cause for concern and what safeguarding actions would be needed.

- Advised to consider their own safety and vulnerability, and as far possible, not place themselves in any unsafe situation or vulnerable position.

3.2. Whistleblowing:

Adults cannot be expected to raise concerns in an environment where staff fail to do so. All staff are expected to report any concerns they have about the attitude or actions of colleagues or volunteers (whistleblowing – see 1.2).

If you have a Whistleblowing concern, complete, and submit our:
Whistleblowing Concern Report Form: Whistleblowing Concern Report Form - SMAUK

If at any time you feel that the appropriate action has not been taken following your report or feel unable to raise your concerns through these procedures, you can raise your concerns and get advice from the Charity Commission's free Whistleblowing helpline, 0800 055 7214.

3.3. Dealing with disclosures:

In all cases:

- We are not there to investigate.
- Our role is to observe and report.
- If concerned, pass the information on (see flow chart: Safety concern(s) observed or received).

The possibility of abuse can come to light in various ways, for example:

- An active disclosure of abuse by the adult.

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- A passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse.
- A growing awareness that 'something is not right'.
- An allegation of abuse by a third party.
- A complaint or concern raised by an adult, or third party, who doesn't perceive that it is abuse.

It's often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened. They may fear the abuse could get worse if they tell. Fear of not being believed can also cause people not to tell. Accept what the person is saying – reassure them that you take what they have said seriously.

Don't 'interview' the person; just listen calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.

If an adult does make a disclosure:

- Respect their right to privacy but make sure not to agree to any request 'not to tell anyone'.
- Explain that to keep him/ her safe from harm. The information that has been shared must be passed on.
- Reassure them that they have done the right thing in telling, and that when the information is passed on it will be done carefully and sensitively.

3.4. Only read what you need to know:

Safeguarding records are kept separately on our database. This takes sensitive information one step away from more open access. It also serves to pull together all safeguarding information so that we can obtain an overview of safeguarding concerns.

3.5. Serious Case Reviews:

If any staff member hears that someone we support has been involved in incidents of domestic violence, domestic homicide, or serious injury as well as death, they must report this to the DSL's and the CEO.

Fundraising and Administration Staff and Managers – follow the advice in Section 4
Support Staff – follow the advice in Section 5
Network Moderations/ volunteers – follow the advice in Section 6

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4. What we expect from our Fundraising and Administration Staff and Managers

4.1. No concerns for immediate safety:

If you have heard or observed anything that concerns you, at the earliest opportunity, talk to the DSL. They may ask you to complete and submit our:
Safeguarding Concerns Report Form: Safeguarding Concern Report Form - SMAUK

Give as much relevant accurate information as you can. In the case of a disclosure, use the adult's exact words.

The DSL will follow up with appropriate action.

4.2. SMA UK Event:

A risk assessment will be completed for each event. You will have contact details for local emergency services. If they are needed, follow any advice they give. You should also:

- Contact the event organiser.
- At the earliest possible time let the DSL know what has occurred so that they can work with you to ensure there is appropriate follow up action and recording.

4.3. In the event of your having immediate safety concerns for someone and no DSL's are available:

If someone tells you information that makes you extremely concerned for their welfare, or the welfare of other adults they support or care for this is what you do:

- **Take the person's contact details.**

- Tell them you have concerns, and that, **if they agree,** you will contact their Local Authority Safeguarding Team to get them support (you need to ask for their address if they are not known to us already).

- **If they do not agree to you contacting the LA, or they have given permission, but you have not been able to make a referral to the LA, and you deem the person to be at risk,** contact the police. Let them know you have concerns for a person's safety – giving their home address / area.

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- Inform the DSL of any concerns and action taken as soon as one of them is available. They will take any follow-up action needed.

  Use our form to help you with your report:
  Safeguarding Concerns Report Form: Safeguarding Concern Report Form - SMAUK

Local Authorities (LAs) can be located by searching for the named authority in a search engine or using this link:

For England: https://www.gov.uk/find-local-council
For Wales: NHS 111 Wales - Search Results
For Scotland: Find your local council in Scotland - mygov.scot
For Northern Ireland: Local councils in Northern Ireland | nidirect

See also **Appendix 1** as a guide for what to include if possible.

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Safety concern(s) observed or received

1. Direct disclosure received or observation by any member of staff

No Designated Safeguarding Lead to report it to

2. Take person's contact details

3 (a). If they agree – contact their local safeguarding team/ Local Authority (see page 11 of guidance)

3 (b). If they don't agree OR they do, but you can't contact their local safeguarding team/ Local Authority – contact police (provide details and follow advice given)

4. Ask if there's anyone that can be with them/ is with them that could help

5. Complete the 'Safeguarding Concerns Report' Form to help record your concerns/ action taken as soon as you can

6. Inform the DSL of any concerns and your action taken as soon as possible

7. The DSL will take any follow-up action needed

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5. What we expect from our Support Team

5.1. General Practice:

To offer emotional support, practical advice, and guidance, whether at diagnosis or beyond.

During any involvement with an adult, staff are responsible for being aware and watching for any signs of abuse, neglect or exploitation.

Due to the nature of our service and contact, the team don't always have a full picture of an adult's circumstances, but do their best to note:

- Who is in the household?
- Who is providing care and the quality of this care?
- What family and other support the person has
- Their housing and financial situation
- Their emotional and mental health
- Any evidence of alcohol or drug misuse in the household

These observations are made in the context of respecting religious, cultural, and personal beliefs, that may impact on the person and their support network.

5.2. Immediate safety needs – if on a home visit:

If you are alerted to an urgent adult safeguarding concern:

- Make an immediate evaluation of the risk and take steps to ensure that the person is in no immediate danger. Call 999 for emergency services if there is a medical emergency, danger to life or risk of imminent injury, or if a crime is in progress.

- Call for urgent medical assistance from the GP, or other primary healthcare service if there is a concern about the person's need for medical assistance. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.

- Consider if there are other adults / children with care and support needs who are at risk of harm and take appropriate steps to safeguard them.

- Make an urgent referral to the Local Authority.

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Immediate safety needs if on a home visit

1. Support Team on home visit – alerted to safeguarding concern (urgent situation)

2 (a). Is there a medical emergency, danger to life, risk of immediate injury or crime in progress?

2 (b). Make immediate evaluation of risk – call 999

3 (a). OR… Is the situation urgent, but there is no immediate danger?

3 (b). Call NHS 111 for medical advice/ help if not life threatening

3 (c). Call GP/ primary health service if concern is about a person's need for medical assistance

4. Are there other adults/ children with care/ support needs that are affected and need to be considered?

5. Take appropriate steps to safeguard self

6. Take appropriate steps to safeguard others

7. Check if there's anyone that can be with them/ phone them – help them make contact. If not, pass this on during referral made

8. Make an urgent referral to the Local Authority/ Safeguarding Team as soon as possible (see page 11 for Local Authority contacts)

Record all actions as soon as possible

Inform the Designated Safeguarding Lead as soon as possible

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5.3. If you observe or hear of concerns in a non-urgent situation:

- Speak to the adult in a private and safe place and talk to them about the concerns. The person alleged to be the source of the risk should not be present.
- Get the adult's views on the concerns and what they want done about it.
- Give them information about adult safeguarding and how this could help to make them safe.
- Explain confidentiality issues, how they will be kept informed and how they will be supported.
- Identify any communication needs or personal care arrangements.
- At the earliest possible opportunity, write down your observations and, if the concern is the result of a disclosure by an adult, the exact words that have been used. Use **Appendix 1** as your guide.
- Work with the DSL to follow up, record and report appropriately.

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Non-urgent concerns for adult safety

1. Support Team on home visit – observing/ hearing concerns that are non-urgent (life threatening), but support is needed

2. Speak to the person in a private/ safe place to talk about their concerns

3. Understand their view of the situation/ concern – what have they done about it?

4. Give them information about adult safeguarding – explain how this could help to make them safe

5. Explain confidentiality – how will they be kept informed and supported – sharing with colleagues

6. Identify any communication needs/ personal care arrangements

7. As soon as possible record your observations

   If the concern is the result of a disclosure write their exact words

8. Designated Safeguarding Lead to record, report and follow up as needed

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5.4. How to record all reports, discussions, and actions on the database:

Safeguarding:

Any report, discussions, actions, and outcomes should be recorded clearly and in full (see **Appendix 2)** on the database. This should be under the constituent record **'Summary Safeguarding'**.

The **summary box (above the notes)** is the name of the person subject to the safeguarding concern.

Do not add any notes into the individuals NXT record, please write: "**See Summary Safeguarding NXT record"** only in the summary box on their individual record, no other information is required.

An alert notice should be set up on NXT so that whenever anyone opens the individual's record, a notice flashes on the screen saying **'Alert all" - talk to the DSL.** The descriptor safeguarding adult - with date of action is recorded on adult's record. No otherinformation is entered in this record.

Whistleblowing:

Any report, discussions, actions, and outcomes for any volunteer or personal assistants should be recorded clearly and in full (see **Appendix 2)** on the database. This should be under the constituent record **'Whistleblowing'**.

The **summary box (above notes)** is the name of the person who is the subject of the whistleblowing concern.

The descriptor **whistleblowing** - with the date of action is recorded on the person's record. In the notepad of the action, please write: **See Whistleblowing NXT record.** No other information is entered in this record.

An alert notice should be set up on NXT so that whenever anyone opens this person's record a notice flashes on the screen saying **'Alert all" - talk to the DSL.**

6. <u>What we expect from our volunteers</u>

Moderators and volunteers are given guidelines which include safeguarding and whistleblowing, and what they should do if they have any concerns: Our policies - SMAUK.

Any volunteers will need to complete an enhanced DBS check.

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7. What we expect from our Designated Safeguarding Lead's (DSL's)

When the DSL receives a report directly of safeguarding concerns, it is their responsibility to:

- Ensure the person who made the observation or heard the adult's allegation/disclosure makes as accurate and clear a record as possible, including if applicable, the adult's actual words.

- Decide whether to make a referral to the appropriate Local Authority Adult Safeguarding Team related to the home address of the adult. If the report has come from a colleague, they will take part in this decision, with as required the CEO.

- Make a full written record of the information that they have received detailing the reasons for this decision.

- Pass this information onto the CEO and board of trustees. The board members hold responsibility for all safeguarding within the charity, both with staff and the community. (see **Appendix 3**).

- If there is one, establish with the adult's Community Support Practitioner if anything can be put in place to support the adult, or if joint working with the Local Authority would be appropriate.

- Make a referral to the appropriate Local Authority Adult Safeguarding Team including the recording of the incident. Ensuring the adult concerned is aware of this action.

If the DSL or referrer thinks talking to the adult about the referral could place the adult in danger (for example, the perpetrator is always with the person, so it would not be possible to let them know without placing them at further potential risk), SMA UK will not inform the adult of this action. They will make sure to advise the Safeguarding Team that the adult is not aware of the referral, along with the reason.

- The DSL is responsible for ensuring that all recording, information and action about anincident or concern has been added to the database correctly and in full.

- If at any time the DSL does not receive a satisfactory response from a Local Authority Adult Safeguarding Team, the DSL will raise their concern with the manager of this team and, if the matter remains unresolved, the Chair of the appropriate local Independent Safeguarding Board.

- The DSL is responsible for advising the CEO of any changes in legislation or practice and

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any learnings from our involvement with safeguarding issues.

- The DSL is also responsible for ensuring suitable safeguarding training is delivered to all staff.

8. If we receive a whistleblowing report with safeguarding implications

If the report suggests that the alleged perpetrator has:

- Behaved in a way that has harmed an adult.
- May have harmed an adult.
- Has possibly committed a criminal offence against or related to an adult.
- Has behaved towards an adult in a way that indicates they are unsuitable to work with children.
- Has behaved in a way that raises concerns about their suitability to hold a position of trust.

There must be immediate contact with the appropriate LA Safeguarding Team:

Reports about a staff member:
These go to the CEO and/or the chair of the board, if the CEO, they will discuss the report with the chair of the board, and if sufficient concerns are raised contact will be made with Warwickshire Social Services Adult Safeguarding Team.

Reports about a volunteer:
These go to either the DSL or CEO. If they raise sufficient concerns, with the appropriate LA Safeguarding Team.

Reports about people in Positions of Trust and caring or support roles:
These go to the DSL who should discuss them with the CEO and, if they raise sufficient concerns, with the appropriate LA Safeguarding Team.

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See also:

- **Safer Recruitment Policy**
- **Community Networks Safety Policy**
- **Volunteer Guidelines**
- **Safeguarding Children**

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APPENDIX 1 - Information to include in an adult referral

When seeking advice or referring information onto a Local Authority or the police, always consider the following points:

- Whether the adult has given consent for their information to be shared.
- Why you are seeking advice or sharing information, and why you think the adult is at risk.
- Is the adult currently safe, and their current whereabouts known?
- The adult's name, date of birth, address, their spoken language and any additional needs that they have.
- Details of anyone else found at the household, and their current whereabouts.
- All available information about the concern.
- Any information about the adult's general circumstances, including any information about their care and support.
- Whether there are likely to be any communication issues/ need for an interpreter.
- Any details of family GP or other professionals involved with the person (if known).
- Any details for any other members of the family or community that may be significant to the adult (if known).
- Details of any previous incidents or causes for concern.
- Your name, contact details, and reason for involvement.

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APPENDIX 2 - Information to include in database recording

- Always record contact details for the person involved, ensuring their consent is evidenced.
- Add the date and the time of the incident/concern (if known).
- Details of the incident and brief statement of concern.
- Record any immediate action taken/ needed.
- Record who you passed the information of the incident/concern on to.

If a referral is made to a Local Authority Safeguarding Team, always consider recording the following points:

- The name and phone number/email of the Local Authority the referral was sent to and if referral by phone, the name of the person who took the referral.
- The date and time of referral.
- A record of any written information emailed.

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APPENDIX 3 – Responsibility of the board of trustees and Lead Trustee for Safeguarding

Charity trustees in the UK are required to take steps to protect everyone who comes into contact with their organisation from harm (Charity Commission for England and Wales, 2019; Charity Commission for Northern Ireland, 2019; Scottish Charity Regulator, 2018).

This includes:

- ensuring safeguarding policies, procedures and measures are fit for purpose and up to date
- making sure everyone in the organisation is aware of their safeguarding responsibilities and knows how to respond to concerns
- having a lead trustee for safeguarding
- challenging any decisions which adversely affect anyone's wellbeing
- managing allegations of abuse against someone involved in the organisation
- reporting serious incidents as necessary

Lead trustee for safeguarding:

The lead trustee for safeguarding is a volunteer from within the board who has skills, experience and confidence in safeguarding. It is good practice to ensure that the role and responsibilities of the lead trustee is agreed by the Board and reviewed regularly. There should be a distinction between the strategic, advisory and governance role of a lead trustee and the day-to-day operational designated safeguarding leads.

The Charity Commission states that safeguarding is the responsibility of all trustees. If you appoint a lead trustee, it should be clear that they are not to be the only person among the trustees who understands safeguarding.

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What we expect from our Lead Trustee for safeguarding:

- The lead trustee for safeguarding usually takes on these duties related to safeguarding in addition to their wider responsibilities as a trustee.

1. Consider the organisation's strategic plans and make sure they reflect safeguarding legislation, regulations specific to activities, statutory guidance, and the safeguarding expectations of the Charities Commission.

2. Work with the designated safeguarding leads regularly to review whether the policies the organisation has put in place are creating a safer culture and keeping people safe.

3. Make sure there is space on the agenda for safeguarding reports and help trustees understand and challenge those reports.

4. Make sure there is an annual review of safeguarding policies and procedures and that this is reported to trustees.

5. Attend relevant safeguarding training events and conferences.

6. Support the trustees in developing their individual and collective understanding of safeguarding.

7. Attend meetings, activities, projects to engage with staff, volunteers and beneficiaries to understand safeguarding on the ground.

8. Work with the chair, CEO and designated safeguarding leads in order to manage all serious safeguarding cases.

9. The chair of the board should make sure that the lead trustee for safeguarding has the required knowledge, skills, and experience or is supported to develop these.

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APPENDIX 4 – Third Party Information

If concerns about an individual are brought to the attention of SMA UK, it is the responsibility of the person who has received the information or disclosure to pursue the most appropriate course of action, as they will have been the first point of contact. SMA UK can only contact and support the individual if the individual chooses to contact the charity directly.

SMA UK can support the person who has received the information or disclosure by providing them with details of another appropriate person or authority that can be contacted. The charity cannot act as a third party doing this on behalf of the person who has received the information or disclosure.

Whilst providing support SMA UK will be able to offer direction. The person who has provided the information or disclosure needs to have given their consent for details about their situation to be shared with anybody. If they have not provided consent there would be an exception to this if delaying the sharing of relevant information would increase the risk of harm to themselves, a child, young person, adult, or associated others.

If you are doubtful about the information, you hold being third party, please contact the Designated Safeguarding Leads.

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