Safeguarding Policy, Standards, Code of Behaviour and Reporting Procedure
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Safeguarding Reporting Procedure
Anyone who is concerned about the well-being of a child/vulnerable adult or has a disclosure of abuse or neglect made to them* must:

**RESPOND:** listen carefully to what the person is telling you. Do not interrupt; do not ask questions. Is a child/vulnerable adult making a disclosure to you? Follow the guidance on ‘what to do if a disclosure is made to you’ (Appendix B, page 12)

**REPORT:** Is the child/vulnerable adult in immediate danger?

- **YES**
  - Call the police (999), then...
  - Report your concerns to your designated Safeguarding Lead and/or Diabetes UK Safeguarding Team immediately (020 7424 1186). If the Safeguarding Team is unavailable, call the NSPCC (0808 800 5000) or ParentLine Scotland (0800 028 2233)

- **NO**
  - **RECORD:** Write an objective record of your concerns immediately, using the Safeguarding Reporting Form (Appendix C, page 12). Send it to the Safeguarding Team within 48 hours of the concern/disclosure (safeguarding@diabetes.org.uk)

- **ACCESS** the support you need after reporting the concern/disclosure. You can talk to the Safeguarding Team/Safeguarding Lead; if you’re a member of staff you can also talk to your line manager and/or Employee Assistance Programme (0800 116 4361)
Contact details for reporting concerns

If someone is in immediate danger, call the police: 999

Diabetes UK Safeguarding Team emergency phone number: 020 7424 1186 (out of hours)

Safeguarding Manager (Leonora Borg): 020 7424 1051/ 0788 705 2116 (Monday to Friday, 9am to 5pm)

Email: leonora.borg@diabetes.org.uk; safeguarding@diabetes.org.uk

If you need safeguarding advice and the Safeguarding Team is unavailable, call the NSPCC: 0808 800 5000. If you are in Scotland you can also call ParentLine: 0800 028 2233.

If you would like to raise a concern about the Safeguarding Team, contact the Diabetes UK Operations Director (who has overall responsibility for safeguarding) Colette Marshall: colette.marshall@diabetes.org.uk
Safeguarding Policy

1. Policy statement

Diabetes UK is committed to prioritising the well-being of all children and vulnerable adults who we support. Our Policy, Standards, Code of Behaviour and Reporting Procedure recognise and respond to safeguarding risks, including those pertaining to diabetes and Diabetes UK. This Policy, Standards and Code of Behaviour strive to minimise risk whilst providing services that enable children and vulnerable adults to obtain the support they need for their own and others’ diabetes. The Reporting Procedure outlines how to respond to safeguarding concerns/disclosures.

2. Use of terminology

Child: a person under the age of eighteen years.

Note that some legislation in Scotland defines a child as a person up to sixteen years old. Engagement with sixteen and seventeen year olds in Scotland will be reviewed on a case-by-case and project-by-project basis by the National Director and Safeguarding Team, depending on the needs of the young person involved.

Vulnerable adult (England, Wales and Northern Ireland); adult at risk of harm (Scotland): a person over the age of eighteen years who is, or may be, in need of community care services by reason of disability, age or illness; and is, or may be, unable to take care of, or unable to protect him or herself against significant harm or exploitation. For the purpose of this policy, the term ‘vulnerable adult’ includes ‘adult at risk of harm’ in Scotland.

Safeguarding children: protecting children from abuse and neglect, preventing the impairment of children’s health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children to have the best life chances.

Safeguarding vulnerable adults: protecting vulnerable adults from abuse and neglect. Supporting individuals in maintaining control over their lives and in making informed choices without coercion. Empowering vulnerable adults, consulting them before taking any action, unless someone lacks the capacity to make a decision, or their mental health poses a risk to their own or someone else’s safety, in which case, always acting in his or her best interests.

(See appendix A for full glossary of terms).

3. Scope

Diabetes UK supports people with diabetes across the four nations (England, Scotland, Wales and Northern Ireland). This Policy, Standards, Code of Behaviour and Reporting Procedure are in line with national legislation and applicable across the UK. They are applicable to all Diabetes UK trustees, staff and volunteers at all times when they are representing Diabetes UK.

Guidance on implementing the Policy, Standards, Code of Behaviour and Reporting Procedure are outlined in the Implementing the Safeguarding Standards: STAFF and Implementing the Safeguarding Standards: VOLUNTEERS guidance documents that accompany this Policy, which are also applicable to all Diabetes UK trustees, staff and volunteers at all times when they are representing Diabetes UK.

Advice, guidance and support is available from the Diabetes UK Safeguarding Team.
4. **Responsibility for implementation of the Safeguarding Policy, Standards, Code of Behaviour and Reporting Procedure**

SAFEGUARDING IS EVERYONE’S RESPONSIBILITY: NOT RESPONDING TO A SAFEGUARDING CONCERN IS NOT AN OPTION.

- The Diabetes UK Board of Trustees has overall accountability for this Policy, Standards, Code of Behaviour and Reporting Procedure
- The Chief Executive, Head of Operations (with lead responsibility for safeguarding), Executive, National Directors and Regional Managers of Diabetes UK are responsible for implementation
- The Safeguarding Manager is responsible for updating this Policy, Standards, Code of Behaviour and Reporting Procedure in line with legislative and organisational developments. Their role is also to support directorates to develop and implement safeguarding procedures for work undertaken by each directorate and to carry out an organisation-wide safeguarding audit every year
- Safeguarding Leads (regional/national/project/event staff) and Safeguarding Points of Contact (local groups) are responsible for raising safeguarding concerns/disclosures with the Safeguarding Team (for more information see Implementing the Standards: STAFF and Implementing the Standards: VOLUNTEERS guidance documents).

Where there is a safeguarding concern/disclosure:
- The individual who is told about, hears, or is made aware of the concern/disclosure is responsible for following the Safeguarding Reporting Procedure (page 3)
- The Safeguarding Team is responsible for assessing the concern/disclosure and following up as appropriate on a case-by-case basis, prioritising the well-being of the child/vulnerable adult at all times. Dependent on the concern/disclosure, a referral may be made to:
  - The police in an emergency (999)
  - Local Safeguarding Children’s Board (England, Wales); Local Authority Children and Families Social Services Team (Scotland); or Gateway Services Team for Children’s Social Work at the Health and Social Care Trust (Northern Ireland) for concerns/disclosures about a child
  - Local Safeguarding Adults Board (England, Wales); Local Authority Adult Protection Team (Scotland); or Health and Social Care Trust (Northern Ireland) for concerns/disclosures about a vulnerable adult
  - Local Authority Designated Officer (England; Wales); Disclosure and Barring Service (England, Wales and Northern Ireland); or Disclosure Scotland for concerns/disclosures about a member of staff or volunteer.

5. **Breach of the Safeguarding Policy, Standards, Code of Behaviour and Reporting Procedure**

Breaches of this Policy and/or failure to comply with the outlined responsibilities may result in the following:
- Diabetes UK staff - disciplinary action leading to possible dismissal and legal action (see Disciplinary Policy)
- Diabetes UK trustees and volunteers - termination of current and future roles within Diabetes UK and possible legal action (see Local Group Agreement; individual project Agreements).

Actions taken by trustees, staff and volunteers outside of Diabetes UK that are seen to contradict this Policy may be considered a violation of this Policy.
6. Related policies and guidance

For staff, the following areas relating to safeguarding are covered in other Diabetes UK policies and guidance:

- Implementing the safeguarding Standards *(Implementing the Safeguarding Standards: STAFF)*
- Personnel recruitment (including police checks and references) *(Recruitment Policy)*
- Whistleblowing *(Whistleblowing Policy)*
- Behaviour and ramifications of misconduct *(Employee Code of Conduct; Disciplinary and Grievance Policy; Abusive and Threatening Behaviour Policy; Bullying and Harassment Policy)*
- Complaints about the Safeguarding Team or how a safeguarding issue is handled *(Complaints Policy)*
- Data protection (how data is safely collected, collated, stored and shared) *(Data Protection Policy)*
- Safe use of social media *(Social Media Policy)*
- Safeguarding and events *(Events Guidelines; Risk Management Policy)*.

For volunteers, the following areas relating to safeguarding are covered in other Diabetes UK policies and guidance:

- Implementing the safeguarding Standards *(Implementing the Safeguarding Standards: VOLUNTEERS)*
- Safeguarding and events *(Events Guidelines)*
- Local group safeguarding requirements *(Volunteer Agreement)*.

Safeguarding Standards

The Standards aim to set a minimum level of practice consistent with operating a safe organisation and are applicable across the organisation. *Implementing the Standards: STAFF* and *Implementing the Standards: VOLUNTEERS* guidance documents are intended to be used alongside the Diabetes UK Safeguarding Policy, Code of Behaviour and Reporting Procedure.

**Standard 1: Recruitment, induction, training and supervision prioritise safeguarding**

- Applications, interviews and references address safeguarding where applicable
- All eligible staff and volunteers have a criminal records check
- All staff and volunteers receive appropriate safeguarding training and ongoing support.

**Standard 2: Safeguarding guidance and support is easy to access**

- There is a named, organisation-wide Safeguarding Team
- There are named Safeguarding Leads across Diabetes UK
- There are named Safeguarding Points of Contact in local groups.

**Standard 3: Children and vulnerable adults are respected, protected and empowered**

- All staff and volunteers follow the Safeguarding Policy, Standards, Code of Behaviour and Reporting Procedure
- Safeguarding procedures are risk assessed and monitored
- The well-being of children and vulnerable adults is prioritised in text and images
- Children and vulnerable adults are involved in shaping the programmes that support them.

**Standard 4: Children and vulnerable adults are kept safe on-line**

- The safety and well-being of children and vulnerable adults is prioritised in all Diabetes UK on-line communication
- Children and vulnerable adults are supported and empowered to stay safe on-line
- Incidents of cyber-bullying, sexting, grooming and all other forms of on-line abuse are recognised, reported and responded to.
Standard 5: All safeguarding concerns and disclosures are responded to, reported and recorded immediately

- Trustees, staff and volunteers who report safeguarding concerns or disclosures are protected and supported
- All safeguarding concerns/allegations made against a Diabetes UK trustee, staff or volunteer follow Diabetes UK disciplinary procedures and may be reported to external authorities.

Standard 6: All safeguarding information is recorded, stored, accessed and shared safely

- Confidential safeguarding information and information about children/vulnerable adults is:
  - Recorded safely
  - Stored and archived securely
  - Accessed and processed securely
  - Shared securely and appropriately.

Standard 7: Diabetes UK fosters a collaborative approach to safeguarding and protection across the organisation and with other agencies.

Safeguarding Code of Behaviour

You should always:

- Prioritise the well-being of all children and vulnerable adults: safeguarding is everyone’s responsibility
- Report all safeguarding concerns and disclosures to the Diabetes UK Safeguarding Team, or, if someone is in immediate danger, to the police (999)
- Report inappropriate, unsafe, bullying or concerning behaviour to Diabetes UK, whether the individual is a member of staff, volunteer, visitor or service user, including a child or vulnerable adult
- Keep a record of interactions with children/vulnerable adults (phone, social media and face-to-face) and store records safely*
- Be accompanied by a second adult at all times during contact with a child/vulnerable adult**
- Be aware of the vulnerability inherent in adult-child and adult-vulnerable adult relationships and avoid taking any advantage this may provide
- Make Diabetes UK’s Safeguarding Policy, Standards, Code of Behaviour and Reporting Procedure easy to access for all staff, volunteers and service users you come into contact with
- Ensure your own roles and responsibilities, and those of everyone you are responsible for, are clearly outlined and everyone has the training, support and supervision to carry them out
- Always follow Diabetes UK’s guidance on photographing children and vulnerable adults (see Implementing the Standards guidance documents)
- Be a positive role model for others as a Diabetes UK representative and proactively promote safeguarding.

You should never:

- Hit or physically hurt a child or adult or shout at them, even if you are dealing with challenging behaviour
- Engage in emotionally harmful behaviour: use language that may be emotionally harmful; suggest or encourage inappropriate behaviour of any kind; act in any way that embarrasses, shames or degrades anyone
- Neglect, take advantage of or discriminate against anyone, or act in a way that may be interpreted as neglectful, advantageous or discriminatory on grounds of race, culture, age, gender, disability, religion, sexuality, or political persuasion
- Engage in sexual behaviour towards a child or vulnerable adult: kiss, inappropriately touch or do things of a personal nature that they can do for themselves, including dressing and bathing; encourage any crushes
• Develop a friendship with a child or vulnerable adult for the purposes of engaging in inappropriate behaviour with them; show favouritism or spend excessive amounts of time with one child/vulnerable adult; give or accept gifts to/from any child/vulnerable adult or their parent/guardian/carer (grooming)
• Be under the influence of illegal drugs or alcohol when working with children or vulnerable adults
• Give medical advice unless you are trained to do so
• Transport a child or vulnerable adult without prior permission from Diabetes UK
• Instigate or maintain contact outside of Diabetes UK with any child or vulnerable adult who is accessing Diabetes UK support or services. This includes via social media, phone/texting, letters or face-to-face
• Use personal phone numbers, emails or social media sites to communicate with children or vulnerable adults who are Diabetes UK service users
• Take photos of individual children or vulnerable adults (photos of them on their own or with one or two other people, rather than as part of a group) or share information about them unless you have written permission from Diabetes UK.

*As agreed with the Safeguarding Team for each Diabetes UK service – see ‘Implementing the Standards’ guidance documents

**Unless signed off by the Diabetes UK Safeguarding Team

***Service users may mutually agree to keep in contact with each other. Friendships formed prior to contact with Diabetes UK may continue with mutual agreement from both individuals; please make Diabetes UK aware of these.

The Code of Behaviour should be interpreted in a spirit of transparency, integrity and common sense, with the best interests of children and vulnerable adults as the primary consideration.

This Policy, Standards, Code of Behaviour and Reporting Procedure are reviewed every two years [or earlier if there is a change in national legislation].

This Policy, Standards, Code of Behaviour and Reporting Procedure are recommended for approval by:

Trustee: Date:

Chief Executive: Date:

Director of Operations: Date:
(Lead responsibility for safeguarding)
Appendix A: Glossary of Terms

Child: a person under the age of eighteen years\(^1\). Note that in Scotland, some legislation refers to anyone over the age of 16 years; however for child protection purposes, this policy defines a child as under eighteen years old.

Vulnerable adult (England, Wales and Northern Ireland); adult at risk of harm (Scotland): a person over the age of eighteen years who is, or may be, in need of community care services by reason of disability, age or illness; and is, or may be, unable to take care of, or unable to protect him or herself against significant harm or exploitation\(^2\). Vulnerable adults include people who are open to abuse because of learning difficulties, physical disabilities or mental illness; and older people. Becoming dependent on someone else, whether a carer, family member, friend or professional health worker (such as a staff member in a residential or nursing home or hospital), can put vulnerable people at risk of abuse.

Diabetes UK support services most often come into contact with adults who are vulnerable because of their age; physical health (sometimes as a result of their diabetes); and mental health (which may be linked to a diagnosis and/or management of diabetes).

Safeguarding: protecting children from abuse and neglect, preventing the impairment of children’s health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children to have the best life chances\(^3\). Protecting vulnerable adults from abuse and neglect. Supporting individuals in maintaining control over their lives and in making informed choices without coercion\(^4\). Empowering vulnerable adults, consulting them before taking any action, unless someone lacks the capacity to make a decision\(^5\) or their mental health poses a risk to their own or someone else’s safety\(^6\), in which case, always acting in his or her best interests.

Abuse and neglect\(^7\)

- **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/vulnerable adult. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness
- **Sexual abuse**: Involves forcing or enticing a child or young person to take part in abuse 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 (for example, 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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\(^2\) No Secrets, Department for Health statutory guidance (2000)

\(^3\) Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children, HM Government (2013)

\(^4\) Statement of government policy on adult safeguarding, Department of Health (2011)

\(^5\) Mental Capacity Act, HM Government (2005)

\(^6\) Mental Health Act, HM Government (1983)

\(^7\) As defined in Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children, pages 85 to 86, HM Government (2013)
Emotional abuse: The persistent emotional maltreatment of a child/vulnerable adult such as to cause severe and persistent adverse effects on their emotional development. It may involve conveying to a child/vulnerable adult that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person; not giving them opportunities to express their views; deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed, including interactions that are beyond a child/vulnerable adult’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing them participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing a child/vulnerable adult to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is or the involved in all types of maltreatment of a child, though it may occur alone.

Neglect: The persistent failure to meet a child/vulnerable adult’s basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. It may involve a parent or carer failing to:
- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child/vulnerable adult from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.
It may also include neglect of, or unresponsiveness to, a child/vulnerable adult’s basic emotional needs. Neglect may occur during pregnancy as a result of maternal substance abuse.

Additional categories of abuse and neglect of vulnerable adults

- Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- Financial or material abuse: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- Discriminatory abuse: including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

- A person who is being abused may experience more than one type of abuse
- Harassment, and bullying are also abusive and can be harmful
- People from all cultures are subject to abuse. It cannot be condoned for religious or cultural reasons
- Female Genital Mutilation (FGM) is now recognised as a form of physical, sexual and emotional abuse that is practised across the UK
- Abuse can have immediate and long-term impacts on someone’s well-being, including anxiety, depression, substance misuse, eating disorders and self-destructive behaviours, offending and anti-social behaviour
- Those committing abuse are most often adults. However, child-to-child abuse can also take place.

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8 As defined in No Secrets, pages 9 to 10, Department for Health statutory guidance (2000)
Appendix B: What to do if a disclosure from a child or vulnerable adult is made to you:

1. Reassure the child/vulnerable adult that s/he is right to report the behaviour
2. Listen carefully and calmly to him/her
3. Avoid questioning where possible – and never ask leading questions
4. Do not promise secrecy. Inform him/her that you must report your conversation to the Diabetes UK Safeguarding Team (and the police in an emergency) because it is in his/her best interest
5. REPORT IT! In an emergency, call the police (999), otherwise talk to the Diabetes UK safeguarding team as soon as possible (emergency number 020 7424 1186; work phone 020 7424 1051). Once reported, the Safeguarding Team will take proper steps to ensure the safety and well-being of the child/vulnerable adult
6. Do not permit personal doubt to prevent you from reporting the allegation
7. Make an immediate objective written record of the conversation using the safeguarding reporting form (Appendix C). Make certain you distinguish between what the person has actually said and the inferences you may have made. Your report should be sent to the safeguarding team within 48 hours of the incident, who will store it safely.
Appendix C: Safeguarding Concerns/Disclosures Reporting Form

To be used to record all safeguarding concerns/disclosures.

This form is to be printed and signed. There is an electronic version available on the website/intranet:
http://www.diabetes.org.uk/Local-Groups-Portal/Safeguarding/
http://connect/DirectoratesandTeams/Operations/Safeguarding/Shared%20Documents/Forms/AllItems.aspx

REMEMBER: WHEN A CONCERN/DISCLOSURE IS MADE TO YOU, DO NOT ASK QUESTIONS AND DO NOT INVESTIGATE. REPORT WHAT YOU HAVE BEEN TOLD/OBSERVED IMMEDIATELY.

<table>
<thead>
<tr>
<th>DETAILS OF THE CHILD/VULNERABLE ADULT AND THEIR PARENT(S)/CARER (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child/vulnerable adult</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Parent/carers name(s)</td>
</tr>
<tr>
<td>Home Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YOUR DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your name</td>
</tr>
<tr>
<td>Your position</td>
</tr>
<tr>
<td>Date and time of incident</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DETAILS OF THE PERSON ALLEGED TO HAVE CAUSED HARM TO A CHILD/VULNERABLE ADULT, OR WHO THERE IS REASON TO BELIEVE MAY CAUSE HARM (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Parent/carers name(s)</td>
</tr>
<tr>
<td>Home Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you reporting your own concerns or those raised by someone else?</td>
</tr>
<tr>
<td>My own concerns</td>
</tr>
<tr>
<td>Concerns raised by someone else</td>
</tr>
</tbody>
</table>

If reporting concerns raised by someone else, please provide their name(s) and position(s):

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Position</td>
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**DETAILS OF THE SAFEGUARDING CONCERN/DISCLOSURE, INCLUDING TIMES, DATES AND OTHER RELEVANT INFORMATION.** (The information should be as objective as possible, including direct quotes and reasons why you thought and responded as you did):

<table>
<thead>
<tr>
<th>Details of any witnesses to the incident(s)</th>
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<table>
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<tr>
<th>Have you spoken to anyone else regarding the concern/disclosure? (including the child/vulnerable adult; parent/carer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

**REMEMBER: YOU SHOULD NOT CONDUCT AN INVESTIGATION. YOU SHOULD NOT CONTACT THE PARENT/CARER IF DOING SO MAY PUT A CHILD/VULNERABLE ADULT AT FURTHER RISK OF HARM.**

<table>
<thead>
<tr>
<th>If yes, please provide details of who, what was said, when and what their response was</th>
</tr>
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</table>


### FURTHER ACTION TAKEN TO DATE

Have you informed any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other emergency services</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Diabetes UK Safeguarding emergency on-call person</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Diabetes UK Safeguarding Lead/Point of Contact</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Line manager/event organiser/local group Chair</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
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If yes, please specify:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes UK Safeguarding emergency on-call person</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Diabetes UK Safeguarding Lead/Point of Contact</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other (please specify):</td>
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</table>

Your Signature

Today's date

### ADDITIONAL INFORMATION RELEVANT TO THE SAFEGUARDING CONCERN/DISCLOSURE

<table>
<thead>
<tr>
<th>Further actions taken and reason(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date case closed/on hold</td>
</tr>
<tr>
<td>Safeguarding Manager's name</td>
</tr>
<tr>
<td>Safeguarding Manager's signature</td>
</tr>
<tr>
<td>Today's date</td>
</tr>
<tr>
<td>Where the case is referred to external authorities</td>
</tr>
<tr>
<td>Operations Director's name</td>
</tr>
<tr>
<td>Operations Director's signature</td>
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</table>

By closing/putting the concern/disclosure on hold, the Safeguarding Manager (and Operations Director where applicable) acknowledge that Diabetes UK has followed legislative requirements, Diabetes UK’s Safeguarding Policy and other relevant policies and guidance, prioritising the well-being of children and vulnerable adults.