



Safeguarding Adults Policy and Procedures

Vista Wellbeing CIC

CONTENTS

1. Introduction	3
2 Principles	3
3 Guidance and Legislation	4
4 Definitions	5
5. Types of Abuse and Neglect - Definitions from the Care Act 2014	5
6. Signs and indicators of abuse and neglect	7
7. What to do if you have a concern or someone raises concerns with you.	8
8 How to Record a Disclosure	8
9. Safeguarding Adults Flowchart	9
10 Roles and responsibilities of those within Vista Wellbeing	10
11 Good practice, poor practice and abuse	10
12 Relevant Policies -.....	12
13 Further Information	13
Appendix 1 A guide to common conditions.....	14
Appendix 2 Legislation	16
Appendix 3 Useful contacts	18

1. INTRODUCTION

Vista Wellbeing is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults taking part in its activities, in accordance with the Care Act 2014.

Vista Wellbeing's safeguarding adults policy and procedures apply to all individuals involved in Vista Wellbeing's activities and day-to-day operations.

Vista Wellbeing will encourage and support partner organisations to adopt and demonstrate their commitment to the principles and practice of equality as set out in this safeguarding adults policy and procedures.

2 PRINCIPLES

2.1 The guidance given in the policy and procedures is based on the following principles:

The six principles of adult safeguarding

The Care Act sets out the following principles that should underpin safeguarding of adults

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention – It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality – The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

Protection – Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

2.1.2 All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.

2.1.3 Vista Wellbeing will seek to ensure that our activities are inclusive and make reasonable adjustments for any ability, disability or impairment, we will also commit to continuous development, monitoring and review.

2.1.4 The rights, dignity and worth of all adults will always be respected.

2.1.5 We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs.

2.1.6 We recognise that a disabled adult may or may not identify themselves or be identified as an adult ‘at risk’.

2.1.7 We all have a shared responsibility to ensure the safety and well-being of all adults and will act appropriately and report concerns whether these concerns arise within Vista Wellbeing for example inappropriate behaviour of an instructor, or in the wider community.

2.1.8 All allegations will be taken seriously and responded to quickly in line with Vista Wellbeing Safeguarding Adults Policy and Procedures.

2.1.9 Vista Wellbeing recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards (Torbay and Devon Safeguarding Adults Partnership)

3 GUIDANCE AND LEGISLATION

3.1 The practices and procedures within this policy are based on the principles contained within the UK and legislation and Government Guidance. They have been developed to complement the Safeguarding Adults Boards’ policy and procedures, and take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005

- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 1994 and 1998

4 DEFINITIONS

4.1 To assist working through and understanding this policy a number of key definitions need to be explained:

4.1.1 **Adult at Risk** is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect. In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse.

4.1.2 **Abuse** is a violation of an individual's human and civil rights by another person or persons. See section 5 for further explanations.

4.1.3 **Adult** is anyone aged 18 or over.

4.1.4 **Adult safeguarding** is protecting a person's right to live in safety, free from abuse and neglect.

4.1.5 **Capacity** refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005).

5. TYPES OF ABUSE AND NEGLECT - DEFINITIONS FROM THE CARE ACT 2014

5.1 This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour or issue which could give rise to a safeguarding concern.

5.1.1 **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. This could be a participant whose appearance becomes unkempt, does not wear suitable kit and deterioration in hygiene.

5.1.2 **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. You may notice that a participant has been missing from sessions and is not responding to reminders, emails, calls etc.

5.1.3 **Domestic Abuse** – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. Vista instructors may notice a

power imbalance between a participant and a family member. For example a participant with Downs syndrome may be looking quiet and withdrawn when their brother comes to collect them from sessions, in contrast to their personal assistant whom they greet with a smile.

5.1.4 **Discriminatory** – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act. This could be the harassing of a participant because they are or are perceived to be transgender

5.1.5 **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. In Vista's activities this could be training without a necessary break.

5.1.6 **Physical Abuse** – includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

5.1.7 **Sexual Abuse** – 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.

This could be a fellow participant who sends unwanted sexually explicit text messages to a learning disabled adult they are training alongside.

5.1.8 **Financial or Material Abuse** – 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.

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

This could be an instructor not ensuring participants have access to water.

5.1.10 **Emotional or Psychological Abuse** – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

This could be a participant threatening another participant with physical harm and persistently blaming them for poor performance.

5.2 Not included in the Care Act 2014 but also relevant:

5.2.1 **Cyber Bullying** - cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

5.2.2 **Forced Marriage** - forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

5.2.3 **Mate Crime** - a 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

5.2.4 **Radicalisation** - the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

6. SIGNS AND INDICATORS OF ABUSE AND NEGLECT

6.1 Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the club who a participant comes into contact with. Or club members, workers, volunteers or coaches may suspect that an participant is being abused or neglected outside of the club setting. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

6.1.1 Unexplained bruises or injuries – or lack of medical attention when an injury is present.

6.1.2 Person has belongings or money going missing.

6.1.3 Person is not attending / no longer enjoying their sessions.

6.1.4 Someone losing or gaining weight / an unkempt appearance.

6.1.5 A change in the behaviour or confidence of a person. They may self-harm.

- 6.1.7 They may have a fear of a particular group or individual.
- 6.1.8 They may tell you / another person they are being abused – i.e. a disclosure.

7. WHAT TO DO IF YOU HAVE A CONCERN OR SOMEONE RAISES CONCERNS WITH YOU.

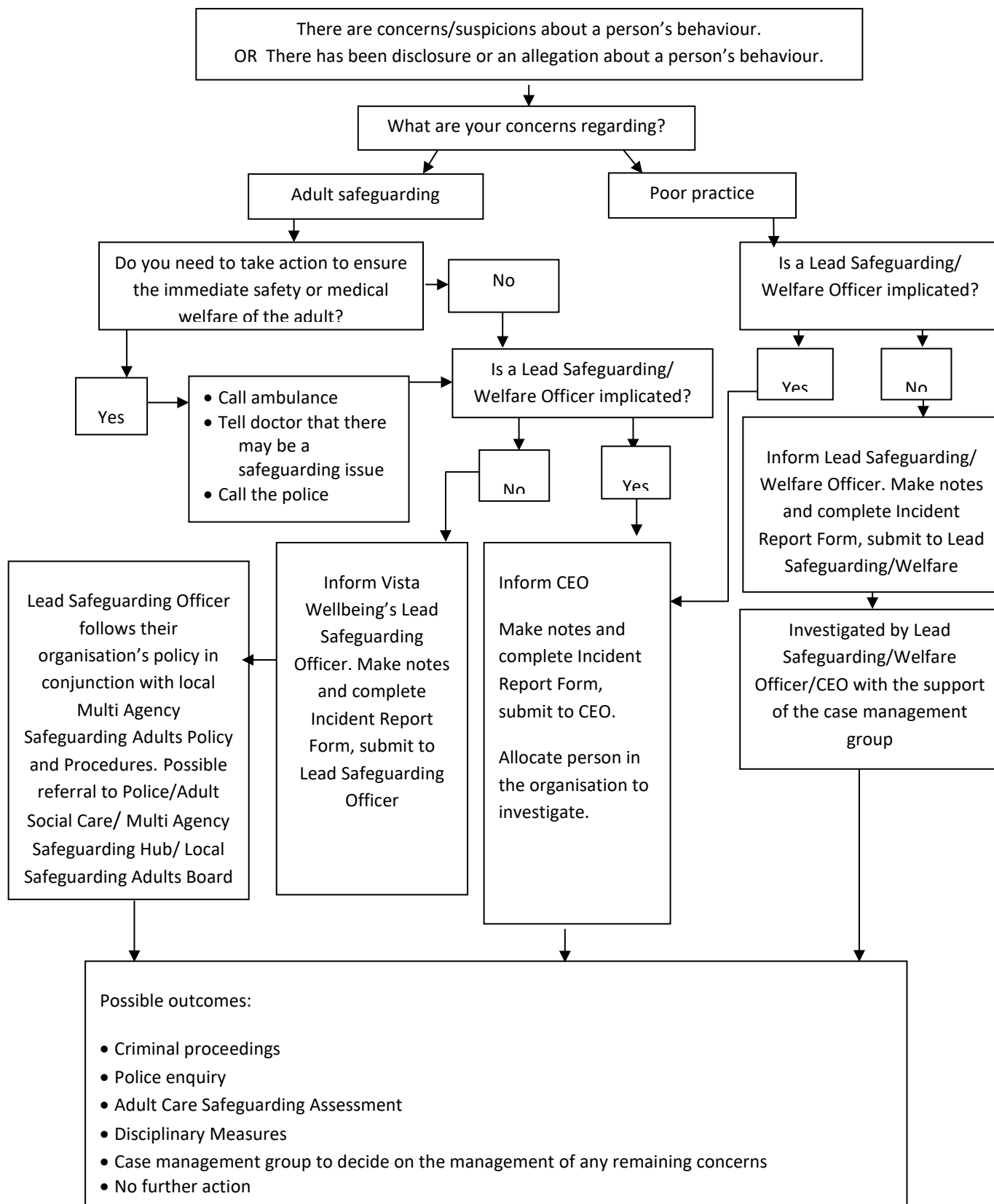
- 7.1 You may become aware that abuse or poor practice is taking place, suspect abuse or poor practice may be occurring or be told about something that may be abuse or poor practice and you must report this to the Vista Wellbeing Lead Safeguarding or Welfare Officer, or, if the Lead Safeguarding Officer is implicated then report to the LSB Lead .
- 7.2 If you are at an event out of the area and have a concern then speak to the designated person at the event and/or contact the Vista Lead Safeguarding Officer.
- 7.3 If you are concerned someone is in immediate danger, contact the police straight away.
- 7.4 It is important when considering your concern that you also consider the needs and wishes of the person at risk, taking into account the nature of the alert, more information on this is given in Appendix 2 'The Legislative Framework'.

8 HOW TO RECORD A DISCLOSURE

- 8.1 Make a note of what the person has said using his or her own words as soon as practicable. Complete an Incident Form and submit to the Vista Wellbeing Lead Safeguarding Officer.
- 8.2 As long as it does not increase the risk to the individual, you should explain to them that it is your duty to share your concern with your Lead Safeguarding Officer.
- 8.3 Describe the circumstances in which the disclosure came about.
- 8.4 Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.
- 8.5 Be mindful of the need to be confidential at all times, this information must only be shared with your Lead Safeguarding Officer and others on a need to know basis.
- 8.6 If the matter is urgent and relates to the immediate safety of an adult at risk then contact the police immediately.

9. SAFEGUARDING ADULTS FLOWCHART

Dealing with Concerns, Suspicions or Disclosure



9 Remember to involve the adult at risk throughout the process wherever possible and gain consent for any referrals to social care if the person has capacity

10 ROLES AND RESPONSIBILITIES OF THOSE WITHIN VISTA WELLBEING

10.1 Vista Wellbeing is committed to having the following in place:

10.1.1 A Lead Safeguarding/Welfare Officer to produce and disseminate guidance and resources to support the policy and procedures.

10.1.2 A clear line of accountability within the organisation for work on promoting the welfare of all adults.

10.1.3 Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.

10.1.4 A Steering Group or Case Management or Case Referral Group that effectively deals with issues, manages concerns and refers to a disciplinary panel where necessary (i.e. where concerns arise about the behaviour of someone within Vista Wellbeing).

10.1.5 A Disciplinary Panel will be formed as required for a given incident, if appropriate and should a threshold be met.

10.1.6 Arrangements are in place to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.

10.1.7 Appropriate whistle blowing procedures and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.

11 GOOD PRACTICE, POOR PRACTICE AND ABUSE

Introduction

It can sometimes be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual involved in Vista Wellbeing to make judgements regarding whether or not abuse is taking place, however, all Vista Wellbeing personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

11.1 GOOD PRACTICE

Vista Wellbeing expects that those working with adult participants:

- Adopt and endorse the Vista Wellbeing Instructor Codes of Conduct.
- Have completed a course in basic awareness in working with Adults at Risk.

EVERYONE SHOULD:

- Aim to make the experience of Vista Wellbeing activities fun and enjoyable.
- Promote fairness and playing by the rules.
- Not tolerate the use of prohibited or illegal substances.
- Treat all adults equally and preserve their dignity; this includes giving more and less talented members of a group similar attention, time and respect.

INSTRUCTORS AND THOSE WORKING DIRECTLY WITH ADULTS AT RISK SHOULD:

Respect the abilities of each participant and not risk sacrificing their welfare in a desire for group or personal achievement.

Ensure that the training intensity is appropriate to the physical, social and emotional needs of the participant.

Work with adults at risk, medical adviser and their carers (where appropriate) to develop realistic activity programmes which are suited to the needs and lifestyle of the participant, not the ambitions of others such as instructors, other participants, parents or carers.

Build relationships based on mutual trust and respect, encouraging adults at risk to take responsibility for their own development and decision-making.

Always be publicly open when working with adults at risk and avoid sessions or meetings where an instructor and an individual participant are completely unobserved.

Avoid unnecessary physical contact with people. Physical contact (touching) can be appropriate so long as:

- It is neither intrusive nor disturbing.
- The participant's permission has been openly given.
- It is delivered in an open environment.
- It is needed to demonstrate during an activity session.

Maintain a safe and appropriate relationship with participants and avoid forming intimate relationships with participants you are working with as this may threaten the position of trust and respect present between participant and coach.

Be an excellent role model by maintaining appropriate standards of behaviour.

Gain the adult at risk's consent and, where appropriate, the consent of relevant carers, in writing, to administer emergency first aid or other medical treatment if the need arises.

Be aware of medical conditions, disabilities, existing injuries and medicines being taken and keep written records of any injury or accident that occurs, together with details of treatments provided.

Arrange that someone with current knowledge of emergency first aid is available at all times.

Gain written consent from the correct people and fill out relevant checklists and information forms for travel arrangements and trips. This must be the adult themselves if they have capacity to do so.

POOR PRACTICE

The following are regarded as poor practice and should be avoided:

- Unnecessarily spending excessive amounts of time alone with an individual adult.
- Engaging in rough, physical or sexually provocative games, including horseplay.
- Allowing or engaging in inappropriate touching of any form.
- Using language that might be regarded as inappropriate by the adult and which may be hurtful or disrespectful.
- Making sexually suggestive comments, even in jest.
- Reducing an adult to tears as a form of control.
- Letting allegations made by an adult go uninvestigated, unrecorded, or not acted upon.
- Taking an adult at risk alone in a car on journeys, however short.
- Inviting or taking an adult at risk to your home or office where they will be alone with you.
- Sharing a room with an adult at risk.
- Doing things of a personal nature that adults at risk can do for themselves.

NOTE: AT TIMES IT MAY BE ACCEPTABLE TO DO SOME OF THE ABOVE. IN THESE CASES, TO PROTECT BOTH THE ADULT AT RISK AND YOURSELF, SEEK WRITTEN CONSENT FROM THE ADULT AT RISK AND, WHERE APPROPRIATE, THEIR CARERS AND ENSURE THAT THE LEAD SAFEGUARDING OFFICER OF VISTA WELLBEING IS AWARE OF THE SITUATION AND GIVES THEIR APPROVAL.

IF, DURING YOUR CARE, AN ADULT AT RISK SUFFERS ANY INJURY, SEEMS DISTRESSED IN ANY MANNER, APPEARS TO BE SEXUALLY AROUSED BY YOUR ACTIONS, OR MISUNDERSTANDS/MISINTERPRETS SOMETHING YOU HAVE DONE, REPORT THESE INCIDENTS AS SOON AS POSSIBLE TO ANOTHER ADULT IN THE ORGANISATION, MAKE A BRIEF WRITTEN NOTE OF IT AND REPORT IT TO THE LEAD SAFEGUARDING OFFICER.

12 THIS POLICY SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING POLICIES:

- Whistle Blowing
- Social media
- Complaints
- Disciplinary

13 FURTHER INFORMATION

Policies, procedures and supporting information are available on the Vista Wellbeing website

Lead Safeguarding Officer: Sue Ward 07527 992059

Arthritis - A condition which deteriorates the bone and causes joint pain. The most common condition in the country.

Asperger Syndrome - Shares many of the same traits as autism, but certain traits, such as clumsiness, an almost obsessive interest in a hobby or collection and the love of routines, are typical of people with Asperger syndrome.

Autism - An abnormality of childhood development affecting language and social communication.

Profound blindness - As defined by the World Health Organisation, the inability to count fingers at a distance of ten feet or less.

Registered blind - Visual activity is 3/60 or worse, or 6/60 if field of vision is very restricted.

Registered partially sighted - Visual acuity is between 3/60 and 6/60 with a field of vision, or up to 6/18 if field of vision is very restricted.

Severe low vision - An inability to count fingers at twenty feet or less.

Brain Damage - A condition where people can exhibit a wide range of symptoms: memory loss, inappropriate, uninhibited behaviour, severe mood swings and can have little or no understanding of their own condition. They may have communication difficulties and be unable to fully understand what is said to them, appreciate the implications for them and be able to express their ideas properly.

Cerebral Palsy - A disorder of movement and posture. It is due to damage to a small part of the brain, which controls movement.

Cystic Fibrosis - A genetically inherited disorder which affects the lungs and the digestive system.

Deafblind - A severe degree of combined visual and hearing impairment. Few deafblind people are both profoundly deaf and totally blind.

Deafness - A breakdown of the physiological mechanisms of hearing. May be congenital or the result of an accident or illness.

Dementia - The progressive loss of the powers of the brain. Common causes/types include

Alzheimer's disease, multi infarct dementia, alcohol-related dementia's, Lewy Body dementia and Pick's disease.

Disability - A physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day-to-day activities.

Dysarthria - Commonly associated with stroke or neurological disorders, a muscle speech disorder, results in slurred/imprecise/spasms in speech.

Dyslexia - A difficulty in processing and storing information in the brain and affects writing, spelling and reading. It cannot be cured; it is more prevalent in males and covers all social classes. It varies very much in severity and every person with dyslexia is different.

Dysphasia - A serious disorder of language where the intellect remains intact but the person loses his/her ability to use language.

Dyspraxia - A condition in which the person is unable to carry out planned or purposeful movement. One indicator of dyspraxia is uncertain, struggling movement. A person may be found looking at their hand trying to remember what to do with it.

Epilepsy - A symptom of cerebral dysfunction. There are several types of epilepsy and many types of attack, some are major and may involve collapse or convulsions, others less severe involving only a momentary loss of awareness or some twitching in a part of the body.

Huntingdon's Disease - A hereditary disorder of the central nervous system. It usually develops in adulthood causing physical and mental control to steadily deteriorate. There is no cure.

Learning disabilities or difficulties - Classed as mild, moderate or severe and will usually have affected an individual since birth. Over a million people in Britain (2% of the population) have mild learning disabilities, while 200,000 (0.4%) have severe learning disabilities for which they require support from education, health, social and financial services.

Mental disorder - Defined in Section 1(2) of the Mental Health Act, 1983, as 'mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind'.

Neurosis - A more common form of mental illness whereby someone will be depressed, anxious or tense to a higher degree than is usual. It exists within around 1 in 7 of the population at any one time. The individual will recognise the presence of their maladaptive behaviour and the effect that it has on their personality.

Psychosis - A relatively rare form of mental illness, which less than 1% of the population experience, it is more serious than neurosis. The illness may involve delusions, hallucinations, the inappropriate expression of emotion, hyperactivity, social withdrawal and fragmented thinking. There is also a lack of realisation by a person that their behaviour is abnormal.

Schizophrenia is a psychotic illness.

Personality Disorder - A number of categories of personality disorder which cover a wide range of attitudes and behaviour, from ruthless exploitation to fear of other people and social situations.

Multiple Sclerosis - The most common neurological disorder among young adults and affects around 85,000 people in the United Kingdom. It is the result of damage to the protective sheath surrounding all the

nerve fibres in the brain and spinal cord. The damage can affect nerves in the eyes, parts of the brain and spinal cord. Damage to sensory nerves can result in numbness or tingling.

Paraplegic - A person whose lower extremities and the lower part of the torso are paralysed from an injury to the back.

Polio - An infectious disease caused by one of three viruses. If the virus attacks the nerves supplying the arms and legs, they can become weak or paralysed. The virus can affect any part of the body. The most serious cases are those involving the breathing muscles. Any of these symptoms can result in permanent disability.

Rheumatism - Pain in soft tissue, such as muscles, tendons and ligaments.

Spina Bifida - Literally means 'split spine', is a congenital deformity of the vertebrae, some of which fail to close. Damage to the spinal cord or spinal nerves may cause varying degrees of paralysis and lack of sensation below the level of damage.

Tetraplegic - A paraplegic person with additional paralysis of the hands and parts of the arms resulting from an injury to the neck.

Usher Syndrome - A genetic sight-hearing condition.

For more information about specific illnesses or conditions see the Contact a Family website <https://www.cafamily.org.uk>

Sexual Offences Act 2003

<http://www.legislation.gov.uk/ukpga/2003/42/contents>

The Sexual Offences Act introduced a number of new offences concerning vulnerable adults and children. www.opsi.gov.uk

Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/2005/9/introduction>

Its general principle is that everybody has capacity unless it is proved otherwise, that they should be supported to make their own decisions, that anything done for or on behalf of people without capacity must be in their best interests and there should be least restrictive intervention.

www.dca.gov.uk

Safeguarding Vulnerable Groups Act 2006

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Introduced the new Vetting and Barring Scheme and the role of the Independent Safeguarding Authority. The Act places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process with criminal sanctions for non-compliance.

Deprivation of Liberty Safeguards

<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

Introduced into the Mental Capacity Act 2005 and came into force in April 2009. Designed to provide appropriate safeguards for vulnerable people who have a mental disorder and lack the capacity to consent to the arrangements made for their care or treatment, and who may be deprived of their liberty in their best interests in order to protect them from harm.

Disclosure & Barring Service 2013

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Criminal record checks: guidance for employers - How employers or organisations can request criminal records checks on potential employees from the Disclosure and Barring Service (DBS).

www.gov.uk/dbs-update-service

The Care Act 2014 – statutory guidance

<http://www.legislation.gov.uk/ukpga/2014/23/introduction/enacted>

The Care Act introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates. It replaces No Secrets and puts adult safeguarding on a statutory footing.

Making Safeguarding Personal Guide 2014

<http://www.local.gov.uk/documents/10180/5852661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df>

This guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.

Local Authority Safeguarding Lead

Devon – Care Direct 0345 155 1007

For referrals for any social care or assessment, including all safeguarding referrals

Police contact

Name:

Email:

Telephone:

Ann Craft Trust - Safeguarding Adults in Sport and Activity:

Website: www.anncrafttrust.org

Email: Ann-Craft-Trust@nottingham.ac.uk

Telephone: 0115 951 5400