



ALL TOGETHER, MORE SUPPORT

Safeguarding Adults Policy and Procedures

Vista Wellbeing CIC

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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.”

2.2 All adults, regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation, have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment..

2.3 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.

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

2.5 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.

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

2.7 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.

2.8 All concerns, disclosures and allegations will be taken seriously and responded to promptly in accordance with this policy and procedure.

2.9 Vista Wellbeing recognises the roles and responsibilities of statutory agencies and is committed to working in accordance with applicable local multi-agency safeguarding adults procedures.

3 GUIDANCE AND LEGISLATION

3.1 The practices and procedures within this policy are based on the principles contained within relevant legislation and government guidance in England. 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

- UK GDPR and Data Protection Act 2018, as amended by the Data (Use and Access) Act 2025.
- Domestic Abuse Act 2021
- Modern Slavery Act 2015

4. DEFINITIONS

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

4.1 **Adult at Risk** is an adult aged 18 or over who **(a)** has needs for care and support, whether or not those needs are being met; **(b)** is experiencing, or is at risk of, abuse or neglect; and **(c)** as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

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

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

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

4.5 **Capacity** means the ability to make a specific decision at the time the decision needs to be made. A person lacks capacity in relation to a particular matter if, because of an impairment of or disturbance in the functioning of the mind or brain, they are unable to make the relevant decision. A person is unable to make a decision if, after being given all practicable support, they cannot understand, retain, use or weigh the relevant information, or communicate their decision.

Remember the important Mental Capacity Act Principles

1. always assume capacity;
2. support decision-making;
3. an unwise decision does not establish incapacity;
4. act in best interests where capacity is lacking;
5. use the least restrictive option.

Capacity is decision-specific and time-specific. A carer can support the adult but cannot ordinarily consent on their behalf unless they have relevant legal authority.

5. TYPES OF ABUSE AND NEGLECT RECOGNISED IN STATUTORY GUIDANCE

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. **Self-neglect** – Indicators might include a significant or persistent deterioration in the person's ability to care for their health, personal safety or surroundings, severe hoarding that

creates a risk of harm, or inability to obtain essential food, medication or care. Appearance alone should not be treated as evidence of self-neglect.

5.2 **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. Indicators may include another person controlling the adult's movements, money or identity documents; the adult appearing frightened or unable to speak freely; unexplained or exploitative working or living arrangements; or signs that the adult is being forced to work or provide services.

5.3 **Domestic Abuse** – abusive behaviour between people aged 16 or over who are personally connected, including physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse and psychological or emotional abuse. It also includes so called honour-based abuse. Vista instructors may notice a power imbalance between a participant and a family member. A family member or partner may control the person's attendance, money, medication, communication or contact with other people. The participant may appear frightened, withdrawn or unable to speak freely when that person is present.

5.4 **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 include harassment of a participant because they are, or are perceived to be, transgender.

5.5 **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. Within Vista, this could include repeated disregard of participants' health information or reasonable adjustments, routinely unsafe exercise practices, humiliating or coercive treatment, or a systemic failure to allow necessary rest, hydration, toilet access or medical assistance.

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

5.7 **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 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 an adult with a learning disability they are training alongside.

5.8 **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.

5.9 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.

Within Vista, neglect could include knowingly disregarding a participant's documented health needs, failing to respond appropriately to a medical emergency or repeatedly denying necessary rest, hydration or assistance.

5.10 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 include a participant, instructor or other person repeatedly threatening, humiliating, intimidating, controlling or deliberately isolating another participant.

ADDITIONAL SAFEGUARDING CONCERNS AND FORMS OF EXPLOITATION

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.

Forced Marriage - forced marriage is a marriage in which one or both parties do not consent, or do not have the capacity to consent, and pressure or abuse is used to cause the marriage to take place. 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 makes it a criminal offence to force someone to marry.

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.

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

A single sign does not necessarily establish that abuse or neglect has occurred. Staff and volunteers should consider the person's circumstances, changes from their usual presentation and any pattern of indicators, but must report concerns rather than attempt to investigate them.

Abuse can occur in any context and may be caused by anyone with whom a participant comes into contact. Directors, employees, freelance instructors, contractors, volunteers or participants may also become concerned that an adult is experiencing abuse or neglect outside Vista's activities. Signs and indicators may include, but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions.
- Someone losing or gaining weight / an unkempt appearance.
- A change in the behaviour or confidence of a person. They may self-harm.
- They may have a fear of a particular group or individual.
- 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 Any concern about abuse, neglect or significant poor practice must be reported promptly to the Vista Wellbeing Lead or Deputy Safeguarding Officer. This internal reporting route does not prevent any director, worker, instructor or volunteer from contacting Adult Social Care, the police or emergency services directly.

A direct external referral must be considered where:

- the Lead and Deputy are unavailable;
- either is implicated or has a conflict of interest;
- the person believes that the concern has not been acted upon appropriately; or
- waiting for an internal response could increase the risk to the adult or another person.

The Lead or Deputy should normally be informed that a direct referral has been made unless doing so would be unsafe.

7.2 If a concern arises during an activity outside Devon, take any immediate action needed to protect the adult, notify the designated safeguarding person at the event where appropriate, and inform the Vista Lead or Deputy Safeguarding Officer. A safeguarding concern should normally be referred to the Adult Social Care service for the local authority area in which the alleged abuse or neglect occurred.

7.3 If anyone is in immediate danger or a crime is in progress, call 999. If urgent medical assistance is required, call an ambulance. A non-emergency crime or request for police advice may be reported through 101.

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 (see 7.5 below)

7.5 The adult's informed wishes should ordinarily be respected, but information may need to be shared without consent where, for example, there is an emergency, others including children may be at risk, a serious crime is involved, risk is unreasonably high, staff are implicated, the person lacks capacity for the decision or there is another legal authority. Record the reasoning and normally tell the adult unless unsafe.

8. HOW TO RECORD A DISCLOSURE

8.1 Listen carefully and make a written record as soon as possible, using the person's own words wherever possible.

In addition to recording the person's words, you should

- listen calmly;
- take the concern seriously;
- avoid leading questions;
- not promise secrecy;
- explain what will happen next;
- record the date, time, location, people present and exact words;
- sign and date the record;
- preserve relevant messages, photographs or other evidence;
- not confront the person alleged to have caused harm.

Do not investigate the concern, attempt to establish whether the account is true or ask the adult to repeat their account unnecessarily. Questions should be limited to those needed to clarify immediate safety and establish the essential facts required to make an appropriate referral.

Complete a Vista Wellbeing Safeguarding Incident Report Form as soon as possible and send it securely to the Lead or Deputy Safeguarding Officer. If a direct referral has already been made to Adult Social Care, the police or another statutory agency, record when it was made, to whom and any advice received.

8.2 Explain that the information cannot always be kept confidential and may need to be shared with the Lead or Deputy Safeguarding Officer or with statutory agencies to help keep the adult or other people safe. Wherever possible, explain what information will be shared, with whom and why.

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 Safeguarding information must be treated as confidential but may be shared with people or agencies that need it to protect the adult or others, manage the concern or comply with a legal requirement. Only information that is necessary and proportionate should be shared.

8.6 If the matter concerns immediate danger, a crime in progress or an urgent medical emergency, follow section 7.3 without delay

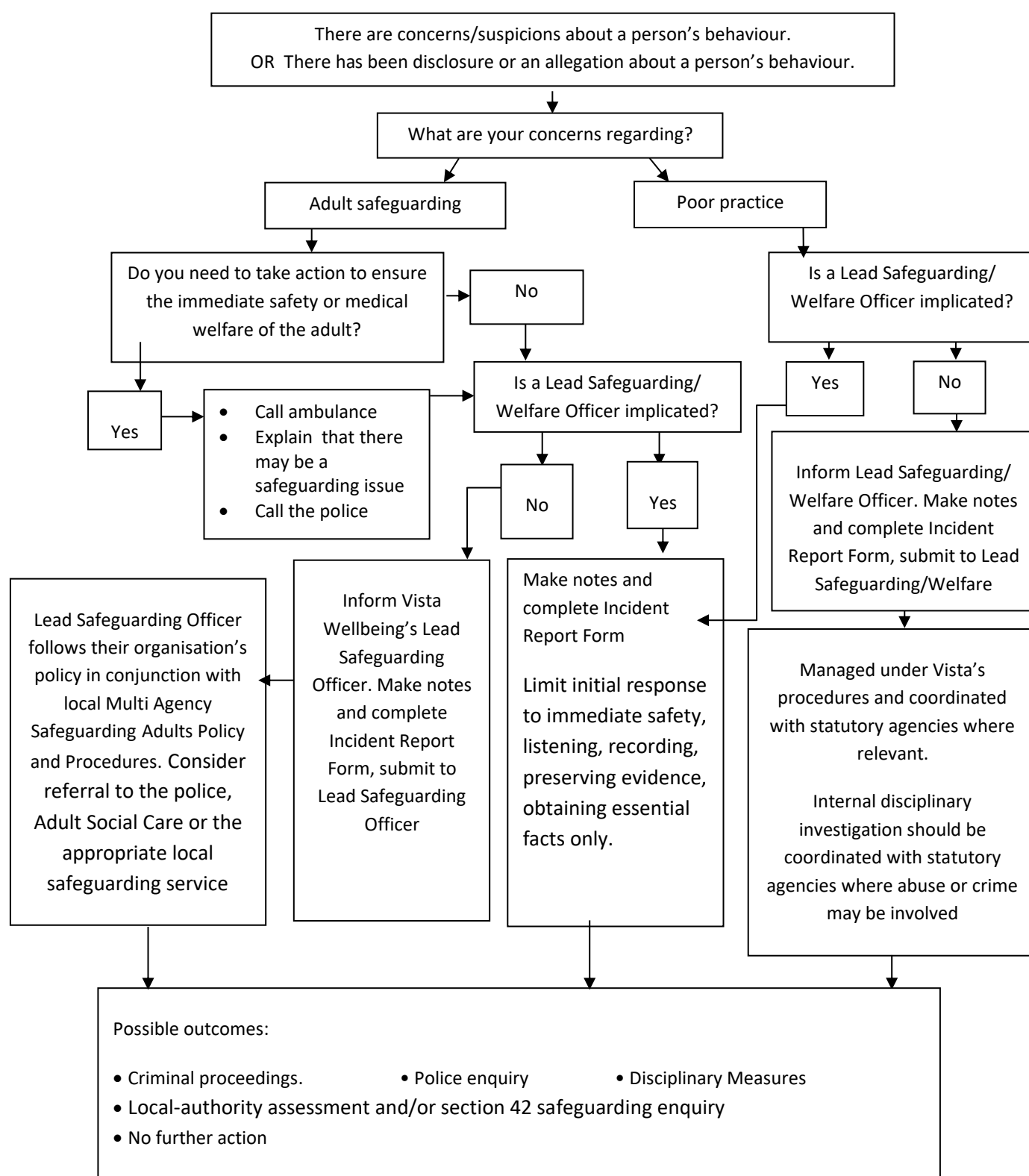
8.7 Safeguarding records must:

- be factual, accurate, dated and signed or otherwise attributable to the person making the record;
- record decisions, actions, the reasons for those decisions and the adult's expressed wishes;
- identify information shared, with whom, when and for what purpose;
- be sent and stored securely;
- be kept separately from routine attendance or participant records where practicable;
- be accessible only to people who need the information for safeguarding or legal purposes; and
- be retained and securely disposed of in accordance with Vista Wellbeing's data-retention arrangements.

The Lead or Deputy Safeguarding Officer is responsible for maintaining the safeguarding case record and recording follow-up action and outcomes.

9. SAFEGUARDING ADULTS FLOWCHART

Dealing with Concerns, Suspicions or Disclosure



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 (see 7.5)

10. ROLES AND RESPONSIBILITIES OF THOSE WITHIN VISTA WELLBEING

Vista Wellbeing is committed to having the following in place:

10.1 A Lead Safeguarding/Welfare Officer to produce and disseminate guidance and resources to support the policy and procedures. Where staffing permits Vista may appoint two Joint Lead Safeguarding Officers, one with governance oversight and one with practitioner oversight, who share responsibility for implementing this policy, receiving and managing concerns, providing advice and ensuring appropriate reporting and referral. Either Joint Lead may receive a concern and each will provide cover for the other.

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

10.3 Any safeguarding concern or allegation involving a director, employee, freelance instructor, contractor or volunteer must be reported to a Lead Safeguarding Officer. If one Joint Lead is implicated or has a conflict of interest, the concern must be reported to the other Joint Lead and an unconflicted director. If both Joint Leads are implicated, unavailable or conflicted, it must be reported to an unconflicted director or directly to the appropriate statutory agency.

10.4 The person receiving or managing the concern must first consider:

- the immediate safety and wishes of the adult;
- whether anyone else, including a child, may be at risk;
- whether Adult Social Care, the police, emergency services or a commissioning organisation should be contacted;
- whether temporary and proportionate measures are needed to manage risk; and
- the need to preserve records and other evidence.

Initial information gathering must be limited to establishing immediate safety and the essential facts. Vista must not begin an internal investigation that could interfere with a police or local-authority enquiry.

10.5 The matter will be managed by the Lead or Deputy Safeguarding Officer together with an unconflicted director. No person who is implicated in the concern may participate in decisions about it. Vista will coordinate any employment, contractual or disciplinary process with statutory agencies where abuse or criminal conduct may be involved.

A temporary change of duties or suspension may be considered where necessary and proportionate to manage risk. It is a neutral protective measure and does not imply that the allegation has been substantiated.

Appropriate support and information will be offered to the adult, the person reporting the concern and the person who is the subject of the allegation, without compromising confidentiality or any investigation.

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

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

11 SAFER RECRUITMENT PROCESSES

11.1 DBS Referral:

Where Vista Wellbeing is acting as a regulated activity provider, it will make a referral to the Disclosure and Barring Service where the statutory referral conditions are met. This may apply where a person has been removed from regulated activity, or would have been removed had they not resigned or otherwise left, because Vista considers that the person has engaged in relevant conduct or satisfies the harm test.

A referral to Adult Social Care, the police, a commissioner or another agency does not replace any separate duty to refer to the DBS. Vista will obtain appropriate advice where it is uncertain whether the referral conditions are met.

11.2 Safer recruitment

Vista Wellbeing will apply proportionate safer recruitment procedures to directors, employees, freelance instructors, contractors and relevant volunteers. These will include, as appropriate:

- a clear role description and safeguarding responsibilities;
- an application and selection process;
- identity, qualification and reference checks;
- an assessment of the correct level of DBS check, where the role is legally eligible;
- a documented assessment of any relevant information disclosed;
- safeguarding induction and agreement to applicable codes of conduct;
- appropriate supervision or probation; and
- periodic review where a person's role or duties change.

Where a person will undertake regulated activity with adults, Vista has a legal responsibility not to permit a person who is barred from that activity to undertake it. Vista will therefore obtain an Enhanced DBS check, including an Adults' Barred List check, before the person begins the regulated activity

11.3 Safeguarding training and development

Vista Wellbeing will maintain a safeguarding training plan appropriate to people's roles and responsibilities.

- All directors, employees, regular freelance instructors and relevant volunteers will receive safeguarding information during induction.
- People delivering activities or working directly with participants will complete appropriate safeguarding-adults awareness training.
- The Lead and Deputy Safeguarding Officers will complete role-specific safeguarding training appropriate to the responsibilities they undertake.

- Directors will receive sufficient information or training to provide effective safeguarding oversight.
- Training and refresher activity will be recorded and reviewed following significant changes in legislation, guidance, roles or safeguarding practice and after any incident that identifies a learning need.

12. 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.

12.1 GOOD PRACTICE

Vista Wellbeing expects that those working with adult participants:

- Adopt and endorse the Vista Wellbeing Instructor Codes of Conduct.
- Complete the safeguarding induction and training required for their role and keep that training up to date.

EVERYONE SHOULD:

- Aim to make the experience of Vista Wellbeing activities fun and enjoyable.
- Promote fairness, inclusion, dignity and respect.
- 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.

One-to-one work must be conducted transparently and with appropriate professional boundaries. The adult's wishes, privacy and independence should be respected. Where one-to-one support, transport or an otherwise unobserved meeting is necessary, any foreseeable risks should be considered and proportionate safeguards agreed.

Physical contact must have a legitimate purpose connected with the activity, assistance or immediate safety. The instructor should explain what they propose to do and seek the participant's permission wherever practicable. The participant's refusal must be respected unless immediate action is necessary to prevent serious harm. Contact must stop if the participant shows discomfort or asks for it to stop.

Maintain professional relationships with participants and do not exploit a position of responsibility, trust or influence. Intimate or sexual relationships must not be initiated with a participant where there is an active instructional, support or other significant power imbalance. Any relevant pre-existing relationship or conflict of interest must be disclosed to the Lead Safeguarding Officer..

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

Seek the adult's consent before providing first aid or other assistance wherever practicable. In an emergency, call the emergency services and provide necessary first aid within the responder's knowledge, training and competence. Where the adult lacks capacity for the particular decision, any action must be necessary, proportionate and in their best interests

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.

Obtain the adult's informed agreement to travel and trip arrangements and complete any required risk assessments and information forms. A carer may assist the adult to understand or communicate their decision but cannot ordinarily consent on the adult's behalf unless they hold relevant legal authority.

12.2 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.
- Failing to report, record or respond appropriately to a safeguarding concern, disclosure or allegation
- Transporting an adult alone without a legitimate reason, their agreement, appropriate transparency or consideration of relevant risks.
- Arranging an isolated meeting in a private home or office without a legitimate reason, the adult's agreement and appropriate safeguards
- Sharing overnight accommodation with a participant without prior authorisation, a documented reason and appropriate safeguarding arrangements.
- Doing things of a personal nature that adults at risk can do for themselves.

Some activities listed above may be reasonable in particular circumstances. Where an exception is necessary, the adult's wishes and consent must remain central. The reason, relevant risks and agreed safeguards should be documented and, where practicable, approved in advance by the Lead or Deputy Safeguarding Officer. A carer should be involved only where appropriate and with due regard to the adult's wishes and legal rights.

Any injury, distress, boundary concern, misunderstanding, allegation or unintended intimate contact must be reported promptly to the Lead or Deputy Safeguarding Officer and recorded factually.

Sexual Offences Act 2003

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

Mental Capacity Act 2005

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.

Safeguarding Vulnerable Groups Act 2006

DBS eligibility depends on the activities undertaken. For adults, an Enhanced DBS with Adults' Barred List check is only available for regulated activity.

Organisations providing regulated activity may have a legal duty to refer a person to the DBS when the statutory referral conditions are met.

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 Guidance

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).

The Care Act 2014 – statutory guidance

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.

APPENDIX 2 USEFUL CONTACTS INCLUDING VISTA LEAD SAFEGUARDING OFFICER

Devon Adult Safeguarding Contacts

Devon Adult Social Care: 0345 1551 007;

Emergency Duty Service: **0345 6000 388;**

safeguarding referral email: **adultsc.safeguardingadultservices-mailbox@devon.gov.uk.**

Vista Wellbeing Joint Lead Safeguarding Officers:

Sue Ward 07527 992059 (Governance Lead)

Anita Griggs 07900 041 258 (Practitioner Lead)

Ann Craft Trust - Safeguarding Adults in Sport and Activity:

Website: www.anncrafttrust.org

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

Telephone: 0115 951 5400

REVIEW DATES AND CHANGE LOG

Date	Changes
Annual review 2024	Formatting revisions and removing reference to redundant policies
Sept 2026	Review and update to reflect current legislation, local safeguarding procedures and recognised best practice.

This Policy will be reviewed annually as a minimum. Next review date: January 2027