

Safeguarding Adults Policy

Magna Vitae - Safeguarding Adults Policy and Procedures

Introduction

Magna Vitae is committed to creating and maintaining a safe and positive environment and accepts its responsibility to safeguard the welfare of all adults visiting and participating in a wide variety of sporting and cultural activity at all sites and service areas in accordance with the Care Act 2014.

Magna Vitae's safeguarding adults policy and procedures apply to all individuals visiting and participating in a wide variety of sporting and cultural activity at all sites and service areas.

Magna Vitae will encourage and support partner organisations, including local sporting, health, arts and cultural clubs, suppliers, and sponsors to adopt and demonstrate their commitment to the principles and practice of equality as set out in this safeguarding adults policy and procedures.

The purpose of this document is to assist in the development & implementation of a process for which Magna Vitae staff are able to fully understand the appropriate reporting procedures and protocols relating specifically to safeguarding. It is widely accepted that it is the responsibility of every individual to protect adults from harm / abuse.

It is recognised that abuse can occur within many different environments. Some individuals may actively try to use, seek employment or engage in work (paid or voluntary) specifically in order to inflict harm. Magna Vitae undertakes to ensure that every effort is made to safeguard all those who enter any of its facilities, use its services or attend any of its organised activities.

Safeguarding adults is everyone's responsibility. If you have any concerns about an adult's safety and/or wellbeing, you must act on these. It is not your responsibility to decide whether or not an adult has been abused. It is, however, your responsibility to act on any concerns.

This document is to be read in conjunction with 2.34a Safeguarding Children policy, Issue 10, 20th January 2025.

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2.1 Principles

2.1 The guidance given in this 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 Magna Vitae will seek to ensure that our sites & service areas 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 Magna Vitae for example inappropriate behaviour of a coach, or in the wider community.
- 2.1.8 All allegations will be taken seriously and responded to quickly in line with Magna Vitae Safeguarding Adults Policy and Procedures.
- 2.1.9 Magna Vitae recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the guidelines of the **Lincolnshire Safeguarding Adults Partnership** (previously referenced as Local Safeguarding Adults Board – LSAB). Safeguarding Partners consist of three agencies, Local Authorities, Clinical Commissioning Groups, and Chief Officers of the police. These safeguarding partners work with relevant, appropriate agencies within their locality to safeguard & protect children. All three Safeguarding Partners have equal responsibility for fulfilling the role.

2.1.10 Making Safeguarding personal

'Making safeguarding personal' means that adult safeguarding should be person led and outcome focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as improving quality of life, well-being and safety.

Wherever possible discuss safeguarding concerns with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process, seeking their consent to share information outside of the organisation where necessary.

2.1.11 Wellbeing Principle

The concept of wellbeing is threaded throughout the Care Act and it is one that is relevant to adult safeguarding in sport and activity. Wellbeing is different for each of us however the Act sets out broad categories that contribute to our sense of wellbeing. By keeping these themes in mind, we can all ensure that adult participants can take part in activities with Magna Vitae fully.

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal domains
- Suitability of the individual's living accommodation

- The individual's contribution to society.

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 and have been developed to complement the local Safeguarding Partners' 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 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 explanation.

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

4.1.4 **Adult at Risk** is a person aged 18 or over who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and;
- Is experiencing, or is at risk of, abuse or neglect; and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

4.1.5 **Adult in need of care and support** is determined by a range of factors including personal characteristics, factors associated with their situation, or environment and social factors. Naturally, a person's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult in need of care and support experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors.

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.

4.1.6 **Abuse** is a violation of an individual's human & civil rights by another person or persons. **Refer to Section 5** for further explanation.

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

4.1.8 **Capacity** refers to an individuals' 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

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. There are different types and patterns of abuse and neglect, and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour 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 player whose appearance becomes unkempt, does not wear suitable sports 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 in a team has been missing from practice sessions and is not responding to reminders from team members or coaches.

5.1.3 **Domestic Abuse & Coercive Control** – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. Sport 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 Abuse** – 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 member 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. 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. This could be a coach intentionally striking an athlete.
- 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 athlete who sends unwanted sexually explicit text messages to an adult with learning disabilities that 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. This could be someone taking equipment or other personal belongings from a customer with dementia.
- 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 exhibited by a sports coach or activity supervisor not ensuring participants or customers have adequate access to water for rehydration during an activity session.
- 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 an athlete threatening another athlete 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. The Magna Vitae Prevent Strategy should be utilised alongside the Safeguarding Policies.

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 an athlete comes into contact with. Or club members, workers, volunteers or coaches may suspect that an athlete 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. You may notice that a participant in a team / class has been missing from sessions & is not responding to reminders from other team members or coaches.

6.1.4 Someone losing or gaining weight / an unkempt appearance. This could be a participant whose appearance becomes unkempt, does not wear suitable sports kit & a deterioration in personal hygiene.

6.1.5 A change in the behaviour or confidence of a person.

6.1.6 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**.

6.1.9 Harassing of a club member because they are or are perceived to have protected characteristics.

6.1.10 Not meeting the needs of the participant. E.g. this could be training without a necessary break.

6.1.11 A coach intentionally striking an athlete.

6.1.12 This could be a fellow athlete who sends unwanted sexually explicit text messages to an adult with learning disabilities they are training alongside.

6.1.13 This could be an athlete threatening another athlete with physical harm and persistently blaming them for poor performance.

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. In this instance, you must report this to the Magna Vitae Designated Safeguarding Lead (DSL), or, if the DSL is implicated, then report to another relevant member of the Magna Vitae, Senior Leadership Team . It is not your responsibility to decide whether or not an adult has been abused. It is, however, everyone's responsibility to respond to and report concerns.
- 7.2 If you are concerned someone is in immediate danger, contact the police immediately by telephoning 999. Where you suspect a crime is being committed you must contact the police.
- 7.3 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 1 'The Legislative Framework'.
- 7.4 It is good practice to seek the adult's views on what they would like to happen next & to inform the adult that you will be passing on their concern. Remember "Making Safeguarding Personal" reference 2.1.10.

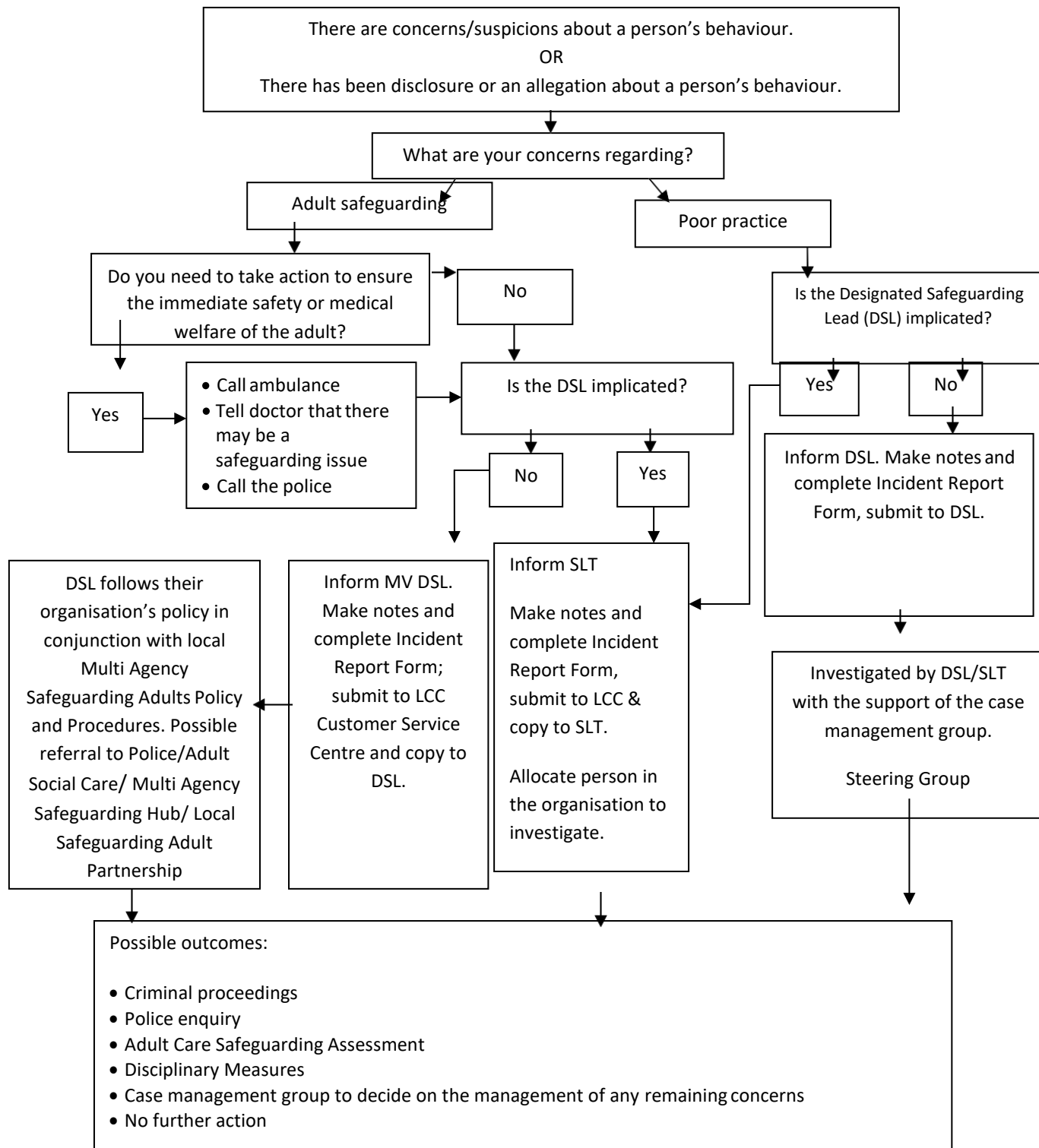
8 How to respond to a concern & record a Disclosure.

- 8.1 Make a note of your concerns.
- 8.2 Make a note of what the person has said using their own words as soon as practicable. Complete a Safeguarding Incident Report Form and submit to the Designated Safeguarding Lead (DSL) or a Safeguarding Deputy (SD) if the DSL is absent.
- 8.3 Remember to make safeguarding personal. Discuss your safeguarding concerns with the adult, obtain their view of what they would like to see happen, but inform them it is your duty to pass on your concerns to the DSL or SD.
- 8.4 Describe the circumstances in which the disclosure came about.

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 Designated Safeguarding Lead and others on a strict 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 / emergency services immediately.

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 is deemed to have capacity.

10 Roles and responsibilities of those within Magna Vitae

10.1 Magna Vitae is committed to having the following in place:

10.1.1 A Designated Safeguarding Lead (DSL) 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 Magna Vitae).

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.

10.1.8 Clear Codes of Conduct are in place for coaches, participants, officials, spectators & other relevant individuals.

11 Good practice, poor practice and abuse

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

It is not the responsibility of any individual involved in Magna Vitae to make judgements regarding whether or not abuse is taking place, however, all Magna Vitae 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

Magna Vitae expects that coaches of adult participants:

- Adopt and endorse the Magna Vitae Code of Conduct.
- Have completed a course in basic awareness in working with Adults at Risk.

Everyone should:

- Aim to make the experience of Magna Vitae 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.

Coaches and those working directly with adults at risk should:

- Respect the developmental stage of each participant and not risk sacrificing

their welfare in a desire for team or personal achievement.

- Ensure that the training intensity is appropriate to the physical, social and emotional stage of the development of the participant
- Work with adults at risk, Medical Adviser and their carers (where appropriate) to develop realistic training and competition schedules which are suited to the needs and lifestyle of the participant, not the ambitions of others such as coaches, team members, 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:
 - Avoid coaching sessions or meetings where a coach and an individual athlete 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 a coaching 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 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.

11.2 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.
- 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 Designated Safeguarding Lead of your organisation 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 or misinterprets something you have done, report these incidents as soon as possible to another adult in the organisation and make a brief written note / record of it.

12 Relevant Policies - This policy should be read in conjunction with the following policies:

- Code of Conduct (2.28)
- Safeguarding Children policy (2.34a)
- Whistle Blowing policy
- Social Media policy
- Complaints policy & procedure
- Disciplinary policy & procedure
- Grievance policy & procedure
- Prevent Strategy Statement
- Third Party Harassment policy
- Dignity at work policy

13 Further Information

Policies, procedures and supporting information are available on the Magna Vitae website: <https://www.magnavitae.org/>

And <https://www.charitysafeguarding.dcms.gov.uk/> - Guidance on handling safeguarding allegations in a charity.

Review date

This policy will be reviewed annually or sooner in the event of legislative changes or revised policies and best practice. The next review is now due on 20th January 2026.

Issue No	Description of Revision	Date	Action By
1	First Issue	15 th March 2018	Train designated staff and incorporate the procedure into IMS.
2	Annual revision, minor modifications.	21 st March 2019	Train designated staff and incorporate the procedure into IMS.

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3	Annual revision, minor modifications & additions.	19 th March 2020	Train designated staff and incorporate the procedure into IMS.
4	Annual revision, minor modifications & minor additions.	25 th March 2021	Train designated staff and incorporate the procedure into IMS.
5	Annual revision, minor modifications & minor additions. Deputy Designated Safeguarding Lead.	27 th January 2022	Train designated staff and incorporate the procedure into IMS.
6	Useful contact numbers updated Code of Conduct added to relevant policies	25 th January 2023	Train designated staff and incorporate the procedure into IMS.
7	Safeguarding Deputies added throughout Prevent Strategy added	25 th January 2024	Train designated staff and incorporate the procedure into IMS.
8	Annual Review Update to HR procedures, Third Party Harassment policy and Dignity at Work Policy Added Additional information added: Link to Gov.uk – Guidance on Handling Safeguarding Allegations in a Charity Removal of he / she – replaced with them or they		

Training on this procedure is required for the following staff:

➤ **All Staff.**

Appendix 1

Legislation and Government Initiatives

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. www.opsi.gov.uk

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/db-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.

Appendix 2

Useful Contacts Numbers:

MV Designated Safeguarding Lead – Aeneas Richardson – 07920 799253.
MV Safeguarding Deputy – James Turner –07880 780380.
MV Safeguarding Deputy – Naomi Wilkinson-Baker – 07795452513
MV Safeguarding Deputy – Nick Marshall – 07568063513
MV Safeguarding Deputy – Danielle Deakin 01507 681863 or
07725462268

LCC Customer Service Centre: Adult related matters 01522 782155.

LCC Customer Service Centre: Any safeguarding matter (Out of Hours) 01522 782333. Police EMERGENCY: 999.

Or Central Referral Unit (Safeguarding) 01522 947590 or (out of hours) 0300 111 0300.

Data & Barring Service (DBS) - 01325 953795 or reference a Disclosure contact 03000 200 190.

Mental Health Crisis Team (65+) Single Point of Access Service 0303 1234 000.

Ann Craft Trust - Safeguarding Adults in Sport and Activity:

Website: www.anncrafttrust.org

Email: [Ann-Craft-](mailto:Ann-Craft-Trust@nottingham.ac.uk)

Trust@nottingham.ac.uk Telephone:
0115 951 5400