



## **WINGS SOUTH WEST SAFEGUARDING, CHILD AND VULNERABLE ADULTS PROTECTION POLICY**

**For display on notice board**

Name of Charity      **WINGS SOUTH WEST**

The following policy was reviewed and any changes agreed at the Trustees Meeting in September 2024.

- We are committed to supporting the children, young people, vulnerable adults and parents/ carers we work with
- As leaders of Wings South West we are committed to the nurturing, protection and safeguarding of all, especially children, young people and vulnerable adults
- We recognise that safeguarding is everybody's responsibility
- We are committed to following the agreed procedures and following statutory and specialist guidelines including Keeping Children Safe In Education (2024)
- We formally review this policy every year, with interim amendments being approved at Trustees meetings
- We recognise our moral and statutory responsibility to safeguard and promote the welfare of all students and service users and expect all staff, trustees and volunteers to share this commitment.

A copy of the full policy can be seen in the offices.

Signed:

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CEO

Date            17<sup>th</sup> September 2024

Review Date: September 2025



# WINGS SOUTH WEST SAFEGUARDING, CHILD AND VULNERABLE ADULTS PROTECTION POLICY

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**Forms** *Note: Forms are not included in online version of this policy but are available on request.*

- 1 Record of Concerns, Allegations or Suspicions of Abuse
- 2 Designated Safeguarding Lead or Deputy Action Report
- 3 Self Declaration Form

This Policy should be read in conjunction with the following Wings policies:

[Internet Safety Policy](#)

[Whistleblowing Policy](#)

[Appointment of Workers](#) Policy and [Code of Conduct](#)

[Appointment of Volunteers](#) Policy and [Code of Conduct](#)

[Trustee’s Code of Conduct](#)

[Confidentiality Policy](#)

[Keeping Children Safe in Education 2024](#)

[Prevent Duty Policy](#)



# WINGS SOUTH WEST SAFEGUARDING, CHILD AND VULNERABLE ADULTS PROTECTION POLICY

## INTRODUCTION

### Wings South West Details

<b>Name of the charity:</b>	<b>Wings South West (hereafter, “Wings”)</b>
<b>Locations:</b>	Wings Hall, Lower Meddon Street, Bideford, Devon. EX39 2BJ and Lendon Barn, Abbotsham, Bideford, Devon. EX39 5BW
<b>Denominational (or other) details:</b>	Wings is a non-denominational organisation seeking to promote partnership between Christian groups and others.

### Aim

Wings South West aims to give children and vulnerable adults a future and a hope by encouraging positive relationships and offering creative learning opportunities that help develop skills, self-esteem and confidence.

### Key Personnel

Role	Name	Email	Telephone
Designated Safeguarding Lead (DSL)	Andy Best	<a href="mailto:andy@wingscharity.com">andy@wingscharity.com</a>	01237 471471
Deputy DSL	Stephanie Fry	<a href="mailto:steph@wingscharity.com">steph@wingscharity.com</a>	01237 471471
CEO	Paul Bowser	<a href="mailto:pbowser@btinternet.com">pbowser@btinternet.com</a>	
Chair of Trustees	Sue Ley	<a href="mailto:susanjley@aol.com">susanjley@aol.com</a>	
Safeguarding Governor/Trustee	Anne Bowser	<a href="mailto:abowser@btinternet.com">abowser@btinternet.com</a>	

## ABBREVIATIONS AND ORGANISATIONS

DSCP	Devon Safeguarding Children Partnership (Devon SCP)	<a href="http://www.devonscp.org.uk">www.devonscp.org.uk</a>
Representatives from Local Authorities, Police, Health, Education, Voluntary Sector coordinating and ensuring effectiveness of safeguarding in Devon.		
DSAB	Devon Safeguarding Adults Board (Care Direct)	0345 155 1007 Emergency Duty Service 0345 600 0388.
Representatives from Local Authorities, Police, Health, Education, Social Services, CQC coordinating and ensuring effectiveness of safeguarding adults in Devon. <a href="mailto:csc.caredirect@devon.gov.uk">csc.caredirect@devon.gov.uk</a>		
LADO	Local Authority Designated Officer	01392 384 964

Provides advice and support to employers and Voluntary Organisations with Child Protection concerns about a member of staff or volunteer.  
Refer to LADO if concerned about the Designated Safeguarding Lead (DSL) or Deputy – in other situations, the Designated Deputy Safeguarding Lead (DDSL) will contact the LADO.

Early Help		0345 155 1071
Wide ranging multi agency strategy concerned with both: <ul style="list-style-type: none"> <li>• Help in critical early years</li> <li>• Early intervention in difficulties experiences through a child's life</li> </ul>		

MASH	Multi Agency Safeguarding Hub	0345 155 1071 <a href="mailto:mashsecure@devon.gov.uk">mashsecure@devon.gov.uk</a> 0845 600 0388 (out of hours)
Professionals from police, probation, health, education and social care etc share information to determine the best intervention when there is any child protection query or referral. The DSL/DDSL will use the Devon continuum of need tool to determine whether to contact MASH or early Help depending on the Level of concern.		

# Wings South West Child Protection and Safeguarding Policy Statement

This Policy Statement relates to the Safeguarding, Health and Safety, Internet Safety and Data Protection Policies

Wings South West recognise our moral and statutory responsibility to safeguard and promote the welfare of all service users. Staff and volunteers will, at all times show respect and understanding for the safety and welfare of our service users and conduct themselves in a way that reflects the principles of the organisation. We recognise that all children and vulnerable adults, regardless of age, disability, SEND, gender, race, religion or belief, sex, gender reassignment, marital status or sexual orientation have an equal right to protection from all types of harm or abuse. We endeavour to provide a safe and welcoming environment where all learners and service users are respected and valued. We are alert to the signs of abuse, neglect and extremism and follow our procedures to ensure that all receive effective support, protection, and justice. We listen to our students and service users and take seriously what they tell us, they are aware of the adults they can talk to if they have a concern. When there are concerns for a service user's welfare, we may need to share information and work in partnership with other agencies. We will ensure concerns are discussed with parents/carers first unless we have reason to believe that by doing so would be contrary to the child or vulnerable adult's welfare. This Child Protection and Safeguarding policy underpins and guides our safeguarding procedures and protocols.

Wings South West takes seriously its responsibility in relation to the Children's Act 2004 (as amended by the Children and Social Work Act 2017), and statutory guidance [Working Together to Safeguard Children 2023](#) and particularly [Keeping Children Safe in Education 2024](#), Wings is fully committed to safeguarding the welfare of all children, young people and vulnerable adults, by working positively to protect them from neglect, physical, sexual or emotional harm.

## Terminology

Safeguarding and promoting the welfare of children is defined as:

- providing help and support to meet the needs of children as soon as problems emerge.
- protecting children from maltreatment, whether that is within or outside the home, including online.
- preventing impairment of children's mental and physical health or development.
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children.
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

(Working Together to Safeguard Children)

Child Protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

Staff refers to all those working for or on behalf of the school, full or part time, temporary or permanent, in either a paid or voluntary capacity.

Child includes everyone under the age of 18 or 25 if a care leaver.

Parents refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers, adoptive parents, and LA corporate parents.

For Vulnerable Adults safeguarding means protecting an adult's right to live in safety, free from

abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted, including, where appropriate, having regard to their views, wishes, feelings and belief in deciding on any action. This must recognise that Vulnerable Adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, and unrealistic about their personal circumstances.

## **Policy Aims and Values**

### **This policy aims to:**

- Raise the awareness of all staff of the need to safeguard children, young people and vulnerable adults and their responsibilities in identifying and reporting possible cases of abuse
- Provide all staff with guidance on the procedures they should adopt in the event that they suspect a child, young person or vulnerable adult may be experiencing, or be at risk of experiencing, harm. Including, by Designated Safeguarding Lead (or deputy), consideration to the use of appropriate assessments, resources and agency support.
- Provide an environment in which children, young people and vulnerable adults feel safe, secure, valued, and respected, and that they will be listened to should they make a disclosure.
- Raise awareness that abuse can be both Familial and/or Contextual.
- Demonstrate Wings South West's commitment with regard to Safeguarding and Child Protection.
- Provide a systematic means of monitoring children, young people and vulnerable adults known or thought to be at risk of harm.
- To emphasise the need for high levels of communication internally between staff and the Designated Safeguarding Leads and with external agencies and partners, including our contribution to assessments, referrals, and support plans.
- Ensure that all staff working within our charity who have access to children and vulnerable adults have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check<sup>1</sup>, and a single central record is kept for audit.

### **Wings South West will support all service users by:**

- Recognising that all children and vulnerable adults need safeguarding whatever their background, race or culture.
- Maintain a culture of care where all staff and volunteers recognise their responsibilities in keeping children and vulnerable adults safe.
- Encouraging self-esteem and self-assertiveness, through the curriculum and activities as well as our relationships, whilst not condoning aggression or bullying (incl. cyber bullying).
- Promoting a caring, safe, and positive environment within Wings South West and providing service users with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- Responding sympathetically to any requests for time out to deal with distress and anxiety.
- Offering details of helplines, counselling, or other avenues of external support.
- Liaising and working together with all other settings, support services and those agencies involved in the safeguarding of children and vulnerable adults.
- Notifying appropriate bodies as soon as there is a significant concern.
- Accessing and utilising the necessary resources, guidance and toolkits to support the identification of learners and service users requiring mental health support, support services and assessments.

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DBS Guidance: <https://www.gov.uk/government/collections/dbs-checking-service-guidance--2>

- Reassuring victims that they are being taken seriously and that they will be supported and kept safe.
- Ensuring that structures and systems are in place for safe recruitment of staff and volunteers.
- Ensuring that all Trustees, staff and volunteers (who work directly with children or vulnerable adults) undergo an enhanced DBS (Disclosure Barring Services) including barred lists checks and, for staff at least, to be on the DBS Update Service.
- Ensuring that all Trustees, staff and volunteers receive statutory Safeguarding training on appointment and that, at induction, staff and are guided through Wings' Policies. Staff shall receive annual safeguarding training as well as weekly updates and training in staff meetings/briefings and as required.
- Ensuring staff and volunteers working in education projects read (annually) Part 1 and Annex B of KCSiE, trustees read at least Part 1 & Part 2 & Annex B of KCSiE and the named Safeguarding Leads, safeguarding trustee and CEO read all of KCSiE.
- Risk assessing all activities organised by Wings South West and ensuring all groups hiring the buildings follow the appropriate risk assessments.
- Appointing a Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Lead (DDSL) who will maintain clear lines of accountability and links with statutory safeguarding agencies.
- Ensuring the DSL and DDSL receive Safeguarding training appropriate for them to fulfil their safeguarding responsibilities every two years. Recognising the fundamental importance and legal duties of the Prevent Strategy and following relevant government guidelines.
- Having in place appropriate filtering and monitoring so as to be aware of learners internet usage when using Wings computers. Learners and service users do not have access to Wings Wifi which is password protected.
- Recognising that the children and adults who we work with may be more vulnerable to abuse, neglect and contextual safeguarding concerns and that additional barriers may exist when recognising abuse.

## **Responsibilities**

### **The Trustees:**

- All Trustees should understand and fulfil their responsibilities, namely, to ensure that there is a Child Protection and Safeguarding policy together with a Staff Behaviour policy/code of conduct.
- Trustees should ensure that all new trustees receive appropriate Safeguarding and Child Protection training, including online safety, at induction and provided with a full KCSiE to read (updated annually). This training should equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place in the charity are effective and support the delivery of a robust approach to safeguarding. Their training should be regularly updated.

### **The Designated Safeguarding Lead (DSL) will:**

- Take lead responsibility for Safeguarding and Child Protection, including online safety.
- Manage referrals – to Childrens Social Care, DBS, the Police etc.
- Ensure and monitor that any visitors during education hours sign the visitors book and are accompanied whilst on site & any groups that hire premises are aware of the safeguarding policy.
- Work with others – be a point of contact for parents and/or carers and the trustees
- Raise Safeguarding and Child Protection Awareness
- Update training, knowledge and skills required to carry out the role of DSL
- Provide support to staff
- Be responsible for holding and sharing information
- Oversee and act upon filtering and monitoring reports and checks to these systems
- The Deputy Designated Safeguarding Lead (DDSL) is trained to the same standard as the

Designated Safeguarding Lead and, when appropriate, carries out those functions necessary to ensure the ongoing safety and protection of service users. In the event of the long-term absence of the DSL the deputy will assume all of the functions above. Whilst the activities of the Designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the Designated safeguarding lead, this lead responsibility should not be delegated.

#### All staff shall:

- Maintain an attitude of 'it could happen here' where safeguarding is concerned.
- Identify concerns early, provide help for and promote the welfare of service users and prevent concerns from escalating.
- Provide a safe environment in which children and young people can learn.
- Know what to do if a service user makes a disclosure.
- Be able to reassure victims that they are being taken seriously
- Raise any concerns for a service user by following the charity's safeguarding policies and procedures
- Be aware of local authority referral processes and supporting social workers and other agencies following any referral.
- Be aware of systems within Wings South West which support safeguarding e.g. safeguarding policy, behaviour policy, code of conduct, online filtering and monitoring
- Attend regular Safeguarding and Child Protection training.
- Recognise that children missing or absent from education can act as a vital warning sign to a range of safeguarding issues including neglect, sexual abuse and child sexual and criminal exploitation.

### Recognising and Responding to Safeguarding Concerns

#### Recognising:

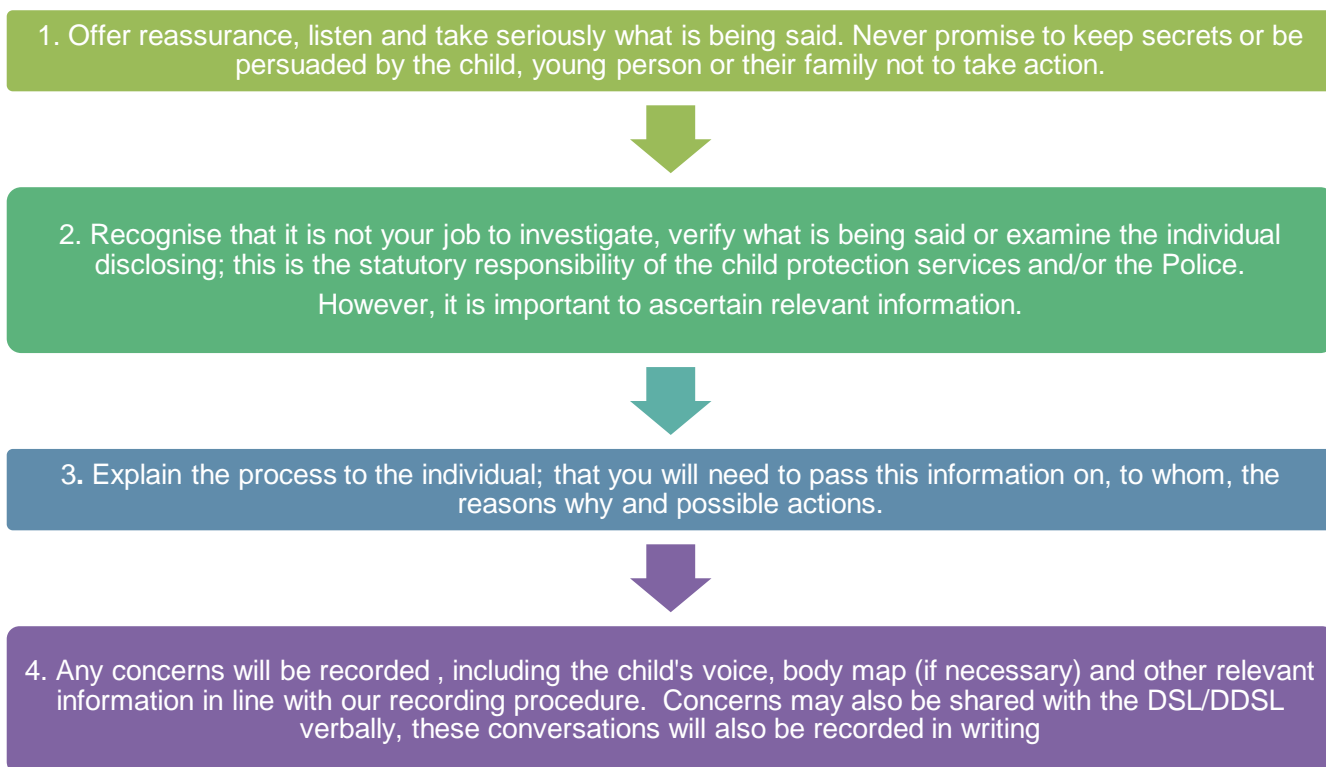
Any child, in any family, in any school, could become a victim of abuse. Staff should always maintain an attitude of **"it could happen here"**. We also recognise that abuse, neglect, exploitation and safeguarding issues are complex and are rarely standalone events that can be covered by one definition or label. Staff are aware that in most cases multiple issues will overlap one another.

- Abuse and neglect are forms of maltreatment of a child or vulnerable adult. Somebody may abuse or neglect a child or vulnerable adult by inflicting harm or by failing to act to prevent harm. Children and vulnerable adults may be abused in the family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by a child or children.
- Abuse and neglect may also take place outside of the home, contextual safeguarding, and this may include (but not limited to), sexual exploitation criminal exploitation, serious violence, radicalisation.
- Staff are aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting put children and vulnerable adults in danger and that safeguarding issues can manifest themselves via child-on-child abuse.
- There will be occasions when staff may suspect that a child or vulnerable adult may be at risk but have no 'real' evidence. The child's or vulnerable adult's behaviour may have changed, their artwork could be bizarre, and they may write stories or poetry that reveal confusion or distress, or physical or inconclusive signs may have been noticed.
- The signs may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill, or an accident has occurred. However, they may also indicate a child or vulnerable adult is being abused or is in need of safeguarding.
- In these circumstances staff will try to give the child or vulnerable adult the opportunity to talk. It is fine for staff to ask them if they are OK or if they can help in any way.



**Responding:**

- Following an initial conversation with the child or vulnerable adult, if the member of staff remains concerned, they should discuss their concerns with the DSL and put them in writing, using FORM 1 (if appropriate) . Records should include:
  - a clear and comprehensive summary of the concern.
  - details of how the concern was followed up and resolved.
- • a note of any action taken, decisions reached and the outcome. All concerns, however small, must be recorded and shared with the DSL or DDSL as this information could provide the 'missing' piece of the bigger picture of the lived experience for the child or vulnerable adult.
- All records from safeguarding concerns will be held at the barn in a locked filing cabinet in a locked folder that only Safeguarding Leads have access to and in a secure online storage that only Safeguarding Leads have access to. Once referred to the DDSL/DSL will pass on to sending school/DCC contact as appropriate alongside any additional actions taken.
- Flow chart A outlines more detail on the procedure for reference and guidance will be provided for all staff and volunteers at induction.

**FLOW CHART A****If a child or vulnerable adult discloses to a member of staff:**

- We recognise that it takes a lot of courage for them to disclose they are being abused. They may feel ashamed, guilty or scared, their abuser may have threatened that something will happen if they tell, they may have lost all trust in adults or believe that what has happened is their fault. Sometimes they may not be aware that what is happening is abuse.
- A child or vulnerable adult who makes a disclosure may have to tell their story on a number of subsequent occasions to the police and/or social workers. Therefore, it is vital that their first experience of talking to a trusted adult is a positive one.
- During their conversation staff will:

- Listen to what the child or vulnerable adult has to say and allow them to speak freely.
- Remain calm and not overact or act shocked or disgusted – the individual may stop talking if they feel they are upsetting the listener.
- Reassure the individual that it is not their fault and that they have done the right thing in telling someone.
- Not be afraid of silences – staff must remember how difficult it is for the individual and allow them time to talk.
- Take what the individual is disclosing seriously.
- Ask open questions and avoid asking leading questions.
- Avoid jumping to conclusions, speculation or making accusations.
- Not automatically offer any physical touch as comfort as this may not be comforting to someone who has experienced abuse.
- Avoid admonishing the individual for not disclosing sooner. Saying things such as ‘I do wish you had told me about it when it started’ may be the staff member’s way of being supportive but may be interpreted by the individual to mean they have done something wrong.
- Tell the individual what will happen next, that they cannot keep secrets and that information will be shared to ensure the right level of support is given.
- It is always advisable for interviews or work with individual children or vulnerable adults to be conducted in view of other adults. Where this is not possible, they should be in a room covered by CCTV.

### **Making a referral:**

- Concerns about a child or vulnerable adult or a disclosure should be immediately raised with the DSL/DDSL who will help decide whether a referral to MASH/DSAB or other support is appropriate in accordance with The Local Authority continuum of need..
- If Wings are uncertain about whether a concern raised should be referred to the MASH/DSAB, a consultation with MASH will be sought to seek further support and guidance.
- If a referral is needed, the DSL or DDSL should make this rapidly and have the necessary systems in place to enable this to happen. However, anyone can make a referral and if for any reason a staff member thinks a referral is appropriate and one hasn’t been made, they can, and should, consider making a referral themselves.
- The child or vulnerable adult (subject to their understanding) and the parents/carers will be told that a referral is being made, unless to do so would increase the risk to the individual.
- If after a referral the individual’s situation does not appear to be improving the Designated safeguarding lead (or the person that made the referral) should press for re-consideration to ensure their concerns have been addressed, and most importantly the child’s or vulnerable adult’s situation improves.
- If a child or vulnerable adult is in immediate danger or is at risk of harm a referral should be made to MASH/DSAB and/or the police immediately.
- Anybody can make a referral but where referrals are not made by the DSL, the DDSL should be informed as soon as possible.

### **Supporting our Staff:**

- We recognise that staff working in the Charity who have become involved with a child or vulnerable adult who has suffered harm or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the DSLs/Safeguarding Trustee and to seek further support as appropriate.

## Children who are particularly vulnerable:

Wings South West recognises that some children are more vulnerable to abuse, neglect, exploitation and contextual safeguarding concerns and that additional barriers exist when recognising abuse for some children. We understand that this increase in risk is due more to societal attitudes and assumptions or child protection procedures which fail to acknowledge children's diverse circumstances, rather than the individual child's personality, impairment, or circumstances.

In some cases possible indicators of abuse such as a child's mood, behaviour or injury might be assumed to relate to the child's impairment or disability rather than giving a cause for concern. Or a focus may be on the child's disability, special educational needs or situation without consideration of the full picture. In other cases, such as bullying, the child may be disproportionately impacted by the behaviour without outwardly showing any signs that they are experiencing it.

Some children may also find it harder to disclose abuse due to communication barriers, lack of access to a trusted adult or not being aware that what they are experiencing is abuse.

Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs.
- Has special educational needs (whether or not they have a statutory education, health and care plan).
- Is a young carer.
- Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- Is frequently missing/goes missing from education, care or from home.
- Is misusing drugs or alcohol themselves.
- Is at risk of modern slavery, trafficking or exploitation.
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse.
- Has returned home to their family from care.
- Is showing early signs of abuse and/or neglect and/or exploitation.
- Is at risk of being radicalised or exploited.
- Is a privately fostered child.
- Has an imprisoned parent.
- Is experiencing mental health, wellbeing difficulties.
- Is persistently absent from education (including persistently absent for part of the school day).
- Has experienced multiple suspensions, is at risk of being permanently excluded from schools, colleges and in alternative provision or a pupil referral unit.
- Is at risk of 'honour' based abuse such as FGM or forced marriage.

## **Allegations against Staff and Whistleblowing:**

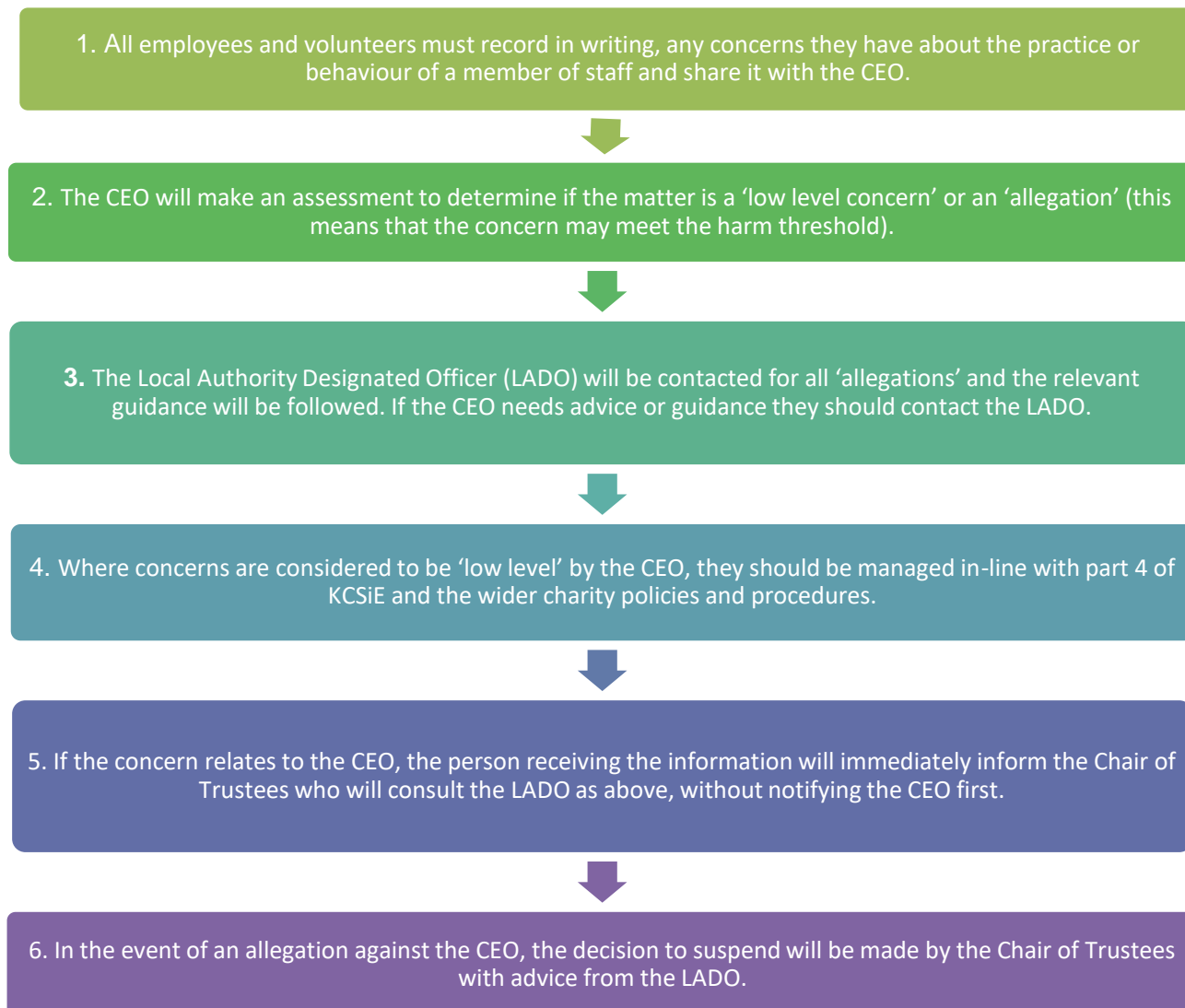
We recognise that children and vulnerable adults cannot be expected to raise concerns in an environment where staff fail to raise concerns.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in the charity's safeguarding arrangements. If it becomes necessary to consult outside the charity, they should speak in the first instance, to the LADO following the Whistleblowing Policy.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

Whistleblowing re the CEO should be made to the Chair of Trustees whose contact details are readily available to staff.

In line with KCSiE guidelines if there is an allegation against staff:



Suspension of the member of staff, against whom an allegation has been made, needs careful consideration, and the CEO will seek the advice of the LADO in making this decision.

Staff, parents and trustees are reminded that publication of material that may lead to the identification of a teacher who is the subject of an allegation is prohibited by law. Publication includes verbal conversations or writing including content placed on social media sites.

## **Confidentiality, Sharing Information and GDPR**

All staff will understand that safeguarding issues warrant a high level of confidentiality, not only out of respect for the individual and staff involved but also to ensure that information being released into the public domain does not compromise evidence.

Staff should be proactive in sharing concerns as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children and vulnerable adults, whether this is when problems are first emerging, or where a child is already known to local authority children's social care.

Staff should only discuss concerns with the DSL/DDSL, CEO or chair of trustees (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

However, following a number of cases where senior leaders had failed to act upon concerns raised by staff, Keeping Children Safe in Education emphasises that any member of staff can contact children's social care if they are concerned about a child.

Safeguarding information will be stored and handled in line with the Data Protection Act 2018 and HM Government Information Sharing and Advice for practitioners providing safeguarding services to children, young people, parents and carers, July 2018.

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. Information sharing is guided by the following principles:  
Necessary and proportionate, relevant, adequate, accurate, timely and secure.

Wings South West will ensure that images of children and vulnerable adults used within publications, publicity and on the website have written parental/carers consent prior to any images being taken and used.

## APPENDIX A

### CATEGORIES OF ABUSE

Children and vulnerable adults may be at risk in a variety of settings which may or may not be interrelated, and they may encounter multiple risks. Contextualised safeguarding looks at how we can best understand these risks, engage with children and vulnerable adults and keep them safe.

#### Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse (including child sexual exploitation)
- Neglect

#### Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health. This situation is commonly described as fabricated illness\*.

\*fabricated illness

The Oxford Textbook of Psychiatry defines fabricated illness as: *“A form of child abuse in which the parents, or carers, give false accounts of symptoms in their children and may fake signs of illness (to draw attention to themselves). They seek repeated medical investigations and needless treatment for their children.”*

#### Emotional Abuse

Emotional abuse is persistent emotional ill-treatment such as to cause severe and persistent adverse effects on emotional development. It may involve conveying a sense of being worthless or unloved, inadequate, or being valued only insofar as the needs of another person are met. It may feature age or developmentally inappropriate expectations being imposed. It may involve frequently causing fear, or exploitation or corruption. It can be enforced social isolation – preventing someone from accessing or engaging with services, educational and social opportunities or seeing friends and family (those is supported living/care), preventing someone from meeting their religious and cultural needs, a failure to respect their privacy, preventing stimulation and meaningful activities from taking place, addressing a person in an infantile and patronizing manner, threats of harm or abandonment and cyber bullying. Some level of emotional abuse is involved in all types of ill-treatment, though it may occur alone.

#### Sexual Abuse

Sexual abuse involves forcing or enticing a child or vulnerable adult to take part in sexual activities, whether or not they are aware of what is happening. The activities may involve physical contact, including penetrative (eg rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving looking at, or engaging in the production of pornographic material or watching sexual activities, or encouragement to behave in sexually inappropriate ways, and includes youth produced sexual imagery.

## **Neglect and Acts of Omission**

Neglect is the persistent failure to meet basic physical and/or psychological needs, likely to result in the serious to health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to afford protection from physical harm or danger, or the failure to ensure access to basic emotional needs. It may also be not taking account of individual's cultural, religious or ethnic needs for example not taking them to their desired place of worship, preventing a person from making their own decisions, not taking account of educational, social and recreational needs and preventing access to hearing aids, glasses etc.

## **Organised Abuse**

Organised or multiple abuse may be defined as abuse involving one or more abuser and a number of related or non-related abused children and vulnerable adults. The abusers concerned may be acting in concert to abuse them, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.

Organised and multiple abuse occur both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools, for example the discouragement of visits or the involvement of family and friends, run down and overcrowded establishments, authoritarian management or rigid regimes, a lack of leadership and supervision, insufficient staff or high turnover, inappropriate use of restraints, lack of respect for dignity and privacy, failure to manage residents with abusive behaviour, not providing adequate drink and food, misuse of medication, not offering choice, not taking account of individuals cultural, religious or ethnic needs and a failure to respond to complaints.

## **Modern Slavery**

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including: sexual exploitation, forced labour, slavery, servitude, forced criminality the removal of organs and debt bondage – being forced to work to pay off debts that realistically they will never be able to pay off.

## **Domestic Abuse**

Domestic Violence or Abuse can be characterised by any of the indicators of abuse outlined already, relating to emotional, physical, sexual, financial and psychological. Domestic Violence and Abuse includes any incidents or patterns of incidence of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. It also includes so called "honour-based" violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is at the core of Domestic Violence and can be:

Acts of assault, threats, humiliation and intimidation, harming punishing or frightening the person, isolating the person from sources of support, exploitation of resources or money, preventing the person escaping the abuse or regulating everyday behaviour.

KCSiE 2024 recognises that witnessing domestic abuse can have as much impact on a child/young person as being involved. Therefore children/young people who may see or hear domestic abuse are vulnerable to the impacts of it.

## **Financial or Material Abuse**

This can include any or the entire following list:

Theft of money or possessions

**Fraud**

Preventing a person from accessing their or money, benefits or assets

Employees taking loans from a person using the service

Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions

Arranging less care than is needed to save money to maximise inheritance Denying assistance to access benefits

Misuse of benefits or direct payments in a family home

Misuse of power of attorney, deputy appointeeship or other legal authorities

**Self-neglect**

This can include any of this list:

Lack of self-care to an extent it threatens personal health and safety

Neglecting to care for one's own personal hygiene, health and surroundings

Inability to avoid self-harm

Failure to seek help or access services to meet health and social care

needs Inability or unwillingness to manage one's personal affairs.



## APPENDIX B

**DEFINITION OF ADULTS AT RISK (VULNERABLE ADULTS)**

Under this policy Adults at Risk are those:

Aged 18 years or over who may be in need of community care services by reason of mental or other disability, age or illness; and who are or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

**Adult Safeguarding made Personal:**

Making safeguarding personal means it should be person-led and outcomes focussed. It engages a person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement.

**This means that:**

- The views and consent of the alleged victim should be sought at the very start of the process. However this does not replace the duty to override consent where appropriate,
- Desired outcomes should be reviewed throughout safeguarding adults procedures,
- There is a statutory responsibility to appoint an advocate to represent someone who has substantial difficulty in being involved in the process where there is not an appropriate individual to represent them.

**Wings follows the six principles of Adult Safeguarding**

- Empowerment. People are supported and encouraged to make their own decisions and informed consent.
- Prevention. It is better to take action before harm occurs.
- Proportionality. The least intrusive response appropriate to the risk presented is taken.
- Protection. Support and representation for those in greatest need.
- Partnership. Local solutions through services working with their communities.
- Accountability. Accountability and transparency in Safeguarding Practice is essential.

## APPENDIX C

**INDICATORS OF ABUSE****Signs of Abuse in Children:**

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-needing behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression and/or anxiousness
- Age-inappropriate sexual behaviour
- Child Sexual Exploitation
- Criminality
- Substance abuse
- Mental health problems
- Poor attendance
- Unexplainable and/or persistent absences from education

**Risk Indicators**

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Local Authority Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent(s)/ carers.
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and specific needs)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

### **Indicators of Physical Abuse**

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc
- Injuries which have not received medical attention
- Neglect – under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises, bites, burns, fractures etc which do not have an accidental explanation
- Cuts/scratches/substance abuse

### **Indicators of Possible Sexual Abuse**

- Any allegations made concerning sexual abuse
- A child or vulnerable adult with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in inappropriate sexual play for their chronological or developmental age
- Sexual activity through words, play or drawing
- A child or vulnerable adult who is sexually provocative or seductive
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders – anorexia, bulimia
- Bruising, particularly on the thighs, buttocks and upper arms and marks on the neck.
- Unusual difficulty walking or sitting
- Fear of receiving personal care
- Reluctance to be alone with a particular person
- Infections, unexplained sexually transmitted diseases
- Incontinence not relating to any medical diagnosis

### **Indicators of emotional abuse**

- Changes or regression in mood or behaviour, particularly becoming withdrawn or clinging. Also depression/aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying
- Change of appetite, sudden weight gain or weight loss.

### **Indicators of Domestic Violence or Abuse**

- Low self-esteem
- Feeling the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones

- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

#### **Indicators of Financial or Material Abuse**

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack clear financial accounts held by a care home or service

#### **Indicators of Modern Slavery**

- Signs of psychological, emotional and or physical abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

#### **Indicators of Organisational or institutional abuse**

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- Poor standards of care
- People being hungry or dehydrated
- Lack of personal clothing and possessions and communal use of personal items
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

#### **Indicators of Neglect and Acts of Omission**

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems

- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

**Indicators of Self-neglect**

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting large numbers of animals in inappropriate conditions
- Inability or unwillingness to take medication or treat illness or injury
- Non-compliance with health or care services.

## APPENDIX D

## HOW TO RESPOND TO A CHILD OR VULNERABLE ADULT WANTING TO TALK ABOUT ABUSE

### General Points

- Show acceptance of what is said (however unlikely the story may sound)
- Keep calm
- Give direct eye contact
- Be honest
- Be clear you will need to let someone else know – don't promise confidentiality
- Even when a child or vulnerable adult has broken a rule, they are not to blame for the abuse
- Be aware that the child or vulnerable adult may have been threatened or bribed not to tell
- Never push for information or ask leading questions. If the service user decides not to tell you after all, then accept that and let them know that you are always ready to listen.

### Helpful Things You May Say or Show

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- It's not your fault
- I will help you

### DON'T Say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where? (ie take care to avoid asking leading questions).
- Never make false promises, such as agreeing not to tell anyone else.
- Never make statements such as "I am shocked, don't tell anyone else"

### Concluding

- Convey reassurance and acceptance.
- Explain what you are going to do next and that you will let them know what happens (see next 3 bullet points).
- Contact the Safeguarding Lead or Deputy Safeguarding Lead
- If neither the Safeguarding Lead nor Deputy Safeguarding Lead can be contacted, and you perceive there is serious risk of further abuse, you might have to consider referring to Social Services or the Police to prevent a child, young person or vulnerable adult returning home.
- Consider your own feelings and seek pastoral support if needed.

## **ADDITIONAL ADVICE FOR STAFF**

### **USE OF IMAGES OF CHILDREN AND VULNERABLE ADULTS – PHOTOGRAPHS, VIDEOS AND WEBCAMS**

Obtaining, storing, sharing and publishing images of children and vulnerable adults will be carried out in accordance with the Wings Data Protection Policy and Internet Safety Policy.

### **GUIDELINES TO TOUCHING – AS PER THE PHYSICAL CONTACT POLICY.**

- Keep everything public. A hug in the context of the group is very different from a hug behind closed doors.
- Touch should be related to the service user's needs, not the worker's.
- Touch should be age-appropriate and generally initiated by the service user rather than the worker.
- Avoid any physical activity which is, or could be construed as, sexually stimulating.
- Service users are entitled to privacy to ensure personal dignity.
- Service users are entitled to determine the degree of physical contact with others except in exceptional circumstances ie when they need medical attention.
- Team members should take responsibility for monitoring one another in the area of physical contact. They should be free to constructively challenge a colleague if necessary. Concerns about possible abuse should always be reported to the DSL or DDSL.

### **ABUSE OF TRUST**

We undertake to follow the principles found within the Abuse of Trust guidance issued by the Home Office. As also indicated in the Wings Staff Code of Conduct, it will therefore be unacceptable for those in a position of trust to engage in any behaviour which might allow a sexual relationship to develop for as long as the relationship of trust continues.

## APPENDIX F

**DBS (Disclosure and Barring Service)  
CHECKS FOR STAFF AND VOLUNTEERS**

In line with advice on Safer Recruitment in Keeping Children Safe in Education 2024, the following procedures will be followed:

1. Enhanced DBS with children's barred list checks will cover work with both children and vulnerable adults.
2. Existing staff will not be required to renew DBS checks unless there is cause for concern. This is reviewed annually and recorded in the Trustee minutes. All staff will be required to register with the Update Service at the start of their contract.
3. A risk assessment will be completed for new adult volunteers who are awaiting a DBS and barred list check if applicable.
4. A DBS certificate and barred list check for existing volunteers (including Trustees) will be obtained every three years.
5. Third Party staff (sessional and occasional workers) will be required to show or obtain an enhanced DBS certificate with barred list check.
6. External contractors who do not have contact with children or vulnerable adults, do not need a DBS check.

Safer Recruitment and stringent Safeguarding practices will continue to be in place throughout the organisation. Volunteers should continue to be supervised by staff members in all activities.



## APPENDIX G

## ADVICE FOR WORKING WITH CHILDREN AND VULNERABLE ADULTS WITH ADDITIONAL NEEDS

*The following guidelines are intended to supplement Wings Safeguarding Policy and those participating must, of course, at all times act in accordance with the terms of the policy.*

### Introduction – why the need to consider safeguarding?

Those with additional needs are particularly vulnerable to abuse. They will often require more help with personal care needs such as washing, dressing, toileting, feeding, mobility etc and may have limited understanding and communication abilities. For example, a young person of 17 might behave in a manner more akin to a 2-3 year old, particularly in demanding cuddles or sitting on a carer's lap. Others might be more vulnerable because they are partially sighted or have hearing loss and can be reliant on physical contact for communication. Those with disabilities may be vulnerable to negative attitudes towards them, or may be taken advantage of.

Workers too might feel more vulnerable to accusations of abuse as a result of meeting an individual's needs. Balanced alongside other guidelines there is the issue of ensuring personal dignity, particularly for those who are dependent on others for their personal care needs.

### Some guidelines to consider

- Details are recorded on a Personal Information Form relating to learning or physical disability e.g. autism etc. The Worker will contact parents or carers to establish any particular needs or behaviour management issues and record them. This confidential information will be passed on to staff.
- New participants at a disability group will visit with a parent or carer in the first instance. The leader will establish the child's needs and management issues recorded and communicated with staff.

**Touch** see APPENDIX D

### Personal dignity

- Make enquiries of the individual/their parent/carers about expectations re meeting personal care needs; ensure that these are known by all workers involved with the individual including how many workers might be needed to meet that need in order to prevent injury to a service user or the helper.
- Ensure that if one person is needed to assist a service user, that another worker is informed of your absence and why.
- If a service user needs help with toileting, ensure that a worker of the same gender assists.

### Personal Emergency Evacuation Plans (PEEPs) and Risk Assessments

Personal Evacuation Plans are agreed with service users and carers where there is an additional need such as reduced mobility or hearing loss for example.

APPENDIX H**TRANSPORTING CHILDREN AND VULNERABLE ADULTS**

- Only those staff and volunteers deemed confident and competent after mini-bus assessment with a manager and who have gone through the Wings recruitment procedures will be able to transport learners or service users on behalf of Wings.
- Such staff/volunteers will have read the Wings Safeguarding Policy and have agreed to abide by this.

Seat belts should be worn by the driver and all passengers

Avoid transporting learners/service users without another member of staff. If it is necessary ask them to sit in the rear of the vehicle.

- Look at instances where it may be unwise for a particular driver to transport a service user eg where there has been a conflict.
- Parental/carer consent should be given and all journeys should be carried out with the knowledge of the leadership.
- Ensure full compliance with mini bus regulations
- Ensure that you have adequate supervision. As well as a driver another staff member/volunteer will be needed.

In normal circumstances there should be no requirement for staff to drive learners or service users in their own vehicles. If an incident occurs where this is necessary, the staff member should inform a manager as soon as possible (before the journey takes place unless this is not possible) and an incident report completed following the journey.

## GUIDELINES FOR WORKING WITH DISRUPTIVE SERVICE USERS

*The following guidelines are intended to supplement Wings Safeguarding Policy and those participating must, of course, at all times act in accordance with the terms of the policy.*

### Introduction

Sometimes children, young people and vulnerable adults can become very upset and disruptive and occasionally their behaviour may be assessed as possibly dangerous to themselves or others.

### Children - Some guidelines to consider

- If disruptive behaviour is displayed, an attempt should be made to speak to the individual to:
    1. Request that the behaviour stops;
    2. Speak with the child to find out the cause(s) of upset;
    3. Warn the child that they will be asked to leave if the behaviour continues;
    4. Warn the child that continued disruptive behaviour might result in longer term exclusion from the activity.
  - If a child is harming him/herself or another person or property other children should be escorted to vacate the place/area where the disruption is occurring. **At the same time**, and with a second worker present, request the child to STOP.
  - If your request is ignored, you might need to warn that you might have to call for additional help, eg Police.
  - **In exceptional circumstances and with the help of another, whilst Police help is awaited**, you might need to prevent the child from harming themselves by restraining them.
- In all circumstances**, workers involved should record the event and email to the DSL/DDSL as soon as possible, ie once the situation is resolved/or immediately after the activity, details of:
- What activity was taking place;
  - What might have caused the disruptive behaviour;
  - The child's/young person's behaviour;
  - What you said/how you responded
  - Others present who might have witnessed the event.

## APPENDIX J

**GUIDELINES FOR ONE TO ONE WORKING**

One to one working is sometimes necessary within intervention work. Where this is the case staff should meet with learners/service users where they are clearly recorded by CCTV and, where possible, the door should be left open.

One to one working should only happen when another staff member is present in the building and at least one member of staff should be first aid trained.

If there are behavioural concerns the staff member should seek support from another member of staff as soon as reasonably practicable.

If a member of staff is left on site with a learner/service user in an unavoidable situation, then a manager should be informed straight away and they should stay within sight of CCTV. The manager should be informed when this is no longer the case.

Any concerns or disclosures that come through one-to-one work should follow the safeguarding procedures set out in the safeguarding policy.

## APPENDIX K

**GUIDELINES FOR ISSUES RELATING TO BULLYING AND ANTI-BULLYING**

*The following guidelines are intended to supplement Wings Safeguarding Policy and those participating must, of course, at all times act in accordance with the terms of the policy.*

**1 INTRODUCTION**

Bullying is presented in many forms. It can be verbal, physical, emotional, racist and/or sexist. The bully is someone who unfairly uses his or her size, strength or intellect to **persistently** hurt or frighten others. A bully intentionally targets another in order to exercise power over them.

Unfortunately bullying is something that happens in all walks of life organisations including ours.

Bullying is an emotive word, and can be misused by individuals seeking attention.

Bullying can be undetected by adults, and we rely on good communication between Wings' workers, service users and parents and carers.

**While we accept that bullying cannot be eradicated, it will not be tolerated.**

We encourage all service users to report to an adult immediately any threatening behaviour towards them, and all incidents investigated thoroughly using Form 1 (Record of Concerns, Allegations or Suspicion of Abuse), which are kept with the safeguarding forms in the office.

We work with both bully and victim to modify behaviour after an incident, and aim to foster a caring environment that engenders mutual respect. We are aware that an individual can be both a bully and a victim, and believe that working to improve self-esteem can help to improve relationships. We will treat reports of bullying with respect, and encourage service users always to tell an adult about any inappropriate behaviour.

**2 WHAT BULLYING IS NOT, AND WHAT IT IS**

Children and vulnerable adults face many pressures in today's society. One area in which they often have much to discover is how to get along with others. In this, as in all areas of learning, they will not always get it right first time and it is from the mistakes they make that they will learn and become more mature in their relationships. It is important that children and vulnerable adults should have the freedom to explore these issues and that their less successful attempts should not be misinterpreted as bullying.

**Bullying is not ...**

- *Falling out with friends.* This happens all the time and is a normal part of life.
- *Being frightened or injured as a result of playing too roughly.*
- *Calling others names when upset.* Often in these circumstances things may be said without thinking about the effect they will have. We would deal with this kind of behaviour but it is not bullying if it is a one-off or occasional incident.
- *Fighting.* Again this is a kind of behaviour that would have to be resolved, but would not usually be an incident of bullying.

## Bullying is ...

When one or more people ***deliberately*** and ***repeatedly*** pick on someone with the ***intention*** of making them unhappy.

This could involve:

- Intimidating or threatening behaviour
- Name-calling
- Hitting/kicking repeatedly
- Removing, hiding or damaging property
- Spreading rumours
- Using social media to intimidate or upset (see Internet Safety Policy)

### 3 WHAT WINGS WILL DO ABOUT BULLYING INCIDENTS

When incidents do take place, we will aim to deal with them in a sensitive way, ensuring we listen to the service users' views. Those who have reported being bullied will be reassured of the steps being taken to ensure that they will not be on the receiving end of any further incidents. It may be necessary to liaise with School or College or supported living to help resolve a situation.

The events will be discussed with the perpetrator(s):

- a. To try to establish why the behaviour is being exhibited, and whether there are issues which need our help.
- b. To enable the bully to understand the effect of his/her behaviour on others.
- c. To clearly explain that bullying behaviour will not be tolerated.

If the staff involved are not satisfied that the perpetrator has given a genuine undertaking to stop immediately, further sanctions will be used. These could include talking to the parents/carers where appropriate, and temporary or permanent exclusion from the activity.

Further information and help for children can be found on the ChildLine web site at [www.childline.org.uk](http://www.childline.org.uk). Some information from ChildLine is included below, and applies to vulnerable adults.

## APPENDIX L

## GUIDANCE FOR WORKERS WORKING WITH SERVICE USERS WHO SELF-HARM

### **PART 1. SOME FACTS:**

**What is Self-Harm?** There are various definitions and views:

Any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation.

(NICE 2023)

Self-harm can be considered as a spectrum of behaviour ranging from occasional self-scratching, to taking an overdose with an intent to die, to attempted suicide (Royal College of Psychiatrists 2014)

Self-harm can also be less obvious such as putting yourself in risky situations or not looking after your physical/emotional needs (Mind.org.uk).

An overall view of Self-Harm would include cutting, poisoning, over-eating or under-eating, burning the skin, inserting objects into the body, hitting self or walls, overdosing, exercising excessively, scratching and hair pulling.

### **Why do People Self -Harm?**

Negative feelings give rise to tension which can be relieved by self-harm. Endorphins are released leading to a temporary relief, however this soon gives way to negative feelings of shame and guilt which causes the cycle to begin again. Inflicting pain on oneself can also stimulate feelings which have been suppressed and act as a release.

Triggers may include:

Family break up or conflict, traumatic early sexual experience, parental pressure to achieve, being bullied or excluded from friendship groups, money worries, bereavement, a way to deal with stress and anxiety others found useful.

### **PART 2 WAYS TO HELP:**

Active listening – assess the situation and how serious it is. Act in a non-judgemental, calm and compassionate manner. As with any disclosure, take it seriously, but do not overreact. If the YP is in immediate or potential danger, treat as any other Safeguarding issue and report as such.

#### **A. Serious self harm – immediate or potential danger – Refer on.**

- Call emergency services if necessary
- Administer First Aid
- Explain confidentiality
- Follow Safeguarding Procedures – inform Safeguarding Officers
- CAHMS referral will be made by MASH.

#### **B. Ongoing Superficial or Potential self harm**

- Treat injury if present
- Explain confidentiality
- Do not advise a child to stop self-harming as the behaviour may be a means of

coping with underlying trauma or anxiety.

- Encourage YP to inform parents/carers and consult GP who may prescribe counselling
- Consult colleagues – if occurring at school inform the School’s Safeguarding Officer
- Look at Children’s peer group for patterns
- Work out how to help – see below.

### **Ways to help**

- Work with the YP to identify patterns, triggers, urges. Identify trigger times or events.
- Look at alternatives – distraction or less harmful behaviour (see below).
- Encourage healthy routines and work to build self-esteem.
- Be available to listen – YP may wish to disclose underlying reasons for self-harm.
- Develop an action plan under the headings “Trigger”, “Distraction”, “What works for me”
- Be aware of the situation escalating

### **Distraction**

- Contact friend or helpline
- Walk/ run/exercise/dance
- Leave the house to meet friends
- Read a book
- Keep a diary
- Look after an animal
- Watch TV
- Go shopping
- Avoid being alone

### **Less harmful behaviour**

- Clench ice cubes
- Write/draw/talk about feelings
- Hit pillow or soft object
- Listen to loud music
- Snap elastic bands on skin to create pain

### **Vulnerable adults**

Research shows that those with learning disabilities and conditions such as autism are vulnerable to self-harm, though the type of behaviour may differ, and may be associated with the disorder itself. Psychiatrists refer to this as SIB -Self Injurious Behaviour. Advice should be sought before attempting to help a vulnerable adult with a learning disability/mental health condition who self harms.

### **Further help:**

Childline – [www.childline.org](http://www.childline.org)

National Self Harm Network – [www.nshn.co.uk](http://www.nshn.co.uk)

Young Minds – [www.youngminds.org.uk](http://www.youngminds.org.uk)

Mind – [www.mind.org.uk](http://www.mind.org.uk)



## APPENDIX M



# Children's Front Door



If you are concerned that a child is being abused you should always refer to the DSL/DDSL. If they are not available or you feel that additional safeguarding support is needed please find the information below.

For Early Help (L3) support you can call: 0345 155 1071 or complete the Request for Support online form available at:

<https://devoncountycouncil.outsystemsenterprise.com/MAS/H/homepage>

The DevonSCP Children's Front Door **consultation line for professionals only:**

01392 388428

Emergency Duty Team out of hours 0345 6000 388

Police non-emergency 101

For all LADO enquiries Exeter (01392) 384964

[Ladosecure-mailbox@devon.gcsx.gov.uk](mailto:Ladosecure-mailbox@devon.gcsx.gov.uk)

Early Help Team

Early Help Locality Contact Information:

<https://www.devonacp.org.uk/document/early-help-locality-contact-information/>

North Devon: [earlyhelpnorthsecure-mailbox@devon.gov.uk](mailto:earlyhelpnorthsecure-mailbox@devon.gov.uk)

For emergencies outside of office hours please call:

0345 6000 388