



This policy outlines the framework and procedures to be carried out to safeguard children and young people.

1. Background

1.1 Working Together to Safeguard Children 2013.

1.2 The revised guidelines make reference to *“Safeguarding and promoting welfare of children.”* Safeguarding and promoting the welfare of children is defined as *“protecting children from mal-treatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes”*.

The guidance states *“Where a child is suffering significant harm, or is likely to do so, action should be taken to protect the child. Action should also be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or at immediate risk”*.

1.3 At present there is no adult protection legislation in the UK, although the policy document *No Secrets* (2000) offers direction and guidance to Social Services to help protect 'vulnerable adults' at risk of abuse. However this is not, like child protection legislation, in statute. The aim of *No secrets* is to ensure that key local agencies - particularly but not solely social services, health authorities and the police - work together to protect vulnerable adults from abuse, by developing local multi-agency policies and procedures. The document provides guidance on how strategies for preventing and dealing with the abuse of vulnerable adults should be developed locally. The policy also describes principles around which agencies should develop their work. A key principle is that agencies should support individuals to live independently and make their own choices.

1.4 The purpose of the Safeguarding Vulnerable Groups Act (2006) as amended by the Protection of Freedom Act 2012 is to restrict contact between children and vulnerable adults and those who might do them harm. The level of DBS check required and whether a prohibition check is required will depend on the roles and duties of staff in an institution.

Legislation and Guidance which underpins safeguarding of vulnerable adults includes:

- Safeguarding Vulnerable Groups Act (2006)
- No Secrets (2000)
- Care Standards Act (2000)
- Sexual Offences Act (2003)
- Health Act (1999) includes provision for the protection of vulnerable adults
- *Prevent Duty Guidance* (2015)

2. Key Definitions

2.1 **Children** - Children includes everyone under the age of 18

2.3 Regulated Activity (applies to children)

The term **Regulated Activity** is a statutory term used to describe working or volunteering with children. Regulated activity covers anyone working closely with children, either paid or unpaid, not part of a family or personal arrangement, on a frequent, intensive or overnight basis.

Frequent means once a week or more (except in health or personal care services where frequent means once a month or more); **intensive** means four times in a month or overnight.

3. Definitions of Abuse and Neglect of Children

(Taken from Working Together to Safeguard Children 2010)

3.1 Physical Abuse:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of or deliberately causes ill health to a child whom they are looking after.

3.2 Emotional Abuse:

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on a child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, although it may occur alone. Types of emotional abuse include:

- **Bullying:** Bullying is the oppression or persecution of a weaker person by a stronger person. It is sometimes included as a type of child abuse. The difference is that bullying is often inflicted by a peer rather than by an adult. However adults and older children are capable of bullying behaviour and it is frequently an element of all types of child abuse.
- **Cyberbullying:** Cyberbullying is the use of Information Communications Technology (ICT), particularly mobile phones and the internet, deliberately to upset someone. It is different from other forms of bullying because: it can take place at any time and can intrude into spaces that have previously been regarded as safe or personal; the audience can be very large and reached rapidly. Cyberbullying can take place between peers and across generations and some instances of cyberbullying are known to be unintentional.
- **Sexting:** Sexting is when someone sends or receives a sexually explicit text, image or video on their mobile phone, usually in a text message.

3.3 Sexual Abuse:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is fully aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. This may include non-contact activities, such as involving children in looking at or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Grooming is the term used to describe how an adult gets to know a child gradually and in quite natural ways, with the intention of sexually abusing and /or exploiting them. With increased internet usage more children are being targeted for this form of abuse.

3.4 Neglect:

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food or shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, basic emotional needs.

In addition to the categories of abuse listed, the revised guidance has identified the following as specific safeguarding issues:

- Child sexual exploitation
- Domestic violence
- Forced marriage
- Bullying (including cyber- bullying)

- FGM
- Drugs
- Fabricated or induced illnesses
- Faith abuse
- Teenage relationship abuse
- Gangs and youth violence
- Gender based violence/ violence against women and girls
- Mental health
- Private fostering
- Radicalisation
- Trafficking

3.5 Abuse of position of trust: Under the Sexual Offences Act 2003 it is an offence for a person over 18 e.g. teacher, to have a sexual relationship with a young person under 18 where that person is in a 'position of trust' in respect of the young person, even if the relationship is consensual.

4. Prevent – related responsibilities

4.1 Partnership.

ADHD Norfolk will actively engage members of staff, clients/members/attendees and other partners (including the police and *Prevent* Co-ordinators) to implement best practice in supporting its clients/members/attendees.

5. Policy

This policy represents ADHD Norfolk's response to its role in safeguarding the welfare of learners and other young people under 18 and vulnerable adults.

5.1 ADHD Norfolk will set up clear procedures with all members of staff and volunteers.

5.2 ADHD Norfolk will ensure the learner's wishes or feelings are taken into account when determining what action to take and what services to provide to protect them. This will be done by ensuring the learner has the opportunity to speak to a member of staff who is involved in making decisions about action which may happen.

5.3 ADHD Norfolk will work co-operatively with external agencies such as the police, *Prevent* Co-ordinators and Social Services.

5.4 ADHD Norfolk will ensure that all staff and volunteers receive appropriate training to ensure that they are able to recognise the signs and symptoms of abuse. In addition all staff will be made fully aware of the procedures for reporting and recording their concerns.

5.5 ADHD Norfolk will monitor and review annually the Safeguarding Policy and Procedures as part of its equality initiatives.

5.6 ADHD Norfolk will ensure that all recruitment checks, as outlined in the Safer Recruitment in Education Guidelines (Jan 2007), are carried out.

5.7 ADHD Norfolk will recommend and disseminate its "Code of Conduct" for staff working with young people and vulnerable adults for all staff as outlined in guidance published by Government Offices for the English region.

6. Procedures

6.1 The CEO shall be ADHD Norfolk's "Designated Person of Contact" in the case of abuse.

6.2 The CEO will be responsible for overseeing this policy and related procedures and to liaise with partner agencies.

6.3 If a young person discloses abuse to any member of staff details of the disclosure must be recorded on the *Safeguarding Concern Form* (Appendix 1) and the member of staff must refer the learner to the Designated Person of Contact. This also includes situations of abuse which may involve staff members. If the CEO is not available colleagues must refer the clients/members/attendees to any other senior member of staff.

6.4 If any member of staff suspects that a child is being abused they should record their concerns on the *Safeguarding Concern Form* then discuss this in the first instance with the CEO.

6.5 All complaints, allegations or suspicions must be taken seriously.

6.6 Absolute promises of confidentiality should **not** be given as the matter may develop in such a way that these might not be able to be honoured.

6.7 If the complaint comes directly from the child/adult, questions should be kept to the minimum necessary to understand what is being alleged and care is taken to avoid leading questions. Unnecessary questioning could jeopardise future legal proceedings.

6.8 Safeguarding training is mandatory for all new members of staff, it is covered during induction.

6.9 Any concern should be noted on the *Safeguarding Concern Form* (Appendix 1) and passed on to andrea@adhdnorfolk.com to be kept in a safe and secure place for a minimum of seven years.

6.10 ADHD Norfolk clients/members/attendees who are found to have placed other clients/members/attendees or staff “At Risk” will face disciplinary action in accordance with the Code of Conduct and Disciplinary procedures.

The procedures laid out in this document must be followed whenever an allegation is made that a child/adult has been abused.

7. Procedure for Allegations against Staff or Volunteers

7.1 Allegations of abuse against a member of staff must be referred to the Designated Senior Person as soon as possible and in any case within 2 hours of the initial concern arising. Disciplinary procedures should be followed. ADHD Norfolk will inform the Local Authority Designated Officer (LADO) of any allegations that might indicate a person would pose a risk of harm to children.

7.3 When conducting an investigation involving a safeguarding issue (where the alleged victim is under 18) the investigating officer must take guidance from the Designated Senior Person in relation to the interviewing procedure to be followed and where there is significant risk learner interviews could be conducted by the Designated Senior Person or the Qualifications Manager.

7.4 The Designated Senior Person may decide to stop proceedings and refer the case to the police for further investigation where this is deemed necessary.

7.5 If a member of staff is dismissed or removed from “regulated activity” (or would have been had they not already left) because they harmed or posed a risk of harm to vulnerable groups including children, ADHD Norfolk will be under a legal obligation to forward information about that person to the ISA. It is the ISA’s responsibility to make a decision on the barring or not of any individual. The member of staff may make representation to the ISA against being barred.

8. Monitoring

The policy will be reviewed annually, or in the following circumstances:

- Changes in legislation and/or government guidance.
- As a result of any other significant change or event.

Useful Website:

- www.nspcc.org.uk

Appendix 1

Safeguarding Concern Form

To: Date of referral:

From: Job title:

Name of Individual:

D.O.B:Individuals phone number:.....

Nature of Concern:
.....
.....

Action Taken:
.....
.....

Agencies involved? If so give Name and Contact details:
.....
.....

Signed: Dated:

Referrers Checklist - Tel: 0344 800 8020

This Checklist is to assist you to have adequate information when you are making a referral as we know that it is often a very stressful conversation and you may forget vital information when you make the call. Referrals will be considered when some of this information is not available.

	Essential	Desirable
Name of Alerter (You can remain anonymous)		✓
Contact details of Alerter		✓
Relationship to Victim		✓
Organisation of Alerter		✓
Name (of Vulnerable Adult)	✓	
Address of Vulnerable Adult	✓	
Address, if different, of place of alleged abuse	✓	
Contact details of Vulnerable Adult	✓	
Details of Category of Vulnerability (Older, frail, Mental Health, Learning Difficulties etc.)	✓	
Date of Birth or Age		✓
Gender		✓
Ethnicity		✓
Religion		✓
Capacity and understanding		✓
Communication needs (sensory loss, Language, other)		✓
Name of Alleged Perpetrator		✓
Address of Alleged Perpetrator		✓
Date of Birth of Alleged Perpetrator		✓
Details of Referral - You need to consider the following so that the person taking the referral can gain adequate information		
Nature of abuse/incident	✓	
When did it happen?	✓	
Where did it happen?	✓	
Was anyone else involved?		✓
Was the incident witnessed?		✓
Have you had previous concerns regarding this person? If so what?		✓
Does the vulnerable adult know you are making this referral?	✓	
Have you done anything to assist the Vulnerable Adult at this time? (What actions have been taken?)	✓	
How do you want to be contacted in the future?	✓	

Safeguarding – What to record recording template

	Detail	Date	Time
Initial discussion with			
Referral (if made)			
Strategy discussion <ul style="list-style-type: none">• With whom			
Action Required <ul style="list-style-type: none">• By whom			

Specific safeguarding issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. You can access broad government guidance on the issues listed below via the GOV.UK website:

- child sexual exploitation (CSE) – see also below
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see also below
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- radicalisation
- sexting
- teenage relationship abuse
- trafficking

Key points:

Domestic violence and abuse: new definition

Domestic violence and abuse is:

any incident or pattern of incidents of *controlling, coercive, 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. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and

capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Domestic abuse and young people

The changes to the definition of domestic raise awareness that young people in the 16 to 17 age group can also be victims of domestic violence and abuse.

By including this age group the government hopes to encourage young people to come forward and get the support they need, through a helpline or specialist service.

Forced marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

Child abuse linked to faith or belief

Abuse linked to belief, including belief in witchcraft or possession, is a horrific crime which is condemned by people of all cultures, communities and faiths.

Standard child safeguarding procedures apply in all cases where abuse or neglect is suspected, including those that may be related to particular belief systems.

The number of cases of child abuse linked to faith or belief in spirits, possession and witchcraft is believed to be small, but where it occurs it causes much distress and suffering to the child. It is likely that a proportion of this type of abuse remains unreported.

Abuse linked to faith or belief may involve a wider context, where the child is treated as a scapegoat in circumstances of family stress, deprivation, domestic violence, substance abuse and mental health problems.

Mental health difficulties can increase a person's vulnerability

Mental health difficulties – the statistics

At least one in four people will experience a mental health difficulty at some point in their life and one in six adults has a mental health problem at any one time.

One in ten children aged between 5 and 16 years has a mental health difficulty, and many continue to have mental health difficulties into adulthood.

Half of those with lifetime mental health difficulties first experience symptoms by the age of 14, and three-quarters before their mid-20s.

Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed).

Almost half of all adults will experience at least one episode of depression during their lifetime.

One in ten new mothers experiences postnatal depression. About one in 100 people has a severe mental health difficulty. Some 60% of adults living in hostels have a personality disorder.

Some 90% of all prisoners are estimated to have a diagnosable mental health difficulty (including personality disorder) and/or a substance misuse problem.

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship.

The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or

already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.

Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to previously. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Possible indicators of abuse

- Poor self esteem
- Depression and anxiety
- Tiredness due to sleep disturbance
- Not eating, weight loss or weight gain
- Marked changes in attendance at College, unexplained absences from college, lengthy absences from college
- Marked changes in behaviour, learners becoming withdrawn or aggressive
- Pregnancy
- STD
- unexplained skin bruising
- unexplained cuts burns or abrasions
- unexplained fractures etc.

However, please remember some physiological processes/medical conditions can cause changes which are hard to distinguish from some aspects of physical abuse.

Some possible indicators of neglect:

- poor hygiene
- malnutrition
- inappropriate clothing
- broken skin

Some possible psychological and emotional indicators:

- withdrawal
- depression

- cowering and fearfulness
- sudden changes in behaviour
- deliberate self-harm

Some possible indicators of sexual abuse:

- unexplained marked fluctuation of mood changes
- urinary infection
- pain, bruising or bleeding in genital or anal areas
- inappropriate sexually related activities/behaviour

Some general indicators which may suggest abuse:

- seeking shelter or protection
- unexplained reactions towards particular settings
- frequent or regular visits to the GP, or hospital casualty department, or hospital admissions
- frequent or irrational refusal to accept investigations or treatments for routine difficulties
- inconsistency of explanation

The following "trigger" behaviours may be additional indicators that abuse is occurring:

- destruction of physical environment
- turning night into day/sleep disturbance
- chronic incontinence
- extreme physical and/or emotional dependence
- verbal abuse and aggression towards the carer
- changes in personality – caused by illness and/or medication
- noncompliance with carer's wishes
- obsessive behaviour
- wandering/absconding
- self-harm

Additional Information on Cyberbullying

Technology	Example of Misuse
Mobile phones	Sending nasty calls or text messages, including threats. Intimidation or harassment. Taking and sharing humiliating images. Videoing other people being harassed and sending these to other phones or internet sites

What's App Snap Chat	Sending inappropriate messages or content.
Email	Sending inappropriate, nasty or threatening messages. Forwarding unsuitable content including images and video clips, or sending computer viruses. Accessing someone else's account, e.g. to forward personal emails or delete emails.
Webcams	Making and sending inappropriate content. Persuading or threatening young people to act in inappropriate ways. Using inappropriate recordings to manipulate young people.
Social network sites e.g. Facebook, Twitter, Instagram and Internet dating sites (e.g. Tinder)	Posting nasty comments, humiliating images / video. Accessing another person's account details and sending unpleasant messages, deleting information or making private information public. Groups of people picking on individuals by excluding them. Creating fake profiles to pretend to be someone else, e.g. to bully, harass or get the person into trouble Trolling (posting inflammatory, extraneous, or off-topic messages in an online community with the deliberate intent of provoking the account holder) Vulnerable people may be exploited through relationships established on internet-dating sites
You tube	Posting embarrassing, humiliating film of someone.
Virtual Learning Environments	Posting inappropriate messages or images. Hacking into someone else's account to post inappropriate comments or delete schoolwork.
Gaming sites, consoles and virtual worlds	Name-calling, making abusive / derogatory remarks. Players may pick on weaker or less experienced users, repeatedly killing their characters. Forwarding unwanted messages to other devices in the immediate vicinity.
Identity Theft	Bank details and other personal information being stolen and used inappropriately