



## Safeguarding Children and Young People Policy Different Minds (ADHD-ASD Norfolk) Ltd

This policy outlines the framework and procedures to ensure the safeguarding of children and young people. It sets out our commitment to protecting vulnerable individuals and ensuring their welfare is promoted at all times.

## 1. Background

# 1.1 Working Together to Safeguard Children 2013

The guidelines in Working Together to Safeguard Children refer to "safeguarding and promoting the welfare of children." This involves protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children grow up in circumstances that provide safe and effective care, and enabling all children to achieve the best outcomes.

- 1.2 Safeguarding and promoting the welfare of children is defined as protecting children from harm, preventing impairments to their health or development, and promoting their wellbeing. The guidance also stresses that if a child is suffering significant harm, or is at risk of harm, appropriate action must be taken to protect the child, as well as those in need of additional support, even if they are not at immediate risk.
- 1.3 Although there is currently no adult protection legislation in the UK, the No Secrets (2000) policy provides direction to Social Services and other agencies to help protect vulnerable adults at risk of abuse. Unlike child protection legislation, it is not statutory law, but it outlines best practices for multi-agency collaboration in safeguarding vulnerable adults.
- 1.4 The Safeguarding Vulnerable Groups Act (2006), as amended by the Protection of Freedoms Act (2012), restricts contact between children or vulnerable adults and individuals who may cause harm. The level of DBS check required depends on the role of staff and their duties in an organisation.

# Key Legislation and Guidance for Safeguarding Vulnerable Adults:

- Safeguarding Vulnerable Groups Act (2006)No Secrets (2000)
- Care Standards Act (2000)
- Sexual Offences Act (2003)
- Health Act (1999)
- Prevent Duty Guidance (2015)

## 2. Key Definitions

#### 2.1 Children

For the purposes of this policy, the term "children" refers to individuals under the age of 18.

## 2.2 Regulated Activity (children)

Regulated activity refers to work or volunteering with children, either paid or unpaid, which is not





part of a family or personal arrangement. It includes frequent, intensive, or overnight work with children. "Frequent" means once a week or more, while "intensive" means four times 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 involves inflicting physical harm to a child, such as hitting, shaking, poisoning, burning, or suffocation. It can also include instances where a parent or carer feigns illness in a child to cause harm.

#### 3.2 Emotional Abuse

Emotional abuse involves persistent emotional ill-treatment that negatively affects a child's emotional development. This may include conveying to children that they are worthless or unloved, or imposing unreasonable expectations. It can also involve causing children to feel frightened or exploited. Forms of emotional abuse include bullying, cyberbullying, and sexting.

- **Bullying**: The oppression or persecution of a weaker person by a stronger one.
- **Cyberbullying**: The deliberate use of ICT to upset someone, often occurring via mobile phones or the internet.
- **Sexting**: Sending or receiving sexually explicit material via text or messaging apps.

#### 3.3 Sexual Abuse

Sexual abuse involves forcing or enticing a child to participate in sexual activities, whether or not they are aware of what is happening. This may include physical acts like rape or non-penetrative sexual activities, as well as non-contact abuse such as involving children in producing or viewing pornographic material.

## 3.4 Neglect

Neglect involves the persistent failure to meet a child's basic physical or psychological needs, which may result in serious harm to their health or development. It can include failure to provide adequate food, shelter, medical care, or protection from harm.

Additional safeguarding issues include:

- Child sexual exploitation
- Domestic violence
- Forced marriage
- Bullying (including cyberbullying)
- Female genital mutilation (FGM)
- Drugs and substance abuse
- Fabricated or induced illnesses
- Mental health concerns
- Radicalisation and extremism

#### 3.5 Abuse of Position of Trust

Under the Sexual Offences Act 2003, it is an offence for a person in a position of trust (e.g., a





teacher) to have a sexual relationship with a young person under 18, even if the relationship is consensual.

### 4. Prevent-related Responsibilities

## 4.1 Partnership

Different Minds (ADHD-ASD Norfolk) Ltd is committed to working collaboratively with staff, clients, and external partners, including the police and Prevent coordinators, to implement best practices in safeguarding and supporting vulnerable individuals.

#### 5. Policy

This policy represents Different Minds (ADHD-ASD Norfolk) Ltd's commitment to safeguarding the welfare of children, young people, and vulnerable adults.

#### 5.1 Clear Procedures

Clear safeguarding procedures will be established for all staff and volunteers.

#### 5.2 Learner Involvement

The wishes and feelings of learners will be considered when determining the appropriate action to protect them. Learners will have the opportunity to speak to a staff member involved in decision-making processes.

## 5.3 Collaboration with External Agencies

Different Minds (ADHD-ASD Norfolk) Ltd will work cooperatively with external agencies such as the police, Prevent Coordinators, and social services.

#### 5.4 Training

All staff and volunteers will receive appropriate safeguarding training to recognise the signs and symptoms of abuse. They will also be made aware of the procedures for reporting concerns.

## 5.5 Policy Review

The safeguarding policy will be monitored and reviewed annually, as part of the company's equality initiatives.

#### 5.6 Safer Recruitment

All recruitment processes will follow the Safer Recruitment Guidelines to ensure the safety of vulnerable groups.

#### 5.7 Code of Conduct

A "Code of Conduct" for staff working with young people and vulnerable adults will be recommended and disseminated.

#### 6. Procedures

6.1 The Managing Director (MD) will be the **Designated Safeguarding Lead** for any abuserelated concerns.





## 6.2 Reporting Concerns

If a young person discloses abuse, staff must record the details on a Safeguarding Concern Form and refer the learner to the Designated Safeguarding Lead.

## 6.3 Investigation and Action

All allegations must be taken seriously, and investigations will be handled with due care. If appropriate, the MD will liaise with external agencies for further action.

## 6.4 Confidentiality

Staff must not promise complete confidentiality, as this may be necessary to protect the child or vulnerable adult.

#### 6.5 Safeguarding Training

Mandatory safeguarding training will be provided during induction for all new staff.

## 6.6 Disciplinary Action

Any individual found to be placing others at risk will face disciplinary action in accordance with the company's policies.

#### 7. Procedure for Allegations Against Staff or Volunteers

## 7.1 Reporting Allegations

Allegations of abuse against staff must be referred to the Designated Senior Person within two hours. Disciplinary procedures will be followed.

#### 7.2 Investigation

The investigation must be conducted in accordance with safeguarding procedures and, where necessary, in collaboration with the police.

#### 7.3 Referral to ISA

If a staff member is dismissed or removed due to harm to a vulnerable person, the company will be required to inform the Independent Safeguarding Authority (ISA).

## 8. Monitoring and Review

This policy will be reviewed annually or following:

- Changes in legislation or government guidance.
- Any significant events or incidents that require a policy update.

This policy aims to protect children, young people, and vulnerable adults in line with current legislation and best practices, ensuring a safe environment for all involved with Different Minds (ADHD-ASD Norfolk) Ltd.





#### Useful Website:

Appendix 1

• www.nspcc.org.uk

| afeguarding Concern Form                               |
|--|
| o: Date of referral:                                   |
| om:  |
| ame of Individual:                                     |
| O.B:   |
| ature of Concern:                                      |
|  |
| ction Taken:   |
| gencies involved? If so give Name and Contact details: |
| gned: 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)  |           | <b>✓</b>  |
| Contact details of Alerter  |           | <b>✓</b>  |
| Relationship to Victim  | 5.        | <b>✓</b>  |
| Organisation of Alerter   |           | <b>✓</b>  |
| Name (of Vulnerable Adult)  | <b>✓</b>  |           |
| Address of Vulnerable Adult   | <b>✓</b>  | 8.2       |
| Address, if different, of place of alleged abuse  | 1         | 36        |
| Contact details of Vulnerable Adult   | <b>✓</b>  |           |
| Details of Category of Vulnerability (Older, frail, Mental  | ~         | 3 6       |
| Health, Learning Difficulties etc.)   |           |           |
| Date of Birth or Age  |           | <b>/</b>  |
| Gender  |           | <b>✓</b>  |
| Ethnicity   |           | <b>✓</b>  |
| Religion  |           | <b>✓</b>  |
| Capacity and understanding  | 8         | <b>*</b>  |
| Communication needs (sensory loss, Language, other)   |           | <b>✓</b>  |
| Name of Alleged Perpetrator   | 3         | <b>✓</b>  |
| Address of Alleged Perpetrator  | >         | <b>✓</b>  |
| Date of Birth of Alleged Perpetrator  |           | <b>✓</b>  |
| Details of Referral - You need to consider the following so<br>that the person taking the referral can gain adequate<br>information |           |           |
| Nature of abuse/incident  | 1         | 16        |
| When did it happen?   | 1         |           |
| Where did it happen?  | 1         | 3 %       |
| Was anyone else involved?   | 5.        | <b>✓</b>  |
| Was the incident witnessed?   |           | <b>✓</b>  |
| Have you had previous concerns regarding this person? If so what?   |           | <b>*</b>  |
| 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?)                                 | <b>~</b>  | ,         |
| How do you want to be contacted in the future?  | <b>✓</b>  | 3 (3      |





## Appendix 1

#### Referrer's Checklist

Tel: 0344 800 8020

This checklist is to help ensure that you have sufficient information when making a referral, as these conversations can be very stressful and it is easy to forget vital details. Referrals will still be considered if some information is unavailable.

#### Safeguarding - Recording Template

## **Specific Safeguarding Issues**

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

- Child sexual exploitation (CSE)
- Bullying, including cyberbullying
- Domestic violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- 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 refers to any incident or pattern of controlling, coercive, threatening behaviour, violence, or abuse between individuals aged 16 or over, who are or have been intimate partners or family members, regardless of gender or sexuality. Abuse may include:

- Psychological
- Physical
- Sexual





- Financial
- Emotional

#### **Controlling Behaviour**

Controlling behaviour involves a range of actions aimed at making a person subordinate and/or dependent by isolating them from support, exploiting their resources, and depriving them of independence and escape. It regulates their everyday behaviour.

#### **Coercive Behaviour**

Coercive behaviour is a pattern of acts, such as assault, threats, humiliation, and intimidation, used to harm, punish, or frighten the victim.

## **Domestic Abuse and Young People**

The updated definition of domestic abuse now includes young people aged 16-17, raising awareness that they can also be victims of domestic violence and abuse. This aims to encourage young people to seek help and access support services.

#### **Forced Marriage**

A forced marriage is one where one or both parties cannot, or do not, consent to the marriage, with pressure or abuse being used to coerce them into it. This practice is recognised as a form of domestic or child abuse and a serious violation of human rights. The pressure to marry against one's will can be physical, emotional, psychological, or financial.

#### Child Abuse Linked to Faith or Belief

Abuse linked to belief, including witchcraft or possession, is a serious crime that is condemned by people of all cultures and faiths. While these cases are rare, they cause significant harm to children, often in environments of family stress, deprivation, domestic violence, substance abuse, and mental health issues. Many cases of abuse linked to belief remain unreported.

#### Mental Health Difficulties - Statistics

At least one in four people will experience mental health difficulties during their life, and one in six adults has a mental health problem at any given time. One in ten children aged 5 to 16 will face mental health issues, with many continuing into adulthood. Half of those with long-term mental health problems will have first shown symptoms by the age of 14, and three-quarters by the age of 24.

## Child Sexual Exploitation (CSE)

CSE involves exploitative relationships where young people receive something (e.g., food, shelter, drugs, alcohol, money, or affection) in exchange for sexual activities. It can range from seemingly consensual relationships to organised crime by gangs. What sets CSE apart is an imbalance of power, where the perpetrator holds power over the victim.





## Female Genital Mutilation (FGM)

Professionals must remain alert to the risk of FGM, especially when a child is from a community known to practise it. Indicators may include a girl being at risk or already having undergone FGM. Sensitivity is crucial when discussing FGM, as victims may not be aware of the practice.

#### Possible Indicators of Abuse

- Poor self-esteem
- Anxiety, depression
- Sleep disturbances
- Weight loss or gain
- Unexplained absences or changes in attendance
- Behavioural changes such as withdrawal or aggression
- Pregnancy, STDs
- · Unexplained bruising, burns, or fractures

## **Possible Indicators of Neglect**

- Poor hygiene
- Malnutrition
- Inappropriate clothing for the season
- Broken skin

#### Possible Psychological and Emotional Indicators

- Withdrawal, depression
- Fearfulness
- Sudden changes in behaviour
- Self-harm

#### Possible Indicators of Sexual Abuse

- Mood fluctuations
- Urinary infections
- · Pain or bruising in genital or anal areas
- · Inappropriate sexual behaviour

## **General Indicators Which May Suggest Abuse**

- Seeking shelter or protection
- · Unexplained reactions to certain settings





- Frequent visits to GPs or hospitals
- · Refusal to accept medical investigations
- Inconsistent explanations

## **Trigger Behaviours That May Indicate Abuse**

- Destruction of the physical environment
- Sleep disturbances, turning night into day
- Chronic incontinence
- Extreme dependency or self-harm
- · Verbal abuse, aggression towards carers
- Changes in personality
- Noncompliance with carers' wishes
- · Obsessive behaviours
- Wandering or absconding

## Additional Information on Cyberbullying

## **Technology** – Examples of Misuse:

- Mobile Phones: Sending abusive texts or calls, sharing humiliating images, or videoing harassment.
- WhatsApp/Snapchat: Sending threatening or inappropriate content, forwarding unsuitable content
- **Email**: Sending offensive or threatening messages, forwarding unsuitable content or computer viruses.
- **Webcams**: Creating and sharing inappropriate content, persuading or threatening others to act inappropriately.

#### Approved by:

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Director
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