



ADHD Cyprus

Child Protection and Safeguarding Policy

Comprehensive policy and procedures for work with children, young people and families

Approved by the Board of ADHD Cyprus

Organisation	ADHD Cyprus / Σύνδεσμος ΔΕΠΥ Κύπρου
Policy owner	Board of Directors
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Quick Safeguarding Contacts

Role / Service	Name / Contact	When to use
Designated Safeguarding Lead	Avraamis Avraam (Avraamis.avraam@add-adhdcy.org)	All safeguarding concerns and advice
Board Safeguarding Lead	Marina Georgiou	Oversight, escalation, concerns about DSL
Emergency Services	112	Immediate risk of serious harm or emergency medical/police response
Social Welfare Services		Child protection referral, risk of significant harm

Staff should not delay urgent action while trying to contact an internal manager. If a child is in immediate danger, contact emergency services first and inform the DSL as soon as possible.

1. Policy Statement

ADHD Cyprus is committed to safeguarding and promoting the welfare of children and young people. We recognise that children with ADHD and other neurodevelopmental needs may experience additional vulnerability, barriers to communication, social exclusion, bullying, exploitation or difficulty recognising risk. Safeguarding is therefore central to all services delivered by ADHD Cyprus.

This policy sets out how ADHD Cyprus prevents harm, identifies concerns, responds to disclosures, manages risk and works with families and statutory services. The welfare and best interests of the child are paramount.

2. Purpose of the Policy

The purpose of this policy is to provide clear safeguarding standards and procedures for all ADHD Cyprus activities. It aims to protect children and young people, support safe practice by staff and volunteers, ensure concerns are reported and recorded appropriately, and promote a culture in which children are listened to, respected and protected.

The policy should be read alongside any related ADHD Cyprus procedures on data protection, health and safety, complaints, staff conduct, volunteering, online safety and after-school club operations.

3. Scope of the Policy

This policy applies to all members of the Board, employees, social workers, psychologists, volunteers, students, consultants, contractors, external facilitators and partner organisations acting on behalf of ADHD Cyprus.

It applies to all settings, including ADHD Cyprus premises, the after-school club, family support work, one-to-one sessions, psychological and social work appointments, group work, training, community outreach, online sessions, events, trips and project activities.

4. Rights-Based and Legal Framework

ADHD Cyprus will act in line with the United Nations Convention on the Rights of the Child, including the right of children to be protected from violence, abuse, neglect and exploitation, to express their views and to have their best interests treated as a primary consideration.

ADHD Cyprus also recognises the Charter of Fundamental Rights of the European Union, relevant Cyprus law and recognised child safeguarding standards including the Keeping Children Safe standards. Where legal or statutory requirements apply, these take priority over internal procedures.

5. Safeguarding Principles

- The welfare of the child is paramount.
- All children have equal rights to protection, dignity, participation and non-discrimination.
- Safeguarding is everyone's responsibility.
- Children should be listened to and taken seriously.
- Concerns must be acted upon promptly and recorded accurately.
- Information should be shared lawfully and proportionately where this is necessary to protect a child.
- Practice should be trauma-informed, ADHD-informed, inclusive and culturally sensitive.

6. Definitions of Abuse and Safeguarding Concerns

Physical abuse may include hitting, shaking, burning, poisoning, inappropriate restraint or causing physical harm.

Emotional abuse may include persistent criticism, humiliation, rejection, exposure to domestic abuse, intimidation or harmful control.

Sexual abuse may include forcing or enticing a child to take part in sexual activity, sexual exploitation, exposure to sexual material or online sexual abuse.

Neglect may include failure to provide adequate food, shelter, supervision, medical care, emotional support or education.

Exploitation may include sexual exploitation, criminal exploitation, trafficking, forced labour, coercive control, grooming, online exploitation or misuse of a child for financial or other gain.

Other concerns may include bullying, peer-on-peer abuse, harmful sexual behaviour, online harm, self-harm, suicidal ideation, domestic violence, harmful practices, discrimination, radicalisation or any situation where a child is at risk of harm.

7. ADHD-Specific Safeguarding Considerations

Children and young people with ADHD may experience impulsivity, emotional dysregulation, difficulty assessing risk, rejection sensitivity, low self-esteem, social isolation, bullying, vulnerability to manipulation and challenges with executive functioning. These factors do not cause abuse and should never be used to blame the child. However, they may increase vulnerability, make it harder for a child to recognise unsafe situations, or make it more difficult for them to seek help when they are worried or at risk.

Some children with ADHD may act quickly without thinking through consequences, seek approval from others, struggle with peer pressure, or find it difficult to judge whether another person's behaviour is safe or appropriate. Others may mask distress, become withdrawn, appear angry or dysregulated, or be seen as "challenging" when they are actually overwhelmed, frightened or unable to communicate what has happened.

Staff must remain alert to the possibility that changes in behaviour, emotional outbursts, avoidance, shutdown, anxiety, risk-taking, conflict with peers, sudden loss of confidence or reluctance to attend sessions may indicate distress or safeguarding concern. Staff should be careful not to dismiss concerns as simply being part of ADHD.

Communication should be adapted to the child's needs. Staff should use clear language, calm explanations, visual or practical tools where helpful, short instructions, repetition, checking of understanding and additional time for the child to process information. Children should be supported to express themselves in different ways, including through conversation, drawing, writing, play, visual prompts or support from a trusted adult.

Staff should avoid blaming, shaming or punishing children for ADHD-related behaviours. Instead, they should consider what the behaviour may be communicating, whether the child feels safe, whether reasonable adjustments are needed, and whether there are any wider concerns about harm, bullying, exploitation, family stress or emotional wellbeing.

Safeguarding responses must be ADHD-informed, child-centred and proportionate. Staff should listen carefully, take concerns seriously, record worries clearly, seek advice where needed and ensure that the child's voice is included in decisions about their safety and support.

8. Organisational Safeguarding Structure

The Board of ADHD Cyprus has overall responsibility for safeguarding governance and ensuring that appropriate policies, procedures, training and resources are in place.

The Designated Safeguarding Lead is responsible for receiving concerns, advising staff, maintaining safeguarding records, coordinating referrals and ensuring appropriate follow-up.

A Board Safeguarding Lead should provide oversight and act as an escalation point, especially where a concern relates to the DSL or senior staff.

All staff and volunteers must report concerns immediately and must not investigate concerns themselves.

9. Designated Safeguarding Lead Responsibilities

- Receive and review safeguarding concerns.
- Make or support referrals to Social Welfare Services, Police, health services or other appropriate agencies.
- Maintain confidential safeguarding records.
- Advise staff on safe practice and information sharing.
- Ensure safeguarding procedures are followed in the after-school club and other services.
- Review incidents, patterns and emerging risks.
- Coordinate safeguarding training and policy review.
- Escalate concerns where a child remains at risk or where agency responses are insufficient.
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10. Safer Recruitment and Selection

ADHD Cyprus is committed to ensuring that all staff, volunteers and contractors who work with children are suitable for their role and understand their safeguarding responsibilities. Safer recruitment procedures will be applied to all roles that involve direct contact with children, access to children's information, responsibility for services involving children, or work in settings where children are present.

Recruitment processes will be proportionate to the role and level of contact with children. They may include clear role descriptions, person specifications, application forms, interviews, identity checks, reference checks, declarations of suitability, verification of qualifications, professional registration checks where relevant, and criminal record checks where required, available or appropriate.

Role descriptions will clearly set out the duties of the post, the level of contact with children, safeguarding responsibilities, supervision arrangements and expected standards of conduct. Applicants will be informed that safeguarding children is an essential part of the organisation's work and that all appointments are subject to appropriate checks and satisfactory references.

Recruitment decisions will take account of the applicant's relevant experience, qualifications, skills, values, attitude towards children, understanding of professional boundaries and awareness of safeguarding. Where a role involves direct work with children or families, particular attention will be given to the person's ability to work safely, respectfully and appropriately with children who may have additional needs, vulnerabilities or communication difficulties.

Interviews will include questions about safeguarding, professional boundaries, working with children, responding to concerns and managing difficult situations. Any gaps in employment, unclear information, inconsistent answers or concerns arising during the recruitment process will be explored before an appointment is confirmed.

Where references are required, ADHD Cyprus will seek references from appropriate sources, including previous employers or organisations where the applicant has worked with children, where possible. References should help confirm the person's suitability, reliability, conduct and previous experience. Any concerns raised through references will be considered carefully before a final decision is made.

Where professional registration is required for a role, such as for social workers, psychologists or other regulated professionals, ADHD Cyprus will check that the person is appropriately registered, qualified and permitted to practise. Where criminal record checks are required or available, these will be requested in line with relevant legal requirements and good safeguarding practice.

A criminal record or previous concern will not automatically prevent a person from working with ADHD Cyprus. However, any information received will be considered carefully in relation to the nature of the role, the level of contact with children, the seriousness and relevance of the information, the time that has passed, and any risk to children or the organisation.

No member of staff, volunteer or contractor should begin unsupervised work with children until the required recruitment checks have been completed, reviewed and approved. Where a person starts work before all checks are complete, this must be authorised by management, risk assessed and subject to appropriate supervision and restrictions.

All new staff, volunteers and contractors who may have contact with children will receive a safeguarding induction before undertaking unsupervised work. This induction will include the organisation's child protection policy, code of conduct, reporting procedures, confidentiality expectations, safer working practices, one-to-one work arrangements, and how to respond to concerns or allegations.

ADHD Cyprus will keep appropriate recruitment records, including evidence of checks completed, references received, induction provided and any safeguarding training required for the role. These records will be stored securely and handled in line with data protection requirements.

Safer recruitment is not a one-off process. ADHD Cyprus will continue to assess suitability through supervision, probationary arrangements, ongoing training, performance management, observation of practice and prompt action where concerns arise. Any concern about the conduct, suitability or behaviour of a staff member, volunteer or contractor must be reported through the organisation's safeguarding procedures.

11. Training, Induction and Supervision

All staff, volunteers and regular facilitators will receive safeguarding induction covering this policy, reporting procedures, safe conduct, disclosures, boundaries and emergency action. Refresher training will be provided periodically.

Social workers and psychologists should receive appropriate professional supervision. Safeguarding should be a standing item in supervision and team meetings where relevant. Staff should seek advice from the DSL whenever they are unsure about risk or reporting requirements.

12. Staff Code of Conduct

All staff, volunteers and contractors are expected to behave in a professional, respectful and safe manner at all times when working with children and young people. Children must be treated with dignity, kindness and fairness, regardless of their age, gender, disability, ethnicity, religion, language, behaviour, family background or personal circumstances.

Adults working with children must maintain clear professional boundaries. They must avoid any behaviour that could be seen as inappropriate, overly familiar, secretive, threatening, humiliating or favouring one child over another. Staff must use appropriate language at all times and must never make sexual, discriminatory, aggressive or personal comments to or about a child.

Physical contact with children should only take place where it is necessary, appropriate and in the child's best interests, for example to prevent harm, provide reassurance in a proportionate way, or support a child's care needs. Unnecessary physical contact should be avoided, and any contact must be respectful, age-appropriate and never secretive.

Staff, volunteers and contractors must not use their role, status or relationship with a child to exploit, manipulate, intimidate or place pressure on them. They must not give personal gifts, offer special treatment or create a relationship of dependence with a child. Any concerns about possible grooming, boundary crossing or inappropriate behaviour must be reported immediately through the organisation's safeguarding procedures.

Private personal communication with children is not permitted. Staff must not communicate with children using personal phones, personal email accounts, private messaging apps or personal social media accounts. Any communication with children must take place through agreed organisational channels, with appropriate oversight and for a clear professional purpose.

Staff must not share personal social media accounts with children, accept friend or follow requests from children, or send such requests to children. Online contact must remain professional and must follow the organisation's safeguarding and communication procedures.

Staff, volunteers and contractors must never meet a child outside agreed service arrangements unless this has been authorised in advance by the organisation, discussed with parents or carers where appropriate, and risk assessed. Adults must not arrange private meetings with children, visit children at home without authorisation, or invite children to their own home or private setting.

Children must not be transported alone by staff, volunteers or contractors unless this has been specifically authorised, risk assessed and agreed as part of service delivery. Where transport is necessary, arrangements should be planned in advance, recorded and, wherever possible, involve more than one adult or other appropriate safeguards.

Images, videos or recordings of children must not be taken, stored, shared or published without the correct consent and a clear organisational purpose. Staff must only use authorised devices and must follow the organisation's procedures for photography, recording, storage and data protection.

All staff, volunteers and contractors have a responsibility to report any situation that may be misunderstood, may raise concerns, or may place a child, staff member, volunteer or contractor at risk. This includes accidental breaches of boundaries, situations where an adult has been left alone with a child unexpectedly, inappropriate contact from a child, or any allegation or complaint. Reporting such matters promptly protects children and also protects staff by ensuring transparency and appropriate management oversight.

13. One-to-One Working Policy

ADHD Cyprus may provide one-to-one work with children where this is appropriate to the child's needs and forms part of the agreed service being offered. One-to-one work may be provided by qualified social workers, psychologists or other authorised staff who have the necessary skills, training, supervision and safeguarding awareness for the role.

One-to-one work may include assessment, emotional support, counselling-related intervention, family work, safety planning, psychoeducation, behaviour support, wellbeing work, support around school or social difficulties, and work linked to the child's individual plan. All one-to-one work must have a clear purpose and should be proportionate to the child's age, needs, communication style, level of vulnerability and presenting circumstances.

Before one-to-one work begins, the purpose of the work should be explained to the child in a way they can understand. The parent or carer should also be informed, unless there is a safeguarding reason why this would not be appropriate. Staff should explain what the sessions are for, who will be involved, where they will take place, how information will be recorded, and what the limits of confidentiality are.

Consent should be obtained and recorded in line with the child's age, understanding and the organisation's procedures. Children should be helped to understand that they can ask questions, express discomfort and say if they do not understand something. Staff should check throughout the work that the child remains comfortable and understands what is happening.

Confidentiality must be explained clearly at the start of the work and revisited where necessary. Children must be told that staff cannot keep secrets where there is a concern that they or someone else may be at risk of harm. Staff should explain that information may need to be shared with the safeguarding lead, parents or carers, or external agencies where this is necessary to protect the child or another person.

One-to-one sessions should take place in suitable rooms or agreed online settings that provide dignity, privacy and confidentiality while also maintaining professional accountability. Rooms used for one-to-one work should be

appropriate, safe and known to other staff. Where possible, rooms should have visibility panels, or staff should ensure that another appropriate adult knows where the session is taking place and when it is expected to finish.

Closed-door sessions may be appropriate where privacy is needed, especially for sensitive conversations or therapeutic work. However, such arrangements must be professional, justifiable and risk assessed. Staff should consider the child's age, needs, emotional state, any known risks, the nature of the work, the setting and whether additional safeguards are required.

Online one-to-one work must be carried out through approved platforms and agreed organisational arrangements. Staff must not use personal social media accounts or private messaging accounts to conduct one-to-one work. Online sessions should take place in a professional setting, with appropriate privacy, and parents or carers should be aware of the arrangement unless this would create a safeguarding risk.

Staff must maintain professional boundaries throughout one-to-one work. They must use appropriate language, avoid unnecessary personal disclosure, avoid favouritism, and ensure that the child does not become dependent on one individual member of staff. Staff should not make promises they cannot keep and must never suggest that information shared by the child will remain secret if there is a risk of harm.

Physical contact should be avoided unless it is necessary, appropriate and clearly in the child's best interests. Any physical contact must be proportionate, respectful and safe. Staff must be particularly careful where a child is distressed, dysregulated or seeking comfort, and should use verbal reassurance and agreed calming strategies wherever possible.

Staff should position themselves in a way that is safe, respectful and non-threatening. They should avoid sitting too close to the child, blocking exits, standing over the child, or placing themselves in a position that could feel intimidating or unsafe. The child should be able to leave the room or ask for a break where appropriate.

If a child becomes distressed, dysregulated, uncomfortable or unable to continue, the session should be paused or ended safely. Staff should respond calmly, offer reassurance, and seek support from another appropriate staff member where needed. If the level of risk increases during the session, staff must follow the organisation's safeguarding and risk management procedures.

Any disclosure of abuse, neglect, exploitation, self-harm, suicidal thoughts, violence, serious family difficulty or other safeguarding concern must be responded to calmly and taken seriously. Staff should listen, avoid leading questions, reassure the child that they have done the right thing by speaking, and explain what will happen next. Concerns must be reported promptly to the designated safeguarding lead or relevant manager.

Significant one-to-one contacts must be recorded promptly and accurately. Records should include the date, time, location or online platform, staff member involved, purpose of the session, key issues discussed, any concerns or disclosures, the child's presentation, agreed actions and any follow-up required. Records should be factual, respectful and stored securely.

Where one-to-one work forms part of ongoing support, staff should review the work regularly through supervision, case discussion or management oversight. The review should consider whether the work remains appropriate, whether the child is benefiting, whether any risks have changed, and whether further support, referral or safeguarding action is required.

One-to-one work must always be carried out in a way that protects the child and protects staff from situations that could be unsafe or misunderstood. Any accidental breach of procedure, unexpected private contact, concern about

boundaries, or situation that may be misinterpreted must be reported to the safeguarding lead or manager as soon as possible.

14. Working with Parents, Carers and Families

ADHD Cyprus recognises that families and carers are often key partners in safeguarding, support and positive outcomes for children. Work with families may include advice, psychoeducation, parenting support, behavioural strategies, emotional support, signposting to other services, practical planning and support to understand the child's needs.

Staff should work with parents and carers in a respectful, non-judgemental and collaborative way, while always keeping the child's welfare as the main priority. Information shared by parents or carers should be considered alongside the child's views, behaviour, presentation and any other relevant information known to the organisation.

Where safeguarding concerns arise during family work, staff must act promptly and follow ADHD Cyprus safeguarding reporting procedures. Concerns may include disclosures from a child or parent, signs of neglect or abuse, domestic abuse, emotional harm, unsafe supervision, harmful behaviour within the home, or any situation where a child may be at risk.

Staff must record concerns clearly and factually, including what was said, who was present, what was observed, and any immediate actions taken. Concerns must be reported to the designated safeguarding lead or relevant manager as soon as possible.

Where appropriate, staff should discuss concerns with parents or carers and seek their cooperation in keeping the child safe. However, the child's safety must come first. Where seeking parental consent may increase risk, place pressure on the child, lead to evidence being destroyed, or cause delay in protecting the child, ADHD Cyprus may refer concerns to statutory agencies without parental consent.

Family work should not continue in a way that ignores or minimises safeguarding concerns. Where risks are identified, the support plan should be reviewed, appropriate referrals should be considered, and clear actions should be agreed to protect and support the child.

15. Social Work and Psychology Practice

Social workers and psychologists working with ADHD Cyprus must work within their professional competence, qualifications, ethical responsibilities and any relevant professional registration requirements. They must only undertake work that they are suitably trained and authorised to provide, and should seek advice, supervision or referral where a child's needs are outside their role or level of expertise.

Social workers and psychologists should maintain clear professional boundaries, explain their role to children and families, and clarify the limits of confidentiality at the start of involvement. Children and parents or carers should understand that information may need to be shared where there is a concern about risk of harm, safeguarding, serious emotional distress or the safety of another person.

Accurate records must be kept of assessments, sessions, contacts, concerns, decisions, advice given, referrals made and agreed actions. Records should be factual, timely, respectful and stored securely in line with confidentiality and data protection requirements.

Psychological support, social work support or counselling-related intervention provided by ADHD Cyprus is not a substitute for statutory child protection intervention. Where there is a concern that a child may be suffering, or at risk of suffering, harm, staff must follow the organisation's safeguarding procedures and must not attempt to manage the concern through therapeutic or support work alone.

Social workers and psychologists should work collaboratively where children present with emotional distress, trauma indicators, self-harm, suicidal thoughts, exploitation concerns, family conflict, neglect, abuse, domestic abuse or other complex risks. They should consider the child's presentation, voice, family circumstances, behaviour, known history and any information from other agencies.

Where safeguarding concerns are identified, these must be reported promptly to the designated safeguarding lead or relevant manager. If there is an immediate risk of harm, urgent action must be taken in line with safeguarding procedures, including referral to statutory services or emergency services where necessary.

Social workers and psychologists should use supervision, case discussion and management oversight to review risk, reflect on professional judgement, agree next steps and ensure that the child's welfare remains central. Where there is disagreement or uncertainty about risk, this should be escalated rather than left unresolved.

ADHD Cyprus expects all professional staff to work in a child-centred, respectful and evidence-informed way, while recognising that safeguarding responsibilities take priority over service delivery, therapeutic goals or family preference where a child may be at risk.

16. After-School Club Child Protection Procedures

The ADHD Cyprus after-school club will operate with clear registration, attendance, supervision, handover and collection arrangements. Each child attending the club should have an up-to-date registration record, including parent or carer contact details, emergency contacts, medical information, allergies, medication needs, consent forms, relevant support plans and any known safeguarding or welfare concerns that staff need to be aware of.

Children must be supervised at all times while attending the club. Staff should know which children are present, where they are, who is responsible for supervising them, and whether any child has additional support needs, health needs, communication needs, behavioural risks or emotional vulnerabilities. Supervision levels should be appropriate to the number of children present, their ages, the activity taking place and any identified risks.

Attendance registers must be completed when children arrive and when they leave. Any unexpected absence, late arrival, unexplained departure, late collection or change to normal collection arrangements should be followed up promptly with the parent or carer. If staff are unable to contact the parent or carer, or if there is concern for the child's safety, the matter should be reported to the senior staff member on duty or the designated safeguarding lead.

Only authorised adults may collect children from the club unless alternative arrangements have been agreed in advance by the parent or carer and verified by staff. Staff should confirm the identity of any unfamiliar adult before releasing a child. A child must not be released to an adult where there is a safeguarding concern, legal restriction, concern about the adult's presentation, or uncertainty about their identity or authority to collect the child.

If an unauthorised person attempts to collect a child, staff should remain calm, keep the child safe, seek support from a senior staff member and contact the parent or carer. Where there is any concern that the child may be at risk, the designated safeguarding lead should be informed and statutory services or the police may be contacted if necessary.

The club should provide a safe, structured and supportive environment for children. Staff should use positive behaviour support, clear routines, calm communication and reasonable adjustments to meet children's needs. Responses to behaviour should be proportionate, respectful and focused on helping the child regulate, repair and learn. Punitive, humiliating, frightening, shaming or physically inappropriate responses must not be used.

Accidents, injuries, incidents, behavioural concerns, bullying, peer conflict, disclosures, allegations and safeguarding concerns must be recorded promptly and factually. Records should include what happened, who was involved, who witnessed it, what action was taken, who was informed and whether any follow-up is required. Serious or repeated incidents must be reviewed by the appropriate senior staff member or designated safeguarding lead.

Where bullying, peer conflict or harmful behaviour occurs, staff must take it seriously and consider the safety and wellbeing of all children involved. Support should be provided to the child affected, and appropriate guidance and boundaries should be given to the child whose behaviour caused concern. Where behaviour suggests a safeguarding risk, this must be reported and managed through safeguarding procedures.

The designated safeguarding lead or relevant senior staff member should regularly review accident, incident and concern records to identify patterns, repeat concerns, supervision issues, environmental risks or children who may need additional support. Any learning from incidents should be used to improve safety, practice and planning within the club.

Safeguarding within the after-school club is the responsibility of all staff. Any concern about a child's welfare, a parent or carer, a staff member, another child, or the safety of the club environment must be reported promptly in line with ADHD Cyprus safeguarding procedures.

17. Physical Intervention and Restraint

ADHD Cyprus promotes positive behaviour support, de-escalation and calm communication. Physical intervention or restraint should only be used as a last resort where it is necessary to prevent immediate harm to a child, another person or staff member.

Any physical intervention must be reasonable, proportionate, necessary and used for the shortest possible time. It must never be used as punishment, to force compliance, to humiliate a child, or as a response to behaviour that does not present an immediate risk of harm.

Where possible, staff should use verbal reassurance, space, distraction, reduced demands, sensory or calming strategies, and support from another staff member before any physical intervention is considered. Staff should take account of the child's age, size, needs, trauma history, disability, emotional state and known support plan.

Any use of physical intervention must be recorded promptly and reported to the senior staff member or designated safeguarding lead. Parents or carers should be informed unless there is a safeguarding reason not to do so. The incident should be reviewed to consider the child's wellbeing, staff actions, any injuries, future risk reduction and whether the child's support plan needs to be updated.

18. Visitor and Premises Safety

ADHD Cyprus will ensure that visitors, contractors and external professionals are managed safely when they attend premises or activities where children are present.

All visitors should be welcomed by a member of staff, asked to identify themselves where necessary, and recorded in the visitor log. Visitors should be informed of any relevant safeguarding, health and safety or confidentiality expectations while on site.

Visitors must not have unsupervised access to children unless this has been agreed in advance, their role is clear, and appropriate checks or professional assurances are in place. Contractors, delivery workers and other visitors attending for non-child-related purposes should be supervised or kept away from areas where children are receiving support.

Staff should remain alert to unknown adults on the premises and should politely challenge or seek support if they are unsure why someone is present. Children should not be responsible for opening doors to visitors or allowing adults into the premises.

Premises used by ADHD Cyprus should be safe, appropriate and suitable for children. Entry and exit points should be managed carefully, and staff should know who is present in the building during sessions or activities.

Any concern about a visitor, contractor, unknown adult, unsafe access, premises risk or breach of security must be reported to the senior staff member on duty or the designated safeguarding lead. Where a child may be at immediate risk, urgent action must be taken to protect the child and contact emergency services if necessary.

19. Toileting, Personal Care and Intimate Care

Where a child requires assistance with toileting, medication or personal care, arrangements must be agreed in advance with parents or carers and recorded in the child's individual support plan. The plan should set out what support is needed, who is authorised to provide it, any medical or privacy considerations, and what steps should be taken if concerns arise.

Staff must respect the child's dignity, privacy, independence and individual needs at all times. Children should be encouraged to do as much as they can for themselves, with support provided only where it is necessary, appropriate and agreed. Staff must not provide intimate care unless it has been authorised, is necessary for the child's wellbeing, and can be carried out safely.

Medication should only be supported in line with agreed procedures and parental consent. Staff should not administer or supervise medication unless this has been clearly agreed, recorded and authorised.

Where personal care is required, staff should act professionally, avoid unnecessary physical contact, and ensure that the support is proportionate to the child's needs. Any unusual concern about a child's presentation, hygiene, injuries, comments, behaviour or distress during personal care must be recorded factually and reported to the designated safeguarding lead as soon as possible.

If a child appears uncomfortable with the support being provided, or if staff feel that the situation may be unsafe or misunderstood, the care should be paused where possible and advice sought from a senior staff member or the designated safeguarding lead.

20. Medication, Health and First Aid

Medication should only be administered or supported where written parental consent and clear instructions are in place. The instructions should confirm the name of the medication, dosage, timing, method of administration, storage requirements and any known side effects or risks.

Medication must be stored securely and only accessed by authorised staff. Records should be maintained of any medication received, stored, administered, returned to parents or carers, or disposed of. A record should also be kept of the date, time, dose given, staff member involved and any relevant observations.

Staff should not administer medication where instructions are unclear, consent is missing, the medication is not properly labelled, or there is uncertainty about the correct dose. In such cases, advice should be sought from a senior staff member and the parent or carer should be contacted.

First aid should be provided by appropriately trained staff where possible. All accidents, injuries and first aid incidents must be recorded, including what happened, what action was taken, who provided first aid and whether parents or carers were informed. Parents or carers should be notified of injuries, illness or any first aid given, especially where the child has sustained a head injury, appears unwell or requires further medical attention.

Where a child becomes seriously unwell, requires urgent medical attention, or there is concern about immediate safety, emergency services should be contacted without delay and parents or carers informed as soon as possible.

Where injury patterns, explanations, frequent accidents, untreated medical needs, delays in seeking care, poor hygiene, signs of neglect or comments made by the child raise concern, staff must record the concern and report it to the designated safeguarding lead.

21. Trips, Transport and External Activities

All trips, outings and external activities involving children must be planned in advance and risk assessed. This includes larger organised trips as well as short local visits, such as walks to nearby shops, parks, community spaces or local facilities.

The risk assessment should consider the purpose of the activity, the age and needs of the children, supervision levels, staff roles, transport arrangements, consent, emergency contacts, medical needs, allergies, accessibility, location risks, behaviour support and any safeguarding concerns.

Parents or carers should be given clear information about the activity and must provide consent where required. Staff should ensure that emergency contact details, medical information, allergy information, medication needs and any relevant support plans are available during the activity.

Short local trips must still be managed safely, even where they are informal or close to the centre. Staff should consider road safety, public spaces, behaviour in shops or community settings, use of money, interaction with members of the public, and what to do if a child becomes distressed, separated from the group or refuses to return.

Before leaving the usual setting, children should be reminded of clear expectations, including staying with the group, following road safety instructions, behaving appropriately in shops or public places, and speaking to staff if they feel worried, uncomfortable or unsafe.

Supervision levels must be appropriate to the children's age, needs and risks. Staff should know which children are present, who is responsible for each child, and how the group will be monitored while walking, crossing roads, using transport or entering public places. Children should not be sent into shops, parks or public places alone unless this is part of an agreed independence activity, has been risk assessed and is properly supervised.

Where money is used during a local shop visit, arrangements should be clear, fair and age-appropriate. Staff should support children to manage money safely while avoiding situations that could lead to conflict, loss, pressure between children or misunderstanding.

Where transport is arranged by ADHD Cyprus, pick-up and drop-off arrangements should be documented. Staff should avoid being alone in a vehicle with a child unless this has been authorised, risk assessed and is necessary. Where this cannot be avoided, appropriate safeguards should be in place and the arrangement should be recorded.

Any incident, accident, safeguarding concern, peer conflict, distress, missing child concern, inappropriate public interaction, transport issue or difficulty during a trip or external activity must be recorded and reported to the senior staff member or designated safeguarding lead.

22. Online Safety and Digital Communication

Online sessions and digital communications must follow the same safeguarding standards as face-to-face work. Approved platforms should be used. Staff should avoid personal accounts, private messaging outside agreed channels and any communication that is not necessary for service delivery.

Children and parents should be informed of online session expectations. Staff should consider privacy, recording, appropriate clothing, background, supervision and how to respond if a child discloses harm during an online session. Online abuse, grooming, cyberbullying, image-based abuse and exposure to harmful content must be treated as safeguarding concerns.

23. Photography, Video, Media and Social Media

Images or recordings of children may only be taken and used with appropriate written consent. Consent should state how images will be used, where they may appear and how long they will be retained. Children should also be asked for their agreement in an age-appropriate way.

Images should be respectful, should not identify sensitive personal information and should be stored securely. Staff and volunteers must not use personal devices for images unless specifically authorised and transferred securely to organisational storage.

24. Managing Disclosures

Responding to disclosures from children

If a child discloses abuse, harm or something that causes concern, staff must respond calmly and take the child seriously. The child should be allowed to speak in their own words and should not be rushed, interrupted or pressured to give more detail than they are comfortable sharing.

Staff should reassure the child that they have done the right thing by telling someone. They should not show shock, disbelief, anger or panic, as this may make the child feel responsible or prevent them from saying more. Staff should listen carefully and use open, supportive prompts such as “tell me what happened” or “is there anything else you want to tell me?” Leading questions must be avoided.

Staff must not promise to keep the information secret. The child should be told, in a calm and age-appropriate way, that the information may need to be shared with people who can help keep them safe. Staff should explain what will happen next as clearly as possible, without making promises about outcomes.

Any disclosure must be reported immediately to the designated safeguarding lead or, if they are unavailable, to the relevant senior staff member. If there is an immediate risk of harm, urgent action must be taken in line with safeguarding procedures, including contacting statutory services or emergency services where necessary.

Staff must make a clear and factual written record as soon as possible. The record should include the child’s words as accurately as possible, the date, time and location of the disclosure, who was present, what was observed, the child’s emotional state, any visible injuries or concerning presentation, and any action taken. Staff should avoid personal opinions or assumptions.

Staff must not investigate the matter themselves, question the child repeatedly, confront the alleged perpetrator, contact others unnecessarily, or attempt to resolve the concern informally. Their role is to listen, reassure, record and report so that appropriate safeguarding action can be taken.

25. Reporting Structure and Referral Procedure

The reporting route is: staff member identifies concern; immediate safety is considered; concern is reported to the DSL as soon as possible; a written safeguarding record is completed; the DSL decides whether to monitor, seek advice, speak to parents/carers where safe, or refer to statutory agencies.

Where there is immediate danger, emergency services should be contacted without delay. Where a child may be at risk of significant harm, the DSL will make a referral to the appropriate statutory authority. If the DSL is unavailable and delay would place a child at risk, staff must contact statutory services directly and inform the DSL as soon as possible.

26. Record Keeping

Safeguarding records must be factual, clear, accurate, dated, signed or attributed to the person making the record, and stored securely. Records should be written as soon as possible after the concern, disclosure, incident or decision, while the information is still fresh.

Safeguarding records should include the nature of the concern, the source of the information, what was seen or heard, the child's own words where relevant, who was present, any visible injuries or concerning presentation, actions taken, decisions made, advice sought, referrals made and any follow-up required.

Records should avoid personal opinions, assumptions or unnecessary detail. Where professional judgement is included, it should be clearly identified as such and should explain the reasons for the decision or concern.

Safeguarding records should be kept separately from general service records where appropriate, particularly where the information is sensitive or relates to abuse, neglect, exploitation, allegations, family risk or statutory agency involvement. Access should be limited to the designated safeguarding lead, relevant senior staff and others who have a legitimate need to know in order to protect the child or carry out their role.

Information must be shared appropriately where this is necessary to safeguard a child. Staff must not delay sharing safeguarding information because of uncertainty about confidentiality or data protection. Where there is doubt, advice should be sought from the designated safeguarding lead or relevant senior manager.

Safeguarding records must be stored and retained in line with ADHD Cyprus data protection procedures and safeguarding retention arrangements. Records should be kept securely, protected from unauthorised access, and disposed of safely only when retention requirements have been met.

27. Confidentiality and Information Sharing

Confidentiality is important but it is not absolute. Information may be shared without consent where this is necessary to protect a child, prevent serious harm or comply with legal obligations. Decisions to share information should be necessary, proportionate, relevant, accurate, timely and recorded.

Staff should explain confidentiality boundaries to children and families at the start of work. Staff should never promise to keep secrets where safeguarding concerns exist.

28. Allegations or Concerns About Staff, Volunteers or Contractors

Any allegation or concern that a staff member, volunteer, trustee, consultant or contractor has harmed a child, may have harmed a child, behaved in a way that indicates they may pose a risk to children, or breached professional boundaries must be taken seriously and reported immediately.

Concerns may include inappropriate physical contact, inappropriate communication, favouritism, grooming behaviour, misuse of position, unsafe one-to-one practice, failure to follow safeguarding procedures, bullying, intimidation, discrimination, or any conduct that may place a child at risk.

All concerns must be reported to the designated safeguarding lead and senior management without delay. If the concern relates to the designated safeguarding lead, it must be reported to the Board Safeguarding Lead, President or another senior trustee. If the concern relates to the President or a trustee, it must be reported to another appropriate senior trustee or directly to the relevant statutory authority where necessary.

ADHD Cyprus will record all allegations and concerns clearly, factually and confidentially. The organisation will take immediate steps to protect children, manage any ongoing risk, preserve relevant evidence, and ensure that information is only shared with those who need to know.

Where required, allegations will be referred to the appropriate statutory authorities, including child protection services and/or the police. ADHD Cyprus will not attempt to investigate serious safeguarding allegations internally where this could interfere with statutory enquiries or place a child at further risk.

Allegations will be managed fairly and confidentially, while keeping the safety and welfare of children as the priority. Support will be considered for the child, family, person raising the concern, and the adult who is the subject of the allegation, without compromising safeguarding action or statutory processes.

29. Whistleblowing and Speaking Up

ADHD Cyprus is committed to creating a culture where safeguarding concerns can be raised openly, safely and without fear. Staff, volunteers, children, parents, carers, trustees, consultants, contractors and other stakeholders are encouraged to raise concerns about unsafe practice, poor conduct, failure to follow procedures, misuse of position, inappropriate behaviour, or organisational decisions that may place children at risk.

Concerns may relate to the behaviour of an individual, the way a service is being delivered, poor supervision, unsafe staffing levels, failure to report safeguarding concerns, breaches of professional boundaries, inappropriate communication with children, or any practice that may compromise a child's safety or wellbeing.

Concerns should be raised as soon as possible with the designated safeguarding lead, deputy designated safeguarding lead, Board Safeguarding Lead or President. Where the concern relates to one of these people, the concern should be raised with another appropriate senior person or trustee. If a person believes that a child remains at risk, or that the concern has not been dealt with properly, they may report the matter directly to the relevant statutory authority.

Concerns should be recorded clearly and factually, including what happened, who was involved, when and where it happened, who may be at risk, and any action already taken. The person raising the concern does not need to prove that harm has occurred. It is enough to raise a genuine concern so that it can be considered and acted upon.

ADHD Cyprus will take whistleblowing concerns seriously, respond promptly and manage information sensitively. The organisation will take appropriate action to protect children, address unsafe practice and review any organisational learning.

No person should suffer detriment, victimisation, intimidation or unfair treatment for raising a genuine safeguarding concern in good faith. Concerns must never be ignored because of loyalty to a colleague, fear of causing difficulty, or concern about the reputation of the organisation. The safety and welfare of children must always come first.

30. Missing Child Procedure

If a child is missing from an ADHD Cyprus activity, staff should immediately check the premises or activity area, confirm attendance records, notify the senior staff member, contact parents/carers and, where there is concern for the child's safety, contact the police or emergency services. The incident must be recorded and reviewed. Procedures should be updated where required to reduce future risk.

31. Bullying, Peer-on-Peer Abuse and Harmful Sexual Behaviour

ADHD Cyprus will treat bullying, harassment, discriminatory behaviour, coercion, sexualised behaviour, online abuse and peer-on-peer harm seriously. Such behaviour must not be dismissed as normal conflict, teasing, friendship difficulties or part of growing up.

Peer harm may include physical aggression, threats, intimidation, exclusion, name-calling, humiliation, pressure to do something, sharing images or messages, sexualised comments or behaviour, online harassment, discrimination, or behaviour that causes a child to feel unsafe, distressed or targeted.

Children affected by bullying or peer harm must be listened to, supported and protected. Staff should take account of the child's views, emotional presentation, any additional needs, previous incidents and whether there is a pattern of behaviour. Staff should also consider whether the behaviour may involve wider safeguarding concerns, such as exploitation, abuse, coercion, domestic abuse in the home, trauma, online risk or harmful sexual behaviour.

Where behaviour indicates a risk of harm, exploitation or abuse, safeguarding procedures must be followed and the concern must be reported to the designated safeguarding lead. Serious incidents, repeated concerns, discriminatory behaviour, sexualised behaviour or online abuse should be recorded and reviewed by senior staff.

Support and clear boundaries should be provided to all children involved, including the child affected, any witnesses and the child who may have caused harm. The response should be proportionate, child-centred and focused on safety, accountability, repair and learning.

ADHD Cyprus will use calm, respectful and positive behaviour support. Punitive, humiliating or shaming responses must not be used. Where necessary, individual risk assessments, support plans, parent or carer meetings, increased supervision or referrals to external agencies may be considered.

32. Risk Assessment and Safety Planning

Risk assessments should be completed for activities, trips, home visits, lone working, online work, one-to-one sessions where risk is identified, and children with complex needs. Risk assessments should identify hazards, safeguarding risks, protective actions and review arrangements.

Safety plans may be used where a child is at risk of exploitation, self-harm, violence, online abuse or unsafe relationships. Safety plans should be practical, reviewed and shared only with appropriate people.

33. Lone Working and Home Visits

Lone working and home visits must be planned, authorised and risk assessed where they involve contact with children or families. Staff should not undertake lone visits or home visits unless there is a clear professional purpose and the arrangement has been agreed by ADHD Cyprus.

Before a home visit, staff should consider any known risks, including family conflict, domestic abuse, aggression, substance misuse, mental health concerns, unsafe adults, animals, location risks or previous incidents. Where risks are identified, visits should be completed jointly with another staff member or professional, or alternative arrangements should be considered.

Staff undertaking home visits or lone working should ensure that a senior staff member or colleague knows where they are going, who they are seeing, the expected start and finish time, and how they can be contacted. Staff should follow agreed check-in and check-out arrangements.

Staff should carry a charged phone, avoid entering a situation that feels unsafe, and leave immediately if they feel at risk. If a child or adult appears to be in immediate danger, staff should contact emergency services and inform the designated safeguarding lead as soon as possible.

Home visits and lone working contacts must be recorded, including the purpose of the contact, who was present, any concerns identified, actions agreed and any follow-up required. Any safeguarding concern, personal safety concern, threat, aggression or incident during a visit must be reported to the designated safeguarding lead or senior manager.

34. Partnership Working and Referral Pathways

ADHD Cyprus will work with parents/carers, schools, health professionals, Social Welfare Services, police, mental health professionals, domestic violence services and other relevant agencies to safeguard children. Information will be shared appropriately where this supports protection and wellbeing.

The DSL should maintain an up-to-date list of local statutory and specialist contacts for each district in which ADHD Cyprus operates.

35. Equality, Inclusion and Accessibility

Safeguarding practice at ADHD Cyprus must be inclusive, respectful and non-discriminatory. All children have the right to be protected from harm, listened to and supported, regardless of their background, needs or circumstances.

ADHD Cyprus will consider barriers that may affect a child or family's ability to access support, understand information, communicate concerns or seek help. These may include ADHD, disability, neurodivergence, language, culture, gender, age, migration status, poverty, rural or mountainous location, family stress, social isolation or previous negative experiences with services.

Staff should not make assumptions about children or families based on behaviour, diagnosis, communication style, culture, language or family circumstances. Children with ADHD or other additional needs may communicate distress differently, may struggle to explain what has happened, or may be more vulnerable to misunderstanding, exclusion, exploitation or blame. Staff must remain curious, child-centred and alert to safeguarding concerns.

Children should be supported to understand information in ways that are accessible to them. This may include using simple language, visual prompts, repetition, calm explanations, extra time, practical examples or checking understanding. Staff should adapt communication to the child's age, development, attention, emotional state and preferred way of communicating.

Where possible, resources and communication should be adapted for children and families who do not speak Greek as their first language. This may include providing information in English or another suitable language, using clear written summaries, involving trusted interpreters where appropriate, and ensuring families understand safeguarding expectations, consent, confidentiality and reporting procedures.

ADHD Cyprus will seek to remove barriers to participation and protection wherever possible. Safeguarding concerns must never be minimised because of a child's disability, behaviour, family background, culture, language, poverty or location. The child's safety, dignity and voice must remain central to all decisions.

36. Anti-Oppressive and Non-Discriminatory Practice

ADHD Cyprus is committed to anti-oppressive, inclusive and non-discriminatory safeguarding practice. Staff, volunteers and contractors must treat all children and families with dignity, fairness and respect, and must actively challenge attitudes, language or behaviour that may discriminate against, exclude or disadvantage any child.

Safeguarding responses must take account of how children may be affected by gender, race, ethnicity, nationality, language, religion, disability, neurodivergence, sexuality, family structure, migration status, poverty, social isolation or rural and mountainous location. These factors must never be used to minimise concerns, blame a child or family, or reduce the level of protection offered.

Children may experience harm, barriers or discrimination differently depending on their identity and circumstances. Staff should be alert to risks such as racism, sexism, homophobia, transphobia, disability discrimination, bullying, harassment, exclusion, harmful stereotypes, cultural isolation and unequal access to services. Concerns linked to identity, prejudice or discrimination should be taken seriously and recorded.

Children with ADHD, disabilities or other additional needs must be supported in ways that recognise their strengths, communication needs and individual experiences. Behaviour should not be used as a reason to ignore distress, dismiss disclosures or assume that a child is unreliable. Staff should consider whether behaviour may be a sign of unmet need, trauma, anxiety, communication difficulty or safeguarding concern.

Children and families should be able to speak about identity, culture, gender, disability and sexuality without fear of judgement. Staff should use respectful language, avoid assumptions and seek to understand the child's lived experience. Where specialist support, interpretation or advocacy is needed, ADHD Cyprus should consider how this can be accessed.

Anti-oppressive practice means recognising power imbalances between adults and children, professionals and families, and organisations and service users. Staff must use their role responsibly, listen to children and families, and ensure that safeguarding decisions are based on the child's welfare, rights, voice and individual circumstances.

Any discriminatory behaviour, language or practice by staff, volunteers, children, parents, carers or stakeholders must be challenged and addressed. Safeguarding practice must protect children from harm while also promoting equality, inclusion, dignity and belonging.

37. Complaints

Children, parents, carers, staff and stakeholders may raise complaints about ADHD Cyprus services or safeguarding practice. Complaints involving risk of harm will be treated as safeguarding concerns and referred to the DSL immediately.

Information on how to complain is available to children and families in accessible language.

38. Monitoring, Audit and Quality Assurance

ADHD Cyprus will monitor safeguarding practice through supervision, incident reviews, training records, file audits, feedback from children and families, review of after-school club records and Board oversight.

The DSL should provide periodic safeguarding updates to the Board, including anonymised information on concerns, training, policy updates, risks and learning.

39. Policy Review

This policy will be reviewed annually, or sooner if legislation, guidance, service delivery or organisational learning indicates that changes are required. The Board is responsible for approving the policy and ensuring implementation.

Appendix A: Safeguarding Reporting Flowchart

1. Concern identified, disclosure received, incident occurs or staff member feels uneasy.
2. Consider immediate safety. If there is immediate danger, call emergency services.
3. Report to the Designated Safeguarding Lead as soon as possible.
4. Complete a written safeguarding concern record before the end of the working day, or sooner if urgent.
5. DSL reviews the concern, considers risk and decides next steps.
6. DSL consults or refers to statutory services where required.
7. Actions, decisions and outcomes are recorded.
8. Follow-up, monitoring and support are agreed.

Appendix B: Safeguarding Concern Form

Field	Details
Child name	
Date of birth / age	
Parent/carer details	
Date and time of concern	
Location	
Person completing form	
Nature of concern	
Exact words used by child where relevant	
Visible injuries or presentation	
Immediate action taken	
Who was informed	
Decision by DSL	
Referral made and to whom	
Follow-up actions	
Signature and date	

Appendix C: One-to-One Working Checklist

- ☐ Purpose of session agreed and recorded
- ☐ Parent/carer informed where appropriate
- ☐ Child understands confidentiality boundaries
- ☐ Appropriate room or online platform used
- ☐ Session time and location known to relevant staff
- ☐ Professional boundaries maintained
- ☐ Any concern recorded and reported
- ☐ Follow-up actions agreed

Appendix D: After-School Club Daily Safeguarding Checklist

- ☐ Attendance register completed
- ☐ Emergency contacts available
- ☐ Medical and allergy information accessible
- ☐ Staffing and supervision arrangements confirmed
- ☐ Visitors recorded and supervised
- ☐ Safe collection arrangements followed
- ☐ Incidents or injuries recorded
- ☐ Safeguarding concerns reported to DSL
- ☐ Premises checked at close

Appendix E: Allegation Against Staff Record

Field	Details
Name of staff/volunteer/contractor	
Role	
Name of child involved	
Date and time allegation received	
Person receiving allegation	
Details of allegation	
Immediate safeguarding action taken	
Senior person informed	
External referral or consultation	
Decision and rationale	
Support offered	
Outcome and review	

Appendix F: Staff and Volunteer Safeguarding Declaration

I confirm that I have read, understood and agree to follow the ADHD Cyprus Child Protection and Safeguarding Policy. I understand my responsibility to report safeguarding concerns immediately and to maintain professional boundaries at all times.

Name	
Role	
Signature	
Date	

Appendix G: Local Referral Contacts

This appendix should be completed and reviewed at least annually by the DSL.

Agency / Service	District / Area	Contact details	Notes
Social Welfare Services	[Insert]	[Insert]	Child protection referrals
Cyprus Police	[Insert]	[Insert]	Immediate safety/criminal concerns
Emergency Services	National	112	Immediate emergency
Local hospital / emergency department	[Insert]	[Insert]	Medical concerns
Domestic violence / GBV specialist service	[Insert]	[Insert]	Specialist support
Mental health crisis support	[Insert]	[Insert]	Risk of self-harm or suicide