

## Child and Adult Protection and Safeguarding Procedures

**These procedures implement the Child and Adult Protection Safeguarding Policy and aim to ensure that all children and young people accessing Young Epilepsy services, are protected from harm. These procedures also ensure that child and adult protection concerns are handled sensitively, professionally and in ways that support the needs of the child or adult at risk. It provides clear direction to staff and others about their duty of care to all students, and how to act accordingly.**

### BACKGROUND

The aim of this procedure is to provide a clear framework for how we promote children, young people and adults at risk wellbeing and protect them from abuse and harm (this will include service users who are not students, i.e. diagnostic and assessment placements). All people have the potential to abuse others and it occurs in all races, cultures and social classes. It is important to consider that someone who abuses a child or adult at risk could be a member of their immediate or extended family, a friend, a neighbour or stranger to them, a member of staff or a peer. It is therefore essential to remain alert to the possibility that abuse 'can happen here', and consequently staff are required to adopt an approach that is professional, open-minded and that respectfully challenges others in order to facilitate this.

All appropriate forms and documents related to safeguarding can be found by staff on the Intranet under 'Policies and Procedures', or alternatively on the Safeguarding site on SharePoint.

The most up to date version of the Surrey Safeguarding Children's Board Child Protection Procedure Manual can currently be found online: from the Surrey County Council website.( <http://www.surreyscb.org.uk/>).

The Surrey Multi-Agency Safeguarding Adult Procedures can be found online on Surrey Safeguarding Adults Website (<https://www.surreycc.gov.uk/social-care-and-health/contacting-social-care/surrey-safeguarding-adults-board>).

This document has been set out in separate sections partly due to the different, but related, issues in dealing with concerns about children or young people who are under 18 years old and those who are above that age, reflecting the different legislation in force for these two groups. It is important to remember that not all students over 18 years are in FE or in an Adult House and, conversely, that not all the young people under 18 years old are in school; some are in FE.

### **Monitoring**

This Procedure will be reviewed annually along with the Child and Adult Safeguarding Policy by the Trust Board, Governing Body and any such committees set up to oversee such work, with advice from the Safeguarding Team. Staff will be asked to evaluate the effectiveness of the procedures whenever they have had occasion to put them into practice as part of their Refresher Safeguarding Training.

### **Terminology in this Procedure**

**Child** includes everyone under the age of 18 year.

**Adult at Risk** refers to someone who is 18 years and over and:

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

**Safeguarding of children** is defined as:

- protecting children from maltreatment;
- 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.

**Safeguarding Adults at Risk** is defined as protecting an adults' right to live in safety, free from abuse and neglect.

Safeguarding involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adults wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

**Child/Adult Protection** is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children and adults who are suffering, or are likely to suffer, significant harm.

**Staff** refers to all those working for or on behalf of Young Epilepsy, full or part time, temporary or permanent, in either a paid or voluntary capacity, including governors and trustees.

**Student** refers to any child, young person or adult at risk accessing Young Epilepsy services.

## **CONTACTS**

### **Young Epilepsy Safeguarding Team – January 2018**

Please check the intranet for the most up to date information about contacts.

Chair of Trust Board	Jane Ramsey**	<a href="mailto:rnorman@youngepilepsy.org.uk">rnorman@youngepilepsy.org.uk</a>
Chief Executive	Carol Long	01342 832243
Lead Trustee for Safeguarding	Julia Coop**	<a href="mailto:rnorman@youngepilepsy.org.uk">rnorman@youngepilepsy.org.uk</a>
Lead Governors for Safeguarding	David McLachlan** Gwen Godfrey**	<a href="mailto:rnorman@youngepilepsy.org.uk">rnorman@youngepilepsy.org.uk</a>
Lead Executive for Safeguarding	Rosemarie Pardington	01342 831 324 07825188947
Safeguarding and Compliance Manager	Alex Dave	01342 831218 07825 1888 58
<b>Safeguarding Officers</b>		
Head of Quality	Gill Walters	07825 1888 20
Registered Nurse Manager and Epilepsy Nurse Specialist	Clare Harrison	07825 1888 97
Lecturer (College)	Lisa Bush	07825 1888 99
Teacher (school)	Olya Scott	07825 1889 14
Children's Centre Manager	Lidia Fincham	07825 1888 54
National Services	Jeanenne Corderoy	07825 1889 29

**(\*\* if you would like to speak to any of these representatives, please email Ruth Norman, who will then arrange contact for you)**

### **Contact points for safeguarding in Surrey County Council**

<b>Children (under 18yrs)</b>	<b>Contact</b>
Allegation against staff	Surrey Local Authority Designated Officer (LADO) on Duty: 0300 123 1620
Significant harm to child at Young Epilepsy or at home. (Note: if the harm happened outside of Surrey you will be re-directed to the child's home local Children's Services Team)	Multi Agency Safeguarding Hub (MASH): 0300 470 9100

<b>Adult at risk (18yrs and over)</b>	<b>Contact</b>
Allegation against staff	Multi Agency Safeguarding Hub: 0300 470 9100
Serious harm to adult at risk (Note: as above if the harm happened at home you will be re-directed to the local Adult's Services Team)	As above – use same contact details

### **Outside of office hours and at weekends and public holidays:**

Call the Surrey Emergency Duty Team on 01483 517898. However, if you are seriously concerned about a child or an adult's immediate safety dial 999 for emergency services.

### **Contacting Young Epilepsy's Regulators**

<u>Care Quality Commission</u> - regulates adult residential care and health services in Young Epilepsy	St Nicholas Building St Nicholas Street Newcastle upon Tyne NE1 1NB Tel: 03000 616161 <input type="checkbox"/> Provider ID – 1-101610290 <input type="checkbox"/> Location ID – 1-137790641
<u>Ofsted</u> - regulates school, college and Children's Homes in Young Epilepsy	Royal Exchange Buildings St Ann's Square Manchester M2 7LA Tel: Whistleblowing Hotline 08456 404046 <a href="http://www.ofsted.gov.uk">www.ofsted.gov.uk</a> Reference No: SC394025

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally.

Staff can call: 0800 028 0285 – this helpline is available from 8:00 AM to 8:00 PM, Monday to Friday. Or you can email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

## **TABLE OF CONTENTS**

<b><u>1 SAFEGUARDING FOUNDATIONS</u></b>	<b><u>7</u></b>
1.1 Young Epilepsy Safeguarding Statement	7
1.2 National and Local Guidance	8
1.3 How the Safeguarding team at Young Epilepsy works	9
1.4 Confidentiality and information sharing	9
1.5 Consent to sharing information	10
1.6 Inter-Agency Partnership	11
<b><u>2 PROCEDURES</u></b>	<b><u>14</u></b>
2.1 Reporting concerns	14
2.2 Writing safeguarding reports	16
2.3 Next steps	17
2.4 Training	19
2.5 Roles and Responsibilities	21
2.6 Safe Working Practice Agreement	25
2.7 Recruitment and Human Resources procedures	25
2.8 Children on Child Protection Plans	27
2.9 Looked After Children	27
2.10 Children subject to Care Orders	28
2.11 Private Fostering	28
2.12 Employee Protection	29
2.13 Support and supervision	30
2.14 Visitors	31
2.15 Contractors	31
2.16 Students' needs	31

<b><u>3 SIGNS AND INDICATORS</u></b>	<b><u>36</u></b>
3.1 Safeguarding children	36
3.2 Safeguarding Adults at Risk	36
3.3 Types of Abuse	39
<b><u>4 RELATED INFORMATION</u></b>	<b><u>50</u></b>
4.1 Related Young Epilepsy policies and procedures	50
<b><u>5 APPENDICES</u></b>	<b><u>51</u></b>
Appendix 1 Safeguarding Procedures Flowchart	51
Appendix 2 Factors to consider when a concern has been raised	52

## **1. SAFEGUARDING FOUNDATIONS**

### **1.1 Young Epilepsy Safeguarding Statement**

Young Epilepsy is committed to safeguarding and promoting the welfare of children, young people and adults at risk and expects all staff and volunteers to share this commitment. We believe that the welfare of each child or adult at risk is paramount and that it is better for harm to be prevented than reacted to.

All governors, trustees and staff, including interim, temporary, casual, agency and volunteers must ensure that they are aware of these procedures. Parents, carers, and students are welcome to read the documents and a copy is available on the Young Epilepsy website.

All children and adults at risk at Young Epilepsy must have these fundamental rights accorded to them whilst they are in our care:

#### To be treated as an individual

Each child or adult at risk at Young Epilepsy is taught, cared for and treated as unique, and they are respected as such. Our aim is to offer services to all students which are built and delivered around their individual requirements. This is reflected in the multi-disciplinary plans developed for each student to offer high quality and consistent support. Each student is given the time and opportunity to take part in appropriate activities, to do things for themselves, to understand and be understood.

All students have a right to positive, caring, safe and stimulating support that promotes their social, physical and moral development.

#### To be treated with dignity and respect

All students have the right to the highest standards of education, care and medical support and intervention and this is delivered in an individual way having regard to students' abilities, personal preferences and cultural or religious background. All students accessing Young Epilepsy's services have a right to be treated with dignity and respect at all times and in all areas of their care and support. We will be persistent in offering high quality support with a positive approach to problem solving where challenges are faced.

The students' Council provides opportunities for students to represent their views to the staff and recommendations are made to the Executive. Advocacy is keenly pursued for our students and external representation is accessed to ensure both quality and fairness.

#### To be safe

Every student has the right to be safe and to feel safe regardless of their age, gender, culture, language, race, ability, sexual identity or religion. We understand that having robust safeguarding procedures is a crucial part of this. However students also need high quality and consistent support, open cultures of respect and challenge from staff, safe yet fun environments that do not stifle positive risk taking and regular and persistent opportunities to have their views listened.

We recognise the importance of supporting all students to develop skills which will help to keep them safe. Young Epilepsy's services support each student to develop confidence, communication skills and self-awareness, alongside teaching children about relationships, risk, online safety and personal, social, health and economic education. Students are supported by trusted adults and encouraged to express their views and to feel secure in the environments that Young Epilepsy create for them.

## **1.2 National and Local Guidance**

### Children – Key Guidance

- Keeping Children Safe in Education – (DfE, 2016)
- Working Together to Safeguard Children (DfE, 2015)
- What to do if you're worried a child is being abused – (DfE, 2015)
- Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers- (DfE, 2015)
- Surrey Safeguarding Children's Board Procedures Manual
- Safeguarding Disabled Children & Young People; Practice Guidance for all Agencies – (DfE, 2009)

### Adults – Key Guidance

- Care Act (2014)
- Surrey Multi-Agency Adult Protection Procedures

### Key Legislation

- The Children Act 1989 and 2004
- Human Rights Act 1998
- Education Act 2002
- Adoption and Children Act 2002
- Mental Capacity Act and Code of Practice 2005
- Sexual Offences Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Children and Adoption Act 2006
- Health and Social Care Act 2008
- Children and Young Person's Act 2008
- Equality Act 2010
- Children's Homes Regulations 2015
- Education Act 2011
- Protection of Freedoms Act 2012
- The Care Act 2014
- Children and Families Act 2014

### **1.3 How the Safeguarding team at Young Epilepsy works**

There is a designated member of the Executive Team (Director of Integrated Care) with responsibility for safeguarding at Young Epilepsy. The Executive for Safeguarding maintains the strategic overview of safeguarding within the charity, which includes overseeing the work of the Safeguarding Team which comprises of a Safeguarding and Compliance Manager and a team of Safeguarding Officers. Members of Young Epilepsy Safeguarding Team are from different directorates from across the charity and act as on call Safeguarding Officers (SOs) for 24 hour periods at a time throughout the year. They take calls relating to concerns about all children, young people and adults accessing Young Epilepsy services. Therefore there is a SO available to all staff every day of the week, all year round.

All SOs in the team have undertaken training provided by the Surrey Safeguarding Children Board, (SSCB) (modules 1&2 and 'Designated Safeguarding Lead New to Role') and attend refresher training with the SSCB at 2 yearly intervals, with annual updates. They fulfil this function in addition to their main role at Young Epilepsy.

Information about the current SOs is always available on the home page of the Young Epilepsy Intranet.

In addition to the on call SOs there is also a Safeguarding and Compliance Manager, whose role it is to co-ordinate the ongoing work generated by all the referrals. The Safeguarding and Compliance Manager attends further training provided by SSCB and also Surrey Safeguarding Adults Board. The Safeguarding and Compliance Manager leads on all instances where an allegation has been made against a member of staff and will liaise with the relevant senior manager when doing so (e.g. Principal or Head of Service). The Safeguarding and Compliance Manager will also be responsible for attending case conferences, core groups and multi-agency planning meetings as required.

See section 2.5 Roles and Responsibilities, for more information.

### **1.4 Confidentiality and information sharing**

Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a child or adult's welfare. A disclosure from a student about a concern or allegation, must not be discussed with any other member of staff unless needed for safeguarding purposes, and under direction from a member of the Safeguarding Team or a senior manager.

Sensitive information about a student sometimes needs to be shared both inside and outside the charity in order to safeguard the student and promote their welfare and safety. This may include a student's social worker or funding authority. The purpose of this will always be to safeguard the individual from harm, and to meet statutory requirements.

The key principles to information sharing as outlined in Surrey's Adult Safeguarding Board Procedures are:

- Students have a general right to independence, choice and self-determination including control over information about themselves. In the context of safeguarding, these rights can be overridden in certain circumstances
- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent
- The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified
- The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented
- The Data Protection Act enables the lawful sharing of information
- An individual employee cannot give a personal assurance of confidentiality
- Staff and volunteers should always report safeguarding concerns in line with their organisations policy – except in emergency situations

The Safeguarding Team should always be consulted before any information sharing about a safeguarding concern. As necessary the team will refer to the Information Governance Manager to ensure that information sharing is legitimate and in accordance with relevant legislation and information sharing protocols.

### **1.5 Consent to sharing information**

Normally personal information (including details of safeguarding concerns) on students, their families or their carers (i.e. staff at Young Epilepsy) is only disclosed with consent from students and/or parents. Where possible, Young Epilepsy will seek consent from both the student (dependent on their capacity level) and parents/carers (where appropriate to the situation and age and capacity of the student) when sharing any information externally regarding safeguarding concerns.

However there are some circumstances where seeking consent may not be appropriate or safe. We have a legal duty to share information where there are child or adult protection concerns. Therefore in some cases, personal information will be shared with other agencies without consent if this is deemed to be in the best interests of the student and the decision making around this will be clearly documented. For example if the SO felt that a student was at risk of harm or had been harmed then the SO would have a duty to pass over personal pertinent information about the student to the relevant children's/adults' services. Equally if the student is believed to lack capacity to make a decision about whether they give consent to share their information, then a best interests decision may be made about whether to do so.

### Sharing information – adults at risk

Sharing the right information, at the right time with the right people, is fundamental to good safeguarding practice. Sharing information between organisations as part of day-to-day safeguarding practice is covered in the common law duty of confidentiality, the Data Protection Act 1998, the Human Rights Act 1998 and the Crime and Disorder Act 1998.

As a general principle people must assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is suffering or likely to suffer abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk.

Permission should be sought from an adult at risk, before discussing information about them with the Safeguarding Officer, parents, carers and external agencies.

If a refusal to give this permission does not appear to be in the student's best interests, the information may be shared without the student's consent. In such circumstances, a best interests decision will be made by the relevant manager (as long as they are not implicated in the concern), Safeguarding Manager and where appropriate, the student's parents. For adults at risk who lack capacity to understand the issue in hand, a decision will need to be made by staff (appropriate manager) and parents or whoever has deputyship for the individual, about their best interests in the situation. All such decision making needs to be recorded as per guidance from Information Governance Manager.

### **1.6 Inter-Agency Partnership**

As an education, residential and healthcare provider we work in partnership with Children's and Adults' services, regulators and police forces in both our locality (Surrey) and the student's home area.

The first point of contact for any child or adult protection concern, is the Multi Agency Safeguarding Hub (MASH). Where there is an allegation made about a member of staff or volunteer against a child (under the age of 18 years old), the Surrey Local Authority Designated Officer (LADO) will also be contacted.

In addition to this we may also liaise with a child or adult at risk's home Children's or Adults' services department and funders.

Some concerns about students will also need to be passed to our regulators through a notification (Ofsted or CQC). Where this is required, the Safeguarding and Compliance Manager will liaise with the relevant registered manager to complete the necessary notification.

Where necessary (as laid out in statutory guidance) the Safeguarding and Compliance Manager will, with support from the HR department, make referrals to the Disclosure and Barring Service as well as any other professional bodies.

This inter-agency approach enhances the effectiveness of identifying and dealing with safeguarding and child and adult protection issues that may arise as swiftly as possible, for the best interests of the child or adult.

### Escalation process

Where there is an allegation or concern about a senior manager, staff should speak directly to the Safeguarding and Compliance Manager or a member of the Executive Team. Where there is an allegation or concern about a member of the Executive Team, staff must contact the Chair of Trustees of the Lead Trustee for Safeguarding. Where there is an allegation or concern about a member of the Safeguarding Team, staff must contact the Executive Team, Chair of Trustees or the Lead Governor/Trustee for Safeguarding. The contact details for these individuals can be found at the start of this procedure.

If Young Epilepsy disagrees with a decision or any in/action taken by Surrey Children or Adult's Services relating to a safeguarding concern, the Safeguarding and Compliance Manager will follow the escalation process as highlighted on Surrey's Safeguarding Children's Board website.

### Working with parents and carers

It is good practice regarding general care, education and health issues, for all staff to work in close partnership with the parents/carers of all students. We recognise that parents and carers are a vital partner in providing high quality services to their son or daughter.

However, in certain situations, safeguarding concerns cannot be discussed with parents without advice from the MASH to ensure that doing so does not put a student at greater risk (such as cases of honour based violence or forced marriage). Staff in doubt about this must refer to the Safeguarding Officer on call to discuss.

Information sharing with parents and carers is also impacted upon by the requests and views of the young person or adult at risk. Where a young person or adult at risk has the capacity to decide that they do not want their parents/carers informed about a concern, then Young Epilepsy will respect this choice, unless there are very clear reasons why this cannot be upheld. This however does not negate our responsibilities to inform other statutory agencies of any concerns of abuse.

Where a child is subject to a Care Order (see section 2.9) there may be restrictions in place on what information is shared with a parent/s. It is crucial that all staff members working with the child know what they can and can't share with parents and that this is recorded in the child's file and on all electronic information management systems (e.g. Databridge). Staff will need to work closely with the child's Social Worker and to report to them any safeguarding concerns.

### Duty of Candour

The Duty of Candour requires all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The regulations impose a specific and detailed duty on all providers where any harm to a service user from their care or treatment is above a certain harm

Page 12 of 52

threshold. This applies to Young Epilepsy's health and adult residential services, although the principle of Duty of Candour is appropriate to all of our services.

The Duty of Candour requires providers to offer an apology and state what further action the provider intends to take in this situation. In practice, this means that care providers are open and honest with patients when things go wrong with their care and treatment.

## 2. PROCEDURES

### 2.1 Reporting concerns about a student

See Appendix 1, Safeguarding Procedures Flowchart.

When a safeguarding concern arises, after ensuring that the student is safe from any immediate harm (and intervening where necessary and possible to stop further harm), you must call the Safeguarding Officer immediately to report the concerns. If you cannot, for whatever reason, get hold of the on call Safeguarding Officer on their mobile, leave your name and a message *with a contact number*.

Failure to comply with this, may raise concerns of Professional Abuse and staff may be subject to disciplinary processes where it is felt that there was a deliberate decision not to report concerns that subsequently come to light.

The following includes concerns which must be reported to the Safeguarding Officer on call:

- ❖ Allegations against staff/family/peers
- ❖ Disclosure of abuse
- ❖ Concerns of abuse
- ❖ Unexplained injuries or bruises or significant injuries (significant Injuries are defined as those that involve crushing, burns, head injuries, fractures, dislocations, concussion or any injury requiring a hospital admission.
- ❖ Bullying/cyber bullying
- ❖ Online safety concerns
- ❖ Peer on peer abuse
- ❖ All Medication administration errors
- ❖ Missing student
- ❖ Harm caused to a student by adult action or inaction
- ❖ Death of a student

Safeguarding students is about promoting their welfare and preventing harm, which can be intentional, unintentional or accidental.

If you have a concern, Appendix 2 provides some points to consider which will help to determine the actions required and the significance of the incident.

After reporting a concern, the Safeguarding Officer will advise you about the actions that you need to take. This will usually include writing a report using the electronic Incident Reporting system as soon as possible. If you have any queries about the actions that are required, please ask the Safeguarding Officer- please do not take any actions before agreeing these with the Safeguarding Officer.

Posters and leaflets are available across the site and in the reception areas of Young Epilepsy where most visitors pass through, which describe how you can raise a safeguarding concern. Visitors will be requested to contact the Safeguarding and Compliance Manager directly if they have any safeguarding concerns.

Staff can also speak directly to the Young Epilepsy Trust Board, Education Governing Body, Executive team or Surrey LADO, MASH or Young Epilepsy's regulators (CQC or Ofsted) to report their concerns.

Staff working in Young Epilepsy's Sure Start Children's Centre and in National Services, should refer to their reporting procedures for safeguarding concerns as these differ from the content above.

### Disclosures from students

It is important to remember that even students who use verbal communication, may often not talk about their own abuse for many reasons, and staff need to be vigilant to physical, emotional, sexual, and behavioural signs which may suggest that something is wrong. Staff are therefore taught about the signs and indicators of abuse within their own training.

Many of the students within Young Epilepsy are not able to communicate verbally which in turn can make them even more vulnerable to abuse. Therefore it is the role of staff working with them to keep them safe to act on their behalf in such situations and refer any concerns to the Safeguarding Team.

However if a student does make a disclosure to you, it is important that the student is given the opportunity to talk and every effort should be made to ensure this takes place in private. The student may not understand that they are being abused and so may not realise the significance of what they are telling you.

Here are some 'do's and don'ts' with regards to disclosures:

<b><u>DO:</u></b>	<b><u>DON'T:</u></b>
<ul style="list-style-type: none"> <li>• listen very carefully</li> <li>• try not to show shock</li> <li>• demonstrate empathy</li> <li>• use open questions</li> <li>• assure the student that you are taking them seriously</li> <li>• stay calm and try to get a good picture of what happened, but avoid asking too many questions</li> <li>• explain that you have a duty to tell the safeguarding team</li> <li>• reassure them that they have done the right thing and that they will be involved in decisions about what will happen</li> <li>• explain that you will try to take steps to protect them from further abuse or neglect.</li> <li>• provide support and information to meet their specific communication needs</li> <li>• record the words of the student</li> </ul>	<ul style="list-style-type: none"> <li>• make promises you cannot keep</li> <li>• promise to keep secrets</li> <li>• ask leading questions</li> <li>• confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses</li> <li>• be judgemental or jump to conclusions</li> <li>• breach confidentiality for example by telling friends, other work colleagues.</li> </ul>

The student must tell their own story in their own time. Even what seems to be an unbelievable story must be listened to and acted upon. If you make any notes, you

must use the student's own words and they must be kept in their original state (see below on writing Safeguarding reports).

If a student discloses anything to you, you must not promise to keep it secret or confidential but explain that you will need to share the information with another person. It is important that you are clear with the student about what happens next, in order to make them feel safe and less worried. Reassure them that they did the right thing in telling you and that what happened to them is not their fault.

Support will be provided to a student who has made a disclosure or who has been identified as having suffered from abuse, to ensure that they are protected from further harm and that they are supported with the emotional impact of what has happened to them. Importantly, they will also be supported to express their views and desired outcomes as a result of the concern.

## **2.2 Writing safeguarding incident reports**

The incident reports that staff write are essential for the Safeguarding Team as they form part of our assessment of what to do next or what to recommend to prevent further harm. All Safeguarding reports need to be fully completed on the Incident Reporting System within 24hrs of the concern being reported.

In the case of allegations against staff, if after an enquiry/investigation either internally or by external agencies, disciplinary action is taken, then the written reports will be made available to the staff member concerned but this will only happen after the allegation has been fully investigated and there are no concerns that releasing such information would create a risk of harm to any witnesses. If there has been involvement from the police and they request that certain information is not divulged to an employee, Young Epilepsy may withhold such information.

Be aware that the reports written regarding safeguarding concerns may also be shared with agencies outside Young Epilepsy during any external enquiries of safeguarding issues.

The Safeguarding Team have created Top Tips to Report Writing which is available on the intranet and should be followed by all staff when completing incident reports.

The following indicates what is required from an incident report:

### Precise and measured information

Set the scene - what was happening where, and who else was nearby. Please use the full names of the staff and students involved. Give the time and date of the incident or when the injury/bruising was first noted. State whether anything is noted anywhere else (e.g. day journals) about the issue you are reporting. Be careful not to make assumptions or presume, but focus on the facts to hand. Do not use emotive language or personal opinions.

### Reporting untracked bruising or unexplained injuries

Use a Skin Map (aka Body Map), available on the intranet. This is what we need:

- Size: estimate the size of bruising or compare to the size of a coin;

- Shape: is it round, linear, irregular, blotchy, sharp edges, straight lines?
- Colour of the bruise/mark: could be blue-black, with red edges, or even yellow;
- Location: very important to describe the precise location;
- Number: how many bruises/injuries are there in all?

If you do not have access to a scanner, send your signed and dated Skin Maps in a secure, sealed envelope and marked confidential, to the Safeguarding Team in the internal post.

Where a staff member finds it difficult to write a report, a member of the Safeguarding Team will assist and will help the individual to record and report the necessary detail.

## **2.3 Next steps**

### Concerns about the safety of a child or adult at risk

After a concern has been passed to the Safeguarding Team, they will then be responsible for coordinating the next steps that need to be taken. The Safeguarding Team may need to ask staff for further information possibly through arranging meetings or asking for witness statements. This is a normal and important part of the process and is necessary to collect information and evidence.

Where the concern is about the safety of a child or adult, the Surrey MASH team will be contacted by the Safeguarding Officer, or if it is outside of normal working hours, the Emergency Duty Team will be contacted.

Where there is a concern that a crime has been committed, the police will be contacted and they will decide whether a criminal investigation will take place.

The Local Authority could decide on the following actions:

- For a concern involving a child, a Section 47 Enquiry may be completed by the police and/or Children's Services.
- For a Section 42 enquiry to be completed by Adult's Social Care, for a concern involving a student aged 18 years or over.
- For a provider led enquiry to be completed by Young Epilepsy on behalf of Adult's Services for a concerns involving a student aged 18 years or over.
- For the concern about a child or adult to be investigated internally by Young Epilepsy.
- No further action- although Young Epilepsy may then decide to take action internally such as an investigation under the Safeguarding or Disciplinary policies.

Young Epilepsy are also required to alert the Department for Education when there are serious safeguarding incidents whereby the entire school/college/charity/any subcontractor is investigated by the police or local authority in relation to safeguarding concerns (as per ESFA (Education and Skills Funding Agency)

contracts). Similarly serious safeguarding concerns also need to be reported to the Charity Commission. Where concerns meet the threshold for such reporting, the Safeguarding Manager will arrange this.

Please see the Safeguarding Children and Adults flowcharts on the intranet for more information about the process that takes place after a concern is raised.

#### Allegations about those who work with children or adults at risk

All staff should take care not to place themselves in a vulnerable position with a child or adult at risk. It is always advisable for work with individual students or parents to be conducted in view of other staff.

The Young Epilepsy Safe Working Practice Agreement must be adhered to by all staff and is available on SharePoint (see section 2.6 for more information).

Preventing harm is better than reacting to it. Therefore where there are concerns about a staff member's practice that do not meet the threshold as a safeguarding concern, managers must utilise the Performance Management and Disciplinary Procedures and address conduct shortfalls swiftly and appropriately, offering further support, supervision and training where required.

Students may make an allegation against a member of staff or staff may have concerns about another staff member. If any such allegation is made, or information is received which suggests that a person may be unsuitable to work with children or adults at risk, the member of staff receiving the allegation or aware of the information, must immediately inform the on call Safeguarding Officer. The Safeguarding Officer's initial actions and decision making will be to ensure that no student is at risk of harm or further harm, and so immediate actions may need to be implemented to provide this assurance.

The Safeguarding Officer or the Safeguarding and Compliance Manager will discuss the content of the allegation with the LADO and/or Surrey MASH at the earliest opportunity and before taking any further action.

If the allegation made to a member of staff concerns a senior manager the person receiving the allegation will immediately inform the Chair of Governors/Chair of Trust Board/Member of the Executive Team who will consult the LADO as above.

Young Epilepsy will follow the Surrey procedures for managing allegations against staff, and procedures set out in Keeping Children Safe in Education and Young Epilepsy's Managing Allegations procedure.

The Executive Team within Young Epilepsy will be contacted where consideration needs to be given as to whether to suspend an employee where there is an allegation made about them. It is the responsibility of the Executive Team to make the decision to suspend a member of staff, but the process of suspension can be delegated to an appropriate manager within the charity.

Where there is a concern that a crime has been committed, the police will be contacted and they will decide whether a criminal investigation will take place.

In situations where allegations have been made against staff and the student's parents/carers need to be informed, the Safeguarding Officer may be responsible for this. There is a delicate balance between what parents/carers want to know, and what is confidential and/or could jeopardise any enquiries. Therefore it is important that this is well considered by the nominated person and discussed with the safeguarding team so as to not contravene any confidentiality and information governance policies and procedures, whilst also considering the likely anxiety for the parents/carers.

In serious cases, the Safeguarding Team will stay in touch with parents/carers and/or the young person/adult at risk themselves at agreed intervals, until the matter is concluded. This ensures that Young Epilepsy is open, transparent and supportive of anxieties and queries about the safeguarding process. They may delegate this to a member of staff on the house or in education in which case the Safeguarding Team will advise on update communication.

Young Epilepsy will be unable to commence any internal investigations (under the Disciplinary policy for example) until given approval to do so by external colleagues from Surrey Adult's/Children's Services and/or the police. The only exception to this may be when an external investigation has prolonged over a significant amount of time (over 1 year). In such circumstances, the Safeguarding and Compliance Manager will consult the Executive Team and the external agencies to decide on whether an internal investigation can commence without jeopardising any other ongoing investigative work. An internal investigation will always take place after an external investigation so that Young Epilepsy can determine whether any internal actions are required (such as under the disciplinary policy) or whether any changes need to be made.

Please see Young Epilepsy's Managing Allegations Procedure and Disciplinary Procedure for more information.

## **2.4 Training**

***Training regarding safeguarding is mandatory for all staff. Please see the 'Learning and Development Requirements per Staff Group' for more information.***

### Induction

**All staff** (contact staff, non-contact staff, Trustees, Governors, Executive Team, volunteers etc.) are required to complete the Safeguarding Induction training before commencing employment. This induction training includes the introduction to 'Working Together to Safeguard Children' and 'Keeping Children Safe in Education'. This includes such issues as the definitions of abuse; raising awareness of the signs and symptoms of abuse; how to respond to a student who discloses abuse/harm; recognition of how values affect judgement; who to report concerns to and how to do this.

All staff will be given a copy of 'Keeping Children Safe in Education' (2016) part 1 and be asked to sign this as part of their safeguarding training to demonstrate that they understand the contents.

Those staff who join Young Epilepsy outside induction weeks will be required to attend a Safeguarding session with a member of the Safeguarding Team prior to taking up their post; following this, they will then be required to attend the next Induction session.

In addition to the Safeguarding Induction, staff working directly with children and adults at risk are also required to complete Online Safety, Relationships and Sexual Wellbeing and Making Safeguarding Personal training courses within the first few months of employment.

#### Refresher training

All staff must complete the Safeguarding eLearning module annually and staff working in contact roles with students, must also attend an annual safeguarding refresher training session.

#### Safer Recruitment

Staff who are responsible for recruiting new employees have additional Safer Recruitment training.

#### Designated Safeguarding Lead Training

All staff within the Safeguarding Team complete Surrey's 'Designated Safeguarding Lead New to Role' training upon commencing their role and bi-annually thereafter. The Safeguarding Officers will also attend annual updates by Surrey's Safeguarding Children's Board. The Safeguarding Team will attend Surrey provided workshops and sessions on an ad hoc basis where necessary and such information will also be passed on to the wider staff team in workshops concerning specific issues e.g. Female Genital Mutilation, radicalisation or grooming.

#### Training for governors and trustees

Safeguarding training for all governors and trustees occurs on an annual basis, provided by the Safeguarding team. This training meets the requirements set out in Keeping Children Safe in Education (2016).

#### Agency, Casual and Bank staff

All staff working at Young Epilepsy have a duty to follow our Policies and Procedures. All agency, casual and bank staff are expected to have read the Child and Adult Protection and Safeguarding Policy and Procedures and to have signed the Safe Working Practice Agreement. Fixed Term Agency Staff will also be expected to complete Safeguarding training within Young Epilepsy's induction, and any agency staff must complete a mini-induction before their first shift which includes information about safeguarding.

### Safeguarding updates

The Safeguarding Team disseminates additional information and learning to staff in the charity via regular staff briefings with updates and information about safeguarding practice. Staff are expected to read these and this is overseen by managers. All information pertaining to safeguarding, can also be found on Young Epilepsy's intranet in the Safeguarding Team site.

## **2.5 Roles and responsibilities**

**Safeguarding is everybody's business.** All members of staff have an equal personal responsibility to follow these procedures if they are worried a student is being abused. **All** staff have a duty to intervene to stop harm and to report concerns about the safety of a student. Staff must be aware that there is also a legal duty to report concerns such as those regarding female genital mutilation and radicalisation, and a failure to do so may result in criminal charges.

Staff in regular contact with students are well placed to notice signs of physical, sexual or emotional abuse, neglect, behavioural change or failure to develop as expected. These signs and indicators are crucial in identifying when a student is suffering /has suffered from abuse.

Each member of staff is expected to read the Child and Adult Protection and Safeguarding policy and procedures when they first arrive at Young Epilepsy. Each time the documents are updated staff will be informed and will be required to read the amendments.

### Trustee Responsibilities

Trustees are ultimately responsible for ensuring that those benefiting from or taking part in the charity's activities are not harmed in any way. This includes:

- Ensuring they take all reasonable steps to prevent any harm to students.
- Managing risk and to protect the reputation and assets of the charity.
- Assessing the risks that arise from the charity's activities and operations
- Developing and putting in place appropriate safeguarding policies and procedures to protect students.
- Monitoring and scrutiny to ensure that these safeguards are being effectively implemented in practice.
- Making sure that Young Epilepsy has robust systems in place to handle allegations and deal with them responsibly and appropriately (Managing Allegations Procedure).
- Ensuring a robust safe recruitment procedure is in place within the charity and monitor and review this (Recruitment Policy and Procedure and the Vetting Procedure).

The trust board may set up committees to scrutinise the safeguarding policies, procedures and processes to ensure that these remain up to date and effective.

### Lead Trustee for Safeguarding

- Champion safeguarding within the Trust Board
- Meet regularly with the charity's Safeguarding and Compliance Manager and relevant Directors to:
  - Provide scrutiny that the charity functions within the legal and regulatory framework for safeguarding practice and in line with the charity's governing document
  - Provide scrutiny that appropriate systems for the charity's safeguarding performance are in place, continually striving for best practice in safeguarding governance
  - Provide scrutiny that the fundamental values and guiding principles of the charity in relation to safeguarding children and vulnerable adults are articulated and reflected throughout the charity
  - Oversee high level planning of safeguarding across the charity
  - Be involved in any required safeguarding policy review
- Make visits to services as part of a planned programme and report back to the Trust Board about his/her activities to inform them of what they have observed about how the charity is meeting its safeguarding duties.
- Scrutinise that there are mechanisms for beneficiaries, employees, volunteers, other individuals, groups or organisations to bring to the attention of the Trustees should it be necessary, any safeguarding concerns in relation to children and adults at risk that threaten the probity of the charity.
- Scrutinise that safe recruitment processes are in place.
- Scrutinise that the training programme for staff with regard to safeguarding meets the needs of the charity and regulatory requirements.
- Scrutinise that there is a system in place for recording information and that these records are kept secure.
- Work with Education Governing Body lead governor for safeguarding as appropriate.

### Governor responsibilities

There is a lead governor for Safeguarding within the governing body (see contacts section) who will work closely with the Safeguarding and Compliance Manager and the Principal to ensure that the governing body meet their responsibilities as set out in Keeping Children Safe in Education (2016). The Education Governing Body's responsibilities are specifically related to the education provision within Young Epilepsy.

Key responsibilities for the governing body in relation to safeguarding in the education services include:

- Ensure there is an effective safeguarding policy in place together with a staff behaviour policy/code of conduct (Safe Working Practice Agreement) which all staff receive during their induction
- Ensure the safeguarding policy is updated annually and made publicly available

- Consider how students may be taught about safeguarding as part of a broad and balanced curriculum within the school environment
- Assess the effectiveness of the safeguarding arrangements
- Meet requirements for safe recruitment
- Ensure appropriate online filters and appropriate monitoring systems are in place.
- Ensure appropriate and effective procedures are in place to manage allegations against staff/volunteers
- Ensure the student's wishes and feelings are taken into account when determining what action to take and what services to provide
- Ensure that staff have the skills, knowledge and understanding necessary to keep looked after children safe

#### Principal responsibilities

- That this procedure is implemented and followed by all staff within school and college;
- Where there is a safeguarding concern, the student's wishes and feelings are taken into account when determining what action to take and what services to provide;
- That systems are in place for students to express their views and give feedback which operate with the best interest of the student at heart;
- That all staff in school and college feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistleblowing procedures;
- That students are provided with opportunities throughout the curriculum to learn about safeguarding, including keeping themselves safe online;
- To delegate liaison with LADO to the Safeguarding and Compliance Manager

#### The Lead Executive for Safeguarding

A member of the Executive Team is designated as the lead for Safeguarding. They have direct reporting line management of the Safeguarding and Compliance Manager who reports any significant safeguarding concerns to them.

The Safeguarding and Compliance Manager escalates any safeguarding concerns across any of the directorates within Young Epilepsy to the Lead Executive for Safeguarding, which require input from a member of the Executive Team or the Chief Executive Officer. In turn, the Lead Executive for Safeguarding will then liaise with appropriate colleagues to pursue any necessary actions.

#### The Designated Safeguarding Lead/Safeguarding and Compliance Manager;

- Acts as a source of support and expertise in carrying out safeguarding duties for the whole school and college communities;
- Encourages a culture of listening to students and taking account of their wishes and feelings;
- Is appropriately trained with updates every two years and will refresh their knowledge and skills at regular intervals but at least annually;

- Will refer a child or adult at risk if there are concerns about possible abuse, to the Surrey Multi-Agency Safeguarding Hub (MASH), and act as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using the Multi Agency Referral Form (MARF) ;
- Will liaise with Surrey LADO regarding concerns about those in school or college who work with children and to keep the Principal apprised of these;
- Will keep detailed, accurate records of all concerns about a student even if there is no need to make an immediate referral;
- Will ensure that all such records are kept confidential and stored securely
- Will ensure that when a student leaves the school, their child protection file is passed to the new school (separately from the main pupil and ensuring secure transit) and that confirmation of receipt is obtained;
- Will ensure that a copy of the CP file is retained until such a time that the new school acknowledges receipt of the original file. The copy should then be shredded;
- Will liaise with the Local Authority and work with other agencies and professionals in line with Working Together to Safeguard Children;
- Has a working knowledge of SSCB procedures;
- Will ensure that either they, or another staff member, attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report where required which has been shared with the parents;
- Will ensure that any student currently with a child protection plan who is absent in the educational setting without explanation for two days is referred to their key worker's Social Care Team;
- Will ensure that all staff sign to say they have read, understood and agree to work within the School's child protection policy, staff behaviour policy (code of conduct) and Keeping Children Safe in Education Part 1 and annex A and ensure that the policies are used appropriately;
- Will organise child protection and safeguarding induction, regularly updated training and a minimum of annual updates (including online safety) for all school and college staff, keep a record of attendance and address any absences;
- Has an understanding of locally agreed processes for providing early help and intervention and will support members of staff where Early Help is appropriate;
- Will ensure that the name of the designated members of staff for safeguarding are clearly advertised in the school and college.
- Feedback to the Executive Team and Trustees as required, about safeguarding practice within the charity.
- Review relevant policies when required to do so;

#### Safeguarding Team responsibilities

- Trained to the same level as the Designated Safeguarding Lead and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of students.

- Discuss referrals made to the Safeguarding Team at the fortnightly Safeguarding Team meetings held in term time;
- Ensure safeguarding procedures are in place and updated as needed;
- Ensure all staff remain aware of the Surrey Safeguarding Children Board's Child Protection procedures, Surrey Multi-Agency Adult Protection procedures and the Young Epilepsy Child and Adult Protection and Safeguarding Policy and Procedures;
- Be available to provide advice/support and challenge to staff regarding any safeguarding concerns;
- Be available to provide support to students as needed regarding concerns;
- Liaise with parents and families and offer support relating to concerns raised or being acted upon;
- Liaise with Children's or Adult Services in accordance with Surrey County Council procedures concerning children or vulnerable adults;
- Keep records of any concerns/suspected cases of abuse/referrals on the electronic Incident Reporting System, separate to the child or young person's main file, and ensure their confidentiality;
- Deliver training for all Young Epilepsy staff to ensure that the staff who work with children and adults at risk are equipped to carry out their safeguarding responsibilities;
- Challenge cultures, practices and attitudes where there is a concern that they are impacting negatively on the wellbeing of students and / or staff.

#### Duty to refer all concerns

National guidance for those working with children or adults is very clear, that everyone has a duty to help protect children and adults at risk and therefore reporting concerns is mandatory. All staff must understand that failure to report a concern will be treated as a Disciplinary matter.

## **2.6 Safe working practice agreement**

The Safe Working Practice Agreement is Young Epilepsy's code of conduct for all staff. All staff are given a copy of the Safe Working Practice Agreement (a copy of which is available on the intranet) when they commence employment at Young Epilepsy. All staff are requested to read and sign this to state they have understood the contents of the agreement, and will therefore abide by it. Agency staff must complete this before they commence work at Young Epilepsy.

## **2.7 Recruitment and Human Resources Procedures**

### Vetting

There is careful selection and vetting of all staff (including supply and agency staff), volunteers, and monitoring of visitors to prevent students from being exposed to abusers.

Recruitment of all staff and volunteers who work with students is in line with Keeping Children Safe in Education (2016) and other statutory guidance, and includes checks for suitability with the Disclosure and Barring Service.

Currently these checks are carried out on every member of staff every three years, and a record to verify the authenticity of identity, qualifications, and satisfactory Disclosure and Barring Services check (according to the national requirements for this type of work) is held centrally by the Human Resources Department for each staff member.

#### Staff subject to Section 47 Enquiry external to Young Epilepsy

If a staff member is subject to a section 47 enquiry by social services or the police, or have a child who has a child protection plan, they must disclose this to the HR team or Safeguarding and Compliance Manager at Young Epilepsy. In such circumstances, it will be necessary to risk assess the staff member's ability to perform their role, in order to protect both the staff member, and the students they work with at Young Epilepsy. A staff member could be suspended if this action was deemed necessary. Any suspension in this situation would need to be authorised by the Chief Executive. Special care should be taken to ensure that other staff are not told about this.

#### Disqualification

The Childcare (Disqualifications) Regulations (2009) and obligations under the Childcare Act (2006) state the circumstances in which a staff member would be disqualified from working in particular provision.

The regulations cover staff who are employed and /or provide childcare in the early years (children who are 0-5yrs) or later years (children up to 8yrs). Staff covered by this include those working with children in school up to 5yrs old, and those working with children up to 8yrs old in childcare outside of education provision. This includes senior leaders and managers but excludes people who are not directly employed to provide childcare to children.

Staff may be disqualified from working in these settings if:

- a) inclusion on the Disclosure and Barring Service (DBS) Children's Barred List,
- b) being found to have committed certain violent and sexual criminal offences against children and adults which are referred to in regulation 4 and Schedules 2 and 3 of the 2009 Regulations (note that regulation 4 also refers to offences that are listed in other pieces of legislation);
- c) certain orders made in relation to the care of children which are referred to in regulation 4 and listed at Schedule 1 of the 2009 Regulations;
- d) refusal or cancellation of registration relating to childcare,<sup>3</sup> or children's homes, or being prohibited from private fostering<sup>4</sup>, as specified in Schedule 1 of the 2009 Regulations;
- e) living in the same household where another person who is disqualified lives or is employed (disqualification 'by association') as specified in regulation 9 of the 2009 Regulations;

- f) being found to have committed an offence overseas which would constitute an offence regarding disqualification under the 2009 Regulations if it had been done in any part of the United Kingdom.

Therefore if a member of staff is working in school or a children's home with a child who is 5yrs old and then live with someone who is disqualified from working with children, then the staff member may be disqualified too.

Staff must inform their line manager or the Safeguarding Manager if they believe that they may fall in to any of the categories above.

Where Young Epilepsy believe that a staff member may fall in to the disqualification criteria, Ofsted must be informed.

#### Referral to DBS

Where there are concerns about a staff member, volunteer, or prospective staff member having caused or been at risk of causing harm to a child or adult at risk then the Safeguarding and Compliance Manager along with support from HR team will make a referral to the DBS as per national guidelines.

#### Retention of documents relating to safeguarding concerns

Provided the necessary paperwork has been provided to the regulatory bodies (local authorities etc.) at the time of the incident, any physical documents related to safeguarding incidents may be securely destroyed on the following basis:-

- a) Once the student is 26 - Safeguarding records relating to a student, who left Young Epilepsy as a child.
- b) After six years - Safeguarding records relating to a student who left Young Epilepsy as an adult.

For more guidance or support with this please speak to the Safeguarding Manager or the Information Governance Manager.

## **2.8 Children on Child Protection Plans**

It is essential that we can identify all students that are subject to a Child Protection Plan. A direct enquiry will be made to referrers of all students and the information will be recorded in the referral documentation. Where staff become aware that a child accessing Young Epilepsy services is subject to a Child Protection Plan, this information must be passed to the Safeguarding and Compliance Manager and the Head of the service. This information will be recorded in the child's records and any implications relating to this, will be recorded and shared with the staff who need to know. Such information will be treated with sensitivity and confidentiality as per our Information Governance policies.

## **2.9 Looked After Children**

'Looked-after' children are those that are given accommodation away from their families at the request of their parent and those in care as the result of a Care Order.

A child is 'looked after' if they are in the care of the local authority for more than 24 hours. Legally, this could be when they are:

- living in accommodation provided by the local authority with the parents' agreement (Section 20 Children Act 1989)
- the subject of an emergency legal order to remove them from immediate danger (Section 44, Children Act 1989)
- placed in a secure children's home, secure training centre or young offender institution (Section 25 Children Act 1989)
- unaccompanied asylum seeking children (Section 20 Children Act 1989)
- suffering or likely to suffer significant harm due to the care being given to the child by parents or if the child is beyond parental control (Section 31 Children Act 1989)

A child will stop being 'looked after' when they are either adopted, returned home or turn 18. The local authority will continue to support children leaving care at 18 until they reach 21.

We know that Looked After Children are more at risk of abuse, harm and poor outcomes in life and so it is important that where a child is identified as Looked After, that proactive measures are implemented to protect them and monitor their safety and wellbeing.

Where there is a safeguarding concern about any Looked After Child, Young Epilepsy will ensure that the child's placing local authority and allocated social worker are aware of the concerns.

## **2.10 Children subject to Care Orders**

Where a Care Order has been placed on a child due to suffering or at risk of suffering significant harm due to the parental care given, it is crucial that staff understand who has parental responsibility for the child, and who has the power to make specific decisions in the child's life. There may be specific stipulations in the Care Order about the access that a particular parent has to a child and the restrictions of this, and therefore it is important that all appropriate staff understand this for each child so as to not put the child at further risk. This must be well documented within the records for a child and the implications for Young Epilepsy. If you have any concerns about this, please speak to the Safeguarding and Compliance Manager or the Head of your service.

## **2.11 Private Fostering**

Children who are in private fostering are recognised as a particularly vulnerable group, as their living arrangements can often be hidden. Young Epilepsy staff are legally required to inform the child's local authority should we find out that any child is being privately fostered.

Under section 66 of the Children Act 1989, a child is considered to be privately fostered when:

- S/he is under the age of 16, or s/he is under the age of 18 if s/he is disabled, and
- Is cared for and provided with accommodation by someone other than:
  - Her/his parent(s)
  - A person who has parental responsibility
  - Her/his close relative and
  - The placement will last for 28 days or longer

The child is not privately fostered when:

- S/he is being looked after by a Local Authority
- S/he is living with:
  - Her/his parent(s)
  - Someone who has parental responsibility or a relative who has assumed responsibility for her/his care
- S/he is living for the time being:
  - In a residential home
  - In accommodation provided by a voluntary organisation
  - In a school providing full time education
  - In a hospital
  - In a nursing home
  - In a psychiatric unit
- S/he is being detained or subject to a Guardianship Order under the Mental Health Act 1983
- S/he is living with someone who proposes to adopt her/him

If you have any concerns about students where you think they may be in private fostering, please speak to the Safeguarding Team immediately.

## **2.12 Employee Protection**

Young Epilepsy works with students in an environment of openness and transparency. Safer working practices and adherence to policy, protects both staff and students. All concerns about staff practice will be dealt with confidentially, and information stored securely.

Young Epilepsy has a Whistleblowing Procedure which all staff are made aware of during their safeguarding training. This procedure states that all staff have a duty to raise concerns about student wellbeing and safety, but that if they feel unable to do so through the normal reporting procedures, then there are other ways in which they can raise their concerns to ensure they are not subject to any detriment as a result of raising a concern.

The full processes involved in this can be found in the Employee Protection, Whistleblowing and Managing Allegations Procedures, which all staff are encouraged to read thoroughly.

If members of staff are dissatisfied with the outcome from reporting a concern to the Safeguarding Team at Young Epilepsy about a student, then contact can be made independently by them with the Multi Agency Safeguarding Hub in Surrey (MASH). Contact details can be found in this document.

### **2.13 Support and supervision: students, family and staff**

Students: Students at Young Epilepsy are supported to understand who they can approach with their concerns. Posters are on display within all services with the contact details for organisations who they can talk to, such as Childline and also the relevant regulators (Ofsted and CQC). Students are also encouraged to speak to a member of staff about their worries or concerns, and this is reinforced in keywork sessions and student meetings.

Children's and Adults' Services will advise us regarding giving appropriate support to a student who is involved in any investigation or enquiry. A student may need to be interviewed, if this is feasible, and would need to be accompanied by someone for both support and care. Such interviews with a student would be undertaken by social workers and/or specially trained Police Officers, and can take place on site or possibly at a special video interview suite, whatever is appropriate for the student and the situation. Staff may be asked to support a student with such an interview, or their parents/carers may attend to support.

During and after an investigation in to a safeguarding concern, support will need to be planned and offered to the students involved to ensure their wellbeing is monitored and strengthened. The Independent Advocacy service may be requested to support a child or young person, and support may also be provided through Young Epilepsy's medical and therapeutic teams.

Family: Summary information regarding Safeguarding Processes at Young Epilepsy is contained in the prospectuses.

Parents can access the Child and Adult Protection and Safeguarding Policy and Procedures on the Young Epilepsy website. Children's and Adults' Services will advise us regarding giving appropriate support to families involved in safeguarding enquiries or with protection plans in place.

Staff: We recognise that staff who have become involved with a student who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. It can also be very worrying and concerning for staff to raise their concerns. The Safeguarding Team will support staff by providing an opportunity to talk through their anxieties and to seek further support as appropriate. This can be through the half termly safeguarding clinics that are scheduled or through Young Epilepsy's supervision and support sessions. Supervisions are a key mechanism for supporting staff and enabling them an opportunity to speak about any concerns about the students they work with, including safeguarding concerns. Children's or Adults' Services may offer support to the Safeguarding Officers and other members of staff who could be involved in an enquiry.

Staff can also utilise the Employee Assistance Programme for advice and support.

## **2.14 Visitors**

All visitors on site must sign-in when they arrive and carry an ID badge with them. All Young Epilepsy Staff must challenge anyone who is trying to gain access to services without any ID. If a visitor cannot provide ID, they should show the individual back to reception.

Visitors who have not had a DBS check carried out by Young Epilepsy, will be continually supervised whilst with children or adults at risk.

Visitors to staff living on site are the responsibility of the staff member and they must ensure their visitors act appropriately and in accordance with information provided with their tenancy agreement and staff hostel handbook.

See Young Epilepsy's Visitors Procedure for more information.

## **2.15 Contractors**

Young Epilepsy use many different contractors. There is a Management of Contractors Procedure which contains details of how Young Epilepsy will minimise the risk of contractors working on site where children and adults at risk may be present. A risk scale is used to establish what level of risk there is with a contractor working on site, and the necessary actions are then put in place (as per the procedure) to minimise and mitigate the risk. It is the responsibility of the manager arranging the contractor, or the Head of Facilities to ensure that this risk assessment has taken place, the appropriate actions put in place and that the contractor is aware of the Guidance for Contractors document which stipulates the expected behaviour from all contractors.

Agency staff who are directly working with students will go through robust safer recruitment checks through Young Epilepsy's Recruitment Team. They will also be expected to complete an induction or mini-induction before they commence work, to ensure they understand their safeguarding duties, and who to speak to should they have a concern. They will also be expected to complete a Safe Working Practice Agreement and have read the Safeguarding Procedure.

## **2.16 Students' needs**

We recognise that the students supported by Young Epilepsy are particularly vulnerable to abuse, harm and neglect due to their impairments and the support needs that they have. For example an adult at risk who requires intimate care and who lives in a residential care setting is more at risk of harm due to staff having access to their intimate areas, numerous individuals providing care, staff working in lone working situations, potentially the difficulty of the adult physically protecting themselves and also having a lack of capacity to identify abuse.

It can also be more challenging for staff to recognise the signs and indicators of abuse for students at Young Epilepsy. This is partly due to the limited communication that some students have, and also because possible indicators of abuse such as a student's mood, behaviour or injury might be assumed to relate to their impairment or learning disability, rather than recognising that it may be a cause for concern.

We recognise that all students require equal protection but that additional considerations need to be given to students who are:

- disabled
- young carers
- require personal and intimate care
- are supported 1:1
- affected by parental substance misuse, domestic violence or parental mental health issues
- Asylum seekers
- Living away from home
- Living in chaotic home environments
- Already viewed and labelled as 'being a problem'
- Vulnerable to discrimination on the grounds of race, ethnicity, religion, disability or sexual identity
- At risk of exploitation including child sexual exploitation, forced marriage or radicalisation

Where any particular risk factors are identified, suitable care planning and risk assessments will be developed with all relevant internal and external agencies in order to help to keep the student safe.

#### Personal Social and Health Education

Young Epilepsy has a pastoral system designed to empower students to seek help when they are worried or have concerns about their safety. Issues surrounding Social Awareness, Health Education and Relationships and Sex Education are taught to students during classes, which seek to teach them about key risks and how to manage these, at a level suitable to them. Care staff work closely with the co-ordinators of this education to compliment work done in the classroom and give students the opportunity to discuss issues that are important to them in their home environment.

#### Behaviour Management/Physical Intervention

Students are supported to develop appropriate behaviour through the encouragement of acceptable behaviour and through constructive staff responses to inappropriate behaviour.

Young Epilepsy has an agreed Positive Behaviour Support Strategy, made clear to students, parents and staff. All staff are made aware of and are expected to remain up to date on organisational policy on behaviour support and the use and techniques of physical intervention.

Young Epilepsy's practice is to not use sanctions but to make use of natural consequences and positive options.

We acknowledge that staff must only ever use physical intervention as a last resort, when a student is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

Such events are recorded on the Incident Reporting System and reviewed by a senior manager and also by Young Epilepsy's Psychology team.

Staff who are likely to need to use physical intervention will be appropriately trained in Safe Support. This training is refreshed annually.

We understand that physical intervention which causes injury or distress to a student may be considered under this procedure or the Disciplinary Procedure.

All students who have been involved in physical intervention will be provided with a debrief from a suitable member of staff where they can share their views and feelings of what happened. The aim of this is to ensure students are ok after physical intervention, and also for shared learning in helping them to understand why this was used and how to avoid further incidents

### Positive Touch

Touch is an important element of positive interactions with others. This is especially true for students who do not use verbal communication, and those who like and need varied sensory stimuli and information. Some students at Young Epilepsy are at early stages of emotional, psychological, physiological, cognitive and communicative development. Therefore their requirement for the use of physical contact is much greater than their peers of the same chronological age. Staff have to be able to touch students to provide appropriate and necessary support and care, and so it is important that staff do so in a way that safeguards both themselves and the students.

Staff may provide physical contact through providing:

- reassurance and comfort
- physical prompts and cues
- keeping someone safe
- play and physical activity
- personal and intimate care

These are all necessary elements of some student's care. However there are risks in providing physical contact to students. For example, such contact could be misunderstood or misconstrued by students and other staff; students have a right to give consent to be touched; students could become sexually aroused by certain touch. Therefore it is crucial that staff give due consideration to any physical contact they provide:

- Rationale- know why you are using touch. There should always be a purpose

- Have consent from the student
- Be open and transparent and be ready to discuss and reflect on your practice with others
- Have others present where appropriate and possible
- Record and plan for physical contact e.g. in Support Plans and day journals

Staff should consider their own state of dress when providing physical contact. For example if supporting students physically whilst they are in a state of undress (e.g. in a swimming or hydrotherapy pool), staff should consider wearing additional clothing (e.g. T-shirt or leggings) so that skin to skin contact is limited with the student. This preserves the dignity of both the staff member and the student. Staff should also think about their dress on a day to day basis if working with students who are known to use a lot of touch or who may like to explore clothing, or equally pull/grab clothing. Staff should wear suitable attire for the role they are performing at all times and follow the Dress Code Guidelines.

If you have any concerns that a student is being touched inappropriately or that someone is misusing their position of trust and the use of physical contact, then you must speak to the Safeguarding Officer immediately.

Young Epilepsy's Safe Working Practice Agreement and Professional Boundaries Guidance enables staff to understand how to ensure the support they provide remains appropriate and professional at all times.

### Anti-Bullying Procedures

Young Epilepsy has Anti-Bullying Procedures, with which all students and staff should be familiar. Where there is a concern that bullying is an issue, all parties involved will be supported to understand the nature of the issues and to agree a positive way forward. These issues are often due to difficulties in individual relationships. Where it is concluded that further action is required to address the behaviour of an individual, this will be done in line with the Positive Behaviour Support Strategy). Young Epilepsy recognises that bullying is the form of abuse most children and young people experience and fear. Incidents of bullying are reported to and reviewed by the Safeguarding Team and discussed with Surrey MASH as appropriate.

See Young Epilepsy's Anti Bullying Procedure for more information.

### Health and Intimate Care

Young Epilepsy actively promotes good health and wellbeing for each student, and has written procedures, implemented in practice, for promoting their health. Young Epilepsy also takes care to ensure that such areas of support are carefully planned, recorded and monitored to protect the safety and dignity of all students.

All staff providing intimate and personal care to students must follow Young Epilepsy's Personal and Intimate Care Guidelines along with each student's specific support plan. Support and training will be provided to all new staff in this area to ensure that all staff provide dignified and safe intimate care.

### Unobserved falls

If a student has a fall which is unobserved by staff (e.g. falling due to a seizure in their bedroom at night or falling off a piece of furniture when staff were not present), the medical centre must be contacted and Young Epilepsy's nurses must assess the student to make sure they do not have any injuries as a result of the fall. Where there are concerns that any staff have been negligent in their actions or inactions, this must be reported as a safeguarding concern.

### Absent or missing student

Attendance, absence and exclusions are closely monitored. A child or young person going missing from education is a potential indicator of abuse and neglect, including sexual abuse and sexual exploitation.

Young Epilepsy has a procedure to follow in the event of any student going missing, which aims to ensure that they are found as quickly as possible. Please see the Young Epilepsy Missing Student Procedure and Flowchart for more information.

A student is met with on return to Young Epilepsy, to assess their wellbeing and to establish the reason for their absence, and if abuse or potential abuse is a factor. This information must then be passed to the on call Safeguarding Officer following the Young Epilepsy, SSCB and SSAB Safeguarding procedures.

Where a child is persistently absent or missing from education, the Safeguarding Team will liaise with the local education authority and the lead officer for children missing from education.

### **3 SIGNS AND INDICATORS**

#### **3.1 Safeguarding children**

##### Definition of a child:

In the Children Act 1989, a child is defined as someone under the age of 18yrs.

##### Definition of Significant Harm – The Children Act 1989

The Children Act 1989 introduced the concept of Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria on which to rely when judging what constitutes Significant Harm but consideration should be given to the following:

- The severity of ill-treatment which may include the degree and extent of physical harm including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- The duration and frequency of abuse and neglect;
- The extent of premeditation.

Child abuse and neglect is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.

Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.

Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

Working Together to Safeguard Children (2015) sets out definitions and examples of the categories of abuse. Young Epilepsy has a duty to raise any concerns that a child is suffering, has suffered or is likely to suffer significant harm, to Surrey Children's Services. This may result in a Section 47 enquiry being completed by Children's Services and/or the police.

#### **3.2 Safeguarding Adults at Risk**

##### Definition of an Adult at Risk

This term refers to someone who is 18 years and over and:

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

The aims of Adult Safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse.

Making safeguarding personal means that safeguarding processes should be person-led and outcome-focused. It means engaging the adult involved in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control, as well as improving quality of life, wellbeing and safety.

Personalised care and support is for everyone, but some people will need more support than others to make choices and manage risks. Making risks clear and understood is crucial to empowering and safeguarding adults and in recognising people as ‘experts in their own lives’.

In May 2013, the Department of Health published the government’s policy on adult safeguarding. This outlined six key principles that underpin the safeguarding of adults at risk:

Principles	Description	Outcomes for the
<b>Empowerment</b>	Presumption of person led decisions and informed consent	<i>I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”</i>
<b>Prevention</b>	It is better to take action before harm occurs	<i>“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”</i>

<b>Proportionality</b>	Proportionate and least intrusive responses appropriate to the risk presented	<i>"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed." "I understand the role of everyone involved"</i>
<b>Protection</b>	Support and representation for those in greatest need	<i>"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able"</i>
<b>Partnerships</b>	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse	<i>"I know that staff will treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best"</i>
<b>Accountability</b>	Accountability and transparency in delivering safeguarding.	<i>"I understand the role of everyone involved in my life and so do they."</i>

Young Epilepsy incorporates these underpinning principles in to training for staff and within the safeguarding processes across the charity.

#### Consent and Capacity (also see section 1.5)

Adults have a legal right to make decisions about their own lives. Adults who may be at risk of, or who are, experiencing abuse and neglect, may often feel disempowered by the abuse, and acting without involving them or seeking their consent will often disempower them further.

Wherever possible, there should be a conversation with the adult at the earliest opportunity to establish their views including:

- Whether they see the issue as a cause for concern or not.
- What they want to happen, if anything, including any actions they might want taken or may want to take themselves or not take; if the adult agrees that a safeguarding concern should be raised, what they want to be achieved from this and if they do not agree, the reasons for this.

There are three main factors which may affect an adult's right to control the decision regarding whether information about a safeguarding concern is shared with the local authority and other appropriate agencies, or not:

1. If others (children or adults) are, or may be, at risk of abuse or neglect.
2. Legal or professional responsibilities of staff who have become aware of the concern, for example, if this relates to a breach of regulation, professional code of conduct, or a criminal offence appears to have been committed. This includes where there may be an overriding public interest.
3. The adult has issues of impaired mental capacity and impaired decision making, and in this situation the Mental Capacity Act should be followed.

Where an adult with capacity to make an informed decision about their own safety does not want any action taken, this does not override a professional's responsibility to raise a safeguarding concern and to share key information with relevant professionals in the circumstances outlined above.

Please see Young Epilepsy's Mental Capacity SharePoint site for more information.

### 3.3 Types of Abuse

The following pages will now explore the different categories for abuse and harm. One of the fundamental roles for all staff, is to be aware of the different categories of abuse and harm and to identify and respond to any signs or indicators that such things could be happening to the students we work with. The definitions of some types of abuse are different depending on whether they relate to child or adult victims. Therefore where applicable, both definitions are included below. This information can also be found in Working Together to Safeguard Children (2015) and the Care Act (2014).

It is important to remember whilst reading these sections that these types of harm can be caused by anyone. This includes family members, carers, peers, staff or strangers. If you have any concerns that a student is at risk in any of the ways described below, you must speak to the Safeguarding Team immediately.

The Safeguarding Team have also developed 'Signs of Abuse Guidelines' which go in to more detail about the different types of abuse and harm and the indicators associated with these so that staff can be vigilant of these. This document can be found on the staff intranet.

#### Physical abuse

Definition of physical abuse relating to children	Definition of physical abuse relating to adults
This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical abuse also includes fabricated illness, whereby a parent or significant adult feigns the symptoms of, or deliberately causes, the ill health of a child. It may also include, kicking, misuse of medication, restraint or inappropriate sanctions.	The use of force, or any action, or inaction which results in pain or injury or a change in the person's natural physical state or the non-accidental infliction of physical force that results in bodily injury, pain or impairment. Examples may include restraint and/or misadministration of medication.

If you spot any indicators or signs that a student is being physically abused, you must speak to the Safeguarding Team immediately.

### **Emotional/Psychological abuse**

<b>Definition of emotional abuse relating to children</b>	<b>Definition of emotional/psychological abuse relating to adults</b>
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone	This can include, emotional abuse, threats of harm or abandonment, deprivation of contact with others, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

If you spot any indicators or signs that a student is being emotionally abused, you must speak to the Safeguarding Team immediately.

### **Sexual abuse**

<b>Definition of sexual abuse relating to children</b>	<b>Definition of sexual abuse relating to adults</b>
Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.	This is direct or indirect involvement in sexual activity without valid consent (this can include when an adult has not or cannot consent, or was pressured into consenting). This includes, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts.

Sexual abuse can be carried out by people in all areas of society from all different backgrounds.

If you spot any indicators or signs that a student is being sexually abused, you must speak to the Safeguarding Team immediately.

### **Neglect and acts of omission**

<b>Definition of neglect abuse relating to children</b>	<b>Definition of neglect abuse relating to adults</b>
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. Neglect may occur during pregnancy as a result of maternal substance abuse.	Can take several forms and can be the result of an intentional or unintentional act(s) or omission(s). Neglect includes, ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Neglect may involve:

- failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- failing to protect a from physical and emotional harm or danger;
- failing to ensure adequate supervision (including the use of inadequate care-givers);
- failing to ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a student's basic emotional needs.

If you spot any indicators or signs that a student is being neglected, you must speak to the Safeguarding Team immediately.

### **Child Sexual exploitation**

The sexual exploitation of children is a form of sexual abuse.

The sexual exploitation of children is described in government guidance (Child sexual exploitation: definition and guide for practitioners, 2017) as "involving exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of their performing, and/or another or others performing on them, sexual activities.

It can occur through the use of technology without the child's immediate recognition; e.g. being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Violence, coercion and intimidation are common, with involvement in exploitative relationships being characterised in the main by the child's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

What marks out sexual exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

If you spot any indicators or signs that a child or young person is being sexually exploited, you must speak to the Safeguarding Team immediately.

### **Online abuse**

Unfortunately, some adults and other children use technologies to harm others. The harm might range from sending hurtful or abusive texts or emails, to grooming and enticing people to engage in extremist or sexual behaviour such as webcam photography or face-to-face meetings. Students may also be distressed or harmed by accessing inappropriate material such as pornographic websites or those which promote extremist behaviour, criminal activity, suicide or eating disorders. Online abuse can happen through social networks, accessing emails, playing online games or using mobile phones. Students may experience the following online; cyberbullying, grooming, sexual abuse, sexual exploitation, trolling, financial abuse or exploitation or emotional abuse.

Students can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online).

People can feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

One of the most common concerns affecting young people is 'sexting' or self-taken sexualised images. It is important that students are educated about the risks and consequences of taking such photos and videos, which can be devastating. This is covered in more detail in the Online Safety Procedure.

If you spot any indicators or signs that a student is being groomed or abused online, you must speak to the Safeguarding Team immediately.

### **Financial / material abuse**

Financial abuse is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. This involves exploitation and pressure in connection to allowances, pocket money, monetary gifts, wills, property, inheritance or financial transactions.

If you spot any indicators or signs that a student is being financially abused, you must speak to the Safeguarding Team immediately.

### **Discriminatory abuse**

This exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It is the exploitation of a person's characteristics, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes discrimination on the basis of age, disability, gender reassignment, marriage, civil partnership, pregnancy, maternity, race, religion or belief, sex or sexual orientation and includes hate crime incidents. Discriminatory abuse includes forms of harassment and slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

If you spot any indicators or signs that a student is being discriminated against, you must speak to the Safeguarding Team immediately.

### **Professional abuse**

Professional abuse is the misuse of therapeutic power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures.

If you spot any indicators or signs of professional abuse you must speak to the Safeguarding Team immediately.

### **Institutional/organisational abuse**

Institutional/Organisational abuse occurs when an organisation's systems and processes, and/or management of these, fails to safeguard a number of adults leaving them at risk of, or causing them, harm. Organisational abuse can also occur when the routines, systems and norms of an organisation override the needs of those it is there to support, or fail to be the product of both ineffective and/or punitive management styles, creating an environment within which abuse can take place, intentional or otherwise. Organisational abuse includes, neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a person's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

If you spot any indicators or signs that a student is being institutionally abused, you must speak to the Safeguarding Team immediately.

### **Female Genital Mutilation**

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna (Multi-agency statutory guidance on female genital mutilation, 2016).

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is classed as abuse, is dangerous and constitutes a criminal offence.

There are no medical reasons to carry out FGM. It does not enhance fertility and it does not make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

If you spot any indicators or signs that a girl or young lady is at risk of FGM, you must speak to the Safeguarding Team immediately. There is a legal mandatory reporting requirement for anyone who is aware that FGM has been performed on a girl.

### **Bullying and Cyberbullying**

Bullying is behaviour that deliberately hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. Bullying usually happens over a period of time.

Bullying can take different forms; physical (e.g. hitting, kicking, theft), verbal (e.g. name calling, threats, homophobic or disablist remarks) or emotional (e.g. isolating).

It can happen anywhere – at school, at home or online. It is usually repeated over a long period of time and can hurt a person both physically and emotionally.

Bullying that happens online, using social networks and mobile phones, is often called cyberbullying. A person can feel like there's no escape because it can happen wherever they are, at any time of day or night.

If you spot any indicators or signs that a student is being bullied, you must speak to the Safeguarding Team immediately.

Young Epilepsy has separate Anti-Bullying Guidelines and Online Safety Procedures which staff should read for more information.

### **Domestic Violence and Abuse**

Domestic Abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

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 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 Violence can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers.

Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships. Domestic abuse can seriously harm children and young people.

If you spot any indicators or signs that a student is at risk of or suffering from domestic abuse, you must speak to the Safeguarding Team immediately.

East Surrey has a Domestic Abuse Outreach Service which can be contacted where there are concerns about such abuse- 01737 771350.

### **Human Trafficking**

Human trafficking is where people are recruited, moved or transported and then exploited, forced to work or sold. They are often subject to multiple forms of exploitation.

People are trafficked for:

- child sexual exploitation or sexual abuse
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs, bag theft.

Many people are trafficked into the UK from abroad, but they can also be trafficked from one part of the UK to another.

If you spot any indicators or signs that a student is at risk of being or has been trafficked, you must speak to the Safeguarding Team immediately.

### **Grooming**

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation.

Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional.

Groomers may be male or female. They could be any age.

Many children and young people don't understand that they have been groomed, or that what has happened is abuse.

Staff are also at risk of being groomed from abusers who want their abuse to go unnoticed by you because you have formed a connection with them. Staff need to be aware of this and must retain professional boundaries at all times.

If you spot any indicators or signs that a child or young person, or a staff member, is being groomed, you must speak to the Safeguarding Team immediately.

### **Radicalisation and extremism**

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind (see Keeping Children Safe in Education, 2016 and Revised Prevent duty guidance: for England and Wales, 2015).

Extremism is defined as the holding of extreme political or religious views.

Young Epilepsy values freedom of speech and the expression of beliefs as a fundamental human right. Both students and staff have the right to speak freely and voice their opinions. However with freedom, comes responsibility and free speech that is designed to manipulate people or lead to hatred and violence goes against the moral principles in which freedom of speech is valued. All students will be protected from the manipulation and exploitation of extremist views and fundamental British Values are incorporated in to the curricula so that students can learn about and hopefully uphold these values.

An organisation risk assessment has been completed to assess and manage the level of risk that it is believed extremism and radicalisation presents to students and the charity as a whole.

Early recognition and involvement is crucial in cases where children and adults are at risk of being radicalised by others. The government launched their PREVENT strategy in 2010 in response to the heightened concerns from the threat of terrorism and people being drawn in to this through radicalisation. It is well documented that more vulnerable people can be at greater risk of being radicalised.

Indicators of vulnerability to radicalisation include:

- identity crisis
- personal crisis
- personal circumstances e.g. migration, local community tensions, events affecting a student's home country, personal grievance
- unmet aspirations e.g. perceptions on injustice or rejection in civic life
- experiences of criminality
- having Special Educational Needs

Where staff are concerned that a child is at risk of being radicalised, they must raise this immediately to the Safeguarding team as per the procedures outlined above.

The Safeguarding team may need to make a referral to the Channel Programme where required.

### **Forced Marriage**

Forced marriage is defined as a marriage conducted without the full consent of both parties and where duress is a factor. There is a clear distinction between forced marriage and an arranged marriage. The Government's Forced Marriage Unit has produced guidelines, on how to identify and support young people and adults threatened by forced marriage.

[www.bia.homeoffice.gov.uk/partnersandfamilies/forcedmarriage/forcedmarriageunit/](http://www.bia.homeoffice.gov.uk/partnersandfamilies/forcedmarriage/forcedmarriageunit/)

If you spot any indicators or signs that a young person or adult at risk (male or female) is at risk of being forced in to marriage, you must speak to the Safeguarding Team immediately.

### **'Honour' Based Violence**

This may be committed when family members feel that dishonour has been brought to their family. Both women and men can be victims, and the abuse is usually committed with a degree of collusion from other family members and/or the community. Many victims are so isolated and controlled that they are unable to contact the police or other organisations. Safeguarding concerns that may indicate 'honour'-based abuse include domestic abuse, concerns about forced marriage or enforced house arrest and missing person reports.

If you spot any indicators or signs that a young person or adult at risk (male or female) is at risk of 'honour' based violence, you must speak to the Safeguarding Team immediately.

### **Self-Neglect**

Is 'the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of people who self-neglect and perhaps even to their community' (Gibbons, 2006). An individual may be considered as self-neglecting and therefore at risk of harm where they are:

- either unable or unwilling to provide adequate care for themselves
- unable or unwilling to obtain necessary care to meet their needs
- and/or
- declining essential support without which their health and safety needs cannot be met.

Examples may include hoarding and/or failure to self-medicate

We understand that sometimes self-injurious or self-harming behaviour is typical for a particular student due to their sensory, communication, behaviour or learning difficulties. Where this is recognised, a robust support plan and risk assessment will be put in place alongside input from our therapy and psychology teams to ensure risk of harm is minimised. Where self-neglecting behaviours are not recognised as

'typical presentation' for a student, these will be treated as safeguarding concerns in the same way as other types of abuse or harm.

### **Modern Slavery**

This includes the exploitation of people (men, women and/or children) in forced labour including sexual exploitation, domestic servitude in the home and forced criminal activity. Victims can be both British nationals and people brought from abroad for the purpose of slavery.

If you spot any indicators or signs that a person is at risk of modern slavery, you must speak to the Safeguarding Team immediately.

### **Mate Crime**

This happens when someone fakes a friendship in order to take advantage of a vulnerable person. This crime is committed by someone who is known to the victim or someone perceived by the victim at some point as a 'friend'.

If you spot any indicators or signs that a person is suffering from or at risk of mate crime, you must speak to the Safeguarding Team immediately.

### **Peer on peer abuse**

In Young Epilepsy's various services, students with a wide range of impairments are supported. This means that some students can demonstrate behaviours that challenge those around them, including staff and their peers. This happens for a variety of reasons, but can be due to:

- having difficulties being understood or getting their needs and desires met
- an inability to regulate emotions
- side effects from medication
- responses to physiological triggers
- previous experiences of harm for the individual

It is important that staff know the students they work with, and that there is clear guidance about how best to support each individual, to ensure that staff are managing behaviour positively.

Situations may arise where a student may be physically aggressive towards another student- intentionally or unintentionally. It is important that where this happens, staff report this as per any other safeguarding concerns. All of our students have the right to be and feel safe and so it is important that where one student has been aggressive or abusive to a peer, this is recorded and action put in place to reduce the risk of reoccurrence.

Sexual violence and sexual harassment between students is also a potential risk and can occur between two individuals of any sex. This can also occur through a group of children sexually assaulting or sexually harassing a single person or group of people (Sexual violence and sexual harassment between children in schools and colleges, DfE, 2017). If staff are aware of any sexual violence or harassment between students, this must not be accepted as 'normal behaviour' or 'banter' and

must be reported immediately as per the reporting procedures laid out in this document.

Any incidents where one (or more) of the following is involved must be discussed with the safeguarding team:

- Targeting of a particular student
- Where there is actual or the potential for a mark/injury or for psychological distress
- Where a student has shown intent to harm another
- Where physical contact is made
- Where an illegal act has been carried out (e.g. a child under the age of 13 can never consent to any sexual activity, the age of consent is 16, sexual intercourse without consent is rape and creating and sharing sexual photos and videos of under-18s is illegal (often referred to as sexting). This includes children making and sharing sexual images and videos of themselves).

Where there are concerns that students may be suffering from other forms of abuse by a peer as per categories above including sexual abuse, bullying and extortion, it is important that this is responded to and reported to the Safeguarding Team.

### **III Treatment or Wilful Neglect**

The Mental Capacity Act 2005 introduced a new criminal offence of ill-treatment or wilful neglect of a person who lacks capacity, intended to deter people from abusing people who lack capacity. If a person is convicted of this offence, they can be imprisoned or fined. The offence could cover the restraint of a person unreasonably against their will, failure to provide adequate care as well as the more commonly understood forms of abuse.

Sections 20 and 21 of the Criminal Justice and Courts Act 2015 also made it an offence for Care Workers and Providers to wilfully neglect or ill-treat an individual with full capacity.

## 4. Related Information

### 4.1 Related Young Epilepsy policies and procedures

- Safe Working Practice Agreement
- Inclusivity, Equality and Diversity Policy
- Incident Reporting Procedure
- Medication Policy and Procedures
- Consent Procedure
- Missing Student Procedure
- Employee Protection Procedure
- Managing Allegations Procedure
- Whistle-blowing Procedure
- Positive Behaviour Strategy
- Health and Safety Policy and Arrangements
- Comments, Compliments, and Complaints Procedure
- Relationships and Sexual Wellbeing Policy and Procedure
- Online Safety Policy and Procedure
- Recruitment Policy and Procedure
- Vetting Procedure
- Anti-bullying guidelines
- Visitors Procedure
- Personal and Intimate Care Guidelines
- Disciplinary Procedure

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**This procedure is agreed by the Trust Board and will be implemented by all departments.**

**Signed:** .....

**Carol Long**  
**Chief Executive Officer**

**Date:** .....

Date of next review: March 2019

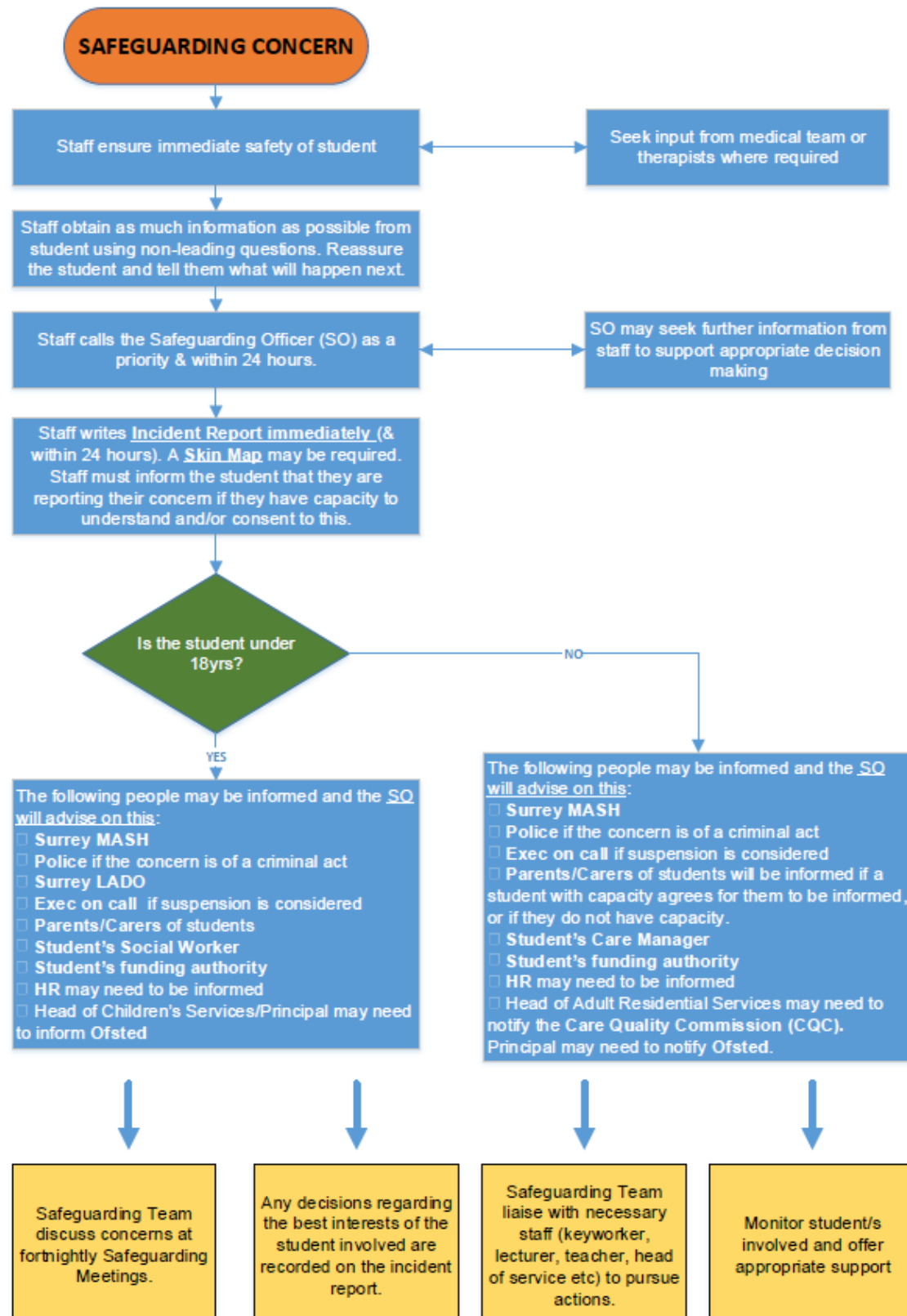
**Signed:**  
.....  
**Chair of Trust Board**

**Date:** .....

Date of next review: 1 March 2019

## 5. Appendices

### Appendix 1- Safeguarding Procedures Flowchart



## **Appendix 2 - Factors to consider when a concern has been raised:**

- Is the student safe and is there a need for an immediate safety response?
- Are there immediate risks to others?
- What are the views and wishes of the student?
- How vulnerable is the student?
- What personal, environmental and social factors might contribute to the vulnerability of the student?
- What is the nature and extent of the abuse?
- Is there a concern that the student has caused harm or is likely to cause harm to others?
- Does the person alleged to have caused harm provide care to the student?
- Is the abuse a crime or is there a likelihood of a crime being committed?
- Is there a need to secure evidence (this might include, body maps, records, medicine/fluid charts, rotas, care and support plans, daily records, secure the scene of a crime etc.)?
- Is there a risk to the public?
- How long has it been happening?
- Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the student?
- Was there a clear intention to harm?
- What physical and/or psychological harm is being caused?
- What is the extent of premeditation, threat or coercion?
- What are the immediate and likely longer-term effects of the abuse on their independence, well-being and choice?
- What impact is the abuse having on others?
- What is the risk of repeated or increasingly serious acts by the person causing the harm?
- Is there any doubt about the mental capacity of the student (if over 16yrs)? Remember to assume capacity unless there is evidence to the contrary. (Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress).