

Child and Adult Protection and Safeguarding Procedures

These procedures implement the Child and Adult Protection and Safeguarding Policy and aims to ensure that all children and adults 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

'It could happen here'

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children and young people.

The purpose of this procedure is to provide staff, volunteers and governors with the framework they need in order to keep children and young people safe and secure at Young Epilepsy. The procedure also informs parents and carers how we will safeguard their children and young people whilst they are in our care.

The aim of this procedure is to provide a clear framework for how we promote the wellbeing of children and adults at risk 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.

We believe the safety and well-being of children and young people is of the utmost importance and that they have a fundamental and equal right to be protected from harm regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation. We fully recognise our statutory responsibility for safeguarding: the safety, protection and well-being of all children and young people that Young Epilepsy supports and interacts with, is paramount and has priority over all other interests. This includes responding immediately and appropriately where there is a suspicion that any child or young person may be a victim of bullying, harassment, abuse (including physical, sexual, emotional) or neglect.

We will make every effort to provide an environment in which children and adults feel safe, secure, valued and respected, and feel confident to talk if they are worried, believing they will be effectively listened to.

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 Surrey Safeguarding Children Partnership is a partnership of all the different organisations working to protect children and young people across the county. This website brings together information for children, young people and their families and the professionals who work with them. (<http://www.surreyscb.org.uk/>).

The Surrey Multi-Agency Safeguarding Adult Procedures can be found online on Surrey Safeguarding Adults Website (<https://www.surreysab.org.uk/>)

This document has been set out in separate sections partly due to the different, but related, issues in dealing with concerns about children (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 College or in an Adult House and, conversely, that not all the children are in school; some are in College.

Monitoring

This Procedure will be reviewed annually along with the Child and Adult Protection and 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 years.

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.
- preventing impairment of children's mental or physical health or development.

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.

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

MAP refers to the Surrey Multi-Agency Partnership.

C-SPA refers to the Children's Single Point of Access and the Child Protection Consultation Line.

Social Care refers to Children's Services in the area in which the child is resident, unless a child is a Child Looked After then this will be the Children's Services in their home authority.

Early Help means providing support as soon as any needs emerge or are identified at any point in a child's life.

CONTACTS

Young Epilepsy Safeguarding Team – September 2020

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

Chair of Trust Board	Jane Ramsey**	rnorman@youngepilepsy.org.uk
Chief Executive	Mark Devlin	mdevlin@youngepilepsy.org.uk
Lead Trustee for Safeguarding	Julia Coop**	rnorman@youngepilepsy.org.uk
Lead Governor for Safeguarding and Children Looked After	Gwen Godfrey**	rnorman@youngepilepsy.org.uk
Lead Executive for Safeguarding	Rosemarie Pardington	01342 831 324 07825188947
Head of Safeguarding & Quality Practice – Lead DSL	Gill Walters	01342 832243 Ext 409 07825 1888 20
Designated Teacher for Children Looked After	Danny Hulme	01342 832243 Ext 262
Deputy DSLs	Residential – House Managers School/College – Extended Leadership team Assessment Unit Manager	Check posters in your respective areas for contact person and relevant telephone number

(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

Children (under 18yrs)	Contact
Allegation against staff Every local authority has a statutory responsibility to have a local authority designated officer (LADO), who is responsible for coordinating the response to concerns that an adult who works with children may have caused them harm.	To contact the Duty LADO please call: 0300 123 1650 (option 3)
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)	Surrey Children's Single Point of Access (C-SPA) 0300 470 9100 (Monday – Friday 9am – 5pm - Option 1) cspa@surreycc.gov.uk

Adult at risk (18yrs and over)	Contact
Allegation against staff	Multi Agency Safeguarding Hub: 0300 470 9100 – (Monday – Friday 9am – 5pm - Option 2) ascmarsh@surreycc.gov.uk
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 <ul style="list-style-type: none"> • Provider ID – 1-101610290 • Location ID – 1-137790641
<u>Ofsted</u> - regulates school, college, residential special schoolhouses and Children's Homes in Young Epilepsy	Royal Exchange Buildings St Ann's Square Manchester M2 7LA Tel: Whistleblowing Hotline 08456 404046 www.ofsted.gov.uk 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.

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1. SAFEGUARDING FOUNDATIONS

1.1 Young Epilepsy Safeguarding Statement

Young Epilepsy is committed to safeguarding and promoting the welfare of children 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 always have a right to be treated with dignity and respect 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 that 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.

In order to keep students safe, Young Epilepsy is committed to creating a culture of openness, challenge and vigilance, which must be shared by all staff. This is promoted through things such as training, supervisions, team meetings and day-to-day interactions between staff.

1.2 National and Local Guidance

Children – Key Guidance

- Keeping Children Safe in Education – (DfE, 2020)
- Working Together to Safeguard Children (DfE, 2018)
- What to do if you're worried a child is being abused – (DfE, 2015)
- Surrey Safeguarding Children Partnership (SSCP) Protocols, Guidance and Procedures.
- Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers- (DfE, 2015)
- Revised Safeguarding Statutory Guidance 'Framework for the Assessment of Children in Need and their Families' 2000
- Safeguarding Disabled Children & Young People; Practice Guidance for all Agencies – (DfE, 2009)
- SCC Children Missing Education
- SCC Touch and the use of physical intervention when working with children and young people
- Disqualification under the Childcare Act 2006 (updated 2019)

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
- FGM Act 2003 Mandatory Reporting Guidance 2016

- Teacher Standards 2011
- Information Sharing Advice for Practitioners guidance 2018
- Surrey Safeguarding Adults Safeguarding Policy and Procedures
- <https://www.gov.uk/government/publications/covid-19-safeguarding-in-schools-colleges-and-other-providers/coronavirus-covid-19-safeguarding-in-schools-colleges-and-other-providers>

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.

The Safeguarding Team comprises of a Lead DSL (Designated Safeguarding Lead), and a number of Deputy DSLs across health, residential and education services who are available for people to report their concerns to. There is a DSL available to speak to 24hrs a day and 365 days of the year. The staff who take on the DSL role are:

- All House Managers
- All Care Coordinators
- Night Duty Managers
- Leadership teams in School and College
- Assessment Unit Manager

All DSLs have undertaken 'Designated Safeguarding Lead New to Role' and attend refresher training at 2 yearly intervals, alongside annual updates. DSLs fulfil this function in addition to their main role at Young Epilepsy. Those working specifically in our Children's Services have also completed Surrey Safeguarding Children's Board (SSCB) Foundations 1 and 2 training.

Information about the DSLs across Young Epilepsy is available on the Young Epilepsy Intranet.

The Lead DSL, Gill Walters, Head of Safeguarding & Quality Practice, has attended further training provided by SCC and Surrey Safeguarding Adults.

The Lead DSL will take the lead 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 Lead DSL is also responsible for attending case conferences, core groups and multi-agency planning meetings as required with the relevant and manager and DSLs.

Senior Managers within education, residential and health services have also completed the training outlined above although it is acknowledged that they are generally not the first point of call for people to report concerns to (although this is possible). However Young Epilepsy believes that by having senior managers trained as DSLs, this creates a stronger culture and understanding about safeguarding students.

See section 2.5 Roles and Responsibilities, for more information.

1.4 Confidentiality, Sharing and Withholding information

All matters relating to child protection will be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners' (DfE 2018) guidance.

Young Epilepsy will also refer to the guidance in the data protection: toolkit for schools - guidance¹. Information will be shared with staff who 'need to know'. Relevant staff have due regard to Data Protection principles which allow them to share (and withhold) information.

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 are outlined in Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers- (DfE, 2015)

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 DSL 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 <https://www.gov.uk/government/publications/data-protection-toolkit-for-schools>

1.5 Consent to sharing information

Normally personal information (including details of safeguarding concerns) regarding students, their families or their carers (i.e. staff at Young Epilepsy) is only disclosed with consent. 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 DSL felt that a student was at risk of harm or had been harmed then the DSL 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 principal 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 DSL, 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 Surrey Single Point of Access (SPA) for Children and the Multi Agency Safeguarding Hub (MASH) for adults.

The telephone number is the same and you will have an option to choose who you need to speak to.

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 Lead DSL will liaise with the relevant registered manager to complete the necessary notification.

Where necessary (as laid out in statutory guidance) the Lead DSL 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 Young Epilepsy senior manager, staff should speak directly to the Lead DSL 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 or the Lead Trustee for Safeguarding. Where there is an allegation or concern about a DSL, staff must contact the Lead DSL or a member of the Executive Team. Where there is concern about the Lead DSL staff must contact a member of 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 Lead DSL will follow the escalation process as highlighted on Surrey's Safeguarding Partnership 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 LADO or Surrey SPA or Adult MASH team 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 Lead DSL to discuss.

At Young Epilepsy we always aim to be as open and honest as possible with parents/carers about any concerns. However, Surrey Safeguarding partnership advise that we do not discuss concerns with parent's/ carer's in the following circumstances (if related to the family) pending further advice and/or consultation:

- Where sexual abuse or exploitation is suspected.

- Where organised or multiple abuse is suspected.
- Where fabricated or induced illness is suspected.
- Where female genital mutilation is a concern.
- In cases of forced marriage.
- Where contacting parents / carers could place a child or young person or others at immediate risk of harm.

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 cannot 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 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 speak to a DSL immediately to report the concerns. There is always a DSL available to speak to during the day in each service. Outside of normal working hours Night Duty Managers and Duty Managers can be contacted (who are trained as DSLs).

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 are concerns which must be reported to a DSL:

- ❖ Allegations against staff/family/peers

- ❖ Disclosures of abuse
- ❖ Concerns of abuse
- ❖ Unexplained injuries or bruises
- ❖ 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 DSL 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 DSL- please do not take any actions before agreeing these with the DSL.

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, C-SPA, MASH or Young Epilepsy's regulators (CQC or Ofsted) to report their concerns.

Staff working in Young Epilepsy's Youth Services, should refer to their local 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 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:

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

The reports that staff write are essential for the DSLs 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 our reporting system **within 24hrs**, of the concern being reported; **however directly after speaking to the DSL is preferable**

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 Lead DSL has 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?

Where a staff member finds it difficult to write a report, the appropriate DSL 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 DSL, they will then be responsible for coordinating the next steps that need to be taken. The DSL 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.

- [Using the SSCP Levels of Need](#), for children, the DSL will decide whether or not there are sufficient grounds for suspecting significant harm, in which case a request for support must be made to the C-SPA and the police if it is appropriate.
- We will try to discuss any concerns about a child's welfare with the family and where possible seek their agreement before making a referral to the C-SPA. However, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child's views should also be taken into account.

Where the concern is about the safety of a child or adult and meets the threshold for intervention as per Surrey's thresholds criteria (see the websites for Surrey's Safeguarding Children's Partnership and Adults' Safeguarding Board), Surrey C-SPA/MASH team will be contacted by the DSL. If it is outside of normal working hours, the Emergency Duty Team will be contacted by the Duty Manager.

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 concern 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 Lead DSL 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 a DSL. The DSL'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 Lead or Deputy Lead DSLs will discuss the content of the allegation with the LADO and/or C-SPA/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 DSL 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 DSL 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' (2020) part 1 and Annex A and be asked to sign this as part of their safeguarding training to demonstrate that they understand the contents.

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. Additional courses may also be scheduled dependent on service and student need.

Refresher training

All staff working in non-student facing roles must complete the Safeguarding eLearning module annually and staff working in contact roles with students, must attend an annual face-to-face 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 DSLs 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 (2020).

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 Lead DSL 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 Staff

All members of staff have an equal personal responsibility to follow these procedures if they are worried a student is being harmed or 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 have a key role to play in identifying concerns early and in providing help for our students. To achieve this they will:

- Provide a safe environment in which students can learn.
- Establish and maintain an environment where students feel secure, are encouraged to talk and are listened to.
- Ensure students know that there are staff who they can approach if they are worried or have concerns.
- 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.
- Be prepared to refer directly to the Multi Agency Partnership (MAP), and the police if appropriate. We understand that we have a pivotal role to play in multi-agency safeguarding arrangements. All staff and governors ensure that the school or college contributes to multi-agency working in line with statutory guidance Working Together to Safeguard Children, if there is a risk of significant harm and the DSL or their Deputy is not available.

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.

All staff should be aware that mental health problems can, in some cases, be an indicator that a student has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals will attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe students day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. Staff are aware of how these children's experiences, can impact on their mental health, behaviour and education. If staff have a mental health concern about a student that is also a safeguarding concern, immediate action will be taken, following our child and adult protection and safeguarding policy and procedure and speaking to the designated safeguarding lead or a deputy.

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

- Champions safeguarding within the Trust Board
- Meet regularly with the charity's Lead DSL 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 Lead DSL and the Principal to ensure that the governing body meet their responsibilities as set out in Keeping Children Safe in Education (2020). 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

The Governing body takes seriously its responsibility under section 175/157 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure there are robust arrangements within our school to identify, assess, and support those children who are suffering harm or at risk of suffering harm.

Principal responsibilities

In addition to the role and responsibilities of all staff, the Principal will ensure:

- That this procedure is implemented and followed by all staff within school and college
- Young Epilepsy fully contributes to inter-agency working in line with Working Together to Safeguard Children 2018 guidance.
- The Child and Adult Protection and Safeguarding Policy and procedures are implemented and followed by all staff.
- All staff are aware of the role of the lead, deputy and assistant designated safeguarding leads (DSL), including the identity of the Lead DSL and any deputies.
- That opportunities are provided for a co-ordinated offer of early help when additional needs of children or young people are identified.
- Child-centred systems and processes are in place for children to express their views and give feedback.
- All staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistle-blowing procedures.
- Students are provided with opportunities throughout the curriculum to learn about safeguarding, including keeping themselves safe online.
- That statutory requirements are met to make a referral to the Disclosure and Barring Service and additionally in the case of teaching staff the Teacher Regulation Agency where they think an individual has engaged in conduct that harmed (or is likely to harm) a child; or if the person otherwise poses a risk of harm to a child.

- To delegate liaison with the LADO to the Lead DSL or designated other DSL as appropriate and in discussion with the Executive Director responsible for safeguarding.
- Ensure that safeguarding is incorporated across the curriculum, including PSHE, opportunities which equip children and young people with the skills they need to stay safe from harm and to know to whom they should turn for help.

The Lead Executive for Safeguarding

A member of the Executive Team is designated as the lead for Safeguarding. The Lead DSL 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 Lead Executive for Safeguarding must ensure, in line with the Principal that sufficient time, training, support, funding, resources, including cover arrangements where necessary, is allocated to the Lead DSL to carry out their role effectively (including the provision of advice and support to school/college staff on child/adult welfare and child/adult protection matters, to take part in strategy discussions/meetings and other inter-agency meetings and/or support other staff to do so; and to contribute to the assessment of children/young people). They must also ensure that Deputy DSLs are trained to the same standard as the DSL and the role is explicit in their job description.

The Lead DSL

- Acts as a source of support and expertise in carrying out safeguarding duties for the Charity;
- 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 SPA/MASH and act as a focal point for staff to discuss concerns.
- 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 Young Epilepsy, child/adult protection information is shared with appropriate and relevant agencies (such as new school/college)
- Will ensure that a copy of the CP/AP 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 Surrey Safeguarding partnership arrangements
- Will ensure that either they, or another suitable 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 the leadership teams in school, college & residential services ensure all staff sign to say they have read, understood and agree to work within the Charity's Child and Adult Protection and Safeguarding policy and procedure, 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 safeguarding induction, regularly updated training and a minimum of annual updates (including online safety) for all student facing staff;
- 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 all services.
- Feedback to the Executive Team and Trustees as required, about safeguarding practice within the Charity.
- Review relevant policies when required to do so
- Organise child protection and safeguarding induction, regularly updated training and a minimum of annual updates (including online safety) for all student facing staff, keep a record of attendance and ensure that line managers address any absences.
- Liaise with school staff (especially pastoral support, behaviour leads, school health colleagues and the SENDCO) on matters of safety and safeguarding and consult the SSCP Levels of Need document to inform decision making and liaison with relevant agencies.
- Contribute to and provide, with the Principal and Chair of Governors, the "Audit of Statutory Duties and Associated Responsibilities" to be submitted annually to the Surrey County Council, Education Safeguarding Team.
- The designated safeguarding lead and any deputies will liaise with the three safeguarding partners and work with other agencies in line with Working Together to Safeguard Children.
- Guidance has been issued by the National Police Chiefs Council (NPCC) and should help DSLs understand when they should consider calling the police and what to expect when they do. This advice does not cover safeguarding incidents. Where a child or adult at risk is suffering, or is likely to suffer from harm, it is important that a referral is made immediately as per our usual processes.

Deputy DSL responsibilities

- Be trained to the same standard as the Lead DSL and the role is explicit in their job description.
- Provide support and capacity to the Lead DSL in carrying out delegated activities of the DSL; however, the lead responsibility of the Lead DSL cannot be delegated.
- In the absence of the Lead DSL, carries out the activities necessary to ensure the ongoing safety and protection of children and young people. In the event of the long-term absence of the Lead DSL the deputy will assume all of the functions above.
- Discuss referrals made to the Safeguarding Team at the Safeguarding Team meetings held in term time;
- 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.

See Young Epilepsy's Safe Working Practice Agreement.

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 (2020) 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 the Lead DSL 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 appropriate executive. Special care should be taken to ensure that other staff are not told about this.

Disqualification

For staff who work in childcare provision or who are directly concerned with the management of such provision, appropriate checks must be carried out to ensure that individuals are not disqualified under the Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018.²

These 2018 Regulations remove 'disqualification by association' (living in the same household where another person who is disqualified lives or is employed) for individuals working in childcare in **non-domestic** settings (e.g. schools and nurseries). Disqualification by association continues to apply for individuals providing and working in childcare in domestic settings (e.g. where childcare is provided in a childminder's home).

The arrangements continue to disqualify individuals working in domestic **and** non-domestic settings if they themselves have been found to have committed a relevant offence.

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 can be disqualified by:
 - inclusion on the Disclosure and Barring Service (DBS) Children's Barred List;
 - 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 2018 Regulations (note that regulation 4 also refers to offences that are listed in other pieces of legislation);
 - certain orders made in relation to the care of children which are referred to in regulation 4 and listed at Schedule 1 of the 2018 Regulations;
 - refusal or cancellation of registration relating to childcare, or children's homes, or being prohibited from private fostering, as specified in Schedule 1 of the 2018 Regulations;
 - being found to have committed an offence overseas, which would constitute an offence regarding disqualification under the 2018 Regulations if it had been done in any part of the United Kingdom.

- Also, under the legislation a person is disqualified if they are 'found to have committed' an offence which is included in the 2018 Regulations (a 'relevant offence') this includes:
 - being convicted of a relevant offence;
 - on or after 6 April 2007, being given a caution for a relevant offence; or
 - on or after 8 April 2013, given a youth caution for a relevant offence.

Staff must declare to Young Epilepsy if they believe that they may fit under one of these criteria.

² Further information on the staff to whom these Regulations apply, the checks that should be carried out, and the recording of those checks can be found in [Statutory Guidance: Disqualification under the Childcare Act 2006](#).

Staff must declare if they believe that one of these criteria apply to them. Where Young Epilepsy believe that a staff member may fall into the disqualification criteria, Ofsted must be informed.

Please refer to Young Epilepsy's safer recruitment policy

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 Lead DSL along with support from HR team will make a referral to the DBS as per national guidelines.

Retention of documents relating to safeguarding concerns

Safeguarding records must be retained, in line with 2019 IRMS guidance, and a retention process has been established by the Head of Safeguarding & Quality Practice and the Information Governance Manager.

- Sexual abuse records must be permanently retained by Young Epilepsy, as mandated by the Independent Inquiry into Child Sexual Abuse
- Safeguarding records relating to a student who has lived in a children's home should be retained until the student's 75th birthday
- Safeguarding records relating to a student who lacks capacity when they leave Young Epilepsy should be retained until the student's 75th birthday
- Safeguarding records relating to a student who has capacity when they leave Young Epilepsy should be retained for 30 years
- Secure destruction must be authorised by a member of the Exec team.

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

2.8 Children on Child Protection Plans

It is essential that we 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 Lead DSL 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 Children who are Looked After

Children Looked After are those that are given accommodation away from their families at the request of their parent and also 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 25 (Care Leavers).

We know that Children Looked After 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.

Young Epilepsy will ensure that staff have the necessary skills and understanding to keep looked after children safe. Appropriate staff should have information about a child's looked after legal status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child and contact arrangements with birth parents or those with parental responsibility.

The Designated Teacher and governor for Children Looked After will have the appropriate level training to equip them with the knowledge and skills to undertake their role.

The Designated Teacher for Children Looked After and the DSL have details of the child's social worker and the name and contact details of the Surrey County Council's Head of Virtual School.

The Designated Teacher for Children Looked After and children previously looked after will work in partnership with the Virtual School Assistant Headteacher to discuss how Pupil Premium Plus funding can be best used to support the progress of children looked after in the school and meet the needs of the child within their personal education plan.

Where there is a safeguarding concern about any Child Looked After, 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 (section 31 of the Children's Act 1989), 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

A private fostering arrangement occurs when someone other than a parent or close relative cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16 years old or 18 years old if the child is disabled.

Children looked after by the local authority or who are placed in residential schools, children's homes or hospitals are not considered to be privately fostered.

Private fostering occurs in all cultures and children may be privately fostered at any age.

The school recognises that most privately fostered children remain safe and well but are aware that safeguarding concerns have been raised in some cases. Therefore, all staff are alert to possible safeguarding issues, including the possibility that the child has been trafficked into the country.

By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify Children's Social Care immediately. However, where a member of staff becomes aware that a pupil may be in a private fostering arrangement they will raise this with the DSL and the DSL will notify the C-SPA immediately.

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.

Please see Young Epilepsy's Whistleblowing Procedure

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 into 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 (the dates of these are advertised to staff on the intranet) 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 DSLs 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, to ensure that this risk assessment has taken place, the appropriate actions put in place and that the contractor is aware of the Management of Contractors Procedure, 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.

See Young Epilepsy's Management of Contractors Procedure for more information.

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 as 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

In addition to the vulnerability of being disabled, people can have added vulnerabilities related to other factors. For example, children living in families where there is domestic abuse, substance misuse or parental learning difficulties or mental ill-health can be at additional risk of harm. Therefore, it is important that when students join Young Epilepsy, we have as much information as possible about their personal histories. One way that we do this, is to contact the previous school placements for children and adults to find about any previous safeguarding concerns.

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. Students are taught about safeguarding (including online safety) as part of a broad and balanced curriculum covering relevant issues through personal, social, health and economic education (PSHE) and relationships and sex education (RSE).

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 our 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

Mental health problems can, in some cases, be an indicator that a child or adult at risk has suffered or is at risk of suffering abuse, neglect or exploitation. Staff will inform the nursing team and Psychology should they have any concerns around a young persons' mental health for immediate assessment of the young person.. They will then advise on next steps.

See Positive Behaviour Support Strategy & Managing Psychiatric Emergencies guidance

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 a DSL 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.

See Safe Working Practice Agreement and Professional Boundaries Guidance

Anti-Bullying/Cyberbullying Procedures

Pupils are taught about online safety throughout the curriculum and all staff receive online safety training.

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). PSHE education regularly provides opportunities for children to understand bullying is wrong, its impact and how to deal with it.

Young Epilepsy recognises that bullying is the form of abuse most children experience and fear. Incidents of bullying are reported to and reviewed by the Lead DSL and discussed with Surrey C-SPA/MASH as appropriate.

Young Epilepsy's policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child and adult protection procedures.

Online Safety

Young Epilepsy has an Online Safety Procedure and Policy which explains how we try to keep students safe and how we respond to online safety incidents.

Children and young adults increasingly use electronic equipment on a daily basis to access the internet, share and view content and images via social media sites such as Facebook, twitter, Instagram, snapchat and voodoo and for online gaming.

Some adults and other children use these technologies to harm children and adults at risk. The harm might range from sending hurtful or abusive texts or emails, to grooming and enticing children or adults at risk 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

The Head of IT & Safeguarding will ensure application filters and monitoring systems are in place to safeguard children and adults at risk online.

Please see Young Epilepsy's online safety policy for further 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.

Please see Young Epilepsy's Personal and Intimate Care Guidelines

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 after being missing, 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 a DSL following the Young Epilepsy, SSCB and SSAB Safeguarding procedures.

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

Please see Young Epilepsy's Missing Student Procedure

Children Missing Education

All children, regardless of their circumstances, are entitled to an efficient, full time education which is suitable to their age, ability, aptitude and any special educational needs they may have.

Young Epilepsy recognises that children missing education are at significant risk of underachieving, being victims of abuse and harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.

Where possible the school will hold more than one emergency contact number for each pupil.

The school will ensure that there is a record of joiners and leavers as defined in [The Education \(Pupil Registration\) \(England\) 2006](#).

When removing a child's name, the school will notify the Local Authority of: (a) the full name of the child, (b) the full name and address of any parent with whom the child normally resides, (c) at least one telephone number of the parent, (d) the child's future address and destination school, if applicable, and (e) the ground in regulation 8 under which the child's name is to be removed from the school register.

The school will make reasonable enquiries to establish the whereabouts of a child jointly with the Local Authority, before deleting the child's name from the school register if the deletion is under regulation 8(1), sub-paragraphs (f) (iii) and (h) (iii) of [The Education \(Pupil Registration\) \(England\) 2006](#).

The school will:

- Enter pupils on the admissions register on the first day on which the school has agreed, or has been notified, that the pupil will attend the school.
- Notify the Local Authority within five days of adding a child's name to the admission register. The notification must include all the details contained in the admission register for the new pupil.
- Monitor each child's attendance through their daily register and follow the SCC procedure in cases of unauthorised absence.
- Remove a child's name from the admissions register on the date that the child leaves the school.
- The school will notify the Local Authority when they are about to remove a child's name from the school register under any of the fifteen grounds listed in the regulations, no later than the date that the child's name is due to be removed.
- Where parents notify the school, in writing, of their intention to electively home educate the school will forward a copy of the letter to the Education Inclusion Team. Where parents orally indicate that they intend to withdraw their child to be home educated and no letter has been received, the school will not remove the child from roll and will notify the Education Inclusion Team at the earliest opportunity.

Pupils Missing Out on Education

The vast majority of children engage positively with school and attend regularly. However, in order to flourish, some children require an alternative education offer or may require a modified timetable to support a return to full time education provision. It is recognised that children accessing alternative provision or a reduced or modified timetable may have additional vulnerabilities. Ofsted refer to these as Pupils Missing Out On Education (PMOOE), because they are not accessing their education in school in the 'usual way'.

Young Epilepsy will gain consent (if required in statute) from parents to put in place alternative provision and/or a reduced or modified timetable

Young Epilepsy will ensure that and parents (and the local authority where the pupil has an EHCP) are given clear information about alternative provision placements and reduced or modified timetables: why, when, where, and how they will be reviewed;

Young Epilepsy will keep the placement and timetable under review and involve parents in the review. Reviews will be frequent enough to provide assurance that the off-site education and/or modified timetable is achieving its objectives and that the pupil is benefitting from it;

The school will monitor and track children attending alternative provision to ensure that the provision meets the needs of the child

The school will comply with regular data returns requested by the Local Authority, regarding all pupils, of statutory school age, attending alternative provision and/or on a reduced or modified timetable.

The school leadership will report to governors of any formal direction of a pupil to alternative provision to improve behaviour.

The school leadership will report to governors information regarding the use and effectiveness of the use of any alternative provision and modified timetables.

School Attendance and Behaviour

Additional policies and procedures are in place regarding school attendance and behaviour.

Young Epilepsy recognises that absence from school and exclusion from school may be indicators of abuse and neglect, including the exploitation of children. The DSL will regularly liaise with members of school staff with responsibility for behaviour and attendance to ensure risk is identified and appropriate intervention is in place to protect children from harm.

Young Epilepsy will work in partnership with Surrey Police and other partners for reporting children that go missing from the school site during the school day. Staff will be alert to signs of children at risk of travelling to conflict zones, female genital mutilation and forced marriage

See Young Epilepsy's School Attendance Procedure

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 (2018) 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 adult
Empowerment	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>
Prevention	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>
Proportionality	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 in my life.”</i>
Protection	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>

Partnerships	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 result for me."</i>
Accountability	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 practitioner'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 (2018) 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

Definition of emotional abuse relating to children	Definition of emotional/psychological abuse relating to adults
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	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.

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

Sexual abuse

Definition of sexual abuse relating to children	Definition of sexual abuse relating to adults
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.

The Sexual Offences Act 2003 defines 'consent' as '*if he/she agrees by choice and has the capacity to make that choice*'. The Act, removes the element of consent for many sexual offences for:

- Children/young people under 16 (including under 13).
- Children/ young people under 18 having sexual relations with a person of trust (for example: teachers, youth workers, foster carers, police officers).
- Children / young people under 18 involved with family members over 18.
- Persons with a mental disorder impeding choice or who are induced, threatened or deceived.
- Persons with a mental disorder who have sexual relations with care workers.

In relation to young people under the age of 13, consent is irrelevant. The law says, 'a child under the age of 13 does not, under any circumstances, have the legal capacity to consent to any form of sexual activity'.

The Police must be informed immediately of any sexual activity involving a child under 13 years of age.

Neglect and acts of omission

Definition of neglect abuse relating to children	Definition of neglect abuse relating to adults
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.

The Neglect Risk Assessment Tool is available from Surrey to provide a more detailed information regarding the assessment of neglect.

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 can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or practitioner.

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

Many children 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.

Child Sexual exploitation (CSE)

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 children (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.

All staff are aware that safeguarding incidents and/or behaviours can be associated with factors outside of Young Epilepsy and/or can occur between children outside of these environments. All staff, but especially the DSLs will consider whether children are at risk of abuse or exploitation in situations outside their families. We are fully aware that extra-familial harms may take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

Young Epilepsy is aware there is a clear link between regular non-attendance at school and CSE. Staff will consider a child to be at potential CSE risk in the case of regular non-attendance at school and make reasonable enquiries with the child and parents to assess this risk.

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.

Youth produced sexual imagery (sexting)

The practice of children sharing images and videos via text message, email, social media or mobile messaging apps has become commonplace. However, this online technology has

also given children the opportunity to produce and distribute sexual imagery in the form of photos and videos. Such imagery involving anyone under the age of 18 is unlawful.³

Youth produced sexual imagery refers to both images and videos where:

- A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18.
- A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult.
- A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18.

Please refer to Young Epilepsy's Online Safety Procedures.

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 teenagers 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.

Please refer to Young Epilepsy's online safety procedures and anti-bullying procedures.

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

³ All incidents of this nature should be treated as a safeguarding concern and in line with the UKCCIS guidance [‘Sexting in schools and colleges: responding to incidents and safeguarding young people’](#)

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. Contrary to some beliefs, 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 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 adults.

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.

Radicalisation, Extremism & Terrorism

The Prevent Duty for England and Wales (2015) under section 26 of the Counter-Terrorism and Security Act 2015 places a duty on education and other children's services to have due regard to the need to prevent people from being drawn into terrorism.

Extremism is defined as 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs'. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Terrorism is an action that endangers or causes serious violence to a person/people; causes serious violence to a person/people; causes serious damage to property; or seriously interferes with an electronic system. The use or threat **must** be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

Some children and young people are at risk of being radicalised; adopting beliefs and engaging in activities which are harmful, criminal or dangerous. This can happen both online and offline.

Young Epilepsy is clear that exploitation of vulnerable children/young people and radicalisation should be viewed as a safeguarding concern and follows the Department for Education guidance for schools and childcare providers on preventing children and young people from being drawn into terrorism.

Young Epilepsy seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

Staff receive training to help identify early signs of radicalisation, extremism & terrorism.

Opportunities are provided in the curriculum to enable pupils to discuss issues of religion, ethnicity and culture and the school follows the DfE advice Promoting Fundamental British Values as part of SMSC (spiritual, moral, social and cultural education) in Schools (2014).

The school governors, the Headteacher and the Designated Safeguarding Lead will assess the level of risk within the school and put actions in place to reduce that risk. Risk assessment may include, due diligence checks for external speakers and private hire of facilities, anti-bullying policy and other issues specific to the school's profile, community and philosophy.

When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL in the first instance.

They should then follow the safeguarding procedures and refer cases by e-mail to preventreferrals@surrey.pnn.police.uk following the Prevent referral process and use the Prevent referral form. If the matter is urgent then Police must be contacted by dialling 999. In cases where further advice from the Police is sought dial 101 or 01483 632982 and ask to speak to the Prevent Supervisor for Surrey.

The Department for Education has also set up a dedicated telephone helpline for staff and governors to raise concerns around Prevent (020 7340 7264).

Forced Marriage

A forced marriage is a marriage in which one or both people do not (or in cases of people with learning disabilities cannot) consent to the marriage but are coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse.

Forced marriage is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014.

A forced marriage is not the same as an arranged marriage which is common in many cultures. The families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

School staff should never attempt to intervene directly as a school or through a third party. Contact should be made with the C-SPA and/or the Forced Marriage Unit 200 7008 0151.

Honour-based Abuse

Honour based abuse (HBA) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. It is considered a violation of human rights and may be a form of domestic and/or sexual abuse.

Honour based abuse might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion;
- want to get out of an arranged marriage; become involved with a boyfriend or girlfriend from a different culture or religion;
- want to get out of an arranged marriage;
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

One Chance Rule

All staff are aware of the 'One Chance' Rule' in relation to forced marriage, FGM and HBA. Staff recognise they may only have one chance' to speak to a child who is a potential victim and have just one chance to save a life.

Young Epilepsy is aware that if the victim is not offered support following disclosure that the 'One Chance' opportunity may be lost. Therefore, all staff are aware of their responsibilities and obligations when they become aware of potential forced marriage, FGM and HBA cases.

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 a DSL 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/child on child 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. We recognise that children are capable of abusing other children 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.

Keeping Children Safe in Education (2020) highlights the following forms of peer on peer/child on child abuse that can take place:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

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. While a clear focus of peer on peer/child on child abuse is around sexual abuse and harassment, physical assaults and initiation violence and rituals from pupils to pupils can also be abusive. These are equally not tolerated and if it is believed that a crime has been committed, will be reported to the police.

The principles from the anti-bullying policy will be applied in these cases, with recognition that any police investigation will need to take priority.

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, 2018)⁴. 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 DSL.

The NSPCC have set up a helpline which students can call to report abuse in education – 0800 136 663 and students can find this number on the 'worried or upset' posters.

Responding to reports of sexual violence and/or sexual harassment

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

⁴ [DfE Sexual Violence and Sexual Harassment between Children in Schools and Colleges May 2018](#)

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their education attainment as well as their emotional well-being. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and offline (both physically and verbally) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. It is also important that other students and staff are supported and protected as appropriate.

Children making a report of sexual violence or sexual harassment including “upskirting”⁵ⁱ (which is a criminal offence) will be taken seriously, kept safe and be well supported.

The staff member who has been informed of an incident of sexual violence or sexual harassment will inform the DSL immediately, who will be mindful of the Searching, Screening and Confiscation: advice for schools (DfE 2018) guidance. Staff dealing with a disclosure can never promise confidentiality, as this cannot be guaranteed.

Following a report of sexual harassment or violence, the DSL needs to make an immediate risk & needs assessment on a case-by-case basis. This should include whether a crime has been committed and if harm has been caused.

The risk assessment should consider:

- The details of the concern raised and any information shared by the child or adult at risk or by someone on their behalf
- Impact on the alleged victim and how they will be supported and protected from any further harm, pending further investigation
- The location of the alleged perpetrator
- The risk of harm to any other students in the environment
- The ages and ability levels of the students involved, and any power imbalance between them.
- Any previous or related incidents.
- The wider context, such as what contact the alleged victim and perpetrator have – are they in the same class, tutor group, residential house or share the same transport
- The wishes of the alleged victim, as appropriate

The risk assessment will be recorded and kept under review by the Lead DSL and relevant Deputy DSL and Head of Department.

⁵ The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019. ‘Upskirting’ is where someone takes a picture under a person’s clothing (not necessarily as skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. Anyone of any gender, can be a victim.

Further support regarding risk assessments can be accessed from the [Education Safeguarding Team](mailto:education.safeguarding@surreycc.gov.uk) – education.safeguarding@surreycc.gov.uk

If a child is at risk of harm, is in immediate danger, or has been harmed, a Request for Support will be made to the C-SPA securely via email: cspa@surreycc.gov.uk or by telephone on 0300 470 9100, as appropriate.

For an adult at risk please contact the MASH via email: ascmash@surreycc.gov.uk or by telephone on 0300 470 9100, as appropriate.

If a criminal offence may have occurred then the police should also be contacted on 101. If the student lacks capacity to share their views regarding outcomes, a decision should be made in their best interests. This decision should be made in line with safeguarding ***not just that student but potentially their peers*** who may be at risk of similar behaviour from the perpetrator.

Parents or carers and social workers would usually be informed unless this could put the child or young person at greater risk. If the person lacks capacity, we should seek the views of that student's advocates(s) if appropriate, however whether or not to involve the police is not generally a decision they should make, regardless of capacity. This is due to the potentially wider implications including the protection of others and not just the individual involved.

Where there is a criminal investigation into a rape, assault by penetration or sexual assault, we will need to ensure that the alleged perpetrator has no contact with the victim.

Where a criminal investigation into a rape or assault by penetration leads to a conviction or caution, Young Epilepsy will take suitable action, which may include consideration of permanent exclusion. In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach and may lead to the view that allowing the perpetrator to remain at Young Epilepsy would seriously harm the education or welfare of the victim (and potentially themselves and other students).

The victim, alleged perpetrator and any other students affected will receive appropriate support and safeguards on a case-by-case basis.

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.

Faith and Spiritual Abuse

Where parents, families and the child themselves believe that an evil force has entered a child and is controlling them, the belief includes the child being able to use the evil force to harm others. This evil is variously known as black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah. Children are called witches or sorcerers.

Parents can be initiated into and/or supported in the belief that their child is possessed by an evil spirit by a privately contacted spiritualist / indigenous healer or by a local community faith leader. The task of exorcism or deliverance is often undertaken by a faith leader, or by the parents or other family members.

A child may suffer emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to a child may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child.

The forms the abuse can take include:

- Physical abuse: beating, burning, cutting, stabbing, semi-strangling, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes;
- Emotional abuse: in the form of isolation (e.g. not allowing a child to eat or share a room with family members or threatening to abandon them). The child may also be persuaded that they are possessed;
- Neglect: failure to ensure appropriate medical care, supervision, school attendance, good hygiene, nourishment, clothing or warmth;
- Sexual abuse: within the family or community, children abused in this way may be particularly vulnerable to sexual exploitation.

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

Child Criminal Exploitation (CCE) and Gangs

Definition of criminal exploitation:

Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Serious Violence Strategy 2018, Home Office.

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity.

Defining a gang

Defining a gang is difficult. They tend to fall into three categories: Peer Groups, Street Gangs and Organised Crime Groups. It can be common for groups of children and young people to gather together in public places to socialise. Although some peer group gatherings can lead to increased antisocial behaviour and youth offending, these activities should not be confused with the serious violence of a street gang.

A street gang can be described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity. A street gang will engage in criminal activity and violence and may lay claim over territory (not necessarily geographical but it can include an illegal economy territory). They have some form of identifying structure featuring a hierarchy usually based on age, physical strength, and propensity to violence or older sibling rank. There may be certain rites involving antisocial or criminal behaviour or sex acts in order to become part of the gang. They are in conflict with other similar gangs.

While there is a distinction between organised crime groups and street gangs based on the level of criminality, organisation, planning and control, there may be significant links between different levels of gangs. For example, street gangs can be involved in drug dealing on behalf of organised criminal groups. Young men and women may be at risk of sexual exploitation in these groups.

Children may be involved in more than one 'gang', with some cross-border movement, and may not stay in a 'gang' for significant periods of time. Children rarely use the term 'gang', instead they used terms such as 'family', 'breddrin', 'crews', 'cuz' (cousins), 'my boys' or simply 'the people I grew up with'.

An Organised criminal group is a group of individuals normally led by adults for whom involvement in crime is for personal gain (financial or otherwise). This involves serious and organised criminality by a core of violent gang members who exploit vulnerable young people and adults. This may also involve the movement and selling of drugs and money across the country, known as county lines.

County Lines

This so called because it extends across county boundaries and is coordinated by the use of dedicated mobile phone lines. It is a tactic used by groups or gangs to facilitate the selling of drugs in an area outside of the area in which they live, which reduces their risk of detection. Selling drugs across county lines often involves the criminal exploitation of children and young people. Child criminal exploitation, like other forms of abuse and exploitation, is a safeguarding concern and constitutes abuse even if the young person appears to have readily become involved. Child criminal exploitation is typified by some form of power imbalance in favour of those perpetrating the exploitation and usually involves some form of exchange (e.g. carrying drugs in return for something). The exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). Young people who are criminally exploited are at a high risk of experiencing violence and intimidation and threats to family members may also be made. Gangs may also target vulnerable adults and take over their premises to distribute Class A drugs in a practice referred to as 'cuckooing'.

Children and young people can become indebted to gangs/groups and exploited in order to pay off debts. Those who are criminally exploited often go missing travelling to other towns often by rail but sometimes car or coach (some of which can be great distances from their home addresses). They may have unexplained increases in money or possessions, be in receipt of additional mobile phone and receive excessive texts or phone calls.

White British children are often targeted because gangs perceive they are more likely to evade police detection and some children may be as young as 12 although 15 to 16 years old is the most common age range. The young people involved may not recognise themselves as victims of any abuse and can be used to recruit other young people.

It is important to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young person or vulnerable adult does not make them any less of a victim. If a young person is arrested for drugs offences a long way from home in an area where they have no local connections and no obvious means of getting home, this should trigger questions about their welfare and they should potentially be considered as victims of child criminal exploitation and trafficking rather than as an offender. Agencies also need to be proactive and make contact with statutory services in the young person's home area to share information.

Where there are any concerns about students being criminally exploited or involved in gangs, staff must report their concerns to the DSL.

4. Related Information

4.1 Related Young Epilepsy policies and procedures (These documents can be found on the Young Epilepsy Intranet.)

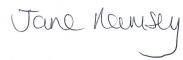
- Safe Working Practice Agreement
- Inclusivity, Equality and Diversity Policy
- Incident Reporting Procedure
- Medication Policy and Procedures
- Consent Procedure
- Missing Student Procedure
- Employee Protection Procedure
- Managing Allegations Procedure
- Whistle-blowing Procedure
- Positive Behaviour Strategy
- Health and Safety Policy and Arrangements
- Comments, Compliments, and Complaints Procedure
- Relationships and Sexual Education and 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

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

A handwritten signature in black ink, appearing to read "Mark Daulton".

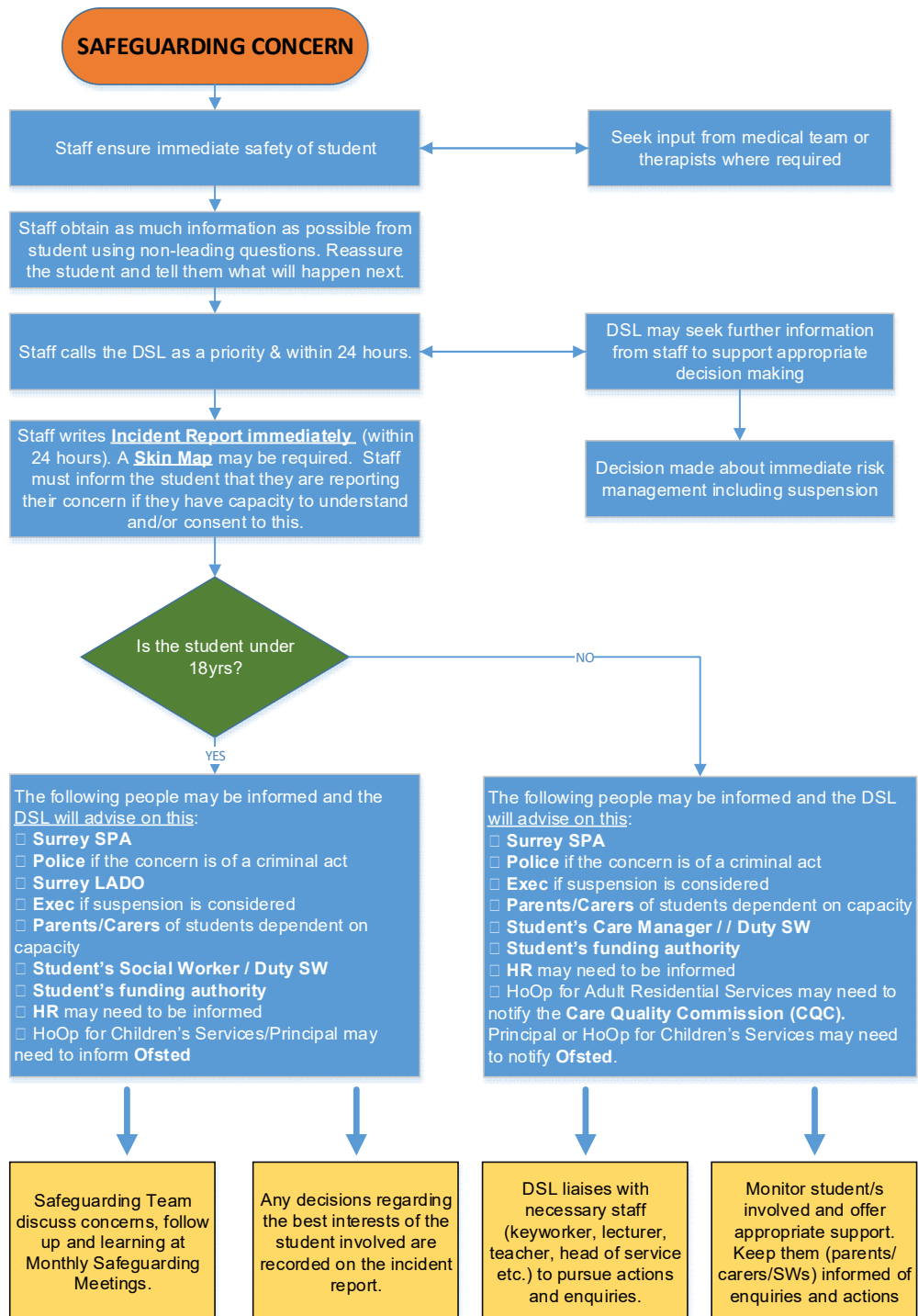
Signed:
Chief Executive

Chair of Trustee Board

A handwritten signature in black ink, appearing to read "Jane Newby".

Date of review: 13 April 2021
Date of next review: 1 September 2021
Author: Gill Walters

Young Epilepsy's 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).