

Safeguarding Procedure

This procedure ensures that all children, young people and adults accessing Young Epilepsy’s nationwide services and activities are protected from harm. It should be read alongside St Piers’ central safeguarding framework (which can be found [here](#) and is detailed further on our [website](#)).

This procedure applies to all Young Epilepsy staff, volunteers, and other adults whose work predominantly covers children and young people *off-campus*—that is, outside the St Piers Lingfield campus and not involving St Piers students. It must be followed in addition to any relevant local authority safeguarding procedures in the area where the work is being carried out. Staff should always ensure they are familiar with how to find the safeguarding arrangements of the local authority in which they are operating.

This includes, but is not limited to, the teams within the Fundraising and Development Directorate and the Health & Research team, at national or international events or trips and during group or one-to-one meetings, whether digital or in person.

The St Piers Child and Adult Protection and Safeguarding Policy remains relevant background reading for all Young Epilepsy staff, volunteers and other adults working off-campus, and must be understood in full. However, the **reporting procedures outlined in this Safeguarding Procedure** must be followed for the above noted services.

Safeguarding Standards and Expectations

All representatives of Young Epilepsy must uphold safeguarding standards during all activities, including events, outreach, and digital campaigns. Activities must be risk-assessed with safeguarding as a core consideration. Volunteers must be briefed, supervised and clearly identifiable. Ethical storytelling practices must be followed when sharing lived experiences, with informed consent and trauma-sensitive communication.

Staff and volunteers should remember that a safeguarding concern may arise from something you have been told directly, something you have witnessed, information from other sources or just an instinct or intuition that something may not be right. Staff should read the [Signs of Abuse Guidance](#) and be familiar with the signs and indicators.

Never keep a potential concern to yourself. All staff, volunteers and people working on behalf of Young Epilepsy must follow these procedures for reporting and recording safeguarding concerns.

While it is not your role to investigate, it is your responsibility to act — promptly and appropriately. This procedure explains what we expect you to do and how you will be supported if you are concerned that a child, a young person or adult is at risk or has been abused.

This procedure should be read in conjunction with relevant guidance and policies available on the St Piers intranet, which provide further direction on professional conduct, safeguarding responsibilities, and organisational expectations.

Safeguarding Reporting Procedure

Young Epilepsy is committed to ensuring that all safeguarding concerns are responded to promptly, appropriately, and in line with statutory guidance.

Trustees have legal responsibilities for safeguarding and are required to report serious safeguarding incidents (safeguarding concerns about beneficiaries of the charity) to the Charity Commission. This includes reporting breaches of policy or procedure which have put beneficiaries at risk. The Designated Safeguarding Officers must ensure that the Executive Director of Fundraising and Development and the Head of Safeguarding and Quality Practice are informed of [significant incidents](#) promptly.

Immediate Risk

If a child or young person is in immediate danger or a criminal offence has occurred, staff must call 999 without delay. Once emergency services have been contacted, staff must follow the reporting steps outlined below.

Step-by-Step Reporting Procedure

1. Report the Concern

- Concerns must be reported directly to the appropriate Designated Safeguarding Officer (DSO) for consideration of next steps. See Table 1 for contact details. *DSO's must ensure that their staff are aware of who to report concerns to.*
- During office hours, the Head of Safeguarding and Quality Practice may also be contacted, if the appropriate DSO is not available.
- Outside office hours, the Executive Director on call may be contacted for advice and support.

All DSOs should ensure cover is in place should they be unavailable and an out of office email should indicate who to contact in their absence.

2. Record the Concern

Once you have received advice and direction from the DSO or Executive Director, you must formally record the concern within 24 hours on either:

- The safeguarding reporting function on Beacon, if appropriate, or
- The Safeguarding Report Form (see Appendix 1). A Body Map (see Appendix 2) may be required in the report, your DSO will be able to advise. This should be attached alongside the report. The purpose of this is to document or illustrate any visible signs of harm or injury.

All entries/records must be **accurate** (stick to the facts), **factual** (avoid assumptions or speculation) and **verbatim** (where possible, record exact words used by the individual raising the concern). The DSO should confirm that all steps have been completed satisfactorily.

3. **External Reporting** (if applicable)

If thresholds are met, concerns may be reported directly to the relevant local authority safeguarding team accessible via council websites or online directories. This must be done with appropriate consent, unless doing so would increase risk. The DSO will advise further.

4. **Escalation of Concerns**

If staff are not satisfied with the safeguarding actions or responses taken by the DSO, they may escalate the concern to the relevant local authority, or through Young Epilepsy's whistleblowing.

5. **Use of Safety Devices**

All home visits must be formally approved by the relevant Manager, in line with the Home Visits Procedure. Where issued, personal safety devices must be used appropriately and only by trained staff. Staff may only attend home visits if they have completed the required training.


Table 1 -Designated Safeguarding Officer Contact Details (DSO)

Department	Support Service	Youth Voice	Digital Services	Fundraising	Research
First Point of Contact	<p>Louise Barks</p> <p>Head of Support & Inclusion, 07825 188920, lbarks@youngepilepsy.org.uk</p> <p>or</p> <p>Marianna Nicolaou</p> <p>Youth Support Manager, 07719 526046, mnicolaou@youngepilepsy.org.uk</p>	<p>Catherine Hodder</p> <p>Head of Voice, Policy and Support, 07825 188873, chodder@youngepilepsy.org.uk</p> <p>or</p> <p>Cameron Matthews</p> <p>Youth Engagement and Participation Manager, 07825188830, cmatthews@youngepilepsy.org.uk</p>	<p>Nicola Shukla</p> <p>Head of Marketing Communication, 07719 525925, nshukla@youngepilepsy.org.uk</p>	<p>Simon Purkiss</p> <p>Head of Supporter Engagement, 07825 188921, spurkiss@youngepilepsy.org.uk</p>	<p>Lara Carr</p> <p>Head of Research, 07825 188889, lcarr@youngepilepsy.org.uk</p>
Reporting Procedure	Beacon (or the safeguarding reporting form if unavailable, and then transferred)	Beacon (or the safeguarding reporting form if unavailable, and then transferred)	Safeguarding reporting form	Safeguarding reporting form	Safeguarding reporting form

Alternative Contacts:

Lead DSL: Gill Walters, Head of Safeguarding and Quality Practice, 01342 832243 Ext 409 / 07825 1888 20, gwalters@stpiers.org.uk

Executive Director on call: rota can be found on the [Young Epilepsy intranet](#)

This procedure is agreed by the Director of Fundraising and Development and Executive Safeguarding Lead and will be implemented by all relevant Departments.	
Signed: 	Date: 01 September 2025
Name: Sally Brighton Title: Director of Fundraising and Development	Date of next review: 01 September 2026

Version table			
Date of creation: 26 Sept 2023			
Approved by: Sally Brighton			
Version no.	Date of changes	Reasons for change	Changes made by
1	26 Sept 2023	New Policy	Helena Smith
2.	04 April 2024	Terminology /Contacts updated	Gill Walters
3.	01 September 2025	Review and contacts updated	Gill Walters

Appendix 1 – Safeguarding Reporting Form

Please complete in as much detail as possible and use full names, not initials.

Date of concern/incident		Time of concern/incident	
Name of child/young person			
Child/young person DOB			
Address of child/young person			
Name of staff member or person reporting			
Date reported to DSO or Exec on call		Date report written	
Name of DSO or Exec reported to			

If there is more than 1 victim, please add on a separate page.

Name of perpetrator (if relevant)	
Relationship of perpetrator to victim (if relevant)	
Perpetrator's DOB (if relevant)	
Perpetrator's address (if relevant)	

Please detail your concerns (include where, when and what)

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Who else witnessed the incident?

Witness Contact details

Skin Map completed?

Signature of person completing report: _____

Date _____

Appendix 2 – Body Map

CYP Name		DOB	
Description of injuries/bruises (number and include a description for each if more than one)	1. xxxx 2.xxxx 3.xxxx		
Name of person completing Body Map			
Signature of person completing Body Map			
Date Completed			
Body Map sent to			

