# Safeguarding Reporting Procedure

# Young Epilepsy Services

**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.**

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 in all activities, including events, outreach work and digital campaigns. Safeguarding must be a key consideration in the planning and risk assessment of all activities. Volunteers must be appropriately briefed, supervised and clearly identifiable. When sharing lived experiences, staff and volunteers must follow ethical storytelling principles, ensuring informed consent and trauma-informed communication.

Safeguarding concerns may arise from something you are told directly, something you observe, information received from others, or a concern based on professional judgement or intuition. Staff should familiarise themselves with the Signs of Abuse Guidance and understand the indicators that may suggest a child, young person or adult is at risk of harm.

Never keep a safeguarding concern to yourself. All staff, volunteers and anyone acting on behalf of Young Epilepsy must follow this procedure for reporting and recording concerns.

It is not your role to investigate. It is your responsibility to recognise concerns, respond appropriately and report them without delay. This procedure explains what action you should take and the support available to you if you are concerned that a child, young person or adult may be at risk of harm or abuse.

This procedure should be read alongside the relevant safeguarding policies, procedures and guidance available on the St Piers intranet, which provide further information 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.

Where required, safeguarding concerns may also be reported to external funders, commissioners, contracting authorities or other relevant organisations in accordance with contractual, regulatory or funding requirements. Any information shared will be limited to that which is necessary and proportionate and will be handled in line with data protection and confidentiality requirements.

**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**

- All safeguarding concerns must be reported immediately to the appropriate Designated Safeguarding Officer (DSO). Staff must make every effort to speak directly with the designated DSO as soon as the concern arises, where it is safe to do so.
- If the designated DSO is unavailable, staff must promptly attempt contact via email, Teams and/or text message to all DSOs and the Head of Safeguarding and Quality Practice, requesting urgent discussion.
- See Table 1 for safeguarding contact details. DSOs must ensure that staff and volunteers know who they should report concerns to and how to contact them.
- During office hours, if the designated DSO cannot be reached, staff may also contact the Head of Safeguarding and Quality Practice for advice and support.
- Outside office hours, staff should contact the Executive Director on call for immediate advice and support. Details can be found on the intranet.
- Any subsequent updates, actions taken or new information must be recorded on the safeguarding report by both the reporting staff member and the lead DSO.

**DSOs are responsible for ensuring appropriate cover arrangements are in place when they are unavailable. Out-of-office messages and other absence notifications must clearly identify the named person covering safeguarding responsibilities and provide their contact details**

**2. Record the Concern**

Following verbal reporting, the concern must be recorded as soon as practicable and no later than 24 hours after the concern arose or became known. Wherever possible, the report should be completed by the staff member who identified, witnessed, received, or was informed of the concern.

- Beacon, where appropriate; or
- MyConcern®.

Where access to MyConcern®/Beacon is unavailable or there are other exceptional circumstances preventing the staff member from recording the concern directly, the Designated Safeguarding Officer (DSO) may create the record on their behalf. In such cases, the DSO must ensure that the record accurately and fully reflects the information provided by the reporting staff member, clearly distinguishing between first-hand information and any actions taken by the DSO.

As service users are not recorded on Databridge, staff must ensure that MyConcern® records contain sufficient identifying information to clearly identify the individual. This should include, where available, their full name, date of birth, contact details and details of the appointment or activity during which the concern arose.

Where visible marks, injuries or signs of harm are present, a Body Map must be completed. MyConcern® includes a digital Body Map function which should be completed as part of the safeguarding record where injuries, marks or signs of harm are observed. Additional body map templates are available via the Safeguarding Hub on the intranet where required and should be uploaded to 'files' on the concern.

All injuries, marks or signs of harm must be clearly and accurately described, including their size, shape, colour and location. Particular attention should be given to injuries occurring in areas of the body that are less commonly injured accidentally and may indicate non-accidental injury (NAI).

All safeguarding records must be:

- **Accurate** – record only what was seen, heard, disclosed or reported.
- **Factual and evidence-based** – Clearly distinguish between established facts and professional opinion. Ensure findings are supported by evidence and avoid assumptions, speculation, interpretation presented as fact, or conclusions that are not substantiated by the available information.
- **Verbatim** – record the exact words used by the child, young person, adult or reporting individual wherever possible.
- **Timely** – complete records as soon as possible after the concern, disclosure or incident.

- **Detailed** – provide as much relevant information as possible, including the individual's date of birth, address, professionals involved, and any known contact telephone numbers and email addresses.

The responsible DSO must ensure that the safeguarding record is complete, that all required actions have been undertaken, and that any decisions, referrals and rationale are clearly recorded. This includes ensuring that statutory reporting requirements have been met where applicable.

Where a concern is recorded on MyConcern®, the responsible DSO must fully review the record, summarise the concern, actions taken and outcome, and submit a task to the Head of Safeguarding and Quality Practice for review and closure.

Where the concern is initially managed by a DSO who is not the designated DSO for that service area, they must ensure an appropriate handover takes place at the earliest opportunity. All actions taken, decisions made and any outstanding tasks must be clearly recorded, and responsibility transferred to the designated DSO for ongoing oversight and completion of any remaining actions.

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

Where there is uncertainty about whether a concern meets the threshold for referral, the responsible DSO should seek consultation, advice or guidance from the relevant local authority safeguarding team and record the outcome of that discussion.

Where safeguarding thresholds are met, the responsible DSO must ensure that appropriate referrals are made to the relevant local authority safeguarding team or other external agency, in accordance with local procedures and statutory guidance.

External referrals must be:

- Made with appropriate consent, unless doing so would place an individual at increased risk or there is another lawful basis to share information.
- Submitted within 24 hours of the concern being identified, where a referral is required.
- Completed in accordance with statutory reporting requirements and timescales.

The responsible DSO must ensure that the outcome of any referral or consultation, together with the rationale for decisions made and any subsequent actions, is clearly recorded within the safeguarding record. Where advice is sought and a decision is made not to refer, the rationale for that decision must also be recorded.

4. **Escalation of Concerns**

If any member of staff is concerned that appropriate safeguarding action has not been taken or is dissatisfied with the response to a safeguarding concern, they should first seek clarification from, and where appropriate professionally challenge, the responsible DSO.

Where concerns remain unresolved, staff must escalate the matter without delay. This may include:

- Raising the matter with the Head of Safeguarding and Quality Practice.
- Seeking advice from or making a referral to the relevant local authority safeguarding team.
- Using Young Epilepsy's Whistleblowing Procedure.
- Reporting directly to an external safeguarding agency where they believe a child, young person or adult remains at risk of harm.

No member of staff will be disadvantaged for raising a safeguarding concern in good faith. Professional challenge is an important part of safeguarding practice and should always be undertaken respectfully, with the welfare of the child, young person or adult remaining the paramount consideration.

5. **Use of Safety Devices**

All home visits must be risk assessed and formally authorised by the relevant manager in accordance with the Home Visits Procedure.

Staff undertaking home visits must:

- Have completed any required training before undertaking visits independently.
- Follow agreed lone-working arrangements and any safeguarding controls identified within the risk assessment.
- Use personal safety devices, lone-working systems or other agreed safety measures where these have been provided.
- Report any safeguarding, welfare or personal safety concerns arising from the visit in accordance with this procedure.
- Managers are responsible for ensuring that appropriate risk assessments, authorisations and safety arrangements are in place before a home visit takes place.

*Table 1 -Designated Safeguarding Officer Contact Details (DSO)*

| Department | Youth Support Service | Youth Voice Service | Digital Services | Fundraising | Research |
|---|---|---|---|---|---|
| **First Point of Contact** | Louise Barkes<br>Head of Support & Inclusion, 07825 188920, lbarkes@youngepilepsy.org.uk<br>or<br>Marianna Nicolaou<br>Youth Support Manager, 07719 526046, mnicolaou@youngepilepsy.org.uk | Catherine Hodder<br>Head of Voice, Policy and Support, 07825 188873, chodder@youngepilepsy.org.uk<br>or<br>Cameron Matthews<br>Youth Engagement and Participation Manager, 07825188830, cmatthews@youngepilepsy.org.uk | Nicola Shukla<br>Head of Marketing Communication, 07719 525925, nshukla@youngepilpesy.org.uk | Simon Purkiss<br>Head of Supporter Engagement, 07825 188921, spurkiss@youngepilepsy.org.uk | Jowinn Chew<br>Head of Research, 07793089786.<br>jchew@youngepilepsy.org.uk |
| **Reporting Procedure** | Beacon | MyConcern® | MyConcern® | MyConcern® | MyConcern® |

**Alternative Contacts:**

Lead DSL: Gill Walters, Head of Safeguarding and Quality Practice, 01342 589 409 / 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 Executive Safeguarding Lead for Young Epilepsy.** | |
|---|---|
| **Signed:**  | **Date: 01 September 2026** |
| **Name: Jane Beaven**<br><br>**Title: Chief Executive Officer** | **Date of next review: 31 August 2027** |

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| **1** | 26 Sept 2023 | New Procedure | Helena Smith/Gill Walters |
| **2.** | 04 April 2024 | Terminology /Contacts updated | Gill Walters |
| **3.** | 01 September 2025 | Review and contacts updated | Gill Walters |
| **4.** | 11 March 2026 | Reporting requirements updated.<br><br>Head of Research details updated | Gill Walters |
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