

## Safeguarding Procedures

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

### BACKGROUND

Safeguarding means proactively seeking to keep children and young people safe from harm and promote their welfare. Safeguarding threads through all elements of how we support, care for and educate children and young people in Young Epilepsy.

Child and adult protection is a central part of safeguarding, although it is only one element of it. It is the process of protecting individuals identified as either suffering or at risk of suffering significant harm as a result of abuse or neglect.

The aim of this procedure is to provide a clear framework for how we promote children and young people's wellbeing and protect them from abuse and harm (this will include service users who are not students, i.e. Connect2, diagnostic and assessment, and short breaks respite). 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 young person could be a member of their immediate or extended family, a friend, a neighbour or stranger to them, a member of staff or another child or young person. It is therefore essential to remain alert to the possibility that abuse 'can happen here', and consequently staff are required to adopt an approach that is professional, open minded and that respectfully challenges others in order to facilitate this.

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

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

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

This document has been set out in separate sections partly due to the different, but related, issues involved in dealing with concerns about children or young people who are under 18 years old and those who are above that age, reflecting the different

legislation in force for these two groups. It is important to remember that not all young people over 18 years are in FE or in an Adult House and, conversely, that not all the young people under 18 years old are in school; some are in FE.

### **Monitoring**

This Procedure will be reviewed annually along with the 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.

## CONTACTS

### Young Epilepsy Safeguarding Team – March 2017

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

Chair of Trust Board	Jane Ramsey	01342 832243
Chief Executive	Carol Long	01342 832243
Lead Governor	David McLachlan	
Executive Lead	Rosemarie Pardington	07825188947
Safeguarding and Compliance Manager	Alex Dave	01342 831218 07825 1888 58
<b>Safeguarding Officers</b>		
Head of Adult Residential Service	Gill Walters	07825 1888 20
Epilepsy Nurse Specialist	Clare Harrison	07825 1888 97
Teacher (school)	Ginnie Batten-Evatt	07825 1889 09
Lecturer (College)	Lisa Bush	07825 1888 99
Teacher (school)	Lauren Hayes	07825 1888 79
Children's Centre Manager	Lidia Fincham	07825 1888 54
National Services	Jeanenne Corderoy	07825 1889 29

## Contact points for safeguarding in Surrey County Council

Children under 18yrs	Contact
Allegation against staff	Surrey LADO on Duty: 0300 123 1620
Significant harm to child here or at home. Note: if the harm happened at home you will be re-directed to the child's local Social Worker/ Social Services Department	Multi Agency Safeguarding Hub: 0300 470 9100
To report a child's death	Surrey Child Death Coordinator 01372 833319

Child or young people 18 and over	Contact
Allegation against staff	Multi Agency Safeguarding Hub: 0300 470 9100
Serious harm to vulnerable adult Note: as above if the harm happened at home you will be re-directed to the young person's local Social Worker/ Social Services Department	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's or vulnerable adult's immediate safety, one option is to call Surrey Police on 0845 125 2222 or 01483 571 212 and in an emergency dial 999.

## 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 § Provider ID – 1-101610290 § Location ID – 1-137790641
<u>Ofsted</u> - regulates school, college and Children's Homes in Young Epilepsy	Royal Exchange Buildings St Ann's Square Manchester M2 7LA Tel: Whistleblowing Hotline 08456 404046 <a href="http://www.ofsted.gov.uk">www.ofsted.gov.uk</a>

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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, young people and vulnerable adults and expects all staff and volunteers to share this commitment. We believe that the welfare of the child is paramount.

All governors, trustees and staff, including interim, temp, casual, agency and volunteers must ensure that they are aware of these procedures. Parents, carers, and children and young people are welcome to read the documents on request and a copy will be made available on the website.

All children and young people 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 young person 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 children and young people 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 child or young person is given the time and opportunity to take part in appropriate activities, to do things for themselves, to understand and be understood.

All children and young people have a right to positive, caring, safe and stimulating support that promotes the social, physical and moral development of each individual.

#### To be treated with dignity and respect

All children and young people 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 children and young people's abilities, personal preferences and cultural or religious background. All children and young people accessing Young Epilepsy's services have a right to be treated with dignity and respect at all times and in all areas of their care and support. We know that sometimes staff can be challenged in their work, however it is crucial that our staff teams do not allow this to affect the support and care provided to children and young people. We will be persistent in offering high quality support with a positive approach to problem solving where challenges are faced.

The children's and young people's Council provides opportunities for children or young people to represent their views to the staff and recommendations are made to the Executive. Advocacy is keenly pursued for our more vulnerable children or young people and external representation is accessed to ensure both quality and fairness.

#### To be safe

Every child and young person 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 children and young people 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 children and young people to develop skills which will help to keep them safe. Young Epilepsy's services support each child and young person to develop confidence, communication skills and self-awareness, alongside teaching children about relationships, risk, online safety and personal, social, health and economic education. Children and young are supported by trusted adults and encouraged to express their views and to feel secure in the environments that Young Epilepsy create for them.

## **1.2 National and Local Guidance**

### Children – Key Guidance

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

### Adults – Key Guidance

- Care Act (2014)
- Surrey Multi-Agency Adult Protection Procedures – (SSAB, 2016)

### Key Legislation

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

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

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

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

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

Where there is an allegation or concern about a senior manager staff should speak directly to the Safeguarding Manager or a member of the Executive Team. Where there is an allegation or concern about a member of the Executive Team, staff must contact the Chair of Trustees or in her absence the Chair of the Education Governing Body (who also sits on the Trust Board). Where there is an allegation or concern about a member of the Safeguarding Team, staff must contact the Executive Team, Chair of Trustees or the lead Governor for Safeguarding.

Staff can also directly contact the relevant team within Surrey County Council or our regulators, CQC or Ofsted with their concerns.

The role of the Safeguarding Team as a whole is to:

- Discuss referrals made to the Safeguarding Team at the fortnightly Safeguarding Team meetings held in term time;
- Ensure safeguarding procedures are in place and updated as needed;
- Ensure all staff remain aware of the SSCB Child Protection procedures, Surrey Multi-Agency Adult Protection procedures and the Young Epilepsy Safeguarding Policy and Procedures;
- Be available to provide advice/support to staff regarding any safeguarding concerns;

- Be available to provide support to children and young people 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;
- Attend and/or contribute to Senior Strategy Meetings/Case Conferences;
- 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;
- Co-ordinate arrangements for monitoring of specific children and young people on roll who have been identified as being in need of protection;
- Deliver training for all Young Epilepsy staff to ensure that the staff who work with children and young people undertake appropriate training to equip them to carry out their safeguarding responsibilities;
- Help prepare the governor's reports reviewing arrangements for safeguarding and promoting the welfare of children and young people, and also support the implementation of any action plan from this review;
- Feedback to the Executive Team and Trustees as required, about safeguarding practice within the organisation.
- Review relevant policies when required to do so;
- Challenge cultures, practices and attitudes where there is a concern that they are impacting negatively on the wellbeing of students and / or staff.

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

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

Sensitive information about a child or young person does sometimes need to be shared both inside and outside the organisation. Under Section 11 of the Children Act 2004 we have a duty to make arrangements to share information in order to safeguard and promote the welfare of children. This may include a child or young person's social worker or funding authority. The purpose of this will always be to safeguard child or young person from harm, and to meet statutory requirements.

The Safeguarding Team should always be consulted before any information sharing about a safeguarding concern. As necessary the team will refer to the Information Governance Manager to ensure that information sharing is legitimate and in accordance with the Data Protection Act (1998) and all information sharing protocols that are in place.

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

Normally personal information on children and young people, their families or their carers (i.e. staff at Young Epilepsy) is only disclosed with consent. However there are some circumstances where consent may not be possible or desirable. We have

a legal duty (under the Children Act 2004) to share information where there are child protection concerns. The welfare and protection of children and young people is paramount and 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 child or young person. For example if the SO felt that a child was at risk of harm or had been harmed then the SO would have a duty to pass over personal pertinent information about the child. Equally if the child or young person 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 – young people over 18yrs

Permission should be sought from a young person over 18yrs with capacity to understand the issue in hand, before discussing information about them with the Safeguarding Officer, parents, carers and external agencies.

If a refusal to give this permission does not appear to be in the young person's best interests, the information may be shared without the young person'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 young person's parents. For young people without the 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 young person, 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 and the child or young person's home areas. In accordance with local procedures we are required to liaise with the Surrey County Council Children's or Adult's Team concerning all cases of abuse or suspected abuse which have arisen at Young Epilepsy.

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

The Safeguarding and Compliance Manager will also liaise with the police where a concern raised is also seen as committing a crime.

In addition to this we may also liaise with a child or young person's home Children's or Adults' services department and funders where concerns of safeguarding are raised.

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

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 young person.

#### Escalation process

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

#### Working with parents and carers

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

However, in certain safeguarding situations, concerns cannot be discussed with parents without advice from the MASH to ensure that doing so does not put a child at greater risk. Staff in doubt about this must refer to the Safeguarding Officer on call to discuss.

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

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

## 2. PROCEDURES

### 2.1 Reporting concerns

After ensuring that the child or young person is safe from any immediate harm (and intervening where necessary and possible to stop further harm), you must call the Safeguarding Officer immediately to report any concerns. Always speak to someone, and never leave a message on a land line. If you cannot, for whatever reason, get hold of the on call Safeguarding Officer on their mobile, leave your name and a message *with a contact number* on the mobile.

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 concerns must be reported to the Safeguarding Officer on call:

- Allegations against staff/family/peers
- Disclosure of abuse
- Concerns of abuse
- Unexplained injuries or bruises or significant injuries (Significant Injuries are defined as those that involve crushing, burns, head injuries, fractures, dislocations, concussion or any injury requiring a hospital admission.
- Bullying
- E-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

Remember, safeguarding students is about promoting their welfare and preventing harm, which sometimes can be unintentional or accidental.

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

Where there is an allegation or concern about a senior manager staff should speak directly to the Safeguarding Manager or a member of the Executive Team. Where there is an allegation or concern about a member of the Executive Team, staff must contact the Chair of Trustees or in her absence the Chair of the Education Governing Body (who also sits on the Trust Board). Where there is an allegation or concern about a member of the Safeguarding Team, staff must contact the Executive Team, Chair of Trustees or the lead Governor for Safeguarding.

Posters and leaflets are available across the site and in the main reception 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 speak directly to the LADO, MASH or regulators to report their concerns.

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

### Disclosures from children and young people

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

Many of the children and young people 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.

If a child or young person who communicates verbally chooses to confide in you, disclosing any form of abuse, the most important thing to do is to listen attentively without asking any leading questions.

The child or young person 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 child or young person's own words and they must be kept in their original state (see below on writing Safeguarding reports).

If a child or young person 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 child or young person about what happens next, in order to make them feel safe and less worried.

Support will be provided to children and young people who have made disclosures or who have 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. They will also be supported to express what they want to happen as a result of their disclosure.

## **2.2 Writing safeguarding reports**

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

In the case of allegations against staff, if after an enquiry/investigation either internally or by external agencies, disciplinary action is taken, then the written reports

will be made available to the staff member concerned but this will only happen after the allegation has been fully investigated and there are no concerns that releasing such information would create a risk of harm to any witnesses. If there has been involvement from the police and they request that certain information is not divulged to an employee, Young Epilepsy may withhold such information.

The following shows what is required from an incident report:

#### We need to receive 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 children/young people involved at all times. 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?

#### Signing, dating and sending

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

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

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

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

## **2.3 Next steps**

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

Where there is a concern relating to a professional working with children, the Surrey Local Authority Designated Officer (LADO) will be contacted. Where the concern is

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

The Executive Team within Young Epilepsy will also be contacted where consideration needs to be given as to whether to suspend an employee where there is an allegation made about them.

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

The Local Authority could decide on the following actions:

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

In more sensitive situations where allegations have been made against staff/peers and the child or young person's parents/carers need to be informed, the Safeguarding Officer will be responsible for this. There is a delicate balance sometimes 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 more serious cases, the Safeguarding Team will stay in touch with parents/carers and/or the young person 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 1year). In such circumstances, the Safeguarding 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 the Safeguarding Children and Adults flowcharts on the intranet for more information about the process that takes place after a concern is raised.

## **2.4 Training**

***Training in this area is mandatory.***

### Induction

**All staff** (contact staff, non-contact staff, Trustees, Governors, Executive Team, volunteers etc) are required to complete 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 school staff will be given a copy of 'Keeping Children Safe in Education' (2016) part 1 and be asked to sign this as part of their safeguarding training to demonstrate that they understand the contents.

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

### Awareness training

All staff must complete the Safeguarding eLearning module annually and staff working with children and young people, must also attend an annual safeguarding workshop.

### Safer Recruitment

Staff who are responsible for recruiting new employees have additional Safer Recruitment training and this is refreshed every 3 years.

### Designated Safeguarding Lead Training

All staff within the Safeguarding Team complete Surrey's 'Designated Safeguarding Lead New to Role' training upon commencing their role and bi-annually thereafter. The Safeguarding Officers will also attend annual updates by Surrey's Safeguarding Children's Board. The Safeguarding team may also attend other pertinent courses from SSCB or Surrey Safeguarding Adult's Board.

### Training for school governors and trustees

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

### Other ad hoc training

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.

### 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 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 ad-hoc agency staff must complete a mini-induction before their first shift which includes information about safeguarding.

### Safeguarding updates

The Safeguarding Team disseminates other information and learning to staff in the organisation. This includes 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**

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

Staff in regular contact with children and young people 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 child or young person is suffering /has suffered from abuse.

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

### Trustee Responsibilities

Trustees are ultimately responsible for ensuring that those benefiting from or taking part in their organisation'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.
- Ensuring a robust safe recruitment procedure is in place within the organisation and monitor and review this

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.

#### Governor responsibilities

There is a lead governor for Safeguarding within the governing body (see contacts section) who will work closely with the Safeguarding Manager and the Executive lead for Safeguarding to ensure that the governing body meet their responsibilities as set out in key guidance e.g. Keeping Children Safe in Education (2015).

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

- Ensure there is an effective child protection policy in place together with a staff behaviour policy/code of conduct which all staff receive during their induction
- Ensure the child protection policy is updated annually and made publicly available (this relates to our Safeguarding Policy and Safeguarding Procedures)
- Consider how children 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 and effective procedures are in place to manage allegations against staff/volunteers

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

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

### Vetting

There is careful selection and vetting of all staff (including supply and agency staff), volunteers, and monitoring of visitors to prevent children or young people from being exposed to potential abuse.

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

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

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

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

### Disqualification

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

The regulations cover staff who are employed and /or provide childcare in the early years (children who are 0-5yrs) or later years (children up to 8yrs). Staff covered by this include those working with children in school up to 5yrs old, and those working with children up to 8yrs old in childcare outside of education provision. This includes

senior leaders and managers but excludes people who are not directly employed to provide childcare to children.

Staff may be disqualified from working in these settings if:

- a) inclusion on the Disclosure and Barring Service (DBS) Children's Barred List,
- b) being found to have committed certain violent and sexual criminal offences against children and adults
- c) certain orders made in relation to the care of children
- d) refusal or cancellation of registration relating to childcare, or children's homes, or being prohibited from private fostering
- e) living in the same household where another person who is disqualified lives or is employed (disqualification 'by association') \*\***
- f) being found to have committed an offence overseas which would constitute an offence regarding disqualification under the 2009 Regulations if it had been done in any part of the United Kingdom.

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

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

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

#### Referral to DBS

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

#### Retention of documents relating to safeguarding concerns

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

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

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

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

It is essential that we can identify all service users that are subject to a Child Protection Plan. A direct enquiry will be made to referrers and the information will be recorded in the referral documentation. Where staff become aware that a child

accessing Young Epilepsy services, is subject to a Child Protection Plan, this information must be passed to the Safeguarding Manager and the Head of department. This information will be recorded in the child's records and any implications relating to this, will be recorded and shared with the staff who need to know. Such information will be treated with sensitivity and confidentiality as per our Information Governance policies.

## **2.9 Looked After Children**

'Looked-after' children are those that are given accommodation away from their families at the request of their parent and those in care as the result of a Care Order. A child is 'looked after' if they are in the care of the local authority for more than 24 hours. Legally, this could be when they are:

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

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

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

Where a child is placed with Young Epilepsy and there is a Care Order in place regarding the protection of the child, please see the information below about the extra safeguarding that need to be taken to ensure the child is safe.

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

Where a Care Order has been placed on a child due to suffering or at risk of suffering significant harm due to the parental care given, it is crucial that staff understand who has parental responsibility for the child, and who has the power to make specific decisions in the child's life. There may be specific stipulations in the Care Order about the access that a particular parent has to a child and the restrictions of this, and therefore it is crucial that all 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 Manager or the head of your service.

### **2.11 Employee Protection (Safeguarding)**

Young Epilepsy works with children and young people in an environment of openness and transparency. Safer working practices and adherence to policy, protects both staff and children and young people. All concerns about staff practice will be dealt with confidentially, and information stored securely. Referrals to Surrey's MASH and Local Authority Designated Officer (the LADO deals with allegations against staff where children/young people under 18yrs are involved) will be made when necessary. Decisions as to further action will be made by the Surrey MASH in conjunction with Surrey Police (where appropriate).

Young Epilepsy has a Whistleblowing Procedure which all staff will be made aware of during their safeguarding training. This procedure states that all staff must raise concerns about student wellbeing and safety but that they can do so anonymously, to ensure they are not subjected to any detriment as a result of doing so.

The full processes involved in this can be found in the Employee Protection Procedure, Whistleblowing Procedure and Managing Allegations Procedure, 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 child or young person, then contact can be made independently by them with the Multi Agency Safeguarding Hub in Surrey (MASH). Contact details can be found in this document.

### **2.12 Support and supervision: child or young person, family and staff**

Children and Young People: Children and young people 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 children and young people can talk to, such as Childline and also the regulators (Ofsted and CQC). Children and young people 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 child who is involved in any investigation or enquiry. A child or young person 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 child or young person are 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 child or young person and the situation. Staff may be asked to support a child with such an interview, or their parents/carers may attend to support.

During and after an investigation in to a safeguarding concern, support will need to be planned and offered to the children 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 at Young Epilepsy is contained in the prospectuses.

Parents can request to see the Safeguarding Policy and Procedures and these should also be made available on the Young Epilepsy website. Children's and Adults' Services will advise us regarding giving appropriate support to families involved in safeguarding enquiries or protection plans.

Staff: Young Epilepsy staff have individual supervision and support sessions with a senior member of staff where they will be offered support, as well as asked to discuss any safeguarding concerns they have. Children's or Adults' Services may offer support to the Safeguarding Officers and other members of staff who could be involved in an enquiry.

Any staff in a safeguarding investigation will also be made aware of the services available through the Employee Assistance Programme and will be provided with the contact details.

## **2.13 Visitors**

All visitors on site must sign in when they arrive and carry an ID badge with them. All Young Epilepsy Staff must challenge any one 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 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.

## **2.14 Contractors**

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

Agency staff who are directly working with children and young people will complete 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.

### **2.15 Child or young persons' needs**

Young Epilepsy recognises that some children and young people are particularly vulnerable to abuse, harm and neglect and that additional barriers exist when recognising abuse for some children and young people. For example possible indicators of abuse such as a young person'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 children and young people require equal protection but that additional considerations need to be given to children and young people who are:

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

#### Disclosures by Children and Young People

Where a disclosure is made about abuse by a child or young person, staff will ensure that they are listened to and given information about what will happen next. Where a child or young person makes an allegation about a member of staff who is working with or scheduled to work with them again, staff must report this immediately to the Safeguarding Team and ensure the child/young person is not left alone with that member of staff. Arrangements will be made to ensure that a child or young person is not left at any further risk with the alleged perpetrator.

Where a child or young person has made a disclosure about abuse, Young Epilepsy will take all necessary and reasonable steps to ensure that the child/young person is offered support and reassurance internally or from an advocate depending on what they would prefer or what is in their best interests. Communication will always be in

the preferred method of the child/young person and at a level at which they will understand what they are being told. Independent advocacy will also be sought where this is recognised as necessary.

#### Personal Social and Health Education

Young Epilepsy has a pastoral system designed to empower children and young people to seek help when they are worried or have concerns about their safety. Issues surrounding Social Awareness, Health Education and Sex Education are taught to children and young people 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 PSHE to compliment work done in the classroom and give children and young people the opportunity to discuss issues that are important to them.

#### Children and Young People's Rights

We recognise that children and young people are our core concern, and must be respected, and given voice in matters relating to their care and education. Each child or young person's opinions are sought over decisions which are likely to affect them and their privacy is respected, as far as is consistent with good parenting and their need for protection; all information related to safeguarding concerns involving them is kept confidentially, with access only to those who need it and are entitled to have it.

When a safeguarding concern is raised, it is important that a person-led and outcome focused is adopted to make sure the child or young person has as much involvement, choice and control around decisions which affect their life, wellbeing and safety as is possible in the circumstances..

Children and young people are informed about how to complain if they are unhappy with any aspect of living at Young Epilepsy.

#### Behaviour Management/Physical Intervention

Children and young people 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 children and young people, parents and staff. All staff are made aware of and are expected to remain up to date on organisational policy on the use and techniques of physical intervention, to protect young people from harm either to themselves or others. Only those staff trained in Safe Support are authorised to apply structured and precise physical intervention as a last resort in behaviour incidents. The use of physical intervention is recorded in Incident Reports and reviewed by relevant senior managers. The Safe Support trained staff are required to refresh their training annually. Young Epilepsy's practice is to not use sanctions but to make use of natural consequences and positive options. Any injury sustained as a result of a restraint MUST be discussed with the Safeguarding Officer on call.

## 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

Staff should also 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.

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

### Anti-Bullying Procedures

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

### Health and Intimate Care

Young Epilepsy actively promotes good health and wellbeing for each child or young person, and has written procedures, implemented in practice, for promoting the health of all children and young people. 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 children and young people.

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

### Unobserved falls

If a child or young person 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.

### Absent child or young persons

Young Epilepsy has a procedure to follow in the event of any child or young person 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 child or young person is then seen on return, in a positive interview by their key worker, to assess their wellbeing and to establish the reason for their absence, and if abuse or potential abuse is a factor. This information must then be passed to the on call Safeguarding Officer following the Young Epilepsy, SSCB and SSAB Safeguarding procedures.

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

### **3 SIGNS AND INDICATORS**

#### **3.1 Safeguarding children under 18 years old**

##### 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 Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Significant Harm is any Physical Abuse, Sexual Abuse, or Emotional Abuse, Neglect, accident or injury attributable to lack of adequate parental care or control (*or care on the part of a professional carer*), that is sufficiently serious to adversely affect progress and enjoyment of life. Harm is defined as the ill treatment or impairment of health and development.

This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another". There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development.

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**

##### Adult at Risk – Definition

This is defined in the Care Act (2014) as a person who is 18 years or older and who has needs for care and support, is experiencing risk of, abuse or neglect and who is unable to protect him or herself against abuse or neglect.

Where 'an adult at risk' is deemed to be at risk of abuse or neglect, Adult Social Care Services have a duty under Section 42 of the Care Act to make enquiries to determine what action, if any, may be needed. This means that Young Epilepsy has a duty to inform Surrey Adult's Services where there are safeguarding concerns about an adult at risk.

The Care Act (2014) defines safeguarding as; "Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about 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 adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action."

From April 2010, Health & Adult Social Care providers were required to register with CQC in order to be able to operate. To do so, you must show that you are meeting a wide range of essential standards of safety and quality set out under the Health & Social Care Act 2008 (*Registration Requirements*).

Regulation 11 states that:

The Registered person must make suitable arrangements to ensure that service users are protected against the risk of abuse.

With clear responsibilities defined in *Outcome 7*. Providers who comply with the regulations will ensure:

- Take action to identify and prevent abuse from happening in a service
- Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring
- Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice
- Make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.

### **3.3 Types of Abuse**

The following pages will now explore the different categories for abuse and harm. 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 child or young person 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' document which goes 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**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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

#### **Emotional abuse**

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 children 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

This also includes shouting, swearing, inappropriate language and insults.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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

### **Sexual abuse**

Sexual abuse 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 inside of or 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, explicit conversations which can include phone sex, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

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 child or young person is being sexually abused, you must speak to the Safeguarding Team immediately.

### **Neglect**

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 (including drugs and alcohol). Once a child is born, neglect may involve a parent or carer:

- failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- failing to protect a child 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 child's basic emotional needs.

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

### **Child Sexual exploitation**

The sexual exploitation of children and young people is a form of sexual abuse.

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

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

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

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

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

### **Online grooming and abuse**

Online abuse is any type of abuse that happens on the web, whether through social networks, phishing emails or playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation, trolling, financial abuse or exploitation or emotional abuse.

Children 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).

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

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

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

### **Financial / material abuse**

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

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

### **Discriminatory abuse**

Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, and race or ethnic origin.

If you spot any indicators or signs that a child or young person 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 abuse**

Institutional abuse is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals. It can take place within settings and services that children or adults at risk live in or use, and it violates the person's dignity, resulting in a lack of respect for their human rights.

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice. It can take the form

of an organisation failing to respond to or address examples of poor practice brought to their attention.

If you spot any indicators or signs that a child or young person 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.

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

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

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

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

### **Bullying and Cyberbullying**

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

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

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

Bullying that happens online, using social networks and mobile phones, is often called cyberbullying. A child 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 child or young person 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 young people.

In September 2012, The Home Office announced that the definition of domestic violence would be widened to include those aged 16-17 and wording to reflect coercive control. The decision follows a Government consultation which saw respondents call overwhelmingly for this change. The Home Office will also be changing the title of the definition to 'domestic violence and abuse'.

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

## **Child Trafficking**

Children are recruited, moved or transported and then exploited, forced to work or sold. They are often subject to multiple forms of exploitation.

Children are trafficked for:

- child sexual exploitation
- 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 children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.

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

### **Grooming**

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

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

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

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

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

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

### **Radicalisation and extremism**

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

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

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

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

Indicators of vulnerability to radicalisation include:

- identity crisis
- personal crisis

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

Where staff are concerned that a child is at risk of being radicalised, they must raise this immediately to the Safeguarding team as per the procedures outlined above. The Safeguarding team may need to make a referral to the Channel Programme where required.

If you spot any indicators or signs that a child or young person is at risk from radicalisation, you must speak to the Safeguarding Team immediately.

### **Forced Marriage**

Forced marriage and honour- based violence are human rights abuses and fall within the Government's definition of domestic violence. Forced marriage is defined as a marriage conducted without the full consent of both parties and where duress is a factor. There is a clear distinction between forced marriage and an arranged marriage. The Government's Forced Marriage Unit has produced guidelines, in conjunction with the DCSF (now DfE) on how to identify and support young people threatened by forced marriage.

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

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

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

### **Self-Neglect**

This covers a wide range of behaviour where someone neglects the care to themselves in relation to personal hygiene, health or their environment. We understand that sometimes self-injurious or self-harming behaviour is typical for a particular child or young person 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 young person, these will be treated as safeguarding concerns in the same way as other types of abuse or harm.

### **Peer on peer abuse**

In Young Epilepsy's various services, children and young people with a wide range of impairments are supported. This means that children and young people can

demonstrate behaviours that challenge those around them, including staff and their peers. This happens for a variety of reasons, but can be due to:

- children and young people 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 child or young person

It is important that staff know the children and young people they work with, and that there is clear guidance about how best to support each individual, to ensure that staff are managing behaviour positively. This management however should not be to the detriment of independence and autonomy.

Situations may arise where a child or young person may be physically aggressive towards another child or young person- intentionally or unintentionally. It is important that where this happens, staff report this as per any other safeguarding concerns. All children and young people have the right to be and feel safe and so it is important that where a child or young person is being aggressive to a peer, this is recorded and action put in place to reduce the risk of reoccurrence.

ALL peer on peer contact where any contact is made to skin/hair (no matter with what force) **MUST** be discussed with the safeguarding team. It is for the safeguarding team to then decide whether the incident would be considered a safeguarding concern.

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 potential for a mark/injury
- Where a student has shown intent to harm another

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

### **III Treatment or Wilful Neglect – Mental Capacity Act**

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 child or young person unreasonably against their will, failure to provide adequate care as well as the more commonly understood forms of abuse.

## 4. Related Information

### 4.1 Related Young Epilepsy policies and procedures

- Equality and Diversity Policy
- Incident Reporting Procedure
- Medication Policy and Procedures
- Consent Procedure
- Missing Student Procedure
- Employee Protection Procedure
- Managing Allegations Procedure
- Whistle-blowing Procedure
- Positive Behaviour Strategy
- Health and Safety Policy and Arrangements
- Comments, Compliments, and Complaints Procedure
- Relationships and Sexual Wellbeing Policy and Procedure
- Online Safety Policy and Procedure
- Recruitment Policy and Procedure
- Vetting Procedure

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

Signed: .....

**Carol Long**  
Chief Executive Officer

Date: .....

Date of next review: 1 March 2018