SAFEGUARDING

Young Epilepsy Safeguarding Children and Adults Policy and Procedure

Young Epilepsy is committed to safeguarding and promoting the welfare of children, young people and adults at risk and expects **all staff and volunteers** to share this commitment

January 2014

With thanks to St Nicholas, Starhurst, and Wishmore Cross schools

FOREWORD

This document has been set out in separate sections partly due to the different, but related, issues involved in dealing with concerns about students who are under 18years 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 the students over 18yrs. are in FE, or in an Adult House, and conversely, that not all the students under 18years old are in school – some are in FE.

Young Epilepsy's safeguarding policy aims to provide clear direction to staff and others about expected codes of behaviour in dealing with child and adult protection issues.

The purpose of the document is also to ensure that child and adult protection concerns are handled sensitively, professionally and in ways that support the need of the child or young person.

It is the duty and responsibility of every member of staff to ensure that they are familiar with this Policy and its contents.

It is also the duty of each member of staff to report immediately any concerns about a student at Young Epilepsy. If there is any doubt about whether it is a concern or not, staff should report the issue to discuss this.

Please note:
All appropriate safeguarding forms can be found on the intranet by clicking on the Safeguarding Officer on calls picture on the homepage and also under 'Forms' on the intranet.

Section 1: Basic Information and Contexts

This is not a stand alone policy and should be read in conjunction with other policies in force at Young Epilepsy: (See Appendix 2)

1.1 Basic Information

Name of Centre:	Young Epilepsy
Policy prepared by:	Safeguarding Manager in conjunction with Surrey County Council Children's and Adult Services Safeguarding representatives
Staff responsible for implementation:	All staff
Responsibility for monitoring/review:	Governors/Safeguarding Team
Date of Policy:	Jan 2014
Date of Review:	Jan 2015

1.2 Young Epilepsy

'Young Epilepsy' is the UK's pre-eminent provider of residential and day special education, care, assessment and treatment for children and young people aged 5 to 25 with complex epilepsy and a wide range of related social, emotional, physical and educational disabilities. The school and Further Education College cater for just under 200 children/young people during term time and some students reside at the Centre year round. Young Epilepsy works in partnership with Great Ormond Street Hospital for Children NHS Trust (GOSH) and the Institute of Child Health (ICH) in service delivery, research and academic activities. In addition to providing medical, nursing, therapy and psychology services to school and college students, Young Epilepsy offers Diagnostic and Interdisciplinary Assessments, Epilepsy Outreach and Rehabilitation services in collaboration with GOSH. The consultant medical staff hold joint appointments between Young Epilepsy and GOSH and The Prince of Wales's Chair of Childhood Epilepsy is held jointly by the tripartite partnership. Approximately 800 staff are employed across a range of disciplines.

1.3 Policy Formulation and Consultation Process

This policy updates the previous policy statement. It reflects improvements in good practice, incorporates more detailed documentation and provides a clearer framework for reporting of concerns. The policy has to be ratified by the Governing Body prior to circulation.

1.4 National and Local Guidance

Children – Key Guidance

- What to do if you're worried a child is being abused (DfES Dec 2006)
- Safeguarding Children & Safer Recruitment in Education (DfES Jan 2007)
- Working Together to Safeguard Children (DSCF April 2013)
- Surrey Safeguarding Children Board (SSCB) Child Protection Procedures 2011
- Safeguarding in Schools: Best Practice – September 2011
- Safeguarding Disabled Children & Young People – Practice Guidance for all Agencies – Jan09

Adults – Key Guidance

- No Secrets: Department of Health 2000
- Surrey Multi-Agency Adult Protection Procedures - June 2011

Human Rights Act 1998
Mental Capacity Act and Code of Practice 2005
Sexual Offences Act 2005
Health and Social Care Act 2008
Children's Homes Regulations 2011
Residential Special Schools – National Minimum Standards – Sept 2011
The Children Act 1989 & the Children Act 2004 / Every Child Matters
Education Act 2002

Safeguarding Vulnerable Groups Act 2006
Equality Act 2010
Protection of Freedoms Act 2012

1.5 Introduction

Safeguarding means proactively seeking to involve the whole organisation in keeping children and young people safe and promoting their welfare. Child and adult protection is a central part of safeguarding and promoting welfare; 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 policy is to protect students from abuse (this will include service users who are not students, ie Connect2, diagnostic and assessment, short breaks respite). All people have the potential for abusing 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 student in this establishment. It is therefore essential to remain professional and non-judgmental when issues arise.

Young Epilepsy recognises its duty under the variety of legislation and guidance above to make arrangements to ensure that functions are carried out with a view to safeguarding and promoting the welfare of all students. It is the intention of the procedures within this policy to ensure that the appropriate action is taken immediately where it is alleged that any student is suspected of being abused or there are concerns about their treatment by a member of staff, another student or whilst in the care of their family or another establishment.

The prime concern at all times must be the interests and safety of the students.

Access to any of the documents mentioned in this policy can be sought from the Safeguarding Office.

The most up to date version of the SSCB Child Protection Procedure Manual (August 2013) can currently be found online: from the Surrey County Council website, click successively on Social Care and Health; Protecting People from Harm; Protecting and safeguarding children; finally Surrey Safeguarding Children Board, where it is on the list on that page.

The Surrey Multi-Agency Safeguarding Adult Procedures (November 2011) can be found online on Surrey Safeguarding Adults Website.

1.6 Aims of the Policy

Our intent is:

- To protect students from abuse
- To provide procedures for staff to follow when dealing with concerns and/or possible abuse;
- To ensure staff understand the different types of child abuse and raise awareness;
- To ensure all staff are aware of their own responsibilities regarding the 'Young Epilepsy' Safeguarding procedures, the reporting of unexplained bruises and of reporting concerns;
- To ensure staff are aware of the role of the Safeguarding Team;
- To recognise the dilemmas of confidentiality, and give guidance;
- To provide support for both staff who report, and for students who have disclosed, or been recognised as suffering, or at risk of suffering, significant harm.

1.7 Multi-Agency Partnership

As a residential organisation we work in partnership with social services and police forces in both our locality and the students' home areas. In accordance with local procedures we are required to liaise with the Surrey

County Council Contact Centre (Children's or Adult's Team) concerning all cases of abuse or suspected abuse which have arisen on campus. This multi-agency approach enhances the effectiveness of identifying and dealing with child and adult protection issues that may arise. There are also day students at Young Epilepy from a variety of Local Authorities – it must be noted that it is especially important to pick up any concerns on these young people and refer them to Young Epilepsy Safeguarding Officer on call as soon as the concern arises.

1.8 Monitoring

This policy document will be reviewed annually by the Governing Body 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.

1.9 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.

This means that we have a Safeguarding Policy and procedures in place which is referred to in our prospectuses. All governors and staff (including interim, temp, casual, agency and volunteers) must ensure that they are aware of these procedures. Parents, carers, and students are welcome to read the Policy on request.

All students at Young Epilepsy must have these fundamental rights accorded to them whilst they are in our care:

To be treated as an individual
Each student at Young Epilepsy is taught, cared for and treated as unique. This is reflected in Individual Multi-Disciplinary Plans. Our population has a wide ability range and our organisation and structure reflects the aim to offer consistency in approaches to students irrespective of setting. Each student is given the time and opportunity to take part in all activities, to do things for themselves, to understand and be understood.

To be treated with dignity and respect
All students have the right to the highest standards of Education, Care and Medical intervention and this is delivered in an individual way having regard to students' abilities, personal preferences and cultural or religious background. Privacy and confidentiality are key issues. The Student Council provides opportunities for students to represent their views to the staff and recommendations are made to the Executive. Advocacy is keenly pursued for our more vulnerable students and external representation is accessed as needed to ensure both quality and fairness.

To be safe
Young Epilepsy has a Team of Safeguarding Officers at senior level. It should be noted however that safeguarding the students is the responsibility of all staff and there is a clear procedure in the event of a disclosure or concern. Our staff recruitment practices involve rigorous vetting procedures through enhanced Criminal Record Bureau disclosures. In all our dealings with young people 'Young Epilepsy' views students' rights and safety as paramount. Our policies and practices are revised and updated as required to meet the needs of our current population.

Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a student's welfare. We will ensure that our concerns about our students are discussed with the student on a level compatible with his/her age and understanding, and with parents/carers, unless we have reason to believe that such a move would be contrary to the student's welfare.
'Young Epilepsy' encourages staff members to raise any matter of practice which they feel needs further explanation. Good working practice dictates that corporately and individually our work with students meets the highest standards and any member of staff who is concerned is encouraged to question and raise any matter about which they feel unsure. Staff are encouraged to do so in the knowledge that the vast majority of such questions can be satisfactorily answered quickly and informally. All staff should be aware that the Public Disclosure Act 1998 provides workers who make disclosures as defined under the Act with rights -"not

to be subjected to any detriment by any act, or any deliberate failure to act by his employer done on the ground that the employee has made a "protected" disclosure…"

Should staff be dissatisfied with the outcome from reporting a concern to the Safeguarding Team at 'Young Epilepsy' about a student, then contact can be made independently by them with Surrey Social Services Contact Centre or with the Surrey Social Services Emergency Duty Team that operates in the evenings, at weekends and on Bank Holidays (see Appendix 4 – Summary of Contact Details).

1.10 How the Safeguarding Team at Young Epilepsy Works

There is a designated member of the Executive with responsibility for Safeguarding at Young Epilepsy and the Safeguarding Team reports to them as appropriate. The Executive for Safeguarding maintains the strategic overview of the work of the Team. Members of Young Epilepsy staff from differing Directorates act as on call Safeguarding Officers (SOs) for 24 hour periods all year round. They take calls concerning all the students here. This ensures that there is a SO available to all staff whether in the School, Care, St Piers College, the Assessment Unit or the Medical Centre setting in any 24 hour period, including weekends all year round. All have undertaken multi-agency training provided by the Surrey Safeguarding Childrens & Adult Board, (SSCB/SSAB) and attend refresher training with the SSCB at 2 yearly intervals. They may also attend internal Refresher courses on a yearly basis. They fulfil this function in addition to their main role here. Information about the current SO in term time is always available on the Home Page of the Young Epilepsy Intranet. In addition to the on call SOs there is also a further lead SO, part of whose permanent full time role is to co-ordinate the ongoing work generated by all the referrals.

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

- Discuss referrals made to the Safeguarding Team at the weekly 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;
- Be available to provide advice/support to staff and for staff to discuss concerns with;
- Be available to provide support to students as needed;
- Liaise with Social 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 safeguarding files, separate to the student's main file, and ensure their confidentiality;
- Co-ordinate arrangements for monitoring of specific students on roll who have been identified as being in need of protection;
- Deliver Induction and Refresher training for all Young Epilepsy staff to ensure that the staff who work with students 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 students, and also support the implementation of any action plan from this review;
- Review relevant policies when required to do so.

1.11 Recognising and Responding to Concerns

Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual that is important.

It is important to remember that verbal students rarely 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. If a student 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 student must tell their own story in their own time. Even what seems to be an unbelievable story must be listened to and acted upon. It you make any notes, you must use the student's own words and they must be kept in their original state (see the section below on writing Safeguarding reports). If a student discloses anything to you, you must not promise to keep it secret or confidential but explain that you will need to share the information with

another person. Many of the students within Young Epilepsy are not able to communicate verbally though, and it is the role of staff in keeping them safe to act on their behalf in such situations and refer unexplained bruising or any concerns. Non-verbal students are more vulnerable, as are those whose independent mobility is compromised. Of particular interest concerning recognition of abuse in disabled children is the section in the SSCB Child Protection Procedure Manual above - section 4(4.14) entitled Children with Disabilities.

1.12 Confidentiality and Information Sharing

Disclosed information from a student 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. All information gathered for safeguarding is treated as confidential and kept secure with defined access.

Sensitive information about a student does need to be shared both inside and outside the organisation in specific circumstances. Research has shown repeatedly that keeping children and young people safe from harm requires professionals to share information about defined aspects of their life to keep them from harm. Often, it is only when information is shared that it becomes clear that a student may be being harmed. Concerning internal information sharing, confidentiality is not to be confused with secrecy, which undermines the appropriate sharing of information. Concerning external information sharing – Young Epilepsy has a duty to share information as needed with external agencies during safeguarding investigations.

1.13 Consent to Sharing Information

Normally personal information on students, their families, 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. In some cases, personal information will be shared with other agencies without consent, if this is in the best interests of the safety and welfare of the student concerned.

1.14 Reporting Concerns

If you are concerned about a student's welfare or need to report unexplained injuries and/or bruising, or a disclosure of abuse, you must call the Safeguarding Officer on call, using their **mobile** telephone number. Always speak to some-one, 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 (they may be driving).

Always write clear notes (see guidance below), and ensure that your report is signed, dated and received in a sealed envelope as soon as possible by the Safeguarding Officer to whom you reported the issue**. Do not conduct your own investigation.** The Safeguarding Officer may ask you to seek out further information depending on the situation. In the case of unexplained injuries arising out of visits home by students, it is safer to call the Safeguarding Officer first before making any attempt to contact parents or other carers.

If your concerns relate to the actions or behaviour of a member of staff which could suggest that s/he is a danger to students then you must report this immediately, or within 24hrs. at the absolute latest, to the Safeguarding Officer on call, who will refer on at the earliest opportunity to the lead Safeguarding Officer to take forwards. In school breaks report this to the Senior Care Team Member on call who will liase with the Executive On Call

1.15 Writing Safeguarding Reports

The reports that staff write are really important and valuable for the Safeguarding Team as they form part of our assessment of what to do next or what to recommend. The information needed is similar to what may be written on Incident Reports, however, we ask for separate Safeguarding reports to keep with the Safeguarding files on site and in case the reports need to be shared with outside agencies. In the case of allegations against staff, if after 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.

It is a duty for all staff to write a suitable Safeguarding report when asked to do so:

- 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 student(s) involved at all times. Give the time and date of the incident or when the bruising was first noted. State whether anything is noted anywhere else (e.g. day sheets or Accident Book) about the item you are reporting. Be careful not to make assumptions or presume, but focus on the facts to hand.

- Reporting untracked bruising or unexplained injuries

Use a Skin Map (aka Body Map), available on the Houses. 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 are there in all?

- Signing dating and sending

Type or write your name clearly and sign next to this; put the date you wrote the report at the bottom; sign and date any Skin Map in the same way; send your reports in a secure, sealed envelope, marked confidential, to the Safeguarding Officer to whom you reported. See Appendix 3 - formatted sheet for reports. Be aware that the reports written for safeguarding may be shared with agencies outside Young Epilepsy during any external investigations of safeguarding issues.

1.16 The Red Dot System at Young Epilepsy

A red paper dot on the first page inside a student's file (for all Directorates) means that a further file and a chronology of issues is held securely in the Safeguarding Office with details of any safeguarding referrals made.

The system is updated regularly as new students are referred to the Safeguarding Team. This system is required to ensure that any member of staff reading these files is made aware that there are safeguarding issues for that student, and the daily Safeguarding Officer on duty in term time can be contacted to seek information on a strictly 'need to know' basis.

1.17 Training

Training in this area is mandatory. **All staff** are required to complete Safeguarding Induction Training before commencing employment, and to attend Refresher Safeguarding on a yearly basis. 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.

Section 2: General Strategies

2.1 Roles and Responsibilities

All members of staff have a personal responsibility to be aware of the procedures to be followed if they are worried a child or young person is being abused. Staff in regular contact with students are well placed to notice signs of physical, sexual or emotional abuse, neglect, behavioural change or failure to develop as expected.

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

2.2 The Importance of Recording Incidents and Accidents

Many of the students at Young Epilepsy are not able to communicate verbally and it is vital that all incidents and accidents are thoroughly recorded with sufficient detail as soon as possible after they take place. Without these records it can prove very difficult to track bruising and/or injuries on our most vulnerable students.

2.3 Safe Working Practice

All staff should abide by the safe working practice agreement (see Appendix 1), and take normal precautions not to place themselves in a vulnerable position with relation to safeguarding. Physical intervention, (the holds specified within Young Epilepsy Safe Support training.) should only be used as a last resort when the student is endangering him/herself or others or property, and its usage must be recorded in the appropriate documentation.

2.4 Duty to Refer Concerns

All staff must understand that failure to report a concern will be treated as a Disciplinary matter.
(Source – Staff Handbook)

2.5 Vetting of Staff and Monitoring of Visitors

There is careful selection and vetting of all staff (including supply and agency staff), volunteers, and monitoring of visitors to the school to prevent students from being exposed to potential abuse. Recruitment of all staff and volunteers who work with young people in the school is in line with Safeguarding Children and Safer Recruitment in Education – January 2007, 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.

2.6 Induction of New Staff

ALL newly appointed staff must attend Safeguarding training as part of their induction programme. This includes such issues as the definitions of abuse; raising awareness of the signs and symptoms of abuse; the confusion of indicators involved; recognition of how values affect judgement; who to report concerns to and how to do this. The importance of relationships between staff and students based on mutual respect and understanding is paramount, and there are clear boundaries in relation to acceptable behaviour on both sides. Staff are asked to discuss and sign a Safe Working Practice Agreement on starting to ensure they are aware of the guidance on safe practice**.** A copy of the National Network of Investigation and Referral Support Co-ordinators document, “Guidance for Safe Working Practices for the Protection of Children and Staff in Education Settings” is also available in the lead Safeguarding Officer’s office.

2.7 Employee Protection (Safeguarding)

'Young Epilepsy' wishes to work with students in an environment of openness and transparency. Safe work practices and adherence to sound policy protects both staff and students. All concerns will be dealt with confidentially, and Safeguarding files kept securely with prescribed access. Referrals to Surrey Children's and Adult Services, and our Local Authority Designated Officer (the LADO deals with allegations against staff where students under 18 are involved) will be made when necessary. Decisions as to further action will be made by the Surrey Social Services in conjunction with Surrey Police. The full processes involved in this will be found in the Employee Protection (Safeguarding) Policy, which all staff are encouraged to read thoroughly, with specific attention to the Summary of Child Protection Allegation/Concern Form in use.

2.8 Support and Supervision: Students, Family and Staff

Students: Students are aware who they can approach with concerns and posters from Child line and the Surrey Safeguarding Adults Board have been distributed for display on the units. Adult units have also been sent information on the National Youth Advisory service. Safeguarding training for staff includes guidelines on handling disclosures and listening to students. Social Services will advise us regarding giving appropriate support to a child who is involved in a child protection investigation. A student may need to be interviewed, if this is feasible, and would need to be accompanied by staff for both support and care. Such interviews with students 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 student and the situation.

Family: Summary information regarding Safeguarding at Young Epilepsy is contained in the prospectuses. Parents can request to see the Safeguarding Policy and any other Policy documents if they would like to find out more information about our procedures. Social Services will advise us regarding giving appropriate support to families involved in safeguarding investigations or protection plans.

Staff:Young Epilepsy staff have individual supervision and support sessions with a senior member of staff. Social Services may offer support to the Safeguarding Officers and other members of staff who could be involved in a child protection investigation. Any staff in this situation will also be made aware of the services available through the Employee Assistance Programme and will be provided with the contact details. Consult the Employee Protection (Safeguarding) Policy for further information on this.

Section 3: STUDENTS' NEEDS

3.1 Personal Social and Health Education

Young Epilepsy has a pastoral system designed to empower the students 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 all students during class, which seek to teach them about key risks and how to manage them, 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 students the opportunity to discuss issues that are important to them. There are both Well Woman and Well Man clinics available through the Medical Centre which aim to contribute to both the sexual health and knowledge of the students.

3.2 Student's Rights

We recognise that students are our core concern, and must be respected, and given voice in matters relating to their care and education. Student'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. The safeguarding records are kept in individual files, away from the student's own school, care or medical records, and secured in locked cabinets with access clearly defined.

Students must know how, and feel able to complain if they are unhappy with any aspect of living at Young Epilepsy.

3.3 Behaviour Management and Physical Intervention Policies

Students are supported to develop appropriate behaviour through the encouragement of acceptable behaviour and through constructive staff responses to inappropriate behaviour. Young Epilepsy has a written policy on behaviour, made clear to students, parents and staff. All staff are aware of organisational policy on the use and techniques of physical intervention, to protect young people from harm either to themselves or others, according to 550A of the Education Act 1996. Only those staff trained in Safe Support are authorised to apply structured and precise physical intervention as a last resort in severe behaviour incidents. The use of physical intervention is recorded in Incident Reports and reviewed by relevant senior managers. Restraint books available for scrutiny by regulators are maintained in all settings. 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 SO on call.

3.4 Anti-Bullying Policy

Young Epilepsy has an anti-bullying policy, with which all students and staff should be familiar. Students who are bullied or feel they are being bullied are supported, and those who bully others will be subject to a risk assessment. Each will have a care plan outlining actions to address and support issues identified. The school and college recognise the fact 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.

3.5 Health and Intimate Care

Young Epilepsy actively promotes the health care of each student, meets any intimate care needs and has a written policy, implemented in practice, on promoting the health of all the students on site.

3.6 Absent Students - Missing Person Plan

Young Epilepsy has a procedure to follow in the event of any student being absent without authority, or absconding, which is known to staff, children and their parents, and which aims to ensure that they are found as quickly as possible. Students are seen on return, in a positive interview by their key worker, to establish the reason for their absence, and if abuse or potential abuse is a factor, this must be passed to the on call Safeguarding Officer following the Young Epilepsy, SSCB and SSAB Safeguarding procedures.

Section 4: Safeguarding Students under 18years old

4.1 Differences between Children and Adults Requirements in Safeguarding

Different sections for those students under 18yrs and those 18+yrs. are needed from here given the differing definitions involved and differing legal requirements in the reporting of concerns about children and vulnerable adults. Up to the age of 18, our students are subject to child care law and child protection procedures and protocols; on their eighteenth birthday they become subject to adult legislation and vulnerable adult protection procedures and protocols.

However, no matter what the age of the student, the mechanism for Young Epilepsy staff reporting concerns remains the same.

4.2 Children: Recognition and Definitions of Abuse

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.

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

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 outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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. 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.

(Source: Working Together to Safeguard Children 2013)

4.3 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. Suspicions or allegations that a child is suffering or likely to suffer Significant Harm may result in a 'Section 47 Enquiry and Core Assessment' from a Social Worker. See Section 2.1.3. of the current Surrey Safeguarding Children Board Manual "Recognition of Significant Harm". Section 47 is the section of The Children Act 1989 that deals with child protection investigations. *(Source: SSCB Child Protection Procedure Manual 2010)*

4.4 Ill 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 – see below about capacity. If a person is convicted of this offence, they can be imprisoned or fined. The offence could cover the restraint of a student unreasonably against their will, failure to provide adequate care as well as the more commonly understood forms of abuse.

This part of the MCA 2005 applies to children without capacity as well as adults.

4.5 The Mental Capacity Act and Students Aged 16-18yrs.

The Act comes into play whenever anyone over 16 is unable to make a specified decision because the way their brain or mind works is affected by illness or disability, or because of the effects of drugs or alcohol. Its relevance to the safeguarding of 16 – 18yr. olds at Young Epilepsy is that staff can decide to make a referral to safeguarding against the young person's wishes if it is decided that this is in their best interests.

If an adult at risk lacks capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, professionals have a duty to act in their best interests under the Mental Capacity Act 2005. This would automatically trigger a Safeguarding Adults referral.

4.6 Working with Parents and Carers

Good practice informs that regarding general care, education and health issues, all staff should aim to work in partnership with the parents/ carers of students under 18yrs. However, in certain safeguarding issues, concerns cannot be discussed with parents without advice from Social Services as staff may inadvertently alert an abusive parent or carer. Staff in doubt about this must refer to the Safeguarding Officer on call to discuss.

4.7 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, 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.

Any member of staff who suspects a child may be involved in prostitution must follow the usual procedures as above and inform the Safeguarding Officer.

4.8 Private Foster Care

If staff suspect that a child is not being cared for by a relative, and a private or unauthorised arrangement is in place for the child's care, you must report this to the Safeguarding Officer on call, and advice will be sought

from Social Services by a member of the Safeguarding Team. There are regulations in force about such arrangements and it is the role of Social Services to monitor the welfare of any children in this position. There have been occasions when private foster parents have not registered with their local social services to avoid being monitored.

4.9 Young Epilepsy Safeguarding Children Flowchart

Staff Member has a concern about a student under 18 years
e.g. unexplained injury, an allegation about a member of staff/student; practice; action(or lack of) by other staff, student or parent or e-safety concern

↓

Staff member calls the daily Safeguarding Officer (SO) ASAP (& absolutely within 24 hours) & he/she records concern using any actual words from the student.

↓

SO will advise that the member of staff writes full report and sends to that SO immediately. A Skin Map may be required. Staff member may be requested to take further action. SO records actions and decisions, including telephone calls. If issue is urgent, SO refers to lead SO.

↙ ↘

Lead SO reviews referral and confers with Exec on call about referral to the * LADO in Surrey and/or the Surrey County Council Contact Centre Children's Team/ student's SW. HR may need to be informed.
Surrey Police may also be contacted by the LADO.

(**LADO is the Local Authority Designated Officer who is our contact for advice on Child Protection and allegations concerning children only)*

↓

Lead SO sends report to Surrey within 48 hours. Lead SO informs relevant personnel internally: Senior Manager may need to refer the issue to Ofsted/CQC. Lead SO confirms outcome as need.

If the issue was an allegation against staff, lead SO organises completion of form: 'Summary of Child Protection

→

Safeguarding Team deal with internally and discuss all concerns at weekly Safeguarding Meeting. Various actions can be taken, planned or recommended.

↓

Student's safeguarding chronology is updated (Approx. half termly).

A Red Dot is added to the appropriate files.

Safeguarding files are retained securely with defined access.

Section 5: Safeguarding Vulnerable Adults

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.

5.1 Vulnerable Adult - Definition

In 2000, the No Secrets guidance defined a **vulnerable adult** as 'a person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation whether or not a person is vulnerable in these cases will depend upon surrounding circumstances, environment and each case must be judged on its own merits'.

However, in March 2011 the Law Commission recommended that the term "vulnerable adult" be replaced by "**adult at risk**." This is because the term Vulnerable Adult may wrongly imply that some of the fault for the abuse lies with the adult being abused. This document will therefore refer to **"adult at risk"** as an **exact** replacement for the definition of a "vulnerable adult", as defined by No Secrets above.

The No Secrets Guidance (2000) defines **abuse** as „a violation of an individual's human and civil rights by any other person or persons or organisation. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or omission to act or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent."

5.2 Vulnerable Adults – Recognition and Definitions of Abuse

Types of Abuse as defined under No Secrets (2000)

Physical abuse - including hitting, slapping, pushing, burning, misuse of physical restraint, harassment, enforced sedation, inappropriate use of medication, and catheterisation for management ease.

Sexual abuse - including sexual assault or acts to which the adult did not, or could not consent.

Neglect or acts of omission – including ignoring medical or physical care needs, withholding of medication or adequate nutrition and failure to provide access to appropriate health, social care or educational services.

Psychological abuse - <u>including emotional abuse</u>, threats, verbal, deprivation of contact, humiliation, intimidation, coercion, isolation or withdrawal from services

Financial / material abuse - including exploitation and pressure in connection to allowances, wills, property, inheritance or financial transactions.

Discriminatory abuse – including racist, sexist and other forms of harassment.

Other forms of Abuse recognised nationally and in Surrey since the publication of No Secrets (2000)

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.

Verbal abuse – shouting, swearing, inappropriate language, insults.

Institutional abuse - Institutional abuse occurs when the lifestyles of individuals are sacrificed in favour of the rituals, routines and/or restrictive practices of the home or care setting.

Domestic violence & 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

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'.

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."

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

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/.

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

5.3 Ill-Treatment or Willful Neglect

As above for students under 18yrs, 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 – see below about capacity. If a person is convicted of this offence, they can be imprisoned or fined. The offence could cover the restraint of a student unreasonably against their will, failure to provide adequate care, as well as the more commonly understood forms of abuse above.

5.4 Human Rights

There are sixteen basic rights in the Human Rights Act 1998, which gives further effect to the fundamental rights and freedoms drawn up by European Convention on Human Rights. These rights must be borne in mind for all adults as follows:

- Right to life;
- Prohibition of torture;
- Prohibition of slavery and forced labour;
- Right to liberty and security;
- Right to a fair trial;
- No punishment without law;
- Right to respect for private and family life;
- Freedom of thought, conscience and religion;
- Freedom of expression;
- Freedom of assembly and association;
- Right to marry;
- Prohibition of discrimination;
- Protection of property;
- Right to education;
- Right to free elections;
- Abolition of the death penalty.

There are situations where some of these rights can be restricted and limited, but only in specified circumstances.
(Human Rights Act An Introduction: Home Office Communication Directorate 2000)

There will be times when an adult student's best interests and need for safety and protection will infringe some of the rights above.

5.5 Mental Capacity Assessments

The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who may need support in making decisions and is underpinned by the following five principles:

- Every adult has the right to make his or her own decisions and must be assumed to have capacity unless it is proved otherwise;
- People must be supported as much as possible to make a decision before anyone concludes that they cannot make their own decision;
- People have the right to make what others might regard an unwise or eccentric decision;
- Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests;
- Anything done for or on behalf of a person without capacity should be the least restrictive of their basic rights and freedoms

In order to decide whether an individual has the mental capacity to make a particular decision, you must first decide whether there is an impairment of, or disturbance in, the functioning of the person's mind or brain (it does not matter if this is permanent or temporary). If so, the second question you must answer is, does the impairment or disturbance make the person unable to make the decision that has been given to them?

The person will be unable to make the particular decision if, after all appropriate help and support to make the decision has been given to them, they cannot:

1. Understand the information relevant to that decision, including understanding the likely consequences of making, or not making the decision;
2. Retain that information;
3. Use or weigh up that information as part of the process of making the decision;
4. Communicate their decision (whether by talking, using sign language or any other means)

(Source: *Making decisions – a guide for people who work in health and social care; DoH and others)*

Assessments made under this Act must be recorded and signed by those involved. Capacity is decision specific and is considered to fluctuate, even by the hour. A person may be assessed as having capacity to make a particular decision one day, but not another. To act in a way that works against students over 18yrs. being involved as much as possible in their own decision making is abusive.

5.6 How Should Students Over 18yrs. be Helped to Make Their Own Decisions?

To help a student over 18yrs. make a decision for themselves, check the following: points.

- Providing relevant information: Does the student have all the relevant information in an appropriate format that they need to make a particular decision? If they have a choice, have they been given information on all the alternatives and on the possible consequences of their decision?
- Communicating in an appropriate way: Could information be explained or presented in a way that is easier for the student to understand (for example, by using simple language or visual aids)? Have different methods of communication been explored if required, including non verbal communication? Could anyone else help with communication (for example, a family member, support worker, interpreter, speech and language therapist or advocate)?
- Making the student feel at ease: Are there particular times of day when the student's understanding is better? Are there particular locations where they may feel more at ease? Could the decision be put off to see whether the student can make the decision at a later time when circumstances are right for them?
- Supporting the student: Can anyone else help or support the student to make choices or express a view?
- The student should not feel under any pressure or be coerced into making a decision by anyone including staff members, parents or carers.

There are several ways in which students can be helped and supported to enable them to make a decision for themselves. These will vary depending on the decision to be made, the time-scale for making the decision and the individual circumstances of the student making it. Significant, one-off decisions will require different considerations from day-to-day decisions about a student's care and welfare. However, the same general processes should apply to each decision.
(Source: Mental Capacity Act 2005 Code of Practice: 'student' substituted for 'person')

5.7 Independent Mental Capacity Advocates (IMCAs)

The purpose of the IMCA service is to help particularly vulnerable people who lack the capacity to make important decisions about serious medical treatment and changes of accommodation, and who have no family or friends that it would be appropriate to consult about those decisions, or who may be planning to act in a way not compatible with their best interests. IMCAs will work with and support people who lack capacity, and represent their views to those who are working out their best interests. Chapter 10 of the Mental Capacity Act Code of Practice 2007 provides guidance both for IMCAs and for everyone who may need to instruct an IMCA.
(Source: Mental Capacity Act Code of Practice 2007)

The organisation that covers Young Epilepsy geographically and that can signpost staff and others who need to discuss an IMCA for a student over 18yrs. is KAG (Kingston Advocacy Group) – details on the following website:
http://www.kag.org.uk/kagservices.php

5.8 What are 'Best Interests'

The term 'best interests' is not actually defined in the Mental Capacity Act 2005. This is because so many different types of decisions and actions are covered by the Act, and so many different people and circumstances are affected by it.

Section 4 of the Act explains how to work out the best interests of a person who lacks capacity to make a decision at the time it needs to be made. This section sets out a checklist of common factors that must always be considered by anyone who needs to decide what is in the best interests of a person who lacks capacity in any particular situation.

Some factors which form part of the 'best interest' decision include:

- the wishes and beliefs of the student when competent;
- their current wishes;
- their general wellbeing;
- their spiritual and religious welfare.

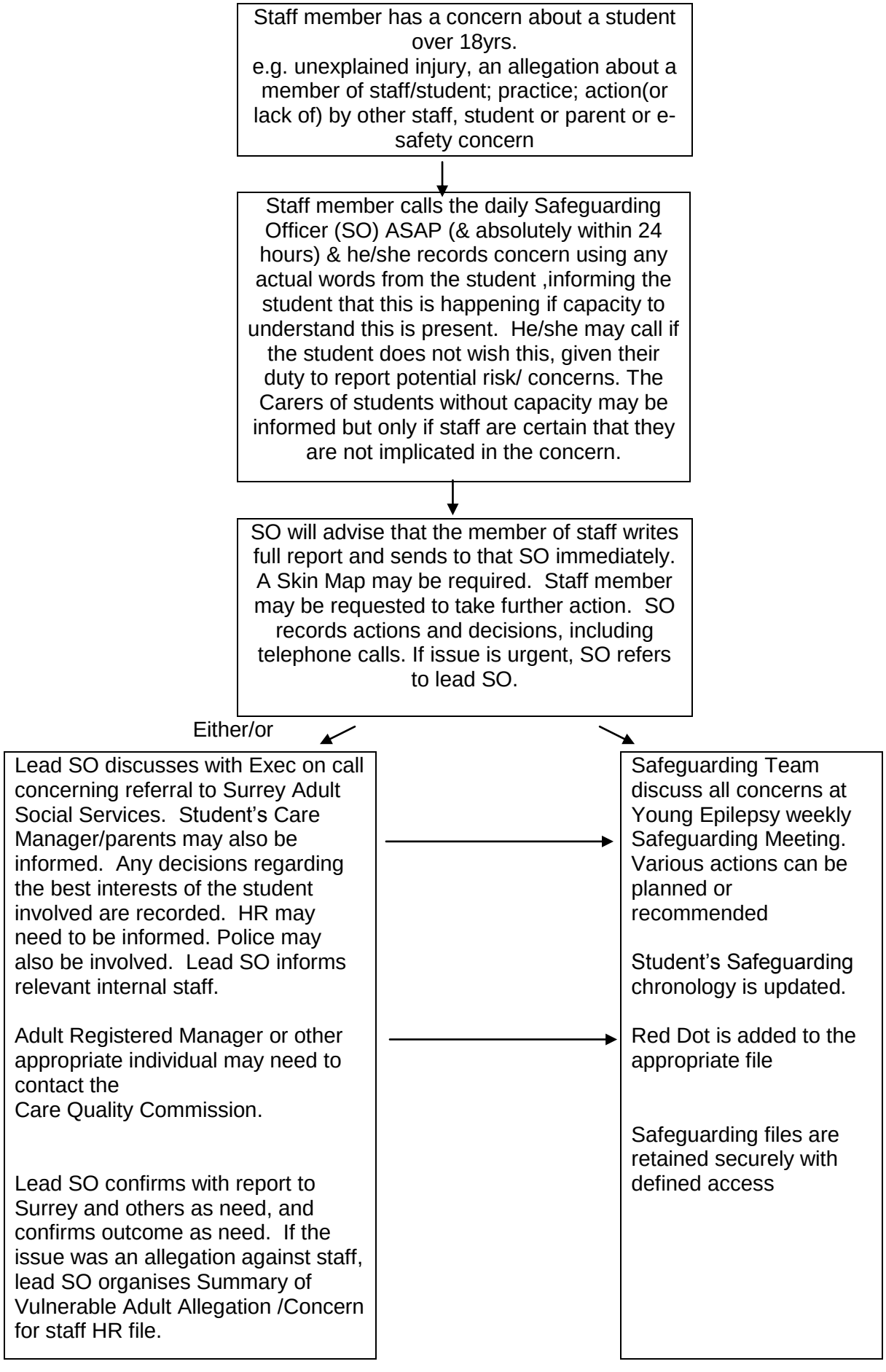
The checklist is only the starting point: in many cases, extra factors will need to be considered. When working out what is in the best interests of the person who lacks capacity to make a decision or act for themselves, decision-makers must take into account all relevant factors that it would be reasonable to consider, not just those that they think are important. They must not act or make a decision based on what they would want to do if they were the person who lacked capacity.

Depending on the decision involved, a range of carers, advocates, support workers, family members and professionals may be involved in best interest decisions for a person without capacity to make the decision in question. Deputies and Attorneys appointed under the Act for a person can also decide.
(Source: Mental Capacity Act 2005 Code of Practice: 'student' substituted for 'patient')

5.9 Sharing information

Permission should be sought from student 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 student's best interests, the information may be shared without the student's consent. For students without the capacity to understand the issue in hand, a decision will need to be made by staff about their best interests in the situation. All such decision making needs to be recorded.

5.10 Young Epilepsy Safeguarding Vulnerable Adults Flowchart



Signs of Abuse in Children & young people:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services/contact centre

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child or young person may:

- Appear frightened of the parent/s/carers
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children & young people can have accidental bruising, but the following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

Recognising Signs of Sexual Abuse

Children & young people of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child/young person to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child/young person discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, in appropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is "acting out"

which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
    - Understanding that is proposed based on age, maturity, development level, functioning and experience
    - Knowledge of society's standards for what is being proposed
    - Awareness of potential consequences and alternatives
    - Assumption that agreements or disagreements will be respected equally
    - Voluntary decision
    - Mental competence
- **Coercion –** the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide. Further information and advice is available in the Surrey multi-agency protocol "Working with Sexually Active Young People" available at www.surreycc.gov.uk/safeguarding, by choosing Safeguarding Children – Protocols and Guidance for Professionals. Assessment, Consultation and Therapy (ACT) 01306 745310 can also assist professionals in identifying sexual behaviour of concern in children and adolescents.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment

- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Safeguarding Children/Young People and Adults at Risk - Safe Working Practice Agreement

St Piers School, St Piers College, the NCEC and the Assessment Unit at Young Epilepsy are all committed to safeguarding and promoting the welfare of children and young people and expect all staff (including supply, casual, and temporary and agency staff) and volunteers, with no exception, to share this commitment.

It is everyone's responsibility to ensure that children and young people are cared for appropriately and safeguarded from any harm, and to maintain their duty of care to promote the health, safety and welfare of all members of the Young Epilepsy community.

The staff code of conduct and relevant policies give clarity to the measures needed to ensure that all employees and students can work within and enjoy being part of a safe and caring environment.

It is acknowledged that the vast majority of employees behave appropriately whilst working with our students. Whilst it is recognised that the individual members of an organisation may hold differing values and opinions, adults working in educational settings are in a position of trust and their conduct is, therefore, governed by specific laws and guidance and the policies and procedures agreed by the Executive and the Governing Bodies involved.

Staff occasionally express uncertainty as to what is and is not acceptable and seek guidance regarding those behaviours which, whilst most probably innocent, may be perceived by others as inappropriate*.

The following is, therefore, a code of appropriate conduct for all adults working in or on behalf of Young Epilepsy including those involved in home visits or any out of school/college activities. Adherence to this code should ensure that both students and staff are safe from misconduct or unfounded allegations of misconduct.

You should always:

- Adhere to all organisational policies, many of which are specifically written with safeguarding in mind;
- Behave in a mature, respectful, safe, fair and considered manner at all times;
- Provide a good example and be a 'positive role model' to the students;
- Observe other people's right to confidentiality (unless you need to report a concern);
- Treat all students the same; never build 'special relationships' with individual students or confer favour on particular students.
- Acknowledge and maintain professional boundaries

Report to the Safeguarding Officer on call (the Chair of the Governors will be informed if there is a concern regarding an Executive Member or the CEO)

- Any behaviour by staff or situation which may give rise to complaint, misunderstanding or misinterpretation;
- Any difficulties that you are experiencing, for example, coping with an unruly student; situations where you anticipate that you may not be sufficiently qualified, trained or experienced to deal with or handle appropriately;

- Any behaviours of another person working at Young Epilepsy which give you cause for concern or breach of this code of conduct or other organisational policies and procedures.

You should never:

- Behave in a manner that could lead a reasonable person to question your conduct, intentions or suitability to care for other people's children or for vulnerable adults;
- Be Facebook friends with or communicate via social networking sites with a student at Young Epilepsy or a parent of a student at Young Epilepsy.
- Share your personal telephone or mobile numbers with a student/parent
- Touch students in a manner which is or may be considered sexual, threatening, gratuitous or intimidating, or in a manner which may be mis-interpreted by the student;
- Discriminate either favourably or unfavourably towards any student;
- Make arrangements to contact, communicate or meet students outside of work;
- Develop 'personal' or sexual relationships with students;
- Push, hit, kick, punch, slap, throw missiles at or smack a student or threaten to do so. If your own personal safety is severely threatened or you have been injured or hit, the system of restraint used here can be considered as a last resort if all other strategies fail to deflect an attack and you and/or others are at risk of serious injury;
- Make inappropriate* remarks or jokes of a personal, sexual, racial, discriminatory, intimidating or otherwise offensive nature;
- Intentionally embarrass or humiliate students, for example, by using sarcasm or humour in an inappropriate* way;
- Give or receive (other than 'token') gifts unless arranged through your line manager;
- Encourage or condone students to act in an illegal, improper or unsafe manner e.g. smoking or drinking alcohol unwisely;
- Behave in an illegal or unsafe manner, e.g. exceeding the speed limit, being under the influence of drugs or alcohol, driving a vehicle which is known to be un-roadworthy or otherwise unsafe or not having appropriate insurance, using a mobile phone whilst driving, fail to use seatbelts and drive in a safe manner at all time whilst transporting students;
- Undertake any work with students when you are not in a fit and proper physical or emotional state to do so, e.g. under the influence of medication which induces drowsiness; with a medical condition which dictates that you should not be caring for students; under extreme stress which is likely to impair your judgment.

*** Please note:**
It is the perception of the person subject to a remark or action rather than your stated intention that defines 'appropriate' or 'inappropriate'.

I have read the Safeguarding Policy and agree to follow this Safe Working Practice Agreement.

Signed..... Date.....

Name (Please Print).....

Related Young Epilepsy Policies

- Accidents
- Behaviour Management Policy
- Medication Policy
- Consent Policy
- Missing Person Plan
- Employee Protection
- Employee Protection (Safeguarding)
- Physical/Intimate Care
- Whistle-blowing Policy
- Behaviour Management
- Health and Safety Policy
- Sexuality and Relationships
- Standards of Conduct Policy
- Complaints Management Policy
- Relationships and Sex Education
- Student Bullying with Cyberbullying appendix
- Physical Contact policy
- E-Safety

Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad

- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

Executive Lead	John Cowman	01342 831324 07825 1889 47
Designated Senior Person/Lead SO	Peter Savage	01342 831335 07825 1888 78
Lead Governor	David McLachlan	
Safeguarding Advisors		
Head of Adult Residential Service	Gill Walters	07825 1888 20
Epilepsy Nurse Specialist	Clare Harrisson	07825 1888 97
Teacher (School)	Ginnie Evatt	07825 1889 16
Tutor	Liam Doyle	07825 1888 60
House Manager	Jay Shekleton	07825 1888 55

Contact Points for Safeguarding in Surrey County Council

Students under 18	Contact
Allegation against staff	LADO on Duty at CP Unit 01372 833321
Significant harm to child here or at home. Note – if the harm happened at home you will be re-directed to the student's local Social Worker/ Social Services Department	Contact Centre Children's Team 0300 200 1006
To report a childs death	Contact Linda King – Surrey Child Death Co-ordinator – 01372 833319 Lindaanne.king@surreycc.gov.uk

Students 18 and over	Contact
Allegation against staff	Call the Contact Centre (Adult Social Care Line) on 0300 200 1005
Serious harm to vulnerable adult Note – as above if the harm happened at home you will be re-directed to the student'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.