

Safeguarding Children and Adults at Risk Policy and Procedure

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Issue Date: May 2018	Last Reviewed: February 2024	Responsible: Director of Care Services

1. Policy Statement

- 1.1 The Epilepsy Society is accountable to the communities it works in and the people it supports. We are also accountable to our staff, volunteers, trustees, donors and supporters.
- 1.2 Everyone has the right to be protected from all forms of harm. This right exists regardless of the persons:
 - age
 - sex
 - gender identity
 - disability
 - sexual orientation
 - race
 - religion or belief
 - marital status / civil partnership
 - pregnancy or maternity
- 1.3 Safeguarding is a priority across the Charity. This policy sets out our safeguarding principles and standards.
- 1.4 Our Guidance on Safeguarding explains our approach to the three core areas of safeguarding practice.
 - Prevention – doing all we can to prevent harm from happening.
 - Reporting and Response – doing all we can to report concerns and make sure people are safe when harm does occur.
 - Governance and Review – doing all we can to learn from incidents where harm occurs or might have occurred.
- 1.5 At the Epilepsy Society, we strive to go beyond safeguarding compliance. We want a culture where everyone is treated with respect and feels safe to raise any concerns.
- 1.6 We will not tolerate any form of abuse, exploitation, or misuse of power. This includes abuse towards children or adults at risk. It includes those who use or come into contact with our services, as well as those in the communities we serve.
- 1.7 Staff found to have caused harm through abuse, exploitation, or the misuse of power will be subject to disciplinary action, which may result in dismissal.

Our Code of Conduct sets out expected behaviour from all who work with us in any role.

- 1.8 Our Director of Care Services will be the executive Safeguarding lead. The Chair of the Board of Trustees will nominate a suitable Trustee to be the non-executive safeguarding lead.
- 1.9 This policy meets the requirements of our commissioners, funders and regulators.

2. Purpose and Scope

- 2.1 This policy explains our commitment to safeguarding children and adults at risk. It covers all types of harm, including all forms of abuse and exploitation.
- 2.2 Our Guidance on Safeguarding outlines the process we follow to prevent, report, respond and learn from safeguarding concerns. This applies to everyone who comes into contact with us.
- 2.3 Harm includes harm arising from:
 - The conduct of our staff or volunteers
 - The design and implementation of our services and activities.

This policy does not cover sexual or other forms of harassment between staff or volunteers.

- 2.4 Everyone who works with us or for us must abide by this policy and its guidance. This includes our staff, volunteers, trustees, consultants, and contractors.
- 2.5 Our partners must have a policy that aligns with this policy.

3. Prevention

- 3.1 Prevention is the first of the three pillars of our approach to safeguarding. Prevention focuses on what we do to stop safeguarding incidents from occurring.
- 3.2 Prevention means we will ensure all our staff, volunteers, trustees and associated personnel:
 - Have access to our safeguarding policy and up-to-date guidance.
 - Know how to recognise abuse and exploitation.
 - Are clear on the prohibited behaviours and the behaviours we expect. We explain this in our Code of Conduct.
 - Receive information on safeguarding and raising concerns as part of their induction.
 - Receive safeguarding training during their induction and every year after this. This training will be appropriate to their role and responsibilities.

- 3.3 We design and manage what we do with safeguarding in mind. This means looking at how we can protect people from any risk of harm arising from their contact with us. This includes specific measures around Sexual Exploitation, Abuse and Harassment (SEAH), how we handle personal information and our fundraising activities.

We have a safe recruitment policy. We use this when recruiting staff, volunteers, trustees and associated personnel.

- 3.5 We think about safeguarding in the way we manage and deploy people.
- 3.6 We will complete safeguarding due diligence with our partners. Due diligence includes checking how partners report and respond to safeguarding concerns. It will also look at how partners check their partners. Our safeguarding expectations are part of the contracts we have with partners.

4. Reporting and Responding

- 4.1 Reporting and responding is the second pillar of our approach to safeguarding. This pillar focuses on how we report, record and respond to safeguarding concerns.
- 4.2 Staff, volunteers, trustees, and associated personnel must report all incidents, allegations, or concerns. This applies if they witness or hear about things that relate to children or adults at risk. They should report concerns immediately to their line manager. If they do not feel comfortable doing so, they may report to any other staff member including Safeguarding reps.
- 4.3 Safeguarding concerns can also be raised directly with our Director of Care Services.
- 4.4 There are external agencies to whom concerns can also be raised. We explain more about this in our Guidance on Safeguarding. In summary, they include the following.
- **Care Quality Commission** – where concerns relate to any of our services registered with CQC.
 - **Buckinghamshire Council** – where concerns relate to our services in Buckinghamshire.
- 4.5 We ensure all our services and offices have a Safeguarding Contacts Poster to help people know whom to contact if they are concerned. This includes both internal and external reporting.
- 4.6 Our **Guidance on Safeguarding** includes reporting flowcharts, including any external reporting requirements.
- 4.7 Our approach to safeguarding means we will do the following.
- a) Ensure local, safe and accessible means of reporting safeguarding concerns are available.
 - b) Tell people how to report concerns.

- c) Not tolerate victimisation or negative treatment to anyone reporting concerns.
- d) Record all safeguarding concerns and learn from them.
- e) Respond to all concerns, ensuring the survivor is at the centre of the process.
- f) Adhere to external safeguarding reporting requirements for safeguarding incidents.
- g) Consider the victims wishes and capacity to consent. This will include whether external reporting would pose any extra risk of harm.
- h) Take appropriate disciplinary action against staff who breach this policy. This may include dismissal. We will take the same approach to staff who breach our Code of Conduct.
- i) Reconsider our contracts with volunteers, trustees, contractors or partners who breach this policy.
- j) Offer support to victims of harm caused by someone linked to the Epilepsy Society. In some circumstances, we will sign or refer people to other organisations¹. The survivor will lead decisions about their support.
- k) Ensure we maintain confidentiality at all stages of the process. We will share information relating to a safeguarding concern;
 - on a need-to-know basis only or
 - where required to do so by law or
 - for the safety of others

5. Governance and Review

- 5.1 Governance and Review is the third pillar of our approach to safeguarding. Governance and Review focus on ensuring appropriate oversight, monitoring, review and learning.
- 5.2 Our Trustee Board has overall oversight for safeguarding. The Chair of the Board of Trustees will nominate a suitable Trustee to be the non-executive Safeguarding Lead.
- 5.3 We report to each Research Medical and Care committee meeting on serious safeguarding concerns and their investigation outcomes.
- 5.4 We will notify our Safeguarding Lead Trustee of all serious safeguarding incidents.
- 5.5 Reporting to the Charity Commission is subject to a Board of Trustee decision.
- 5.6 The Executive Directors have a designated responsibility for implementing this policy within their directorates.

¹ Some international programme contracts include a Child Protection element. Where they do we will provide support to survivors in line with this agreement.

- 5.7 Our Director of Care Services is our executive Safeguarding Lead.
- 5.8 The Director of Care Services monitors and reviews our Safeguarding Policy. They also review our Guidance on Safeguarding and response to safeguarding incidents and learning.
- 5.9 We will review our Safeguarding Policy and guidance annually. Learning from incidents will inform this review.

6. Roles and Responsibilities

- 6.1 All staff and volunteers are responsible for reading and following;
- this policy
 - safeguarding guidance

They must also;

- raise safeguarding concerns as soon as possible.
 - ensure that the people supported by Epilepsy Society and others feel empowered to raise safeguarding concerns.
 - ensure people can raise concerns without fear of retribution in any form.
- 6.2 Senior staff must lead by example. They must promote a safeguarding culture where people feel safe raising concerns. They must also ensure that they integrate our safeguarding approach into all that we do.

7. Linked Policies and Guidance

- 7.1 There are several policies and guidance which link to this policy. All relate to our role in safeguarding our customers, employees and volunteers.
- 7.2 The policies most directly linked to this are;
- Guidance on Safeguarding Adults and Children
 - Code of Conduct
 - Serious Incidents Policy and Guidance
 - Complaints Policy and Guidance on Managing Complaints
- 7.3 The policy aligns with our commissioner, funder, regulatory and inspectorate frameworks requirements, including:
- Care Quality Commission

8. Approval, History and Review

- 8.1 We will review this policy every year. We may do this sooner if changes result from new legislation or regulation.
- 8.2 We will review this policy by 30 February 2025.