

# Safeguarding Children and Adults at Risk Policy and Procedure

Policy Reference: <b>1-0012</b>		
Issue Date: <b>May 2018</b>	Last Reviewed: <b>March 2026</b>	Responsible: <b>Nominated Individual</b>

## 1. Policy Statement

- 1.1 The Epilepsy Society believe every person has the right to live free from abuse, neglect, exploitation or the misuse of power. We will strive to prevent harm, identify risks early, respond proportionately and have an open approach to learning to incidents of abuse, local or national initiatives.
- 1.2 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.
- 1.3 Everyone has the right to be protected from all forms of harm. This right exists regardless of the persons.
- age
  - sex
  - gender reassignment
  - disability
  - sexual orientation
  - race
  - religion or belief
  - marriage or civil partnership
  - pregnancy or maternity
- 1.4 Safeguarding is a priority across the Charity. This policy sets out our safeguarding principles and standards.
- 1.5 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.
- 1.6 At the Epilepsy Society, we want a culture where everyone is treated with respect and feels safe to raise any concerns.

- 1.7 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.
- 1.8 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.
- 1.9 Our Nominated Individual is the Designated Safeguarding Lead. The Chair of the Board of Trustees will nominate a suitable Trustee to be the non-executive lead.
- 1.10 This policy meets the requirements of our commissioners, funders and regulators.

## 2. Purpose and Scope

**Applies to:** All Trustees, staff (including agency), volunteers, contractor, visitors.

**Principles (Care Act):** Empowerment, Prevention, Proportionality, Protection, Partnership, Accountability; embedded through Making Safeguarding Personal.

**Children:** For anyone under the age of eighteen we follow Working Together 2023 multi-agency expectations and child protection standards.

- 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. An adult at risk is a person aged eighteen or over who has needs for care and support, is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves.
- 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.
  - Peer to peer abuse.
  - The design and implementation of our services and activities.

This policy does not cover sexual or other forms of harassment between staff or volunteers. (refer to HR3.17 Bullying and Harassment policy and procedure)

- 2.4 Everyone who works with us or for us must abide by this policy and its guidance.

## 3. Prevention

- 3.1 Prevention is the first 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, and Trustees:

- 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 through eLearning. This training will be appropriate for their role and responsibilities.
- Trustees will attend Safeguarding Training every 3 years.

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 manage personal information and our fundraising activities.

3.4 We have a Safe Recruitment Policy that we follow when recruiting staff, volunteers, and Trustees. **policy and procedure** explain more about this.

3.5 We think about safeguarding in the way we manage and deploy people.

3.6 Safeguarding information is available in accessible formats.

3.7 Families are told how to raise concerns.

#### 4. Reporting and Responding

4.1 Reporting and responding is our approach to safeguarding. This focuses on how we report, record and respond to safeguarding concerns.

4.2 Staff, volunteers and trustees 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 a Safeguarding Rep, or another senior member of staff.

4.3 Concerns may also be raised under the Whistleblowing Policy where appropriate.

4.4 Safeguarding concerns can also be raised directly with our Nominated Individual Services who will report all serious incidents to the nominated Safeguarding Lead Trustee.

4.5 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.
- 4.6 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.
- 4.7 Our **Guidance on Safeguarding** includes reporting flowcharts, including any external reporting requirements.
- 4.8 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 victim is at the centre of the process.
  - f) Adhere to external safeguarding reporting requirements for safeguarding incidents.
  - g) Consider the survivors' 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, or partners who breach this policy.
  - j) Offer support to victim of harm caused by someone linked to the Epilepsy Society. In some circumstances, we will sign or refer people to other organisations<sup>1</sup>. The victim 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. Information will be shared in line with data protection legislation where there is a lawful basis, including safeguarding and prevention of harm;
    - 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 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 Board meeting on 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 are the designated safeguarding leads for their departments. They are responsible for implementing this policy within their directorates.
- 5.7 Our Nominated Individual is our Designated Safeguarding Lead.
- 5.8 The Nominated Individual 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 The following roles and responsibilities apply at the Epilepsy Society to implement our policy relating to safeguarding:
  - **Trustee Safeguarding Lead:** non-executive oversight; receives serious incident reports relating to safeguarding; overview of resourcing and culture and reporting from the executive/Designated safeguarding lead.
  - **Nominated Individual (Designated Safeguarding Lead for vulnerable adults and children):** Policy owner; ensures training and knowledge across the workforce including volunteers; reporting; liaison with statutory partners and responsible for duty of candour implementation.
  - **All staff/volunteers:** Duty to prevent, identify, report concerns immediately; follow MCA procedures and cooperate with enquiries or investigations.
- 6.2 All staff and volunteers are responsible for reading and following;
  - this policy
  - safeguarding guidanceThey 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.
- 6.3 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, Guidance & Legislation

- 7.1 There are several policies and guidance which link to this policy. All relate to our role in safeguarding the people we support, employees and volunteers.
- 7.2 The policies most 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
  - Safer Recruiting Policy
  - Disciplinary Policy
- 7.3 The policy aligns with our commissioner, funder, regulatory and inspectorate frameworks requirements, including the Care Quality Commission.
- 7.4 **PiPoT** - The charity applies the 'Person in a Position of Trust' (PiPoT) framework by ensuring that any concerns or allegations about staff, volunteers that may pose a risk to adults or children are reported promptly to the appropriate safeguarding authority and managed in line with local multi-agency PiPoT procedures.
- 7.5 **Legislation** relating to this policy include:
- **Care Act 2014:** Establishes legal framework for adult safeguarding—local authorities must make enquiries (s.42), set up Safeguarding Adults Boards (s.43), and conduct reviews (s.44).
  - **Care Act 2014 – Making Safeguarding Personal** - We follow the principles of Making Safeguarding Personal by ensuring that safeguarding responses are person-led and outcome-focused, involving individuals in decisions about their safety and support wherever possible.
  - **Mental Capacity Act 2005:** Governs capacity assessments, best interests' decisions, and deprivation of liberty safeguards (DoLS).
  - **Safeguarding Vulnerable Groups Act 2006:** Underpins DBS vetting and barring for individuals working with children or vulnerable adults.
  - **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically Regulation 13:** Requires providers to establish systems to protect service users from abuse, improper treatment, unlawful restraint, and deprivation of liberty.
  - **The Safeguarding Vulnerable Groups Act 2006 (Amendment) (Provision of Information) Order 2025.**

- **Working Together to Safeguard Children (2023) (Statutory Guidance):** Defines multi-agency safeguarding systems, national child protection standards, thresholds and shared responsibilities.
- **Crime and Policing Bill (2025 if enacted):** Introduces a statutory mandatory reporting duty for regulated professionals to report known child sexual abuse, creates offences for obstructing reporting, and removes supervision exemptions in regulated activities.

## 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 28 February and annually thereafter.