Epilepsy Action Safeguarding Children Policy

At Epilepsy Action, safeguarding is a core responsibility. We are committed to ensuring that no harm comes to individuals in contact with our services. The Trustee Board (TB) are responsible for ensuring the charity fulfils its safeguarding responsibility and has a Safeguarding Lead to oversee this.

- **Safeguarding Lead (SL)** operationally responsible for ensuring concerns are reported to the relevant authority(s).
- Deputy Safeguarding Lead (DSL)- deputises for the Lead in their absence

Epilepsy Action will always aim to have either the SL or DSL available to assist staff/ volunteers with safeguarding matters. Where this is not possible, another member of SLT will make this decision with another member of SLT and/ or department manager. Leads and deputies are as follows:

Name	Role	Job title
Ann Richardson-Greaves	Safeguarding Lead	Director of Services
Rebekah Smith	Deputy Safeguarding	CEO
	Lead	
Steph Smith-Crawshaw	Deputy Safeguarding	Director of people and
	Lead	Culture
Tom McLaughlan	Safeguarding Lead for	Trustee
	Trustee Board	

This policy applies to:

- all paid staff and volunteers
- Senior Leadership Team (SLT)
- Trustee Board
- anyone working on behalf of Epilepsy Action.

No one should ignore allegations or suspicions of abuse or neglect, doing nothing is **not** an option.

Safeguarding is everyone's business

This policy helps to:

- Prevent abuse and neglect wherever possible.
- Reduce harm and risks to children and young people
- Ensure all staff and volunteers know how to raise safeguarding concerns.
- Provide a clear approach for handling safeguarding issues

It's important we have a policy because in the course of their day-to-day work within Epilepsy Action it's possible that staff/ volunteers (which for the avoidance of doubt includes trustees) may have contact with children.

Epilepsy Action aims to keep children safe and prevent them from harm. We are committed to:

having sound recruitment practices

Revised date: Sept 2025 Page 1 of 9

- ensuring all staff/ volunteers have an understanding and awareness of children's safeguarding
- ensuring all staff/ volunteers know how to raise safeguarding concerns and feel confident doing so

Our legal duties

Although currently there are no specific mandatory regulations in the UK requiring staff and volunteers at Epilepsy Action to report suspicions of child abuse to the authorities, there are some expectations that are set out in legislation and guidance.

Sections 11 and 12 of the <u>Children Act 2004</u> places a statutory duty on agencies to co-operate to safeguard and promote the welfare of children.

Paragraphs 15 and 16 of the introduction to the government guidance 'Working together to safeguard children' state that "Everyone who works with children - including teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers - has a responsibility for keeping them safe".

Legislation and guidance across the UK highlights the responsibility of those who work with children to safeguard them from all forms of abuse and neglect.

- Child protection in England
- Child protection in Northern Ireland
- Child protection in Scotland
- Child protection in Wales

Other relevant legislation in relation to children's safeguarding includes:

- The Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Safeguarding Vulnerable Group Act 2006
- Protection of Freedoms act 2012
- Children and Families Act 2014
- Special Educational Needs and Disability (SEND) code of practice 0-25 years. This is statutory guidance for organisations that work with and support children and young people who have special educational needs or disabilities (HM Government 2014)

Who is protected by this policy?

Safeguarding and child protection applies to all children and young people under the age of 18. This includes service users and their children.

Epilepsy Action recognises that:

- The welfare of the child is paramount as enshrined in the Children Act 1989
- All children regardless of age, disability, gender, gender reassignment, marriage and civil
 partnership, pregnancy or maternity, racial heritage, religious belief, sexual orientation or
 identity have a right to equal protection from all types of harm and abuse

Revised date: Sept 2025 Page 2 of 9

Some children are especially vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues

What do we mean by safeguarding?

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant hardship. This includes child protection procedures which detail how to respond to concerns about a child.

What is child abuse?

Epilepsy Action follows guidance on child safeguarding and child protection set out by the NSPCC, who are a leading child safety charity.

The NSPCC have extensive information on child abuse, the different types of abuse and signs and symptoms of child abuse.

Below is a summary of the main types of child abuse. Further information on signs and symptoms of abuse can be found on the NSPCC website

Type of Abuse	Detail of abuse	Signs of abuse
Domestic abuse	Can apply to different types of abuse that occur either in a relationship or between family members, inc teenage relationships • children witnessing domestic abuse this is considered child abuse	 become aggressive display anti-social behaviour suffer from depression or anxiety not do as well at school - due to difficulties at home or disruption of moving to and from refuges.
Sexual abuse	 Sexual touching of any part of the body clothed or not rape or penetration by putting an object or body part inside a child's mouth, vagina or anus forcing or encouraging a child to take part in sexual activity making a child take their clothes off or touch someone else's genitals. Non-contact abuse can happen online or in person and includes: encouraging or forcing a child to watch or hear sexual acts making a child masturbate while others watch not taking proper measures to 	 Anal/ vaginal soreness or itching bruising or bleeding near the genital area discomfort when walking or sitting down an unusual discharge sexually transmitted infections (STI) pregnancy using sexual language or know things about sex that you wouldn't expect them to

Revised date: Sept 2025

	prevent a child being exposed to sexual activities by others • persuading or forcing a child to send or post sexually explicit images ofthemselves • showing pornography to a child making, viewing or distributing child abuse images	
Neglect	 Not providing adequate food, clothing or shelter Not supervising a child or keeping them safe from harm or danger(including leaving them with unsuitable carers) Not ensuring a child receives appropriate health and/or dental care Not ensuring the child receives a suitable education Not meeting the child's basic emotional needs – this is known as emotional neglect. 	 may appear hungry/ do not have lunch money, may steal food May appear dirty or smelly clothes are inadequate for the weather conditions left alone or unsupervised for long periods or at a young age untreated injuries, health or dental problems development delays- speech, social skills. unsuitable home environment
Online abuse	Abuse that occurs online and through social media	•
Physical abuse	Where a child is hurt or injured deliberately. It can involve • hitting • kicking • shaking • throwing • poisoning • burning • suffocating	 bruises on babies who are not yet crawling or walking bruises on the cheeks, ears, palms, arms and feet bruises on the back, buttocks, tummy, hips and backs of legs multiple bruises in clusters bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe large oval-shaped bite marks. Burns in the shape of an object e.g. cigarette
Emotional/ psychological abuse	Neglecting a child's emotional needs or mistreating them emotionally • humiliating, putting down or regularly criticism	 being overly-affectionate towards strangers or people they haven't known for very long appearing to have a distant

Revised date: Sept 2025 Page 4 of 9

	fault controlling not allowing a child to have friends or develop socially exposing a child to distressing events or interactions cold and emotionally unavailable	
Child sexual exploitation (CSE)	When a child is exploited sexually for gain. The gain could be financial, but it can also be for power or status may be coerced or groomed into exploitative situations given gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities.	 go missing from home/ care or education involved in abusive relationships hang out with groups of older people/ have older girlfriends/ boy friends be involved in gangs or antisocial groups be involved in petty crime such as shoplifting have access to drugs and alcohol and new things such as clothes and mobile phones, which they aren't able to easily explain
Female genital mutilation (FGM)	The ritual removal of some or all of the female genitalia for non-medical reasons Child is taken on a long holiday abroad or going 'home' to visit family relative or cutter visits from abroad a special occasion/ ceremony to 'become a woman' or get ready for marriage missing school repeatedly or running away from home.	 have difficulty walking, standing or sitting spend longer in the bathroom or toilet appear withdrawn, anxious or depressed have unusual behaviour after an absence from school or college be particularly reluctant to undergo normal medical examinations ask for help, but may not be explicit about the problem due to embarrassment or fear
Bullying and cyberbullying	 Bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable name calling non-verbal abuse e.g. glaring threatening, intimidating or humiliating someone ignoring or isolating someone undermining, constant criticism or spreading rumours making silent, hoax or abusive calls controlling or someone 	 belongings getting 'lost' or damaged physical injuries such as unexplained bruises being afraid to go to school, being mysteriously 'ill' each morning, or skipping school not doing as well at school asking for, or stealing, money (to give to a bully) being nervous, losing confidence or becoming distressed and withdrawn

Revised date: Sept 2025 Page 5 of 9

	 sexual or homophobic bullying hitting and pushing Cyberbullying includes: sending threatening or abusive text messages creating and sharing embarrassing images or videos 'trolling' - sending menacing or upsetting messages on social networks, chat rooms etc. setting up hate sites or groups about a particular child encouraging young people to self-harm hijacking or stealing online identities to embarrass a young person or cause trouble using their name. 	 problems with eating or sleeping bullying others.
Child trafficking/ modern slavery	Recruiting and moving children who are then exploited for:	 doing excessive housework chores limited freedom of movement falsified or limited documentation not be registered with a school or a GP practice be cared for by adults who are not their parents or carers poor relationship with adult carers living with several unrelated children
County lines	County lines is a type of criminal exploitation. Urban gangs persuade, coerce or force children and young people to store drugs and money and/or transport them to suburban areas, market towns and coastal towns Physical abuse & violence Sexual abuse and exploitation Financial exploitation and abuse Exposure to alcohol/ drugs	 going missing frequent travel to different locations, unwilling to explain their whereabouts, changes in mental health use of drugs and alcohol unusual online activity inappropriate relationships online abuse or receiving gifts from someone online. Unexplained gifts, money or possessions carrying weapons or multiple phone handsets train tickets for unusual journeys unexplained injuries dishevelled appearance or being physically unwell.

Revised date: Sept 2025 Page 6 of 9

Harmful sexual behaviour	Sexual behaviour by under-18s that is developmentally inappropriate, may be harmful towards self or others and/or be abusive towards another child, young person or adult.	 behaving in a sexual way with toys or object Sudden nightmares or other sleeping problems withdrawn or very cling Personality changes Regressing to younger behaviours, such as bedwetting Unaccountable fear of particular places/people Outbursts of anger Changes in eating habits unexplained soreness or bruises around private parts unexplained gifts
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The NSPCC identifies several situations of increased risk of harm <u>Children and families at risk</u> of abuse or neglect | NSPCC Learning:

- Domestic abuse
- Parental mental health and/ or substance misuse
- Looked after children
- Deaf and disabled children
- Children with SEND/ additional needs
- Black, Asian and minoritised ethnic communities
- LGBTQ+ children and young people
- Early years

Radicalisation and safeguarding

If you are concerned about a child becoming radicalised, follow the stages in our safeguarding procedure. More information can be found here <u>Radicalisation and child protection | NSPCC Learning</u>. Epilepsy Action does not have a statutory duty in this area but it's important to keep people safe.

The government has a counter-terrorism strategy that includes supporting vulnerable people to prevent them being drawn into terrorism. You can read <u>more detail on this strategy</u>.

All staff/ volunteers at Epilepsy Action will be mindful of radicalisation and report any concerns using our safeguarding adult and children policies.

Confidentiality and safeguarding

If a person aged under 18 is a service user of Epilepsy Action, the details of the advice given to them should remain confidential. However, if a staff member/ volunteer has suspicions or has information disclosed to them about a child being abused, they have a responsibility to take action. The welfare of the child is paramount in these situations.

Where a member of staff/ volunteer has a suspicion that a child is being abused or has information disclosed to them alleging abuse, they should follow the steps in the safeguarding procedure. Also see confidentiality policy.

Screening of staff and volunteers

Revised date: Sept 2025 Page 7 of 9

Epilepsy Action will ensure that all staff and volunteers who work in roles which are legally entitled to get a DBS or Access NI (Northern Ireland) check are screened appropriate to the role.

If a DBS/ Access NI check reveals a conviction for a sexual offence against a child or vulnerable adult, whenever it was committed, that individual is not suitable for that role and will not be taken on. Any other convictions will be considered on an individual basis.

For further details of how Epilepsy Action screens staff and volunteers, also see our 'safer recruitment procedure'.

Training staff and volunteers

During induction staff and volunteers will be inducted in the organisations safeguarding policies and procedures.

Staff and volunteers will be given regular supervision where safeguarding and training needs will be discussed.

Appropriate safeguarding training is required for all staff and volunteers at a level appropriate to their role. This may be in the form of:

- policy awareness sessions delivered internally
- briefing sessions by a local authority or other relevant authority
- · attendance at training arranged through partner agencies
- online training/ elearning

If a staff member or volunteer is removed from their role

If a staff member/ volunteer is moved or dismissed from their role because of safeguarding concerns arising from their actions or inactions, Epilepsy Action may have a responsibility to inform the Disclosure and Barring Service. Epilepsy Action will follow the <u>guidance set out by the Disclosure and Barring Service</u> in these situations.

Developing new services

Any new services in development will take account of the need to safeguard children. This may be achieved by:

- risk assessment of proposed activities
- agreeing safeguarding measures with partner organisations including information sharing protocol
- · seeking specialist advice, for example from the local safeguarding children board

Review date	Sept 2025
Lead reviewer	Safeguarding Lead
Review frequency	Annually or sooner if there is a change in legislation and/or guidance

Revised date: Sept 2025 Page 8 of 9

Appendix 1 : Safeguarding behaviours for working with children

This awareness of safeguarding and child protection will be demonstrated through the following behaviour and actions:

- Staff/ volunteers will be aware that a person under the age of 18 is legally a child, even if they look and express themselves like an adult
- Where possible, activities that involving a child working with an adult will take place in a room which can be easily observed by others.
- Staff/ volunteers will not look after children out of the sight of a parent or care
- Staff/ volunteers will never visit a child in their home unaccompanied, they will ensure that a parent or guardian is present.
- Staff/ volunteers will never transport a child in their car unless prior arrangements have been made or in exceptional circumstances such as a medical emergency, where this is appropriate.
- Epilepsy Action will employ sound recruitment practices which aim to prevent anyone considered to be a risk to children from working within the service.
- Staff/ volunteers will comply with the requirements of any DBS check required by Epilepsy Action.
- Staff/ volunteers will take care not to make any comments which may be interpreted as sexual in nature, to a child
- A child will never be allowed into a staff or volunteers home.
- Staff/volunteers will not engage in sexually provocative games
- Staff/ volunteers will not allow children to use inappropriate language unchallenged.
- If a child is distressed, comfort will be offered with words rather than by touching them.
- Staff/ volunteers will not let allegations that a child makes go unchallenged or unrecorded
- Staff/ volunteers will not do things of a personal nature for children that they can do themselves.
- Staff/ volunteers will not take photographs of children without consent from their parent or carer

Revised date: Sept 2025 Page 9 of 9