

Off-Campus Safeguarding Procedure

This Young Epilepsy Off-Campus Child and Adult Protection and Safeguarding Procedure aims to ensure that all off-campus children and adults accessing Young Epilepsy nationwide services and activities are protected from harm. This addendum should be used alongside the St Piers Child and Adult Protection and Safeguarding Procedure which can be found [here](#) and is detailed further on our [website](#).

This addendum procedure is for all staff, volunteers and other adults whose work predominantly covers 'off-campus' children and young people, i.e., outside of Young Epilepsy and St Piers Lingfield, Surrey campus (and who are not students at the Lingfield campus). It also reflects local authority procedures in the locality in which the work is being held. Staff working with children and young people should always ensure that they are aware of the local authority in which they are working. This predominantly includes, but is not limited to, the Voice & Support team and Health & Research team, working at the Young Epilepsy London office, at events or trips, during group or one-to-one meetings, either digitally or in person, across the UK and, on occasion, internationally.

The St Piers Child and Adult Protection and Safeguarding Policy and Procedure is still relevant to all staff, volunteers and other adults working off-campus and **must** be read and understood by all. All sections within the procedure are relevant regardless of where people work. Importantly, however, the reporting procedure for this Safeguarding Procedure detailed in this document is different and must be noted accordingly.

Safeguarding Reporting Procedure

A step-by-step instruction on the safeguarding reporting procedure is detailed below.

If it is believed a child or young person may be in immediate danger, or a criminal offence has occurred, call the police on 999 in the first instance. After this, the normal reporting procedure must be followed.

The Off-Campus Designated Safeguarding Lead (DSL) should be reported to directly about any concerns staff, volunteers or other adults have about a child or young person. If this person is unavailable, for example due to leave or being outside of working hours, the Deputy Off-Campus DSL must be contacted. The Young Epilepsy Lead DSL/Head of Safeguarding and Quality Practice, and/or Executive Director on call, may also be contacted.

All staff should record their concerns (after speaking to the DSL or Executive Director) using the Safeguarding Report Form in this addendum (see Appendix 1). Once completed this must be emailed to the DSL/Director to whom they reported the concern. As the Lead DSL for the whole organisation, the Head of Safeguarding and Quality Practice should ultimately receive all reported incidents.

In addition to the reporting procedure, staff can also directly report their concerns to the relevant local authority's safeguarding team, which can be found through the relevant council websites, or through [online directories](#). This would be subject to thresholds for that local authority and consent, unless deemed to put child or young person at risk. In this instance, the Off-Campus DSL must be made aware of this as soon as possible.

Once reports have been submitted, the staff member submitting the report will need to liaise with the relevant local authority's safeguarding team, with the support of the Off-Campus DSL, deputies or Lead DSL.

If you are not satisfied with any Young Epilepsy safeguarding actions or responses you can raise a concern to the relevant local authority, or through our whistle blowing or complaints [policy](#).

Step By Step Procedure

The following procedure describes how staff working off campus (with non-St Piers students) must report any concerns they have about a child or adult at risk.

1. Concern, disclosure, or incident relating to child and/or young person takes place or is identified.
This may include allegation or disclosure of harm or abuse, unexplained or significant injury, self-harm or neglect, missing child or young person, peer on peer abuse, online safety concern, self-harm concern or concern about exploitation or radicalisation.
This list is not exhaustive, and you should report any concerns you have, no matter how small or uncertain they may be to the Off-Campus DSL for advice. All staff who report a safeguarding concern and follow the procedure will be supported, even if a safeguarding issue is ultimately not found.
2. Ensure the child or young person is safe. Take any necessary immediate action, particularly if there is imminent threat or danger, such as calling the emergency services on 999, or personally intervening, only if you feel safe to do so.
You may find it helpful to ask the child or young person questions like, 'Do you feel safe?', or 'What will make you feel safe right now?'
3. Staff must inform the child or young person that they are reporting their concern if they have capacity to understand. Consent from the child or young person should always be requested but is not always required if there is a real concern of harm, particularly for under 18. If the child or young person has asked you to keep something a secret, either before or after disclosing something, the staff member should inform them that they may/will have to inform someone if they feel that they may be at risk of harm in order to keep them safe. Explain that it is your duty to keep them safe and this would be to support them as best as possible. If the child or young

person chooses then to not disclose the matter to you, then do not press them, and report what happened and any of your concerns to the DSL continuing to follow the steps below.

4. Call the off-campus DSL to report the incident, informing them that you would like to report a disclosure or safeguarding concern. DSLs should be contacted in the order listed below. The DSL contacted may escalate to another DSL or Director where required.
 - a. Off-Campus DSL: Helena Smith, Head of Support & Inclusion, 07825 188853, hsmith1@youngepilepsy.org.uk
 - b. Deputy Off-Campus DSL: Marianna Nicolaou, Youth Support Manager, 07719 526046, mnicolaou@youngepilepsy.org.uk
 - c. Lead DSL: Gill Walters, Head of Safeguarding and Quality Practice, 01342 832243 Ext 409 / 07825 1888 20, gwalters@stpiers.org.uk
 - d. Executive Director on call: rota can be found on the Young Epilepsy [intranet](#)

5. Agree and execute any required actions in relation to the reported incident with the DSL or Executive Director if relevant, maintaining regular communication with both the child or young person and the DSL/Director. The DSL will direct and support these actions.

Depending on the circumstance, this may include contacting:

- Emergency services or the Police
 - Local Authority Children/Adult Services Team
 - Local Authority Designated Officer (LADO) *If the concern is about an allegation against someone working with children*
 - Social Services or allocated Social Worker
 - Parents/carers/emergency contacts/next of kin – unless a child or young person with capacity does not want this, or if doing so places the child or young person at further risk
 - Relevant DSL at a school, early intervention hub etc, any establishment with any involvement in the concern
 - The Safeguarding team of any organisation where there are concerns about their staff, or practice in their organisation
 - Young Epilepsy Executive Director on call (if not called already) concerning the organisation, external referrals and/or suspension of staff
 - Young Epilepsy HR if required
6. Write up the incident on a Safeguarding Report Form (see Appendix 1) immediately, this must be submitted via email to the DSL dealing with the incident. If unable to complete and submit a form immediately, this must be done within 24 hours of the incident. In this instance, the staff member should write down all details of the incident in a place that can be kept secure until such time that the Safeguarding Report can be completed and submitted. This may be in a work-related notebook, or in the notes section of a work mobile phone. Personal devices must not be used.

A Body Map (see Appendix 2) may be required in the report, on which your DSL will be able to advise. This should be attached alongside the report. The purpose of this is to document or illustrate any visible signs of harm or injury. A pen must be used.

7. Confirm with the DSL that all steps have been completed satisfactorily. The DSL or staff member is to submit the Safeguarding Report Form to both Helena Smith, Off-Campus DSL and Head of Support & Inclusion and Gill Walters, Lead DSL for Young Epilepsy and Head of Safeguarding and Quality Practice and follow any necessary steps as advised in their response. See contact details above.
8. Off-Campus DSL to store, update and monitor all safeguarding reports and share with any relevant agencies upon request and with any necessary consent. The Lead DSL / Head of Safeguarding and Quality Practice will also store and monitor these and will hold regular review meetings with the Off-Campus DSL.

This procedure is agreed by the Director of Fundraising and Development and Executive Safeguarding Lead and will be implemented by all relevant Departments.	
Signed:	Date: 26 September 2023
Name: Sally Brighton and Rosemarie Pardington Title:	
	Date of next review: 1 October 2023

Version table			
Date of creation:			
Approved by:			
Version no.	Date of changes	Reasons for change	Changes made by
1	26 Sept 2023	New Policy	Helena Smith

Appendix 1 – Safeguarding Reporting Form

Please complete in as much detail as possible and use full names, not initials.

Date of concern/incident		Time of concern/incident	
Name of child/young person			
Child/young person DOB			
Address of child/young person			
Name of staff member or person reporting			
Date reported to DSL or Exec on call		Date report written	
Name of DSL or Exec reported to			

If there is more than 1 victim, please add on a separate page

Name of perpetrator (if relevant)	
Relationship of perpetrator to victim (if relevant)	
Perpetrator's DOB (if relevant)	
Perpetrator's address (if relevant)	

Please detail your concerns (include where, when and what)

--

Who else witnessed the incident?	
Witness Contact details	

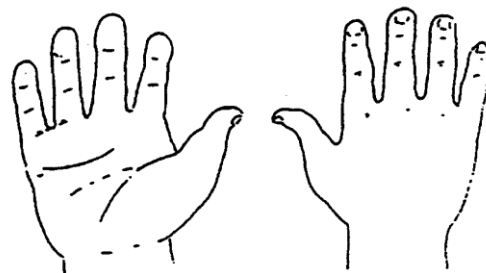
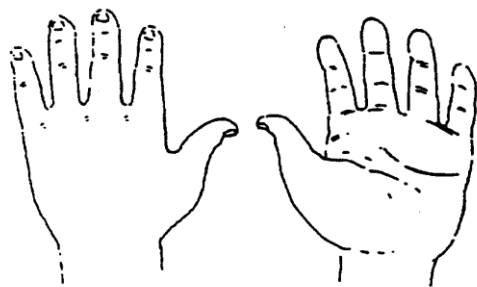
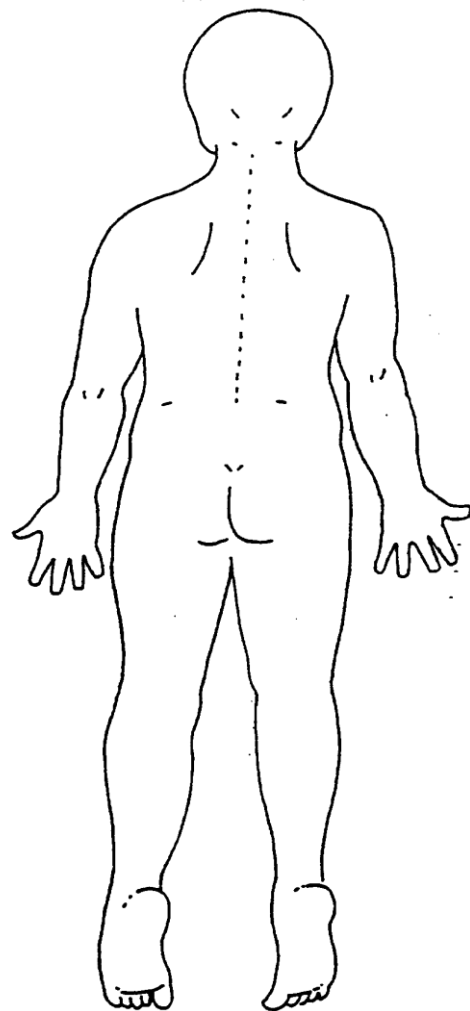
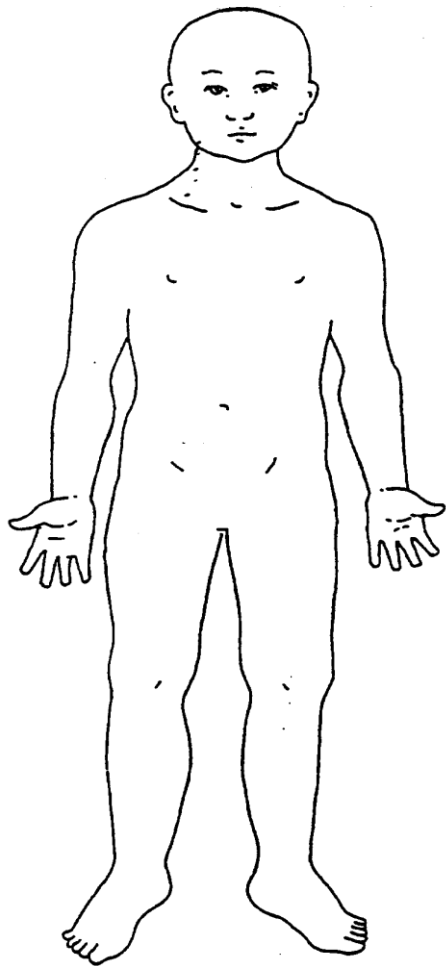
Skin Map completed?	
---------------------	--

Signature of person completing report: _____

Date _____

Appendix 2 – Body Map

CYP Name		DOB	
Name of person completing Body Map			
Incident Report Number		Body Map sent to	
Signature of person completing Body Map		Date Completed	



CYP Name		DOB	
Name of person completing Body Map			
Incident Report Number		Body Map sent to	
Signature of person completing Body Map		Date Completed	

