Safeguarding Children Policy
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1.2 Purpose

To set out the approach of Choices to safeguarding children & young people. This policy and practice guidance should be used in conjunction with the most recent guidance published by the Local Safeguarding Children’s Board.

1.3 Introduction

This document contains a policy statement (Part 1) and procedural guidance (Part 2). The functions of both are set out briefly below.

Part 1 – Policy Statement. The policy statement sets out the broad framework of principles within which the particular area of work will be carried out. It sets out the organisation’s broad style and approach to the issue, including any aims and guiding principles.

Part 2 – Procedural Guidance. The procedural guidance sets out the details that staff will require to carry out their duties in this particular area of work. It also sets out the specific tasks involved in undertaking this area of work and identifies who is responsible for carrying them out.

An explanation of the definitions used in this document can be found at Appendix 11. In this document ‘child’ is used throughout which includes young people to the age of eighteen years. The term ‘staff/worker’ includes volunteers, anyone on placement and members of the Board of Trustees.
2 Policy Statement

Choices are committed to the protection of children, young people, their families and staff. This means that everything we do is designed to promote the safety and well-being of the children and young people we work with directly or engage in any form in the organisation’s work.

In order to achieve this Choices will utilise safer recruitment practices for staff, including access to the Disclosure and Barring Service for enhanced disclosure through a designated agency for all staff and volunteers.

We believe that child protection and good practice are best promoted by staff who, after thorough selection processes, are valued, trained, encouraged and appropriately managed and supported in the work that they do. Child protection lessons learned will be discussed at team meetings to ensure that the importance of this issue remains at the forefront of the team’s minds.

The promotion of a protective environment for our clients is paramount in day-to-day service delivery. Choices comes into contact with children in a variety of settings. The focus of this document is the child as a client, as the child of a client, and as a child our clients or staff may have contact with. Abuse to children may be caused by professionals, parents, carers, siblings, another child, other adults, friends or strangers.

This document is based on current legislation and guidance which is listed at Appendix 12. Throughout this document safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment
- preventing impairment of children’s health or development
- managing contextual safeguarding risks in the community in which children live
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best outcomes.

The staff of Choices when carrying out their work should enable children to have the optimum life chances and to enter adulthood successfully. In addition they should work to contribute to the five outcomes set out in the initiative Every Child Matters and the Children Act 2004 namely:

- stay safe
- be healthy
- enjoy and achieve
- make a positive contribution
- achieve economic well-being
Staff will never take any photographic images of children working with or supported by Choices unless it is agreed by the parents. Any images will be used only for internal purposes and will never be published or transmitted online. Child fundraisers will have parental consent forms for any publicity, which they undertake.

### 2.1 Staff training

All staff and volunteers (including trustees) should have basic child protection training. This should happen online within the first two weeks induction, and be followed up by the half day awareness course within 3 months. All frontline managers should undertake ‘Child protection for designated staff’ within the first three months.

Kent and Medway Safeguarding Children’s Board have a range of courses which are free, and staff should access all of the relevant ones, in line with their role, and as described below.

Between the third and the eighteenth month all frontline staff should undertake the core learning.
This should be followed by the priority learning. Team Leaders should then work with staff on undertaking all Level 2 courses.

Staff should undertake child protection updates at least annually with an update on child protection awareness every two years.

## 3 Procedural Guidance

### 3.1 Aims & principles

- Choices will ensure that staff and volunteers have read the child protection process, received adequate training and understand that it is everyone’s responsibility to promote the welfare of children, and to protect them from harm.

- All staff will ensure that the concerns of children, young people and their families are listened to and receive appropriate responses.

- All staff will act in a manner which promotes child protection for children in all the settings where our work takes place.

- All staff take responsibility for questioning and, where necessary, challenging accepted patterns of relationships and behaviour within all the settings where our work takes place.

- All staff take responsibility for reflecting on established routines and customs in respect of their contribution to the wellbeing of the children and young people who use our services.

- All staff and volunteers take responsibility for exploring new ideas and practices which promote the safety and wellbeing of children and young people and for challenging existing and new practices which do not.

- All staff and managers work to create an environment in which it is safe to share mistakes, make constructive suggestions and celebrate the pleasure of success.

- All staff ensure that children, young people and adults know what to expect from any Choices service and how to raise any concern they may have.

- All staff work in partnership with other organisations and individuals to achieve a safe environment for children.
• Referrals will be made to other agencies where safeguarding concerns exist

• All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse

• All staff and volunteers will adhere to best practice in protecting children and display professional conduct in line with that policy at all times.

The outcome, if these principles are embedded in our work, will be:

• the creation of an environment of openness, trust and goodwill

• all of us, adults, children and young people, will feel confident and able to express our views, feelings and concerns

• all of us will know that what we say will be treated with respect and receive an appropriate response

### 3.2 Services for the welfare of children

All children have a number of basic needs that are supported through a range of universal services. These services include education, early years, health, housing, youth and leisure services. This is known as universal service and applies to all children.

Some children have more than universal needs and may require access to additional services to support them. These services are known as **Tier 2** services and include those provided by Choices.

At **Tier 3** a more formal multi-agency approach is required and during either this level of need or additional (**Tier 2**) an early help referral should have been made, providing that the client is consenting.

Specialist Children’s Services may be required where a child has complex needs, and/ or is at risk of harm. This comes in as children enter into the higher **Tier 3 and Tier 4** levels of intensive/ specialist need, and includes Specialist Children’s Services (SCS), Child and Adolescent Mental Health Services (CAMHS) and Youth Offending Teams (YOT).

In Kent and Medway this is represented by a windscreen of threshold criteria:
3.3 Observations of a child’s need

The Kent and Medway Threshold Criteria for Children and Young People contains a series of detailed threshold guides which will allow you to familiarise yourself with the needs of children starting with Universal through to Specialist. This resource is detailed but not exhaustive in its content.


All children should expect to be able to access and benefit from universal services. Parents should be supported to do so and conversations should take place as part of support planning about the basic needs of children.

Staff should note observations about the health, welfare and development of children in direct or indirect support. Parents or carers should be supported to consider the nature of any observations and any concerns that they may have.

Capturing observations should be in line with the language of the threshold criteria to align considerations with local practice.

All children who have lived with domestic abuse will have experienced the impact of this in some form. Most parents who are supported by the organisation will want to work with us to help their children recover.
There are times when children are subject to ongoing abuse and harm, and staff have a duty to observe that children are safe. Children living in households deemed to be high risk will most likely require additional or intensive support.

If direct abuse or neglect is of concern then the signs of abuse at Appendix 1 may be useful for indicators of risk.

If there are incidents which give rise to concern and include marks on children’s bodies then the Body Map at Appendix 2 should be used.

Prevalent child abuse issues should be understood and monitored by staff. There are a range of issues which include:

- Missing children (Appendix 4)
- Child sexual exploitation (Appendix 5)
- Child trafficking (Appendix 6)
- Radicalisation (Appendix 7)
- Gang exploitation (Appendix 8)
- Female Genital Mutilation (FGM) (Appendix 9) &
- Breast Ironing (Appendix 10)
- Online & eSafety (Appendix 13)
- Mobile Phones (Appendix 14)

Kent and Medway Safeguarding Children’s Board have developed a Risks, Threats and Vulnerabilities Checklist which will support your thinking about the needs of children. The checklist is contained at Appendix 15.

All of these issues will be handled in line with these procedures.

Full practice guidance and training information is available on the kscb.org.uk website for these issues. Easy reference guides to recognising and dealing with them are contained in the noted appendices.

Everyone working for Choices has a responsibility to report their concerns to ensure all children and young people are safe. If you are concerned that a child is suffering harm or is likely to suffer harm from another person you have a responsibility to protect the child by reporting your concern to a line manager/colleague/statutory authority immediately.
There are many forms of abuse and some are less clear than others, although this does not mean that they are less harmful. You are expected to heed your ‘gut feeling’ and to trust your instincts. What you see and what you know about a child is important and should be acted on.

If you have concerns about a child you can utilise the Risks, Threats and Vulnerabilities checklist at www.kscb.org.uk as a tool for summarising and reflecting upon concerns. This can also be used to support a child protection referral.

### 3.4 Supporting parents who are finding it difficult to cope

Choices recognises that clients may bring their children up differently and it is important to be sensitive to and tolerant of customs and views which may be held by clients, while at the same time making clear what is acceptable behaviour and what is not.

Choices acknowledges how difficult living with or escaping from domestic abuse can be and the effects it can have on children’s behaviour, and a parent’s feelings. Staff members will work closely with women to assist them in developing appropriate parenting skills and responses. This will include giving women practical and emotional support, as well as providing information about support from other agencies (for both them and their child/children).

Choices will also offer either referrals to, training in and/or information sessions about positive parenting, including alternative ways to manage children’s behaviour in a non-threatening way. Child Workers will also offer additional support to children and young people by providing one to one work focused on helping them cope better.

### 3.5 What you should do if you suspect a child is being abused

If there are child protection concerns about a child’s health, development or welfare these must be addressed in accordance with the Kent and Medway Safeguarding Children Board’s Procedures. These procedure are updated regularly and to ensure the most current procedures are being used the online version should be consulted. These include guidance for allegations against professionals. (http://www.kent.gov.uk/education-and-children/protecting-children).

It is the responsibility of every member of staff to respond to any safeguarding issue seeking advice where appropriate from line managers, and the Designated Child Protection Officers (DCPOs). The DCPOs also have a responsibility to advise and oversee the response to these concerns and to ensure this policy is complied with. If immediate action is required to safeguard a child the member of staff should contact Specialist Children’s Services or the police immediately and not wait
to consult a manager or the DCPO. Managers should be clear on staff induction that this applies to cases with immediate risk issues. DCPOs names will be clearly displayed for staff members.

Staff can undertake statutory consultations regarding children, if they are unsure how to proceed. However, the child can only be named if the parent/carer has been advised about the call. Otherwise, these must be taken without the use of the child’s name. Anonymous consultations may result in the social care staff advising a child protection referral in which case you will have to discuss it with the family UNLESS it is agreed that this could place the child at greater risk of harm.

In responding to concerns you will:

- listen to children and adults who raise a concern and respond appropriately
- if the child requires medical assistance this should be arranged immediately
- the needs and wishes of a child should be put first so that every child receives the support they need before a problem escalates
- recognise that early intervention is key to reduce the need for specialist services
- observe children, service users, and other workers from Choices and other organisations and raise any concerns with the parent/carer and line manager and/or the DCPO
- record on the database any concerns and document action taken and in the event of no action being taken record the rationale for that decision; the record should include any marks on the body using a body map if appropriate (refer to Appendix 2); photographs should never be taken.
- consult/refer with/to Specialist Children’s Services and/or the health visitor if appropriate seek advice from a line manager and/or the DCPO
- when interacting directly with children do so in a such a way that does not open the staff to any unfounded allegations (see Appendix 3 – Guidance for working directly with children)
- provide children, parents/carers other family members with information to enable them to report any concerns
- the welfare of the child is paramount irrespective of a parent/carer’s view that parental/sibling behaviours are acceptable
- share appropriate information and record what has been shared along with the rationale/authorisation for sharing it
• be aware of the possibility of evidence and follow statutory advice on securing this evidence without contamination

• children should not be interviewed about abuse; if they choose to disclose, staff should listen and allow them to talk and make a record of the conversation; questioning should be kept to a minimum and only asked for clarity if necessary to identify a perpetrator or to keep the child safe or to preserve evidence that may be lost

• if there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, then a referral to Specialist Children’s Services must be made or if the child is in immediate need of protection the police should be contacted to enable them to consider using their powers to take a child into Police Protection

• all cases of domestic abuse deemed to be high risk by a worker having carried out a risk assessment and where there are children living with the victim or the perpetrator; will always be considered for a child protection referral to Specialist Children’s Services if there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm. The worker assessing the risk level and risk of harm is responsible for making the appropriate referrals.

• a child protection referral will prompt an immediate response from Specialist Children’s Services as the situation requires some positive action and therefore a decision to refer should not be unduly delayed such as waiting until a case is discussed at the Multi Agency Risk Assessment Conference (MARAC) for high risk cases of domestic abuse

• workers must understand that it is their responsibility to refer or consult with Specialist Children’s Services if they have concerns; however Specialist Children’s Services may decide to take no action. In such cases a written record from Specialist Children’s Services should be obtained and placed on the service user’s file, such decisions should not deter workers from making further referrals about the same case or other cases

• in the event of a worker being dissatisfied with the response from Specialist Children’s Services they should consider using the escalation process seeking support from their line manager and/or the DCPO. It is essential that staff persist in raising concerns where they exist, including seeking support for the concern from a second agency.

3.6 Allegations against a member of staff
If the alleged perpetrator is a worker, volunteer, or student they may be placed on suspension immediately for their own and the child’s protection pending investigation. However, this will only be the case if there is no reasonable alternative. Investigations of this nature should be passed to the Service Director immediately. If the alleged perpetrator is a visitor, they will be excluded from Choices services pending investigation.

### 3.6.1 Summary of process

It is in everyone’s interest to resolve cases as quickly as possible, consistent with a fair and thorough investigation. All allegations must be investigated as a priority to avoid any delay. The time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation. There may be up to three strands in the consideration of an allegation:

- A police investigation of a possible criminal offence
- Enquiries and assessment by SCS about whether a child requires protection or additional services, and
- Consideration by the organisation, as an employer / regulatory body of action in respect of the individual.

Current practice guidelines for Kent and Medway are available here: Managing Allegations Against Staff Practice Guidance and will be used as the organisation’s procedural document. These procedures should be used in respect of all cases in connection with the person’s employment or voluntary activity where it is alleged that a person who works with children has:

1. Behaved in a way that has harmed a child, or may have harmed a child
2. Possibly committed a criminal offence against or related to a child, or
3. Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.

If the concern is not connected to the person’s employment or work activity, these procedures may also apply:

1. Where concerns arise about the person’s behaviour towards his/her own children or any other child. The police and/or Specialist Children’s Services (SCS) should consider if they need to inform the person’s employer and/or the Local Authority Designated Officer (LADO) in order to assess whether there may be implications for children with whom the person has contact at work.
2. If an allegation relating to a child is made about a person who also undertakes paid or unpaid care of vulnerable adults, Safeguarding Adults’ procedures should be followed.

If there is an immediate risk, appropriate actions may need to be taken e.g. urgent involvement of police, removal of member of staff, securing evidence or urgent medical attention. Any allegation or concern which arises should be reported immediately to the Service director or the designated deputy, unless that person is the subject of the allegation, or where their relationship with the
subject could compromise their independence, in which cases it should be reported to a member of the Board of trustees, who should then inform the LADO (local authority designated officer):

03000 41 08 88.

GCSXsafeguardingunit@kent.gcsx.gov.uk

kentchildrenslado@kent.gov.uk.

Where staff receive an allegation against someone from another organisation, this should be reported directly to the LADO within one working day. Staff who become aware of an allegation about a person from another agency should report this to their agency’s Safeguarding Lead without delay who should in turn inform the LADO straight away. The LADO should be consulted on all allegations that appear to meet the criteria, within one working day. This should take place before any investigations commence. In less serious cases, police and SCS may not need to be involved but the LADO will provide an objective view.

Where the police or SCS involvement is not warranted the organisation will initiate appropriate action within 3 working days and complete any report within 10 working days. If no suitable person can undertake the report an external person should be commissioned.

If there is concern about the risk of significant harm the LADO may convene an SCS strategy meeting. This process will be led by KCC procedures as identified above.

Where an internal/disciplinary process is concluded, the LADO should be informed of the outcome and should reach agreement with relevant professionals as to the category of the allegation.

Allegation Categories

- Substantiated: there is sufficient identifiable evidence to prove the allegation
- False: there is sufficient evidence to disprove the allegation
- Malicious: there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false

Action following a criminal investigation or a prosecution or where SCS have undertaken an assessment

- Unfounded: there is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the allegation or was mistaken about what they saw. Alternatively they may not have been aware of the circumstances
- Unsubstantiated: this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.
For all allegations a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, a note of any action taken and the decisions reached should be kept on the confidential personnel file of the individual concerned and a copy of this should be provided to the individual. If the allegation is substantiated and the person is dismissed or the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide his or her services, the LADO should advise the employer whether they are under a statutory duty to make a referral to the Disclosure and Barring Service (DBS). The employer should also consider if a referral to any Professional Regulatory Body is required.

For further guidance please use the links below:

- Keeping Children Safe in Education 2015 (PDF, 662.1 KB)
- Disqualification Guidance 2015 (PDF, 731.1 KB)
- Fostering (KCC) - Allegations & Complaints Against Foster Carers (PDF, 128.9 KB)
- AMA Wider Workforce Guidance on Safe Working Practice (PDF, 326.6 KB)

3.7 Recording of incidents

It is imperative that staff record any concerns regarding children no matter how insignificant they seem. All concerns should be discussed with a Manager in order for support planning to occur. Social care services also operate a consultation line which can be accessed for advice and support.

Record day-to-day issues within the case notes, and ensure that key workers/ senior team members are directed to read any issues. Referral documentation should be embedded on Modus. Issues should be discussed as part of the team meeting. It may be appropriate to amend a risk assessment and management plan as a result of concerns. It may also be appropriate to develop a risk assessment and management plan for the child. Please ensure that the Record Keeping Standards are adhered to when recording anything on a case file.

Where an issue is to be managed within the service (a decision that can only be taken by a manager) a child support plan may be developed with the client. This plan should be monitored with reference to the above process.

There should be objective recording of any conversations had with the child or witnesses to any incidents. Children should never be questioned by staff without proper guidance, but if a child chooses to disclose issues, staff should listen and allow them to speak and record the conversation. Guidance should always be sought from a senior member of staff or a trustee in dealing with allegations of or suspected abuse.

3.8 Confidentiality
Every client coming into the services has discussed with them and is asked to sign (either virtually or on paper) a **Confidentiality & Information Sharing Agreement**. Breaches of client confidentiality can occur when there are concerns about significant risk of harm to children. As a general rule Choices has a principle of discussing these issues with clients prior to contacting statutory services unless there is risk of harm arising as a result of these discussions. All clients on referral should have the rights to breach confidentiality discussed with them, and should sign as agreement the confidentiality document.

### 3.9 Role of the Designated Child Protection Officers (DCPOs) & the Safeguarding Lead

#### 3.9.1 DCPOs

The DCPO is responsible for the oversight of all safeguarding children matters in Choices in terms of policy, advice, training and maintenance of records. The DCPOs for Choices are all suitably trained and qualified managers, whose names will be published to staff (see next page). The DCPOs will maintain a record of all child protection concerns other than those that have been referred to Specialist Children’s Services (SCS) through the IDVA/MARAC process. The DCPO will also be responsible for responding to inter-agency issues when the workers and line managers have been unable to resolve these issues.

The broad areas of responsibility for the designated safeguarding lead are:

**Managing referrals**
- Ensuring that referrals are completed in a timely manner, with appropriate and proportionate recording. Including data capture which enables analysis of trends.
- Liaise with the Service Director to inform him or her of issues, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

**Training**

DCPOs should receive appropriate training carried out every two years to:
- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands Choices child protection policy and procedures, especially new and part time staff as well as volunteers.
- Be alert to the specific needs of children in need.
- Train and support staff to keep detailed, accurate, secure written records of concerns and referrals.
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff.

**Raising Awareness**
- DCPOs should ensure Choices policies are known and used appropriately.
- Participate in an annual review of the child protection policy, implementing amendments with staff.
- Ensure the child protection policy is available publicly and that service users are aware of the fact that referrals about suspected abuse or neglect may be made and our role in this.
- Link with KSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave the service ensure that any appropriate updates and handovers of issues occur within the limits of confidentiality.

**3.9.2 Safeguarding Lead**

The Safeguarding Lead will:

**Referrals**
- Refer to the local authority designated officer (LADO) for child protection concerns (all cases which concern a staff member).
- Referral (in discussion with the LADO) to Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child) and/or Police (cases where a crime may have been committed).

**Quality Assurance**
- Undertake periodic internal quality audits.
- Oversee the quarterly data relating to safeguarding matters.
When a concern arises

Speak with your DCPO:
Anne lyttle
Karen Bassett

**Acute (Tier 4) concern:**
Any disclosure or allegation of a child or other person of serious sexual or physical abuse. Formal SCS referral, by telephone and followed up in writing. Police contact may be necessary in some cases.

**Low level (Tier 2) concern:**
Indicators are present.
Consideration of available support in all services including beginning Early Help assessment form.

**Medium level (Tier 2) concern:**
Indicators are present.
Consideration of available support in all services including beginning Early Help assessment form.

Concern heightens

In all cases: capture all necessary action in the and have a consistent chronology throughout the case notes

Monitor

Concerns not enhanced

Monitor
3.10 Working with Other Agencies

Choices recognises the need to work with other agencies including Specialist Children’s Services, the police and health, in response to domestic abuse, as well as safeguarding issues. To improve the multi-agency response to domestic abuse and safeguarding Choices will:

- attend multi-agency meetings where appropriate
- provide training in domestic abuse to other agencies
- provide feedback on inter-agency working
- participate in the Child Death Review Process if Choices have had contact with the child.

In the event of another agency requesting written reports other than in the MARAC process such as for a child protection conference or part of court proceedings advice should be sought from a DCPO who will approve the report before it is submitted. Legal advice maybe sought when appropriate.

3.11 Reporting Concerns, Complaints and Whistleblowing

Any concerns about a child’s welfare should be reported and responded to. Children, parents, carers, family members and Choices workers should all be encouraged to report these concerns which can be done by any of the following means:

- to a member of staff
- calling Childline on 0800 1111
- reporting to the police or Specialist Children’s Services (statutory agencies)
- reporting to the NSPCC

If a worker believes that another member of staff has not responded appropriately to a concern then they should report this to a manager of one of the DCPOs or utilise the Whistleblowing Policy.

If a parent/carer or another person outside of Choices wishes to make a complaint about the manner in which a safeguarding matter was handled then this will be investigated by an appropriate person within Choices by the Service Director.

In the event of a worker reporting a concern to another agency and they believe the matter was not dealt with appropriately then they should utilise the service directory to register concerns after consultation with a manager.
<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Behavioural Signs (child)</th>
<th>Emotional/Psychological Signs (care)</th>
<th>Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scalds, bruising, burns, broken bones, marks, broken toe, marks, under the eyes, bruises on eyes, arms, legs, neck,</td>
<td>Evasive, do not join in with</td>
<td>Withdrawn, isolated, lack of</td>
<td>Injuries, inappropriate, medicalisation, dark circles, mark's indigestion, marks, bruising, burns.</td>
</tr>
<tr>
<td>bruises, bedwetting, bruising</td>
<td>no unusual behaviour, depression, denial, pride, inappropriate, lack of funds/support, poor friends</td>
<td>It's normal for adults, think it's normal behaviour for adults, under the eyes, bruises,</td>
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<td>Evasive, aggressive, dismissive, anxious,</td>
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<td>self-centred</td>
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<tr>
<td>Emotional Abuse</td>
<td>Behavioural Signs (child)</td>
<td>Physical Signs</td>
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</tr>
<tr>
<td>Self-harm, wetting &amp; soiling, hypochondria, lack of appetite/sleep</td>
<td>aggressiveness, unhappy, withdrawn, shunning, repetitive behaviour, not progressing,</td>
<td>Bruises, bed-wetting, burns.</td>
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<tr>
<td>Aggressive, unhappy, shunning, repetitive</td>
<td>Insincere, aggressive, dismissive, low expectations, defensive, cold, uninterested, no unusual behaviour.</td>
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<tr>
<td>Sexual Abuse</td>
<td>Behavioural Signs (child)</td>
<td>Emotional/Psychological Signs (care)</td>
<td>Physical Abuse</td>
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<tr>
<td>Afraid of being left with</td>
<td>Self-harm, isolated, lack of</td>
<td>Withdrawn, uncommunicative, unhappy,</td>
<td>Broken bones, marks, bruises, burns.</td>
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<td>parent/carer/adults</td>
<td>communication</td>
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<tr>
<td>Neglect</td>
<td>Behavioural Signs (child)</td>
<td>Physical Signs</td>
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<tr>
<td>Withdrawn, attention seeking, isolated/lack of friends, could be bullies, disruptive, poor</td>
<td>Evasive, lack of</td>
<td>Bedwetting, bruising, burns.</td>
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<td>friends</td>
<td>funds/support, poor friends</td>
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difficulty in forming relationships.

Language over friendly to adults.

Protective harm.
Appendix 2 – Body Map

This is to be used in the absence of a local Safeguarding body map.

Name of child/ young person................................................

Date..............................................
Appendix 3 - Guidance for Working Directly with Children

Workers may have regular contact with children and are an important link in identifying when a child may need protection. Equally, workers and children should be clear as to what is expected and what unacceptable behaviour is. Adhering to these guidelines will help workers to protect themselves from false allegations and help create a positive culture and climate:

- Work in an open environment (avoiding private or unobserved situations) as far as is practicable
- Treat all young people equally and with respect and dignity.
- Always put the welfare of each child first, before winning or achieving other goals.
- Maintain a safe and appropriate emotional and physical distance with children.
- Make activities enjoyable and promote fair play.
- Ensure that, if any form of manual or physical support is required, it is provided openly and appropriately. Children/ parents should always be consulted and their agreement gained.
- Involve parent wherever possible.
- Be an excellent role model.
- Give enthusiastic and constructive feedback rather than negative criticism.
- Recognise the developmental needs and capability of children.
- Ensure that a written record is kept of all incidents involving children along with details of the subsequent action taken/treatment given.

Staff should never:

- Engage in rough, physical or sexually provocative games, including horseplay.
- Share a bedroom with a child.
- Allow or engage in any form of inappropriate touching.
- Allow children to use inappropriate language unchallenged.
- Make sexually suggestive comments to a child, even in fun.
- Reduce a child to tears as a form of control.
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature for a child that they can do themselves.
- Work with children in a home environment unsupervised.
- Administer medication unless specifically trained and authorised to do so.
- Take a child to the toilet/ change a nappy unsupervised (if it can be avoided) or without the parent/carer’s permission.
- Transport children unsupervised unless with prior written permission of parent/carer.
- Take chances when common sense, policy or practice suggests a more prudent approach.
It may sometimes be necessary for workers to do things of a personal nature for children, particularly if they are young or disabled. These tasks should only be carried out with the full understanding and written consent of parent/carer and, where possible, the child for whom the task is being carried out.

NB The above guidance should not be considered as exhaustive. If workers have any concerns regarding the appropriateness of any practice/action they should contact a line manager.

**Direct work with children – protecting workers**

- Keep a record of any injury that occurs to a child using an Incident Report and a body map (if appropriate). Ensure that another worker witnesses the record and that the relevant Manager is informed. A copy of the Incident Report should be given to the parent and signed.

- Where possible, children will be encouraged to take responsibility for their own personal care (e.g. using the bathroom). Personal care will not be provided if the children are able to care for themselves.

- If a child touches a worker in a sexually inappropriate way, a record must be kept by completing an Incident Form. Another worker must witness this record and the relevant Manager will be informed. The parent/carer will also be informed and their comments recorded.

- The child worker will keep a record of activities, noting any cause for concern and incidents of disturbed behaviour.
Appendix 4 - Missing children

There are no exact figures for the number of children who go missing or run away, but estimates suggest that the figure is in the region of 100,000 per year\(^1\). Children may run away from a problem, such as abuse or neglect at home, or to somewhere they want to be. They may have been coerced to run away by someone else. Whatever the reason, it is thought that approximately 25 per cent of children and young people that go missing are at risk of serious harm\(^2\). There are particular concerns about the links between children running away and the risks of sexual exploitation.

Missing children may also be vulnerable to other forms of exploitation, to violent crime, gang exploitation, or to drug and alcohol misuse.

Looked after children missing from their placements are particularly vulnerable. In 2012, two reports highlighted that many of these children were not being effectively safeguarded: the Joint All Party Parliamentary Group (APPG) Inquiry on Children Who Go Missing from Care and the accelerated report of the Office of the Children’s Commissioner’s on-going inquiry into Child Sexual Exploitation in Gangs and Groups. Key issues identified suggested that children in residential care are at particular risk of going missing and vulnerable to sexual and other exploitation.

Although looked after children are particularly vulnerable when they go missing, the majority of children who go missing are not looked after, and go missing from their family home. They can face the same risks as a child missing from local authority care. The same measures are often required to protect both groups of children.

**Definitions**

Since April 2013 police forces have been rolling out new definitions of ‘missing’ and ‘absent’ in relation to children and adults reported as missing to the police. These are:

- missing: anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another; and

- absent: a person not at a place where they are expected or required to be.

**Statutory guidance**

\(^1\) The Children’s Society: Still Running 3: Early findings from our third national survey of young runaways (2011)

\(^2\) ibid
Section 13 of the Children Act 2004 requires local authorities and other named statutory partners to make arrangements to ensure that their functions are discharged with a view to safeguarding and promoting the welfare of children. This includes planning to prevent children from going missing and to protect them when they do.

**Voluntary Sector**

The guidance recognises that those working in organisations such as Choices are experienced in building trusted relationships with children. Our projects can often provide a range of additional services, such as family work and specialist support to parents. They can also help play a part in engaging with children to develop a support package to meet their needs if they are at risk of running away.

It is essential that staff maintain an awareness of a child’s desire to run away and discuss this with their line manager immediately. It is also essential that staff notify their managers if they believe a child is missing.

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Children or young people may be tricked into believing they’re in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

CSE is a hidden crime. Young people often trust their abuser and don’t understand that they are being abused. They may depend on their abuser or be too scared to tell anyone what is happening.

It can involve violence, humiliating and degrading sexual assaults. In some cases young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. This form of abuse does not always include physical contact as it may take place online.

When it takes place online, young people may be persuaded, or forced, to:

- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone
- have sexual conversations by text or online

Abusers may threaten to send images, video or copies of conversations to the young person’s friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the sexual abuse has stopped.

KSCB’s **Child Sexual Exploitation (CSE) Toolkit** has been developed to help professionals in all agencies assess whether a child for whom they have a concern is at risk of harm through sexual exploitation.

Staff should follow the Kent and Medway CSE procedures in cases of this nature:


Where a CSE concern has been identified, a CSE form is to be used to provide intelligence to the police in order to obtain a better understanding of local CSE concerns and issues. On completion
the form is to be submitted to the Multi-Agency Child Sexual Exploitation Team. The form can be found here:


and should be submitted to: Cse.team.kent.and.medway@kent.pnn.police.uk.
Appendix 6 - Child trafficking

Children are trafficked for a variety of reasons:

- Sexual exploitation
- Domestic slavery
- Enforced criminality
- Trade in human organs
- Labour exploitation

This may involve being moved around the country and/or being brought into the country for that purpose.

Most children are trafficked for financial gain. This can include payment from or to the child’s parents, and can involve the child in debt-bondage to the traffickers. Some trafficking is carried out by organised gangs. In other cases, individual adults or agents traffic children into and/or around the UK for their own personal gain. The exploitation of trafficked children may be progressive. Children trafficked for domestic work may also be vulnerable to sexual exploitation or children initially trafficked for sexual exploitation may be resold.

Trafficked children are at increased risk of significant harm because they are largely invisible to the professionals and volunteers who would be in a position to assist them. The adults who traffic them take trouble to ensure that the children do not come to the attention of the authorities, or disappear from contact with statutory services soon after arrival in the UK, or in a new area within the UK.


a) “Trafficking of persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;
b) The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used;

c) The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered “trafficking in persons” even if this does not involve any of the means set forth in sub-paragraph (a) of this article;

The Palermo Protocol establishes children as a special case for whom there are only two components – movement and exploitation. Any child transported for exploitative reasons is considered to be a trafficking victim – whether or not s/he has been deceived, because it is not considered possible for children to give informed consent.

There is increasing evidence of child trafficking within the U.K. especially in relation to girls, but boys are also affected. Staff should use the Trafficked Children Toolkit if they have any concerns.
Appendix 7 - Radicalisation

Radicalisation has become one of this century's most pressing child protection issues, and not one that's likely to go away. Young people can be exposed to extreme views or groomed online into extremist thinking, and the individuals doing so will often target those whom they consider to be most vulnerable.

The Prevent strategy aims to stop people becoming terrorists or supporting terrorism. While it remains rare for children and young people to become involved in terrorist activity, young people from an early age can be exposed to terrorist and extremist influences or prejudiced views. As with other forms of safeguarding strategies, early intervention is always preferable.

Channel forms a key part of the Prevent strategy. The process is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism.

Because of the emotional vulnerabilities often experienced by our young clients it is important that staff undertake the Channel eLearning:

http://course.ncalt.com/Channel_General_Awareness/01/index.html

Appendix 8 - Gang exploitation

Young people in East Kent are vulnerable to the gang activity in the area. There are a number of areas in which young people are put at risk by gang activity both through participation in and as victims of gang violence. Safeguarding procedures can provide a key tool for all agencies working with young people to assist them when working together to prevent young people from being
drawn into gangs, to support those who have been drawn into the margins of gangs; and to protect those who are at immediate risk of harm either as members or victims of gangs.

The image below (taken from the Government guidance) shows the tiered hierarchy in defining gang involvement.

![Pyramid of Gang Involvement](image)

The majority of gang members are male, although there are a number of female gang members or female gangs. Girls tend to be less willing than boys to identify themselves as gang members but tend to be drawn into male gangs as girlfriends of existing members. In such cases girls are more likely to be marginal, often being used to carry or stash weapons and drugs. It is not known the extent to which girls in gangs are subject to violence or pressure to have sex, although girls may be particularly vulnerable in some contexts.

There are particular risk factors and triggers that young people experience in their lives that can lead to them becoming involved in gangs. Many of these risk factors are similar to involvement in other harmful activities such as youth offending more generally or violent extremism.
Risk factors for a person becoming involved in gangs

**HIGH RISK FACTORS**
- Early problems with antisocial and criminal behaviour
- Persistent offending
- Unable to regulate own emotions and behaviour
- Physical violence and aggression
- Permanent exclusion from school
- Friends condoning or involved in antisocial and aggressive behaviour
- Alcohol and drug misuse

**MEDIUM RISK FACTORS**
- Mental health problems
- Aggression, behavioural problems
- Depression
- Trauma and unauthorised absence from school
- Bullied or bullying others
- Medical history of repeated injuries or accidents
- Child in local authority care or leaving care

**LOW RISK FACTORS**
- Aggressive bullying by siblings
- Lack of ethnic identity
- Peer rejection
- Not involved in positive activities
- Few social ties
- Exposure to violent media

**FAMILY AND ENVIRONMENT**
- Family members involved or associated with gangs
- Widely family involved with gangs
- Community norms that tolerate crime
- Local tensions between ethnic and religious gangs
- Known gang recruitment at school
- Presence of gangs in community
- High level of local crime including drugs

**HIGH RISK FACTORS**
- Historically involved with or known to social services
- Low parental supervision
- Lack of parental attachment to child
- Conflict and violence in the home
- Parental abuse
- Parents aggressive towards or unwilling to engage with statutory agencies
- Child is not protected from significant harms or danger, including contact with unsafe adults

**MEDIUM RISK FACTORS**
- Lack of emotional care
- Allowing child to associate with known troublemakers
- Violent discipline
- Lack of parental discipline
- Inconsistent or minimal boundaries

**LOW RISK FACTORS**
- Parents who model positive and responsible behaviour
- Absent parent
- Unstable family environment
- Child left with multiple or unsuitable carers
- Parents unable to communicate effectively with children
- Parent-child separation

**MEDIUM RISK FACTORS**
- Lack of role models in the community
- Transient families
- Lack of age-appropriate, safe play facilities or diversionary activities for young people in the area
- Financial difficulties affecting child
- Little interaction with neighbours and community
- High unemployment
- Severe poverty
- Lack of reliable support from wider family
- Limited access to conventional careers
Appendix 9 - Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways.

FGM is a deeply rooted practice, widely carried out mainly among specific ethnic populations in Africa and parts of the Middle East and Asia. It serves as a complex form of social control of women’s sexual and reproductive rights. The exact number of girls and women alive today who have undergone FGM is unknown, however, UNICEF estimates that over 200 million girls and women worldwide have undergone FGM.

While it is concentrated in countries around the Atlantic coast to the Horn of Africa, and areas of the Middle East like Iraq and Yemen, it has also been documented in communities in:
- Colombia
- India
- Iran
- Indonesia
- Israel
- Malaysia
- Oman
- Pakistan
- The United Arab Emirates
- Saudi Arabia
- The Occupied Palestinian Territories.

It has also been identified in parts of Europe, North America and Australia.

FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child and adult safeguarding/protection structures, policies and procedures.

Staff and managers should refer to the Kent and Medway Operational guidelines relating to FGM for further information:


**FGM is a crime and carries a mandatory reporting requirement.**

Appendix 10 - Breast Ironing

Much like FGM, Breast Ironing is a harmful cultural practice and is child abuse. Professionals working with children and young people must be able to identify the signs and symptoms of girls who are at risk of or have undergone breast ironing. Similarly to FGM, breast ironing is classified as physical abuse therefore professionals must follow their Local Safeguarding Children's Board Procedures.

Breast Ironing, also known as “Breast Flattening” is the process whereby young pubescent girls breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage and therefore be kept in education.

Breast ironing is a well-kept secret between the young girl and her mother. Often the father remains completely unaware. Some indicators that a girl has undergone breast ironing are as follows:

- Unusual behaviour after an absence from school or college including depression, anxiety, aggression, withdrawn etc;
- Reluctance in undergoing normal medical examinations;
- Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear;
- Fear of changing for physical activities due to scars showing or bandages being visible

Breast ironing is practiced in all ten regions of Cameroon and has been reported in Benin, Ivory Coast, Chad, Guinea-Bissau, Kenya, Togo, Zimbabwe and Guinea-Conakry.

The charity CAWODIGO – CAME Women and Girls (http://www.cawogido.co.uk/index.php) is concerned that African immigrants have brought breast ironing practices with them to the UK. In their efforts to reduce the number of affected girls and women, CAME provides training for Cameroonian organisations working to protect girls from being abused through breast ironing and supporting families and communities.
Appendix 11 - Glossary of terms

Child
The Children Act 1989 defines a child as being anyone who has not reached their 18th birthday. (This is irrespective that they are 16 years and above and are living independently/working/in custody etc.)

Child in Need
A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

Child Abuse
A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. (Working Together to Safeguard Children 2013).

Physical Abuse
A form of abuse which 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. (Working Together to Safeguard Children 2013).

Emotional Abuse
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 a child that they are worthless or unloved, inadequate, or valued 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 a 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, although it may occur alone. (Working Together to Safeguard Children 2013).

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 can be perpetrated by adult men, women and other children/young people.

**Neglect**
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 parental 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);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. (Working Together to Safeguard Children 2013).

**Child Protection**
Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. (Working Together to Safeguard Children 2013).

**Significant Harm**
Significant Harm is any physical, sexual, or emotional abuse, neglect, accident or injury 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 set out in the Children Act 1989 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".
Appendix 12 - The Legal Framework & Resources

Children Act 2004/ Adoption and Children Act 2002
Children Act 1989
Human Rights Act (1998)
UN Convention on the Rights of the Child
Keeping Children Safe - DfEs, DH, Home Office.
Missing Children and Adults Strategy (2011);
Safeguarding Children and Young People from Sexual Exploitation (2009);
The Tackling Child Sexual Exploitation Action Plan (2011)
The Modern Slavery Act (2015)
The FGM Act (2003)
The Serious Crime Act (2015)

References and Information

Advocacy Standards
Delivering Quality Children’s Services, Social Services Inspectorate (November 2002) Department of Health
Every child matters (2003)
Every child matters; next steps (2004)
Every Child Matters: Change for Children
Framework for the Assessment of Children in Need and their Families; Practice Guidance, Department of Health (April 2000)
Safeguarding Children - Joint Chief Inspectors’ Report (October 2002) Department of Health
Safeguarding Children Child Protection: Guidance about child protection arrangements for the Education Service (June 2004) DfES
What to do if You’re Worried a Child is Being Abused: Summary (2003)
Appendix 13 – Online & eSafety

What children do online and through social networking

Children and young people go online to connect with friends, and make new ones, to browse the internet for information, chat with others and play games. They may:

- search for information or content on search engines like Google and Bing
- share images and watch videos through websites or mobile apps like Instagram, Pinterest, Vine and YouTube
- use social networking websites like Facebook and Twitter
- write or reply to messages on forums and message boards
- play games alone or with others through websites, apps or game consoles
- chat with other people through online games, game consoles, webcams, social networks and tools like Whatsapp

It’s important to remember that new ways of communicating are always being developed and children may have access to communications that we haven’t caught up with yet. To keep up to date with these you can use the NSPCCs NetAware site (and advise parents to do the same): https://www.net-aware.org.uk/

When online, children and young people can learn new things, get help with homework, express themselves creatively and connect with friends and family.

There are also risks, but by understanding and talking about the dangers you can help keep children safe online.

The risks and dangers of being online

Children may be exposed to the following online:

- Inappropriate content including pornography, child abuse images, dangerous advice (i.e. eating disorders/ self-harm), excessive violence, race or other hate materials. Promises of special offers or prizes can draw children into inappropriate sites which may be regulated or unregulated in nature.
- Some sites and games use age restrictions, others do not. Children must be 13 years old to register on social networking sites, but there isn’t a lot standing in their way of doing so at a younger age. Age limits are there for safety so parents should be advised not to give into pressure.
- Children and young people may chat or become friends with people they do not know online. This makes children vulnerable to bullying, grooming or sharing personal information.

- Grooming is when someone builds an emotional connection with a child to gain their trust, it can lead to many forms of exploitation including sexual, gang and radicalisation.

- Sites can collect and use personal data and if a child friends someone they may see this data too. Children should have their tracking/ GPS software set so that it doesn’t geolocate their Instagram pictures or other online activity. If it does it means that anyone can know where they are and what they are doing.

- Gaming websites can offer upgrades to games and content which lead children into running up debts.

All work around children's activities should include an understanding of their online lives – staff should work with children and parents to understand the risks associated with the web.
Appendix 14 – Mobile phones

Locating a child: Mobile phones can help to keep children safe, but they can also generate risks. Smart phones in particular have location services which can allow children’s activities and locations to be tracked. Uploading images with location services activated can place children at risk.

Children and parents should be coached in the Digital Stalking Checklist to ensure that they are safe online.

Communicating with others: As outline in appendix 13 children and young people can have many ‘friends’ online whom they do not really know/ have never met. It is estimated that this could be up to 12% of their online contacts. Children and young people routinely use communication software on their phones to engage in group or 1-1 ‘chat’.

Children and young people and their parents should be helped to understand the risks associated with this activity:

- Grooming – as described in Appendix 13
- Sexting: It may feel awkward, but it’s important to explain to children the risks of sexting, how to stay safe and remind them that they can talk to you if something ever makes them feel scared or uncomfortable. Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages. They can be sent using mobiles, tablets, smartphones, laptops - any device that allows you to share media and messages. Sexting may also be called:
  - trading nudes
  - diries
  - pic for pic.

What does the law say about sexting?

It might be seen as harmless but the law says that creating or sharing a sexual image of a child is illegal (even if it is a child doing it). The law is being broken if a child:

- takes an explicit image or video of themselves or a friend
- shares an explicit image or video, even if it with another child
- possesses, downloads or stores images

The police can record this activity but decide a prosecution isn’t in the public interest. What is important is that children understand that once this image or video exists it will always be available and that it can be used against them in hurtful ways, such as, bullying or blackmail.

Why do young people sext?

There are many reasons why a young person may want to send a naked or semi-naked picture, video or message to someone else.

- joining in because they think that ‘everyone is doing it’
- boosting their self-esteem
- flirting with others and testing their sexual identity
- exploring their sexual feelings
- to get attention and connect with new people on social media
- they may find it difficult to say no if somebody asks them for an explicit image, especially if the person asking is persistent
Appendix 15 – Risks, threats and vulnerabilities

This Risks, Threats and Vulnerabilities Checklist has been designed to support professionals working with children and young people for whom there are safeguarding concerns. This includes concerns that the young person’s internet use is putting them at risk. Professionals should use their knowledge of the young person to select the statements that best describe their situation and presentation together with any evidence that grooming or exploitation is taking place. All questions in the checklist should be considered in order to get as wide a picture as possible as to the young person’s level of risk. Some of the indicators mirror normal teenage behaviour but professionals should always use their professional judgement when considering risk to inform their concerns about the young person’s behaviour or presentation.

This checklist is designed to facilitate discussions with your organisation’s safeguarding lead to decide what actions should be taken.

**CHILD INFORMATION**

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Forename:</th>
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<tbody>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Date of Birth:</td>
<td>Age:</td>
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<tr>
<td>Ethnicity:</td>
<td>Religion:</td>
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<tr>
<td>Date of Assessment:</td>
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**DETAILS OF PERSON COMPLETING RISK ASSESSMENT**

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Forename:</th>
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<tbody>
<tr>
<td>Agency:</td>
<td></td>
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<tr>
<td>Job Title:</td>
<td></td>
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<tr>
<td>Contact Telephone number:</td>
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<tr>
<td>Contact email:</td>
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**RATIONALE FOR RISK ASSESSMENT**

S – Sexual health and behaviour
A – Absent from school or repeatedly running away
F – Familial abuse and/or problems at home
E – Emotional and physical condition
G – Gangs, older age group and involved in crime
U – Use of technology and sexual bullying
A – Alcohol and drug misuse
R – Receipt of unexplained gifts or money
D – Distrust of authority figures
## VULNERABILITY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Suspected</th>
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<tbody>
<tr>
<td>Under the age of 14?</td>
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<td>Looked After?</td>
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<td>Missing School or excluded/NEET?</td>
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<td>Frequently missing from home or placement?</td>
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<tr>
<td>Local tensions between ethnic/cultural/religious groups?</td>
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<tr>
<td>Mental health or learning difficulties?</td>
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<tr>
<td>Dysfunctional/unstable family background/history of abuse?</td>
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<tr>
<td>Unstable or unsafe accommodation/unstable placement history?</td>
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<tr>
<td>Parents unwilling to accept support/professional help?</td>
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<tr>
<td>Difficult relationship or estranged from parents?</td>
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<tr>
<td>Unregistered private fostering arrangement?</td>
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<tr>
<td>Homeless or staying with an older person?</td>
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<tr>
<td>Adults loitering around place of residence?</td>
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<tr>
<td>Reduced contact with professionals?</td>
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<tr>
<td>Gangs in Community or school?</td>
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<tr>
<td>Wider family associated with gangs?</td>
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<tr>
<td>Not registered with GP?</td>
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## PRESENTATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Suspected</th>
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<tbody>
<tr>
<td>Sexual Risk Taking Behaviour?</td>
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<tr>
<td>Presence of STIs or pregnancy?</td>
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<td>Self Harming or eating disorder?</td>
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<tr>
<td>Substance Misuse?</td>
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<tr>
<td>Sudden change in behaviour or appearance?</td>
<td></td>
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<td></td>
<td>Yes</td>
<td>No</td>
<td>Suspected</td>
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<tr>
<td>Sudden change in pattern of school attendance?</td>
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<tr>
<td>Low self-image/self-esteem?</td>
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<tr>
<td>Communication difficulties?</td>
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<tr>
<td>False Documentation?</td>
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</table>
### SPECIFIC CONCERNS

<table>
<thead>
<tr>
<th>Concern</th>
<th>Yes</th>
<th>No</th>
<th>Suspected</th>
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<tbody>
<tr>
<td>Seen entering or leaving vehicles driven by unknown persons?</td>
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<tr>
<td>Signs of being controlled via mobile phone/internet enabled device?</td>
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<tr>
<td>Receives unexplained/unidentified phone calls?</td>
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<tr>
<td>Associating with young people known to be exploited?</td>
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<tr>
<td>Reports that young person has been seen in places linked to CSE?</td>
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<tr>
<td>Associating with YP known to be involved in gang activity?</td>
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<tr>
<td>Recent change in appearance/behaviour?</td>
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<tr>
<td>Disclosure of physical or sexual assault?</td>
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<tr>
<td>Being locked in against their will?</td>
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<tr>
<td>Street living and staying with adults (cuckooing/trap house)?</td>
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<tr>
<td>Found with multiple other YP at the same address or known place of exploitation?</td>
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<tr>
<td>Multiple sexual partners?</td>
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<tr>
<td>Miscarriages/STI’s/terminations</td>
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<tr>
<td>Located/recovered from a place of exploitation?</td>
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<tr>
<td>Involved in gang activity?</td>
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<tr>
<td>Believed to be sexually active? (if under 13 refer immediately)</td>
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<tr>
<td>Unaccounted for money or goods?</td>
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<tr>
<td>Underage marriage – forced marriage – honour based violence?</td>
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<td>Suspected to have entered the country illegally?</td>
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<tr>
<td>Displaying signs of extremist views or behaviour?</td>
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<tr>
<td>Known by Street names?</td>
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<tr>
<td>Anti-social and criminal behaviour (inc. possession of offensive weapons)?</td>
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<tr>
<td>Regular use of drugs/alcohol/legal highs?</td>
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<tr>
<td>Owes money – in debt to persons known or unknown?</td>
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<tr>
<td>Offending behaviour (inc. drug supply, begging, pick pocketing, street crime)?</td>
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</tbody>
</table>
Reluctant to talk to a person in authority or withholding personal details? | Yes ☐ | No ☐ | Suspected ☐
---|---|---|---
Accompanied by an adult who insists on remaining with the child at all times? | Yes ☐ | No ☐ | Suspected ☐
Can’t provide ID? | Yes ☐ | No ☐ | Suspected ☐
Receiving gifts through the post from adults unknown to parents/carers? | Yes ☐ | No ☐ | Suspected ☐
Unexplained injuries | Yes ☐ | No ☐ | Suspected ☐

**ONLINE RISKS AND ABUSE**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes ☐</th>
<th>No ☐</th>
<th>Suspected ☐</th>
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</thead>
<tbody>
<tr>
<td>Taking, sharing or receiving youth produced sexual imagery (“sexting”)?</td>
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<tr>
<td>Forming risk taking relationships with others via the internet?</td>
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<tr>
<td>Selling sexual services to others via the internet?</td>
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<tr>
<td>Having an online relationship with an adult or significantly older teen?</td>
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<tr>
<td>Accessing sites that may promote or normalise concerning behaviours, e.g. eating disorders/self-harm?</td>
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<tr>
<td>Accessing sites that may promote or normalise unhealthy sexual behaviours, e.g. pornography?</td>
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<tr>
<td>Concerning use of social media sites?</td>
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<tr>
<td>Using provocative screen name or sharing provocative imagery?</td>
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<tr>
<td>Sharing personal information online that could put themselves or others at risk?</td>
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<tr>
<td>Accessing the “Dark Web”?</td>
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<tr>
<td>Accessing violent or aggressive content, including possible extremist material?</td>
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<tr>
<td>Proactively exposing themselves or others to online dangers?</td>
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</table>

**What is working well for this Child or Young Person?**
**consider protective factors**
What are the complicating factors?
(Are there any issue or factors that are making the situation more complicated for the family or professionals?)

Professional Curiosity – What issues have you explored further with the young person? What challenges have been made? What issues do you remain concerned about?

On a scale of 0 to 10, where 10 means the young person is safe enough that no further action is required and zero means things are so bad that immediate safeguarding action must be taken, where do you rate this situation?

0 — 10

ACTION PATHWAY
Working with your Safeguarding Lead, discuss your concerns and what actions will be taken by your organisation.

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse or Neglect Concerns:</td>
<td></td>
<td></td>
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<tr>
<td>CSE Concerns (complete CSE Information report and send to CSET Team):</td>
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<tr>
<td>Gangs Concerns:</td>
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<td></td>
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<tr>
<td>Radicalisation Concerns (consider referral to Channel Panel):</td>
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<td></td>
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<tr>
<td>Trafficking Concerns:</td>
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</table>

(All relevant forms and additional information on individual risks is available on the KSCB website: kscb.org.uk)
What additional action has been taken (if any)?

Can the risk be managed within your own organisation?  
Yes ☐  No ☐
If no, please give reasons:

Unless Child Protection concerns have been identified, consent must be sought before referring to another agency.

Has consent from the parents and/or young person been sought?  
Yes ☐  No ☐
If no, please give details:

This document is not intended to replace the referral form either to Specialists Childrens Services or Early Help, but may be used to support a referral, if appropriate.
Appendix 16 – Children’s Safeguarding Procedure

Choices workers should discuss child safeguarding concerns with their Manager and inform the Safeguarding Lead, Jackie Hyland when a referral is completed.

 Choices workers should ensure that they send the Modus number for a CP referral to Christopher Rennick for the register.

Kent Safeguarding Procedure

Specialist Children’s Services Child in Need & Child Protection Referral Form can be found on Modus or worker can call 03000 41 11 11.

If you are making a Child in Need referral, agreement must be sought from the parent/carer (and where appropriate the young person) to make the referral. If parental agreement is not obtained it will not be possible to progress a Child in Need referral. Wherever possible, the parent/carer should be asked to sign the referral form.

If you are making a child protection concern and are unsure about whether to advise the parent/carer about the referral, you should consult within your own agency about this issue. If you remain unsure about whether the parent/carer should be consulted/informed about the referral (i.e. due to evidence being compromised, or someone being placed at risk) please consult with the Specialist Children’s Services in the first instance.

Medway Safeguarding Procedure

Workers can make a referral by following the link and signing in as a guest or by calling 01634 334466.

You are alerted by a member of staff or become aware that abuse or neglect has occurred or is suspected

Where possible, ensure the immediate safety and welfare of the child at risk

Is urgent medical or police attention required? Call 999

Does a crime need to be reported? Be aware of the possible need to preserve forensic evidence. Call 101 (non-emergencies). If life is in danger or crime is in progress call 999

Decide on whether to raise a child safeguarding concern by gathering only initial information. All safeguarding concerns should first be discussed with your line manager and designated safeguarding officer. If you are not sure whether to raise an alert, first discuss with Line Manager. If unsure, consult with Kent County Council/Medway Council Children's Social Care Team (see contact details). Where safe to do so, notify the parent you are considering raising a safeguarding concern and discuss making Safeguarding Personal objectives. If the parent does not consent to the information being shared, are there justifiable reasons to act contrary to their best wishes? Such as risks to others/ the concern relates to conduct of an employee/ volunteer/ mental capacity of person to decide/ inability to consent due to undue influence or intimidation/ possibility of serious harm occurring? The incident should be discussed in a timely manner i.e. within 48 hours

Decide on whether to raise a concern, gathering only essential information necessary to report to Kent Children's Services, using the Specialist Children's Services Child in Need & Child Protection Referral Form. Report concerns by sending Medway Council a completed Medway Council Children's Social Care Referral Form. Inform Safeguarding Lead Jackie Hyland that a referral has been made

Document the incident and any actions or decisions on Modus

Where possible ensure person who raised concern is offered support
Contact details for Kent’s Central Duty Team:
CentralDutyTeam@kent.gcsx.gov.uk (Secure e-mail*),
Central.duty@kent.gov.uk (Standard e-mail) or phone 03000 41 61 61

Contact details for Medway Council Children’s Social Care
Telephone: 01634 334466 / 24 hour emergency 0845 7626777
Fax: 01634 333188
Email: ss.access&info@medway.gov.uk.