

Children, Young People and Vulnerable Adults Safeguarding Policy

Public Version

Date:	October 2025
To Be Reviewed:	October 2030
Contact Name:	Folkestone and Hythe District Council
Telephone:	01303 853 000

Contents	Page No
0. Foreword	3
1. Executive Summary	4
2. Policy Statement	4
3. Effective Information Sharing	5
4. Scope of Policy	6
5. Folkestone & Hythe District Council's Approach to Implementing the Policy	10
6. Training	13
7. Working Together: Key Partnerships and Organisations	14
8. Conclusion	16
Appendix 1: Safeguarding Lead and Designated Officer Contacts	17
Appendix 2: Lead Agency Essential Contacts	18
Appendix 3: Safeguarding Procedure Flow Charts	21
Appendix 3a: Procedure for Members of the Public to Report a Safeguarding Concern	21
Appendix 3b: Suggested Avenues of Support	22
Appendix 4: Safeguarding Adult Review Process	23
Appendix 5: Myth Busting Guides to Information Sharing	25
Appendix 6: Legislative Framework	28
Appendix 7: Glossary of Terms (including definitions of types of abuse)	33

Foreword

The safeguarding of children, young people and vulnerable adults is of paramount importance. The Council is required to review its Safeguarding Policy to ensure its arrangements adequately reflect statutory responsibilities and the additional requirements currently being placed on it, and that these are being fully considered in the approach being taken to protect people from abuse and harm.

We are therefore pleased to introduce this revised Safeguarding Policy which aims to outline the responsibilities of the Council, and how they dovetail with other agencies, to safeguard vulnerable children and adults with care and support needs from abuse and harm. The policy also reflects new responsibilities for District Councils since the last review.

We believe that everyone has the right to be safe from harm, deserves the opportunity to fulfil their full potential and to have their rights and choices protected, and as such this Safeguarding Policy is the Council's commitment to this and to meet our statutory obligations on Safeguarding.

Susan Priest
Chief Executive

Cllr Jim Martin
Leader of the Council

1. Executive Summary

- 1.1** This overarching Safeguarding Policy aims to ensure that a consistent approach to safeguarding exists across all Council functions. It outlines key roles and responsibilities of individual officers and elected members to embed safeguarding policies, practices and procedures to ensure the Council meets the requirements of these additional responsibilities. The policy will now be refreshed on a five yearly basis, but with annual reviews to update any changes in terminology or legislation.
- 1.2** In carrying out these duties the Council works in partnership with other agencies that have a role to play in relation to the welfare of its residents, aiming to ensure they are protected against abuse, neglect and exploitation.
- 1.3** In recent years, safeguarding duties placed on the Council have been extended beyond safeguarding children and vulnerable adults to encompass domestic abuse and violence, Prevent and counter terrorism, trauma informed practice, and other areas of responsibility, as set out in Section 4.
- 1.4** The council regularly has to respond to requirements to address safeguarding issues such as Domestic Abuse Related Death Reviews (DARDRs, formerly known as Domestic Homicide Reviews), and other multi-agency reviews on safeguarding incidents, including input to the format and protocols around the management of these reviews. A flowchart setting out the process for Safeguarding Adult Reviews can be found at Appendix 3.
- 1.5** The council is also required to participate in detailed audits, including Section 11 self-assessments for child safeguarding led by the [KSCMP](#) (Kent Safeguarding Children's Multi Agency Partnership), Self-Assessments for Adult Safeguarding led by the [KMSAB](#) (Kent & Medway Adult Safeguarding Board), as well as the KMSAB yearly Agency Template which requires the Council to show how it is meeting the priorities of the KMSAB, and in particular requires evidence of strong partnership working across all safeguarding matters, and evidence of relevant practice (for example Making Safeguarding Personal).
- 1.6** Where there have been requirements to address additional training needs following audits, learning from safeguarding reviews, or changes in practice/legislation, these are also shared appropriately, for example care leaver requirements and the application of the Mental Capacity Act etc.

2. Policy Statement

- 2.1** Folkestone & Hythe District Council (The Council) is committed to working in partnership with others to safeguard its residents from all forms of abuse and neglect. The Council will raise awareness of safeguarding issues to ensure that the needs and interests of children, young people and vulnerable adults are incumbent in decision making processes and through service provision.
- 2.2** This Policy aims to ensure that an overarching approach to safeguarding is embedded within all Council services and that staff, elected members, and others (such as volunteers, those taking part in work experience and those

delivering contracts on behalf of the Council) understand their role and responsibilities in supporting all residents to live a life free from abuse, neglect, exploitation and intimidation. Staff who supervise those undertaking work experience should ensure that they are familiar with this policy and that any risk assessments take account of any vulnerabilities in relation to the work experience placement.

- 2.3** The Council will create an environment where staff, volunteers and elected members are adequately trained and encouraged to think of safeguarding as being their responsibility, understanding the need for them to play a full and active part in the delivery of the Council's response. External training providers will be used to deliver training where necessary.
- 2.4** The Council works in partnership with the [KMSAB](#) and [KSCMP](#) to ensure its practices meet the statutory requirements as set out in key legislation and guidance documents, including [Working Together to Safeguarding Children \(2023\)](#) and the [Care Act \(2014\)](#). The Council will ensure that its Policy complies with all relevant legislation, a summary of which is listed in Appendix 6.
- 2.5** The structure of the Boards is set out at the links provided above, but of paramount importance is the role of key statutory agencies. The responsible authorities are the police, health, and the Local Authority (KCC), all other agencies including the District Council are part of the wider safeguarding partnership. Appendix 6 sets out the legislation and guidance that all agency partners are required to adhere to.

3. Effective Information Sharing

- 3.1** Information sharing between agencies is critical to safeguarding children, young people and vulnerable adults, ensuring that the right help is provided at the right time, and that effective and coordinated action can be taken by agencies. While it is important to adhere to the [Data Protection Act 2018](#) and the [UK General Data Protection Regulation \(UK GDPR\)](#), these should not be considered barriers to information sharing. The first and most important consideration is always whether sharing information is likely to support the safeguarding of a child, young person, or vulnerable adult.
- 3.2** Folkestone & Hythe District Council is a signatory to the [Kent and Medway Information Sharing Agreement](#), enabling information to be shared between public bodies across Kent in a lawful, safe and secure manner. A lack of information sharing is highlighted in a number of practice reviews as an area for improvement across all agencies, and it is therefore important that staff, volunteers and members are aware of their obligations to share information.
- 3.3** Further information and guidance about information sharing as it relates to safeguarding is available from the [Information Commissioner's Office](#) as well as the [Department for Education's Information Sharing guidance](#) and [KMSAB's Quick Guide to the Legal Basis for Information Sharing](#). Appendix 5 provides a myth busting guide to information sharing.

4. Scope of Policy

It is the responsibility of the Council to observe the requirements of this Safeguarding Policy. The policy provides the Council and its staff, members and volunteers with information and guidance on how to meet our statutory obligations with regards to safeguarding, and how to report concerns (see Appendix 3 for details of our reporting procedures).

4.1 Safeguarding and Promoting the Welfare of Children and Young People

This encompasses the protection and welfare of children under the age of 18 (including unborn babies) and statemented ('vulnerable') young people under the age of 25, and those particularly vulnerable due to disabilities, or neurodiversity. It also incorporates the additional aims of preventing the impairment of children's health and development; ensuring they grow up in circumstances consistent with the provision of safe and effective care. Details of the responsibilities for Councils are set out in [Working Together to Safeguard Children \(2023\)](#). For definitions of types of abuse and neglect please see Appendix 4.

4.2 Safeguarding and Promoting the Welfare of Adults

This encompasses the protection from harm or neglect of a person aged 18 and over who may need community care services due to a disability, age or illness, who cannot take care of, or protect themselves from significant harm or exploitation. Adults with care and support needs should be supported in maintaining control over their lives and to make informed choices without coercion. Details of responsibilities for Councils are set out in the [Care Act \(2014\)](#). For definitions of types of abuse and neglect please see Appendix 7.

4.3 Mental Health

A key consideration when addressing safeguarding is the mental and emotional wellbeing of vulnerable people. Mental and physical wellbeing is championed at various partnership boards and meetings for both children and adults. Safeguarding concerns often require input or referrals to mental health teams. The Council works across many partnerships, such as the Integrated Care Partnership (ICP) for integrated health care services, the Community Safety Partnership (CSP) and Community Safety Unit (CSU), the Better Mental Health Network and Suicide Prevention Network. See also Section 7 for further details of these partners.

The council is required to be aware of the [Mental Capacity Act \(2005\)](#) and [DoLS \(Deprivation of Liberty Safeguards\)](#) which addresses decision making for those who are incapacitated in some way.

There has been increasing awareness around mental health and a rise in threats of suicide and suicide rates in the County. Some Council staff have received training on how to deal with threats of suicide. Details of Mental Health services and other support services are available on the [FHDC website](#) and Appendix 2 lists a number of these support services.

4.4 Domestic Abuse and Violence

Domestic abuse (DA) is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. Types of domestic abuse are set out in Appendix 7. Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly or indirectly due to the impact of abuse on others, such as the non-abusive parent, however they are considered to be victims of DA in either case.

The Council takes all reports of DA extremely seriously. We have [dedicated DA policies](#) for housing services and internally for staff, supported by a network of trained DA Champions who can offer guidance and signposting to both colleagues and service users. All Council staff complete DA training during induction, as part of the mandatory safeguarding eLearning, with frontline housing staff receiving enhanced training tailored to their roles. The Council is also in the process of working to achieve Domestic Abuse Housing Alliance (DAHA) accreditation. DAHA is a benchmark in the UK for detailing how housing providers should respond to DA, and therefore reassures survivors of DA that they can approach the Housing teams, who will adopt a survivor-led approach and provide appropriate support based on the individual and their needs.

Further details on the legislation relating to DA can be found at Appendix 6 of this policy.

4.5 Neurodiversity

The council recognises that individuals with neurodiverse conditions (such as autism, ADHD, dyslexia or Tourette's syndrome) may face heightened risks and be more vulnerable to various types of abuse or harm. Neurodivergent individuals may struggle with recognising or articulating abuse due to differences in their communication styles, or may be reliant on family members or friends for support, which can create a dependency which can be exploited. The council will make every effort to ensure that information is accessible to everyone, including neurodivergent individuals, and ensure that staff are suitably trained to recognise and support those individuals.

4.6 Recognising Additional Vulnerabilities and Risks

While anyone can be abused, there are some groups who are particularly vulnerable to abuse, harm or exploitation, including (but not limited to) individuals with physical disabilities; individuals with learning disabilities, cognitive impairment (including dementia) or who are neurodiverse; asylum seekers; carers; victims of domestic abuse; LGBTQIA+ individuals; and children in care.

It is crucial that professionals recognise the additional vulnerabilities of these groups, and ensure they are protected through good safeguarding processes. Council staff will work with appropriate partners (including KCC Adult or Children's Social Care) to ensure all individuals are protected from harm.

4.7 Making Safeguarding Personal

The Council will undertake a person-centred approach and endeavour to work sympathetically with any person requiring safeguarding support. This includes listening to the voice of the child and voice of the adult, taking into account their wishes (as far as possible). It has been possible to demonstrate some of this feedback through the safeguarding audits that the Council participates in.

KMSAB have [further information](#) relating to Making Safeguarding Personal. In addition, the [Think Family](#) approach is also being promoted, and key FHDC departments already apply this in practice – ensuring that any impacts on the wider family network are considered when working with an individual, and that support is offered to all who need it.

4.8 Trauma Informed Practice

Adverse Childhood Experiences (ACE) and Trauma Informed Practices

i.e. ensuring trauma experienced in early life is acknowledged in practice are now taken into account by practitioners when addressing safeguarding and other behavioural problems faced by individuals. Typically 9% of the population experience four or more ACEs, and about 47% experience one.

The important point is that even if adversity is suffered, longer term negative outcomes are preventable if the trauma experienced is properly supported and the voice of the child and the adult is heard. KCC have [further resources](#) on this subject on their [SPACE Matters](#) (Supporting People with Adverse Childhood Experiences) website.

So What?

ACEs impact a child's development, their relationship with others and increase the risk of engaging in health-harming behaviours and experiencing poorer mental and physical health outcomes in adulthood. Compared with people with no ACEs, those with 4+ ACEs are:



SPACE matters
A Trauma Informed Approach to Health

4.9 Co-occurring Conditions

Co-occurring conditions (also known as dual diagnosis) relates to when an individual experiences both mental health and substance misuse problems at the same time. It is recognised that individuals with a dual diagnosis may find it harder to access support services, and to be more resistant to engaging with support when it is offered. KCC's [Dual Diagnosis Protocol](#) provides further guidance about how to manage such cases.

4.10 Hoarding and Self-Neglect Policy

The Kent and Medway Adult Safeguarding Board (KMSAB) has a [policy for dealing with hoarding and self-neglect cases](#). This outlines to all partner agencies the procedure for identifying and working with individuals who self-neglect or demonstrate hoarding behaviour which puts the individuals or others at risk of harm. FHDC commission Hoarding Co-ordinators who carry out crucial work intervening and providing support for individuals within the district. All key FHDC staff (e.g. Housing teams) are aware of the KMSAB policy and its application, and this forms a key part of safeguarding training.

4.11 Care leaver requirements

The requirement to promote and safeguard the welfare of care leavers is set out in the [Children and Social Work Act \(2017\)](#) and in a [Kent-wide strategy document](#).

Folkestone & Hythe District Council recognise that care leavers require specific support and guidance as they leave their caring arrangements. The District Council offers [council tax support for care leavers](#) and a package of additional support is currently in development. However KCC, who have the overall responsibility for children in care and care leavers has detailed support and guidance at [Care leavers local offer - Kent County Council](#).

4.12 Prevent

Prevent is a Government strategy led by the Home Office and focuses on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism. Supporting vulnerable individuals and reducing the threat from violent extremism in local communities is priority for statutory partners and their partners. Schedule 6 of the Counter Terrorism and Security Act 2015 lists District councils as one of the “specified authorities” in England that are to have a duty to address Prevent and to have “due regard to the need to prevent people from being drawn into terrorism”, in the exercise of their functions.

Prevent is a key priority for the Folkestone and Hythe Community Safety Partnership (CSP) and responds rapidly to significant national events or requirements to address any new or emerging threats relating to extremist activity. In addition, key staff attend Channel Panels, which is the referral route for individuals considered to be at risk of radicalisation (follow link in Appendix 2 for further details on how to make a Prevent referral).

4.13 Modern Slavery (MS)

Modern Slavery encompasses slavery, human trafficking, forced labour, and domestic servitude. It is an international crime involving a number of source and transit countries. Modern slavery involves the recruitment, transportation, transfer, harbouring or receipt of people who, with the threat or use of force, coercion, abduction, abuse of power or deception are exploited for the purposes of prostitution, forced labour, slavery or other similar practices. Victims are trafficked all over the world, including in and around the UK.

Under the Modern Slavery Act 2015 Duty to notify and [National Referral Mechanism \(NRM\)](#) was introduced. Under this Act, local authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.

As a first responder the Council will respond to any concerns that are raised where MS is suspected. Staff are required to undergo relevant training.

4.14 Allegations Against Members of Staff

If an allegation is made in relation to a member of staff, volunteer, elected member or paid contractor at the council, this must be immediately reported to HR and the Safeguarding Lead.

If the allegation relates to behaviour which has, or may have, harmed a child, or indicates that they may not be suitable to work with children, the [Local Authority Designated Officer \(LADO\) service](#) must be informed within 24 hours. The LADO will provide advice and guidance, and may investigate the allegation themselves, or instruct the council to conduct an investigation. The member of

staff about whom the allegation has been made should not be spoken to about the allegation, or any action taken, until the LADO has been consulted. If unsure about whether or not a situation meets the LADO threshold, an enquiry to the LADO service can be made on a no-name basis via the [online form](#).

If the allegation relates to behaviour which has, or may have, harmed an adult, or indicates that they may not be suitable to work with adults, the council will follow its existing disciplinary processes to address the allegations, and will have regard to the [KMSAB People in Positions of Trust \(PiPoT\) policy](#) during this process. The council also has a [whistleblowing policy](#) which is available to all staff should a requirement to report present itself.

If an investigation finds an allegation substantiated the member of staff should be referred to the Disclosure and Barring Service.

4.15 Partnership Working

This policy advocates the need to work in partnership on a wide range of other issues that impact the safeguarding of vulnerable people, including online safety, trauma informed practice, contextual safeguarding concepts (including participation in the District Contextual Safeguarding Meeting), and wider work involving the Community Safety Partnership as well as work across internal council teams such as Housing, Welfare, Customer Services, etc (see Section 7 for further details).

5. Folkestone & Hythe District Council's approach to implementing the Policy

- 5.1** Whilst other partnerships and organisations, as referred to in section 7 of this Policy, have roles in co-ordinating and ensuring the effectiveness of the Council's work to safeguard and promote the welfare of children and adults with care and support needs, they are not accountable for the Council's operational work. The Council retains its own lines of accountability for safeguarding and promoting the welfare of children and adults with care and support needs through its own service delivery and provision. The Council does work in close partnership through for example the Community Safety Partnership (CSP), and the Kent Housing Group (KHOG) to meet requirements as a multi-agency approach is often required to deal with issues.
- 5.2** All staff, volunteers and elected members are to ensure they familiarise themselves with the Council's Safeguarding Policy, and participate in training that they are required to undertake, including all mandatory courses, to ensure they are able to recognise the varying forms of abuse and report any concerns, incidents or allegations as appropriate. See section 6 for more information about training.
- 5.3** All staff, volunteers and elected members are subject to safer recruitment processes. Recruitment training (including safer recruitment) is provided to managers on an annual basis, and the councils [Recruitment and Selection Procedure](#) has a section dedicated to safer recruitment. Depending on an individual's job role, and their involvement in safeguarding work and contact with children or vulnerable adults, the Council will ensure that the relevant level of DBS check is undertaken, including renewal when required.

5.4 Guidance for staff on how to report a safeguarding concern is set out on the [staff intranet](#) and in Appendix 3, and if a member of staff is unsure about the process they should contact a Designated Officer (details in Appendix 1) who will be able to advise further. Relevant staff also need to be familiar with the process of making a safeguarding referral.

5.5 Making Referrals to Social Services

Before making a referral to social services, it is important to check the concern against the [threshold guidance \(for adults\)](#) or [support levels guidance \(for children\)](#) to confirm that it meets the criteria for making a referral. Alternatively, for the Integrated Children's Service, a professional no-named consultation can be made by calling 03000 411111 to discuss the situation and take advice.

Referrals to both adult and children's social services are made via an online form as follows:

- [Adult Social Care](#)
- [Children's Front Door](#)

Every member of staff has the responsibility to refer a concern to KCC in the event that they are unable to speak to a DO. The online referral forms are simple to use and telephone numbers for adult and child social services are available for further advice. A DO should be notified as soon as possible after a referral is made, to ensure that all concerns are properly recorded.

The flowchart in Appendix 3 guides staff on what to do if a situation does not meet the threshold for a referral to KCC Adult Social Care.

5.6 Escalation policy

If a partner(s) is deemed not to be supporting / carrying safeguarding functions appropriately these can be flagged through the [KMSAB escalation policy](#) for adult safeguarding or the [KSCMP escalation policy](#) for child safeguarding. Where DOs or other staff are unsure of decisions taken by key partners these can be flagged through this escalation route.

5.7 Multi-Agency Risk Management Framework (MARM)

MARM is a process to support professionals working with an adult where there is a high risk of harm, and the circumstances sit outside of other statutory processes (including adult safeguarding), and where all other avenues have been exhausted, and it is felt that a multi-agency approach to managing the risks would be beneficial. A MARM meeting can be called by any agency working with an individual. If an invite to a MARM is received, the council will ensure that appropriate staff attend.

Additional information about MARM can be found on the [KMSAB website](#).

5.8 Procurement and working with Contractors

It is the responsibility of staff and elected members to consider safeguarding implications in their decision-making processes, including the procurement of services.

All external organisations and contractors providing services to the Council are required to comply with the Council's Safeguarding Policy as a minimum

standard. Where relevant, they should have their own safeguarding policy and procedures in place. More information about contractor safeguarding can be found on the [council's website](#).

5.9 Key safeguarding roles

Whilst safeguarding is the responsibility of all Council staff, volunteers, elected members and contractors, there are a number of safeguarding roles within the Council with specific responsibilities briefly set out below:

Role	Key Responsibilities
Executive Lead	• Raise the profile of safeguarding, support the Policy and promote the development of initiatives to ensure the protection of residents within the district. • Allocate resources to enable the Council to meet its responsibilities. • Scrutinise and authorise relevant reports and plans.
Designated Safeguarding Lead	• Development of Policy, issuing operational guidance, promoting good practice and making policy recommendations to Council. • Submit progress reports to Corporate Management Team and relevant Committees to ensure that the Council's Safeguarding Policy is being met. • Make a referral to KCC's Local Authority Designated Officer (LADO) for child safeguarding as appropriate and work with HR services as appropriate. • Ensure that action taken is coordinated and monitored. • Provision of audit returns as appropriate, e.g. KMSAB annual agency template, participation in County wide groups and coordination of any serious case review work.
Safeguarding Officer	• Deliver safeguarding training to all relevant staff • Support the implementation of key safeguarding activities. • Support the work on audits for submission to KSCMP and KMSAB audits. • Support and advise the Council's contractors, leaseholders and grant recipients on the development of safeguarding policies, where necessary. • Handle safeguarding concerns reported to them by colleagues as having arisen in their respective lines of duty, including making referrals to the KSCMP or the KMSAB, as appropriate. • Ensure DOs are suitably trained and supported,

	and that the DO rota is maintained.
Designated Safeguarding Officers (DOs), including Senior DO	• Support the implementation of key safeguarding activities. • Handle safeguarding concerns reported to them by colleagues as having arisen in their respective lines of duty, including making referrals to the KSCMP or the KMSAB, as appropriate. • Participate in support networks for the DOs.
Elected Members, Cabinet Member for Communities (Portfolio Holder)	• Leader of the Council to nominate Cabinet Member lead for safeguarding. • Scrutinise the Council's Safeguarding Policy and endorse safeguarding reports to relevant Committees. • Portfolio Holder with responsibility for safeguarding will act as the Council's safeguarding champion. • Training to be undertaken as necessary.
Directors /Managers	• Make staff aware of their duty to report any allegations or suspicions of abuse to a DO and the procedure for doing so. • Operate safe recruitment practices and routinely take up and check references. • Adhere to and operate within the Council's Whistleblowing Policy (part of anti-fraud and corruption framework) and support staff who raise concerns. • Ensure all staff receive training in safeguarding consistent with their job roles and responsibilities. • Monitor compliance with Council's Safeguarding Policy with contractors, leaseholders and grant recipients as appropriate.

6. Training

- 6.1** The level of safeguarding training required to be undertaken by members, staff, volunteers or contracted service providers working for or on behalf of the council will reflect the likely level of contact and/or responsibility for children, young people or adults at risk associated with their role.
- 6.2** The council now operates a comprehensive training plan. A [generic training matrix](#) is available on the intranet, and this is supplemented by a more detailed matrix listing all roles within the council and their training needs.
- 6.3** Staff and members are broadly categorised as having a Frontline or Not Frontline role. Training needs are categorised as mandatory or "encouraged" according to these roles. All staff and members are required to take the Safeguarding eLearning module every 2 years, and frontline staff must also attend face to face Safeguarding and Prevent training delivered by the Safeguarding Officer and KCC's Prevent team, and are encouraged to take

other training such as suicide prevention, domestic abuse, or modern slavery. DOs are also required to undertake additional, more in depth, safeguarding training. Separate bespoke face-to-face Safeguarding and Prevent sessions are provided for members.

- 6.4** As part of the training process, staff are routinely asked to complete an evaluation form, in order to monitor usefulness and application of the training in their role.
- 6.5** Any specific individual safeguarding training requirements will also be highlighted through the staff appraisal process and fed-back to the Learning and Development Officer.

7. Working Together: Key Partnerships and their roles

- 7.1** The Council will work with other agencies to prevent the abuse of its residents in all its forms.

- 7.2 Kent Safeguarding Children Multi-Agency Partnership (KSCMP)**

[KSCMP](#) has a wide range of responsibilities, including the development and review of procedures to protect children; the provision of training for staff and volunteers who work with children; reviewing the death of all children to find out what lessons can be learnt to safeguard other children and raising public awareness of safeguarding.

The Council is required to participate in a statutory Section 11 audit on child safeguarding for KSCMP every two years. This requires a full assessment of the inputs made by partnerships and internal council teams and officers on themed subject areas, and is a substantial piece of work. The Council is required to satisfy KSCMP that it is meeting all elements of the assessment satisfactorily, and if not an action plan to complete any outstanding work is required.

The aim of the Partnership is to improve outcomes for children by co-ordinating the work of local agencies to safeguard and promote the welfare of children and ensuring the effectiveness of that work.

- 7.3 Kent and Medway Safeguarding Adults Board**

The Kent and Medway Safeguarding Adults Board ([KMSAB](#)) is a statutory service which exists to make sure that all member agencies are working together to help keep Kent and Medway's adults safe from harm and protect their rights.

The aim of KMSAB is to promote and develop effective protection systems for vulnerable adults across a wide range of agencies and where preventative strategies fail to ensure professionals are equipped to deal with incidents.

The KMSAB is the main forum for making sure that we keep safe those adults with care and support needs who are at risk of abuse and neglect and unable to protect themselves. The Care Act 2014 places a duty on the Council to cooperate with the KMSAB.

KMSAB also assess how well the council is meeting its adult safeguarding responsibilities through a series of audits and annual reports, including the Self-Assessment Framework every two years. This requires a full assessment of the inputs made by partnerships and internal council teams and officers on themed subject areas, and is a substantial piece of work. The Council is required to satisfy KMSAB that it is meeting all elements of the assessment satisfactorily, and if not an action plan to complete any outstanding work is required.

7.4 Folkestone and Hythe [Community Safety Partnership](#)

The Crime and Disorder Act 1998 (as amended) placed a duty on local authorities and the Police to form a local partnership and cooperate in the development and implementation of a strategy for tackling crime and disorder in the area. This local partnership is known as the Folkestone and Hythe Community Safety Partnership (CSP), of which the Council is a lead member.

The Partnership is a multi-agency forum which brings together responsible authorities as set out in the Crime and Disorder Act 1998 and other relevant legislation to work to reduce crime and improve community safety. The CSP also acts as the formal body to meet the requirements of the Act and it is also a statutory requirement for the Partnership to work with Kent County Council to undertake a multi-agency Domestic Abuse Related Death Reviews (DARDRs) (formerly known as Domestic Homicide Reviews (DHR)) following a domestic homicide to identify what needs to change to reduce the risk of further incidents, as well as other requirements. DARDRs also include cases of suicide.

The CSP's work is very wide ranging and includes activity relating to Prevent, MDS, Domestic Abuse, County Lines, Cuckooing, Violent Crime, and Online Safety as well as approaches to managing complaints and situations that could require contextual safeguarding approaches and participation in District Vulnerability Panel meetings.

7.5 Kent County Council

Kent County Council (KCC) has responsibilities as the Children's Social Care Services Lead and the Adult Social Care Services Lead for Kent.

All safeguarding concerns, incidents and allegations regarding the welfare of a child or adult with care and support needs will be reported using the relevant referral mechanisms. Relevant officers at KCC are responsible for coordinating any investigation. Allegations against staff relating to children are dealt with by the Local Authority Designated Officers (LADO) at KCC (see section 4.14 and Appendix 2). The District Council will always liaise with the LADO on any such concerns as necessary,

Other KCC services e.g. Family Hubs, health visiting services, schools liaison, SEND services, etc also play an important role in early help and preventing individuals from coming to harm.

7.6 Kent Police

Kent Police has an essential role in protecting children, young people and adults with care and support needs from abuse and are under a legal duty to carry out their functions having regard to the need to protect and promote the welfare of these groups.

Section 11 of the Children Act 2004 states that Police and Crime Commissioners (formally police authorities) and the Chief Officer of each Police force in England must make sure that they protect and promote the welfare of children. This means that safeguarding is a basic part of the duties of all Police Officers.

As well as their duty to investigate criminal offences, Kent Police have emergency powers to enter premises and make sure they can provide immediate protection for children and adults with care and support needs believed to be suffering, or likely to suffer, significant harm.

7.7 Health Services

Health also have a critical role to play in safeguarding, and local links with health partnerships, mental health services etc. as well as links with partnerships such as CSP and CSU enables cross flow of information.

In recent years the health service have improved their practices, and for example where children have not been taken to GP appointments these are recorded differently (i.e. instead of missed appointments it is recorded that the child/ young person was not brought/did not attend appointment by their parent/ carer).

7.8 Better Mental Health Network and Suicide Prevention Network

FHDC contributes to both the Better Mental Health and Suicide Prevention Networks, run by KCC. The council is signed up to the Better Mental Health Concordat, and participate in relevant initiatives to help support this work. This further strengthens the support the council can provide to residents.

7.9 Additional Council Functions

There are a number of specific Council functions that also require a robust understanding of safeguarding approaches. These include the Council's Homelessness service, Private Sector Housing service, Community Safety Unit, and Lifeline as key service areas.

7.10 The contact details for key agencies and organisations can be found in Appendix 2: Lead Agencies Essential Contacts, though this is not an exhaustive list.

8. Conclusion

8.1 This policy provides the framework for the Council to meet its statutory safeguarding responsibilities. It provides the latest information on the legislation, reporting mechanisms and staff responsibilities, and promotes a culture of continuous improvement, enabling the wellbeing of children, young people and vulnerable adults to be safeguarded.

APPENDIX 1

Designated (Safeguarding) Officer Contacts (as of January 2026) (Personal information redacted)

Name	Fixed Line No.	Email

Lead Agencies - Essential Contacts (This list is not comprehensive but covers key organisations)

Kent Safeguarding Children Multi-Agency Partnership (KSCMP)

Email: kscmp@kent.gov.uk
<https://www.kscmp.org.uk/>

Kent and Medway Safeguarding Adults Board (KMSAB)

Email: KMSAB@kent.gov.uk
<https://www.kmsab.org.uk/>

Kent Social Services

Child Safeguarding
Tel: 03000 41 41 11
Email: social.services@kent.gov.uk

Adult Safeguarding
Tel: 03000 41 61 61
Email: social.services@kent.gov.uk
Or complete the [online form](#)

Out of Hours for Child or Adult
Tel: 03000 41 91 91

Police

Emergency – Tel: 999
Non-emergency – Tel: 101
Or report a crime via the [online form](#)

PREVENT (Radicalisation)

[Report radicalisation or extremism](#)

Email: prevent@kent.gov.uk
[Immediate Threat](#): Tel: 999

Operation Willow (Child Sexual Exploitation)

Tel: 101 and quote Operation Willow
'Say Something Helpline': 116 000 (for anonymous reporting)

LADO (Allegations against staff)

[LADO Referral Form](#)
[LADO Enquiry Form](#) (for consultation only)

Mental Health / General Wellbeing

[South Kent Coast Mental Health Together](#)

The MHT team provides community-based support and treatment for adults of all ages experiencing mental health challenges.

Tel: 01304 216612
<https://www.kmpt.nhs.uk/our-services/shepway-community-mental-health-team/>

Release the Pressure

Text the word SHOUT to 85258 or phone 0800 107 0160 for free confidential support at any time.

Free expert advice from trained counsellors is available for every mental health concern, including anxiety; depression; low self-esteem; money worries; relationship troubles; stress; suicidal thoughts.

Live Well Kent

Support to a range of issues including managing mental health and wellbeing, gaining confidence, or accessing free therapy – for anyone aged 17+ in Kent or Medway.

Tel: 0800 567 7699

Or complete the [online form](#)

Samaritans

Tel: 116 123 (free phone number)

Safe Haven

For those experiencing a non-emergency deterioration in mental health

Tel: 07967 877096 / 07967 877097

Email: folkestone.mhm@nhs.net

South Kent Mind

Free support for anyone with a mental health problem living in South Kent

Talking Therapies NHS

Free and confidential NHS service offering mental health support through working with a trained therapist.

Domestic Abuse

National Domestic Abuse Helpline

Free confidential help and advice for anyone experiencing domestic abuse.

Tel: 0808 2000 247

One Stop Shop for advice and support for domestic abuse.

Address: Family Hub, Dover Road, Folkestone, CT20 1QF

Rising Sun Domestic Abuse Services

Tel: 01227 452852

Clarion now operate a phone line for professionals to get advice on domestic abuse concerns: 07745 207 247

Further information about a range of services offering support and advice around domestic abuse can be found on the [FHDC website](#)

Substance Misuse

Forward Trust

A range of alcohol and substance use interventions for adults in the area.
Tel: 01304 248 290

Turning Point

Drug and alcohol treatment and support, as well as help with mental health and other issues.

ROAR

A lived experience organisation helping to support people affected by addiction.

Email: info@roarkent.com

Procedure for Members of the Public to Report a Safeguarding Concern

The procedure for members of the public is as follows:

If you have concerns about an adult, contact Adult Safeguarding on:

- Telephone: 03000 416161
- Email: social.services@kent.gov.uk

If you have concerns about a child, contact Children's Safeguarding on:

- Telephone: 03000 411111
- Email: social.services@kent.gov.uk

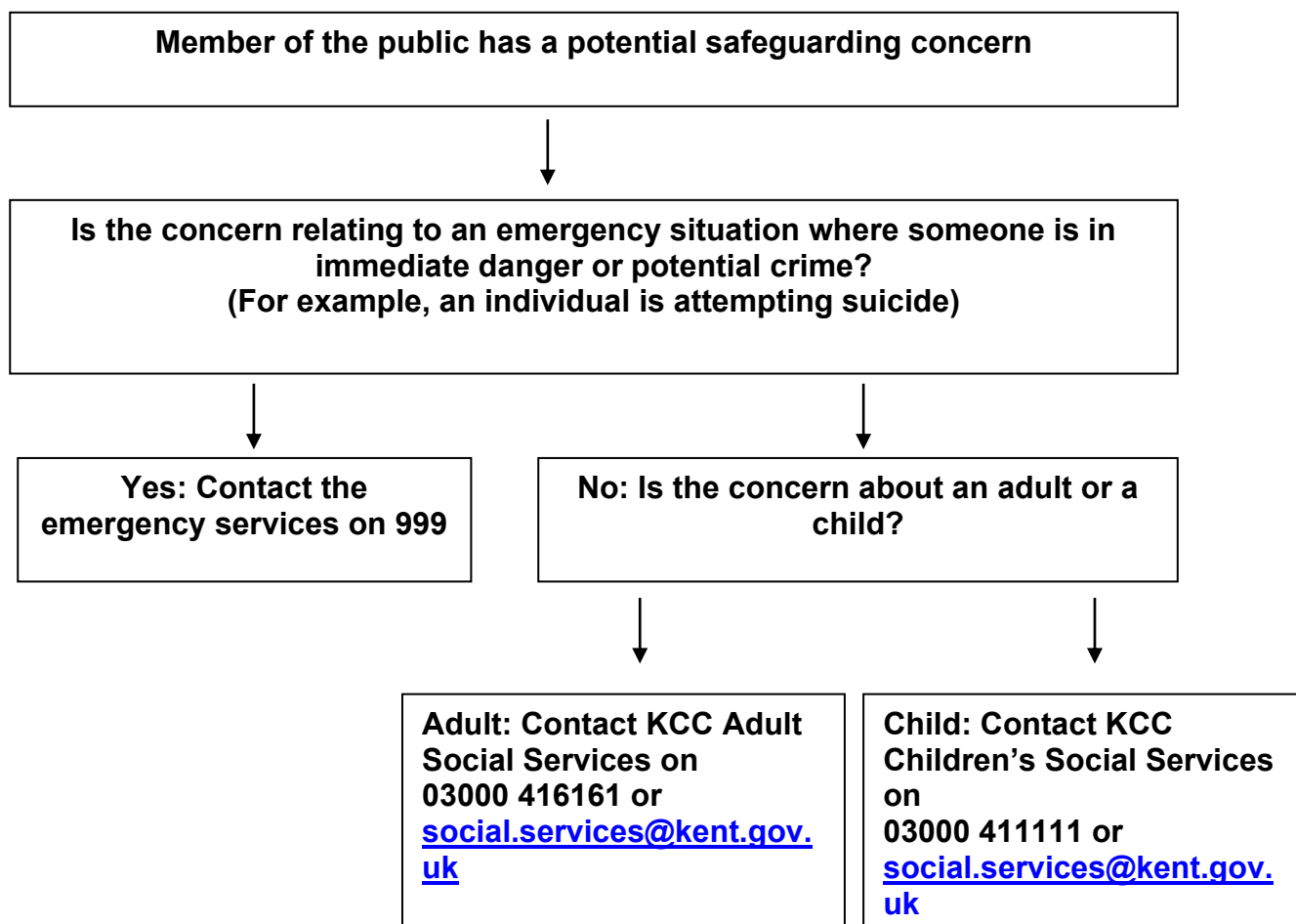
For out of hours contact:

- Telephone: 03000 419191

In an emergency, or if a crime is being committed, contact the emergency services on 999.

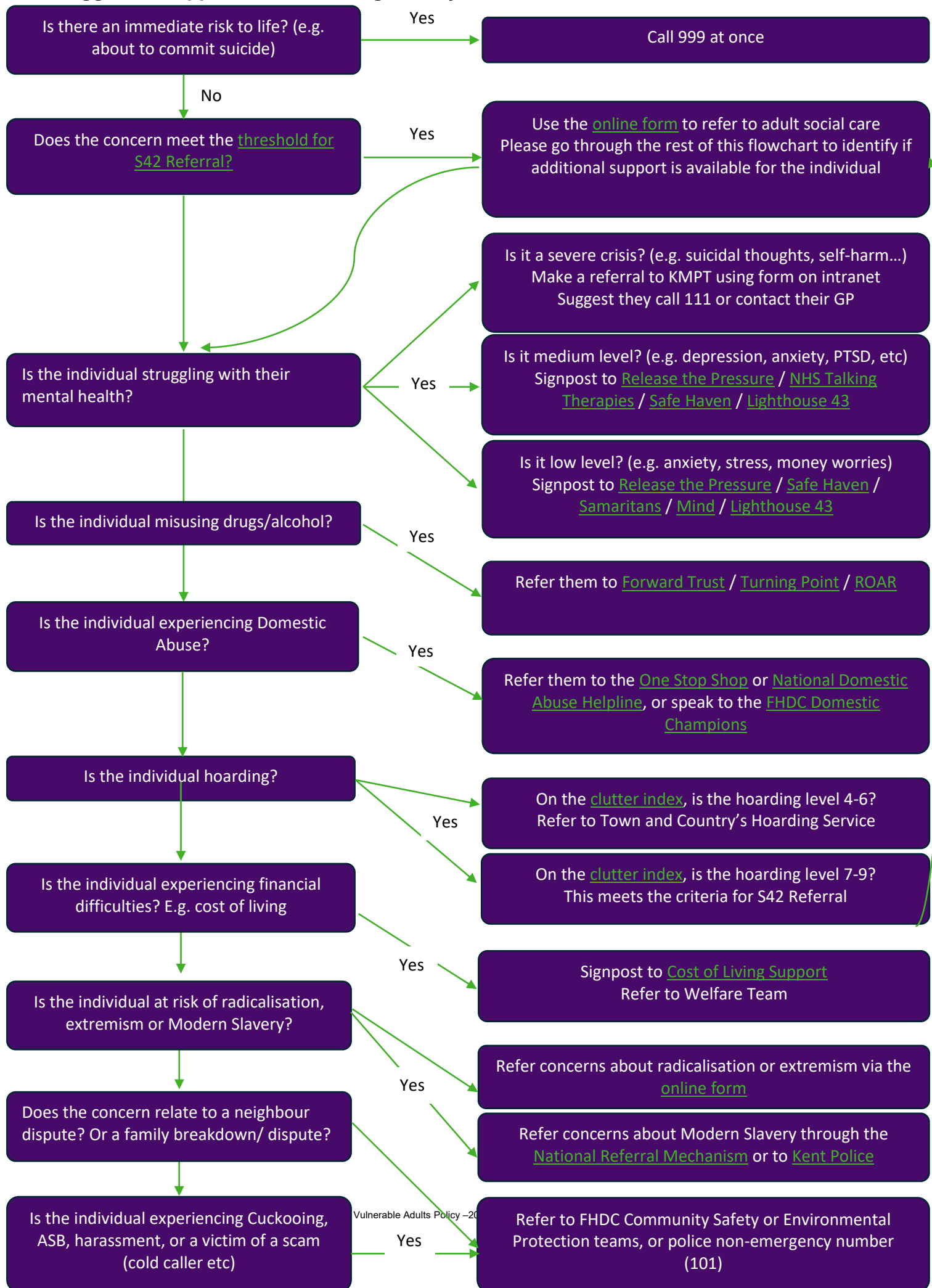
More information about reporting a concern can be found at:

<https://www.kent.gov.uk/social-care-and-health/report-abuse>



Suggested Support for Adult Safeguarding Concerns

APPENDIX 3b



Folkestone & Hythe District Council Safeguarding Adult Review Process

The Kent and Medway Safeguarding Adults Board (KMSAB) have a duty to carry out a [Safeguarding Adults Review \(SAR\)](#) when an adult at risk in Kent or Medway dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. KMSAB must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse.

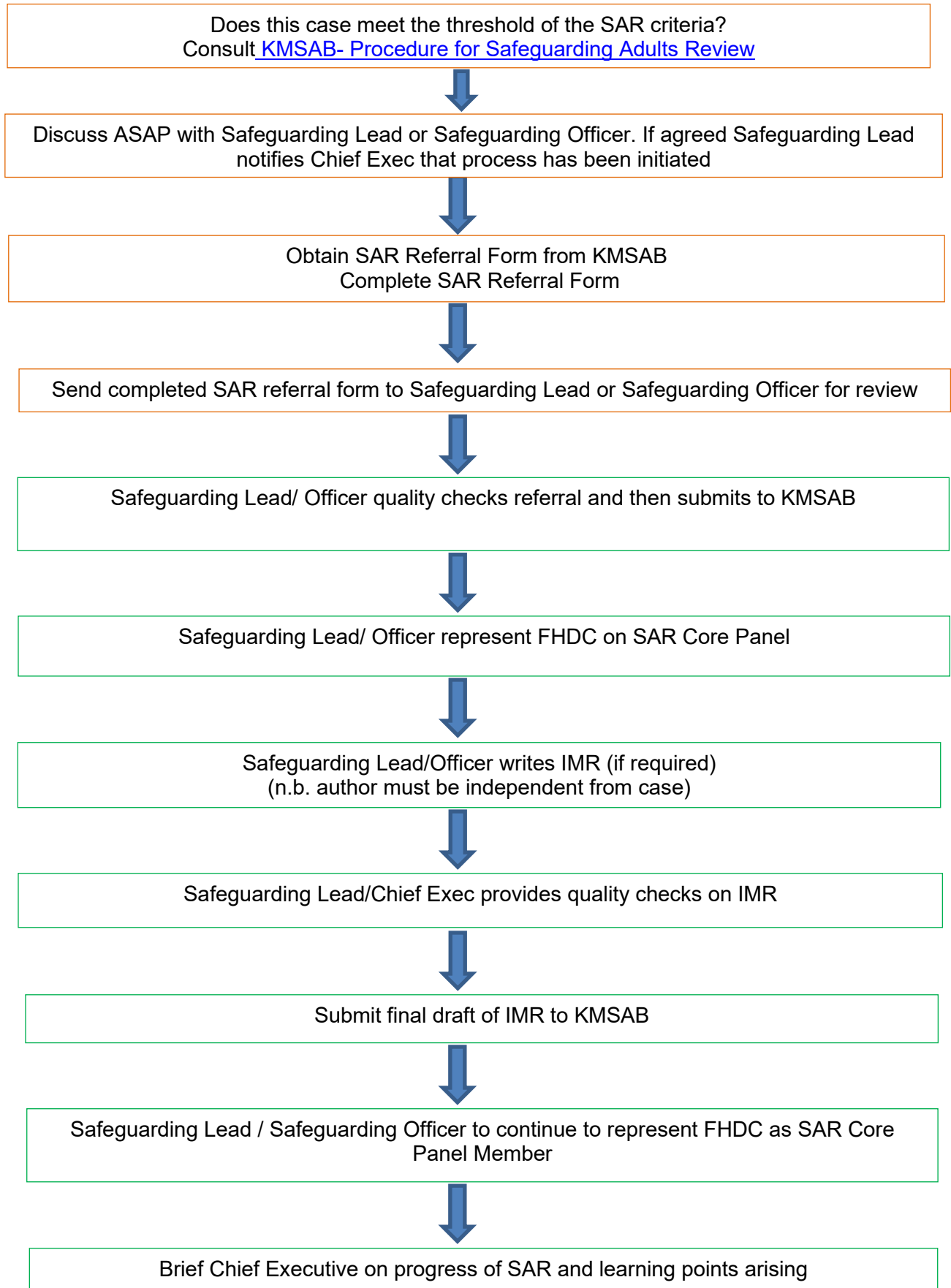
The current multi-agency SAR procedure states that any agency representative or professional must refer a case which is believed to meet the threshold of the SAR criteria. This document focuses on the internal SAR referral process for Folkestone & Hythe District Council (FHDC). Any individual member of staff can initiate this process when appropriate.

It is essential that FHDC internal process does not discourage, hinder or delay the statutory SAR processes.

Step	Detail	Lead Responsibility
1	Discuss potential SAR referral with Safeguarding Lead or Safeguarding Officer to gain agreement to proceed*	FHDC staff
2	Email KMSAB@kent.gov.uk to request a safeguarding adults review form and complete the form.	FHDC staff
3	Send completed SAR referral form to Safeguarding Lead or Safeguarding Officer	FHDC staff
4	Quality check referral and submit referral	Safeguarding Lead/ Safeguarding Officer
5	Represent FHDC on SAR Core Panel (if required)	Safeguarding Lead/ Safeguarding Officer
6	Outcome of SAR referral decision to be fed back to referrer	Safeguarding Lead/ Safeguarding Officer
7	Write Independent Management Report (IMR) (if required)	Safeguarding Lead/ Safeguarding Officer
8	Provide quality checks on IMR	Safeguarding Lead/ Chief Exec
9	Submit final IMR to the Safeguarding Adult Board	Safeguarding Lead/ Safeguarding Officer
10	Continue to represent FHDC as SAR Core Panel Member	Safeguarding Lead/ Safeguarding Officer
11	Brief Chief Exec on progress of SAR, and on any potential learning points to embed in FHDC practice	Safeguarding Lead

*If both Lead and Officer are unavailable, a SAR referral should be made without waiting for their return.

SAR Referral Process Flowchart



Useful Guides to Information Sharing

The Seven Golden Rules for Sharing Information (p4)

1. *All children have a right to be protected from abuse and neglect. Protecting a child from such harm takes priority over protecting their privacy, or the privacy rights of the person(s) failing to protect them.* The UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA) provide a framework to support information sharing where practitioners have reason to believe failure to share information may result in the child being at risk of harm.

2. *When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the child and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why.* You are not required to inform them, if you have reason to believe that doing so may put the child at increased risk of harm (e.g., because their carer(s) may harm the child, or react violently to anyone seeking to intervene, or because the child might withhold information or withdraw from services).

3. *You do not need consent to share personal information about a child and/or members of their family if a child is at risk or there is a perceived risk of harm.* You need a lawful basis to share information under data protection law, but when you intend to share information as part of action to safeguard a child at possible risk of harm⁴, consent may not be an appropriate basis for sharing. It is good practice to ensure transparency about your decisions and seek to work cooperatively with a child and their carer(s) wherever possible. This means you should consider any objection the child or their carers may have to proposed information sharing, but you should consider overriding their objections if you believe sharing the information is necessary to protect the child from harm.

4. *Seek advice promptly whenever you are uncertain or do not fully understand how the legal framework supports information sharing in a particular case.* Do not leave a child at risk of harm because you have concerns you might be criticised for sharing information. Instead, find out who in your organisation/agency can provide advice about what information to share and with whom. This may be your manager/supervisor, the designated safeguarding children professional, the data protection/information governance lead (e.g., Data Protection Officer) or relevant policy or legal team.

5. *When sharing information, ensure you and the person or agency/organisation that receives the information take steps to protect the identities of any individuals (e.g., the child, a carer, a neighbour, or a colleague) who might suffer harm if their details became known to an abuser or one of their associates.*

6. *Only share relevant and accurate information with individuals or agencies/organisations that have a role in safeguarding the child and/or providing their family with support, and only share the information they need to support the provision of their services.* Sharing information with a third party rarely requires you to share an entire record or case-file – you must only share information that is necessary, proportionate for the intended purpose, relevant, adequate and accurate.

7. *Record the reasons for your information sharing decision, irrespective of whether or not you decide to share information.* When another practitioner or organisation requests information from you, and you decide not to share it, be prepared to explain why you chose not to do so. Be willing to reconsider your decision if the requestor shares new information that might cause you to regard information you hold in a new light. When recording any decision, clearly set out the rationale and be prepared to explain your reasons if you are asked.

Myth-busting Guide to Information Sharing (P21)

Data protection legislation is a barrier to sharing information.

No. The Data Protection Act 2018 and UK GDPR do not prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them.

Consent is needed to share personal information.

No, you do not need consent to share personal information. It is one way to comply with the data protection legislation but not the only way. UK GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be 'legal obligation', or 'public task' which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under UK GDPR has different requirements. It is good practice to be transparent and inform parents/carers that you are sharing information for these purposes and seek to work cooperatively with them, where it is safe to do so.

Personal information collected by one organisation/agency cannot be disclosed to another.

No, this is not the case unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected. In the case of children in need, or children at risk of significant harm, it is difficult to foresee circumstances where information law would be a barrier to sharing personal information with other practitioners.

The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information.

No, this is not the case. In addition to the Data Protection Act 2018 and GDPR, practitioners need to balance the common law duty of confidence and the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.

IT systems are often a barrier to effective information sharing.

There are many IT systems that support the sharing of information, such as the Child Protection Information Sharing project (CP-IS). It is important that the sector continues to work with IT suppliers to ensure that their user needs around information sharing are factored into priorities for system enhancement.

A Ten Step Guide to Sharing Information to Safeguard Children

- Step 1: Be clear about how data protection can help you share information to safeguard a child.
- Step 2: Identify your objective for sharing information, and share the information you need to, in order to safeguard a child.
- Step 3: Develop clear and secure policies and systems for sharing information.
- Step 4: Be clear about transparency and individual rights.
- Step 5: Assess the risks and share as needed.
- Step 6: Enter into a data sharing agreement.
- Step 7: Follow the data protection principles.
- Step 8: Share information using the right lawful basis.
- Step 9: Share information in an emergency.
- Step 10: Read our data sharing code of practice.

Legislative Framework

A summary of the relevant legislation is listed below, although it should be noted that this list is by no means exhaustive.

Care Act (2014)

Sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect.

Working Together to Safeguard Children (2023) sets out the structural requirements for the multi-agency local safeguarding children partnership arrangements. The legislation and Working Together require the three Safeguarding Partners (KCC, Police and Health) to discharge a 'shared and equal duty' to safeguard and promote the welfare of children.

The Children Act (2004)

Councils are defined in section 13(3) of the Children Act 2004 as partners on the Local Safeguarding Children Board. As a "Board partner", the Council has a duty to contribute to the effective work of the Board. As such, and under Working Together to Safeguard Children Guidance 2013, the Council has a legal obligation to complete a self-assessment, or audit, of its safeguarding activities around children.

Domestic Abuse Act 2021

This Act provides further protection for people who experience domestic abuse (DA), as well as strengthening measures to tackle perpetrators of DA. It created a statutory definition of DA, established in law the Office of the Domestic Abuse Commissioner, and placed a duty on Local Authorities in England to provide accommodation based support to victims of DA and their children in refuges and other safe accommodation. Further useful information relating to the Act can be found at: <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>.

Domestic Violence, Crime and Victims Act (2004) and Domestic Violence, Crime and Victims Act (Amendment) (2012)

The Domestic Violence, Crime and Victims (Amendment) Act 2012 extends the offence in section 5 of the 2004 Act to cover causing or allowing serious physical harm (equivalent to grievous bodily harm) to a child or vulnerable adult.

The Online Safety Bill (2024). This bill is a new set of laws to protect children and adults online. It will make social media companies more responsible for their users' safety on their platforms.

Serious Violence Duty 2022 will require local authorities, police and other agencies to work together to formulate an analysis of the problems associated with serious violence in the local area and produce a strategy detailing how to respond to these issues.

Mental Health Act (2007)

Section 127(2) – Provides that it is an offence for any staff member of a hospital or mental nursing home or for any person to ill-treat or wilfully neglect a patient or

person who is subject to his/her guardianship under this Act. It is also an offence for a guardian, or other person who has care of a mentally disordered person living in the community, to ill-treat or wilfully neglect that person.

The Mental Capacity Act (2005)

The five principles are outlined in the Section 1 of the Act. These are designed to protect people who lack capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so.

Modern Slavery Act (2015)

The act makes provision about slavery, servitude and forced or compulsory labour and about human trafficking, including provision for the protection of victims.

Counter Terrorism and Security Act (2015)

The Counter Terrorism and Security Act 2015 place duties on local authorities to ensure that publicly-owned premises are not used to disseminate extremist views.

Crime and Disorder Act 1998 (as amended)

This act brought into being the statutory requirement for Community Safety Partnerships, including the scope of the partnership and the responsible authorities amongst other duties.

Anti-social Behaviour, Crime and Policing Act (2014)

The Anti-Social Behaviour, Crime and Policing Act 2014, makes it a criminal offence to force someone to marry, and Forced Marriage is now a criminal offence punishable by law (16 June 2014).

Criminal Justice Act (2003)

Section 39 – Common Assault – Assault is defined as any physical contact without consent. It includes acts or words involving threats of violence. No physical evidence may be present. It includes assault and battery, which involve the threat of immediate violence and which are summary offences.

Serious Crime Act (2015)

The act outlaws causing emotional distress of children, regulate corrupt accountants and other businesses who assist criminal gangs, regulate “drug cutting agents”, and deal with offences related to female genital mutilation, paedophilia, and amend the Terrorism Act 2006.

Homelessness Act (2002)

Under Section 12 of the Homelessness Act 2002, as a housing authority, the Council is required to refer homeless persons with dependent children who are ineligible for homelessness assistance or are intentionally homeless, to Children’s Social Care, as long as the person consents. If homelessness persists, any child in the family could be in need. In such cases, if Children’s Social Care decides the child’s needs would be best met by helping the family to obtain accommodation, it can ask the Council for reasonable assistance in this.

Housing Act (1996)

Part VII – This Act places a duty on local authorities to provide accommodation for homeless people with a priority need, i.e. people who are vulnerable because of old age and homelessness, mental illness, learning and physical disability or other special reason.

Sections 145 & 149 – Provides a new ground for the granting of a possession order on the application of the local authority/housing association where a partner has left the dwelling because of violence or threats of violence by the other partner and the court is satisfied that the partner who has left is unlikely to return.

The Allocation of Housing and Homelessness (Eligibility) and Immigration Control Regulations (2022)

The 2022 amendment to this legislation ensures that victims of Human Trafficking or MDS are granted access to social housing and homelessness assistance.

Safeguarding Vulnerable Groups Act (2006)

Introduced the new vetting and barring scheme for those working with children and vulnerable adults in a paid or voluntary capacity. The Disclosure and Barring Service replaces the Criminal Records Bureau and the Independent Safeguarding Authority. The Disclosure and Barring Service process requests for criminal records checks; decide whether to place or remove an individual from a barred list; place or remove a person from the children's or adults barred lists for England, Wales and Northern Ireland.

Children and Young Persons Act (2008)

The purpose of the Act is to reform the statutory framework for the care system in England and Wales by implementing the proposals in the White Paper that require primary legislation. This forms part of the Government's programme to ensure children and young people receive high quality care and support. The Act also includes provisions in relation to well-being of children and young people, private fostering, child death notification to Local Safeguarding Children Boards and appropriate national authorities, the powers of the Secretary of State to conduct research and applications for the discharge of Emergency Protection Orders.

Keeping Children Safe in Education (2025)

Statutory guidance for schools and other education settings around safeguarding and safer recruitment.

The Children Act (1989)

The Children Act 1989 came into force in October 1991. It brought together legislation on caring for and protecting children and is still the framework for safeguarding children and promoting their welfare.

Children and Social Work Act (2017)

This Act also includes requirements to support Care Leavers.

The Forced Marriage (Civil Protection) Act (2007) makes provision for protecting children, young people and adults from being forced into marriage without their free and full consent.

Sexual Offences Act (2003)

In England, the legislation relating to Child Sexual Exploitation is covered under the Sexual Offences Act 2003. Girls and boys under the age of 16 cannot by law, consent to sexual intercourse and anyone engaging in sexual activity (as defined in The Sexual Offences Act 2003) with a child under the age of 16 is committing an offence. Children under 13 years of age cannot under any circumstances consent to sexual activity and specific offences, including rape, exist for child victims under this age.

Female Genital Mutilation Act (2003)

The Female Genital Mutilation Act 2003, came into force in March 2004. It introduced the issue of extra-territoriality, which makes it an offence for FGM to be performed anywhere in the world on UK nationals or UK permanent residents. The 2003 legislation also increased the penalty for aiding, abetting or counselling to procure FGM to 14 years imprisonment or a fine or both. Section 5B of the Act introduced a mandatory reporting duty which came into force on October 2015. Commonly known as the **FGM mandatory reporting duty**, it requires regulated health and social care professionals and teachers in England and Wales to report to the Police all 'known' cases of FGM in under 18s which they identify in the course of their professional work.

The Adoption and Children Act (2002)

This act replaces the Adoption Act 1976, updates the Children Act 1989 and modernises the existing legal framework for domestic and inter-country adoption in England and Wales.

The Protection of Children Act (1999)

Under this act, childcare organisations (defined as those that are concerned with the provision of accommodation, social services or health care services to children or the supervision of children) must make use of the Disclosure Service in their recruitment and reporting processes and urges other organisations working with children to also do so.

Data Protection Act (2018)

This act relates to recording information, including information about children. Under the act, personal information must be obtained fairly and processed lawfully. Information can only be shared in certain circumstances and it has to be accurate, relevant and kept securely.

Equality Act (2010)

The Act makes it unlawful to discriminate against people on the basis of age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

The Human Rights Act (1998)

The Human Rights Act applies the European Convention on Human Rights to domestic law. Article 8, which covers respect for private and family life, limits state intervention in family life, which must be "in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others". This ensures that a child's right to protection overrides a family's right to privacy.

United Nations Convention on the Rights of the Child (1989)

This international agreement sets out the minimum standards for protecting children's rights and refers to all children up to the age of 18 years old. The principles and standards are binding on states that have ratified them. There are 54 articles: 40 give direct rights to children. The Convention defines the basic human rights of all children and specifies 14 basic rights.

Glossary of Terms and Definitions

Abuse and neglect: forms of maltreatment. A person may abuse or neglect a child, young person or vulnerable adult by inflicting harm, or by failing to act to prevent harm, including failing to ensure that the standard of care adequately supports health or development. The table below sets out the main types of abuse and neglect for both children and adults.

Examples of Types of Abuse Impacting Children

Physical Abuse ¹	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.
Emotional Abuse ¹	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 only 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, for instance those beyond their developmental capability, impacts on learning and social interaction, and other forms of ill-treatment including bullying. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
Sexual Abuse ¹	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, or non-contact activities, such as production of or forcing children to watch sexual images, or grooming a child in preparation for abuse.
Neglect ¹	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 maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision (including the use of inadequate caregivers) d. ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Child Sexual Exploitation ¹	Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation

	does not always involve physical contact; it can also occur through the use of technology.
Extremism ¹ and radicalisation	Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. Radicalisation is the process by which people come to support terrorism and extremist ideologies associated with terrorist groups, leading to terrorism.
Child Criminal Exploitation and Gangs ¹	As set out in the Serious Violence Strategy , published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.
Domestic Abuse ¹	Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse is not limited to physical acts of violence or threatening behaviour, and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic abuse. Domestic abuse continues to be a prevalent risk factor identified through children social care assessments for children in need. Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact the abuse has on others such as the non-abusive parent.
Coercive or controlling behaviour ¹	Also known as coercive control, the use of control and coercion in relationships is a form of domestic abuse. Controlling behaviour can include acts designed to make a person subordinate or dependent on the perpetrator. Coercive behaviour is act(s) of assault, threats etc used to harm, punish or frighten the victim. This pattern of abuse creates high levels of anxiety and fear. This has a significant impact on children and young people.
Bullying and cyberbullying ²	Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night
Online abuse ²	Online abuse is any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets and mobile phones. And it can happen anywhere online, including:

	• social media • text messages and messaging apps • emails • online chats • online gaming • live-streaming sites. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming, or the abuse might only happen online.
Grooming ²	Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them. Children and young people who are groomed can be sexually abused, exploited or trafficked. Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative.
So-Called Honour Based Violence, including Female Genital Mutilation (FGM) and Forced Marriage ^{2,3}	So- called <u>honour-based violence (HBV)</u> is the term used to refer to a collection of practices used predominantly to control the behaviour of women and girls within families or other social groups in order to protect supposed cultural and religious beliefs, values and social norms in the name of 'honour'. HBV incidents and crimes include specific types of offence, such as FGM and forced marriage, and acts which have long been criminalised, such as assault, rape and murder. Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and are pressured into it either physically, emotionally or psychologically. It is illegal in the UK. It is a form of domestic abuse and a serious abuse of human rights. In some cases, people may be taken abroad without knowing they are to be married and on arrival their passport/travel documents may be taken to stop them returning to the UK.
Child Trafficking and modern slavery ²	Child trafficking and modern slavery are child abuse. Many children and young people are trafficked into the UK from other countries like Vietnam, Albania and Romania. Children are also trafficked around the UK.

¹Taken from [Working Together to Safeguard Children \(2018\)](#)

²Taken from NSPCC website: <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/> where signs of the different types of abuse are also listed.

³Taken from government website: <https://www.gov.uk/government/publications/what-is-a-forced-marriage>

Examples of Types of Abuse Impacting Adults

Physical Abuse ⁴	Including: assault; hitting; slapping; pushing; misuse of medication; restraint; inappropriate physical sanctions
Domestic Violence ⁴	Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. The abuse can encompass but is not limited to: psychological;

	physical; sexual; financial; emotional; so-called 'honour' based violence.
Sexual Abuse ⁴	Including: rape; indecent exposure; sexual harassment; inappropriate looking or touching; sexual teasing or innuendo; sexual photography; subjection to pornography or witnessing sexual acts; sexual assault; sexual acts to which the adult has not consented or was pressured into consenting
Psychological Abuse ⁴	Including: emotional abuse; threats of harm or abandonment; deprivation of contact; humiliation; blaming; controlling; intimidation; coercion; harassment; verbal abuse; cyber bullying; isolation; unreasonable or unjustified withdrawal of services or supportive networks
Financial or Material Abuse ⁴	Including: theft; fraud; internet scamming; coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions; the misuse or misappropriation of property, possessions or benefits
Modern Slavery ⁴	Including: Slavery; human trafficking; forced labour and domestic servitude; traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
Discriminatory Abuse ⁴	Including forms of: harassment; slurs or similar treatment because of race, gender, gender identity, age, disability, sexual orientation or religion
Organisational Abuse ⁴	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
Neglect and Acts of Omission ⁴	Including: ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care and support or educational services; the withholding of the necessities of life, such as medication, adequate nutrition and heating
Self-Neglect ⁴	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a Section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this without external support
Cuckooing	This is the term used to define situations where drug dealers take over the homes of vulnerable people to use as a base for dealing. Older people, those suffering from mental or physical health problems, female sex workers,

	single parents, people living in poverty, and people suffering from addiction are amongst the groups who become victims of cuckooing. Victims of cuckooing may be subjected to domestic abuse, sexual exploitation, financial abuse and violence, and in some cases may be forced to leave their homes, making themselves homeless
Modern Day Slavery (MDS) including Trafficking	Modern slavery is defined as the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. It is a crime under the Modern Slavery Act 2015 and includes holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.

⁴Taken from the government guidance:

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Other Frequently Used Terms

Adult Social Care: County Council's social care services for adults.

Channel Panel: Part of the Prevent Strategy, Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by: identifying individuals at risk; assessing the nature and extent of that risk; and developing the most appropriate support plan for the individuals concerned. The panel, which comprises statutory partners and the Channel Co-ordinator is chaired by the responsible local authority.

Child or young person is defined by the Children Act 1989 and Children Act 2004 to be anyone who has not yet reached their 18th birthday.

Child in Need: Under Section 17 of the Children Act 1989, a child whose vulnerability is such that they are unlikely to achieve or maintain a reasonable standard of health and development without the provision of services. This includes disabled children. The critical factors to be taken into account when deciding whether a child is in need under the Children Act 1989 are what will happen to the child's health or development without services, and the likely effect the services will have on the child's standard of health and development.

Child Protection is a key part of the safeguarding process and describes the activity that is undertaken to protect specific children who are identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.

Children's Social Care: a functional division within Kent County Council which provides support, protection and care services to children and their families.

Disclosure: A disclosure is the act or process of revealing, uncovering or sharing of information directly or indirectly.

Direct disclosure: a direct statement by the victim to another person that he/ she (the victim) is being or was abused.

Indirect disclosure: Making an experience of abuse known via means other than telling someone directly. Indirect disclosures may be made through behaviours, emotions, art, writing, appearance, inquiries, discussions about fears, concerns or relationships, indirect statements with conditions e.g. “Promise not to tell” and third party statements e.g. “My friend’s parents hurt him every day.”

Domestic Abuse Related Death Review (DARDR) is a statutory requirement for local authorities to undertake a multi-agency review following a domestic homicide or suicide to identify what needs to change to reduce the risk of further incidents.

Harm: Under Section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002, harm is defined as the ill-treatment or the impairment of health or development of another, including, for example, seeing or hearing the ill-treatment take place. Under the same piece of legislation health includes physical or mental health.

Ill-treatment: Under Section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002, ill-treatment includes physical or sexual abuse as well as forms of ill-treatment that are not physical.

Local Child Safeguarding Practice Review (LCSPR): An LCSPR takes place following a situation where a child has died or been seriously harmed and abuse or neglect of the child is known or suspected. LCSPRs are not about blaming those involved, but about learning from what happened and seeking to prevent or reduce the risk of recurrence in the future.

Safeguarding Adult Review (SAR): A SAR takes place following a situation where an adult at risk dies or comes to serious harm as a result of abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult. SARs are not about blaming those involved, but about learning from what happened and seeking to prevent or reduce the risk of recurrence in the future.

Significant Harm: The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. There are no absolute criteria on which to rely when judging what constitutes significant harm, however consideration of the severity of ill-treatment may take into account the degree and extent of physical harm; the duration and frequency of abuse and neglect; the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Terrorism: is defined in the Terrorism Act 2000 (TACT 2000) as an action that endangers or causes serious violence to a person or people, causes serious damage to property or seriously interferes or disrupts an electronic system. The use of threat must be designed to influence the government or to intimidate the public and is made for the purpose of political, religious or ideological gain.

Well-being: The meaning of well-being is encapsulated within Section 10 of the Children Act 2004 as children’s physical and mental health; protection from harm and neglect; education, training and recreation; contribution to society; and emotional, social and economic well-being.

Vulnerable adult: a person over the age of 18 years who may be in need of community care services (including health care) by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or

herself or unable to protect him or herself against significant harm or exploitation (No Secrets 2000).