

Safeguarding

Policy and Procedures

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1. Policy statement

- 1.1 Canterbury City Council provides a wide range of services that have a significant impact on children, *young people and adults at risk*. The council is committed to safeguarding and promoting the welfare of all children, *young people and adults at risk* who are in contact with us through these services.
- 1.2 Safeguarding is everyone's business which means whether you are a permanent member of staff, on a temporary contract, are a casual or agency worker, volunteer, contractor or an elected member carrying out the business of Canterbury City Council you have the same responsibility when you suspect or recognise that a child, young person or adult at risk may be a victim of harm or abuse.

2. Policy purpose and legal framework

The purpose of this policy is to set how the council protects and promotes the welfare of children, young people and adults at risk using or receiving services and facilities provided or commissioned by Canterbury City Council.

This policy links to other Council policies: Disclosure and Barring Service (DBS) Policy, Code of Conduct, Disciplinary Policy, Recruitment & Selection and Housing Allocations Policy

2.1 Safeguarding Children and Young People

The Children Act 1989 (as amended) states that the child's welfare is paramount and that every child has a right to protection from abuse, neglect and exploitation. Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 10,11 and 13 of the **Children Act 2004** sets out what is required of Canterbury City Council:

- Senior management commitment to the importance of safeguarding and promoting children's welfare
- A clear statement of the Council's responsibilities to children
- Clear lines of accountability for work on safeguarding and promoting well-being
- Using the views of children and young people to help shape services
- Safe recruitment procedures for those coming into contact with children and young people
- Appropriate training, learning and development for staff
- Effective working relationships, both within the authority and with other agencies to safeguard and promote wellbeing, and to share information effectively and appropriately
- A duty to co-operate to improve children's wellbeing

The voice of the child: means making safeguarding systems child centred by seeking the views of children. Anyone working with children should see and speak to the

child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs

2.2 Safeguarding adults at risk

The legal responsibilities for safeguarding adults at risk of abuse or neglect are set out in Part 1 of the **Care Act 2014**. Kent County Council is the lead agency and CCC is a key partner and has a duty to co-operate in order to protect adults from abuse or neglect

All sectors, including district councils are expected to apply the following six key principles in their adult safeguarding role:

- **Empowerment:** people being supported and encouraged to make their own decisions and be able to give informed consent
- **Prevention:** it is better and more cost effective to take action before harm occurs.
- **Proportionality:** provide the least intrusive response appropriate to the risk presented.
- **Protection:** support and representation for those in greatest need
- **Partnership:** local solutions through services working with their communities. Communities have a role to play in preventing, detecting and reporting neglect and abuse
- **Accountability:** accountability and transparency in delivering safeguarding

Making safeguarding personal: means safeguarding should be person-led and outcome-focused. It is about engaging the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety

2.3 Domestic Abuse Act 2021

The Act has placed a number of additional duties on Canterbury City Council that must be considered within our safeguarding response. These include:

- The definition of domestic abuse has changed to cover those “personally connected”;
- Children are now seen as victims of domestic abuse in their own right, if they hear or experience the effects of abuse and should be able to access support
- Appropriate priority will be given to victims of domestic abuse and like for like lifetime tenancies will be upheld. Victims should not find that their tenure is affected by fleeing domestic abuse
- The individual fleeing domestic abuse should be offered safe accommodation or at the choice of the victim to remain in their own home have access to local support

2.4 Modern Slavery Act 2015

The Act places a statutory duty to report and provide notifications to the National Crime Agency about any potential victims of modern slavery or trafficking that we encounter. Adult victims are able to remain anonymous should they wish to. The council has a duty to co-operate with the commissioner.

2.5 The Counter Terrorism and Security Act 2015

The Act places a statutory duty on Canterbury City Council to have “due regard to the need to prevent people from being drawn into terrorism”. This is known as the Prevent Duty.

3. Definitions

3.1 Safeguarding children

3.1.1 Safeguarding children is defined in the statutory guidance [Working Together to Safeguard Children 2023](#) as: Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children’s mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children’s Social Care National Framework

3.1.2 A child is anyone under the age of 18 years. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

3.2 Safeguarding adults at risk

3.2.1 Safeguarding adults is defined in Care and Support Statutory Guidance as protecting an adult’s right to live in safety, free from abuse and neglect. Under section 42 of the Care Act 2014, safeguarding duties apply to adults who:

- Have needs for care and support (whether or not they are receiving any services); and

- Are experiencing, or at risk of, abuse or neglect; and
 - As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect
- 3.2.2 An adult is anyone aged 18 or over. Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. For example, this could occur when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25.
- 3.2.3 Care and support needs are the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers.
- 3.2.4 Care and support includes the assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.

3.3 Abuse and neglect

- 3.3.1 The [No Secrets' Guidance](#) defines abuse as a violation of an individual's human and civil rights by any other person or persons. Abuse can happen to anyone, regardless of age, gender and gender identity, disability, religion or belief, ethnicity and sexual orientation. Abuse may be a single act or repeated over a period of time and affect one person or more. It may take one form or multiple forms or follow a pattern of abuse. The lack of appropriate action can also be a form of abuse.
- 3.3.2 Neglect is a failure to care for someone with whom you have a responsibility to care for or represent, for example, by failing to provide adequate food, clothing, medical aid or accommodation. It can be a form of abuse if it is intentional, however, not all incidents of neglect are intentional and may be because a caregiver is finding it hard to cope or is not receiving sufficient help. Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings.

4. Roles and responsibilities

- 4.1 Whilst safeguarding is everyone's responsibility, there are a number of key roles that partner agencies and employees within Canterbury City Council hold:
- 4.2 **Kent County Council** is the lead authority for safeguarding children and adults at risk. Specialist Children's Services and Adult Social Care are responsible for investigating allegations of abuse and neglect and determining whether it has or has not taken place and taking action to protect the child or adult at risk. Designated Safeguarding Officers from CCC liaise with and report safeguarding concerns, incidents or allegations to the relevant section.

- 4.3 **Kent Safeguarding Children Multi-agency Partnership (KSCMP)** led by the three safeguarding partners; KCC, Kent Police & Kent Integrated Care Partnership (Health) who make arrangements to work together with other relevant agencies to safeguard and protect the welfare of children in the area. More information is available on the [KSCMP website](#)
- 4.5 **Kent and Medway Safeguarding Adults Board (KMSAB)** is a statutory multi agency partnership where all member agencies are working together to help keep adults safe from harm and protect their rights. More information is available on the [KMSAB website](#)
- 4.6 **Kent Police** has a duty to investigate criminal offences and refer any suspicion, allegation or disclosure that a child or adult at risk may be suffering significant harm to Kent County Council.
- 4.7 **Canterbury City Council**
- 4.7.1 Safeguarding is everyone's responsibility. **All employees, members, volunteers and contractors** have a number of legal duties and responsibilities under a number of pieces of legislation to undertake safeguarding functions in relation to children, young people and adults at risk. These include:
- Knowing what it means to 'safeguard' – and understand different types of abuse, neglect or exploitation
 - Identify and report any safeguarding concern about actual or suspected abuse of a child, young person or adult at risk
 - Have a clear reporting process and know how to access and use this
 - Access and undertake regular training
- 4.7.2 **The Director of People and Place** has ultimate accountability for safeguarding and ensuring that this policy and related procedures are implemented.
- 4.7.3 **Lead Designated Safeguarding Officer and Deputy Lead Safeguarding Officer** leading on all safeguarding issues. Responsibilities include:
- Championing the importance of safeguarding and promoting the welfare of children, young people and adults at risk throughout Canterbury City Council
 - Support senior management team and members to remain up to date with policy and procedure reviews
 - Monitoring compliance with legislation including that contained within section 11 of the Children Act 2004, Part 1 of the Care Act 2014 and Government Guidance
 - Represent the Council at the District Safeguarding Leads meeting

4.7.4 **Designated Safeguarding Officers** are responsible for assisting with safeguarding enquiries, recording and processing referrals and giving general advice. See list of Designated Safeguarding Officers Appendix 1

4.7.5 **Safeguarding Key Contacts Group**

Chaired by the Lead Designated Safeguarding Officer the group meets quarterly and is responsible for leading on the Council's safeguarding agenda to promote the welfare of children and vulnerable adults and to ensure that all employees recognise and understand their responsibility to report any signs of abuse and neglect. *Terms of Reference Appendix 5*

4.7.6 **The HR department** ensures that robust recruitment procedures are in place for ensuring safe working practices and safe recruitment for job roles that involve working with children, young people and vulnerable adults.

4.7.7 **Line Managers**

- Ensuring that all staff that report to them have read and understand the policy and related procedures, can easily access them, comply with them and receive the safeguarding training and support they need in line with their responsibilities and level of contact with children, young people and adults at risk.
- Follow the induction process for new starters including booking on to appropriate training and ensuring they are aware of this policy
- Ensure that appropriate checks are made for all job roles that involve working with children, young people or adults at risk and liaise with Lead Safeguarding Officer or HR advisors as necessary.

4.7.8 **All employees, elected members and volunteers**

- Responsible for carrying out their duties in a way that actively safeguards and promotes the welfare of children, young people and adults at risk
- Responsible for reading and understanding this policy and related procedures, attending training when required as appropriate to their role
- Responsible for reporting and referring any concerns to a Designated Safeguarding Officer

4.7.9 **Contractors, sub-contractors, other organisations or agents funded by or on behalf of the Council**

- Responsible for ensuring staff who come into contact with children, young people and adults at risk are recruited using safe recruitment practices
- Ensuring staff receive appropriate training and support in line with their responsibilities and level of contact with children, young people and adults at risk
- Ensuring staff comply with their organisational Safeguarding Policy & Procedures

5. Recognising and responding to abuse and neglect

5.1 Child Abuse and Neglect

Abuse of children can take many forms, be deliberate or unintentional, but is usually divided into four main categories:

- physical,
- sexual,
- emotional
- neglect, the most common form of abuse.

[The Kent and Medway Safeguarding Children Procedures](#) provides an illustrative guide to the various categories of abuse and details the indicators.

[Kent Support Level Guidance](#) includes illustrative examples about how need may present itself for intervention, and explains the various support levels and types of intervention services available. There are four levels of support:

Level 1 – Universal Support: Universal services are provided to, or are routinely available to, all children and families. This includes schools, GPs, hospitals, community health services, children’s centres, youth hubs, police, fire service and voluntary and community groups.

Level 2 – Additional Support: Children and families with additional needs who require extra help to improve outcomes. This includes universal services working together or with the addition of some targeted service.

Level 3 – Intensive Support: Intensive support can be offered to children and families where they have complex or multiple needs requiring local authority services to work together with universal services. This includes Intensive Family Support, Early Help and/or Child in Need Services.

Level 4 – Specialist Support: Children who are considered to have been harmed or are likely to suffer significant harm as a result of abuse or neglect. This includes high level Child in Need Services and Child Protection.

5.1.2 Specialist and Intensive level support (Levels 3 & 4)

Includes all the following:

Child Protection where a child has suffered or is likely to suffer significant harm, (Section 47 of the Children Act 1989)

Child in Need the child is unlikely to achieve or maintain a reasonable standard of health or development is likely to be significantly impaired (Section 17 of the 1989 Children Act)

Intensive Support: A multi-agency approach is required using the Kent Family Support Framework or Specialist Children's Services led by the Early Help Units.

If you think a child or young person meets the threshold for specialist or intensive level support you **must** consult with a Designated Safeguarding Officer .

The Designated Safeguarding Officer (See Appendix 1) may advise you to have a consultation with the **Integrated Front Door on TEL: 03000 41 11 11** who will advise you on what action should be taken.

The referral process in Appendix 1 should be followed if the thresholds are met for specialist or intensive support.

If the concerns do not meet thresholds then you should signpost to a relevant agency who can provide support. You can phone for a "District Conversation" where a KCC officer will provide information about potential support available or the next appropriate steps to take.

For a **District Conversation:**

Phone: **03000 41 62 22**

Email: **CanterburyEarlyhelp@kent.gov.uk**

5.1.3 **Exploitation (Children)**

There are various types of exploitation a child or young person can be exposed to:

- Criminal exploitation, gangs and county lines
- Child Sexual Exploitation
- Child Trafficking and Modern Slavery

If you have concerns that a child or young person is being exploited refer to [The Kent and Medway Child Exploitation Toolkit](#) that supports employees to identify and respond appropriately to safeguard children and young people who are or are at risk of exploitation. Following completion of the risk assessment and if a decision is made to make a referral to Kent County Council the risk assessment should be added to the referral.

5.1.4 **Female Genital Mutilation (FGM)**

FGM is where a female's genitals are deliberately altered or removed for non-medical reasons. Also known by other names such as "Female Circumcision" or "Cutting". Children who have a female relative that has undergone FGM are at risk and communities from countries such as Somalia, Ethiopia, Sudan, Nigeria, Kenya, Sierra Leone may be at greater risk.

Where there are concerns that a girl may be at risk as a result of FGM then an immediate referral should be made following procedures in Section 8.2.

5.1.5 Children missing from home or care

Children who are missing from home or care may be at greater risk of harm as a consequence of their basic need for food, safety, shelter and/or from the people with whom they may come into contact with. Risks can include physical harm, sexual exploitation, self-harm, substance abuse, radicalisation and involvement in a range of other criminal activities. In Kent, the [Children Missing from Home or Care Procedures](#) outline the roles and responsibilities of all organisations in responding to children who run away and go missing from home or care.

5.1.6 Private fostering

A private fostering arrangement is one that is made without the involvement of a local authority for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative for 28 days or more. Under the Children Act 1989, private foster carers and those with parental responsibility are required to notify Children's Social Work Services of their intention to privately foster or to have a child privately fostered, or where a child is privately fostered in an emergency. It is the duty of Children's Social Work Services to satisfy itself that the welfare of the children who are privately fostered within their area is being satisfactorily safeguarded and their welfare promoted. Children's Social Work Services should be notified of a private fostering arrangement where it is felt that the arrangement has not been or will not be notified by the private foster carer or person(s) with parental responsibility. Notification should be made to the Front Door Service on 03000 41 11 11.

5.2 Adults at risk

[The Kent and Medway Safeguarding Adults Policy, Protocols and Guidance](#) provides an illustrative guide to the various categories of abuse and details the indicators. The main categories of abuse include:

- Physical
- Sexual
- Psychological
- Financial or material
- Slavery
- Discriminatory
- Exploitation
- Neglect and acts of omission
- Self-neglect and self-injurious behaviour

5.2.1 The referral process in Appendix 1 should be followed if the adult at risk meets the following criteria:

- Has needs for care and support (whether or not they are receiving any services); and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5.3 Domestic Abuse

5.3.1 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 include, but isn't limited to psychological, physical, sexual, financial or emotional abuse. [The Multi Agency Protocol for Dealing with Cases of Domestic Abuse to safeguard Adults with Care and Support Needs](#), should be followed for an adult with care and support needs who is affected by domestic abuse.

5.3.2 Other forms of domestic abuse can include so-called “**honour**” **based violence or forced marriage**.

5.4 Self-neglect, hoarding or self-harming behaviour

Covers a wide range of behaviour covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and hoarding The [KMSAB procedures for those who are self neglecting and demonstrating hoarding behaviours](#) should be followed.

5.5 Modern Slavery

5.5.1 This covers slavery, servitude, forced and compulsory labour and human trafficking. From 1 November 2015, public authorities, which includes District Councils, have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of modern slavery through the [National Referral Mechanism \(NRM\)](#) .

This link provides an overview of indicators and the referral process: [Modern Slavery: First Responder briefing](#)

5.5.2 Adults

The [Protocol for Kent and Medway to Safeguard Adults who are at risk of Sexual Exploitation, Modern Slavery and Human Trafficking](#) provides guidelines on dealing with cases where adults who have care and support needs are being trafficked or exploited. Referrals in these cases should be made in accordance with the procedure in section 8.3. If an National Referral Mechanism (NRM) Form has already been completed this will be accepted by Adult Social Services as a safeguarding referral with supplementary questions being provided as requested.

5.5.3 Children

The [Kent and Medway Safeguarding Trafficked Children Toolkit](#) should be referred to as a tool to assist in identifying concerns which may indicate that a child has been trafficked. The Toolkit helps to identify the level of need and intervention, which may include a referral in accordance with the procedure in Section 8.2 should the concern reach levels 3 or 4 of the Toolkit. [The Kent and Medway Safeguarding Children who May Have Been Trafficked Guidance](#) provides further guidelines on safeguarding and promoting the welfare of trafficked and exploited children.

5.5.4 The Home Office Guidance: [Modern slavery: how to identify and support victims](#) should be referred to and the [MS1 Notification of Potential Victim of Modern Slavery Form](#) should be used to submit a notification if the person wishes to remain anonymous.

5.5.5 This notification does not replace a safeguarding referral and the existing safeguarding processes set out in this policy should be followed in tandem.

5.6 Extremism and radicalisation

5.6.1 If a child or an adult is identified as being at risk of radicalisation, either by themselves, the actions of others or drawn into committing acts of terrorism, then employees should first discuss their concerns with their line manager or Designated Safeguarding Officer. They should then consult with the Community Safety Unit to assist with intelligence gathering.

5.6.2 Please use the [National Prevent Referral Form](#) to make a referral to the Kent Channel Panel.

5.6.3 **Making a referral to the Channel Panel does not replace a safeguarding referral and the existing safeguarding processes set out in this policy should be followed in tandem.**

5.7 Safeguarding children & adults with disabilities

Children and adults with disabilities are recognised as one of the most vulnerable groups in respect of safeguarding. They may have limited mobility and may find it hard to make their feelings and wishes known because of communication or language difficulties. Many disabled children and adults are at an increased likelihood of being socially isolated. In addition, they are likely to have an increased dependency on parents and carers for practical assistance in day to day living which increases the risk of exposure to abuse. They are also especially vulnerable to bullying and intimidation.

5.8 Recognising and Referring those in a Carers Role

- 5.8.1 **Adult Carers** are those providing unpaid care to someone over the age of 18 and they are entitled to a Carers Assessment. As a result of the assessment a support plan can be put in place to help someone in their caring role. If someone is identified as a carer they should be asked if they would like an assessment. Details can be found [here](#).
- 5.8.2 **Young Carers** are those aged 5 - 18 years who provide unpaid care for a family member or friend with an illness, disability, mental health issue, or addiction. If someone is identified as a young carer they should be referred to support [here](#).

5.9 Advocacy Services

There are different types of advocacy services but all are there to assist people who may have difficulties in understanding processes, have difficulty in making decisions or accessing information. The main types of advocacy services are:

- 5.9.1 **Independent Care Act Advocate (ICAA)** can help with care needs assessments, carers assessments, safeguarding enquiries and plans. To be eligible the person must have substantial difficulty understanding relevant information; retaining the information; using or weighing up the information; communicating their views, wishes and feelings and they have no one appropriate to assist. Referrals are from social workers only so if making a referral into adult social care and you think someone needs an ICAA then include this with the information you give.
- 5.9.2 **Independent Mental Capacity Advocate (IMCA)** supports the person who lacks capacity and represents their likely views to those responsible for making decisions. Referrals for an IMCA can come from G.P. 's, other health professionals and social workers.

For more information see visit the [Advocacy People Site](#)

- 5.9.3 **Independent Domestic Abuse Advocate (IDVA)** can provide specialist support at point of crisis. Their role is to ensure the safety of the victim and any children by providing practical and emotional support from the first report to the police or other agency, through the court process and beyond. The IDVA also coordinates the work of statutory and non-statutory agencies such as police, refuge, health service, schools and victim support. The IDVA is responsible for providing reports to the Multi-Agency Risk Assessment Conference (MARAC), and for ensuring that its recommendations are implemented.

For more information see visit the [Rising Sun Domestic Abuse Services site](#) and make a referral [here](#).

6. Record Keeping

- 6.1 There is one streamlined process for recording all safeguarding concerns using the [QES reporting system](#). If you do not have access please email: Saanaee.naik@canterbury.gov.uk Case Officer (Safeguarding).

The form should be used if you have raised a safeguarding concern and once you have spoken to a Designated Safeguarding Officer and taken the recommended actions.

PLEASE NOTE: This must be completed in addition to recording on your service's case management system

- 6.2 It is the responsibility of the person who has the concern to complete the form. Where this is not possible and it is recorded by another person, it must be clear from the record which person provided the information. Preferably the person with first-hand knowledge should complete the form. **There must be a clear differentiation between opinion and fact.** Records of decisions must show who has made the decision, the basis for it, the date and time.
- 6.3 It is the responsibility of the person raising the concern to report outcomes and complete the relevant section on the QES system
- 6.4 These records will be reviewed by the Designated Safeguarding Officers who will ensure that appropriate action has been taken and identify if any remedial or further action is needed.
- 6.5 Please refer to [10 rules of record keeping](#) to ensure cases recording is of a good standard

7. Information Sharing & Consent

- 7.1.1 Information sharing is vital to safeguarding and promoting the welfare of children and adults at risk. A key factor in many serious case reviews has been a failure to record information, to share it, to understand its significance and then take appropriate action.
- 7.1.2 Canterbury City Council is aware of its legal obligations under the Data Protection Act 2018 and the General Data Protection Regulation . Whilst there is an obligation to process personal information fairly and lawfully under the legislation and regulations, it is not a barrier to sharing information where the failure to do so would result in a child or adult at risk being placed at risk of harm.
- 7.1.3 Government guidance, [Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers](#) (July 2018), highlights seven golden rules for information sharing regarding children, young

people, parents and carers. These rules are also helpful with regards to working with adults at risk:

- **Remember:** that the General Data Protection Regulation (GDPR) and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately
- **Be open and honest:** with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so
- **Seek advice** from other practitioners, or your information governance lead, if you are in any doubt: about sharing the information concerned, without disclosing the identity of the person where possible
- **Where possible, share information with consent**, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared
- **Consider safety and well-being:** base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions
- **Necessary, proportionate, relevant, accurate, timely and secure:** ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely
- **Keep a record of your decision and the reasons for it:** whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

7.1.4 Canterbury City Council is a signatory to the Kent and Medway Information Sharing Agreement and is committed to close working with partners in matters relating to safeguarding and protecting children and adults at risk.

7.2 Consent for Child Referrals

7.2.1 If you are making a referral that meets the threshold for specialist or intensive level support then consent should be requested from the parent or guardian. The

exception would be where seeking consent may put that child or young person at greater risk of harm. If the parent or guardian refuses their agreement to a referral being made, consideration must be given to the impact this may have on the level of concern for the child's welfare, and the parent's or guardian's ability to meet the child's needs.

- 7.2.2** Seek advice from one of the council's [Designated Safeguarding Officers](#) before making the referral or if you are unsure whether to seek consent or not.

7.3 Consent for Adult Referrals

- 7.3.1 Every adult has the right to make their own decisions and it is assumed they have mental capacity unless it is proved otherwise by a specialist. Mental capacity is the ability to understand the effect of their actions and retain the information in relation to a specific act, decision or transaction, to weigh up their consequences and to communicate their decision, at the time the decision is made.
- 7.3.2 It is important to consider whether the adult at risk has the capacity to give consent. If in doubt, consult with a Designated Safeguarding Officer or via consultation with Adult Social Care.
- 7.3.3 Where an adult who is deemed to have capacity has made a decision that they do not want action taken to address the alleged abuse or neglect, this should be respected unless failure to act will leave other adults or children at risk, there is anti-social behaviour or a crime has or will be committed.
- 7.4.4 For further information about consent and information sharing please see the Council's Information Sharing Policy.

8. Referral process

- 8.1 The flowchart in Appendix 1 outlines the referral procedure for reporting concerns about a child and/or adult at risk

8.2 Child referrals

Before making a referral you must have discussed the case with a [Designated Safeguarding Officer](#).

The [Children's Portal](#) should be used for all safeguarding referrals concerning children at Intensive Support Level 3 and Specialist Support Level 4 (please refer to Section 5.1 for definitions of these support levels). This form must be accessed via the Kent Children's Portal. If any other assessment has been completed (e.g. DASH or Child Sexual Exploitation Risk Assessment Toolkit), it should be uploaded via the upload tool.

The decision making around the most suitable service to meet the needs of children who are referred will be made by the team working in the Front Door .

Urgent referrals outside of office hours that cannot wait until the next working day should be referred to the **Out of Hours Team on 03000 41 91 91**.

Once a referral has been made then the [QES Corporate Record of Concern Form](#) must be completed. You will be prompted for the outcome of the referral so ensure you follow this up if you haven't been informed.

8.3 Adult Referral

Before making a referral ensure you have discussed the case with a [Designated Safeguarding Officer](#).

Make a safeguarding referral [here](#). If the adult at risk is already known to Kent County Council, the referral will need to be sent directly to the relevant Case Management Team (either the Learning Disability, Mental Health or Older Persons and Physical Disability Team).

The **Central Duty Team** on **03000 41 61 61** will be able to confirm if the adult is already known to services.

Urgent referrals, outside of office hours that cannot wait until the next working day should be referred to the **Out of Hours Team on 03000 41 91 91**.

Once a referral has been made then the [QES Corporate Record of Concern Form](#) must be completed. You will be prompted for the outcome of the referral so ensure you follow this up if you haven't been informed.

8.4 Multi agency The Multi-agency Risk Management (MARM) Framework

The Multi-agency Risk Management (MARM) Framework is designed to support anyone working with an adult where there is a high level of risk of harm and the circumstances sit outside the statutory adult safeguarding framework, but where a multi-agency approach would be beneficial.

It enables a proactive approach which helps to identify and respond to risks before crisis point is reached. It can be initiated by either statutory or non-statutory organisations. The agency identifying the need for a MARM should have identified and attempted all they can to reduce or minimise risk, including any other relevant multi-agency meetings and/or referrals, prior to initiating the MARM.

If risks remain, the organisation can then arrange a MARM meeting, which is designed to enable a collaborative, coordinated and multi-agency response to risks ensuring timely information sharing, a holistic assessment of risk and the

development and implementation of multi-agency risk plans. For detailed guidance and templates see [here](#)

8.5 Think Family

Families may have linked and complex challenges such as neurodiversity, physical disability, mental health or substance misuse. Understanding the impact on all members of the family should be considered. And where risks or needs identified appropriate action taken such as referring carers for assessments (See 5.8)

8.6 Confirmation that the referral has been actively dealt with

- 8.6.1 Reporting the matter should not be delayed by an attempt to obtain more information. A summary of any consultation with, or referral to, the Front Door Service/ Adults Central Duty Team should be recorded by the referring officer. This ought to be retained on file in case any follow-up is needed.
- 8.6.2 The onus is on the referring officer, to ensure that Canterbury City Council fulfils its statutory obligation to receive confirmation from Kent County Council within 72 hours that they have actively considered the referral.
- 8.6.3 Once confirmation is received with information on the outcome of the referral, you should update the “Outcome Form” on the [QES system](#).
- 8.6.4 If a response on the outcome of the referral is not received within 72 hours of making a referral, the referring officer should follow up with the Front Door Service/ Adults Central Duty Team or the relevant Case Management Team if it is an adult referral and the adult is already known to services, as outlined in Flowchart A. If a case has been referred to the Police due to an immediate risk of harm or emergency, the Police crime report number should be noted and placed on file.

8.5 Escalating a referral or concern

If a member of staff feels that the course of safeguarding action outlined by Kent County Council or other agency doesn't represent, in their opinion, the best course of action in relation to that case or about the action, or inaction, of another agency then there should be a **professional challenge** after consultation with one of the council's [Designated Safeguarding Officers](#)

In cases involving children or young people staff should follow the [Kent Escalation and Professional Challenge Policy](#)

In cases involving adults at risk, staff should follow the [Kent and Medway Multi agency Resolving Practitioner Differences; Escalation Policy for Referrals and Adult Safeguarding](#)

9. Allegations against staff

- 9.1 These procedures should be followed where it is alleged that a person, including People in Positions of Trust (PIPOT) have;
- Behaved in a way that harmed a child or adult at risk, or may have harmed a child or adult at risk
 - Possibly committed a criminal offence against or related to a child or adult at risk
 - Behaved towards a child or adult at risk in a way that indicates he or she may pose a risk to them.
- 9.2 In these cases any allegation, concern or suspicion about a CCC member of staff, member, volunteer or contractor should be reported immediately to your Line Manager, Head of Service and the **Lead or Deputy Officer for Safeguarding**. Alternatively, you can also report any suspicion through the Canterbury City Council's Whistleblowing Policy.
- 9.3 If the Line Manager, Head of Service or Lead Officer for Safeguarding is the subject of the allegation/suspicion the report must be made directly to the Director of People and Place.
- 9.4 Where PiPoT concerns are raised about someone who works with adults with care and support needs or with children the following steps must be taken:
- The Lead Designated Safeguarding Officer (LDSO) should be informed immediately or deputy in their absence
 - The LDSO or deputy will make immediate enquiries and carry out a risk assessment to determine
 - Any potential risk to other adults or children who use their services
 - Where there is a concern that abuse or neglect may be taking place then a safeguarding referral should be made
 - A planning meeting will then take place with LDSO, Senior manager, HR, and any other relevant agency such as the police to agree what actions are to be taken. This may mean that the employee accused of abuse will, if necessary, be suspended or redeployed pending further Police, Kent County Council and/or internal investigation

Further guidance can be found in the KMSAB Document [Managing Concerns around People in Positions of Trust](#).

- 9.5 Where PiPoT concerns are raised about someone who works with children, the Local Authority Designated Officer (LADO) must be informed immediately. LADO referrals for professionals will now need to be made via the [Kent Integrated Children's Services portal](#) (same portal for submitting requests for support to the Kent Front Door Service.) The LADO team will aim to respond within 24 hours and will discuss with the referrer the most appropriate course of action to be taken.

*See **Appendix 2 for good practice guidelines** designed to safeguard children and adults at risk and protect staff from situations where false allegations can be made.*

- 9.6 The Lead or Deputy Lead Designated Safeguarding Officer will consider whether a referral needs to be made to the Disclosures & Barring Service using the [guidance](#) and consulting with the LADO (For children)
- 9.7 The following support will be available for anyone facing an allegation: Providing them with a named contact, signposting to confidential support through the Employee Assistance Programme and dealing with the matter quickly in a fair and consistent way.

10. Recruitment

- 10.1 All Canterbury City Council employees will be appointed in accordance with the **Recruitment and Selection Policy and Procedure** and **Disclosure Barring Service (DBS) Policy**. These are designed to provide a rigorous and thorough selection process and to carry out all necessary checks, particularly on individuals seeking to work with children, young people and adults at risk.

10.2 Disclosure & Barring Service (DBS) Checks

There are four types of Disclosure & Barring Service (DBS) checks: basic, standard, enhanced and enhanced with a barred list check; The degree of contact with a child, young person or adult at risk that the job role and responsibilities require will determine the level of vetting or disclosure checking needed.

Canterbury City Council requires employees to have an enhanced DBS check if they have unsupervised or regular contact with children, young people and adults at risk or if they fulfil a safeguarding role such as a Designated Safeguarding Officer.

The manager with the support of the DBS Lead Officer and HR Advisors are responsible for deciding which category the post falls into and this will determine which level of check is required. (See 10.3),
DBS checks should be renewed every 3 years.

10.3 Classification of roles

The DBS list of Eligibility of Roles can be requested from Janine.hodges@canterbury.gov.uk or HR

11. Training

- 11.1 Everyone with access to children, young people and adults at risk should have regular training. Guidance on the [level of training](#) required is set out in Appendix 7.
- 11.2 Training may include internal courses/workshops, externally accredited courses/seminars and online training. **Kent Safeguarding Children's Multi agency Partnership Board (KSCMP)** provides a comprehensive suite of [online training](#).

12. Equal opportunities

- 12.1 The Equality Act 2010 places a legal obligation on public authorities to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations, between persons with different protected characteristics. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Canterbury City Council will have full and proper regard to the Equality Act 2010 when making safeguarding referrals under this policy, so as to avoid any possible indirect discriminatory impact on particular groups

13. Review

13.1 Reviewing this policy

This policy will be reviewed at least annually to ensure it is in line with any changes in legislation and the periodical reviews of the Kent and Medway Safeguarding Policy, Protocols and Guidance.

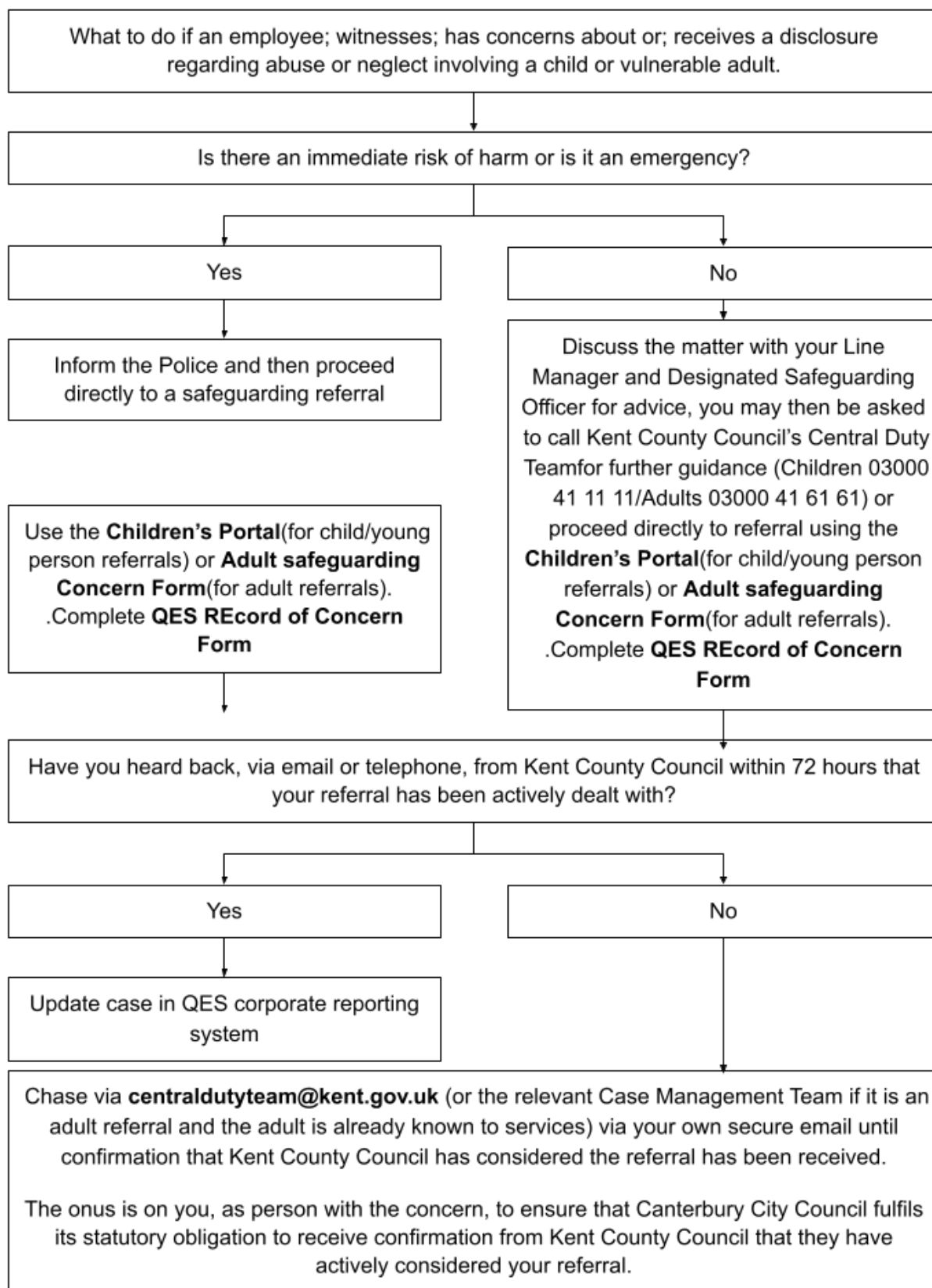
- 13.2 All referrals made by Canterbury City Council and the responses that they receive from Kent County Council, are recorded centrally and will be reviewed regularly through the Safeguarding Designated Officers review of Records of Concern meetings

Policy adopted	04/10/2017 Policy & Resources Committee
Version 2 Policy Change	16/04/2018 Janine Hodges : Addition of linked policies
Version3 Policy Change	1/10/2018 Janine Hodges: Change to referral procedures for Early Help and SCS
Version 4 Policy Change	18/12/19 Janine Hodges : Updates KSCMP, Website Links,
Version 5 Policy Change	16/11/20 Janine Hodges: Additions: Voice of the Child, Making Safeguarding Personal, Children missing from home, private fostering arrangements, confirmation that a referral has been dealt with. Update DBS, Referral link via Children's Portal
Version 6 addition	24/5/21 Janine Hodges: addition of appendix referral flowchart
Version 7 addition	4/4/2022 Janine Hodges: New link to Digital Adult Safeguarding Concern Form
Version 8 addition	21/10/2022 Janine Hodges: Revisions to section Allegations Against Staff
Version 9 addition	10/01/2023 Janine Hodges: Additions to Section 2: Domestic Abuse Act 2021, Modern Slavery Act 2015, Counter Terrorism Act 2015 Appendix Levels of Required Safeguarding Training. Revised CSE to include all forms of exploitation . Inclusion of links to Professional Challenge policies for child & adult safeguarding, inclusion of information about Advocacy Services
Version 10	/01/2024 Janine Hodges : Updated definition from Working Together to Safeguard Children 2023, Additions to Section 5: Recognising & Responding to Carers Support, and Advocacy Services, Appendix 2 Risk of Harm Procedure
Version 11	4/9/2025 Updated links to Modern Slavery and Adult Safeguarding Referral forms. Addition: Link to 10 rules of record keeping; Think Family, Multi-agency Risk Management Framework (MARM) Appendix Did not Attend/Was Not Brought Procedure

Appendix 1 – List of Designated Safeguarding Officers

Name	Designation	Contact Number
Janine Hodges	Resettlement Manager and Lead Safeguarding Designated Officer	07757 710345
Ali Small	Senior Voluntary Sector Development Manager and Deputy Safeguarding Designated Officer	01227 910466
Lora McCourt	Head of Locality Services	07824 772142
Kerry Sheffield	Community Safety Officer	07400 723580
Barbara Munns	Neighbourhood Centres Team Leader	01227 477960/ 07834149073
Daniel Gould	Street Population Co-ordinator	07542 266734
Lacy Dixon	Community Safety and Enforcement Manager	01227 862276
David Croft	Partnership One Team Leader	07921826927
Craig Bowen	Collections and Learning Manager, Canterbury Museums	07713 390623
Nicola Brown	Case Services Team Leader	01227 862521
Anna Dale	Business Support Manager	Via chat or email
Charlotte Eastman	Neighbourhood Management Officer	07823 610393
Marie Ridonat	Case Services Officer	01227 910 656
Jayne Berrill	Case Services Officer (Senior Housing Solutions)	01227 207 429
Emma Disbrey	Senior Independent Living Manager	07775 031958
Lorraine Berwick	Housing Services Manager - Tenancy Enforcement	07738380854
Tony Love	Technical Locality Clerk of Works	07562 168614
Abigail Pettifer	Case Services Officer	01227910799
Stuart Tickle	Acting Senior Locality Services Manager	07400723956
James Slaymark tbc	Domestic Abuse Co-ordinator	Via chat or email

Appendix 2 – Referrals Flowchart



Appendix 3 – Risk of Harm Procedure Note

Purpose

The purpose of this procedure note is to assist officers when dealing with clients who are threatening harm to themselves or others.

This procedure should be reviewed in conjunction with the Canterbury City Council [Safeguarding Policy](#) and [Customer Behaviour and Incident Policy](#).

For the purpose of this document a risk of harm is defined as:-

“a direct and serious risk of physical harm to the individual or another person”

Procedure

- 1) In the event that a client advises an officer that they have an intention to cause harm to themselves or another person the officer should first seek to assess the level of risk. The officer should be sensitive but assertive in their questioning. Examples of questions to ask are:

- Do you have a suicide plan? (PLAN)
- Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)
- Do you know when you would do it? (TIME SET)
- Do you intend to take your own life? (INTENTION)
- Have they spoken to anyone else about how they are feeling
- Where are they now?

If there is a **risk of immediate harm you should contact emergency services** immediately. If you have access to another phone or there is another officer available you should ask if they can make the call to the 999 service whilst you keep the person talking. If there isn't another phone/ person available you should end the call advising the person of the action you are taking.

- When speaking to services they may ask questions such as:
 - i) What exactly has the client said
 - ii) Why do you believe there to be a risk?
 - iii) Do you know anything more about the client?
 - iv) Where is the client now?
 - v) Contact details for the client
 - vi) Your details as the person reporting the incident

- 2) A [Customer Incident And Behaviour Form](#) should be completed immediately after the event to capture what has happened.

- 3) Furthermore, where an officer believes that there is a risk of harm to a person they should also complete a QES Corporate [Record Of Concern](#) detailing what the safeguarding concern is. If the officer is unsure whether it would warrant a form they should seek guidance from [CCC Designated Safeguarding Officers](#)

n.b It is the responsibility of whomever first identifies the safeguarding concern to complete a Record Of Concern however we acknowledge that there will be occasions where this officer will not be within the service in dealing with a case. In this instance responsibility for any follow up action will be down to the service in question.

If you are referring the case to another service following an incident then it is important that you highlight what has happened and what action has been taken. You should include details of this within an email to the service copying in your line manager or another manager within your service to highlight the potential risk.

Incidents such as this can be distressing so it is important that you speak to your manager or if they are not available another manager within your service as soon as possible after the incident so they can support you.

If there is no immediate risk of harm then use the following support services to signpost to support:

For urgent or emergency mental health help and support for someone **not** already receiving care and treatment from Community Mental Health Teams, please Dial 111 and then press option 2, from here they you will be put in contact with a trained mental health professional

If it's appropriate you may signpost the caller to the following services:

- **Samaritans** - call 116 123 for 24 hour support. Or visit <https://www.samaritans.org/>
- **Release the Pressure** – call 0800 107 0160 or visit www.releasethepressure.uk
- **Shout** – text Shout to 85258 or visit www.crisistextline.uk
- By texting the word “Kent” or “Medway” to 85258, it will start a conversation with a trained volunteer who can give support at any time, wherever you are.
- **Canterbury Safe Haven** The service offers support to anyone aged over 16 and is based 22-23 North Lane, Canterbury, CT2 7EE. Open every night, 6pm-11pm, including bank holidays. Individuals using the service will also be supported by 24/7 helpline (07876 476 703), which offers access to emotional support and information even when The Havens are closed. Email Canterbury.mhm@nhs.net Phone: 07876 476 703 <https://www.kentandmedway.icb.nhs.uk/mental-wellbeing-information-hub/safe-havens-kent-and-medway>

Appendix 4 – Key safeguarding contact details

CANTERBURY CITY COUNCIL

Lead Officers for Safeguarding

Janine Hodges

TEL: 07757710345

Email: Janine.hodges@canterbury.gov.uk

Alison Small (Deputy)

TEL: 01227 910466

Email: Alison.small@canterbury.gov.uk

KENT COUNTY COUNCIL

Specialist Children's Services Central Duty Team

TEL: 03000 41 11 11

Out of Hours: 03000 41 91 91

Fax: 03000 412 345 (Only to be used if secure email or password protected file not an option)

Email: social.services@kent.gov.uk

Local Authority Designated Officers (LADO)

TEL: 03000 41 08 88

Email: kentchildrenslado@kent.gov.uk

Kent County Council Adult Social Services Central Duty Team

TEL: 03000 41 61 61

Out of hours: 03000 41 91 91

Fax: 03000 412 345 (Only to be used if secure email or password protected file not an option)

Email: social.services@kent.gov.uk / safeguardingadultsac@kent.gov.uk

OTHER

Channel Panel

Email: prevent@kent.gov.uk

Modern Slavery – duty to notify

TEL: 08000 121 700

Email: DutyToNotify@homeoffice.gov.uk

NSPCC

TEL: 0808 800 5000

Hourglass Helpline - Preventing abuse of older people

TEL: 0808 808 8141

Appendix 5 – Definitions and indicators of abuse

Physical Abuse may involve causing pain, injury or impairment, including *hitting, slapping, pushing, kicking, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, malnutrition, restraint, or inappropriate sanctions, misuse of medication* or otherwise causing physical harm.

Physical harm may also be caused when a parent or carer *fabricates* the symptoms of, or *deliberately induces*, illness in a person.

Emotional Abuse is the *persistent emotional maltreatment* of a person such as to cause severe and persistent adverse effects on their emotional development. It may:

- make them feel they are *worthless, unloved, inadequate or involve the exploitation or corruption* of children
- include not allowing them to express their views, deliberately silencing them or ‘making fun’ of what they say/ how they communicate.
- mean that *age/developmentally inappropriate expectations* are being imposed on them or that they *see/ hear the ill-treatment* of another.
- Threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- involve *serious bullying* (including cyberbullying), causing them to feel frightened or in danger

Sexual Abuse involves forcing or enticing a child or adult at risk to take part in *sexual activities*, including prostitution, whether or not the person is aware of what is happening.

- These activities may involve *physical contact*, including assault by penetrative (for example rape, buggery or oral sex) or *non-penetrative acts*, such as masturbation, kissing, rubbing and touching outside of clothing.
- They may include *non-contact activities*, such as involving children or adults at risk in looking at/in the production of, sexual images, watching sexual activities, encouraging children or adults at risk to behave in sexually inappropriate ways, or grooming a child or adult at risk in preparation for abuse (including via the internet).

Neglect, acts of omission and poor professional practice resulting in the *persistent failure to meet a child’s or adult’s basic physical and/or psychological needs*, likely to result in the serious impairment of the individual’s health or development.

Neglect of a baby may occur during pregnancy as a result of maternal substance abuse. It can involve a *parent or carer failing to*:

- provide adequate food, clothing and shelter (including exclusion from home/abandonment)
- protect a child or adult at risk from physical and emotional harm or danger
- ensure adequate supervision (including using inadequate care-givers)
- ensure access to appropriate health, social care or educational services or the withholding of necessities of life, such as medication, adequate nutrition and heating.

- Failure to respond to a child's or adults at risk basic emotional needs.

Financial or material abuse includes theft, fraud exploitation, pressure in connection with wills, property or financial transactions, or misuses/misappropriation of property, possessions or benefits.

Discriminatory abuse including racist, sexist, homophobic abuse or that based on a person's disability, and other forms of harassment.

Institutional abuse can take the form of any of the other types of abuse. It may take the form of isolated incidents of poor or unprofessional practice at one end through to gross misconduct at the other

***Disabled Children and Adults at Risk** who are at increased risk and those with multiple disabilities are at an even more significant risk of both abuse and neglect.. They may be particularly vulnerable for a number of reasons including; having fewer social contacts than others, receiving intimate personal care from a larger number of carers and having impaired capacity to challenge abuse or communicate issues.*

Indicators of abuse

Indications that a person may be experiencing abuse could include the following:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated in a part of the body not normally prone to such injuries
- Bruises that reflect hand marks or fingertips could indicate pinching or slapping
- Cigarette burns or scalds
- An injury for which the explanation seems inconsistent
- The child or adult describes what appears to have been an abusive act
- Fear of going home
- Unexplained changes of behaviour eg., becoming very quiet, withdrawn or having severe outbursts of anger or temper
- Inappropriate sexual awareness or engaging in sexually explicit behaviour
- Discomfort when walking or sitting down
- Distrust of adults, particularly those with whom they have a close relationship
- Difficulty making friends or is prevented from socialising with others
- Displays variations in eating patterns including overeating and loss of appetite
- Loses weight for no apparent reason or becomes increasingly dirty or unkempt
- Recurring or untreated illness

This list is not exhaustive and the presence of one or more indicators is not proof that abuse is actually taking place or has taken place. Multiple forms of abuse may occur at the same time or to more than one person at a time

Appendix 6 – Good practice guidelines

The following lists are designed to safeguard children and adults at risk and protect staff from situations where false allegations can be made. These lists are not exhaustive and some specific posts and activities will require more detailed guidance and/or risk assessments.

Do

- Treat all children, young people and adults at risk with equal dignity and respect
- Ensure all activities undertaken involving any risk to children, young people or adults at risk are properly risk assessed and appropriate control measures recorded and implemented
- Avoid being in a room alone with a child or young person and if it is unavoidable ensure the child or young person is between you and the door. Use rooms with windows
- If physical contact is necessary, explain and discuss these actions with the person first
- Keep colleagues informed – where you are, what you are doing , with whom and for what purpose
- Obtain written consent for the taking of photos for any purpose and when children are to participate in supervised activities and events without the presence of the parents or guardians.
- Discuss any support or training needs you have with your manager
- Feel confident to challenge any behaviour of colleagues that could compromise them or put people at risk
- Be professional, use common sense and maintain the highest standards of personal behaviour at all times. Doing this will help create a protective ethos and culture within our working environment and the services we provide

Don't

- Have inappropriate physical/verbal contact with children, young people or adults at risk
- Discriminate against a child, young person or adult at risk on the grounds of their age, gender, disability, race, religious belief, sexual orientation, transgender status or any other protected characteristic
- Take photos for work using your personal camera or phone or store any photo images on your home computer system
- Allow bullying or the use of inappropriate language go unchallenged
- Let allegations a child, young person or vulnerable adult makes be ignored or go unrecorded
- Be under the influence of drink, drugs or any illegal substance
- Establish a relationship with children, young people and adults at risk you meet from work in an out of the work situation, including social media

Appendix 7 – Safeguarding Key Contacts Group: Terms of Reference

Purpose

To lead on the Council's Safeguarding Agenda to promote the welfare of children and vulnerable adults and to ensure that all employees recognise and understand their responsibility to report any signs of abuse and neglect.

Group Responsibilities

To oversee the development, promotion and review of the Council's Safeguarding Policy

- To review and assist with implementing recommendation and action plans based on national guidance, local priorities, serious adult reviews and practice reviews and audits
- To oversee the Safeguarding Training requirements for employees, volunteers, members, contractors and other stakeholders
- To provide a platform for the discussion of all aspects of safeguarding issues
- To ensure effective liaison and where appropriate, joint working internally between Council departments/Directorates and externally with Kent County Council's Specialist Children's Services and Adult Care and Support Services
- To ensure that the Corporate Senior Management Group is kept regularly informed of progress in developing and implementing the Council's safeguarding responsibilities
- To ensure that employees, volunteers and members are kept informed of the activities of the steering group by communicating key messages/information as appropriate, through a variety of media/methods including the Council's intranet.

Individual Responsibilities

To feedback into their work areas and champion the Council's safeguarding agenda as part of their overall work programmes

- To report back into the Group on progress made in their work areas
- To report back to the Group on issues related to safeguarding, that arise through their work areas.
- Respond in a timely fashion to enquiries requested for Serious Adult Reviews, Practice Reviews or Domestic Homicide Reviews which may include checking records to see whether the service has had any involvement and to provide information about this involvement to the safeguarding lead and or independent report writer.

Accountability

- The Group is accountable to Management Team

Arrangements

- Meetings will be held quarterly
- A set of minutes will be produced after each meeting and will be available for staff on

the Google Safeguarding Site

Membership

Safeguarding Lead: Janine Hodges

Deputy Safeguarding Lead: Alison Small

Dep. Reps inc HR

Case Services Officer (Safeguarding): Caoimhe Withers

Other co-opter members as and when:

Legal Advisor: Kathryn Windebank - specialist input is required

Appendix 8 – Required levels of safeguarding training for staff

Level of contact with children, young people and/or vulnerable adults	Required training	Refresh
Category A No contact or infrequent contact	Mandatory - Level 1 “Safeguarding Adults” e-Learning course - Level 1 “Safeguarding Children” e-learning course - PREVENT e-learning course	Every 3 years
Category B In contact on a regular basis. This would include majority of front facing services including those: - Who go into in residents homes(regardless of reason) - Taking calls Those who manage front line staff or have a strategic role where safeguarding knowledge Safeguarding Key Contacts for the Council	Mandatory - Level 2 Child Safeguarding Classroom Based/Virtual multi agency - Level 2 Adult Safeguarding Classroom Based/Virtual multi agency - PREVENT e-Learning Recommended - Modern Slavery & Exploitation - Domestic Abuse Basic Awareness - Suicide Awareness e-learning - Information Sharing	Every 3 years up
Category C Designated Safeguarding Officers	Mandatory - Level 3 Adult Safeguarding Classroom Based or virtual delivery multi agency - Level 3 Safeguarding for Designated Practitioners (Child)Classroom Based or virtual delivery multi agency Child Safeguarding - PREVENT E-Learning - Information Sharing - Suicide Awareness e-learning - Domestic Abuse Basic Awareness - Threshold Training for Kent Support Levels	Every 2 years Every 2 years

Level of contact with children, young people and/or vulnerable adults	Required training	Refresh
	- Modern Slavery & Exploitation Recommended - Safeguarding thematic learning events organised by safeguarding boards	

WHERE TO ACCESS TRAINING

Level 1

Level 1 (Category A) “Safeguarding Children” & “Safeguarding Adults” e-Learning course available on the corporate [e-learning platform](#). Please email hr@canterbury.gov.uk if you require a log in.

PREVENT e-learning can be accessed [here](#)

Level 2

Adult Level 2 (Category B) virtual classroom training booking This is ran by the Ann Craft Trust training will be organised by Janine Hodges and Saanaee Naik you will send you calendar invites

Child Level 2 (Category B) in person classroom training booking safeguarding training will be organised by Janine Hodges and Saanaee Naik you will send you calendar invites
You can also access basic child and adult safeguarding e-learning (and many other related courses) by registering on the [KSCMP site](#). Please note it's free to register and complete courses but the council will be charged if you start and do not complete a course. Training includes: Mental Capacity Act, Multi-agency working, Substance Misuse, Suicide Awareness, County Lines, Trauma Awareness etc.

Level 3 (for DSOs):

Level 3 classroom based Adult (virtual classroom)

Level 3 Child (in person) safeguarding training will be organised by Janine Hodges and Saanaee Naik you will send you calendar invites. Threshold training for Kent Support Levels will be covered in this training.

Additional Training

Modern Slavery Act

This training can be accessed via the corporate [e-learning](#) platform. Please search for it under the “Find Learning” on the left hand side.

Suicide Awareness You can access an online course in suicide prevention from KSCMP, register [here](#). Please note it's free to register and complete courses but the council will be charged if you start and do not complete a course.

Domestic Abuse

KSCMP also offers an online course in Domestic Abuse and Intimate Partner Violence. Please register [here](#). Please note it's free to register and complete courses but the council will be charged if you start and do not complete a course.

Appendix 9 – Did not attend (DNA) /was not brought (WNB) procedure

Individuals who do not attend appointments or engage with services may do so because they face additional barriers. For instance:

- Those who have experienced trauma can often struggle to engage with professionals due to mistrust, fear of judgement and an unregulated nervous system which impacts on their day to day lives.
- Those who do not have English as a first language
- Those with other communication difficulties
- Those who have difficulty with digital forms of communication

Lack of engagement or withdrawal may also signal an increase of stress within a family and potential abuse or neglect of babies, children, young people or adults at risk.

A trauma informed approach will be taken when working with those who frequently 'do not attend' (DNA) appointments and meetings to promote accessibility, holistic support and reduce the risk of harm.

Any adult with additional health or care needs who relies on a carer, or a child who rely on a care giver to attend appointments, will be recorded as 'Was Not Brought' (WNB). This should inform as to whether safeguarding advice is sought regarding appropriate needs being met.

Canterbury City Council will work to identify any barriers and communicate with the individual concerned and/or care giver along with professionals involved and allow for flexibility to build trusting relationships where possible. Consideration should be given to the following:

- The mental capacity of the adult,
- Whether domestic abuse/honour-based violence has been reported, or there is a risk of this,
- A Family First Approach (would children be impacted by the difficulty of the adult to engage fully with services)
- Other communication difficulties

Procedure:

Appointments will be made with the needs of the individual in mind to encourage engagement. Where possible, individuals will be given a choice of telephone/face to face meetings and a person's trauma will be considered in regard to their communication style, gender preference, or place of safety. For example, someone who is experiencing domestic abuse may have a gender preference for an appointment and may require specific timings to safeguard themselves from the perpetrator. Use of a interpreters, alternative communication methods should be used where appropriate.

All DNA appointments are to be recorded fully, on the relevant service's CRM system in a timely manner and reasons for the missed appointments are to be sought along with any potential barriers that person may be facing.

If vulnerabilities have been identified and there have been three consecutive missed appointments, the relevant staff member will inform their line manager and/or a Designated Safeguarding Officer to determine whether further safeguarding enquiries need to be completed.

If it is suspected that harm has been caused to the child, young person or adult at risk due to the missed appointment a safeguarding referral should be considered, irrespective of how many missed appointments have occurred. Staff should immediately discuss their concern with one of the Council's Designated Safeguarding Officers and refer to the Council's Safeguarding Policy.

Professional curiosity and judgement is to be used if fewer than three appointments have been missed but the individual may be at risk of harm.

The offer of service provision will not be withdrawn due to DNA.

If an individual reapproaches the council to access a service, the council will resume the support without judgement

Agreed by EMT 13 March 2025