



PENHA

PASTORAL AND ENVIRONMENTAL NETWORK IN THE HORN OF AFRICA

CHILD PROTECTION POLICY

December 2019

Updated in accordance with the Islington Council Guidelines

Introduction

The Pastoral and Environmental Network in the Horn of Africa (PENHA) values young people and children as being a vital part of the organisation and desires to see them grow, mature and be challenged in a healthy and safe environment.

A copy of this document will be kept within the PENHA head office the Director and will be made available on the website.

We will endeavour to safeguard children and young people by:

- Adopting child protection guidelines through a code of behaviour for staff and volunteers.
- Sharing information about child protection and good practice with children, parents, staff and volunteers.
- Sharing information about concerns with agencies who need to know and involving parents and children appropriately.
- Following carefully the procedures for recruitment and selection of staff and volunteers
- Providing effective management for staff and volunteers through supervision, support and training
- We are also committed to reviewing our policy and good practice on an annual basis.

PENHA also accepts that due to the nature of the organisation, we will come into contact with vulnerable groups, including refugees and so our practice must reflect this.

Statement of Intent

It is the policy of PENHA to safeguard the welfare of all children and young people by protecting them from all forms of abuse including physical, emotional and sexual harm. This organisation is committed to creating a safe environment in which young people can feel comfortable and secure while engaged in any of (organisations programmes/activities). Personnel should at all times show respect and understanding for individual's rights, safety and welfare, and conduct themselves in a way that reflects the ethos and principles of PENHA.

Guidelines for all PENHA staff and volunteers

ATTITUDES

Staff and volunteers are committed to

- Treating children and young people with respect and dignity.
- Always listening to what a child or young person is saying
- Valuing each child and young person
- Recognising the unique contribution that each individual can make
- Encouraging and praising each child or young person

BY EXAMPLE

- Staff and volunteers will endeavour to
- Provide an example, which we would wish others to follow
- Use appropriate language with children and young people and challenge any inappropriate language used by a young person or child or an adult working with young people.
- Respect a young person's right to privacy

CONTACT

Staff and volunteers will:

- Gain consent from parent/guardians for all meetings
- Take register and record all meetings
- Not spend excessive amounts of time alone with children, away from others. Staff should try to always be visible to others in their contact with children.
- In the unlikely event of having to meet with an individual child or young person make every effort to keep this meeting as open as possible.
- If privacy is needed, ensure that other staff are informed of the meeting and its whereabouts

PHYSICAL CONTACT

Staff and volunteers should never

- Engage in sexually provocative or rough physical games, including horseplay.
- Do things of a personal nature for a child or a young person that they can do for themselves. If such an incident arises, for example, where a child or young person has limited mobility, staff should seek a member of school staff or leader of the youth organisation to deal with such an incident.
- Allow, or engage in, inappropriate touching of any kind.

GENERAL

Staff and volunteers should:

- Be aware that someone might misinterpret our actions no matter how well intentioned.
- Never draw any conclusions about others without checking the facts.
- Never exaggerate or trivialise child abuse issues or make suggestive remarks or gestures about, or to a child or young person, even in fun.

RELATIONSHIPS

Staff and volunteers who are involved in relationships with other members of staff or volunteers should ensure that their personal relationships do not affect their role.

SHARING INFORMATION

Good communication is essential in any organisation. In PENHA every effort will be made to assure that, should individuals have concerns, they will be listened and taken seriously.

It is the responsibility of the management to ensure that information is available to and exchanged between all those involved in this organisation and its activities. Some information is confidential and should only be shared on a strictly need-to-know basis.

Children and Young People

Children and young people have a right to information, especially any information that could make life better and safer for them. PENHA will act to ensure they have information about how, and with whom, they can share their concerns, complaints and anxieties.

When sharing information, PENHA personnel will be sensitive to the level of understanding and maturity, as well as to the level of responsibility, of the people with whom they are sharing.

Parents

Parents / persons with parental responsibility are ultimately responsible for their children's welfare at all times, and they should be assured that their children are involved with a credible organisation.

We achieve this by:

- Publicising information on all our (primary, post-primary, youth and parenting work)
- Publishing the named Designated Child Protection Person(s) and how to make a complaint on the website
- Publishing a full copy of the Child Protection Policy on the website

Staff and Volunteers

As an organisation, which offers support and guidance to children and young people, it is imperative that each member of the PENHA staff is aware of their responsibilities under the Child Protection legislation and has a working knowledge of PENHA procedure. Each member of staff will receive updated training in Child Protection every three years.

Other Bodies

A copy of our Child Protection Policy will be made available to any other appropriate body.

Understanding and identifying abuse and neglect

The four main categories of abuse are **physical, sexual, emotional abuse** and **neglect**.

Physical Abuse

Physical abuse 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 fabricates the symptoms of, or deliberately induces illness in a child.

Some possible signs of physical abuse:

- Unexplained injuries, for example, bruising, bite marks, burns and fractures, particular if recurrent.
- Improbable explanations given for injuries.
- Several explanations provided for an injury.
- Refusal to discuss injuries.
- Untreated injuries.
- Withdrawal from physical contact.
- Admission of punishment which seems excessive or inappropriate
- Shrinking from physical contact or flinching
- Fear of going home or of a parent/carer being contacted
- Fear of undressing or changing or being changed
- Fear of medical help
- Aggression/bullying
- Over-compliant behaviour or a 'watchful attitude'
- Running away
- Significant changes in behaviour with no explanation
- Unexplained patterns of attendance
- Covering up i.e. wearing seasonally inappropriate clothing
- Signs of physical discomfort without explanation
- Female genital mutilation- partial or total removal of the external female genitalia or injury to the female genital organs

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve: Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person; Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction; Seeing or hearing the ill-treatment of another e.g. where there is domestic abuse;

Serious bullying, causing children frequently to feel frightened or in danger; Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Some possible signs of emotional abuse:

- Continual self-deprecation, low self esteem
- Fear of new situations, beyond what would be appropriate
- Inappropriate emotional responses to new, difficult or painful situations
- Self-harm (this can present in young children as well as older ones)
- Compulsive stealing, scrounging
- Obsessive behaviours such as rocking or thumb-sucking
- Detachment – ‘Don’t care’ attitude
- Social isolation – does not join in and does not have friends
- Attention-seeking behaviour beyond what would be age appropriate
- Eating problems including lack of appetite or over-eating
- Depression, withdrawal
- Inability to concentrate
- Obsessive masturbation in public
- Acting out aggression between parents or talking about domestic violence at home
- Attaching inappropriately to strangers or people that they do not know well

Sexual Abuse and Exploitation

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003

Some possible signs of sexual abuse:

- Continual or excessive masturbation.
- Asking if you will keep a secret if they tell you.
- Unexplained sources of money, sweets or presents.
- Reluctance to get changed for an activity.
- Chronic ailments such as stomach-ache or headaches.
- Involving other children in sexual activity.
- Self-harm.
- Bruises, bites or marks on the body
- Scratches, abrasions or persistent infections in anal or genital regions
- Age-inappropriate sexual awareness, may be evident in play, drawings, vocabulary, writing or behaviour towards children or adults
- Attempts to teach other children about sexual activity
- Attempting to coerce other children into sexualised games or behaviours
- Refusal to stay with certain people or to go to certain places
- Aggression, anger, anxiety, tearfulness

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Some possible signs of sexual exploitation

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late
- Children who regularly miss school or education or don't take part in education

Neglect

Neglect is 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 misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected. Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs

Some possible signs of neglect:

- Constant or frequent hunger
- Small stature or growth or, in babies or young children, not meeting milestones with no medical explanation
- Poor personal hygiene – in babies or young children this might present as always having nappy rash or regularly being left in dirty, soiled clothes/underwear
- Frequently being sent to school or nursery when ill
- Inappropriate clothing (too large, too small, clothes for the opposite gender)
- Frequent lateness or non-attendance
- Medical needs not met, or treatment not sought
- Low self-esteem, sense of unworthiness
- Poor social and peer relationships
- Constant tiredness or hunger
- Compulsive stealing or scrounging
- Constant lack of response or interest from parent/carers
- Under-achieving at school or nursery
- High and unusual levels of anxiety or being preoccupied

Bullying

Bullying can also be a type of abuse. Bullying is the abuse and/or intimidation by a person, people or an organisation against another or others. It may be a specific act, or it may be institutional. It is an abuse of a perceived power relationship. Children can also bully other children. Bullying may include verbal abuse and intimidation, acts of physical or sexual abuse and coercion, e-bullying, through texting, filming on mobiles and posting on social networks. Whatever its form it is unacceptable. It must be challenged and appropriately addressed.

Some possible signs of bullying:

- Reluctance to attend activities previously enjoyed.
- Tearfulness, depression, erratic emotions, loss of concentration.

- Stomach aches, headaches, difficulty in sleeping, bed-wetting, bruising, cuts scratches, damaged clothing, bingeing on food, alcohol or cigarettes.
- Shortage of money, frequent loss of possessions.
- Asks for money or starts stealing (to pay bully/ies)
- Drop in performance.

Domestic Violence

The Home Office definition of Domestic violence and abuse was updated in May 2018 as:

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."

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

This definition includes so called *honour*-based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

All agencies need to work together to identify and protect these children/young people.

It has been widely understood for some time that coercive control is a core part of domestic violence and it is important to recognise coercive control as a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control.

The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship. Seeing or overhearing violence to another person in the home has adverse effects on a child's development and welfare. Unborn children are also at increased risk; domestic violence is a prime cause of miscarriage, still birth, premature birth, foetal psychological damage, foetal physical injury and foetal death.

Children of all ages living with a parent, most often the mother, who is experiencing domestic violence, are vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect.

Significant harm

The legal definition of significant harm includes "the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home".

Professionals should apply the London Safeguarding Children Board guidance to all situations of domestic violence, for example, where it is perpetrated by women or girls against men and boys, within same sex relationships and from a child.

Professionals should be aware of the possibility that adolescents could be experiencing violence within intimate partner relationship.

Female Genital Mutilation (FGM)

The World Health Organisation defines FGM as: “all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons”

FGM is a criminal offence in the UK. It is also illegal to take a child abroad to undergo FGM. A child for whom FGM is planned is at risk of significant harm through physical and emotional abuse.

Where a child is thought to be at risk of FGM, practitioners need to act quickly before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure.

Spirit Possession or Witchcraft

Spirit possession is when parents, families and the child believe that an evil force has entered a child and is controlling them; the belief includes the child being able to use the evil force to harm others.

A child may suffer emotional, physical and sexual abuse and neglect if they are labelled and treated as being possessed with an evil spirit. Significant harm may occur when an attempt is made to ‘exorcise’ or ‘deliver’ the evil spirit from the child. Dismissing the belief may be harmful to the child involved.

Forced Marriage

Forced marriage, as distinct from a consensual arranged one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse.

Suspicious that a child may be forced into marriage include: A family history of older siblings leaving education early and marrying early; depressive behaviour including self-harming and attempted suicide; being kept at home by their parents; being unable to complete their education; a child always being accompanied including to school and doctors’ appointments; a child talking about an upcoming family holiday that they are worried about; a child directly disclosing that they are worried they will be forced to marry.

Where a suspicion or allegation of forced marriage or intended forced marriage is raised, there may be only one opportunity to speak to a potential victim, so an appropriate initial response is vital. Professionals should not minimize the potential risk of harm or attempt to be a mediator. Professionals should see the child immediately, on their own, in a secure and private place and contact PENHA designated safeguarding lead.

Honour Based Violence

The Metropolitan Police definition of so-called honour-based violence is: ‘a crime or incident, which has or may been committed to protect or defend the honour of the family and/or community’. Honour based violence cuts across all cultures and communities.

The perceived immoral behaviour which could precipitate a murder include: Inappropriate make-up or dress; the existence of a boyfriend; kissing or intimacy in a public place; rejecting a forced marriage; pregnancy outside of marriage; being a victim of rape; interfaith relationships; leaving a spouse or seeking divorce.

A child who is at risk of honour-based violence is at significant risk of physical harm (including being murdered) and/or neglect and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.

Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. These include: House arrest and excessive restrictions; denial of access to the telephone, internet, passport and friends; threats to kill; pressure to go abroad. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.

When receiving a disclosure from a child, professionals should recognise the seriousness / immediacy of the risk of harm. Professionals should not minimize the potential risk of harm or attempt to be a mediator. Professionals should see the child immediately, on their own, in a secure and private place and contact the agency's named child protection person.

Vulnerability of Disabled Children

Research indicates that children with special educational needs or disabilities are more vulnerable to abuse. This may be for the following reasons:

- Attitudes and assumptions can lead to the denial or failure to report abuse
- Reluctance to challenge carers – misplaced empathy
- Seeing abuse as attributable to the stress and difficulties of caring for a disabled child
- Beliefs that abuse does not impact on disabled children in the same way
- Double standards – unsatisfactory situations accepted for disabled children
- Dependency – exposure to a wide range of carers for personal and intimate care
- Isolation – easier for abuse and neglect to remain hidden
- Lack of participation and choice in decision making – disempowered and less likely to complain
- Especially vulnerable to bullying and intimidation
- Behaviours misconstrued as part of child's disability
- Communication barriers – may make it difficult to tell others what is happening
- Judgements made about a child's ability to communicate not based on accurate information and specialist advice
- Child's preferred method of communication not recognised / equipment and / or facilitation not available
- Communication aids don't contain the necessary words to help a child describe an experience of abuse

In addition to the above some possible signs of abuse for disabled children are:

- Bruising on sites that may not be concerning on a non-disabled child
- Not getting enough help with feeding
- Over or under medicating
- Poor hygiene and personal care arrangements
- Rough handling / excessive restraint
- Lack of stimulation
- Unwillingness to learn a child's means of communication
- Ill-fitting equipment / invasive procedures which are unnecessary or carried out against the child's will

Procedures to follow if you suspect that a child is at risk of harm

We have a statutory duty to notify agencies if we have a concern about children's safety and welfare (Working Together to Safeguard Children 2018).

- Where there is a concern about a child's welfare or wellbeing or a concern that a child is in need of protection, this should be recorded on the concern form and then passed on to the *designated safeguarding lead* for action (or if unavailable then seek advice from Children's Social Care)
- These running records should be kept securely in the child's file
- All staff and volunteers are aware that they must report concerns immediately
- All records of concerns, emails, notes of phone conversations and actions are filed confidentially and securely in the child's file
- Staff know that when they have concerns about a child's welfare they need to:
 - Focus on the needs of the child – their physical and emotional welfare
 - Be sensitive
 - Talk it over with one of the Designated Members of Staff
- The flowchart for '*Making a child protection referral to children's social care*' is displayed and attached to this policy. This Safeguarding Policy is accessible to all parents and carers on site.
- Concerns will be discussed with parents unless this would put the child at further risk of serious harm
- Unless we are advised otherwise by Children's Social Care the recording forms will be shared with parents

Managing a 'disclosure'

Staff should:

- Stay calm and listen to the child
- Ask questions for clarification only. Avoid asking questions that suggest a particular answer
- Consider how to explain to the child about our policies and procedures so that they know what is going to happen
- Tell them who you are going to tell so that they can be made safe – children may fear that what they have said will be passed on to everyone and they need to know that this will not be the case
- Control expressions of panic or shock
- Use the child's language or vocabulary
- Offer comfort bearing in mind the age and needs of the child
- If the child has disclosed sexual abuse, ask them when it happened but nothing more. Whether a child is asked this question will depend upon the child's age and understanding
- Tell them that they were right to tell you and it was not their fault and they are not bad
- Do not be tempted to give false reassurances to the child but tell them that you will do your best to protect or help them
- As soon as possible take care to record in writing what was said using the child's own words. Record the date, time, setting, any names mentioned, to whom the information was given, and other people present. Sign and date the record

- Record any subsequent events and actions
- It is not your responsibility to decide if a child has been abused. Any disclosure must be raised with the Designated Safeguarding Lead.

Children can only be interviewed once, and this interview must be conducted by a trained police officer and social worker under Home Office 'Achieving Best Evidence' guidance. If a child has already been interviewed, it means that the police may not be able to pursue the matter.

A child may recall former abuse once in a safe situation. Although they may be under no current threat to their safety, any disclosure must be raised with the Designated Safeguarding Lead and followed through appropriately.

You may also have concerns about a child's welfare where there has not been any disclosure or allegation. In the best interests of the child / young person, these concerns should be raised with the Designated Safeguarding Lead and followed through appropriately.

Recording and reporting

Recording is a tool of professional accountability and is central to safeguarding and protecting children. It is not always possible to know whether a small or vague concern held today may increase as the days or weeks pass and later form the substance of a child protection referral. For this reason, it is vital that concerns are recorded accurately so that they can be monitored, and emerging patterns noticed.

PROCEDURES FOR REPORTING ALLEGATIONS OR SUSPICIONS OF ABUSE

In any case where an allegation is made, or someone in PENHA has concerns, a record should be made. Details must include, as far as practical:

- Name of child or young person
- Age
- Home Address (if known)
- Date of Birth (if known)
- Name/s and Address of parent/s or person/s with parental responsibility
- Telephone numbers if available

Is the person making the report expressing their own concerns, or passing on those of somebody else? If so, record details;

- What has prompted the concerns?
- Include dates and times of any specific incidents
- Has the child or young person been spoken to?

If so, what was said?

- Has anybody been alleged to be the abuser?

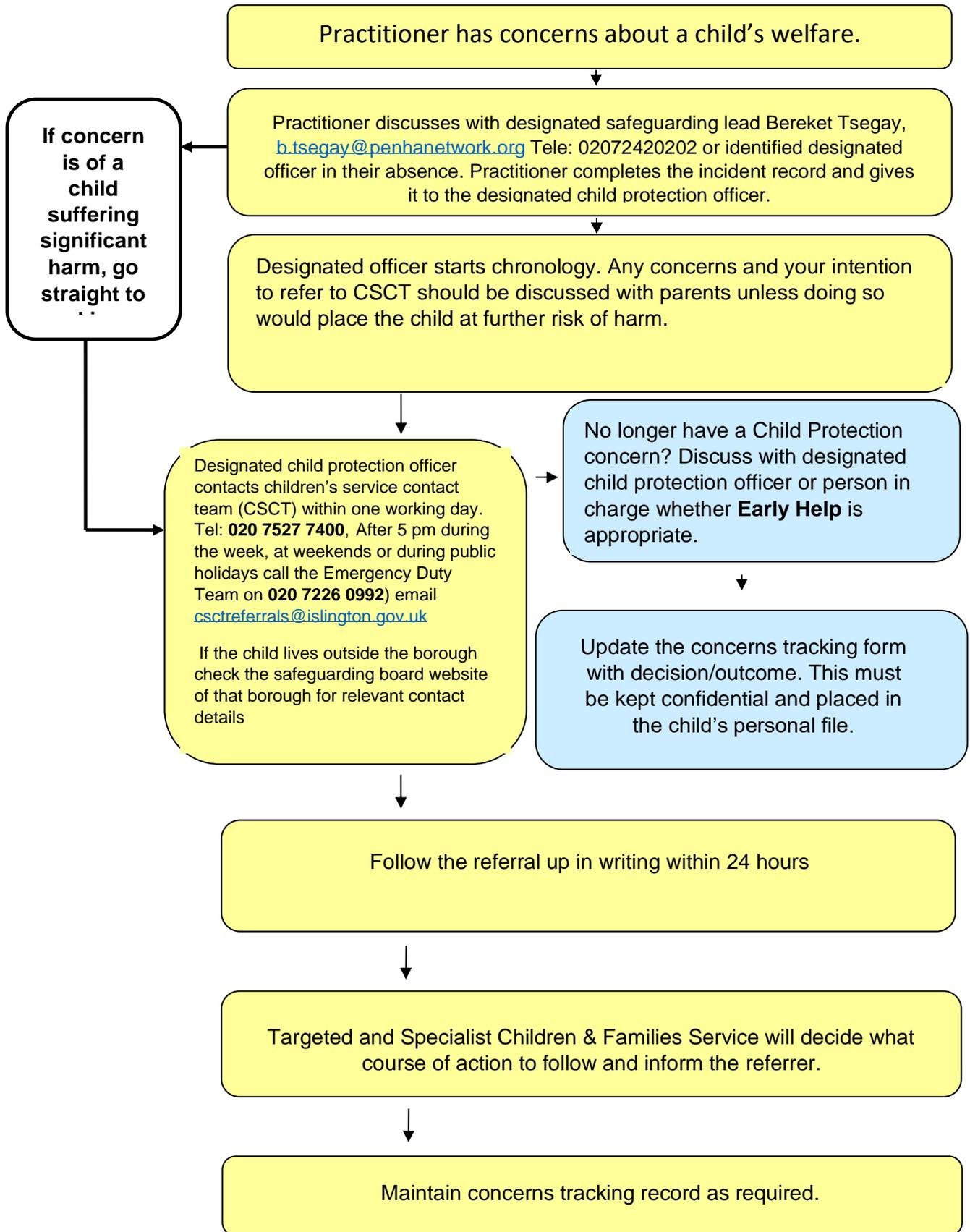
If so, record details

Who has this been passed on to, in order that appropriate action is taken? E.g. school, designated officer, social services etc

Has anyone else been consulted?

If so, record details

Making A Child Protection Referral to Targeted and Specialist Children and Families Service



DESIGNATED CHILD PROTECTION PERSONS

A designated Child Protection Officers (Sara Sandvall Email: s.sandvall@penhanetwork.org and Bereket Tsegay Email: b.tsegay@penhanetwork.org) should be informed of any concerns or reports and Child Services should be notified immediately. PENHA contact number is: 00442072420202.

Islington Council: Contacts children's service contact team (CSCT) within one working day. Tel: **020 7527 7400**, After 5 pm during the week, at weekends or during public holidays call the Emergency Duty Team on **020 7226 0992**) email csctreferrals@islington.gov.uk

City of London's Child Services can be contacted with details listed below:

- Call **020 7332 3621** - Monday to Friday, 9am-5pm only
- Call **020 8356 2710** - at all other times, including weekends and bank holidays

NSPCC: If you think a child is in immediate danger – call the police on 999, or call us on [0808 800 5000](tel:08088005000).

Confidentiality must be maintained and information relating to individual children and young people/families shared with staff on a strictly need to know basis.

ALLEGED ABUSE BY STAFF, MANAGERS, VOLUNTEERS OR TRUSTEES

When an allegation is made against a member of staff or volunteer, then the allegation must be passed direct to the Local Authority Designated Officer.

TRAINING

The designated person and his/her deputy must receive training every 2 years in child protection.

All staff and volunteers shall have access to appropriate training on a regular basis, at least every 3 years.

An introductory course is available here: <http://www.islingtonscb.org.uk/Pages/Training.aspx> and <https://www.nspcc.org.uk/what-you-can-do/get-expert-training/child-protection-introduction/>

All PENHA members whose works are related with children will be advised to enrol.

RECORD-KEEPING

- All records, information and confidential notes will be kept in separate files in a locked drawer or filing cabinet.
- Only the designated Persons will have access to these files.

DISCLOSURE

- Never guarantee absolute confidentiality, as Child Protection will always have precedence over any other issues.
- Listen to the child, rather than question him or her directly.
- Offer him / her reassurance without making promises
- Allow the child to speak without interruption
- Accept what is said – it is not your role to investigate or question.
- Do not overreact.
- Alleviate feelings of guilt and isolation, while passing no judgement
- Advise that you will try to offer support, but that you must pass the information on.
- Explain what you have to do and whom you have to tell.
- Record the discussion accurately, as soon as possible after the event,

- Use the child's words or explanations – do not translate into your own words, in case you have misconstrued what the child was trying to say.
- Contact one of (organisations Designated Persons) for advice/guidance.
- The Designated Person may then discuss the concern / suspicion with the relevant organisation, and, if appropriate, make a direct referral.
- If Designated Person is not available, or it is inappropriate to approach them, the volunteer/member of staff with the concern should make direct contact with the relevant organisation themselves
- Record any discussions or actions taken within 24 hours.

PENHA contact information:

1 Laney Building

Portpool Lane

London

EC1N 7UL

United Kingdom

Tele: 00442072420202

Email: info@penhanetwork.org

Website: www.penhanetwork.org