



# TRISTONE

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## HEALTHCARE

# Safeguarding Policy

This policy clarifies the role and function of Tristone in respect of safeguarding. It is noted from the onset that Tristone has a strategic function and does not operate settings or services administered and maintained by providers within the Tristone Community.

Implemented: December 2020 (Reviewed for continued relevance in December 2021)



## Important Information

### *Working together to protect vulnerable children, young people and adults from harm*

This is a core policy. It covers a range of safeguarding issues that may impact upon vulnerable children, young people and adults accessing services through our community of businesses. From the onset, all colleagues are expected to know and understand that ‘nothing is more important than children’s welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified’ (Working Together, July 2018). This expectation is fundamental to our ethos and values, and it extends to all service users regardless of age and stage, vulnerability or individual needs.

This policy takes account of the fact that every organisation within our community of businesses have sector specific safeguarding policies in place. For example, the requirements for a fostering safeguarding policy are distinct from those of residential care for children, specialist adult care provision and supported accommodation services, and so on.

Therefore, this policy provides general information and guidance, along with core expectations of conduct and practice. It does not provide sector related procedures for frontline colleagues and operational management. This is because each respective business use bespoke policies that seek to ensure good practice and compliance in keeping with the conditions of operation associated with each sector.



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### Please Note:

Tristone are committed to safeguarding and promoting the welfare of service users. All colleagues are expected to share this commitment. Sometimes we need to share information and work in partnership with other agencies when there are concerns about a service user's welfare. Any action by any colleague is expected to be carried out with the service user's best interests at heart. Safeguarding is paramount.

## SECTION ONE: Introduction

Tristone have a duty to promote the welfare of any child, young person or adult stakeholder. This means we have an important responsibility to safeguard children, young people and adults. It is the primary duty of all colleagues, and this duty is managed in partnership with other agencies.

### *This policy relates to:*

- Children and young people up to the age of 18 years (Children's Services); and
- Adults of 18 to 25-year olds (Adult Services).

In England for child protection (more generally, safeguarding) "a child is anyone who has not yet reached their 18th Birthday." Where different actions are required for different groups (i.e., Children's Services and Adult Services respectively), this is clarified in specific policies relating to specific businesses.

Colleagues should know that some young people may have their entitlement to services extended beyond the age of 18 and into adulthood. Specifically, by way of example, this is pertinent to young people who are "staying put" with their foster parents beyond the age of 18-years (Children and Families Act 2014). Additionally, Children and young people with Learning Disabilities, such as those identified within an Education, Health and Care Plan (EHCP), may also continue to be supported by Children's Services after they reach the age of 18.

### *Children and young people aged up to 18 years*

Safeguarding children procedures must be implemented for children and young people up to 18 years of age. It is clarified that if there are any concerns about the welfare of a child or young person, colleagues are expected to speak up and take-action.

Safeguarding children and promoting their welfare includes:

- Protecting them from maltreatment or things that are bad for their welfare, health and development; and
- Promoting their safety and wellbeing.

### *Young people 18 years to 25 years*

Generally speaking, adult safeguarding procedures must be implemented for young people and adults aged 18 years and above. However, for young people in transition between Children's Services and Adult Services, Children's Safeguarding Services must be treated as active, equal partners – despite the young person reaching the age of 18 years. This is to ensure that any issues that impact upon both adult and children's services can be identified, addressed and monitored. Safeguarding adults includes:

- Protecting their rights to live in safety, free from abuse and neglect;
- People and organisations working together to prevent the risk of abuse or neglect; and
- Making sure wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

## Key Principles of Safe & Effective Care

All stakeholder colleagues, including those employed by Tristone, have a responsibility to ensure that children, young people and adults are protected from harm. This expectation is paramount.

This policy references and reflects current legislation and guidance relating to the protection of vulnerable children and young people. The Children Act 1989, Care Act 2014, Safeguarding Vulnerable Groups Act 2006 and, where appropriate, the Mental Capacity Act 2005 provide the statutory underpinning of this policy. Working Together to Safeguard Children (WTSC) (July 2018), Keeping Children Safe in Education (KCSIE) (2020) and What to Do if You're Worried a Child is Being Abused (2015) are referenced throughout as key documents. The regulatory requirements relating to children and adult services sector provisions are embedded into contextually appropriate policies that are applied through relevant businesses.

*A key part of effective safeguarding is driven by purposeful and focused partnership working, which should be delivered through person-centred collaborative practice. This means:*

- All colleagues must understand that they cannot singularly – on their own – meet the complex needs of children, young people and adults. This means that they must work together to ensure that these groups remain safe from harm;
- In order that collaborative practice is effective, it is vital that every individual working with children, young people and adults (in whatever capacity) remains aware of the role that they play and the role of other professionals;
- Being clear that effective safeguarding systems are person-centred (i.e., the needs and welfare of individual children, young people and adults must be central to agreed interventions, strategies and risk mitigation).

## SECTION TWO: What Children and Young People have said they Need

*It is clarified from the onset that we have a duty to take the views, wishes and feelings of children, young people and adults into account, particularly regarding matters affecting their welfare and their lives.*

We have taken the emphasis of 'children have said that they need' within WTSC (2018) and used this to inform our approach to safeguarding all service users:

- **Vigilance:** To notice when things are troubling service users.
- **Understanding and Action:** Service users are supported to understand what is happening.
- **Stability:** To develop an on-going stable relationship of trust.
- **Respect:** Service users are treated as competent rather than not competent.
- **Information and Engagement:** Service users are informed and involved in decisions.
- **Explanation:** Service users are informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
- **Support:** Service users are provided with support "in their own right."
- **Advocacy:** Service users are provided with advocacy to help them to offer their views.
- **Protection:** Service users are protected against all forms of abuse and discrimination.

## SECTION THREE: Our Safeguarding Aims

The aim of this policy is to ensure service user stakeholders are safe and protected from harm. In general, this means emotional, physical, institutional and domestic abuse, or substantiated indications of bullying, self-harm and faltering growth ('failure to thrive', associated with babies and young children). The next section of this policy seeks to clarify the indicators associated with abuse or neglect.

## SECTION FOUR: Indicators of Abuse & Neglect (Children's Services)

### Abuse

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

### Physical Abuse

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, as well as preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

### 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 (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## 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, for example, as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## Protecting Service Users from Abuse

*Knowing what to look for is vital to the early identification of abuse and neglect. We expect that all colleagues should be aware of indicators of abuse and neglect, so that they are able to identify cases of individuals who may be in need of help or protection.*

All businesses with our community must have a Nominated Safeguarding Lead (NSL). The NSL must be able to demonstrate that they have the knowledge, experience and skills to deliver this function effectively.

*This means the NSL has responsibility for seeking to ensure that children, young people and adults accessing our services are consistently:*

- Protected from any form of maltreatment arising from harm;
- Prevented from suffering impairment of health or development;
- Provided with safe and effective support; and
- Given every opportunity to have optimum life chances.

*This means that there will be:*

- Safe recruitment practice through robust checking of the suitability of potential employees, as well as foster carers, older siblings, peers and family members where appropriate (e.g., those living in a foster carers home who are over 18-years) for fostering agencies operating within the community;
- A consistent awareness of safeguarding issues, which will involve equipping service users with the skills necessary to keep them safe;
- Sustained development, review and implementation of procedures for identifying and reporting cases, or suspected cases, of abuse or harm;
- Support for service users who have been abused in accordance with individual needs, plans and effective collaborative practice.

## SECTION FIVE: The Designated Safeguarding Lead (DSL)

### Designated Safeguarding Lead (DSL)

Each service (i.e., Fostering) or setting (i.e., a children's home or school) must have a Designated Safeguarding Lead. This is ordinarily the manager or lead professional within that service or setting.

#### What does the DSL do?

The purpose of the DSL is to lead in ensuring that appropriate arrangements for keeping children and young people safe are in place. The DSL has a responsibility to promote the safety and welfare of service users at all times.

#### What are the DSL's main duties and responsibilities?

The DSL must:

- Take a lead role in developing and reviewing safeguarding and child protection policies and procedures in partnership with the Nominated Safeguarding Lead;
- Take a lead role in implementing our safeguarding and child protection policies and procedures. This means ensuring all safeguarding and child protection issues concerning children and young people are responded to appropriately;
- Make sure that everyone living, working or volunteering with or for service users understands relevant safeguarding and child protection policy and procedures, and knows what to do if they have concerns about a service user's welfare;
- Make sure service users who access care or support know who they can talk to if they have a welfare concern and understand what action the organisation will take in response;
- Receive and record information from anyone who has concerns about a service user;
- Take the lead on responding to information that may constitute a safeguarding concern. This includes:
  - i. Assessing and clarifying the information;
  - ii. Making referrals to statutory organisations as appropriate;
  - iii. Consulting with and informing the relevant members of the organisation's management, including the Nominated Safeguarding Lead;
  - iv. Following the relevant safeguarding policy and procedures.
- Liaise with, pass on information to and receive information from statutory child protection agencies such as:
  - i. The local authority child protection services; and
  - ii. The Police.

- This includes making formal referrals to agencies when necessary;
- Store and retain case records (according to legal requirements), and safeguarding policy and procedures;
- Work closely with the Nominated Safeguarding Lead (NSL) to ensure s/he is kept up to date with safeguarding issues/concerns and are fully informed of any concerns about organisational safeguarding practice;
- Report regularly to the Directors on issues relating to safeguarding, to ensure that protecting the welfare of service users is seen as an ongoing priority issue and that safeguarding requirements are being followed at all levels of the organisation;
- Be familiar with and work within inter-agency service user protection procedures developed by the Local Safeguarding Partnership and the Local Authority Designated Officer (LADO) (for example);
- Be familiar with issues relating to protecting service users and abuse, keeping up to date with new developments in this area;
- Attend regular training in issues relevant to safeguarding and share knowledge from that training with everyone who works or volunteers with or for service users throughout the organisation.

*The DSL will always seek to ensure that we work together to protect service users.*



## SECTION SIX: Local Authority Safeguarding Services

Child protection processes initiated indicate that there are significant concerns about the safety or wellbeing of a child. If stakeholder colleagues have concerns about the welfare (i.e., safety and/or wellbeing) of a child or young person, the DSL must be notified. If the DSL is not available, the On-Call Service for each business must be used. The same procedures should be in place for businesses focused upon adult services, as well as those with adult services settings within a wider portfolio of children's services provisions

The DSL/senior On-Call will co-ordinate a response. In all such cases it is imperative that the following agencies are notified:

### **MASH – Multi-Agency Safeguarding Hub.**

The Multi agency Safeguarding Hub (MASH) brings key professional together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard children, young people and vulnerable adults more effectively.

Within the MASH, information from different agencies will be collated and used to decide what action to take. As a result, the agencies will be able to act quickly in a co-ordinated and consistent way, ensuring that children and vulnerable adults are kept safe.

The MASH acts as the first point of contact, receiving new safeguarding concerns or enquiries relating to:

- Child Abuse referral
- Adult Abuse referrals
- Domestic Abuse safeguarding
- Child Sexual Exploitation (CSE)
- Missing person coordination
- Child Criminal Exploitation (CCE)
- Honour Based Abuse (HBA) & Female Genital Mutilation (FGM) Investigation

### **Emergency Duty Team (EDT)**

The Emergency Duty Team (EDT) deals with social care emergencies outside office hours involving vulnerable children or adults.

### **The Police**

Call 999 if a service user is at immediate risk of harm. If colleagues know that a service user is in danger the Police must be called.

All colleagues notifying the Police must inform the DSL/senior On-Call immediately. Accurate records must be taken using a DRS (Detailed Record Sheet).

## SECTION SEVEN: Local Safeguarding Partnership Boards

*Every Local Authority in the country has to have Multi-Agency Safeguarding Arrangements (MASA) in partnership with the Police and Health.*

*The point of reference for policy should be aligned with the relevant location. For example, Tristone are based in Manchester and therefore the relevant partnership for referrals will be:*



*The Manchester Safeguarding Partnership is made up of organisations that work together to safeguard and promote the welfare of adults, children, young people and their families across the city of Manchester.*

This website brings together information for the wider our Manchester community – adults, children, young people and their families; the practitioners and volunteers who work with them; and the residents and businesses who want to help us achieve our aims.

*Safeguarding is everyone's business.*

If you are concerned about a child, young person or adult, then please call Manchester Contact Centre on 0161 234 5001 or in an emergency call 999.



*Safeguarding Guidance*



*Information and Guidance about Key Safeguarding Issues*

*The remaining part of this policy seeks to provide important guidance about safeguarding.*

Tristone community businesses are expected to take great care to ensure that stakeholder colleagues, including foster carers, teachers, support workers and volunteers for example, are provided with an overview of the challenges faced, including indicators of potential harm and the context of concerns. Critically, each business must have clear procedures outlined following each area of guidance. This means that stakeholder colleagues are not only informed of what the risks are, but also what needs to be done to protect service users.

The structure of the following guidance is broadly consistent with Annex A: Further Safeguarding Information (KCSIE, 2020), with the addition of sector specific guidance and related company procedures.

*Each business within the Tristone community must have a comprehensive and up-to-date range of policies and procedures relating to safeguarding, the vast majority of which should contain additional information and guidance to contextualise the embedded requirements.*

## *The Tristone Community*

Tristone sits at the core of a community of social care businesses. The businesses within the Tristone umbrella seek to provide outstanding care and support to vulnerable children, young people and adults. In doing so, safeguarding service users must remain of paramount concern. The various ways that a strong, healthy and vibrant community works well together will support and embed high standards of professional practice and an assurance of continued quality. We value and promote openness, reasonable challenge and crucially, collective learning. These are the hallmarks of the safe and effective delivery of services.

Tristone colleagues do not work directly with service users. All Tristone community businesses have a firm degree of autonomy and managing directors are expected to operate their respective businesses as if they were their own.

The role and function of Tristone is to provide expertise, guidance and support that each company can choose to utilise at its own discretion.

## *Tristone Healthcare Independent Safeguarding Board*

The role of the Safeguarding Board is to:

- Advise respective Boards on the most appropriate policy and operational framework for safeguarding within Ofsted regulated services and advise on best practice in non-regulated services;
- Provide strategic oversight for all aspects of safeguarding work across the organisation and ensure our policies and procedures are up to date and effective in protecting service users from potential or actual harm;
- Identify, respond and escalate, as appropriate, organisational risk within the community of businesses related to safeguarding;
- Monitor and evaluate performance, including scrutiny of performance data, understanding what is driving performance levels and making recommendations to improve performance;
- Consider in detail individual issues where safeguarding standards have been compromised, or had the potential to be compromised, and act as independent reviewer to assist the Tristone Community in learning from incidents;
- To ensure that businesses respond appropriately to changes in relevant legislation;
- To ensure that constructive links have been maintained with relevant stakeholders and external agencies, including Ofsted, CQC, DoE, DoH, ADASS, ADCS, NHS England and academic institutions.

***The remainder of this policy provides guidance about key safeguarding issues. The majority refer to children and young people, but a significant proportion of the information included can impact upon vulnerable adults.***

## SECTION EIGHT: Abuse of Trust

The Sexual Offences Act 2003 (Sections 16 and 17) respectively are defined as 'Abuse of position of trust: sexual activity with a child' and 'Abuse of position of trust causing or inciting a child to engage in sexual activity.' For the purposes of this policy, relevant parts of the below can be applied to adults and in particular, those who may lack mental capacity as defined by the Mental Capacity Act.

### *Abuse of trust:*

- Can occur in a number of settings, for example, in an education establishment, a residential establishment, a foster home, a social club or other activity;
- Relates to all relationships where one person is in a position of responsibility (and power) in relation to another person, who is either under 18 years or is a vulnerable adult, whether the relationship is of a heterosexual or homosexual nature;
- Relates to paid employees, ex-employees, unpaid staff (for example trainees and students), volunteers, foster carers, consultants and contractors;
- Occurs where the person in a position of trust betrays the trust and enters into a relationship, particularly a sexual relationship, but also other abusive relationships, with a child/young person or vulnerable adult (referred to as service user), for whom they have responsibility.

Abuse of Trust is distinct and different from sexual abuse or other abuse. Sexual and other forms of abuse take place where the victim does not or cannot consent to his or her treatment. There need not be any abuse of a relationship of trust. Any sexual activity which is not freely consenting is criminal.



In contrast, the sexual activity covered by 'Abuse of Trust' may seem consensual, but it is rendered unacceptable because of relative positions of power. This refers to the potential for people in a 'relationship of trust' to misuse or abuse that relationship.

*Stakeholder colleagues are in a relationship of trust because they have the potential to hold power or influence over a vulnerable person. This must never be abused.*

### *Basic Principles:*

- The need to safeguard and promote the welfare of service users and protect them from sexual activity from those supporting or caring for them within a relationship of trust is paramount;
- Everyone has a duty to raise concerns about behaviour by colleagues which may be harmful to a service user, without prejudice to their own position;
- This applies to all colleagues, regardless of gender, race, religion, sexual orientation or disability.

## SECTION NINE: Admissions & Matching

In considering any new referral, there must be clear and reasonable regard to whether the service or setting has the required staff who have sufficient knowledge, skills, experience and qualifications to support each service user and meet her/his individual needs. This will take account of external agency interventions and support.

Furthermore, the dynamic (“mix of service users”) must be considered in terms of the impact of presenting needs, difficulties and any challenging behaviours exhibited by existing service users, as well as the service user referred.

This is critical to promoting safe and responsible practice. The driving force behind any placement must be a conviction that the needs of the service user can be met, and crucially that s/he will be safe and her/his service user peers will be safe.

The above is notwithstanding a duty of care to colleagues.

## SECTION TEN: Allegations & Disclosures

This section refers to handling allegations and disclosures. There is some debate around what *exactly* a disclosure is, and the difference between a disclosure and an allegation. In the simplest of terms, a ‘disclosure’ is usually used within the context of responding from a position of belief. Therefore, a disclosure has “sufficient factual content and specificity.”

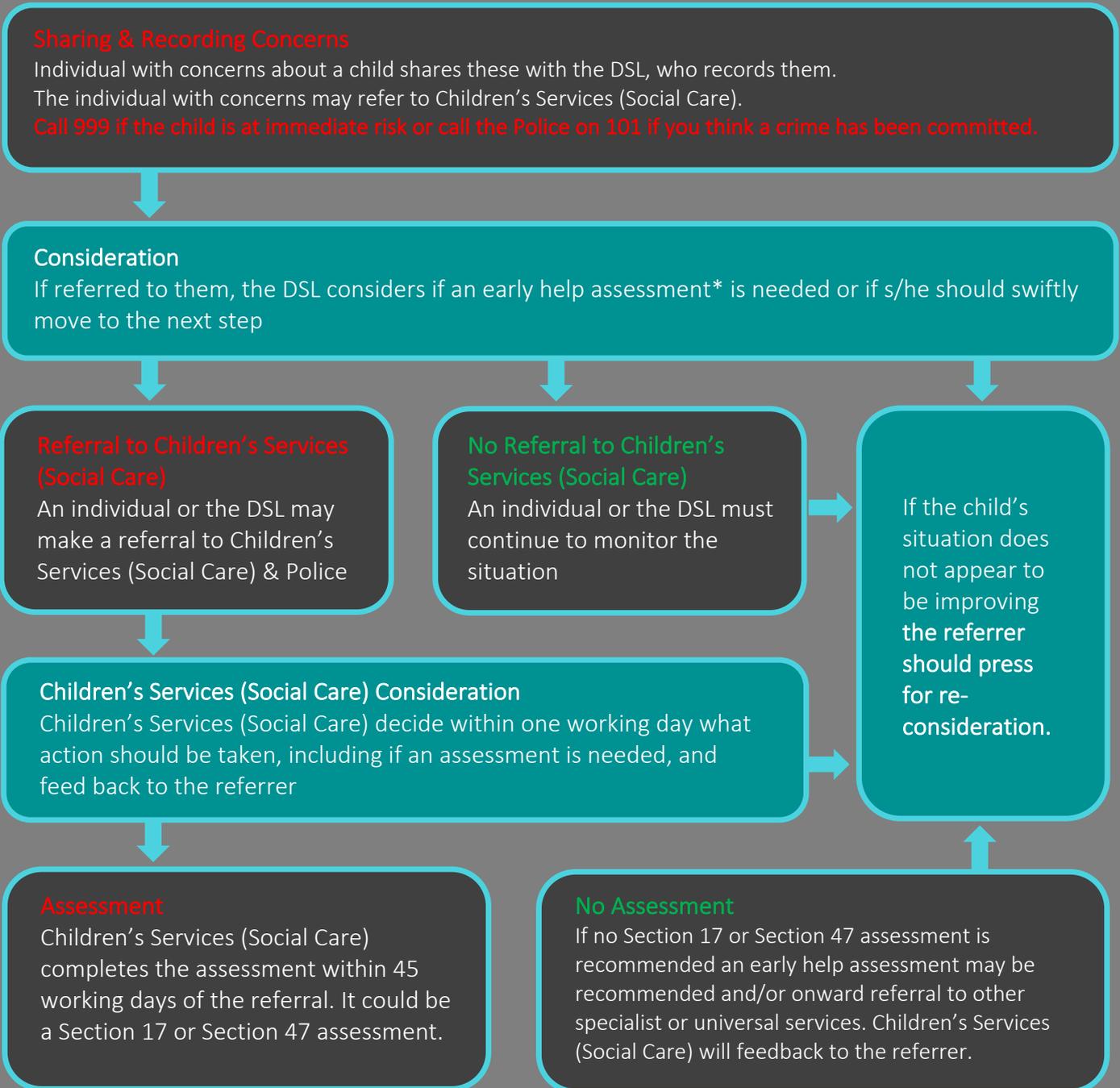
In contrast, an allegation is a claim that someone has committed a crime or perpetrated wrongdoing, though the person making the claim has not submitted any proof of the assertion. For the avoidance of doubt, in both cases colleagues must take allegations and disclosures seriously.

*The following definitions should be used when determining the outcome of allegation investigations:*

- **Substantiated:** There is sufficient evidence to prove the allegation;
- **Malicious:** There is sufficient evidence to disprove the allegation or a deliberate act to deceive;
- **False:** There is sufficient evidence to disprove the allegation;
- **Unsubstantiated:** There is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence;
- **Unfounded:** to support cases where there is no evidence or proper basis which supports the allegation being made.

### Responding to Concerns about Potential Harm or Abuse

The below diagram illustrates what action should be taken and who should take it where there are concerns about a child or young person. The process for responding to concerns about an adult are provided under Section 42 (Care Act 2014) and clarified via the Manchester Safeguarding Partnership. (Page 10)



An allegation against a colleague regarding a child or young person will be referred to the Local Authority Designated Officer (LADO). In all cases, the Police will be called if illegal activity is suspected or it is an emergency.

## Allegations & Disclosures

### Managing Allegations

This part refers to managing cases of allegations that might indicate a person will pose a risk of harm if they continue to work in regular or close contact with a service user in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that a colleague has:

- Behaved in a way that has harmed or may have harmed a service user;
- Possibly committed a criminal offence against or related to a service user; or
- Behaved towards a service user in a way that indicates s/he would pose a risk of harm.

An allegation against a colleague regarding a child or young person will be referred to the Local Authority Designated Officer (LADO). An allegation against a colleague regarding an adult service user will be referred to Safeguarding Adults Board.

*In all cases, the Police must be called if illegal activity is suspected or it is an emergency.*

There is a clear expectation that all colleagues within the Tristone Community will take effective action whenever there is a serious concern about the welfare of a service users. This includes historical allegations, as well as allegations against a former colleague or associate. If criminality is alleged, the allegation must be referred to the Police.

### Allegations & Disclosures

Tristone expect that any allegations or suspicions that a colleague (inc. a foster carer) has caused significant harm to a service user or may pose a risk of harm to a service user, will be investigated thoroughly, speedily and sensitively. Honest and open communication is imperative. We are committed to ensuring all those affected will be fully supported, but all actions will be firmly established in what is considered to be the best interests of the service user.

### Confidentiality

It is extremely important that when an allegation is made, all involved should make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

### Notifications

Tristone expect that all businesses with our community function with openness, honesty and transparency. Relevant notifications must be submitted to the appropriate regulatory body (i.e., Ofsted, CQC, etc.). Additionally, managing directors are responsible for submitting Board Notifications regarding serious concerns, as well as notifications to relevant agencies and professionals, such as the LADO or commissioning partners.

*In all cases, the Police must be called if illegal activity is suspected or it is an emergency.*

There is a clear expectation that every colleague within the Tristone Community will take effective action whenever there is a serious concern about the safety and welfare of a service user. Allegations against a former colleague should be referred to the police. Historical allegations of abuse should also be referred to the police.

## *Raising Concerns and Speaking Up*

There may arise situation(s) where individuals have concerns about:

- Any service user's welfare and/or wellbeing;
- A colleague (or the practice of any colleague), including foster carers for organisations with an Independent Fostering Agency (IFA);
- Any other persons' working with the service user, including commissioned independent consultants and external agencies;
- Any other person who has contact with the service user;
- Any other concerns.



If so, it is essential that adults **SPEAK UP**. Failure of colleagues to speak up regarding concerns identified or witnessed will be taken extremely seriously. A failure to disclose is considered a safeguarding concern in its own right.

## *Initial Considerations*

The procedures for dealing with allegations needs to be applied with common sense and judgement. Some allegations may be so serious they require immediate intervention by Children's Services Social Care, Adult Social Care and/or the Police as appropriate to the circumstances.

## *Resignations and "Settlement Agreements"*

If the accused person resigns, or ceases to provide their services, this should not prevent an allegation being followed up. This is because not complying with a legal duty to make a referral is a criminal offence.

## *Records*

Details of allegations that are found to have been malicious should be removed from personnel records. For all other allegations, it is important that a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, and a note of any action and decisions reached, is kept on the confidential personnel file of the accused (a copy of which must be provided to the person concerned). This information will be held by the relevant business.

## *Allegations Concerning Abuse by a Child or Young Person Against Another Child or Young Person (Also known as "Peer-On-Peer Abuse")*

Tristone expects that community colleagues should recognise that some service users have the potential to abuse their peers. This includes children and young people, as well as adults.

Colleagues are expected to know the different forms peer-on-peer abuse can take, including bullying, sexting and relationship abuse for example. We believe that "abuse is abuse" and peer on peer abuse should never be tolerated or passed off as "banter" or "part of growing up" (in the case of children and young people).

### *SECTION ELEVEN: Behaviour Management*

*Service users have a right to be treated with respect and dignity, including in those circumstances where they display difficult or challenging behaviour.*

Tristone expect that businesses within our community have a robust Positive Relationships Policy (or Behaviour Policy) that clarifies their approach to managing behaviour.

There should be an emphasis upon securing the values associated with empowering service users to make positive choices and regulate their emotions effectively and appropriately (for example, without causing risk of harm to themselves or others).



## SECTION TWELVE: Bullying (Including Cyber-bullying)



*There is no legal definition of bullying. It is usually defined as repeated behaviour intended to emotionally or physically hurt someone.*

Bullying is often aimed at certain people because of their race, religion, gender or sexual orientation or any other aspect such as appearance or disability.

Emotional abuse may involve serious bullying, causing children to feel frightened or in danger, or the exploitation or corruption of vulnerable children.

*Bullying can take many forms including:*

- **Cyber** – Abuse on-line or via text message; interfering with electronic files; setting up inappropriate websites; inappropriate sharing of images, etc.; interfering with e-mail accounts;
- **Faith-based** – Negative stereotyping; name-calling/ridiculing based upon religious persuasion and/or identity;
- **Gifted and Talented** – Name-calling, innuendo or negative peer pressure based on high levels of ability or effort; ostracism resulting from perceptions of high levels of ability;
- **Homophobic or Transgender** – Name-calling, innuendo or negative stereotyping based on sexual orientation or perceived sexual orientation; use of homophobic language;
- **Physical** – Kicking or hitting; prodding, pushing or spitting; offensive gestures or intimidating behaviour; damaging or removing property; invasion of personal space; extortion; coercion; other forms of persistent physical assault;
- **Racist** – Physical, verbal, written, on-line or text abuse; ridicule based on differences of race, colour, ethnicity, nationality, culture or language; refusal to co-operate with others based upon any of the above differences; stereotyping because colour, race, ethnicity, etc.; promoting offensive materials such as racist leaflets, magazines or computer software;
- **Sexist** – Use of sexist language; negative stereotyping based on gender;
- **Sexual** – Unwanted/inappropriate physical contact; sexual innuendo; suggestive propositioning; distribution/display of pornographic material aimed at an individual; graffiti with sexual content aimed at an individual. Putting pressure upon someone to act in a sexual way;
- **Special Educational Needs or Disability** – Name-calling, innuendo or negative stereotyping based on disability or learning difficulties; excluding from activity due to disability/learning difficulty;
- **Verbal** – Threats or taunts; shunning/ostracism; name-calling/verbal abuse; innuendo; spreading of rumours; glaring; making inappropriate comments in relation to appearance.

## SECTION THIRTEEN: Child Criminal Exploitation (CCE)



*Child Criminal Exploitation (CCE) is associated with Child Trafficking, County Lines and Modern Slavery. Although it can involve Child Sexual Exploitation (CSE) and Physical Abuse amongst other areas of concern.*

*This section focuses upon Child Criminal Exploitation, specifically Child Trafficking, Modern Slavery and County Lines.*

Child Criminal Exploitation (CCE) is a broad descriptor covering a range of activities that can cause physical, sexual and emotional harm to children and young people. The consistent factor is one where an adult uses a child or young person to undertake criminal activities through manipulation and coercion. CCE is child abuse.

*The Home Office defines child criminal exploitation as:*

‘Child Criminal Exploitation... occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children... includes for instance children forced to work on cannabis farms or to commit theft’.

‘Criminal exploitation of children and vulnerable adults’ (Home Office, 2018)

## Child Trafficking

Child Trafficking is defined as the ‘recruitment, transportation, transfer, harbouring or receipt’ of a child for the purpose of exploitation. (Article 3 Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime)

*Child trafficking is abuse. Children and young people are recruited, moved or transported and then exploited, forced to work or sold.*

Children are Trafficked for:	What Happens?
<ul style="list-style-type: none"> <li>• Child Sexual Exploitation (CSE);</li> <li>• Benefit fraud;</li> <li>• Forced marriage;</li> <li>• Domestic servitude such as cleaning, childcare, cooking;</li> <li>• Forced labour in factories or agriculture;</li> <li>• Criminal activity (such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft for example).</li> </ul>	<ul style="list-style-type: none"> <li>• Children are tricked, forced or persuaded to leave their homes. Traffickers use grooming techniques to gain the trust of a child, their family or community;</li> <li>• Traffickers may threaten families;</li> <li>• Traffickers may promise a child a better future;</li> <li>• Sometimes families will be asked for payment towards the ‘service’ a trafficker is providing, e.g., sorting out the child’s documentation prior to travel or organising transportation;</li> <li>• Traffickers make a profit from the money a child earns through exploitation, forced labour or crime. Often this is explained as a way for child to pay off a debt they (or their family) ‘owe’ to the traffickers.</li> </ul>

## Modern Slavery

Modern slavery is when someone has gained control over, or ownership of, another person and is using this power to exploit them. It involved the recruitment, movement, harbouring or receiving of men, women or children using force, coercion, abuse of vulnerability, deception or other means in order to exploit them.

*Someone is a victim of modern slavery if they have experienced any of the following:*

- Are forced to work because of physical or verbal threats;
- Are owned or controlled by an ‘employer’, usually through mental, emotional, sexual or physical abuse, or the threat of such abuse;
- Are dehumanised, treated as a commodity, or bought and sold as ‘property;’
- Are being held captive, have restrictions placed on their freedom or being moved against their will.



## County Lines

The following has been adapted from Criminal Exploitation of Children and Vulnerable Adults: County Lines Guidance (September 2018).

### *What is county lines exploitation?*

County lines is the Police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”.

It involves Child Criminal Exploitation (CCE), because gangs use children and young people to move drugs and money to and from “market locations.” These children and young people are referred to as “Bics” by the drug dealers, which is used as a reference to their perceived disposability.

Gangs establish a base in the “market location” that is typically the home of a vulnerable young person or adult by coercion or even violence in a practice referred to as ‘cuckooing’.

County lines is a major issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery and missing persons.



### *How does it affect children and Young People?*

Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child (male or female) under the age of 18 years;
- Is exploitation, even if the activity appears consensual;
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- Can be perpetrated by individuals or groups, males or females, as well as other children or young people; and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

*One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want. The exchange can include both tangible (such as money, drugs or clothes) and social/emotional rewards (such as status, protection or perceived friendship or affection).*

It is important for colleagues to remember the unequal power dynamic within which this exchange occurs. The receipt of something by a child, young person or vulnerable adult does not make them any less of a victim. Notably, the prevention of something negative can also fulfil the requirement for exchange, i.e. child may engage in county lines activity to stop someone carrying out a threat to someone who is close to them.

### **Targeting of vulnerable children**

Gangs specifically target vulnerable children and those who do not have support networks. Children with special educational needs, mental health problems or disabilities are known to be purposely targeted. Gangs also look for emotional vulnerability, such as children experiencing problems at home, absent/busy parents or bereavement. The gangs seek to fill that emotional gap for the child and become 'their family'.

Male children are most commonly exploited but female children are also used and exploited by gangs. It is thought that 15-16 years is the most common age for children to be exploited by these gangs but there are reports of children below the age of 11 years being used.

Gangs are increasingly looking to recruit 'cleanskins' (i.e. children with no previous criminal record who are unlikely to be stopped by the Police, including children from white, middle class backgrounds and from further afield).

### **Children Looked After (CLA)**

Gangs target looked after children, particularly those in residential children's homes and children in pupil referral units. Children who have been placed out of their home area are particularly vulnerable.

### **Child Sexual Exploitation (CSE)**

Although child sexual exploitation (CSE) is not the driving factor in county lines gangs exploiting children, a clear link exists between County Lines and CSE. Girls are typically most at risk, but there is evidence of sexual abuse of boys within County Lines as well. Please refer to Page 37 for more information and guidance on tackling CSE.

## *Grooming and Coercion*

Gangs often use threats, coercion and violence to force children to do what they want. They punish gang members for making mistakes or failing to meet drugs sales targets.

The punishments are extremely violent. Gangs may also trick children into getting into their debt, for example, by giving them a mobile phone only to later demand repayment for the cost of the phone. The child will then be in 'debt bondage' to the gang, owing it labour or services as security for the repayment for the debt or other obligation.

Peer grooming is common and takes place in schools and via social media. Music videos on YouTube are used to glamorise gangs and to draw in children from wider social and geographical areas. These methods can lead to children firmly believing they have made an active choice to join the gangs and to deny that they have been exploited and, at the same time, leave them so terrified that they will do anything they are told.

## *Children and Young people are Victims (not Suspects)*

There is currently poor awareness and understanding of CCE and it is often the case that victims are mistakenly viewed as having made a 'choice' to engage in criminal behaviour.

This is often exacerbated by the child's refusal to recognise themselves as a victim. Comparisons have been drawn between CCE and Child Sexual Exploitation (CSE) and there are calls for CCE to be treated similarly to CSE. Children who are being exploited by gangs for their criminal purposes are victims and they should be safeguarded, not criminalised.

This principle has been enshrined in UK law following the ratification of The Council of Europe Convention against Trafficking in Human Beings which states 'each party shall, in accordance with the basic principles of its legal system, provide for the possibility of not imposing penalties on victims for their involvement in unlawful activities, to the extent that they have been compelled to do so'.



## Identifying CCE

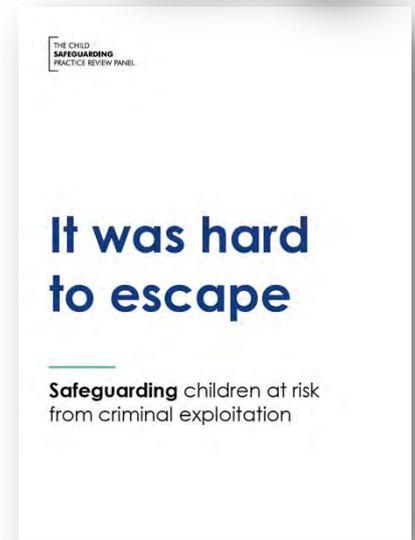
It may not be easy to identify that a child is the victim of gang exploitation. However, there are a number of consistent factors associated with children and young people who have been abused through CCE. They:

- Have been arrested for possession and intent to supply of significant quantities of drugs;
- Were arrested away from their own home area;
- Were arrested on public transport, particularly a train;
- Were arrested in a cuckooed address;
- Are in care, particularly residential care;
- Were found carrying a weapon when arrested;
- Have an unexplained injury, possibly caused by a knife;
- Were arrested with or are accompanied by older males or females.

Click or tap below to read the latest National Review of CCE, undertaken by the Child Safeguarding Practice Review Panel

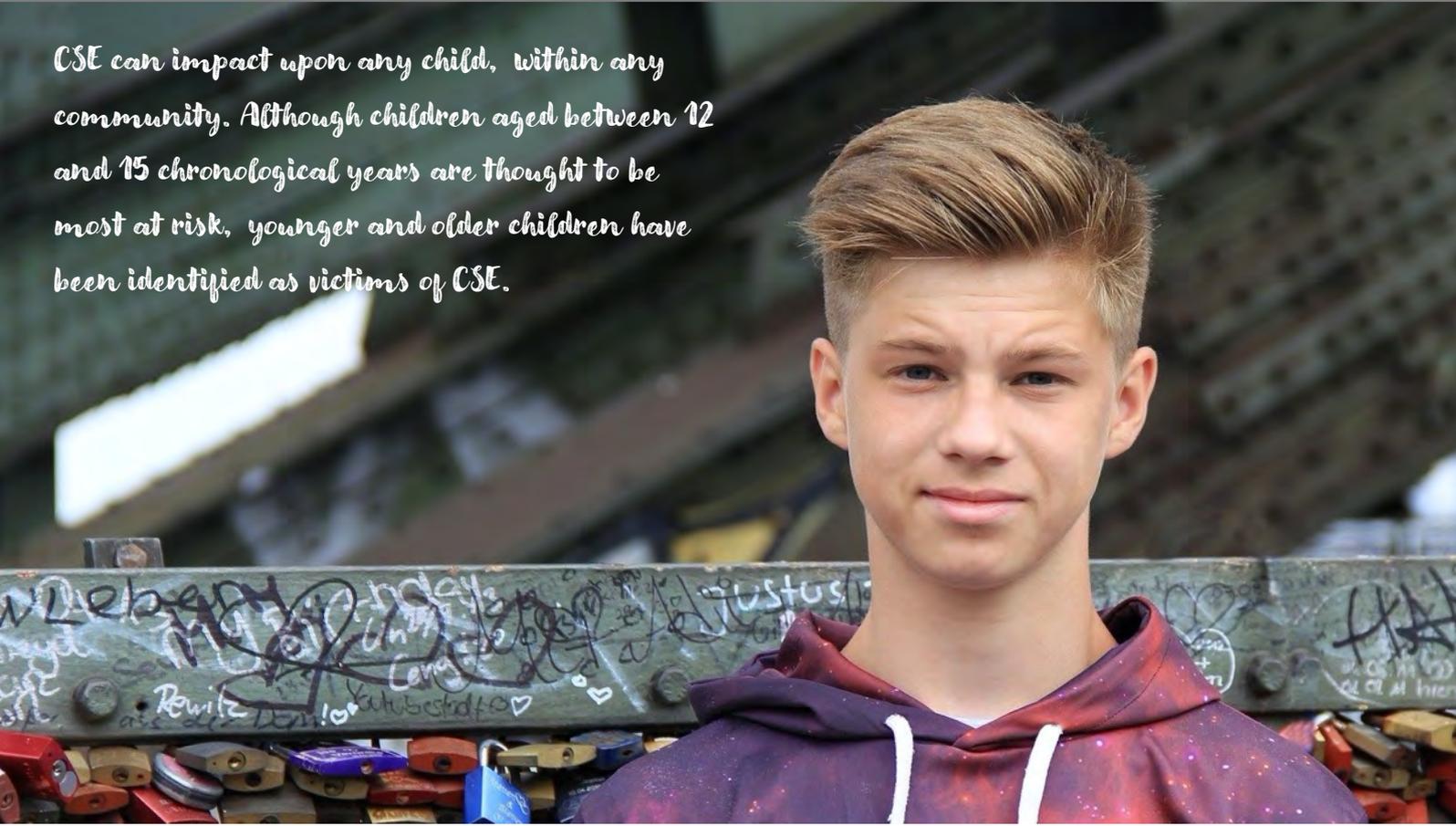
## Other indicators of gang involvement include:

- Persistently going missing from school or home;
- Regularly being found away from the home area;
- Unexplained acquisition of money, clothes, or mobile phones;
- Excessive receipt of texts / phone calls;
- Relationships with controlling / older individuals or groups;
- Leaving home / care without explanation;
- Suspicion of physical assault / unexplained injuries;
- Significant decline in school results / performance;
- Self-harm or significant changes in emotional well-being.



## SECTION FOURTEEN: Child Sexual Exploitation (CSE)

*CSE can impact upon any child, within any community. Although children aged between 12 and 15 chronological years are thought to be most at risk, younger and older children have been identified as victims of CSE.*



*Children in Care are thought to be particularly vulnerable to exploitation.*

Children rarely disclose CSE, so colleagues should be aware of the following risk indicators:

- Acquisition of money, clothes, mobile phones (etc.) without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

## SECTION FIFTEEN: Confidentiality

*As a Data Controllers, Tristone Community businesses hold highly sensitive personal data about children, young people, adult service users and their families, as well as colleagues and contractors. This is essential to providers of social care services and it is a critical part of keeping service users safe from harm.*

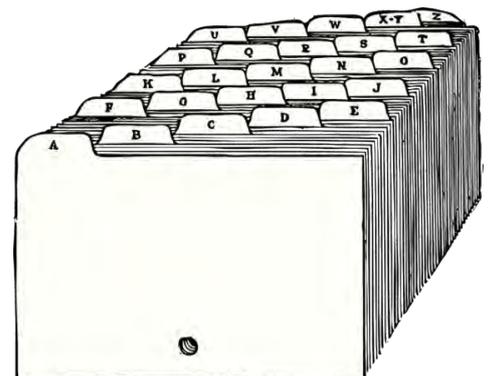
Personal data must be processed in accordance with strict conditions of confidentiality. These conditions must be maintained at all times and colleagues in all businesses should be bound by a clearly defined Confidentiality Agreement.

There are occasions where sensitive information must be shared with relevant authorities, agencies and professionals.

*All colleagues are expected to make responsible and informed decisions about when and with whom to share information. If there is ever any doubt, management advice must be gained before the information is sent.*

*Working Together to Safeguard Children (April 2018) is clear that:*

- Effective sharing of information between practitioners and local agencies is essential for early identification of need, assessment and service provisions;
- Sharing information increases the capacity of practitioners to take action to keep children and young people safe;
- Information sharing is also essential for the identification of patterns of behaviour when a child or young person has gone missing;
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children and young people, which must be the main concern;
- All practitioners should aim to gain consent to share information, but they should be mindful of situations where to do so would place a child or young person at increased risk of harm. Information may be shared without consent if a practitioner judges that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child or young person in a timely manner. When decisions are made to share information, practitioners should record who has been given the information and why.



## SECTION SIXTEEN: Criminal Exploitation of Adults

As has been established, exploitation happens when someone uses their power to take advantage of another person's vulnerability to make money, improve their status or gain control.

Usually, the perpetrator will befriend the victim; they might buy them gifts, give them money, alcohol or drugs, they might make them feel special and give them a group to belong to (i.e., grooming). Perpetrators will target a person's vulnerability, whether they are children or adults, and will try to isolate the victim to make them depend on the perpetrator.

There are several things that make a person vulnerable, including: learning disability, knowledge of something that the victim wants to keep secret, drug or alcohol addiction, mental illness, a history of adverse childhood experiences, bereavement, a need for belonging.

### *Sexual exploitation*

Sexual exploitation is a type of sexual abuse. Adults can and have been victims of sexual exploitation, the effects are devastating. As with children, sometimes the victims do not realise that they are in an abusive situation which makes it difficult to ask for help and accept support.

### *Criminal exploitation*

Children and vulnerable adults who are trafficked, exploited or coerced into committing crimes are criminally exploited. The victims will usually have been targeted due to a vulnerability such as an addiction or learning disability.

Perpetrators of criminal exploitation may also be victims of the same crime. Although perceptions are changing adults can be seen as willing participants and criminalised for having chosen to take part, this perception can make exploitation of adults can be difficult to spot. The victim's consent may be given under coercion or duress, misplaced loyalty to the perpetrator, fear of repercussions, fear of prosecution, or a genuine belief that the situation is not abusive.

### *Cuckooing*

Cuckooing is a significant concern for situation where an adult is accessing – for example – designated support hours, whilst living in the community (i.e., floating or domiciliary support/care).

Cuckooing is a form of crime, termed by the police, in which drug dealers take over the home of a vulnerable person in order to use it as a base for county lines drug trafficking. The crime is named for the cuckoo's practice of taking over other birds' nests for its young.

## SECTION SEVENTEEN: Drugs & Substance Misuse

### The Definition of a Drug

'A drug is any substance which affects the way in which the body functions physically, emotionally or mentally and includes tobacco, Alcohol, solvents, over the counter and prescribed medicines, as well as illegal substances.'

- **Drug Use:**

Drug-taking by a child that does not cause any perceived immediate harm – even though it may indicate risk or the potential for harm; escalating to

- **Drug (Substance) Misuse:**

Drug use that harms health and social functioning – either dependant use (physical or psychological) or use as part of a wider spectrum of problematic or harmful behaviour (Definitions used by Standing Conference on Drug Abuse (SCODA) in "Drug related early intervention developing services for young people and families' 1987).

*It is essential to remember that safeguarding the welfare of the child is paramount*

### The Law

Misuse of Drugs Act 1971 divides drugs into three classes solely for the purposes of sentencing. They are classified according to their toxic effect, extent of use and danger to society:

- **Class A**

Drugs include heroin (diamorphine), cocaine (including crack), methadone, ecstasy (MDMA), LSD, and "magic mushrooms";

- **Class B**

Drugs include amphetamines, barbiturates, codeine, cannabis, cathinones (including mephedrone) and synthetic cannabinoids;

- **Class C**

Drugs include benzodiazepines (tranquillisers), GHB/GBL, ketamine, anabolic steroids and benzylpiperazines (BZP).



*Cannabis (Strains include Kush, Sour Diesel, Platinum OG, Blue Dream, Acapulco Gold and Northern Lights, for example)*

### *Signs of Substance Misuse*

Colleagues should be aware that the use of drugs can have a dramatic effect upon a service users' appearance, peer group and physical health, and mental welfare.

It is important to be alert to the following signs of potential substance misuse, keeping in mind that these are indicators and not conclusive evidence that a service user is using drugs.

- Evidence of drugs and/or drug paraphernalia;
- Behavioural problems and poor grades in school;
- Emotional distancing, isolation, depression, or fatigue;
- Overly influenced by peers;
- Hostility, irritability, or change in level of cooperation around the house;
- Lying or increased evasiveness about after-school or weekend whereabouts;
- Decrease in interest in personal appearance;
- Physical changes, such as bloodshot eyes, runny nose, frequent sore throats, and rapid weight loss;
- Changes in mood, eating, or sleeping patterns;
- Dizziness and memory problems;
- Unusual odour on breath (e.g., marijuana, tobacco);
- Widely dilated pupils even in bright light;
- Pinpoint pupils even in dim light.



## SECTION EIGHTEEN: First Aid & Medication

### First Aid

First aid, in common with many other areas of health and safety, must be managed on a risk assessment basis. First aid covers the initial and immediate response to an injury, which may involve nothing more than the application of a plaster through to trying to stabilise a casualty while waiting for the emergency services to arrive. Each setting must have a full trained first aider on rota, at all times.

### Medication

The administration of medication must be taken seriously in order to safeguard service users. Medication errors can be catastrophic and potentially, deadly.

Medication must be administered in accordance with the instructions. All medication should be recorded on the medication sheet. This must be done when administering the medication not retrospectively. Colleagues must sign to confirm that the medication has been given, taken or refused.

Click or tap on the logo below to read the NICE guidance on managing medicines

**NICE** National Institute for Health and Care Excellence

### Storage of Medication

All medication must be kept in a safe and secure place out of reach of the service user, with the exception:

- Of medication such as inhalers (and where it has been agreed that the service user can administer such medication without supervision);
- Service users in unregulated settings, on a case-by-case basis;
- Where a risk assessment has identified that the service user has the mental capacity to self-administer their own medication.

All conditions associated conditions of handling and administering medication must be clarified within the service users relevant care or support plans.

## SECTION NINETEEN: Hate Crime

Hate Crime can be defined as any crime that is motivated by hostility on the grounds of race, religion, sexual orientation, disability or transgender identity can be classed as a hate crime.

### There are three categories of Hate Crime in legislation:

1. Incitement to hatred offences on the grounds of race, religion or sexual orientation;
2. Specific racially and religiously motivated criminal offences (such as common assault); and
3. Provisions for enhanced sentencing where a crime is motivated by race, religion, sexual orientation, disability or transgender identity.

## SECTION TWENTY: Honour-Based Abuse (HBA)

'Honour-Based' Violence (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community. These include:

- *Female Genital Mutilation (FGM);*
- *Forced marriage; and*
- *Practices such as breast ironing.*

Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as abuse. DfE guidance states that 'Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.' (KCSIE, 2020)



*Remain vigilant.*

### Female Genital Mutilation (FGM)



Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

In England and Wales, 23,000 girls under 15 could be at risk of FGM. However, colleagues must be aware that FGM is not exclusively limited to girls aged under 15 years (World Health Organisation, 2017)).

### *Communities particularly affected by FGM in the UK include girls from:*

- Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia and Afghanistan.

### *In the UK, FGM tends to occur in areas with larger populations of communities who practise FGM, such as first-generation immigrants, refugees and asylum seekers. These areas include:*

- London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes.

### *Risk Factors include:*

- Low level of integration into UK society;
- Mother or sister who has undergone FGM;
- Girls who are withdrawn from PSHE (Personal, Social and Health Education);
- A visiting female elder from the country of origin;
- Being taken on a long holiday to the family's country of origin;
- Talk about a 'special' event or procedure to 'become a woman.'

### *High-Risk Times*

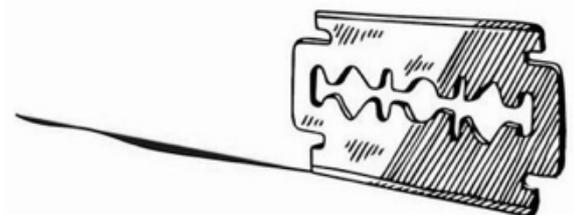
This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. Colleagues should be alert to the possibility of FGM as a reason why a girl in a high-risk group is absent from school, employment or training.

### *Post-FGM Symptoms include:*

- Difficulty walking, sitting or standing;
- Spend longer than normal in the bathroom or toilet;
- Unusual behaviour after a lengthy absence;
- Reluctance to undergo normal medical examinations;
- Asking for help, but not being clear about the issue due to embarrassment or fear.

### *Longer Term problems include:*

- Difficulties urinating or incontinence;
- Frequent or chronic vaginal, pelvic or urinary infections;
- Menstrual problems;
- Kidney damage, kidney failure, Cysts and abscesses;
- Pain when having sex;
- Infertility;
- Complications during pregnancy and childbirth;
- Significant emotional and mental health problems.



**END FGM**

## Forced Marriage



Forcing a person into a marriage is a crime in England and Wales. A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure.

A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage.

A person's capacity to consent can change. For example, with the right support and knowledge, a person with a learning disability may move from a position of lacking capacity to consent to marriage, to having capacity. However, some children and adults with learning disabilities are given no choice and/or do not have the capacity to give informed consent to marriage and all it entails. This may include engaging in a sexual relationship, having children and deciding where to live.

### ***Capacity to Consent and the Mental Capacity Act 2005***

The Mental Capacity Act 2005 applies to all people aged 16 and over. It aims both to empower people to make decisions for themselves whenever possible and to protect those who lack capacity to do this. The Act starts from the basis that, unless proved otherwise, all adults have the capacity to make decisions. Individuals may lack capacity if they are unable to:

- Understand information given to them;
- Retain that information for long enough to be able to make the decision;
- Weigh up the information available to make the decision; and
- Communicate their decision to others.

Where someone is found to lack capacity to make a particular decision, others may be permitted to make decisions on behalf of that person, so long as any such decision is made in the best interests of the person who lacks capacity. For example, family and professionals might decide that it is in a person's best interest to live in a certain place, even though the person themselves lacks the capacity to consent to such a decision. However, there are certain decisions which cannot be made on behalf of another person and this includes the decision to marry. There is therefore no legal basis on which someone can agree to marriage, civil partnerships or sexual relations on behalf of someone who lacks the capacity to make these decisions independently. However, families sometimes do believe they have the "right" to make decisions regarding marriage on behalf of their relative.

If a person does not consent or lacks capacity to consent to a marriage, that marriage must be viewed as a forced marriage whatever the reason for the marriage taking place. Capacity to consent can be assessed and tested, but it is time and decision specific.

## Breast Ironing

### *What is breast ironing?*

Breast Ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones (see below right insert) or other implements rubbed on their developing breast to try to make them stop developing or disappear.

The practice of breast ironing is seen as a protection to girls by making them seem 'child-like' for longer and reduce the likelihood of pregnancy. Once girls' breasts have developed, they are at risk of sexual harassment, rape, forced marriage and kidnapping.

### *Breast ironing is physical abuse*

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence.

### *Breast Ironing in the UK*

Concerns have been raised that breast ironing is also to be found amongst African communities in the UK, with as many as 1,000 girls at risk.





## SECTION TWENTY-ONE: Internet Use, Images & Online Exploitation

This section covers a wide range of issues and concerns arising from Internet use, which includes mobile internet enabled technology (i.e. Smartphones, laptops, gaming devices, iPads/tablets, etc.) and static internet enabled devices (i.e. desktop computers, televisions, games consoles, etc.). For clarification, any device that can send and receive images is included within the scope of this section.

*The risks associated with children's use of such devices cannot be overstated. These risks are particularly acute for vulnerable children and young people.*

The scope for benefiting from the use of internet enabled devices is enormous, but we are constantly mindful that there are inherent dangers that are of a severe and profound nature. In addition, we take internet security seriously and colleagues should be given clear guidance about effective internet security.

Colleagues and service users are encouraged to use and enjoy internet enabled devices, but this is subject to clear expectations of conduct and the welfare needs and requirements of individual people. The internet has revolutionised the way we live our lives and can be used as a wonderful resource. However, access to the internet is as dangerous as it is beneficial, as well as being particularly hazardous for any vulnerable person.

## Summary of Risks

- **Inappropriate Material**

One of the key risks of using the internet, email or chatrooms is that children may be exposed to inappropriate or illegal material. This may be material that is pornographic, hateful or violent in nature; that encourages activities that are dangerous or illegal; or that is just age-inappropriate or biased. One of the key benefits of the web is that it is open to all, but unfortunately this also means that those with extreme political, racist or sexual views can spread their distorted version of the world to vulnerable and impressionable individuals.

- **Physical Danger**

The threat of physical danger is one of the most worrying and extreme risk associated with the use of the internet and other technologies. A criminal minority make use of the internet and chatrooms to contact children with the intention of developing relationships which they can progress to sexual activity or other forms of criminality. Paedophiles will often target children, posing as a child with similar interests and hobbies to establish an online 'friendship'. These relationships may develop to a point where the paedophile has gained enough trust to meet in person. These techniques are often known as 'online enticement', 'grooming' or 'child procurement'.

- **Bullying (Cyberbullying)**

Whether via the Internet, mobile phone or any other method, is another aspect of the use of new technologies that provide an anonymous method by which bullies can torment their victims.

*Pictures and  
information  
uploaded to the  
internet never go  
away.*



## Significant Areas of Concern

The list below comprises a general summary of significant areas of concern relating to internet use, images and online exploitation:

- **Internet "grooming"** by sexual predators via social media, such as Facebook or Twitter, as well as chat rooms and forums for example;
- **Accessing inappropriate websites**, such as those containing violence or pornography for example;
- **Cyber-bullying**, which refers to bullying via social media;
- **Cyber-stalking**, which is covertly tracking or following an individual, usually to gain personal information;
- **Exploitation and manipulation**, which refers to encouraging vulnerable people to behave in a way that is not appropriate or illegal;
- **Reputational damage**, such as uploading materials that could be considered as embarrassing or regretful in the future;
- **Radicalisation and extremism**, which has become an increasingly powerful way to disseminate unacceptable propaganda and ideology (such as consistent with advocating terrorism for example).



Tristone Community businesses should have a comprehensive range of policies that provide further guidance and insight into the above areas of concern. These include: (This is a non-exhaustive list)

- Countering Bullying Policy;
- Countering Child Sexual Exploitation (CSE) Policy;
- Countering Radicalisation Policy; and
- Safe Computing Policy.

*If in any doubt or worried,  
colleagues are advised to speak  
with the DSL or senior  
professional.*



## Sexting

The ever-increasing use of social media by children and young people continues to increase the risks presented. This is a particular issue/concern regarding vulnerable children and young people.

*Sexting is an area of significant concern. It is linked to bullying, blackmail and exploitation, as well as being linked to other forms of harm:*

- Unwanted attention Images posted online can attract the attention of sex offenders, who know how to search for, collect and modify images;
- Feeling profoundly embarrassed and humiliated. If they're very distressed this could lead to suicide or self-harm.

*Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others or sends sexually explicit messages. They can be sent using mobiles, tablets, smartphones, laptops - any device that allows you to share media and messages. Sexting may also be called "trading nudes," "dirties" and/or "pic-for-pic."*

It's easy to send a photo or message, but the sender has no control about how it's passed on. When images are stored or shared online, they become public. Some people may think that images and videos only last a few seconds on social media and then they're deleted, but they can still be saved or copied by others. This means that photos or videos which a child or young person may have shared privately, could still end up being shared with people they don't know.



*Screenshots make images permanent, regardless of the App being used.*

## *The Law: Indecent Images of Children (Under 18)*

The following information clarifies the legal position regarding indecent images of children.

### *Indecent photographs of children:*

- Under the Protection of Children Act 1978 (as amended), the UK has a strict prohibition on the taking, making, circulation, and possession with a view to distribution of any indecent photograph or pseudo photograph of a child and such offences carry a maximum sentence of 10 years imprisonment; and
- Section 160 of the Criminal Justice Act 1988 also makes the simple possession of indecent photographs or pseudo photographs of children an offence and carries a maximum sentence of 5 years imprisonment.

There are defences for those aged over the age of consent (16) who produce sexual photographs for their own use within a marriage or civil partnership. These defences are lost if such images are distributed.

### *The term 'making' could include:*

- Opening an attachment to an email containing an image;
- Downloading an image from a website onto a computer screen;
- Storing an image in a directory on a computer;
- Accessing a website in which images appeared by way of an automatic "pop up" mechanism.

### *Types of examples covered by these laws could include the following:*

- A person under the age of 18 who creates, possesses and/or shares sexual imagery of themselves with a peer under the age of 18 or adult over 18;
- A person under the age of 18 who possesses and/or shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult over 18;
- A person over the age of 18 who creates, possesses and/or shares sexual imagery of a child.





## SECTION TWENTY-TWO: Knife Crime

In March 2019, Ofsted published *Safeguarding Children and Young people in Education from Knife Crime: Lessons from London*. Although published for schools and education settings, specific information is transferrable, and colleagues will need to be aware of:

- Expectations upon schools to protect children from knife crime;
- Working with schools and other agencies towards achieving effective prevention strategies.

There is a reasonable expectation that schools must proactively and effectively protect children from harm. Schools have certain powers, such as stop and search, as well as the use of metal detector “wands” for example. However, school policy does tend to vary significantly. Some schools will maintain a position of non-criminalisation of children and others will seek to ensure that children are prosecuted:

School leaders had conflicting views about whether it was a criminal offence to carry a knife into school at all. They also reported that police officers do not take a consistent approach to children when making decisions to charge. One said they had been advised by their SSO that schools are not public places and so carrying a knife was not a criminal offence. Another school had called the police in response to a child carrying a small, sharp metal object (not a knife) for self-protection on the way to and from school when there was clear evidence that the child was in fact at risk during their journey. This child was arrested and charged. (Page 15)

Generally, schools will seek to exclude children who are found to carry knives or “bladed weapons.” This can be seen as unhelpful and often creates more difficulties than are solved. For example, it is accepted that children are more likely to engage with negative influences (i.e. gangs, etc) if they are not in school.

It should also be considered that some children are said to carry knives for protection and not with the intention of causing harm. This is important because these children clearly feel unsafe and have taken drastic measures to protect themselves. However, it is plausible to state that children who do carry knives with the intention of causing harm will likely protest that they too are protecting themselves. This means that there must be a greater understanding of the context around the individual child’s motivation. This can be achieved through ensuring clear lines of communication between home, school and other agencies.

*Colleagues have an essential role to protect service users. This means they need to actively listen to service users and talking openly about the risks and by developing a preventative approach that builds knowledge and skills so that [service users] are well supported to keep themselves safe.*

As consistently reiterated throughout this policy, the need to share information with pertinent professionals and secure effective collaborative practice is essential. This means regular contact with schools, partnership working with relevant agencies and maintaining a consistency of approach.

## Knife Crime

Knife crime is a term used commonly in the media to refer, primarily, to street-based knife assaults and knife-carrying. However, there are many different criminal offences relating to knives. For example:

- It is an offence to threaten or cause harm to a person with a bladed weapon;
- Some bladed weapons are prohibited from being sold or purchased, including to anyone under the age of 18;
- Offences such as robbery or assault can be aggravated if a knife is involved;
- It is also an offence to carry a knife in a public place without good reason.



## SECTION TWENTY-THREE: Missing from Care & Missing from Home

Colleagues are expected to be aware that responding purposefully and effectively to service users who are missing from care or home (or likely to go missing from care or home) is critical. Missing from care policies should provide clear guidance and direction for colleagues in order to ensure that action taken is timely, informed and effective.

Children are at particular risk, but this doesn't mean that adults with learning difficulties or a lack of mental capacity should not be considered at significant risk of harm.

The DfE Statutory Guidance on *Children Who Run Away or Go Missing from Home or Care* 2014 report provides a positive framework for staff when responding to children who go missing from care. This policy is based upon National protocol embedded into the above statutory guidance.

### *Going missing is a dangerous activity.*

A child who goes missing just once faces the same immediate risks faced by a child who regularly goes missing.

### *Why Children go Missing*

There are no exact figures for the number of children and young people who go missing or run away, but estimates suggest that the figure is in the region of 100,000 per year. Children and young people may run away from a problem, such as abuse or neglect at home, or to go somewhere they want to be. Additionally, they may have been coerced to run away by someone else. Whatever the reason, it is thought that c.25% of children that go missing are at risk of serious harm.

There are specific concerns about the links between children and young people running away and the risks of sexual exploitation. Missing children and young people are also vulnerable to other forms of exploitation, violence and criminality.

### *Immediate Risks*

The factors below offer a summary of issues, but this is by no means exhaustive:

- No means of support or legitimate income – leading to high-risk activities;
- Child Criminal Exploitation (County Lines, for example) and Sexual Abuse/Sexual Exploitation;
- Serious physical abuse and sexual abuse (i.e., rape, assault and exploitation);
- Alcohol and substance misuse;
- Serious deterioration of physical and mental health;
- Missing out on training and education, thereby impacting upon “life chances”;
- Increased vulnerability and social isolation.

## Long-Term Risks

- Long-term drug and/or alcohol dependency;
- Criminality;
- Homelessness and profound social disadvantage;
- Criminal and sexual exploitation; and
- Poor physical health and profound mental health difficulties.

## Definitions

Colleagues should be aware that there are definitions of ‘missing’ and ‘absent’ in relation to children, young people and adults reported as missing to the police. These are:

- **Missing:**  
Anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another.
- **Absent:**  
If a service user’s whereabouts is known or thought to be known, but unconfirmed, they are not missing. In this case the service user is absent.

## SECTION TWENTY-FOUR: Physical Contact

*Service users, regardless of the nature of the support or care received, must live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access the services to meet their health needs.*

Tristone expect that all businesses within the community will seek to ensure that colleagues:

- Remain mindful of the need to maintain appropriate boundaries in relation to any physical contact with service users;
- Respect service user’s personal space and do not ‘invade’ this without good cause;
- Speak up if they have any concerns about any physical contact with a service user;
- Avoid being “over familiar” with service users;
- Ensure that all service users know how to complain and who to complain to;
- Encourage and empower service users to understand their rights and speak to a trusted adult if they have any worries or concerns about the behaviour of a colleague.

## SECTION TWENTY-FIVE: Physical Intervention

### Non-Restrictive Physical Interventions

Non-restrictive physical interventions should not be used as a matter of routine, but only if absolutely necessary to the situation, in order to safeguard service users. Holding should involve no more than a hand placed on an arm or shoulder or leading a service user by one or both hands and/or the flat of one hand placed against a service user's back (in order to guide him/her to some other place or activity). An example of holding would be to avoid external danger (i.e., holding a service user's hand whilst crossing the road if consistent with presenting needs).

### Restrictive Physical Interventions (Restraint)

Restrictive physical intervention is the application of restricted force. The intention must be with specific regard to protecting a service user from harming him/herself or others, or seriously damaging property. Colleagues are only permitted to use restrictive physical intervention (restraint) as a last resort and to prevent the service user from seriously hurting themselves or others.

Restrictive physical interventions should only happen in regulated settings and they must be fully recorded, taking account of the service users views and feelings about what has happened. The reporting of restraints must be signed-off by a manager and any concerns must be raised without delay.

Each Tristone Community business must have clear, mandatory policies and procedures in place to ensure that events or incidents requiring physical restraint are safely, fairly and proportionately administered. All colleagues undertaking a restrictive physical restraint must receive relevant, high-quality training and participate in regular refresher training. Any concerns around the conduct of any colleague around the use of restraint will be fully investigated. All allegations or disclosures will be taken extremely seriously.

## SECTION TWENTY-SIX: Physical Intervention (Service Users in Distress)

*There may be occasions when a distressed service user needs comfort and reassurance. This may involve physical contact.*

Colleagues should use informed judgement to comfort or reassure the service user in a way that is appropriate (i.e., not sexual or “over-familiar”) and genuinely caring.



## SECTION TWENTY-SEVEN: Professional Judgement

*There may be occasions and circumstances in which adults will need to make decisions in the best interests of the child or young person, where no guidance exists.*

Individuals are expected to make judgements about presenting behaviour to secure the best interests and welfare of the child or young people in their care. Such judgements should always be recorded.

## SECTION TWENTY-EIGHT: Public Confidence & High Standards

*All colleagues, whether employed by Tristone or through our community, have a responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of service users.*

It is expected that colleagues will adopt high standards of personal conduct to maintain the confidence and the respect of service users and their colleagues or the public in general. There may be times, for example, when a colleague's behaviour or actions in their personal life come under scrutiny from local communities, the media or public authorities. This could be because their behaviour is considered to compromise their position in their workplace or indicate an unsuitability to work with vulnerable people. Misuse of drugs, alcohol or acts of violence are examples of such behaviour.

Colleagues should therefore understand and be aware that safe practice also involves using judgement and integrity about behaviours in places other than the work setting. The behaviour of a colleague's partner or other family members may raise similar concerns and require careful consideration as to whether there may be a potential risk to service users.

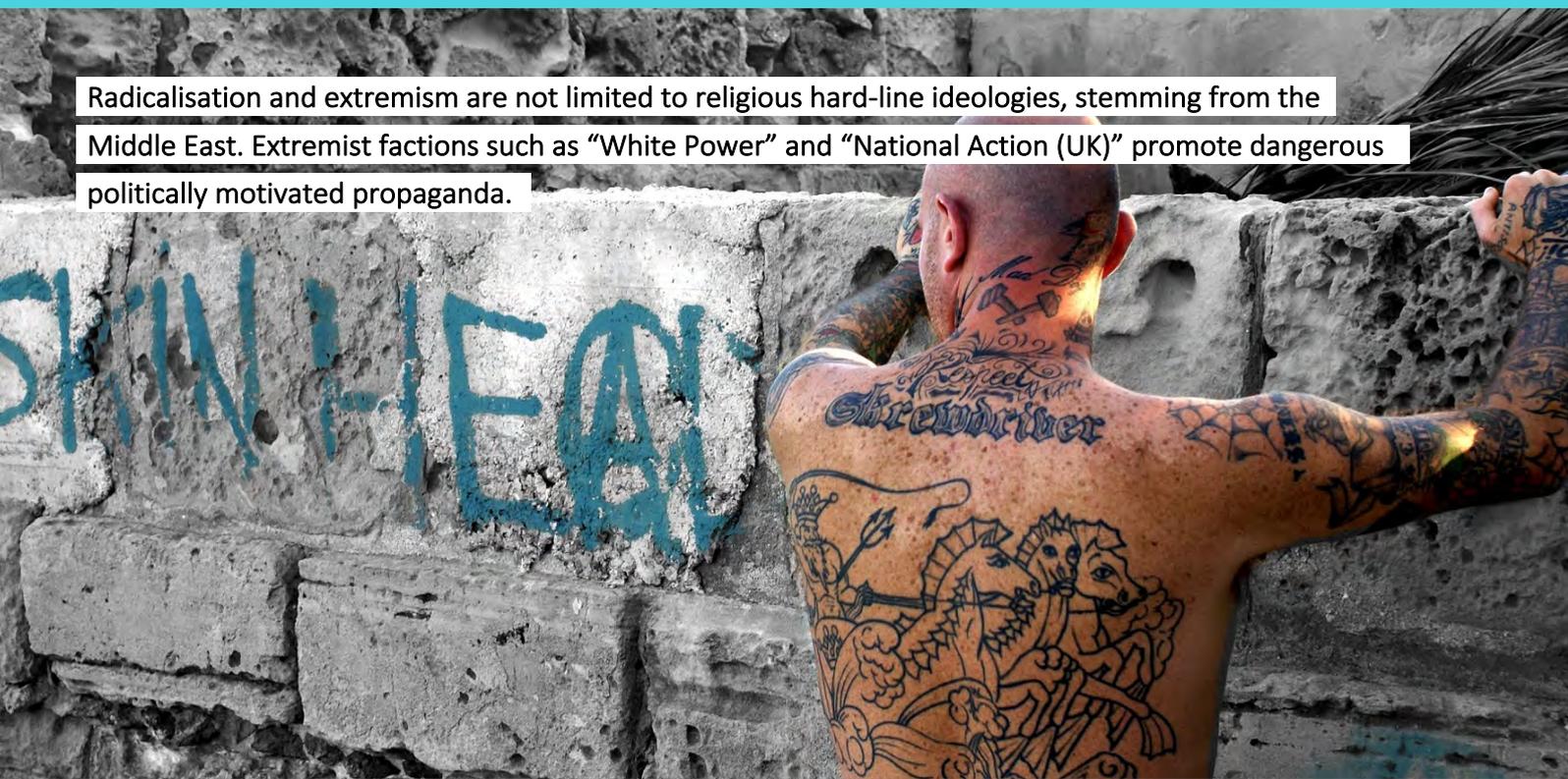
## SECTION TWENTY-NINE: Radicalisation & Extremist Ideologies

Protecting service users from the risk of radicalisation and extremist ideology should be part of our wider safeguarding duties. During the process of radicalisation, it is possible to intervene to prevent vulnerable people from being radicalised.

### **Radicalisation & Extremism: Preventing Radicalisation & Channel**

Channel is a programme that focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Channel provides a mechanism for agencies to make referrals if they are concerned that an individual might be vulnerable to radicalisation.

Radicalisation and extremism are not limited to religious hard-line ideologies, stemming from the Middle East. Extremist factions such as “White Power” and “National Action (UK)” promote dangerous politically motivated propaganda.



### SECTION THIRTY: Safe Recruitment

All potential colleagues must be thoroughly assessed for their suitability to work with or for children, young people and adults. The conditions of employment are consistent with those prescribed by Keeping Children Safe in Education.

#### *We are committed to:*

- Ensuring the safeguarding of service users remains paramount;
- Zero tolerance of any inappropriate behaviour towards service users by colleagues;
- A belief that prevention is essential in safeguarding vulnerable people and promoting their welfare.

All community businesses are expected to ensure the following conditions are applied to recruitment, as applicable to the relevant sector or service user groups:

- All prospective colleagues complete an application form that asks for details of their current/previous employment and for the names of three referees;
- All prospective colleagues are subject to an enhanced Disclosure and Barring Service (DBS) check, which includes barred list information before they start employment;
- All qualification certificates relevant to the post are validated and verified before commencing employment/volunteering;
- All registrations for qualified social work staff with the Health & Care Professions Council (HCPC) are verified;

(Continued over)

- All offers of employment are conditional on receipt of appropriate DBS and references. Their employment does not commence until these have been received by the relevant potential employer;
- DBS Checks are renewed. Tristone advise that community businesses subscribe to the DBS update service, which is kept up-to-date and enables checks of the workers status to be carried out as and when required, without applying for a new certificate;
- All prospective colleagues take part in a formal interview process;
- All posts are subject to an agreed probationary or supported introduction period that includes familiarisation of policies and procedures;
- All colleagues receive regular formal supervision from their line manager;
- All colleagues attend relevant training within their probationary period;
- All colleagues are aware of the need to be alert to the signs of abuse and know what to do with their concerns;
- All colleagues are given appropriate support and on-going training.

## *Enhanced Disclosure and Barring Service (DBS) Checks*

Tristone community businesses are expected to ensure that all colleagues, as well as young people aged 18 and over in foster care households, are subject to an Enhanced DBS Check. The purpose is to support a decision about a person's suitability to work with vulnerable groups.

## *All stakeholders over the age of 18 will be subject to an enhanced DBS Check*

For each colleague or any other relevant stakeholder (e.g., a post-18 in a fostering household), Tristone recommend that community keep a register of:

- The date the check was carried out and the DBS certificate number;
- The name of the person who checked the original certificate;
- Whether there was any information or concerns arising from the check that required further attention before it decided to appoint the individual;
- The name of the person who carried out the update check, if the individual is registered with the DBS update service;
- If there were concerns once a person was appointed, the means to re-check a person's suitability to continue to work with children, young people or adults (e.g., Positive Trace Interview for example);
- What actions you take if a person changes their role after they have been appointed;
- The actions you have taken in order to protect children from contact with unsuitable persons. This may include referral to the DBS or other relevant authorities.

## SECTION THIRTY-ONE: Self-Harm

*Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress.*

Research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including those with special educational needs.

### Risk factors:

#### Individual Factors:

- Depression/anxiety
- Poor communication skills
- Poor problem-solving skills
- Hopelessness and low self-esteem
- Impulsivity
- Drug or alcohol abuse

#### (Pervasive) Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

#### Social Factors

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers

### Risk Indicators

- Changes in eating / sleeping habits (e.g., child may appear overly tired if not sleeping well);
- Increased isolation from friends or family, becoming socially withdrawn;
- Changes in activity and mood e.g. more aggressive or introverted than usual;
- Lowering of academic achievement;
- Talking or joking about self-harm or suicide;
- Abusing drugs or alcohol;
- Expressing feelings of failure, uselessness or loss of hope;
- Changes in clothing and appearance.

## SECTION THIRTY-TWO: Sexual Violence & Sexual Harassment

*Sexual violence and sexual harassment can happen to anyone and it is not limited to adults. It can occur between two people of any age and sex. It can also occur through a group of people sexually assaulting or sexually harassing a single person or group people.*

Sexual violence and sexual harassment are never acceptable. Sexual violence and sexual harassment may overlap and can occur online and offline (both physical and verbal). It is important that all victims are taken seriously and offered appropriate support.

Evidence shows children, young people and vulnerable adults with SEND and LGBT are at greater risk.

### *What is Sexual violence and sexual harassment?*

#### *Sexual Violence*

It is important that colleagues are aware of sexual violence and the fact that service users can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003 as described below:

- **Rape:**

A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

- **Assault by Penetration:**

A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

- **Sexual Assault:**

A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

### **What is consent?**

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one type of sexual activity, but not another (e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom). Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

### **Sexual Harassment**

Sexual harassment is clarified as 'unwanted conduct of a sexual nature' that can occur online and offline.

#### **Sexual harassment is likely to:**

- Violate a service user's dignity;
- Make them feel intimidated, degraded or humiliated;
- Anxious, frightened and withdrawn; and
- Create a hostile, offensive or sexualised environment.

#### **Whilst not intended to be an exhaustive list, sexual harassment can include:**

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- Sexual "jokes" or taunting;
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (colleagues should consider when any of this cross a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

## SECTION THIRTY-THREE: Violence Against Women & Girls (VAWG)

Violence Against Women and Girls (VAWG) is a term that can be applied to numerous areas of concern, covering a multiplicity of issues relating to safeguarding children, young people and vulnerable adults. Some relate directly to Specific Safeguarding Issues (SSIs), such as CSE and FGM, whilst others are linked to abusive behaviours that encompass a range of concerns, such as harassment, emotional abuse and relationship abuse.

The HM Government (HMG) Strategy, 'Ending Violence Against Women and Girls 2016 – 2020' is clear that VAWG is both a cause and consequence of gender inequality. This refers to the need to challenge the "deep-rooted social norms, attitudes and behaviours that discriminate against and limit women and girls across all communities."

Whilst there are some predictive factors that can be linked with a higher risk of becoming a victim or a perpetrator of VAWG, it occurs across all socio-economic boundaries and cultural spectrums. VAWG can involve/be linked to:

- Domestic abuse;
- Stalking and harassment;
- Rape and other sexual offences;
- So-called 'honour-based' violence, forced marriage and Female Genital Mutilation (FGM);
- Child abuse;
- Human trafficking and modern slavery;
- Sexual exploitation; and
- Pornography and obscenity.

The above list is not exhaustive.

## SECTION THIRTY-FOUR: Whistleblowing

Colleagues will, in properly carrying out their duties, have access to, or encounter information of a confidential nature. Their terms and conditions provide that except in the proper performance of their duties, employees are forbidden from disclosing or making use of in any form whatsoever such confidential information. However, the law allows employees to make a 'protected disclosure' of certain information.

In order to be 'protected' a disclosure must relate to a specific subject matter (listed below) and be made in an appropriate way. The disclosure must also be made in good faith and in the public interest.



*Colleagues are often the first to realise that there may be something seriously wrong.*

Tristone and Tristone community businesses expect that any colleague who has serious concerns about any aspect of care or support must come forward and voice those concerns.

- We are clear that colleagues can and should voice concerns without fear of victimisation, subsequent discrimination or disadvantage. Whistleblowing is intended to encourage and enable colleagues to raise serious concerns rather than overlooking a problem;
- This applies to all colleagues and applies equally to those designated as casual, temporary, agency, authorised volunteers or work experience, as well as those contractors working for the company or on company premises (for example: agency staff, builders, drivers, etc.). It also covers suppliers and those providing services under a contract with the business in their own premises.

*Businesses should seek to ensure that colleagues are:*

- Encouraged to feel confident in raising serious concerns and to question and act upon concerns about practice, particularly if it relates to a welfare or safeguarding concern;
- Provided with a response to any concerns and the means to pursue them;
- Reassured that they will be protected from possible reprisals or victimisation if any disclosure was made in good faith and supported to feel safe.

## Appendix One: *Key Legislation and Guidance*

- Care Act 2014;
- Caring for Young People and the Vulnerable
- Childcare Act 2006
- Children (Leaving Care) Act 2000 Regulations and Guidance (Department of Health, 2000)
- Children (Leaving Care) Act 2000;
- Children and Families Act 2014;
- Children and Social Work Act 2017
- Common Law Duty of Care
- Counter-Terrorism and Security Act 2015
- County Lines Gang Violence, Exploitation & Drug Supply 2016
- Criminal Exploitation of Children and Vulnerable Adults- County Lines Guidance (2017)
- Equality Act 2010
- Keep on Caring (Supporting Young People from Care to Independence) (DfE, July 2016);
- Keeping Children Safe in Education (2020)
- Mental Capacity Act 2005
- Police Act 1997
- Police Reform and Social Responsibility Act 2011
- Preventing and Tackling Bullying (July 2017)
- Protection of Freedoms Act 2012
- Putting Children First (Delivering Our Vision for Excellent Children’s Social Care) (DfE, July 2016);
- Safeguarding Vulnerable Groups Act 2006
- The Children Act 1989
- The Police Act 1997 (Criminal Records) (No 2) Regulations 2009, as amended
- The Police Act 1997 (Criminal Records) Regulations 2002, as amended
- The Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975
- The report of Her Majesty’s Chief Inspector of Education, Children’s Services and Skills (Ofsted, 2016).
- The Sexual Act 2003
- What to do if you’re worried a child is being abused (2015)
- Working Together to Safeguard Children (July 2018)

The above list is not exhaustive

## Appendix Two: Abuse or Safeguarding Issues

<i>Recommended Guidance or Advice</i>	<i>Source</i>
<b>Abuse</b>	
What to do if You're Worried a Child is Being Abused	DfE Advice (2015)
Domestic Violence and Abuse	Home Office (2013/18)
Faith-Based Abuse: National Action Plan	DfE Advice (2012)
Relationship Abuse: Disrespect Nobody	Home Office (website)
<b>Bullying</b>	
Preventing and Tackling Bullying & Advice for Parents & Carers on Cyberbullying	DfE Advice (2017)
Children and the Courts (12 to 17-year-old witnesses in criminal courts)	HM Courts (2017)
<b>Missing Children</b>	
Children Missing Education	DfE (2016)
Children Missing from Home or Care	DfE (2014)
Children and Adults Missing Strategy	Home Office (2011)
<b>Children with Family Members in Prison</b>	
Children of Offenders	NICCO (website)
<b>Child Exploitation</b>	
County Lines	Home Office (2018)
Child Sexual Exploitation (CSE): Guide for Practitioners	DfE (2018)
Trafficking: Safeguarding Children (2017)	DfE & Home Office
<b>Drugs (Substance Misuse)</b>	
Drugs Strategy 2017	Home Office (2017)
Information and Advice on Drugs	Frank (website)
Drug and Alcohol Platform for Sharing Information and Resources	Mentor UK (website)
Drugs Advice for Schools	DfE & ACPO (2012)
<b>[So-Called] Honour-Based Violence</b>	
Female Genital Mutilation: Information and Guidance	Home Office (2013)
Female Genital Mutilation: Multi-Agency Statutory Guidance	Home Office (2016)
Forced Marriage: Information and Practice Guidelines	Home Office (2018)

## Recommended Guidance or Advice

## Source

### Health and Wellbeing

Fabricated Illness: Safeguarding children	DfE & DH (2008)
Resources on Health, Wellbeing and Resilience	PHE (website)
Medical Conditions	DfE (2017)
Mental Health and Behaviour	DfE (2016)

### Homelessness

Homelessness Guidance for Local Authorities	HCLG (2018)
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### Online

Sexting: Responding to Incidents	UKCCIS (2018)
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### Private Fostering

Private Fostering: Local Authorities	DfE (2005)
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### Radicalisation

Prevent Duty Guidance	Home Office (2015)
Prevent Duty Advice for Schools	DfE (2015)
Educate Against Hate Website	DfE & Home Office

### Violence

Gangs and Youth Violence	Home Office (2013)
Ending Violence Against Women & Girls: 2016 – 2020 Strategy	Home Office (2016)
Violence Against Women & Girls: National Expectations Statement	Home Office (2016)
Sexual Violence and Harassment in Schools and Colleges	DfE (2018)
Serious Violence Strategy	Home Office (2018)

