



Policy Number: OSA07

Safeguarding Young People Policy

QUALITY STANDARDS

Legislation	Details
Regulation 5: The Protection Standard	The Registered Manage should build a strong safeguarding culture across the supported accommodation where young people are listened to, respected and involved in the development of the supported accommodation and the decisions about the setting. Staff should have the knowledge and skills to recognise and be alert of any signs that might indicate a young person is in any way at risk of harm and should know what to do when they have concerns.
Regulation 6: The Accommodation Standard	Any supported accommodation using CCTV or other monitoring equipment in a setting must only do so in communal areas and this must only be to support the safeguarding, protection and wellbeing of young people.
Regulation 7: The Support Standard	Staff should take every step to make sure that individual young people are not subject to discrimination, marginalisation or bullying from their peers by virtue of their age, religion or belief, race disability, ethnicity, cultural and linguistic background, nationality, sex, gender reassignment, gender identity, sexual orientation, marriage or civil partnership, pregnancy and maternity, mental or physical health or for any reason.



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This policy should be read in conjunction with our:

- ✓ Complaints Policy
- ✓ Confidentiality Policy
- ✓ Missing Young Person Policy
- ✓ Notification of Serious Events Policy
- ✓ Recruitment Policy
- ✓ Whistleblowing Policy
- ✓ Prevent Policy
- ✓ E-Safety Policy
- ✓ Illicit Substance and Substances Abuse
- ✓ Abuse and Violence by Young People
- ✓ Force Marriage
- ✓ Room Search Policy
- ✓ Sexual Abuse in the Family Environment
- ✓ Missing Items and Suspected Theft Policy



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INTRODUCTION

Orchard Therapeutic Care Ltd (OTC) is committed to safeguarding young people, ensuring their welfare, safety, and health. This policy outlines procedures for safeguarding within OTC's Young People's Supported Accommodation. All staff must adhere to these policies to support a safe environment for young people.

The policy aims to promote young people's well-being by:

- Protecting them from maltreatment.
- Preventing impairment of health or development.
- Providing safe and supportive environments that enable them to fulfil their potential and transition successfully into adulthood.
- Taking action to ensure the best outcomes for all young people.



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MAIN ELEMENTS TO THE SAFEGUARDING POLICY

Core Safeguarding Elements

Prevention: Safeguarding is embedded in all work, fostering a safe, positive environment for young people. Staff are trained in safeguarding legislation and procedures.

Protection: Staff are equipped to respond promptly and effectively to safeguarding concerns and know the appropriate contacts.

Support: Support is provided to young people who have experienced abuse, as well as to staff managing safeguarding issues. OTC works collaboratively with parents to ensure clear communication and actions.

Safe Recruitment: OTC adheres to Safer Recruitment guidelines to ensure a skilled, trustworthy workforce.

Safeguarding Principles

The following general principles guide us in safeguarding young people:

- Everyone has the right to live free from abuse and neglect.
- Everyone has the right to be treated as an individual.
- Everyone has the right to be treated with respect and dignity, with a right to privacy.
- Everyone should have choice and control over their lives, with as much independence as is possible, and will help people maintain confidence and positive self-esteem.
- We will not tolerate abuse to anyone.
- We will help young people safeguard themselves from abuse and neglect.



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- We will keep the interests of young people at the centre of any safeguarding activity.
- Where we can, we will keep the wishes of our young people at the centre of any safeguarding activity.
- We will make sure our young people are aware of this policy.
- Everyone has a responsibility to prevent, recognise and act on abuse and neglect.
- We will promote an organisational culture of openness, so that staff and others (including young people), volunteers, etc. can raise their concerns, and know that they will be listened to, without worrying that something bad will happen as a result.

Recognition of Abuse in Young People

Young people in OTC may face challenges, making it difficult for them to communicate abuse. Staff must remain vigilant and trained to identify physical, sexual, emotional abuse, and neglect. Abuse, particularly sexual abuse, is complex and often involves grooming, manipulation, and guilt-inducing behaviours by perpetrators.

Abuse can occur in various settings, such as schools, supported accommodation, or the community. Early intervention is crucial to prevent minor abuse from escalating into severe harm. Any concerns should be promptly reported to the Designated Safeguarding Lead (DSL) or on-call Registered Manager.



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SAFEGUARDING TRAINING

All OTC staff receive safeguarding training during induction, including a full-day course and online modules, followed by annual refreshers. Staff are trained to recognise abuse indicators and respond appropriately.

Principles of Safeguarding

OTC is committed to protecting young people from all forms of abuse, including:

- Physical violence
- Sexual harassment
- Emotional and psychological harm
- Financial exploitation
- Racial and sectarian abuse
- Institutional neglect

Recognising Abuse

Indicators of abuse may include:

- Physical signs such as bruising, bite marks, or hand-slap marks.
- Poor hygiene, inappropriate clothing, or lack of medical care.
- Fear of certain adults, self-harm, substance abuse, or aggressive behaviour.

Staff must consider patterns of behaviour or cumulative indicators that suggest abuse, even if individual incidents appear minor.



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Responsibilities of Staff

All staff have a duty to safeguard young people, prioritising their welfare above all else. This includes:

- Recognising potential signs of abuse.
- Supporting and listening to young people.
- Reporting concerns to the appropriate authority.

Local authorities have a statutory duty to protect young people, and OTC works closely with them to ensure their safety and well-being. Young people should be encouraged to understand and report abuse, with access to private resources and helplines for support.

Reporting Procedures

Staff must act in line with OTC policies when handling abuse allegations. The focus should be on:

- Providing reassurance and support to the young person.
- Ensuring concerns are reported immediately to the appropriate authority.
- Informing the young person and their family about the complaints procedure where appropriate.

Note

Seemingly trivial injuries should not be ignored. Abuse can and does sometimes escalate against a young person if it goes unchecked. All injuries should be noted and collated in the young person/people's records.

Most falls or accidents produce one bruise on a single surface - usually on a bony area. A young person who falls downstairs generally has only one or two bruises. Young people usually fall forwards and



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therefore, bruising is most often found on the front of the body. In addition, there may be marks on their hands if they have tried to break their fall.

Bruising may be difficult to see on young person who is black. Mongolian blue spots are natural pigmentation on the skin which may be mistaken for bruising. These purplish-blue skin markings are most commonly found on the backs of young people.

For the purposes of this policy, abuse will be classified into the following categories:

- physical injury
- sexual abuse
- emotional abuse
- neglect

Physical Injury

Signs and symptoms will include:

- scratches/cuts/bite marks/pinch marks inconsistent with normal play activities
- burns/scalds inconsistent with explanations offered
- bruises in body areas that are not usually harmed through normal play activities
- bruises indicative of slaps, punches, being squeezed or violently shaken
- bruises suggesting the use of straps or sticks
- nervous/fearful watchfulness; fear of physical contact by adults
- unexplained fractures

Sexual Abuse

Sexual abuse involves forcing or enticing a young person to take part in sexual activities whether or not the young person is aware of what is happening.



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The activities may involve physical contact including penetrative or non-penetrative activities.

Signs and symptoms will include:

- scratching/soreness/unexplained rashes in the genital areas
- stained/bloodstained underclothes
- bruises on inner thighs and buttocks
- discomfort when sitting or walking
- constant wetting or soiling of clothing
- the suggestion of undue sexual awareness through play, drawings or the use of inappropriate words

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a young person, which may affect their development. This may involve conveying to a young person that they are unloved, worthless, and inadequate or are only valuable as far as they meet the needs of the other person.

Signs and symptoms will include:

- undue aggression or withdrawal
- constant wetting or soiling of clothing
- poor language development/speech disorders such as stammering or stuttering
- inability to relate to adults and other young people
- telling lies
- tantrums beyond the age where they would be expected as normal development

Neglect

Signs and symptoms will include:



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- inappropriate or inadequate clothing
- poor standards of personal hygiene/unwashed, dirty clothing
- constant hunger
- underweight for their age/emaciation
- constant tiredness/listlessness □
- untreated medical conditions.

Unknown body marks

We understand that small marks, grazes, and bruises are a part of normal life, and these will occur in more Young Persons' time with us. When a mark, bruise, or physical change occurs without an apparent reason, a body map form must be completed and a report must be made to the Designated Safeguarding Lead (DSL).

The staff team still need to be vigilant of this and be able to monitor, log and report to the DSL, who will then assess the situation and assign a staff member to investigate. Clear, concise recording in the daily log for the Young Person must take place without delay and a body map and the incident report handed to the DSL.

The Designated Safeguarding Leads (DSL) for OTC are:

- **Renata Czechowicz**
- In the absence of DSL Director, **Ludivine Parmentier** as a DSL, can be contacted.

Parental behaviours associated with Emotional Abuse

The following may identify parental behaviours which, if persistent, may be emotionally abusive. What is inappropriate will often depend on the young person's developmental stage:

- A persistently negative view of the young person, particularly as inherently bad, often combined with "deserved" harsh punishment



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- Inconsistent and unpredictable responses, particularly where there is threat to or rejection of the young person
- Expectations which are inappropriate for the developmental stage of the young person, either too high or too low, overprotective or under protective;
- A lack of emotional availability or responsiveness to the young person
- No respect for personal boundaries of the young person; not seeing them as an individual.
- Promoting mis-socialisation or poor social adaptation
- Contradictory, confusing or misleading messages in communicating with the young person which seriously distort reality for the young person or promote confusion.
- Serious physical or psychiatric illness of a parent, including periods of hospitalisation.
- Induction of a young person into bizarre parental beliefs
- Breakdown in parental relationship with chronic, bitter conflict over contact or residence (this would also include situations where there is domestic violence)
- Major emotional rejection of the young person and parental inability to perceive his/her needs with any objectivity
- Major and repeated familial change, e.g. separations, reconstitution of families
- Parental drug and/or alcohol misuse
- Entrenched offending behaviour which may be criminal, and which might also lead to a term of imprisonment.

Behavioural signs in young people

Behaviour in a young person which may indicate emotional abuse includes:

- Very low self-esteem, often with an inability to accept praise or to trust
- Lack of any sense of fun, over-serious or apathetic
- Excessive clingy or attention seeking behaviour
- Over-anxiety, either watchful and constantly checking or over-anxious to please
- Developmental delay, especially in speech



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- Substantial failure to reach potential in learning, linked with lack of confidence, poor concentration and lack of pride in achievement
- Self-harming; compulsive rituals; stereotypical repetitive behaviour
- Unusual pattern of response to others showing emotions

Identifying Abusers

OTC accepts that abuse can be committed by a range of possible people. It, therefore, accepts its responsibility to protect the people who live in the supported accommodation from possible abuse from all sources, which include:

the staff and management

visiting health and social care practitioners and other official visitors

young person's friends and relatives

people who have contact with young people while they are temporarily outside the premises

other young people.

Immediate Actions to be Taken by Staff when young person Discloses Abuse or Neglect

Staff members **should:**

- Stay calm
- Listen patiently
- Reassure the young person they are doing the right thing by telling you
- Explain what you are going to do
- Report to the DSL
- Write a factual account of what you have seen or happened, immediately.

Staff members **should not:**



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- Appear shocked, horrified, disgusted or angry
- Make comments or judgments other than to show concern
- Press the young person for details (unless requested to do so)
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence.

RECEIVING CONCERNS IN RELATION TO ABUSE OR HARM

Direct protocol and practices to follow

When a staff member becomes aware of any information suggesting a young person is suffering or at risk of significant harm, they must report it immediately.

Responding to Disclosures

If a young person discloses abuse:

- Stay calm, receptive, and supportive.
- Listen without interrupting and ask only for clarification when needed.
- Acknowledge their courage in speaking out.
- Avoid making judgments or attempting to investigate.
- Investigations are the responsibility of the Police and the young person's Social Worker.

Reporting Procedures

- Discuss with the young person their wishes regarding steps to protect them.
- Treat all allegations seriously, including non-recent or historical disclosures.



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- Guarantee that appropriate action will be taken but do not promise absolute confidentiality.

Allegations Involving Staff

If the behaviour of a staff member, past or present, poses any risk to young people, follow the Allegations of Staff procedure and refer to the Local Authority Designated Officer (LADO).

Record Keeping

- Write a detailed account promptly, including what was said, questions asked, replies given, actions taken, and by whom.
- Submit the report to the Designated Safeguarding Lead (DSL).
- Records should be stored on the young person's file unless it involves a colleague or poses a risk, in which case, they should be given to the appropriate handler.

Confidentiality and Discussion

Do not discuss the matter with anyone else, including other staff or parents, unless instructed by the responsible parties conducting the investigation.

Ensuring the safety and welfare of young people must always be the primary concern.

Action by the DSL

After receiving a report of a concern, suspicion or allegation of abuse or harm, the DSL must firstly take any steps needed to protect any young person from risk of immediate harm.



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The DSL should ensure the following people are notified:

- Registered Manager
- Young people's Social Worker/The Placing Authority in the area where the supported accommodation is located
- If the suspicion/allegation relates to a member of staff/professional, the DSL should ensure the Local Authority Designated Officer (LADO) Team of Designated Officers is notified
- If a Young person Protection Enquiry is initiated,
- the Regulatory Authority/ Ofsted

The procedures that will be followed will depend on the decisions made by young people's social worker. It is also likely that the Regulatory Authority will be involved in decision making.

The supported accommodation's DSL will co-operate with the decisions/actions taken by them.

Following receipt of the referral, if young people's social worker has concerns that a young person has suffered or is likely to suffer significant harm a strategy discussion/meeting will be convened, to decide whether to initiate a young person protection enquiry, and, if so, to agree the following with the DSL:

- Who should inform the young person's parent(s)
- Arrangements for any medical examination of the young person
- Any immediate arrangements for protection of the young person/young people, including whether the young person should be moved to another Supported Accommodation
- Whether it is necessary to inform staff within the supported accommodation and if so who will do it
- Whether any implicated staff should be suspended or moved
- Who should inform/update the person making the initial allegation of the steps/actions taken?



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The DSL should ensure that the young person is supported during any enquiries/investigation, this may require an independent advocate or independent person to be involved. The DSL should also ensure that all staff cooperate fully.

Allegations made against Young People

Abuse and harm can be perpetrated upon one young person by another in many ways, including persistent or serious bullying, sexual exploitation, aggressive, exploitative or other threatening behaviour which places a young person at risk.

Where there is any suspicion or allegation of abuse or harm perpetrated by one young person upon another, the procedures set out for bullying should be followed.

Protecting the rights of both victim and alleged perpetrator is important. It may be necessary, dependent on an assessment of all the facts; to separate the alleged perpetrator and victim but it may not be possible to explain why this is necessary to the perpetrator.

Throughout the process thereafter it will be necessary to ensure that young people with allegations made against them are properly supported, by an independent person if appropriate or required, as well as their social worker and parent(s).

Once the investigation is complete, consideration will then need to be given to the needs and interests of both alleged victim and perpetrator, and whether counselling and/or other support should be given.

Young people who are known to have sexually abused other young people should not be placed together unless a risk assessment has been undertaken by someone specially qualified to do so. Impact risk assessments are undertaken before a young person is placed and this reduces the risk of young people being placed inappropriately.



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Recording of Young person Protection Concerns

It is impossible to say, at the time of making a young person protection note, who will eventually have access to it, or when. It may be consulted months or even years after it was written. Always bear in mind that someone who is a stranger to you and OTC may need to read your record at some stage in the future. (A court may release the papers to the parent).

Handwritten logs of incidents, disclosures and notes should be clearly legible and written in black ink. All notes and reports must contain the following:

- Name and date of birth of the young person concerned
- Date and time of the record being made
- Printed name & signature of person making the record
- Job title of person making the record
- A factual account of what happened, and the location where the incident took place (include the actual words spoken by the young person here if possible)
- A note of any other people involved e.g. as witnesses
- Any other agencies informed?

Report any concerns to RM or, if not available, to Director. Inform the social worker as soon as practicably possible and do not attempt to investigate anything yourself.

Allegations of Abuse by an External Party

If a staff member learns of or has concerns about abuse involving someone not affiliated with the supported accommodation:

- Report the matter to the DSL and local authority immediately.
- Notify the placing authority if it differs from the local authority.
- Record all relevant information and follow the correct reporting procedures promptly.



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Support for Those Reporting Abuse

- Reassure anyone reporting abuse that they will be taken seriously and treated sensitively.
- Explain that confidentiality cannot be guaranteed but that their concerns will be handled appropriately.
- Ensure young people are protected from reprisals or intimidation.
- Staff making disclosures will be supported and protected under the Public Interest Disclosure Act 1998.

All documentation will adhere to the Caldicott Principles and relevant data protection policies.

Immediate Danger

If a young person is in immediate danger:

1. Act to prevent harm using appropriate judgment—either intervene directly or seek immediate assistance.
2. Contact emergency services by dialling 999.
3. Inform RM unless they are unavailable or implicated; in such cases, notify OTC's Director or HR.
4. For non-emergencies involving potential crimes, call the Police on 101.

Report all concerns to the DSL or the next senior staff member if the DSL is unavailable, following local safeguarding procedures.

Urgent Medical Attention

- Take the young person to A&E if urgent medical care is required due to suspected abuse.



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- Inform the DSL, local authority, and placing authority within one hour of the young person completing their disclosure.
- For suspected sexual abuse, delay the hospital examination until Police involvement, if possible.

A responsible adult must always accompany the young person if under 18. For those over 18, staff should still provide support, liaise with services, and record outcomes.

OTC will ensure the young person understands the situation and can arrange for an advocate to assist if necessary.

Death of a Young Person

In the event of the death of a Young Person, the following must be notified without delay.

- Directors and Registered Manager
- Next of kin and family
- Police
- Local authority
- Placing authority if different
- Health and Safety Executive
- Ofsted

Notifying Ofsted

Ofsted (CIECSS) should be notified of serious events:

- Death of a young person



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- Referral of a person working for the supported accommodation pursuant to section 35 of the Safeguarding Vulnerable Groups Act 2006
- Staff allegations
- Young people involved in Child Sexual Exploitation (CSE) or Child Criminal Exploitation (CCE)
- An incident requiring police involvement.
- Protection Enquiry involving a young person is instigated or concluded
- Any other incident relating to a young person which the registered Manager considers to be serious.

Ofsted's online form should be filled out and submitted 'without delay' within 24 hours of a serious event, and notifications of a young person's death should be reported immediately.

Ofsted's online form can be found on gov.uk or by following this link:

- https://www.gov.uk/guidance/report-a-serious-incident-in-a-supportedaccommodation-service?utm_medium=email&utm_campaign=govuknotifications-topic&utm_source=32974c2a-4dc5-434e-8441-01a1361668b2&utm_content=immediately#report-incident

The Role of the Designated Safeguarding Lead

The role of the DSL is to ensure that this policy is implemented throughout the supported accommodation:

- Carry out all necessary young person protection/safeguarding-related inquiries, procedures and investigations.
- Ensure secure and confidential record-keeping on safeguarding matters, that a "need to know" confidentiality policy is preserved on such matters and that all staff, volunteers,



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trainees and management committee members apply themselves fully to the Data Protection Act 2018 and General Data Protection Regulation (UK-GDPR).

- develop the systems and structures within which it is possible to deliver the best possible support for our young people.
- encourage culture and ethos for the supported accommodation that eliminates any sort of abuse.
- Liaise with Social Care and the Police in the relevant boroughs on young person protection/safeguarding matters, both formally and informally.
- Report allegations and suspicions of abuse to the appropriate authorities.
- Ensure there are adequate and appropriate induction and training for all staff, volunteers, trainees and management committee members on safeguarding matters.
- Ensure that all activities carried out by OTC satisfy safeguarding requirements with regard to personnel, practices and premises.
- Check and countersigns all incident reports made by staff making such reference to outside agencies as is appropriate.

Report on the implementation of safeguarding policies at all OTC management committee meetings.

The Designated Safeguarding Lead (DSL) at OTC is

- Registered Manager, **Renata Czechowicz** Renata@hitchcoxgroup.co.uk,
- Director / NI **Ludivine Parmentier** Ludivine@hitchcoxgroup.co.uk

If they are not available to be contacted, contact HR:

- **Jayne Andrews** Jayne@hitchcoxgroup.co.uk



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Reporting a Concern About the Registered Manager/DSL//Director

If the registered manager, DSL or Director is the subject of the concern, the report must be made directly to the LADO using the contact details outlined previously in this policy.

Referral Procedures

The decision to refer or not will be made by Registered Manager or Designated Safeguarding Lead.

When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Care, Young people's social care, Disclosure & Barring Supported accommodation (DBS)) the following will be taken into account:

- Known indicators of abuse
- Definitions of abuse
- Level of risk to the young person
- The seriousness of the abuse
- The effect of the abuse on the young person
- Level of risk to others
- The effect of the abuse on others
- Whether or not a criminal offence has been committed
- Whether or not other statutory obligations have been breached
- Reporting the abuse or neglect as soon as possible
- The ability of others (e.g. Police, Social Care) to make a positive contribution to the situation.



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Information Required During Referral

Information, if known, which will be required when you make a referral or report your concerns:

- Details of the alleged victim – name, address, age, gender, ethnic background including first languages, and details of any disability
- Details of GP and any known medication
- If appropriate, advise management on the environment or preferred/advised method when approaching the alleged victim or perpetrator
- Reasons for concerns, and therefore this referral
- Details of how these concerns came to light
- Details of the alleged perpetrator
- Details of abuse and information about suspicions
- Details of any other background information
- An impression of how serious the situation might be
- Any specific information relating to these concerns
- Details of any other professional involved
- Details of staff and any significant family members, neighbours, friends, etc
- Details of any arrangements, which have already been made for the protection of a vulnerable young person or of any immediate action that is taken
- Details of anyone else to whom this referral has also been made.
- Confirm in writing any information that is given verbally.



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External Contact Information

The first point of contact at OTC for safeguarding concerns should be the Designated Safeguarding Lead.

If there is an emergency where delay may result in serious harm to a vulnerable young person, or if the abuse may constitute a crime, contact the Police and other necessary emergency services.

Other agencies that can be contacted for support, and will be contacted by the DSL in certain situations, are:

- Local Safeguarding Boards
- Young people Social Care
- Registration bodies
- Emergency Social Care

The Local Safeguarding Young people Board can be contacted using the following details:

- Name: **OSCB**
- Main Telephone: 03450507666
- Out of hours: 0800 833 408
- Email: oscb@oxfordshire.gov.uk
- Website: www.oscb.org.uk

Emergency Duty Services:

Safeguarding Hub (MASH)

- Main Telephone: 03450507666
- Out of hours: 0800 833 408
- Email: mash-young peoples@oxfordshire.gov.uk



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- Website:

<https://www.oxfordshire.gov.uk/business/information-providers/multi>

<https://www.oxfordshire.gov.uk/business/information-providers/multi-agency-safeguarding-hub>

Nationwide emergency services telephone: 999

Key Safeguarding Areas

In the area surrounding Wantage key safeguarding concerns have been identified through comprehensive risk assessments and available statistics. These concerns primarily focus on the safety and well-being of young people in our care. Here are the primary issues and our approaches to managing them:

Key Safeguarding Concerns:

1. **Substance Misuse:** The local area has reported incidents of substance misuse among youth. We will address this by providing education, support, and access to substance misuse programmes.
2. **Mental Health Issues:** There is a noticeable prevalence of mental health challenges among young people. We will offer in-house mental health support and work closely with external mental health services to provide comprehensive care.
3. **Anti-Social Behaviour and Offending:** Instances of anti-social behaviour and youth offending are monitored. We will implement Positive Behaviour Support (PBS) and work with local authorities to mitigate these risks.
4. **Domestic Violence and Abuse:** There are reported cases of domestic violence impacting young people. We ensure robust safeguarding measures, we will provide safe spaces and collaborate with relevant agencies for support and intervention.



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5. **Education and Employment Support:** Young people in the area face challenges in maintaining education and employment. We will actively support their educational and vocational pursuits through tailored programmes and partnerships with local institutions.



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SELF-HARM AND SUICIDE

At OTC, the safety and welfare of young people are paramount. We acknowledge the heightened risks of self-harm and suicide within these groups due to trauma, low self-esteem, and mental health challenges.

In compliance with Regulation 20 of the Supported Accommodation (England) Regulations 2023, OTC maintains robust policies to safeguard young people.

These include:

- Addressing self-harm and suicide through clear protocols and professional support.
- Keeping accurate records of incidents to ensure effective responses and ongoing care.

Responding to Self-Harm or Suicide Risks

- Any young person expressing thoughts of self-harm or engaging in such behaviours must be taken seriously and supported immediately.
- Staff must promptly inform the Designated Safeguarding Lead (DSL) or Registered Manager (Ludivine Parmentier or Renata Czechowicz) upon becoming aware of any concerns. Immediate communication with the young person is essential to provide stability and support.

Staff Responsibilities

- Recognise warning signs and risks related to self-harm and suicidal behaviours.
- Offer personal, professional, and medical support tailored to high-risk and emergency situations to achieve the best possible outcomes.



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Key Definitions

According to the Mental Health Foundation:

- **"Self-harm"** generally refers to deliberate self-abuse or neglect without suicidal intent, resulting in non-fatal injury. (The word 'deliberate' here is used cautiously, recognising that whilst self-harm is voluntary behaviour, it is often difficult to control on a psychological level.)
- **"Suicide"** is deliberate self-harm with the intent to take one's life, resulting in death.
- A **"suicide attempt"** (or "attempted suicide") is deliberate self-harm with the intent to take one's life, resulting in non-fatal harm.

Self-harm includes a range of deliberate, often hidden behaviours. Many young people may struggle to express emotions in other ways and require a supportive, understanding response to help them explore their feelings and work towards healthier outcomes.

Self-harm and attempted suicide are significant events in a young person's life. Staff must record a summary of any self-harming incident in the young person's file. This information is essential for future matching and placement planning to ensure the young person's needs are fully understood and met.

Identifying Self-Harm and Suicide Risks

Risk factors for self-harm can cover a wide range of life events such as bereavement, bullying or harassment at school or online, past or present abuse or trauma, and mental health issues such as depression, anxiety, body dysmorphia and personality disorders.

Self-harm may manifest in a number of ways, for instance:

- Cutting with razor blades or other sharp objects
- Burning or scalding



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- Hair pulling (trichotillomania) or skin picking (dermatillomania)
- Self-poisoning (e.g. taking an overdose)
- Blunt force injury (e.g. hitting one's head or punching hard objects)
- Disordered eating (e.g. anorexia, bulimia, binge eating)
- Neglecting own emotional or physical needs
- Forcing oneself to physical extremes (e.g. overexercising, extreme temperatures)
- Staying in abusive relationships
- Reckless risk-taking behaviour
- Addictive behaviour/substance abuse

It is vital that staff can recognise the indicators of potential self-harm or suicide as early as possible, especially in young people with no prior history of self-harm. Spotting the signs and effectively processing and sharing information in the early stages greatly improves the chances of effective support and preventing serious incidents.

Warning signs that a young person may be concealing self-harm include:

- Unexplained or poorly explained cuts, bruises, or other injuries
- Covering up arms and legs even in warm weather
- Sharp/hazardous items, medicines, or food going missing (or being found in a young person's room)
- Sharp debris (e.g. ripped-up cans, broken mirrors) in bedrooms or bins
- Rapid unexplained weight changes
- Unexplained or poorly explained requests for plasters, bandages or other medical supplies
- Not attending routine medical appointments



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- Unexplained tiredness, apathy, secrecy, or isolation.

There are also specific warning signs that a person may be at risk or intending to commit suicide. These include:

- Preoccupation with death, dying, or morbid topics
- Self-destructive or risk-seeking behaviour with little regard for consequences
- Sudden unexplained changes in mood or demeanor, including becoming uncharacteristically cheerful, carefree or outgoing (especially if they were previously depressed, anxious or withdrawn)
- Unexpected changes in interests, activities or social life, including abandoning hobbies, projects or relationships with seemingly no reason
- Giving away or getting rid of money or belongings
- Suddenly reaching out to, visiting or writing messages to loved ones
- If you believe a young person may be planning to hurt or kill themselves, you must report your concerns immediately to the DSL and OTC management, reach out to the young person, and take all possible steps to mitigate the risk.

Risk Assessment

Where there are concerns about self-harm or suicidal behaviour, staff must conduct a risk assessment as early as possible, examining the young person's:

- Level of intent and planning
- Frequency of thoughts, urges and/or behaviors
- Known or possible mental health issues
- Evidence or disclosures of substance misuse
- Family and peer history of self-harm or suicide



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- Distorted or maladaptive thoughts or behaviours
- Feelings of being overwhelmed or out of control.
- All young people undergo baseline needs and risk assessment upon admission to OTC. Any previous history or ongoing risks of self-harm or suicide must be considered in this initial assessment and incorporated in the young person's individual support plan. Risk assessments are regularly reviewed and updated to account for changes in young people's mental health and social, family or personal circumstances. The young person should be fully informed and consulted throughout the assessment process. OTC staff must always adopt a compassionate, non-judgmental approach.

High-risk behaviours such as substance abuse, reckless spending, promiscuity, or physical endangerment (e.g., playing in traffic or seeking heights) may indicate deeper emotional difficulties, trauma, or abuse. These behaviours must be addressed with appropriate interventions.

Responding to Incidents

- **Immediate Care:** Address any physical injuries with the young person's consent. Administer first aid if competent to do so. For non-urgent issues, arrange a visit to Accident & Emergency or a consultation with a doctor. Call 999 in a medical emergency.
- **Communication:** Inform DSL or a senior manager immediately. Maintain the young person's privacy and dignity by limiting any audience to the incident.
- **Engagement:** If the young person is willing to discuss their self-harm or suicidal feelings, staff should initiate a sensitive conversation under the guidance of the DSL. This discussion should focus on triggers, responses, and collaborative plans to access appropriate support, education, or counselling.



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Specifically, conversations should aim to establish:

- Whether the young person has taken any substances or injured themselves or needs any immediate medical attention
- What provoked the incident
- How imminent or likely self-harm or suicidal behaviour might be
- What help or support the young person wants or needs
- Who else may be aware of the young person's thoughts, feelings or behaviours
- If possible, the following questions should be explored with the young person in a private setting, and recorded securely:
 - How long have they felt like this?
 - Are they at risk of harm from others?
 - Are they worried or distressed about something?
 - Are they experiencing any problems with their health, relationships, identity, education/job or plans for the future?
 - What other risk-taking behaviours have they been involved in?
 - What behaviours or strategies have they found helpful?
 - What are they doing that stops their self-harming thoughts or behaviours getting worse?
 - What can be done at home or school/work to help them cope?
 - How are they feeling generally at the moment?
 - What needs to happen for them to feel better?

OTC recognises that witnessing or dealing with a self-harm incident can be a stressful experience. However, staff must avoid reacting emotionally or irrationally so as to prevent further harm to the young person or others.



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- Do not panic or try quick fixes
- Do not ignore or dismiss the young person's feelings or behaviour
- Do not seek to disempower the young person
- Do not presume that a young person who has been self-harmed or threatened self-harm in the past will not do so in the future (or vice versa)
- Do not take things at face value, as many young people learn to hide their distress.

Managing Risks and Consequences

Following a self-harming incident or disclosure, the DSL must develop an action plan in consultation with the young person, to help understand and address the behaviours, underlying issues, and impacts on themselves or others.

Appropriate actions could include:

- Assisting the young person to access therapy, support groups, or other professional help.
- Monitoring the young person more thoroughly (without breaching their privacy); "checking in" on their wellbeing regularly with a trusted staff member/keyworker
- Taking steps to remove or minimise any identified triggers from the environment and providing extra support in potentially triggering situations
- Helping the young person develop healthy coping strategies such as mindfulness, self-affirmation, talking it out, pursuing hobbies and social activities
- Where abuse is found or suspected, ensuring no further contact with the alleged abuser(s), in line with Safeguarding procedures
- If the abuse involves a member of staff, the perpetrator will be suspended (pending an investigation led by the Local Authority Designated Officer)/dismissed, referring to barred lists and law enforcement where appropriate.



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- If the abuse involves a family member, the perpetrator will be reported to Social Care and law enforcement where appropriate and within the organisation's authority.
- If the abuse involves a peer or partner, the young person will be protected and supported to break off the relationship.

Recording and Reporting

The actions to be taken should be fully discussed and agreed upon with the young person, and any changes to their needs or support should be added to their personal support plan.

All reported incidents, including confidential disclosures, must be recorded, regardless of whether concerns are shared with statutory agencies.

As far as possible an accurate note should be made of:

- The full name of the person(s) reporting and to whom it was reported.
- Observations and discussions as they happen.
- Any judgments, actions and decisions.
- Details of health care/support contacts and any outcomes.
- Results of using a body map to identify specific anatomical areas, marks or injuries.
- The date and time of the incident and disclosure, in chronological order.
- The parties who were/might be involved.

After any emergency response, staff must document the incident and provide all relevant details to the DSL for immediate follow-up. Self-harm incidents must be logged by responding staff and reviewed by the DSL.

Self-harm or suicidal behaviour may indicate abuse or mistreatment. Allegations or suspicions of abuse must be reported and managed in line with the Safeguarding Policy.

OTC is obligated to share information with agencies and authorities for assessments under the Mental Health Act 1983 or other legal frameworks. The DSL will notify the placing



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authority and professionals in the young person's support network. Notifications must include details of the incident, actions taken, and further steps planned.

The safety of young people takes precedence over privacy, but confidentiality is upheld per the Data Protection Act 2018 and GDPR.

- Storage: Digital records are stored in a password-protected system, and hard copies are secured in a locked cabinet.
- Access: Restricted to individuals who need to know (e.g., advocates, social workers) and professional agencies involved in the young person's care.
- Referrals to Social Care or Police must be confirmed in writing with a copy of the incident report.
- Social Care should acknowledge referrals within one working day.
- If no response is received within three working days, follow up with documented calls, emails, and letters, noting names, dates, and times.

Reporting is the first step, not the conclusion. Each incident must be reviewed to identify safeguarding implications and preventative measures. OTC prioritises collaborative safeguarding, addressing root causes of behaviour, and achieving long-term healing through multi-agency support.



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KEY CONTACTS AND FURTHER SUPPORT

In an emergency, call 999.

The Designated Safeguarding Lead for OTC is Renata Czechowicz who can be contacted at: renata@hitchcoxgroup.co.uk

The first-aid box at OTC is kept in the kitchen on the top of the fridge.

Oxfordshire Safeguarding Young People Partnership

- Telephone: **0345 050 7666** during office hours (8.30am – 5pm, Monday to Thursday, 8.30am – 4pm, Friday).
- Outside office hours call the Emergency Duty Team on 0800 833 408.
- Email: oscb@oxfordshire.gov.uk
- Website: oscp@oxfordshire.gov.uk

NHS 111

Free non-emergency medical advice and referrals.

- Telephone (24/7): 111
- 111 Online: 111.nhs.uk

Accident & Emergency (A&E)

- The Great Western Hospital - 14 miles away
- Opening times: Open 24 hours



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- Address: Marlborough Road, Swindon, SN3 6BB
 - Phone: 01793 604020
- **John Radcliffe Hospital** - 14.6 miles away
- Opening times: Open 24 hours
 - Address: Headley Way, Headington, Oxford, Oxfordshire, OX3 9DU
 - Phone: 0300 3047777

Young Personline

Free confidential support for young people under 19 in the UK

- Telephone (24/7): 0800 1111
- Website: [Young Personline.org.uk](https://www.Young Personline.org.uk)
- Online chat: [Young Personline.org.uk/get-support/1-2-1-counsellor-chat](https://www.Young Personline.org.uk/get-support/1-2-1-counsellor-chat)



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PROFESSIONAL BOUNDARIES BETWEEN STAFF AND YOUNG PEOPLE

This policy outlines OTC's principles for maintaining professional boundaries in relationships with young people, their relatives, friends, visitors, and representatives. OTC encourages transparency and adherence to professional codes of practice, recognising the importance of clear roles, responsibilities, and boundaries. Breaching these boundaries is considered potentially abusive and may result in disciplinary action.

Positions of Trust

Staff in positions of trust must not:

- Harm young people.
- Commit offences against them.
- Engage in behaviour that poses a risk of harm.

Building Trusting Relationships

Trust is essential for effective safeguarding and support. Positive relationships:

- Enable staff to understand risks faced by young people.
- Foster an open culture where concerns can be shared.
- Model healthy interactions and promote personal safety.
- Identify exploitative or harmful relationships.
- Establish support systems extending into early adulthood.

While fostering trust, staff must maintain vigilance and uphold professional boundaries.

Maintaining Professional Boundaries

Distinction Between Professional and Personal Relationships

Staff must prioritise young people's needs over personal or mutual satisfaction. If an inappropriate relationship develops, staff must:

- Report concerns to their manager.



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- Follow recommended actions, such as varying duties, re-establishing boundaries, or adjusting work settings.

Any breach resulting in harm to a young person will be subject to disciplinary investigation and may lead to dismissal or referral to the Disclosure and Barring Service (DBS).

Behaviour Outside Work

Staff's private behaviour should not compromise their credibility or OTC's reputation. Inappropriate behaviour outside work may be reviewed for its impact on suitability for social care roles.

Physical Contact

Physical contact must always be appropriate, consensual, and aligned with the young person's support plan. Staff should:

- Involve colleagues when contact might be misinterpreted.
- Record any significant physical contact and discuss it with their manager.
- Seek consent and ensure young people understand the purpose of the contact.

Physical contact may be appropriate in situations such as preventing injury, managing challenging behaviours, offering emotional support, or administering first aid. Staff must always maintain professionalism to avoid any perception of misconduct.

Sharing Personal Information

Staff should exercise caution when sharing personal information, ensuring it benefits the young person and does not serve their own interests. They should avoid sharing private details like home addresses or personal routines.

Social Media Usage

Staff must maintain professional boundaries on social media, avoiding personal connections with young people. Personal accounts should not disclose work-related details, and privacy settings should be optimised to protect personal information.



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Allegations Against Staff

Responding to Allegations

Allegations are distinct from complaints and are taken seriously, following these steps:

1. **Initial Reporting:** Young people are informed about reporting procedures through welcome packs and noticeboards.
2. **DSL Role:** The Designated Safeguarding Lead (DSL) coordinates the response and consults with the Local Authority Designated Officer (LADO) and other professionals as needed.
3. **Police Involvement:** Allegations of sexual abuse or potential crimes must involve the police before notifying the accused.

LADO Role

The LADO is informed within one working day of any allegation. They guide the investigation, ensure appropriate information sharing, and monitor progress.

Investigation and Suspension

Suspension is not automatic but will occur if there is suspected harm or if the allegation could result in dismissal. Clear protocols will address staffing, communication, and confidentiality during the suspension period.

Conclusion of Investigations

If allegations are substantiated, OTC will refer the individual to the DBS within one month of concluding the investigation. Where no significant harm or offence is found, OTC may still pursue disciplinary actions or other appropriate measures.

Staff are encouraged to report ongoing concerns via OTC's Whistleblowing Procedure.



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ALLEGATIONS OF PEER-TO-PEER ABUSE / ANTI-BULLYING POLICY

Every young person at OTC has the right to feel confident in a safe and supportive environment. We are committed to ensuring that no young person experiences discrimination, marginalisation, or bullying due to their age, gender identity, religion, ethnicity, cultural or linguistic background, sexual orientation, disability, health, or any other characteristic (refer to the Equality, Diversity and Inclusion Policy).

Bullying can profoundly affect young people's wellbeing, behaviour, and development, often with long-term consequences. When bullying is identified, prompt and effective action will be taken to address it.

Guidance

The Anti-Bullying Alliance defines bullying as *"the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. It can happen face to face or online."*

Bullying is:

- **Repetitive and persistent:** bullying is typically experienced as part of an ongoing pattern, and even when subtle or minor, it can be extremely threatening for the victim. Sometimes, a single incident might have exactly the same effect as long-lasting behaviour.
- **Intentionally harmful:** the act of bullying is intended to harm another individual, even the occasions on which the perpetrators are unaware of the full extent of the consequences.
- **Involves an imbalance of power:** bullying makes someone feel powerless to stop it from happening. In some cases, the imbalance of power may mean that bullying crosses the threshold into abuse and therefore requires the implementation of safeguarding procedures.



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Bullying behaviour can take the following forms:

- Physical - hitting, kicking, pushing, theft
- Verbal - threats, name-calling, racist or homophobic remarks
- Emotional - isolating an individual from activities/games and the social acceptance of their peer group
- Cyberbullying - bullying that takes place using technology. Whether on social media sites, through a mobile phone, or on gaming sites, the effects can be devastating for the young person involved
- Racist - racial taunts, graffiti, gestures
- Sexual - unwanted physical contact or sexually abusive comments and harassment
- Homophobic or gender identity - because of or focusing on the issue of sexuality.
- Bullying often starts with apparently trivial events such as teasing and name-calling. Bullying is a type of behaviour which needs to be defined by the impact on the person being bullied rather than by the intention of the perpetrator.

Vulnerable Groups

Identifying individuals vulnerable to bullying can be challenging, but OTC emphasises that no one deserves to be bullied, and it is never the victim's fault.

Some young people may be more commonly targeted or more deeply affected and may require additional support

People who fall under this description can include those who:

- have physical and/or learning disabilities
- have experienced abuse or neglect
- are overweight
- are LGBTQIA+, transgender, or questioning their identity
- are refugees or asylum seekers



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- are members of the travelling community
- are members of a faith community
- are or have been Looked After
- are socially isolated
- have little self-confidence
- have transferred to a new home, school, or place of work
- live in families or communities seen as 'different'.

Indicators

All staff will receive appropriate training at the Induction stage in bullying. This training will focus on the indicators of bullying, and the appropriate action to be taken with respect to the young person being bullied, and the young person who is the bully.

When a young person is being bullied: there are specific behavioural indicators that can alert staff. These indicators can include:

- refusal or reluctance to participate with other young people
- frequent crying for no apparent reason
- fear of a specific young person
- out-of-character behaviour, such as aggression and possibly starting to bully other young people
- saying that they feel unwell in the mornings
- withdrawal, unhappiness and poor self-esteem
- frequent, often recurring, nightmares



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- reluctance to talk about what is happening
- lose, increase or change in appetite
- wanting to move or change home, school or work
- lacking concentration or beginning to perform poorly at school or work
- unexplained cuts, bruises or other injuries
- attempts or threats of suicide
- asking for or stealing money on a regular basis
- fear of using the internet or a mobile phone, or anxiety when receiving a message
- have clothes and other possessions that are torn or damaged, or go missing
- sudden changes in social groups with no reasonable explanation
- becoming clingy or overly attached to their support workers or family members.

Bullying behaviours can manifest in many forms, including physical, verbal, emotional, and cyber interactions. Recognising indicators early allows OTC staff to intervene effectively. Key indicators may include:

- Decline in self-esteem or confidence.
- Behavioural changes, such as withdrawal or aggression.
- Unexplained injuries or frequent health complaints.
- Avoidance of certain settings or people.

OTC acknowledges that these signs may not solely indicate bullying. Staff are trained to approach young people empathetically, ensuring they feel supported and safe to express any concerns.



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Effects of Bullying

The impact of bullying can range from short-term distress to long-lasting trauma, affecting not only the victim but also bystanders and families. The potential effects include:

Short-term:

- Anxiety and depression.
- Avoidance of environments where bullying occurs.
- Lower academic or social engagement.
- Physical health complaints.

Long-term:

- Lingering trust issues.
- Difficulties in forming relationships.
- Persistent self-esteem challenges.
- Ongoing feelings of anger or vulnerability.

Recognising and addressing these effects promptly ensures better outcomes for all involved.

OTC's Prevention and Response Strategies

OTC is committed to creating a culture where bullying is neither tolerated nor ignored. By fostering open communication and proactive measures, we aim to:

- Prevent and de-escalate bullying behaviours.
- Support victims with appropriate care and interventions.
- Educate and rehabilitate those displaying bullying behaviour.
- Involve multi-agency resources when necessary.



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Preventative Measures:

1. **Policy Implementation:** Clear guidelines that establish a zero-tolerance stance on bullying.
2. **Risk Assessments:** Conducted upon referral and periodically thereafter to monitor potential risks.
3. **Awareness and Education:** Providing resources to young people, families, and staff about bullying and its impacts.
4. **Empowerment through Dialogue:** Creating safe spaces for discussions about bullying and related issues.

Staff Responsibilities:

- **Active Monitoring:** Observing behaviours and addressing concerns early.
- **Intervention:** Reacting swiftly to reports of bullying with consistent, proportionate measures.
- **Supportive Engagement:** Ensuring victims feel heard, supported, and safe.
- **Role Modelling:** Demonstrating respect, empathy, and constructive conflict resolution.

Building Resilience and Support Systems

OTC provides various opportunities for young people to build resilience and self-confidence, including group discussions, therapeutic activities, and access to counsellors. Staff encourage a sense of community where young people feel empowered to speak up against bullying.



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Collaborative Approaches:

- Partnerships with schools, community centres, and mental health services to create a holistic support network.
- Annual anti-bullying training accessible to all OTC staff and key external partners.
- Online resources to educate and guide young people, families, and professionals.

Responding to Bullying Incidents

Supporting the Victim:

- Immediate reassurance and validation of their feelings.
- A thorough but sensitive investigation into the incident.
- Tailored support plans addressing emotional and practical needs.

Addressing the Perpetrator:

- Holding the individual accountable through appropriate disciplinary measures.
- Providing education and guidance to understand the impact of their actions.
- Encouraging behaviour change through restorative practices.

Safeguarding Practices:

- Reporting serious concerns to appropriate agencies, including social services or law enforcement when required.
- Keeping detailed records of incidents, actions taken, and follow-up support.

Promoting an Anti-Bullying Culture

OTC remains dedicated to fostering an environment of mutual respect and safety. By challenging harmful attitudes, encouraging positive relationships, and empowering young people to seek help, we strive to eliminate bullying and its effects.



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Notifications and Records Procedures

Any instances of bullying, regardless of severity, must be reported to DSL at the first opportunity. All instances will be recorded in the *Incident Log* and any repeated or ongoing incidents must be noted in the young person's support plans along with steps to take going forward.

The DSL – Renata Czechowicz can be contacted via telephone: **07908033807** and

by email: **Renata@hitchcoxgroup.co.uk**

OTC, in accordance with the Data Protection Act 2018 and General Data Protection Regulation (UK-GDPR), will collect, monitor and analyse data about bullying at the accommodation. Findings on the frequency, types and targets of bullying, as well as any actions that have been taken, will contribute to the further development of OTC's anti-bullying strategy.

The regular monitoring of this information will identify any new or existing patterns and enable effective action, including:

- the frequency of bullying
- the type of bullying
- who young people first tell about incidents
- what actions were taken and by whom
- whether young people begin bullying others after they have been bullied themselves.
- Data collection is a routine part of OTC's operational processes and, in the context of bullying, will include:
 - the profile of the perpetrator(s) and the victim(s), such as their age, gender identity, ethnicity, etc
 - the nature and type of the bullying



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- the times and locations at which the bullying occurred
- strategies that were used in response
- the outcomes of these strategies
- any additional support arrangements.

It may also identify 'hotspots' for bullying around the accommodation; groups that are becoming more susceptible to bullying or being bullied, new types of bullying behaviour and language being used, and the effectiveness of anti-bullying strategies in place.

In addition to the attainment of quantitative data, we believe it is good practice to seek the views of our young people and adults, via anonymous surveys, regarding how good they believe OTC is at preventing and dealing with incidents of bullying.

Procedure for Staff Responding to Reports/Incidents of Bullying

Whether the incident is witnessed or reported, prompt action will be taken by OTC to ensure the safety of the victim and to challenge and address the behaviour of the bully.

The first step taken by staff will be to support the victim by:

- talking with the young person one-to-one in a safe environment in which the young person feels comfortable
- Discussing with the young person their preferences for how the issue should be addressed
- Discussing strategies for how the young person may deal with current and potential future bullying incidents
- Providing a safe space for individuals who feel threatened, intimidated or otherwise uncomfortable in areas that may be shared with potential bullies
- Referring the young person for support or therapeutic intervention from relevant agencies



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- Actively engaging with the young person to assess whether the bullying has stopped and initiating further action if required
- Staff may need to discuss the issues with the young person's family members, relatives or advocates to agree on the best course of action for the future.

Staff will deal with the perpetrators as well as the victims. In doing so, they must bear in mind that bullying behaviour may in itself be an indication of previous abuse or exposure to violence. Their focus should be on the bullying behaviour rather than the bully themselves and, where possible, the reasons for the behaviour should be explored and dealt with. A clear explanation of the extent of the upset the bullying has caused should be given to the young person who perpetrated the bullying behaviour and they should be encouraged to see the victim's points of view.

Staff will work with the bully by:

- talking to the young person about their behaviour and the possible reasons for it
- Referring the young person for support or therapeutic intervention from relevant agencies
- 'Restorative Justice' where they may have to face up to their behaviour and consider alternate ways of behaving in the resolution of conflict
- Discussing strategies for how the young person manages their feelings of anger and frustration
- Actively monitoring the young person to assess if the bullying has stopped, and initiating further action if required
- Serious incidents of bullying may require the removal of the bully from the area or the withdrawal of related privileges
- Involvement of the police where bullying constitutes a crime
- Staff may need to discuss the issues with the young person's family members, relatives or advocates to agree on the best course of action for the future. This can involve



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agreeing on ways of rewarding good behaviour, and positively valuing the young person's achievements to build up the young person's self-esteem

- In extreme cases, the Registered Manager will contact the Local Authority with a view to exercising the right to terminate the Contract for Residency altogether.

In all cases of suspected or reported bullying, records must be thoroughly documented and maintained on the Incident Form.

Sanctions will be applied fairly, proportionately, consistently and reasonably, taking into account any special educational needs or disabilities that young people may have, and also taking into account the needs of vulnerable young people.

At OTC sanctions have the following main purposes:

- Instill in the perpetrator the belief that what they have done is inexcusable
- Deter them from repeating their behaviour
- Deter other young people from doing similar things in the knowledge that it is unacceptable.
- The ultimate aim is to find a constructive solution that enables the victim to enjoy the life at the accommodation to which they are entitled and to improve the perpetrator's future attitudes and behaviour. OTC will strive towards this goal by:
- Listening, acknowledging and keeping all parties informed
- Teaching the young person how to respond to bullying incidents in the future
- Working with all who are involved to identify methods of supporting the victim, such as support groups, a circle of friends, restorative justice, etc
- Restorative justice approaches hold young people accountable for their behaviour and engage with them on actions to be taken to repair the harm that has been done
- Involving parents and carers and engaging with them wherever possible in response to bullying



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- Using mediation services offered by the local authority or other local organisations
- Monitoring and staging reviews to assess whether the actions taken have successfully prevented the recurrence of bullying and ensured the victim feels safe again
- Implementing a complaints procedure and making young people and their families/guardians aware of it.

Good Practice

Clear guidance and procedures will be given to staff, parents, and young people about what to do if bullying occurs.

Examples of good practice in place at OTC include:

- Peer support
- Circle of Friends
- Young people lead accommodation meetings
- Suggestion boxes for anonymous reporting
- Support at transition in line with young people's needs and local authority expectations
- Small group work for specific skills including assertiveness, anger management, resilience skills, and calming and conflict resolution.
- For this guidance to be effective, OTC see it as imperative that all agencies within a young person's support network collaborate in order to:
 - Offer training to key staff across agencies in early intervention and mediation
 - Monitor all requests for transfer and withdrawal from one home to another in relation to possible links to bullying and follow up accordingly
 - Develop web links to ensure all agencies have easy access to relevant resources.



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Specialist Support and Other Resources

The Anti-Bullying Alliance (ABA) -brings together over 100 organisations into one network to develop and share good practice across the whole range of bullying issues.

- <https://anti-bullyingalliance.org.uk/>
- **Young Person line** -UK's free 24 Helpline for Young People and young people to call about any worry - more calls on bullying than any other issue.
- Tel: 0800 1111
- <https://www.Young Personline.org.uk/>

National Society for the Prevention of Cruelty to Young People (NSPCC) works to end cruelty to Young People and provides a range of direct services for Young People and young people, and for their parents/carers and families.

- Tel: 0808 800 5000
- <https://www.nspcc.org.uk/>

Resources for Specific Bullying Issues

Cyberbullying

Advice on Young Person Internet Safety - **The UK Council for Young Person Internet Safety (UKCCIS)** has produced universal guidelines for providers on keeping Young People safe online.

- Specialist resources for young people of all ages to raise awareness of online safety and how to protect themselves.



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- The UK Council for Young Person Internet Safety (UKCCIS) have given an overview for staff on how to respond to incidents involving sexting.
- UK government guidance for education settings working with young people.

LGBT

- Resources to use when tackling gender stereotypes.
- Resources to help schools, colleges and workplaces ensure they are LGBT inclusive.

SEND

- Provide online resources and training to organisations that work with young people on bullying because of physical differences.
- Advice provided by the Anti-Bullying Alliance on developing effective anti-bullying practice;
- Represents people with learning disabilities, with specific advice and information for people who work with Young People and young people.

Racism

- Provides workshops and other projects to teach young people about the consequences of unchecked prejudice and discrimination, and cultural diversity, stemming from the events of the Holocaust and Anne Frank's life.
- Runs education programmes and campaigns to eliminate racism, initially from football but since expanding to wider society.
- Information on racist and faith-targeted bullying from the Anti-Bullying Alliance, including top tips for organisations that work with young people, advice on countering intolerance and prejudice, promoting shared values and what the law says.



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- Educational charity that provides resources and workshops for organisations working with young people to eliminate racism from sport.

Allegations of Abuse from a Person not Registered or Affiliated with the Supported accommodation

Information passed to staff, or concerns that staff have, should be reported to the DSL and the local authority without delay. The placing authority, if different, should be also notified without delay. Staff members who received the initial disclosure should support, record, and pass on the relevant information to the correct people in the correct time frames as per the procedure.

CHILD SEXUAL EXPLOITATION

As a supported accommodation provider, upholding the safety and welfare of young people is central to OTC's service. This Policy provides a clear framework for our procedures regarding safeguarding concerns for young people who have been identified as vulnerable to sexual exploitation. Every young person is entitled to protection from exploitation and abuse, even and particularly when they do not recognise they are being exploited. OTC will make every possible effort to prevent Child Sexual Exploitation, keep our young people safe, and report perpetrators to the relevant authorities.

What is Child Sexual Exploitation (CSE)?

Child Sexual Exploitation (CSE) is a form of sexual abuse where a minor (Child or young person under 18) is manipulated to engage in sexual acts. It typically occurs when an individual or group takes advantage of an unequal power dynamic to coerce, deceive or intimidate a minor into sexual activity. This could be as part of a seemingly consensual relationship, where the young person is groomed into trusting or depending on their abuser. The young person may be offered affection/attention, gifts, money, drugs/alcohol,

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accommodation or other rewards in exchange for participating in sexual activities, or they may be forced with threats of violence, abandonment, withholding necessities, or exposing sensitive or incriminating information about them. Depending on the nature of the activity, CSE may be motivated for the personal pleasure of the offender, for financial or influential gains, or for gang-related reasons (e.g. exerting power, initiation, weaponised abuse).

CSE can involve various forms of sexual activity, including:

- Physical assault, including penetrative (e.g. rape, oral sex) and non-penetrative acts (e.g. kissing, touching/groping, masturbation)
- Making a minor watch sexual activity or view pornography
- Encouraging a minor to behave in sexually inappropriate ways
- Involving a minor in the production or distribution of sexually explicit content (i.e. Young Person Sexual Abuse Material/CSAM)
- Prostitution or sex trafficking
- Grooming a minor in preparation for abuse, including via the internet

CSE often begins with a young person being "groomed" by an adult, who befriends them and uses rewards or manipulation tactics to make them feel special. The abuser is typically in a position of power over the young person - they may be older or more emotionally mature, physically stronger, have greater financial or material means, or in a position of privilege, authority or influence where they can control the young person.

Like all forms of Young Person sexual abuse, CSE can:

- affect any Young Person or young person under 18 (including 16 and 17-year-olds who are above the legal age of consent), of any sex/gender, sexual orientation or background
- appear consensual, or be believed to be consensual by the victim
- occur in person or digitally/online or a combination of both



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- occur without the victim's direct knowledge (e.g. through content shared/distributed by others)
- be perpetrated by individuals or groups of any age (including other young people), sex/gender, sexual orientation, position or background, and of any relationship to the victim
- be a one-off occurrence or a series of incidents over time
- range from opportunistic to complex organised abuse.

CSE has been identified as a problem throughout the UK, in both rural and urban areas, and throughout the rest of the world. CSE can often operate across regional and national borders, and as such, OTC must participate in a coordinated approach with other agencies to address the issue.

Guiding Principles

When dealing with issues of Child Sexual Exploitation, OTC will at all times adhere to the following guiding principles.

A young person-centred approach: Any action taken or decision made will be focused on the young person's needs, especially for those with particular sensitivities or circumstances. Staff will consider that young people may not recognise an abusive or exploitative relationship, regardless of their apparent consent.

A proactive approach: CSE must be identified and prevented as early as possible, and effective interventions made to stop instances of abuse. Each young person should be assessed for risk factors that may make them more vulnerable to CSE, and these risks should be accounted for in their support plan.

Family and community context: The circumstances of the young person's family, friends, peers and the wider community must be considered to inform the best approach to safeguarding their welfare.



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Rights of young people: Just as professionals have a duty to safeguard and promote the welfare of young people, young people have a fundamental right to be protected from exploitation.

Accountability for criminal acts: Abuse is never the victim's fault, and this principle should be at the heart of any investigation. CSE is Young Person sexual abuse and should never be regarded as an offence or wrongdoing on the part of the young person.

Shared responsibility: OTC will collaborate with other professionals and agencies within and outside of local safeguarding partnerships.

Circumstances affecting Child Sexual Exploitation

Like all forms of child sexual abuse, Child Sexual Exploitation:

- can affect any Young Person or young person (male or female) under the age of 18, including 16 and 17-year-olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- can be perpetrated in person, or via technology, or a combination of both;
- may occur without the Young Person's immediate knowledge; e.g. through others copying videos or images they have created and posted on social media;
- can involve force and/or enticement-based methods of compliance which can be accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and Young People or adults. The abuse can be a one-off occurrence or a series of incidents over time, and



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range from opportunistic to complex organised abuse;

- is typified by some form of power imbalance in favour of those perpetrating the abuse. This power imbalance can be due to a range of factors including sexual identity, gender, age, cognitive ability, the status of physical strength, and access to economic and other resources.

Risk Factors

Some young people may have personal circumstances, experiences or vulnerabilities that increase their risk of being targeted or falling victim to CSE. These risk factors should be identified during the initial needs assessment stage, and appropriate provisions included in the young person's file and individual support plan. Potential risk factors may include:

- Previous experiences of neglect or physical, sexual or emotional abuse
- Recent loss or bereavement
- Social difficulties, isolation or loneliness
- Financial vulnerability/dependency
- Lack of a safe environment to explore sexuality
- Homelessness or insecure accommodation status
- Connections with other young people who are victims of CSE
- Family members or other connections involved in adult sex work
- Physical or learning disabilities or neurodivergent conditions (e.g. autism)
- Low self-esteem or mental health issues
- Questioning sexual or gender identity
- Being part of a minority/marginalised group



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- Being in social care or a care leaver (particularly those in residential care and those with interrupted case histories)
- Unsafe or unstable family/home environment, now or in the past (e.g. domestic abuse, addiction, mental illness, criminal activity)

The relative significance of these factors to actual risk will vary between individuals, and each young person's vulnerability should be assessed on a case-by-case basis, taking into account all aspects of their personal situation.

Evidence suggests that young people with learning disabilities are more vulnerable to CSE than their peers. This may be for a variety of reasons, such as:

- A lack of knowledge or awareness among professionals, families and the wider community regarding the sexual exploitation of people with learning disabilities
- A lack of training for professionals that addresses CSE and learning disabilities
- Aspects of the person's disabilities such as a lack of mental capacity to recognise risks or exploitation or give consent, impulsive behaviour, or difficulties with communication or social interactions
- Marginalising treatment of disabled people by society, including dehumanisation and infantilisation and misconceptions that disabled people are not sexual beings, meaning they do not receive proper education about sex and relationships.

The above points should be taken into account when working with young people with learning disabilities and steps taken to keep them safe.

Spotting the Signs

Victims of CSE often do not report the issue, either because they don't realise they are being abused, or out of fear of being punished or not taken seriously. It is therefore crucial that all staff at OTC know how to recognise the warning signs of CSE and respond appropriately.



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Possible indicators that a young person is being sexually exploited include:

- Regularly going missing or returning home late without plausible explanation
- Unexplained absences from school, college, work or other appointments
- Acquiring gifts, new possessions or money from an undisclosed source
- Associating with gangs or other young people involved in crime or exploitation
- Having relationships with older partners, especially partners who are controlling
- Sexually transmitted infections
- Substance abuse
- Sudden changes in mood or emotional state
- Sexually inappropriate or overly mature behaviour for their age
- Frequent visits from unfamiliar or untrusted people, especially secret visits
- Receiving frequent texts, calls or messages from unknown sources
- Secrecy about their whereabouts, activities, or relationships
- Self-harm or self-destructive behaviours
- Unsafe online activity, e.g. sharing sensitive information, accessing inappropriate websites, talking to/befriending strangers on social media

Responding to instances and suspicions of CSE

OTC's staff are well-positioned to look out for physical and behavioural changes in young people that might indicate involvement in sexual exploitation. Staff must also be vigilant when monitoring online activity for indications of online grooming (while also minimising infringement on young people's privacy).



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If CSE is discovered, alleged or suspected it must be reported to the OTC Designated Safeguarding Lead (DSL), who will contact the Local Safeguarding Young People Partnership (via Social Care if appropriate), and also to the police if a young person is at imminent risk of harm (see Referrals section). Ofsted will need to be notified by the DSL or the Registered Registered Manager through their online portal:

- https://www.gov.uk/guidance/report-a-serious-incident-in-a-supported-accommodation-service?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=32974c2a-4dc5-434e-8441-01a1361668b2&utm_content=immediately
- Allegations made against staff will also be notified to the Local Authority Designated Officer (LADO) and Ofsted within one working day. The LADO will help coordinate information sharing, provide advice and guidance and monitor and track any investigation that occurs. Any staff member accused of exploiting a young person will be suspended for the duration of the investigation and, if deemed to be a risk to young people, immediately dismissed and subject to criminal proceedings/barred list referral.
- The wishes and feelings of the young person will be considered when deciding how to proceed, but staff should recognise that they may have already been groomed and may be oblivious or in denial about the exploitation taking place.
- When responding to instances of CSE, three basic principles must be observed:
- CSE is never the victim's fault – all young people have a right to safety and protection from harm.
- Sharing information early is key to providing effective help where problems are emerging.
- Safeguarding young people is everyone's responsibility.
- The harmful effects of CSE are potentially long-lasting and far-reaching for the victims as well as their families and wider communities. Ideally, steps should be taken to prevent abuse from happening from the outset. Staff should aim to:

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- Recognise that young people can be both victims and perpetrators of CSE
- Promote the resilience of young people and their families, and strengthen the protective measures around them
- Provide feedback to parents and carers about concerns of risks to their Young People/young people, and how to access appropriate support
- Protect young people from online threats as well as offline/in person
- Uphold inclusivity and accessibility, ensuring that support/advice is tailored and relevant to diverse groups including LGBTQIA+, black and minority ethnic, neurodiverse, disabled and sensory-impaired young people, and that information is available in various languages and modes.
- Support staff should make sure that parents and guardians are aware of the potential indicators of abuse and the need to seek support as soon as possible before risks escalate. Parents and guardians should:
 - Understand the risks of CSE both in person and online, and that any young person could be affected, including their Young Person
 - Recognise the warning signs of CSE
 - Know where and how to access support if they have concerns
 - Be reassured that the authorities will work with them to protect their Young Person
 - Be supported to manage the emotional impact of CSE on their Young Person, themselves, and family relationships.
 - Receive support that is tailored to their specific circumstances and needs, e.g. linguistic, cultural, or religious needs, and support to bridge any barriers such as language, social customs, dress, etc.

The safety of young people is the foremost concern when making decisions about their welfare. Staff at OTC should never take action or make a decision that puts a young person



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in immediate danger. Furthermore, when making decisions, staff from all involved agencies must also consider the welfare of other young Young People in the environment (including the OTC establishment, family household, school, etc.) and whether any actions need to be taken to ensure their safety as well.

Receiving a Report

Anyone who makes a good-faith disclosure about CSE to OTC, whether they are a young person, parent/guardian, staff or member of the public, should be reassured that they will be taken seriously and their statements treated sensitively.

Any staff member who makes a report of CSE will be protected under the Public Interest Disclosure Act 1998. OTC also guarantees that all documentation will be protected through the Caldicott Principles and adherence to data protection regulations.

If a young person makes a report of CSE, or otherwise discloses information that raises concerns about significant harm, OTC staff will begin by simply listening to everything they have to say. This is important in order to clarify the situation and avoid influencing their statement. The notified staff member should reassure the young person of their safety and explain to them that the information will be passed on to Social Care and/or the police.

If a young person volunteers information on their own prerogative, staff should always welcome their statement, but the young person should not be asked to repeat a statement to a colleague or write it down. Young people must never be pressured for information or subject to leading questions, cross-examination, or false assurances of confidentiality/anonymity. Even if well-intentioned, such actions could prejudice any legal investigations, especially in cases of sexual abuse. However, if a young person presents with an injury and does not volunteer an explanation, it is acceptable to ask about the cause of the injury.



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Records must be made of all statements and conversations relating to the disclosure (including the time and place, person(s) present, and what was said by all parties) and kept securely.

Making Referrals to Social Care

Under Section 11 of the Children Act 2004, all practitioners have the responsibility to refer a Young Person or young person to Young People's Social Care if they suspect that young person has suffered or is likely to suffer significant harm. The more serious the suspected harm, the more urgent the action must be.

OTC may identify concerns from a number of sources. For instance, information might arise from an early needs assessment, or come to light later on. It may be disclosed to OTC by the victim themselves, another young person, a relative, a staff member, or a member of the public. It might concern a single incident or a number of incidents that present a pattern of exploitation.

OTC's DSL, Renata Czechowicz is generally responsible for making referrals. However, if the DSL is unavailable, the referral should still be made without delay by the next most senior staff member.

Referrals to Social Care must be made in one of the following ways:

- Contacting the Local Young People's Social Care Team
- In an emergency outside office hours, contacting the Young People's Social Care Out of Hours Service/Emergency Duty Team or the police
- If the young person has an allocated social worker, referring directly to the allocated worker if they are immediately available.



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Referrals can be made in writing or verbally in the first instance; however, verbal and telephone referrals must also be confirmed in writing within 48 hours of the referral being made. When a referral is made in writing or via email, OTC will check to ensure the safe receipt by Social Care as soon as possible.

The referral should contain all the following information (as is immediately available) on the alleged victim:

- Full name, date of birth, gender/sex, and other background details of the young person
 - Full names, dates of birth and other details of all other household members, including other young people in the family household, and any significant relations who live outside the household, staff/social workers, friends, neighbours etc.
 - Full family address and any known previous addresses
 - Details of legal parent(s)/guardian(s)
 - Ethnicity, first language and religious considerations of the affected young person(s) and parent(s)/guardian(s)
 - Any accessibility/communication needs of the young person or parent/guardian, including disability adjustments, interpreters, signers or other communication aids
 - Details of the young person's GP and any known medication
 - Details of the young person's school/early years setting where applicable
 - Any significant/relevant recent or past incidents in the young person's personal or family life
 - Details of any recent time spent abroad by the young person or recent arrival to the area
 - Cause for the concern, including details of how the concerns came to light, any allegations and their sources, timings and locations of reports/incidents, and best judgment of severity



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- Details and current whereabouts (if known) of the suspected/alleged perpetrator(s)
- Current whereabouts and emotional, mental and physical condition of the young person
- Whether the young person is currently safe (and arrangements made to ensure this) or in need of immediate safeguarding due to approaching threats (e.g. if they are soon to be visited/collected by the alleged perpetrator)
- Details of the referring professional and their relationships to and knowledge of the young person and their parent(s)/guardian(s)
- Any known current or previous involvements of other agencies or practitioners with the young person
- Information on the parent(s)/guardian(s)' knowledge of and agreement to the referral (and reasons for proceeding if there is a lack of knowledge or agreement)
- The views and wishes of the young person, if known
- Details of any other party to whom the referral has been made

Timeliness is crucial to effective safeguarding. While all available information must be provided, the absence of any information should not cause the referral to be delayed.

If the young person understands the significance and consequences of a referral, they should be consulted about their views by the referring professional. However, whilst the young person's views must be respected, it remains the responsibility of OTC staff to take all actions necessary to ensure the safety of the young people.

Consulting Parents/Guardians

For the sake of good practice, OTC encourages its staff to work transparently and cooperatively with parents and guardians wherever possible. However, referrals may be



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made without informing parents or guardians if doing so would place a young person at risk of harm (e.g. if the parent/guardian is the subject of an allegation).

Where a parent/guardian has agreed to a referral, their consent must be recorded and confirmed on the relevant referral form, available on the Local Safeguarding Partnership website: <https://www.oscp.org.uk/>

If, for whatever reason, the parent/guardian objects to the referral, but a referral is still deemed necessary:

- The reason(s) for proceeding to refer without parental agreement must be recorded
- The Young People's Social Care Team should be notified that the parent/guardian has withheld permission
- The referring professional should inform the parent/guardian that, after considering their wishes, the referral has been made.

If OTC makes a referral without informing the parent/guardian, this will be recorded in the young person's file, along with the reason(s) why the parent/guardian was not informed and also confirmed in the content of the referral.

Confidentiality and Anonymity

Though efforts will be made to respect the privacy of all parties, there may be situations where disclosing information is necessary for safeguarding reasons. Absolute confidentiality cannot be guaranteed and should not be promised to anyone. The importance of confidentiality and gathering evidence will always be secondary to ensuring the safety of young people and fulfilling our duty of care.



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If allegations are made or suspicions raised about family members (including parents/guardians), peers or colleagues, professional or personal, concerns must not be discussed with the alleged abuser(s) before a referral is made.

If concerns have been raised by a member of the public, these individuals may prefer to remain anonymous or for their identity to be withheld from the family of the young person concerned. Requests for anonymity should be recorded, and, where possible, respected, but it cannot be guaranteed. There are instances in which the identity of the reporter must be revealed, such as in the Criminal Court.

CONTACTS AND SUPPORT

In an emergency, call 999.

In non-emergencies, you can call the police on 101 for free or report the crime online at: www.police.uk/pu/contact-the-police/report-a-crime-incident

The Designated Safeguarding Lead for OTC is Renata Czechowicz who can be contacted at: renata@hitchcoxgroup.co.uk

Local Social Young People's Social Care Team: MASH

- Telephone between 8.30am – 5pm: 0345 050 7666
- Out of hours: 0800 833 408
- Email: MASH-Young People@oxfordshire.gov.uk
- General Email: Young Peoples@oxfordshire.gov.uk
- Website: www.oxfordshire.gov.uk

Local Authority Designated Officer (LADO)



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Concerns about a professional's suitability to work with young people should be reported to the Local Authority Designated Officer (LADO).

- Contact Person: Jo Lloyd
- Telephone: 01865 810 603
- Email: lado.safeguardingYoung People@oxfordshire.gov.uk
- Office Address: OCC, County Hall, 4th Floor, New Road, Oxford, OX1 1ND

National Society for the Prevention of Cruelty to Young People (NSPCC)

Charity working to tackle Young Person abuse and offer guidance to parents and professionals across the UK

- Telephone: 0808 800 5000 (10am-4pm Mon-Fri)
- Email: help@NSPCC.org.uk
- Address: Weston House, 42 Curtain Road, London EC2A 3NH
- Website: nspcc.org.uk



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YOUNG PERSON CRIMINAL EXPLOITATION

As a supported accommodation provider, upholding the safety and welfare of young people is central to OTC's service. This Policy provides a clear framework for our procedures regarding safeguarding concerns for young people who have been identified as vulnerable to criminal exploitation, and guidance for staff on how to identify and address concerns. Every young person is entitled to protection from exploitation and abuse, even and particularly when they do not recognise the danger they are in. OTC will make every possible effort to prevent Young Person Criminal Exploitation, keep our young people safe, and report perpetrators to the relevant authorities.



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What is Young Person Criminal Exploitation (CCE)?

Young Person Criminal Exploitation (CCE) is a form of Young Person abuse where a minor (Young Person or young person under 18) is manipulated to engage in criminal acts. It typically occurs when an individual or group takes advantage of an unequal power dynamic to coerce, deceive or manipulate a minor into committing a crime. This could be as part of a seemingly consensual relationship, where the young person is groomed into trusting or depending on their abuser. The young person may be offered friendship, attention, gifts, money, drugs/alcohol, accommodation or other rewards in exchange for participating in criminal activities, or they may be forced with threats of violence, discrimination, withholding necessities, or exposing sensitive or incriminating information about them. Depending on the nature of the activity, CCE may be motivated for the personal gain of an offender or for collective financial or influential gains within organised crime systems and gangs.

CCE does not always happen face-to-face; it can also occur via technology/online. CCE often happens alongside Child Sexual Exploitation (CSE) or other forms of abuse.

There is no one legal definition for CCE, but it is covered within the Modern Slavery Act 2015 which sets out the offences of slavery, servitude, forced and compulsory labour and human trafficking. Potential victims can be exploited in a number of ways, including sexual abuse, forced labour, domestic servitude and assisting with criminal operations. Young people may be forced to work in illicit drug factories, transport drugs, money or weapons across county lines or within their locality, launder money through their bank accounts, or commit or aid crimes of theft or violence, particularly against other young people.



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Like other forms of abuse and exploitation, CCE can:

- affect any Young Person or young person under 18, of any sex/gender or background
- appear consensual, or be believed to be consensual by the victim
- occur in person or digitally/online or a combination of both
- be perpetrated by individuals or groups of any age (including other young people), sex/gender, position or background, and of any relationship to the victim
- be a one-off occurrence or a series of incidents over time
- range from opportunistic to complex organised exploitation.



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CCE is characterised by an imbalance of power between victim and perpetrator. The perpetrator may be older or more emotionally mature, physically stronger, have greater financial or material means, or in a position of privilege, authority or influence where they can control the young person. It is important to note that taking rewards or incentives from their abuser does not make the young person less of a victim. The relationship is still exploitative as the perpetrator is taking advantage of the young person's vulnerabilities.

County Lines

"County lines" refers to organised criminal networks using dedicated phone lines to distribute drugs across the UK. These gangs exploit young people and vulnerable adults to transport and store drugs and money, often using coercion, violence, weapons, and sexual violence. Leaders distance themselves from frontline activities, employing young "footsoldiers" to reduce their risk of detection.

Victims may be forced into physically invasive methods of drug transport, such as "plugging" (inserting drugs into the rectum or vagina), risking severe injury or death. Gangs frequently occupy homes of vulnerable adults ("cuckooing") to house exploited individuals, exposing them to violence, abuse, and unsafe environments.

Tactics and Adaptability

County lines activity evolves to avoid detection, targeting new groups or recruiting locally to evade suspicion. Young people may complete drug runs within a day to minimise risk of exposure. Common tactics include staged robberies to create false debts and threats against family members to ensure compliance.



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Impact on Victims

Victims face neglect, emotional harm, sexual exploitation, addiction, and violence. Younger siblings may also be targeted. Trauma from exploitation can cause lasting physical, psychological, and emotional harm.

Principles for Addressing County Lines

1. Young Person-Centred: Focus on individual needs; recognise that victims may not identify exploitative relationships.
2. Proactive Safeguarding: Identify and mitigate risks early, integrating them into support plans.
3. Contextual Approach: Consider the wider family and community circumstances.
4. Victim Protection: Abuse is never the victim's fault. Exploited young people should not be criminalised.
5. Collaboration: Work with local safeguarding partnerships and other agencies.

Risk Factors

Any young person can be at risk of exploitation, with some more vulnerable due to factors like:

- Personal History: Neglect, abuse, bereavement, or unstable home life.
- Social Vulnerabilities: Isolation, financial dependency, homelessness, or gang connections.
- Health and Disability: Learning disabilities, neurodivergent conditions, or mental health issues.
- Care System Involvement: Being in or leaving care, especially residential placements.



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- Education Exclusion: Attending a Pupil Referral Unit or being excluded from school.

Young people aged 14-17 are most commonly targeted, but victims can be as young as 11. While boys are more frequently reported, girls may also be victims, often underreported due to focus on sexual exploitation.

Spotting the Signs of CCE

Victims of Child Criminal Exploitation (CCE) may not report it due to fear, grooming, or lack of awareness. OTC staff must recognise the warning signs and respond appropriately. Indicators of CCE include:

- Frequent absences or being found far from home without explanation.
- Unexplained injuries, possessions, or money.
- Multiple mobile phones or frequent messages from unknown sources.
- Relationships with controlling older individuals or involvement in gangs.
- Carrying weapons or large amounts of money.
- Changes in mood, behaviour, or performance, including isolation or substance misuse.
- Parental concerns.



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Responding to CCE Concerns

If CCE is suspected or disclosed, report it to the OTC Designated Safeguarding Lead (DSL). The DSL will contact the Local Safeguarding Partnership and, if necessary, the police. Serious incidents must also be reported to Ofsted via their [online portal](#).

Allegations against staff will be referred to the Local Authority Designated Officer (LADO) within one working day, with the accused staff member suspended during investigation.

Key principles:

- CCE is never the victim's fault.
- Early information sharing is essential.
- Safeguarding is everyone's responsibility.

Preventative Measures

Staff should:

- Recognise that young people can be both victims and perpetrators.
- Promote resilience and protective measures for young people and families.
- Address risks both online and offline.
- Ensure inclusivity, tailoring support for diverse needs.

Parents should be informed about the risks of CCE, warning signs, and how to seek support.



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Handling Disclosures

When a young person discloses CCE:

- Listen without leading questions or false assurances.
- Reassure them of their safety and explain the information will be shared with the relevant authorities.
- Document all disclosures thoroughly, including times, locations, and involved parties.

Making Referrals

Under the Children Act 2004, concerns must be referred to Young People's Social Care. If the DSL is unavailable, the next senior staff member should act. Referrals may be verbal but must be confirmed in writing within 48 hours. Essential referral information includes:

- Details of the young person, household members, and significant relationships.
- Concerns, including how they arose and any known risks.
- The young person's current condition and safety.
- Referring staff details and prior agency involvement.

Referrals may proceed without parental consent if it risks the young person's safety.

Confidentiality

Absolute confidentiality cannot be guaranteed, particularly when safeguarding young people. Allegations must not be discussed with suspected abusers prior to referral. Anonymity requests will be respected where possible but may not always be upheld.

Contacts and Support



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In an emergency, call 999.

In non-emergencies, you can call the police on 101 for free or report the crime online at: www.police.uk/pu/contact-the-police/report-a-crime-incident

The Designated Safeguarding Lead for OTC is

Renata Czechowicz, Registered Manager who can be contacted at:

Email address: renata@hitchcoxgroup.co.uk

OFSTED (CIECSS) have an online form to report serious incidents:

- https://forms.ofsted.gov.uk/submissions/form/anonymous-report-a-serious-incident/What-type-of-Young_Peoples-social-care-service-do-you-want-to-tell-us-about?n=0&se=t



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GANGS AND YOUTH VIOLENCE

Definition and Types of Gangs

Gangs can be broadly categorised as:

- **Peer Groups:** Social groups of young people gathering in public spaces. These may engage in minor antisocial behaviour but should not be confused with street gangs.
- **Street Gangs:** Durable, street-based groups with crime and violence central to their identity. They often claim territories and may require initiations involving violence, criminal acts, or sexual exploitation.
- **Organised Criminal Groups:** Adult-led networks engaging in serious crimes for financial or personal gain. These groups frequently exploit vulnerable individuals, including young people, often through tactics such as "county lines."

County Lines and Criminal Exploitation

County lines refers to the movement and sale of drugs across regions using mobile phone lines, often involving the exploitation of young people. This exploitation typically involves a power imbalance and can include tangible (money, goods) and intangible (status, protection) exchanges. Young people may accrue debts to gangs and face intimidation, violence, or threats to their families.

Indicators of exploitation include:

- Unexplained money or possessions.
- Increased phone activity or multiple phones.
- Being found in unfamiliar locations far from home.
- A sudden change in behaviour, appearance, or associations.



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Victims often do not recognise themselves as such and may even recruit others. If a young person is arrested far from home, they should be considered potential victims of exploitation.

Risks of Gang Involvement

Gang affiliation exposes young people to significant harm, including:

- Physical, emotional, or sexual abuse.
- Coercion into violence and illegal activities.
- Increased risks of exploitation, particularly for girls, who may face sexual violence and coercion.

Risk Factors

Young people may be drawn to gangs due to:

- Family violence, poor education, or mental health issues.
- Peer or sibling involvement in gangs.
- Poverty or social isolation.
- A lack of positive role models or activities.

Signs of Gang Affiliation

Indicators of gang involvement may include:

- Changes in behaviour, school performance, or social circles.
- Physical injuries or unexplained absences.
- Graffiti tags, changes in speech or dress, and use of gang signs.



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Safeguarding Measures

If a young person is in immediate danger, the police should be contacted. Early help assessments can identify risks and provide tailored interventions. Agencies must consider whether young people involved in gang-related offences are victims of exploitation and prioritise safeguarding responses over criminal justice measures.

Gang Injunctions

Under the Serious Crime Act 2015, gang injunctions can be issued to individuals aged 14 and older to prevent involvement in violence or drug-related activity. These injunctions aim to deter gang-related behaviour and protect individuals from harm.

Involvement of parents, unless it poses additional risks, is encouraged to provide support and facilitate early intervention.

Resources

Various resources are available through Safe4Me:
<https://www.safe4me.co.uk/portfolio/Young Person-criminal-exploitation-county-lines/>

<https://www.nspcc.org.uk/what-is-Young Person-abuse/types-of-abuse/gangs-criminal-exploitation/>

<https://crimestoppers-uk.org/fearless>

<https://crimestoppers-uk.org/>



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Poster (For Young People): <https://www.safe4me.co.uk/wp-content/uploads/2020/01/SafeCall-CYP.pdf>

Poster (For Professionals): <https://www.safe4me.co.uk/wp-content/uploads/2020/01/SafeCall-Professionals.pdf>

CONTACTS

Crimestoppers:

- **Telephone:** 0800 555 111

For information on the local Youth Offending Team and the Multi-Agency Safeguarding and Support Hub (MASSH), please refer to the provided links:

- Youth Offending Team: <https://www.gov.uk/government/collections/youth-offending-team-contact-details>
- MASSH: <https://www.gov.uk/report-Young-Person-abuse-to-local-council>

Please note that contact information may change over time; it's advisable to verify details through official channels periodically.



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FEMALE GENITAL MUTILATION (FGM)

Definitions

The World Health Organisation (WHO) defines Female Genital Mutilation (FGM) as any procedure involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Also known as Female Circumcision (FC) or Female Genital Cutting (FGC), FGM is a traumatically painful and medically unnecessary practice with severe short-term and long-term health consequences, including death, infections, infertility, kidney issues, sexual dysfunction, incontinence, trauma, and post-traumatic stress disorder.

Religious

FGM is not endorsed by any major religion and contradicts core tenets of faith such as compassion and kindness. Islamic scholars reject FGM as a form of violence, forbidden in Islam. In Christianity, it is practised by some Orthodox communities in parts of Africa but has no basis in biblical teachings. Similarly, FGM is practiced by some Jewish groups in specific regions but is not supported by Jewish teachings.

Influence

Subsequent Health Issues

Immediate/short-term health problems include:

- Wound infection, including tetanus and gangrene
- Injury to adjacent tissues
- Damage to other organs
- Haemorrhage, potentially leading to anaemia
- Urological complications
- Death of the victim.
- Long-term health problems can range from mild to severe and include:



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- Infertility
- Menstruation complications
- Urinary or vaginal infections
- Damage to the reproductive system
- Psychological damage, eg. depression, anxiety, PTSD and psychosexual problems
- Increased risk of maternal and Young Person mortality during labour.

Principles

FGM is practised in various cultures, but it is recognised as abuse and violence against women and girls. OTC addresses it within existing child and adult protection frameworks. Under the UK Female Genital Mutilation Act 2003, FGM is a criminal offence, including aiding or performing FGM abroad, even in countries where it is legal.

Risk

Indicators

A girl may be at risk of FGM if:

- She is born to a woman who has undergone FGM or has siblings/cousins who have.
- Her family is from a community where FGM is practised or shows limited integration into UK society.
- Elders, particularly visiting female relatives, play a significant role in her upbringing.
- The family plans a holiday with potential preparations such as vaccinations or extended absence from school.
- She mentions a “special procedure/ceremony” or seeks help from an adult.
- Staff overhear references to FGM in conversation.



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Signs FGM May Have Occurred

- Difficulty walking, sitting, or standing.
- Extended time in the bathroom or trouble urinating.
- Frequent urinary or menstrual problems.
- Noticeable behavioural changes or withdrawal after returning from extended absence.
- Reluctance to undergo medical exams.
- Awareness by healthcare professionals that FGM has occurred in the family, raising concerns for daughters or other girls.
- Persistent failure to engage with health or welfare services.

Safeguarding Measures

If staff at OTC receive any indication that a young person is at immediate risk of FGM, they must urgently notify their manager. The Designated Safeguarding Lead (DSL) will make an immediate referral to the Local Authority's Safeguarding Adults Board (SAB) or, in the case of a young person under 18 years of age, the Multi-Agency Safeguarding and Support Hub (MASSH).

The DSL at OTC is: **Renata Czechowicz**

Local Safeguarding Adults Board (SAB):

- **Name:** Oxfordshire Safeguarding Adults Board
- **Telephone:** 01865 328232
- **Email:** osab@oxfordshire.gov.uk

Local Authority Designated Officer (LADO):

- **Name:** Jo Lloyd
- **Telephone:** 01865 810603



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- **Email:** lado.safeguardingYoung People@oxfordshire.gov.uk

For more information on the LADO, you can visit the [Oxfordshire Safeguarding Young People Board website](#).

For details on the Multi-Agency Safeguarding and Support Hub (MASSH), please refer to the [UK Government's official page](#).

Please note that contact information may change over time; it's advisable to verify details through official channels periodically.

Referral and Safeguarding

When concerns about a young person under 18 regarding FGM arise, a referral to Children's Social Care should follow standard reporting procedures. Social Care, alongside the Police, may undertake a Section 47 Enquiry if there is reason to believe the young person is at risk of, or has suffered, FGM.

Where possible, removing the young person from their environment may not be necessary. Professionals should sensitively engage with families and communities, explaining that FGM is illegal in the UK. Families should be made aware of legal consequences and that health visitors, Social Care, and OFSTED will be informed if a young person is deemed at risk. Interpretation services should be used where needed.

In cases of immediate danger, legal action such as obtaining a Female Genital Mutilation Protection Order or Emergency Protection Order should be considered.

Assessment

During family contact regarding FGM, professionals should assess:

- The family's understanding and attitudes towards FGM.
- The young person's awareness and attitude towards the practice.



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Efforts should focus on voluntary collaboration with families and communities to prevent FGM, prioritising the young person's welfare. Female interpreters should be arranged for victims whose first language is not English to ensure effective communication and comfort. If no interpreter is used, reasons must be recorded.

Consent will be sought from the young person and relevant family members before the assessment. If consent is withheld, legal advice will be sought.

Strategy Meeting

Following assessment, a Strategy Meeting with relevant professionals will plan protection measures. The focus will be on preventing FGM through family and community engagement. If the risk persists, OTC will consult the Local Safeguarding Board to determine:

- Next steps.
- Legal actions.
- Immediate police intervention.

UNDERAGE SEXUAL ACTIVITY

Many young people will develop a healthy and developmentally appropriate interest in sexual relationships whilst they are still Young People and some will do this before they reach the age of consent. Interventions should be aimed at safeguarding those who are vulnerable and the provision of information and contraception (where appropriate) for other young people. Children under the age of 13 are legally deemed incapable of consenting to sexual activity and therefore all incidences of sexual behaviour involving Young People



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under 13 will be considered as a potential criminal or Young Person protection matter.

Definitions

The following definitions and factors relating to the Ages of Consent and Mental Capacity will apply throughout this Policy:

The Age of Consent:

- The minimum legal age for young people to consent to have sex is 16.
- Any Child under 13 does NOT, under any circumstances, have the legal capacity to consent to any form of sexual activity.

Sexual Grooming - Section 15 of the Sexual Offences Act 2003 has been amended by the Serious Crime Bill 2015 and now makes it an offence for a person (A) aged 18 or over to meet intentionally, or to travel with the intention of meeting a Young Person under 16 in any part of the world if he has met or communicated with that Young Person on just one occasion, and intends to commit a “relevant offence” against that Young Person either at the time of the meeting or on a subsequent occasion. In addition, the Serious Crime Bill introduced the offence of sexual communication with a Young Person. This makes it an offence for an adult to communicate with a Young Person for the purpose of obtaining sexual gratification, where the communication is sexual or if it is intended to elicit from the Young Person communication that is sexual. An offence is not committed in either circumstance if (A) reasonably believes the Young Person to be 16 or over.

Protecting People with a Mental Disorder - the Sexual Offences Act 2003 has created 3 new categories of offences to provide additional protection to those with a mental disorder. The Act now:



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- covers offences committed against those who, because of a profound mental disorder, lack the capacity to consent to sexual activity
- covers offences where a person with a mental disorder is induced, threatened or deceived into sexual activity
- makes it an offence for people providing care, assistance or services to someone in connection with a mental disorder to engage in sexual activity with that person.

Protecting Young People from Sexual Exploitation - the Sexual Offences Act 2003 covers a number of offences to deal with those who abuse and exploit young persons up to the age of 18 and include:

- paying for the sexual services of a Young Person
- causing or inciting Child Sexual Exploitation
- arranging or facilitating Child Sexual Exploitation
- controlling a Young Person in relation to Child Sexual Exploitation
- sexual communication with a Young Person.

Age-Related Risks and Legal Status (Sexual Offences Act 2003)

In assessing the nature of any particular behaviour, it is essential to address the actual relationship between those involved. Power imbalances are very important and can occur through differences in size, age and development and where gender, sexuality, race and levels of sexual knowledge are used to exert such power. Of these, age can be a key indicator, e.g. a 15-year-old girl and a 25-year-old man. There will also be an imbalance of power if the young person's sexual partner is in a position of trust in relation to them e.g. teacher, youth worker, carer etc. In the assessment, workers will need to include the use of

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sex for favours e.g. exchanging sex for clothes, CDs, trainers, alcohol, drugs, cigarettes etc. If the young person has a learning disability, mental disorder or other communication difficulties, they may not be able to communicate easily to someone that they are being, or have been, abused or subjected to abusive behaviour. Staff members need to be aware that the Sexual Offences Act 2003 recognises the rights of people with a mental disorder to a full life, including a sexual life. However, there is a duty to protect them from abuse and exploitation. The Act includes three new categories of offences to provide additional protection;

Child under the Age of 13:

- Under the Sexual Offences Act 2003, Young People under the age of 13 are considered of insufficient age to give consent to sexual activity. The Police must be notified as soon as possible when a criminal offence has been committed or is suspected of having been committed against a Young Person unless there are exceptional reasons not to do so.
- In all cases where the sexually active Young Person is under the age of 13, a referral must be made to Young People's Social Care and a full assessment undertaken in consultation with partner agencies, including the Police. When a girl under 13 is found to be pregnant, a multi-agency support package will need to be developed.

Children between 13 and 16:

- The Sexual Offences Act 2003 recognises that whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from it, the age of consent should still remain at 16. This acknowledges that this group of young people is still vulnerable, even when they do not view themselves as such.



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- Sexually active young people in this age group will still have to have their needs assessed using this Protocol. Discussion with Young People's Social Care will depend on the level of risk/need assessed by those working with the young person.
- This difference in procedure reflects the position that, whilst sexual activity under 16 remains illegal, young people under the age of 13 are not capable to give consent to such sexual activity.

Young People Between 16 and 18:

- Although sexual activity in itself is no longer an offence over the age of 16, young people under the age of 18 are still offered protection under the Young People Act 1989.
- Consideration still needs to be given to issues of sexual exploitation and abuse of power in circumstances outlined above. Young people can still be subject to offences of rape and assault and the circumstances of an incident may need to be explored with a young person. Young people over the age of 16 and under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust or a family member as defined by the Sexual Offences Act 2003.

Risk Indicators

In order to determine whether a relationship presents a risk to the young person, the

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following indicators should be considered. This list is not exhaustive and other factors may need to be taken into account:

- Whether the young person is competent to understand and consent to the sexual activity they are involved in
- The nature of the relationship between those involved, particularly if there are age or power imbalances
- Whether overt aggression, coercion or bribery was involved, including misuse of substances/alcohol as a disinhibitor
- Whether the young person's own behaviour, for example through misuse of substances/alcohol, places them in a position where they are unable to make an informed choice about the activity
- Whether the young person has a learning disability or other communication difficulty that might make them more vulnerable to abuse or exploitation
- What is known about the young person's background and circumstances, ie. their living situation, their education or work attendance, and whether there are any other services involved in their support
- Any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship
- Whether the sexual partner is known by the agency as having other concerning relationships with similar young people
- Places the young person frequents and whether these are known by the agency as locations of concern
- When accompanied by an adult, the relationship gives cause for concern



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- Whether the young person denies, minimises or accepts concerns
Whether methods used to secure compliance and/or secrecy by the sexual partner are consistent with “grooming”
- Whether the young person has taken any steps to ensure safety in the relationship and can recognise concerns themselves
- Whether sex has been used to gain favours
- The young person has a lot of money or other valuables which cannot be accounted for
- Whether the young person has any history of going missing from home, school or work.
- Support staff will follow established guidelines when discussing personal or sexual matters, including the provision of advice and treatment, with a young person under 16. These guidelines stipulate that sexual health services can be offered without parental consent providing that:
 - The young person understands the advice that is being given
 - The young person cannot be persuaded to inform or seek support from their parents, and will not allow staff to inform the parents that contraception advice, e.g. condoms, is being given
 - The young person is likely to begin, or continue, to have sexual intercourse without contraception or protection by a barrier method
 - The young person's physical or mental health is likely to suffer unless they receive contraceptive advice or treatment
 - It is in the young person's best interest to receive contraceptive/safe sex advice and treatment without parental consent.



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Young Person Safeguarding Measures

In working with young people, it must always be made clear to them that absolute confidentiality cannot be guaranteed, and that there will be some circumstances where the needs of the young person can only be safeguarded by sharing information with others.

In some cases, urgent action may need to be taken to safeguard the welfare of a young person. However, in most circumstances, there will need to be a process of information sharing and discussion in order to formulate an appropriate plan. Anyone concerned about the sexual activity of a young person should initially discuss this with the person in their agency responsible for Young Person protection. There may then be a need for further consultation with Young People's Social Care for the relevant area.

Where there are concerns that a young person may be at risk of sexual exploitation, a referral should be made to Young People's Social Care in accordance with the Referrals Procedure. Where the situation is an emergency the local police will be contacted immediately.

When a referral is received by Young People's Social Care, consideration will be given to the need for an assessment and a Strategy Discussion/Meeting. The Strategy Meeting will identify one of the following outcomes:

- That the Young Person is not In Need: the Young People's Social Care will take no further action other than, where appropriate, to provide information and advice
- That the Young Person is In Need but there are no concerns that the Young Person has suffered, or is likely to suffer, Significant Harm: the Young People's Social Care, in consultation with other agencies will determine what services they should provide and whether to continue an Assessment



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- That the Young Person is In Need and that there are legitimate concerns that the Young Person has suffered, or is likely to suffer, Significant Harm: the Young People's Social Care will initiate a Section 47 Enquiry and an Assessment.

Any girl under the age of 13, or is aged 13 to 16, who is pregnant, must be offered specialist support and guidance by the relevant services as part of the assessment of the girl's circumstances.

Action to be taken for Young People Under 13:

- In accordance with the Sexual Offences Act 2003, Young People under the age of 13 are deemed of insufficient age to give consent to sexual activity.
- Unless there are exceptional circumstances that suggest otherwise, the Police must be notified as soon as possible when a criminal offence has been committed or is suspected of having been committed against a Young Person under 13 years of age.
- In all cases where the sexually active Young Person is under the age of 13, a referral must be made to Young People's Social Care Services and a full assessment undertaken in consultation with partner agencies, including the Police.
- When a girl under 13 is found to be pregnant, a referral to Young People's Social Care Services must be made and they will hold a Strategy Discussion with the Police and/or other agencies. At this stage, a multi-agency support package should be formulated.

Action to be taken for Young People Between 13 and 16:

- The Sexual Offences Act 2003 reinforces that, whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from



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it, the age of consent should still remain at 16. This acknowledges that this group of young people is still vulnerable, even when they do not view themselves as such.

- Sexually active young people in this age group will still have to have their needs assessed. Discussion with Young People's Social Care Services will depend on the level of risk/need assessed by those working with the young person.
- This difference in procedure reflects the position that, whilst sexual activity under 16 remains illegal, young people under the age of 13 are not capable to give consent to such sexual activity.

Action to be taken for Young People Between 16 and 18:

- Although sexual activity in itself is no longer an offence over the age of 16, young people under the age of 18 are still offered protection under the Young People Act 1989. Consideration still needs to be given to issues of sexual exploitation and abuse of power in circumstances outlined above. Young people, of course, can still be subject to offences of rape and assault and the circumstances of an incident may need to be explored with a young person. Young people over the age of 16 and under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust or a family member as defined by the Sexual Offences Act 2003.

Sharing Information with Family/Guardians

Professional judgement in line with the Fraser Guidelines will be used by OTC staff when deciding whether to share information with the family or guardians of the young person involved. Such professional judgement will take into account the age of the young person, their maturity, and their ability to recognise the implications and risks of their activity. OTC professionals will encourage the young person throughout to share information with their family/guardians wherever it is safe to do so.



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ABUSE LINKED TO SPIRITUAL AND RELIGIOUS BELIEFS

The definition which is most commonly accepted across faith-based, non-governmental and public sector organisations is the term 'witchcraft' or 'possession by evil spirits'.

The belief in 'spirit possession' or 'witchcraft' is widespread. It is not confined to particular countries, cultures, or specific religions, nor is it confined to new immigrant communities in this country. The belief in spirit possession exists in a number of world religions, including Islam, Christianity, Buddhism, Haitian Voodoo, and Wicca, as well as in Southeast Asian, South American and African traditions.

Motives for abusing young persons suspected of witchcraft are varied. In some cases, abuse can be motivated by a conscious wish to exploit or harm the young person. In others, it can be motivated by beliefs that a young person will benefit from punishment or deliverance. A number of faith groups have beliefs that affect how they use health services, specifically the treatment and immunisations for young persons. A number of church faith groups believe in the power of prayers and faith in God and as a result may refuse medical interventions and treatments including assistance of a young person, health checks and immunisations. When a support worker becomes aware of a belief held by the parents, which may impact the health and development of the young person, they should consult with other professionals to assess the potential risks of Significant Harm to the young person.

It is important that professionals feel confident in asking difficult questions to ascertain the cultural beliefs and practices within the family and/or wider community, and in challenging those that are a risk to young people.

The Young Person

The number of known cases of Young Person abuse linked to accusations of 'possession' or 'witchcraft' is small, but young persons involved can suffer damage to their physical and



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mental health, their capacity to learn, their ability to form relationships and their self-esteem. It is likely that a proportion of this type of abuse remains unreported. Such abuse generally occurs when the young person is viewed as being 'different'. This is attributed to the young person being 'possessed' or involved in 'witchcraft', and attempts to exorcise them result in abuse. A young person could be viewed as 'different' for a variety of reasons, such as disobedience, independence, bed-wetting, nightmares, illness, or having a disability. There is often a weak bond of attachment between the carer and the young person. There are various social reasons that make a young person more vulnerable to an accusation of 'possession' or 'witchcraft', including stress within the family and/or a change in the family structure.

The attempt to “exorcise” may involve severe beating, burning, starvation, cutting or stabbing. Although abuse usually takes place in the home, it may also occur in the place of worship where alleged diagnoses and exorcism take place. Abusers can be family members, family friends, faith leaders or other caregivers.

Any investigation must involve the young person being seen and spoken to on their own. Their sleeping arrangements must also be inspected.

Any siblings or other young people in the household may be well cared for and have all their needs met by parents and carers. These young persons may have been drawn in by the adults to view the young person as 'different' and may have been encouraged to participate in adult activities.

Risk Indicators

Parents/guardians may have a perspective on Young Person-rearing practices underpinned by culture or faith which are not in line with UK law and cultural norms, and they may put the young person at risk of harm through actions such as exorcism, harsh physical punishment, forcing a young person into marriage etc.



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Concerns reported in the cases known from research tend to involve (but are not limited to) Young People aged 2 to 14, both boys and girls, and have generally been reported through schools or non-governmental organisations. Referrals usually take place at a point when the abuse has escalated and becomes visible outside the family circle, meaning that the young person may have been subjected to serious harm for an extended period of time already before anyone has been made aware.

Risk indicators can include the following situations:

- Issues of neglect, such as not being fed properly or being 'fasted', not being clothed, washed properly etc. but left to fend for themselves especially compared to the other young persons in the household
- Often the carer is not the natural parent and the family structure can be complex
- The young person often appears distressed and withdrawn
- The young person is seen as the scapegoat for a change for the worse in family circumstances
- In a group of young people, it may be the one who is relatively powerless and with no essential role in the family or community
- The young person is seen as someone who violates the family norms by being physically different, perhaps because of illness, disability or, in some cases, a suspicion by the father of adultery by the mother.

Wider concerns about a place of worship or community gathering might include:

- a denial or violation of the rights of the young person or individuals
- a lack of trust towards secular authorities
- the character of community members is taken for granted and not questioned



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- a display of repentance is seen as a suitable solution and means that an adult is no longer viewed as a risk to young people
- the protection of Young People and young people is not made a priority, and there is reluctance among leaders to put rigorous safeguarding policies or practices into place.

All agencies involved in the support network of a young person, including OTC, should be alert to the indicators listed above and should be able to identify young people at risk of this type of abuse.

Signs of Abuse

Young persons who are accused of witchcraft, spirit possession, or other religious transgressions are at risk of abuse, and when abuse does occur it can be physical, sexual and emotional. Accusations of witchcraft can also result in neglect of the young person. Abuse linked to witchcraft or spirit possession may specifically involve the following:

- **Physical Abuse:** Beating, shaking, burning, cutting, stabbing, semi-strangulating, tying up the young person, rubbing chilli peppers or other substances on the young person's genitals or eyes, or placing them in the young person's mouth.
- **Sexual Abuse:** Young persons abused in this way may be particularly vulnerable to sexual exploitation, perhaps because they feel powerless and worthless and feel they will not be believed if they tell someone about the abuse.
- **Emotional / Psychological Abuse:** In the form of isolation, for example, not allowing a young person to eat or share a room with other young persons, threatening to



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abandon them, or telling a young person they are evil or possessed. The young person may also accept the abuse if they are coerced into believing that they are possessed.

- Neglect: Failure to ensure appropriate medical care, supervision, regular school attendance, good hygiene, nourishment, clothing or keeping the young person warm.

Assessment Procedure

If staff, family members or other young people have any concerns that this kind of abuse has taken or is taking place, they should report it to OTC's DSL immediately. The DSL will then, if needed, make a referral to Adult Social Care (or Young People's Social Care if the individual in question is under 18).

The Designated Safeguarding Lead (DSL) at OTC is Renata Czechowicz

They can be contacted via:

by email: renata@hitchcoxgroup.co.uk

At all levels of assessment, the aim should be to fully understand the background and context of the beliefs in order to establish the facts, i.e. what is happening to the young person. The context of the young person's own needs must also be considered.

Referrals to Social Care regarding concerns about actual or potential Significant Harm will be met with a thorough and extensive assessment. Depending on the severity of the concern, a Strategy Discussion will also take place to determine the full extent of the situation and how to proceed. OTC will liaise with all other agencies within the support network of the young person and ensure their understanding in order to support the young person as best as possible. All agencies should understand the situation so that they are in a position to support the young person appropriately.



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Careful assessment is required at all stages and close communication with key members of the community, especially when working with new immigrant communities, and with any relevant faith groups, is essential.

However, staff must bear in mind any potential concerns about community leaders or places of worship. As stated in the Risk Indicators section of this policy, places of worship and their leaders may have reason to conceal their practices and deceive professionals, which results in a lack of appropriate action taken to safeguard the young person. The safety of the young person must always be the highest priority and thorough investigations must be carried out to ensure the practices do not jeopardize this safety. The assessment must also consider and address the family's religious beliefs in order to understand their influence on parenting. Families can return to traditional and often outdated beliefs when faced with stressful issues. For instance, rebellion, homosexuality and poorly-regarded recreational activities can be seen as 'sins', and the 'soul' and spiritual health of the young person may take precedence over their body and physical health. Although research conducted has found a number of parents/carers to have some form of mental health problem, this must not distract from the young person's situation, nor be seen as a factor to explain away the potential risks. In assessing the risks to the young person, the siblings or any other young persons in OTC must also be considered, as they may have witnessed or been forced to participate in abusive or frightening activities.

In view of the nature of the risks, a full health assessment of the young person should take place to establish their overall health, medical history, and current circumstances.

Practitioners should consider whether the beliefs are supported by others in the family or in the community, and whether this is an isolated case or if other members of the community are being treated in a similar manner. To this end, the assessment should establish if there is a faith community and leader, and if so, determine the following:

- The details of the faith leader and faith community to which the family and young person subscribe



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- The exact address of the premises where worship or meetings take place
- further information about the beliefs and practices of the community and whether they are aligned to larger organisations, either in the UK or abroad.
- Any suggestions that the guardians, parents or carers will take the young person out of the country must be taken seriously and legal advice sought regarding possible prevention.
- At all stages of assessment, OTC professionals must consider:
 - How to build a relationship of trust with the young person, and whether there is another professional who already has a trusting relationship with them
 - How to involve the family; beliefs regarding the possession of an individual may mean they are stigmatised in their family, and professionals should find out exactly how this affects the individual's relationship with others in the family and community
 - the family structure and the roles of the adults in the household
 - the beliefs of the family and whether others in the family or community support these beliefs
 - whether there is a faith or community leader to whom the family relates; if so, their details should be obtained
 - whether this is an isolated case or a pattern in the community
 - the timing of the abuse, and whether it is linked to the arrival of a new adult into the household or the arrival of a Young Person, perhaps, from abroad
 - how expert advice can be accessed about beliefs and cultures that are not their own
 - any existing pressures on the family, or things that have gone wrong for which the young person has taken the blame. Professionals should consider whether there is anything that can or should be done to address relevant pressures on the family.



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If a professional has concerns that a young person who is a victim of abuse might be taken out of the country, they must consider:

- Why the young person is being taken out of the UK
- Whether support arrangements in the UK allow the local authority to discharge its safeguarding duties
- What the young person's immigration status is, whether they recently arrived in the UK, and how they arrived
- What the proposed arrangements are for the young person in their country of destination, and whether it is possible to check these arrangements
- Whether the arrangements appear likely to safeguard and promote the young person's welfare
- Taking an individual outside of the UK for exorcism - or deliverance-related procedures is likely to cause Significant Harm.

Terminology and Other Guidance for Professionals

Professionals must have some knowledge of the beliefs and practices they come across. OTC aims for all staff to be educated to the extent that they can approach these issues with respect and sensitivity, as well as efficacy.

Many religious beliefs revolve around the idea that the soul is more important than the body, and that there is a good or deity that influences the physical world. Ancient belief systems believed in demons, and remnants of this belief still exist in minority churches, where demons are cast out and pastors are imbued with some form of supernatural powers.



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Such concepts also exist in western culture; ideas like ghosts, voodoo, karma, horoscopes, and witchcraft all stem from these ancient beliefs. Some of the most common examples of such ideas include:

- Witchcraft- the belief that supernatural or magical powers can be used to inflict harm upon members of a community or their property, or for benevolent purposes such as healing. Those involved in witchcraft are referred to as witches, and historically it was believed that all witches were allied with the devil
- Spirit Possession - “belief in spirit possession” is the belief that an evil force (such as a spirit, god, or demon) has entered a young person and is controlling him or her. Sometimes the term “witch” is used to describe the young person’s condition, and is the belief that a young person is able to use an evil force to harm others. It can form the foundation of ritualistic Young Person abuse
- Exorcise/Exorcism - the attempt to expel evil spirits from a young person
- Kindoki or Ndoki - sorcery and witchcraft
- Jinn- beings in pre-Islamic Arabian religions that are similar to angels but without inherent goodness
- Evil Eye- a supernatural belief in a curse that is not confined to one religion or area of the world
- Dybbuk- a wandering 'dislocated soul' in Jewish mythology that possesses people and their souls
- Voodoo- from an amalgamation of Roman Catholicism and West African Vodun beliefs, a system of beliefs, rituals and sacrifices
- Daayan/Dain/Daini- malevolent female spirits in Indian folklore and Hindu teachings
- Muti- a traditional medicine practice in Southern Africa. There have been instances of 'muti-killings'; where a victim has been murdered so that their body parts can be excised and incorporated into medicinal potions



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- Christianity contains numerous references throughout the Bible to angels, demons, and intolerance of sorcery.

In all cases, genuine beliefs can be held by families, carers, religious leaders, congregations, and the young persons themselves that evil forces are at work. Families and young persons can be deeply worried by the evil that they believe is threatening them, and abuse often occurs when an attempt is made to exorcise the evil spirits from a young person.

Simply asking what religion the young person subscribes to will not be enough to get a clear idea of their belief system. These beliefs are often found in fundamental Abrahamic societies as well as minority religions across the globe.

Further questioning must take place to accurately pinpoint the religious beliefs of a potential victim of abuse. Such questions can include:

- What does (eg.) kindoki mean?
- Tell me about it;
- How do you feel about it?
- How do you know about it?
- How do you feel when your family says you are 'possessed' or otherwise affected?
- What would you think if someone didn't believe you?
- What power have you invested in your faith?
- What guides your faith?
- What would happen to someone in your home country who was affected in this way?



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Good Practice Guidance

- information for those who work with Young People to help prevent Young Person abuse arising from religious practice or related superstitions.

Contacts

Further advice can be sought from local representatives of many faiths. Additionally, organisations such as thirty-one: eight (formerly the Churches' Young Person Protection **Advisory Supported accommodation**(CCPAS) provide support, training, and resources that help to safeguard young people in faith groups. (see for more information)

Churches Together in England unites a variety of Christian denominations to collaborate and develop guidance and practice for faith groups in England. (see for more information)

AFRUCA promote the well-being and protection of young people in black and ethnic communities across the UK, with a particular focus on trafficking and exploitation-related issues. They can be contacted for advice, training and guidance for staff on such topics. (see for more information)

The DSL at OTC will collate information and keep the relevant Local Safeguarding Partnerships updated when necessary so that liaison and communication with local faith groups can be monitored and developed.

Education and Training

At OTC, we aim to educate our staff, Young Persons, families, and other support networks on the importance of safeguarding. Our approach extends beyond our supported accommodation, involving collaboration with Local Authority Safeguarding Boards, the Police, educational services, and community outreach projects. This comprehensive strategy ensures the development and safety of everyone involved in our safeguarding framework.



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Identifying Training Needs: We identify training needs through regular assessments, feedback, and evolving best practices. The responsibility for overseeing and implementing training lies with our business Registered Manager supported by senior management.

Induction Process: During the induction process, staff are trained in key areas to ensure they are equipped to handle safeguarding issues effectively. This includes:

Mandatory Training:

Safeguarding Young people:

Understanding policies, procedures, and reporting mechanisms.

- Universal Safeguarding training for all staff – refreshed yearly
- **Mental Health Awareness:** Recognising and supporting mental health issues.
- **Prevent and Anti-Radicalisation:** Identifying and mitigating radicalisation risks.
- **Child Sexual Exploitation (CSE) and Young person Criminal Exploitation (CCE):** Recognising signs and appropriate responses.
- **Bullying:** Preventing and addressing bullying.
- **E-safety:** Ensuring online safety for young people and monitoring the searched through EAC (it support)

Gang Activity and Violence: County lines training

Maintaining Staff Awareness: To maintain staff awareness, we employ several strategies:

Regular Refresher Training: Scheduled sessions to update knowledge and skills.

Team Meetings: Monthly team meetings for reflection / Monthly critical reflection meetings

Reviewing Processes which OTC has in place to prevent harm coming to any young person in our care

Regular Supervision with a senior member of staff



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- **CPD** and training on: CSE, radicalisation, county lines, allegations management, domestic violence, self-harm
- All staff are safer recruited
- **Visual Displays:** Posters and information boards highlighting key safeguarding information and procedures.
- **Workshops and Seminars:** Ongoing professional development opportunities.

Record Keeping

The written record of any concerns will be kept on file. This confidential information will be stored securely and appropriately and will be kept for as long as deemed necessary, in line with Data Protection principles and procedures. All incidents should be discussed under supervision with the DSL.

Confidentiality

Information in relation to individual safeguarding enquires and cases is confidential, and when information is shared it will be shared on a need-to-know basis that is in line with effective safeguarding practices and supervised by the DSL. Whilst the safety and wellbeing of the vulnerable young person take precedence over considerations of confidentiality, every effort will be made to maintain confidentiality for everyone concerned, in the event of an allegation and during any subsequent investigation.

OTC has a duty to share information with other agencies and authorities if requested in connection with an assessment of a vulnerable young person or in connection with court proceedings.

When sharing information with a relevant party on an individual the following should be considered;

Information should be shared on a need-to-know basis when it is in the best interests of the individual;



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Informed consent should be sought and obtained, but if this is not possible and risks are still posed to Young People and other adults and young people this may require that requirement to be overridden to maintain safeguarding;

Distinguishing facts from opinions;

Ensure the right information about the right people is getting to the correct people in the correct time frames;

Ensure you are securely sharing information;

Inform the person who the information is about that it has been shared. Staff must make a decision with the DSL that this is not going to cause further harm to the person or other persons and must take action and seek advice if required to maintain transparency and manage risk.

The Data Protection Act 2018, General Data Protection Regulation (UK-GDPR), Human Rights Act 1998 and The Young people Act 1989 must be considered and if necessary will override the need to keep the information confidential.



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Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This policy is the authorised version agreed upon by the CEO of Orchard Therapeutic Care Ltd.

All employees are expected to follow this policy and failure to do so could result in disciplinary action.

A handwritten signature in black ink, appearing to read "Ludivine Parmentier".

Ludivine Parmentier

CHIEF EXECUTIVE OFFICER