# Blackpool Music School

# Child & Vulnerable Adults Safeguarding Policy

# March 2024

# Introduction

Safeguarding means protecting people’s right to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s or child’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

# Policy Equalities Statement

Blackpool Music School (BMS) is committed to practices that protect from harm regardless of a person’s age, gender, disability, racial heritage, religious belief, sexual orientation, or any other characteristic as covered by the Equality Act 2010.

# Aims of the Policy

This policy, taken together with Blackpool Unitary Authority and Lancashire County Council’s Multi-Agency Safeguarding Policies, represents commitment in working together to safeguard children and adults from abuse, neglect and exploitation. It clarifies the roles and responsibilities of employees, trustees and volunteers in relation to developing their own awareness and skills as well as the policies and procedures that must be followed.

The policy outlines:

* + The practice and procedure for representatives within BMS to contribute to the prevention of the abuse and neglect, and
  + A clear framework for action including information sharing when abuse is suspected.

**Roles and Responsibilities**

# Whose business is safeguarding?

Legislation establishes that safeguarding is everybody’s business. This organisation recognises that we all play a key role in preventing, detecting, reporting, and responding to abuse, neglect or exploitation.

In particular, the following people have specific Roles in carrying out this policy:

|  |  |  |
| --- | --- | --- |
| **NAME** | **ROLE/RESPONSIBILITIES** | **TELEPHONE/email** |
|  | Safeguarding Officer |  |
|  | Deputy Safeguarding Officer |  |
|  | Manager or appointed officer |  |
| John Shaw | Chair of Trustees |  |

# Scope and Definitions of the Policy

* 1. **Scope**

The policy applies to activities delivered by BMS. Where BMS delivers any activities in partnership with another body this policy applies - unless a formal agreement exists that specifically details safeguarding arrangements and the roles and responsibilities of the parties to the agreement. Where a formal partnership exists, the trustees will review the partner’s safeguarding policy and procedures at least annually and will ensure procedures meet the standards set out in this policy. The policy applies in respect of this organisation’s responsibility towards the following groups of people:

* + - Children and young people - legally defined as any person under the age of

18. From this point the terms child or children will be used to refer to this group.

* + - An ‘adult at risk of abuse or neglect with care and support needs’ however for the purpose of this policy we will use the term vulnerable adult to refer to this group.
    - Employees, trustees and volunteers who come into contact with children or vulnerable adults during the course of their work or volunteering responsibilities.
    - Contractors when carrying out work on behalf of the organisation.

# Definitions

Child Protection is defined as:

* + - Protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect or other identified risk factors such as parental Domestic Violence, substance misuse.

Safeguarding and promoting the welfare of children and young people is defined as:

* + - Protecting children from maltreatment
    - Preventing impairment of children’s’ health or development
    - Ensuring that children are growing up and living in circumstances consistent with the provision of safe and effective care
    - Through the provision of safe and effective care, enable children to have optimum life chances

Adult Safeguarding is defined as:

* + - * Protecting an adult’s right to live in safety, free from abuse and neglect aiming to ensure that each adult is supported to maintain:
        + Wellbeing
        + Choice and control
        + Safety
        + Good health
        + Dignity and respect

# Legal Framework

BMS will work within the framework of legislation and guidance in relation to safeguarding and protection of children and vulnerable adults. An index of key legislation is contained in Appendix 3.

# All staff and volunteers will consider the following when raising a concern:

* + - Safeguarding is mainly aimed at individuals with care and support needs whose circumstances may put them at risk of abuse or neglect by others

- due consideration must also be given to people who need to use a food bank given the inherent vulnerability resulting from a person’s immediate circumstances.

* + - Abuse is defined as a violation of an individual’s human and civil rights; it may consist of a single act or repeated acts
    - The nature and extent of the abuse including whether it is a criminal offence
    - The impact of the abuse on the person and the physical and /or psychological harm being caused and whether the abuse is having an impact on other people
    - Deprivation of liberties where people living in care homes, hospitals or other institutions are looked after in a way that does not inappropriately restrict their freedom

# Types of Abuse

Eleven types of abuse are currently identified through legislation and UK guidance frameworks:

* + **Physical abuse** – Involves any manner of causing physical harm to a child or vulnerable adult or fabricating symptoms of, or inducing illness in, a child or vulnerable adult, including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions, administering or allowing access to drugs or alcohol.
  + **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse, so called ‘honour’ based violence.
  + **Sexual abuse** – Sexual abuse involves forcing or enticing any child or vulnerable adult of whatever age to take part in any form of sexual activity, whether or not s/he is aware of what is happening; or behaving, or inducing a child/ vulnerable adult to behave, in sexually inappropriate ways - including rape, indecent exposure, sexual harassment, inappropriate looking and touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. This includes inappropriate sexual relationships with people in positions of power or influence. *The victim may have been sexually exploited even if the sexual activity appears consensual. Sexual exploitation does not always involve physical contact; it can also occur through the use of technology.*
  + **Psychological abuse** – the persistent emotional ill treatment of a child or vulnerable adult such as to cause severe and enduring effects on a child’s emotional development including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks. It is important to note that within faith communities a further aspect of psychological abuse is Spiritual abuse. This is where the abuse does damage to a vulnerable adult’s or child’s emerging faith and spirituality. The fact that the damage includes damage to the spiritual self is what makes it spiritual abuse and usually occurs within the context of wider abuse.
  + **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, possessions, or benefits.
  + **Modern slavery** – encompasses slavery, human trafficking, and forced labour and domestic servitude, where traffickers and slavers coerce, deceive and force individuals into a life of abuse, servitudes and inhumane treatment
  + **Discriminatory abuse** - including forms of harassment, slurs, exclusion, or similar treatment. This includes discrimination on the grounds of a person’s protected characteristics including; race, age, disability, gender, sexual orientation, political views, faith or religion (including where someone is discriminated against because they have no religion), as well as racist, sexist, homophobic or ageist comments.
  + **Organisational abuse -** Including neglect and poor care practice within an institution or special care setting such as a hospital or care home, or where care is provided within their own home.
  + **Neglect and acts of omission** Neglect involves the persistent failure to meet a child’s or vulnerable adults basic physical and/or psychological needs, likely to result in the serious impairment of the person’s health and development – these include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating, access to family and friends.
  + **Self**-**neglect** - Self-neglect covers a wide range of behaviour, neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.
  + **Hate crime** – a hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim’s disability, race, religion or belief, sexual orientation, or transgender identity.

Further information on recognising the signs and symptoms of abuse can be found in Appendix 5.

**Note** – Abuse can be carried out by children and BMS recognises that if a child or children is or are causing harm to an adult with care and support needs, this should be dealt with under the Local Authority adult safeguarding policy and procedures but will also need to involve the Local Authority Children’s Services.

# Information Sharing and Consent

Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding. BMS will share safeguarding information with the right people at the right time to:

* + Prevent death or serious harm
  + Coordinate effective and efficient responses
  + Enable early interventions to prevent the escalation of risk
  + Maintain and improve good practice in safeguarding
  + Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
  + Identify low-level concerns that may reveal children or vulnerable adults at risk of abuse
  + Help families, children and vulnerable adults access the right kind of support to reduce risk and promote wellbeing
  + Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
  + Reduce organisational risk and protect reputation

All information and concerns should be raised with the Safeguarding Officer, their deputy, or if they are not available the MANAGER OR APPOINTED OFFICER who will then make the decision as to whether to share information with another agency including social care or the police.

In the case of severe concerns where delay in contacting the Safeguarding Officer could result in further harm the worker/volunteer should contact the relevant statutory authorities immediately and inform the Safeguarding Officer as soon as possible afterwards.

Ideally information should only be shared with other agencies including the police and social care if the consent of the person concerned (or their parents/carer where appropriate) has been obtained. Obtaining informed consent to share information is best practice and is often key to ensuring any further support or action is successfully maintained, based on trust and transparency. There are however exceptions to this.

Exceptions to this include:

* + Where gaining consent would put the child, vulnerable adult, or this organisation’s volunteers/workers at further risk of significant harm.
  + Where a vulnerable adult is assessed as not having the ‘mental capacity’ to make this decision, in this case appropriate representatives/advocates should be consulted, however the final decision will be made by the BMS Safeguarding Officer.
  + Where a crime has taken place and there is an overriding public duty for the police to investigate.
  + Where other adults at risk and/or children may be at risk of harm from the person/group/agency suspected of causing abuse.

In making the decision whether to share information without consent consideration will therefore be given to the seriousness and pervasiveness of the abuse: the ability of the individual to make decisions; the effect of the abuse on the individual in question and on others; whether a criminal offence has occurred; and whether there is a need for others to know (e.g., to protect others who may not be involved in the immediate situation).

If the decision is made not to share information because consent has been withheld and the exceptions given above, do not apply then the person will be advised of any actions they can take or other support they can access. They will also be made aware of the fact that they can change their minds at any point.

Decisions about sharing information (or not) will be clearly recorded with reasons stated.

# Confidentiality and Recording

Every effort should be made to ensure that confidentiality is maintained for all concerned both when an allegation is made and whilst it is being investigated. Confidentiality can only be broken and a concern shared when it is in the best interest of the child, vulnerable adult or in the public interest to do so – the circumstances for this are outlined in section 7 above.

All records will be written, stored and destroyed with due regard for confidentiality and in line with BMS’s policy on Data Protection and in adherence with the General Data Protection Regulations. Staff and volunteers will be trained and supported to maintain and store accurate records.

# Procedure if a Member of Staff or Volunteer has a Safeguarding Concern:

All Staff or volunteers must raise their concerns with the Safeguarding Officer, their deputy or if they are not available the MANAGER OR APPOINTED OFFICER. If the subject of concern is a member of staff or volunteer see BMS’s Whistle Blowing Policy (Appendix 4). The Whistle Blowing Policy should be used when a member staff or volunteer has concerns about the conduct of a colleague in a position of trust within the organisation, which could be detrimental to the safety or wellbeing of adults and children.

# Things to remember

* + All allegations/disclosures will be treated seriously - the safety of the vulnerable adult or child is paramount.
  + Staff and volunteers should stay calm, listen and reassure the person they are concerned about that they are being listened to.
  + Staff and volunteers should always demonstrate a sensitive approach.
  + Staff and volunteers should be aware of the possibility of a police investigation, and are not to investigate any allegation themselves.
  + Staff and volunteers will explain that they are required to share information with those people who need to know but not with other staff or volunteers. Absolute confidentiality cannot be promised.
  + If there is immediate danger, or someone requires urgent medical attention, then the police or ambulance should be called immediately, and the Safeguarding Officer informed as soon as possible.

# 10.1 Reporting Procedure

1. Any concerns should be reported immediately to the Safeguarding Officer, their deputy or in their absence the MANAGER OR APPOINTED OFFICER who will decide whether to contact Social Services helpline who can advise on appropriate next steps including whether to refer to statutory services.
2. A Safeguarding Concern Report Form (Appendix 2) will be completed by the employee/volunteer or by the Safeguarding Officer using information relayed by the person reporting the concern. Information recorded on the form must:
   1. Be accurate
   2. Wherever possible include the actual words said by the child or vulnerable adult rather than an interpretation of what was said.
   3. Specific facts relating to the named people dates, places etc. should be recorded accurately along with any details of the injuries or consequences i.e. where they are and what they looked like.
   4. Information may also need to reported under the Health and Safety Policy and Procedures.
3. Where necessary the Safeguarding Officer will report the concern to Statutory Children’s/Adults Social Care Services, providing a copy of the Safeguarding Concern Form, and where appropriate a chronology of events.
4. If a criminal offence has been committed the MANAGER OR APPOINTED OFFICER or BMS’s Safeguarding Officer will call the police and any other linked agencies as necessary.
5. Lancashire County Council’s or Blackpool Unitary Authority’s Children’s or Adults Services may then take the lead on any investigation and inform other agencies, where appropriate.
6. The Safeguarding Officer (SO) will provide any further information to statutory Services as required.
7. Completed safeguarding concern forms will also be kept centrally by the Safeguarding Lead, stored in a locked cabinet with restricted access, away from other personal files. Where completed Safeguarding Concern forms are stored electronically, they will be kept on [e.g. encrypted drives/ secure servers] with restricted access in line with this policy and the Data Protection Policy.
8. Where incidents that have resulted in (or risk) significant harm to beneficiaries, the SO will notify the Board of Trustees who may be required to be report the incident to the charities regulator as a Serious Incident Report (cf. Sec 11).

# Monitoring

Information about safeguarding cases and how they were dealt will be reviewed and reported on regularly to the Board of Trustees. Areas to focus on include:

* + How quickly the concern was reported to the Safeguarding Lead
  + Whether a concern was reported to statutory agencies
  + How quickly a concern was made to the police/Children’s/Adults Services (where relevant)
  + Accuracy of information recorded
  + The quality of the input into the safeguarding process (feedback from police/Children’s/Adults Services)
  + Outcomes of safeguarding process
  + Whether any incidents highlighted training issues or a need to amend in- house procedures
  + Whether the incident should be notified to the charity regulator under Serious Incident Reporting procedures

Reports to trustees should focus on the issues and the organisation’s response to an incident **not** the specific details of an individual case. Reports made to the trustees should be captured in a Safeguarding Incident Register. This is to enable the organisation to reflect on and improve its practice in developing an effective safeguarding culture.

The policy and procedure will be reviewed and audited regularly or if legislation changes.

# Good Practice

* 1. **Recruitment of staff and volunteers**

1. All staff and volunteers responsible for supervising vulnerable adults or children will undergo an enhanced criminal records check if their role falls within the eligibility guidelines (cf. Appendix 1 for links to guidance on eligibility).
2. All references will be taken up before start of volunteering or employment, and should be provided in writing or transcribed where received verbally. BMS will make all reasonable efforts to ensure that references are bona- fide and will seek alternatives where in doubt.
3. All staff and volunteers have a duty to disclose any unspent convictions. Failing to do so may be regarded as gross misconduct or a breach of the volunteering agreement.
4. Staff and volunteers without a criminal records check will not be permitted unsupervised access to vulnerable adults or children.
5. Criminal records check will be renewed every three years.

# Training

1. All staff and volunteers will familiarise themselves with all BMS’s policies and procedures, including safeguarding, during induction.
2. All staff and volunteers will complete basic Safeguarding training and other relevant training as required.

All Trustees, volunteers and staff will be made aware of:

* + The possibilities of abuse and neglect of children and vulnerable adults
  + Local procedures and know the names and contact details of relevant local and national professionals and organisations (see Appendix 1).

In addition, all staff and volunteers, including trustees will be required to undertake refresher safeguarding training at least biennially (every two years).

# Management and Supervision

Unless expressly delegated to MANAGER OR APPOINTED OFFICER or the Safeguarding Officer, trustees are responsible for clarifying with staff and volunteers their roles and responsibilities regarding the safeguarding of children and vulnerable adults. Supervision of staff and volunteers will monitor working practices and offer the opportunity to raise any concerns.

Signed:

Chairperson

Date:

Appendix 1

**Key Contacts**

**If someone is injured or in imminent danger, call 999.**

|  |  |  |
| --- | --- | --- |
| **Role** | **Name** | **Contact Details** |
| Safeguarding Officer |  |  |
| Chairperson | John Shaw |  |
| Manager or appointed officer |  |  |
| Blackpool Unitary Authority | **Child concerns**  **Adult concerns** | **Out of hours –**    **Info/advice -** |
| Lancashire County Council Adult Social Care | **Lancashire Safeguarding Adult’s Board = speak to Local Authority Designated Officer (LADO)** | **0300 123 6720**  **Out of hours – 0300 123 6722** |
| Lancashire County Council Children’s Social Care | **Lancashire Safeguarding Children’s Board**  **= speak to Local Authority Designated Officer (LADO)** | **0300 123 6720**  **Out of hours – 0300 123 6722** |

# Other National Advice Providers

* Action Elder Abuse Confidential Free Help Line - 0808 808 8141 - 9am- 5pm
  + NSPCC Child Protection Helpline - 0808 800 5000
  + ChildLine - 0800 1111
  + NSPCC 24/7 Helpline - 0808 800 500 or [help@nspcc.org](mailto:help@nspcc.org)

# If you think a crime has taken place

* Police Protection Team Tel: 101

# Care Quality Commission

Helpline Tel: 03000 616161

# The Regulation and Quality Improvement Authority

Helpline Tel: 028 9536 1990

# England and Wales - Disclosure and Barring Service

03000 200 190

[customerservices@dbs.gov.uk](mailto:customerservices@dbs.gov.uk) https://[www.gov.uk/find-out-dbs-check](http://www.gov.uk/find-out-dbs-check)

Appendix 2

# Safeguarding Concern Alert Form

**(Confidential when complete)**

|  |  |
| --- | --- |
| **For Office Use** | |
| Date and Time of Incident | DD/MM/YYYY 00:00 |
| Name of Person Completing this form | Your name. |
| Passed to Safeguarding Officer (SO) | Name of SO |
| Method of communication | Choose an item. |
| Received by SO | DD/MM/YYYY 00:00 |
| **About the incident, safeguarding concern or identified Risks** | |
| Individual(s) identified at risk *(select all that apply)*:   * Person using the Food Bank ☐Partner/spouse * Food bank Volunteer ☐Cohabiting individual * Staff/ employee ☐Friend/ neighbour * Children/Young person ☐Other   If “other” please specify. | |
| About the person(s) at risk  Name: Forename & Surname  Address: Click or tap here to enter text.  Date of birth: Click or tap to enter a date. Gender: Click to enter text. | |
| Is the alleged perpetrator known to the person at risk?   * Yes ☐No | |

|  |
| --- |
| What is their relationship to the person at risk?   * Carer ☐Professional * Family member ☐Friend * Neighbour ☐Self * Another vulnerable person ☐Other   If “other” please specify. |
| Please provide a brief description of the allegation/concerns:  Use this space to clarify basic information. Record factual details about what was said. Include:   * Date, time, location of incidents * People involved * What was observed * What was heard * What was disclosed/said to you –using their own words |
| Please provide a brief outline of actions taken/ support offered:  Outline what action was taken at the time of the incident. If there is evidence what has been done to preserve this etc. |
| Have you discussed your concerns with the person at risk (or legal guardian in the case of a child), where doing so does not increase the risk of harm and informed them of any actions you proposed to take?   * Yes ☐No   Has the person at risk given their consent to sharing the information with appropriate external agencies and/or statutory services:   * Yes ☐No |
| **For the Safeguarding Officer to complete** |
| Type of risk/ abuse identified or suspected *(select all that apply)*:   * Self-neglect ☐Emotional/ phycological Abuse * Exploitation (including financial) ☐Discrimination * Domestic Violence ☐Neglect * Modern Slavery ☐Coercive controlling behaviour * Sexual Abuse ☐Grooming * Physical Abuse |

|  |  |
| --- | --- |
| Additional actions/ measures:   * List measures as bullets | |
| Is a further Risk Assessment needed for the FB to managed identified risks/ concerns?   * Yes ☐No | |
| Has the incident/ concern been reported to statutory social care services:   * Yes ☐No | |
| Concerns shared with external agencies  **N.B. If you have concerns for a person’s immediate safety then contact the emergency services.** | * Police * Social Care * Original referral agency * 31:8 * Trussell Trust Area Manager * Other   If other please specify. |
| Safeguarding Incident Register updated for the charity Trustees/ Management Group:   * Yes ☐No | |

Appendix 3

# Key legislation in England

**Legal Framework Children and Young People:**

* Children Acts 1989 and 2004
* Children and Young Persons Act 2008
* Safeguarding Vulnerable Groups Act 2006
* Protection of Freedoms Act 2012
* Children and Families Act 2014
* Education Act 2002 and 2011
* Female Genital Mutilation Act 2003
* Children and Adoption Act 2008
* Apprenticeships, Skills, Children and Learning Act 2009
* The Children and Social Work Act 2017
* Working together to safeguard children 2006, 2015 and 2018

# Legal Framework Vulnerable Adults

* Care Act 2O14
* Mental Capacity Act (including DoLS) 2005
* Human Rights Act of 1998
* Care and Support Statutory Guidance 2014 – identified the following 6 principles that underpin all adult safeguarding work**:**
  + **Empowermen**t – People being supported and encouraged to make their own decisions with informed consent
  + **Prevention** – It is better to take action before harm occurs
  + **Proportion** – The least intrusive response appropriate to the risk presented
  + **Protection** – Support and representation for those in greatest need
  + **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
  + **Accountability** – Accountability and transparency in delivering safeguarding

Appendix 4

# Whistle Blowing Policy in relation to Safeguarding

# To be read in conjunction with the general whistleblowing policy

This covers concerns that staff have about the conduct of individuals in a position of trust within the organisation, which could be detrimental to the safety or wellbeing of adults and children and where staff, for whatever reason, feel unable to raise them under the organisation’s standard complaints procedures. This procedure is also available to the organisation’s volunteers should they feel unable to raise a safeguarding concern using the channels outlined in this policy. It relates to raising concerns about:

* Unprofessional behaviour
* Bullying by staff
* Any form of abuse (physical, sexual, emotional or neglect)
* Name calling
* Personal contact with adults, children and young people which is contrary to the organisation’s policies and codes of conduct
* Any form of racial abuse
* Inappropriate sexualised behaviour
* Knowledge about an individual’s personal circumstances which may indicate they could be a risk to adults and/or children
* Persistent and enduring rumours including un-investigated historical rumours.

Where a person raising concerns is unable to raise the matter with either the Safeguarding Officer, their deputy or the MANAGER OR APPOINTED OFFICER, then they can contact the chair of trustees who is responsible for the oversight of the Governance of the Charity. If the person raising the concern feels the Chair of Trustees has not appropriate addressed the concerns raised, then they can seek further recourse via the following means:

If it is felt there exists a significant risk of harm being caused to another person, then the person can raise their concerns directly with Lancashire County Council’s social services.

Appendix 5

# Signs and symptoms of abuse (Children)

The following signs could be indicators that abuse has taken place but should be considered in context of the child’s whole life.

**Physical**

* Injuries not consistent with the explanation given for them
* Injuries that occur in places not normally exposed to falls, rough games, etc
* Injuries that have not received medical attention
* Reluctance to change for, or participate in, games or swimming
* Repeated urinary infections or unexplained tummy pains
* Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation\*
* Cuts/scratches/substance abuse\*

**Sexual**

* Any allegations made concerning sexual abuse
* Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
* Age-inappropriate sexual activity through words, play or drawing Child who is sexually provocative or seductive with adults
* Inappropriate bed-sharing arrangements at home
* Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
* Eating disorders - anorexia, bulimia\*

**Emotional**

* Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging.
* Depression, aggression, extreme anxiety.
* Nervousness, frozen watchfulness
* Obsessions or phobias
* Sudden under-achievement or lack of concentration
* Inappropriate relationships with peers and/or adults
* Attention-seeking behaviour
* Persistent tiredness
* Running away/stealing/lying

**Neglect**

* Under nourishment, failure to grow, constant hunger, stealing or gorging food, Untreated illnesses, inadequate care, etc

\*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.

# Signs and symptoms of abuse (Adults)

The following signs could be indicators that abuse has taken place but should be considered in context of the person’s whole life.

# Physical abuse

* History of unexplained falls, fractures, bruises, burns, minor injuries
* Signs of under or overuse of medication and/or medical problems left unattended
* Any injuries not consistent with the explanation given for them
* Bruising and discolouration - particularly if there is a lot of bruising of different ages and in places not normally exposed to falls, rough games, etc.
* Recurring injuries without plausible explanation
* Loss of hair, loss of weight and change of appetite
* Person flinches at physical contact &/or keeps fully covered, even in hot weather
* Person appears frightened or subdued in the presence of a particular person or people

# Domestic violence

* Unexplained injuries or ‘excuses’ for marks or scars
* Coercive, controlling and/or threatening relationship including psychological, physical, sexual, financial, emotional abuse; so-called ‘honour’ based violence and Female Genital Mutilation

# Sexual abuse

* Pregnancy in a woman who lacks mental capacity or is unable to consent to sexual intercourse
* Unexplained change in behaviour or sexually explicit behaviour
* Torn, stained or bloody underwear and/or unusual difficulty in walking or sitting
* Infections or sexually transmitted diseases
* Full or partial disclosures or hints of sexual abuse (that may be accompanied by some of the following additional symptoms):

Self-harming Emotional distress

Mood changes

Disturbed sleep patterns

Psychological abuse

Alteration in psychological state e.g withdrawn, agitated, anxious, tearful

Intimidated or subdued in the presence of a particular person

Fearful, flinching or frightened of making choices or expressing wishes

Unexplained paranoia

Changes in mood, attitude and behaviour, excessive fear or anxiety

Changes in sleep pattern or persistent tiredness

Loss of appetite

Helplessness or passivity

Confusion or disorientation

Implausible stories and attention seeking behaviour Low self-esteem

# Financial or material abuse

* Disparity between assets and living conditions
* Unexplained withdrawals from accounts or disappearance of financial documents or loss of money
* Sudden inability to pay bills, getting into debt
* Carers or professionals fail to account for expenses incurred on a person’s behalf
* Recent changes of deeds or title to property
* Missing personal belongings
* Inappropriate granting and / or use of Power of Attorney

# Modern slavery

* Physical appearance; unkempt, inappropriate clothing, malnourished
* Movement monitored, rarely alone, travel early or late at night to facilitate working hours.
* Few personal possessions or ID documents.
* Fear of seeking help or trusting people.

# Discriminatory abuse

* Inappropriate remarks, comments or lack of respect
* Poor quality or avoidance care
* Low self-esteem
* Withdrawn
* Anger
* Person puts themselves down in terms of their gender identity or sexuality

# Institutional Abuse

* Low self-esteem
* Withdrawn
* Anger
* Person puts themselves down in terms of their gender identity or sexuality
* No confidence in complaints procedures for staff or service users.
* Neglectful or poor professional practice.

# Neglect and acts of omission

* Deteriorating despite apparent care
* Poor home conditions, clothing or care and support.
* Lack of medication or medical intervention

# Self-neglect

* Hoarding inside or outside a property
* Neglecting personal hygiene or medical needs
* Person looking unkempt or dirty and has poor personal hygiene
* Person is malnourished, has sudden or continuous weight loss and is dehydrated – constant hunger, stealing or gorging on food
* Person is dressed inappropriately for the weather conditions
* Dirt, urine or faecal smells in a person’s environment
* Home environment does not meet basic needs (for example not heating or lighting)
* Depression