

Signs of Abuse Guidelines

These guidelines provide information about the signs of abuse that staff need to recognise and be alert to in order to take action to safeguard all children and adults at risk at St Piers School and College and Young Epilepsy.

1. BACKGROUND

To respond appropriately and promptly to concerns about the safety and wellbeing of children, young people and adults at risk, it is essential that staff are aware of the signs, symptoms and indicators of abuse. These guidelines expand on the information provided in the St Piers School and College and Young Epilepsy Child and Adult Protection and Safeguarding Procedure.

2. PRINCIPLES AND VALUES

All staff play a significant role in the prevention of harm and abuse and an equal responsibility to act immediately on any suspicion or disclosure that may indicate a child or adult at risk is at risk of harm, either here or in the community, taking into account contextual safeguarding, in accordance with statutory guidance.

We acknowledge that working in partnership with other agencies protects children and adults and reduces risk and so we will engage in partnership working to protect and safeguard our students.

Whilst we will work openly with parents as far as possible, we reserve the right to contact Social Care or the police, without notifying parents, if this is believed to be in the students' best interests.

St Piers and Young Epilepsy:

- Recognises and understands that the welfare of the child or young adult is paramount
- Maintains an attitude of 'It could happen here'
- Fundamentally believes that children and adults at risk have a right to feel safe and secure, they cannot learn effectively unless they do so.
- Recognises and understands that all children and adults at risk have a right to be protected and live free from harm and abuse.

3. CONTEXTUAL SAFEGUARDING

Contextual Safeguarding seeks to understand child and adult protection risks from beyond the family. This becomes of increasing importance for adolescents who naturally begin to spend more time out of their home and under the influence of their peers. In the neighbourhood, young people can be negatively affected by a range of risks as they spend more and more time in retail areas, open spaces, and on public transport. Those seeking to safeguard young people therefore need to assess and intervene in these places.

It is important that when we consider some of the issues affecting our students that we understand the wider influences on their lives.

4. RISK INDICATORS

The factors described in this section are frequently found in cases of abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with the Safeguarding Team
- May require consultation with and / or referral to Children's or Adults' Services

However, it is also worth noting that the absence of such indicators does not mean that abuse or neglect has not occurred.

An abusive or neglectful parent or carer may:

- Persistently avoid health promotion services and treatment of the individual's episodic illnesses
- Prevent their child from attending education
- Have unrealistic expectations of the individual
- Frequently complain about/to their child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access to home visits
- Be involved in domestic abuse
- Induce or fabricate illness
- Have disguised compliance with agencies, so as to make it appear that they are complying with requests made of them in providing adequate levels of care.

The following problems exhibited by the carer may increase the risk and likelihood of an abusive situation:

- Substance misuse
- Mental illness
- Learning difficulties
- Stress
- Chronic fatigue
- Conflicting demands or other family members.

There may also be a variety of other contributing factors such as a family history of:

- Domestic Abuse
- Abuse
- Previous relationship difficulties.

Alongside this, there are other correlating family problems which can link to abuse:

- Housing
- Financial
- Employment
- Lack of support
- Lack of respite
- Relationship breakdown.

Where abuse is occurring within an organisation rather than a family home, the following organisational factors could indicate concern:

- Weak or oppressive management
- Inadequate staffing (numbers, competence)
- Inadequate staff supervision and support
- Closed communication
- Closed cultures
- Rigid and inflexible in approach.

None of these areas alone indicate a student is being abused, but staff should be aware of such areas which can indicate a greater risk of abuse.

5. RECOGNISING ABUSE OF DISABLED CHILDREN, YOUNG PEOPLE AND ADULTS AT RISK

We know that children and young people with a disability are more than three times as likely to be abused compared to their non-disabled peers (NSPCC). Recognising that people with a disability are being or have been abused can be even more difficult due to challenges with communication, behaviour and emotions. People with a disability may not be able to physically remove themselves from abuse due to mobility difficulties, or they simply may not be aware that they are being abused due to their level of development.

It is crucial that our staff have good relationships with the students that they support and understand the students' preferred methods of communication. This can then be used to not only build trusting relationships with them, so they feel safe to disclose any worries, but also to ensure that the voices of students are really promoted, valued and listened to across the organisation.

Staff must also be able to recognise what is typical behaviour for an individual student, to recognise, when behaviour being displayed is not normal for that individual, and therefore respond accordingly.

6. BARRIERS TO RECOGNISING ABUSE

Learning from serious cases is important to recognise and consequently overcome the barriers that exist to abuse being identified and reported. It is significant to recognise that barriers can be put in place by different people including the abuser and professionals working with the individual.

The abuser will often try to create as many barriers as possible to prevent abuse from being recognised and reported. This will include using fear and intimidation towards those they are abusing, being deceitful, grooming those around them to make abuse seem impossible and also choosing the most vulnerable people to abuse. It is important that we create safe cultures within our organisation to try and break down as many of these barriers as possible, such as through; robust safer recruitment processes, thorough and regular training, open cultures where staff question practice and are not afraid to challenge others, having clear professional boundaries, setting clear expectations for staff behaviour, strong performance management and supervision by managers.

Other barriers that can exist are:

- staff not knowing the students they work with and therefore not knowing when there are signs and symptoms of abuse

- staff not recognising their own individual duty to be alert to, and report concerns
- fear of not being believed or fear of the consequences of reporting concerns
- not having an attitude of ‘it could happen here’ and therefore not being alert to the signs and indicators of abuse
- lack of awareness of how to report concerns
- poor recording of concerns
- insufficient care planning and risk assessments, resulting in there being inconsistencies in support
- poor accountability throughout all levels of the organisation.

It is important that these barriers are recognised for us to be able to continually strengthen our safeguarding practice.

The legislation and guidance for safeguarding children and adults is different and therefore there are differing definitions for some types of abuse. Where applicable, the next sections will provide the definitions related to both children and adults, from [Working Together to Safeguard Children \(2018\)](#) and the [Care Act \(2014\)](#) respectively.

7. GENERAL SIGNS OF ABUSE:

The following are non-specific signs that may indicate that something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Isolation
- Inappropriate sexual behaviour for age/developmental age
- Avoidance behaviour
- Appear frightened of the abuser
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development).

8. RECOGNISING SIGNS OF PHYSICAL ABUSE

Definition of physical abuse relating to children	Definition of physical abuse relating to adults
This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating, or otherwise physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child. It may also include, kicking, misuse of medication, restraint or inappropriate sanctions.	The use of force, or any action, or inaction which results in pain or injury or a change in the person’s natural physical state or the non-accidental infliction of physical force that results in bodily injury, pain or impairment. Examples may include restraint and/or misadministration of medication.

Indicators of physical abuse / factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or tide marks
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

Children and young people can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g., belt marks, handprints or a hairbrush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on arms
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse
- The explanation given does not match the injury
- The explanation uses words or phrases that do not match the vocabulary of the child or adult's usual words
- There are patterned, shapes or symmetrical bruises/injuries
- No explanation is forthcoming
- The child (or the parent/carer) is secretive or evasive
- The injury is accompanied by allegations of abuse or assault.

You should be concerned if a student:

- Is reluctant to have parents/carers contacted
- Runs away or shows fear of going somewhere

- Is aggressive towards themselves or others
- Flinches when approached or touched
- Is reluctant to undress
- Wears long sleeves during hot weather
- Is unnaturally compliant in the presence of parents/carers.
- Has a fear of medical help or attention
- Admits to a punishment that appears excessive.

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be immediately sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.,

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a person getting into hot water of his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life
- There are concerns regarding negligence which has contributed to the injury

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

9. RECOGNISING SIGNS OF EMOTIONAL ABUSE

Definition of emotional abuse relating to children	Definition of emotional/psychological abuse relating to adults
<p>Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone</p>	<p>This can include, emotional abuse, threats of harm or abandonment, deprivation of contact with others, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.</p>

Most harm is produced in low warmth, high criticism homes and not from single incidents.

- Emotional abuse can be difficult to define, identify/recognise and/or prove.
- Emotional abuse is usually chronic and cumulative and has a long-term impact.
- All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.
- Children and young people can be harmed by witnessing someone harming another person – as in domestic abuse.

Indicators of emotional abuse

Developmental issues

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

Behaviour

- Acceptance of punishment which appears excessive

- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

Social issues

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

Emotional responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations ('I deserve this')
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

10. RECOGNISING SIGNS OF SEXUAL ABUSE

Definition of sexual abuse relating to children	Definition of sexual abuse relating to adults
Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-	This is direct or indirect involvement in sexual activity without valid consent (this can include when an adult has not or cannot consent, or was pressured into consenting). This includes, rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual

<p>penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>	<p>photography, subjection to pornography or witnessing sexual acts.</p>
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Sexual abuse is often perpetrated by people who are known and trusted by the young person – e.g., relatives, family friends, neighbours, babysitters, and people working with the young person in education, care, faith settings, clubs or activities. Children can also be subject to child sexual exploitation. Sexual exploitation is seen as a separate category of sexual abuse. Sexual abuse is not solely perpetrated by adults males. Women can also commit acts of sexual abuse, as can other children.

Characteristics of child sexual abuse:

- It is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic.
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent (this may occur online).
- Grooming the child’s environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Indicators of sexual abuse

Physical observations:

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural observations:

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually inappropriate behaviour
- Hinting at sexual activity
- Inexplicable decline in education progress

- Depression or other sudden apparent changes in personality as becoming insecure
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour
- Onset of wetting, by day or night; nightmares
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Harmful Sexual Behaviour, Sexual Violence and Harassment

Key definitions

The definitions used by the Department for Education (DfE) are as follows:

Peer-on-peer sexual abuse: this term includes sexual violence, sexual harassment, upskirting and sexting (also known as 'youth-produced sexual imagery').

Sexual harassment: unwanted conduct of a sexual nature that can occur online and offline, which includes the following:

- Sexual comments, such as telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance, and calling someone sexualised names
- Sexual 'jokes' or taunting
- Physical behaviour, such as deliberately brushing against someone, interfering with someone's clothes, and displaying pictures, photos or drawings of a sexual nature
- Online sexual harassment, which may be standalone or part of a wider pattern of sexual harassment and/or sexual violence. This may include the following:
 - Non-consensual sharing of sexual images and videos
 - Sexualised online bullying
 - Unwanted sexual comments and messages, including on social media
 - Sexual exploitation, coercion and threats.

Sexual violence: the sexual offences of rape, assault by penetration and sexual assault.

Harmful sexual behaviour: an umbrella term for problematic, abusive and violent sexual behaviours that are developmentally inappropriate and may cause developmental damage.

Young Epilepsy has a zero-tolerance approach to sexual violence and sexual harassment. It is never acceptable and it will not be tolerated

Please refer to the Responding to Harmful Sexual Behaviour, Sexual Violence and Harassment procedure

11.RECOGNISING CHILD SEXUAL EXPLOITATION

Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status.

The sexual exploitation of children is described in government guidance (Child sexual exploitation: definition and guide for practitioners, 2017) as 'involving exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of their performing, and/or another or others performing on them, sexual activities.

It can occur through the use of technology without the child's immediate recognition; e.g., being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Violence, coercion and intimidation are common, with involvement in exploitative relationships being characterised in the main by the child's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

What marks out sexual exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern

- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

12. RECOGNISING DOMESTIC ABUSE

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. It occurs regardless of race, ethnicity, gender, class, sexuality, age, religion, mental or physical ability. Children and young people can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). This can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

[The Domestic Abuse Act 2021](#) received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards

must be aged 16 or over and they must be 'personally connected' (as defined in section 2 of the 2021 Act).

Living in a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of healthy, positive relationships. Children who witness domestic abuse are at risk of significant harm and staff are alert to the signs and symptoms of a child suffering or witnessing domestic abuse.

Young Epilepsy is enrolled onto the [Operation Encompass](#) scheme, a joint project between Surrey Police, Surrey Domestic Abuse Service and Surrey Schools; where every school day morning our DSL is notified of all domestic abuse incidents that have occurred and been reported to Police in the previous 24 hours which involved a child at this school (72 hours on a Monday morning). This provides an opportunity for us to ensure the right support is in place at the right time for children who are experiencing domestic abuse.

Some of the prominent indicators of Domestic Abuse are as follows:

- symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders
- suicidal tendencies or self-harming
- alcohol or other substance misuse
- unexplained chronic gastrointestinal symptoms
- unexplained gynaecological symptoms, including pelvic pain and sexual dysfunction
- adverse reproductive outcomes, including multiple unintended pregnancies or terminations
- delayed pregnancy care, miscarriage, premature labour and stillbirth or concealed pregnancy
- including frequent bladder or kidney infections
- vaginal bleeding or sexually transmitted infections
- chronic unexplained pain
- traumatic injury, particularly if repeated and with vague or implausible explanations
- problems with the central nervous system – headaches, cognitive problems, hearing loss
- the person may describe themselves as 'accident prone' or 'silly'
- intrusive 'other person' in consultations, including partner or spouse, parent, grandparent or an adult child (for elder abuse).

The indicators for a child witnessing or hearing domestic abuse include the following:

- aggression or bullying
- anti-social behaviour, like vandalism
- anxiety, depression or suicidal thoughts
- attention seeking
- bed-wetting, nightmares or insomnia
- constant or regular sickness, like colds, headaches and mouth ulcers

- drug or alcohol use
- eating disorders
- problems in school or trouble learning
- tantrums
- withdrawal

13. RECOGNISING NEGLECT

Legacy Serious Case Reviews (SCRs) and Child Safeguarding Practice Reviews repeatedly tell us that neglect can have lifelong impact and, in extreme cases, can be fatal. Neglect also increases children’s vulnerability to other types of abuse such as child sexual and criminal exploitation and radicalisation. In the latest triennial review of serious case reviews (2019), neglect was found to be a significant factor in the lives of the children who died or were seriously harmed; neglect featured in 208 of 278 cases (75%) and was the primary factor in 19% of the cases reviewed

Neglect is the most common category of abuse for children subject to child protection (CP) plans. In Surrey the total number of children on CP plans was 1,136 where 62% have identified neglect as a factor (31st March 2019).

Neglect is more likely to be identified in the 0-4 age groups followed by the 10-14 age groups.

Definition of neglect abuse relating to children	Definition of neglect abuse relating to adults
<p>Neglect is defined in Working Together to Safeguard Children (2018) as: <i>‘The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: a) provide adequate food, clothing and shelter (including exclusion from home or abandonment) b) protect a child from physical and emotional harm or danger c) ensure adequate supervision (including the use of inadequate care-givers) d) ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.’</i></p>	<p>Can take several forms and can be the result of an intentional or unintentional act(s) or omission(s). Neglect includes, ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.</p>

Neglect can include parents or carers failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment

NSPCC research has highlighted the following examples of the neglect of children under 12 years old:

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

14. RECOGNISING FINANCIAL AND MATERIAL ABUSE

Financial abuse can occur in isolation, but it is also likely to be connected to some other forms of abuse. Although this is not always the case, everyone should be aware of this possibility. Examples of financial abuse may include: theft, fraud, internet scamming, coercion in relation to an adults financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Young people at Young Epilepsy are more at risk of financial abuse as often their finances are managed by others. Indicators of financial abuse include:

- Unexplained withdrawals from the bank
- Unusual activity in the bank accounts
- Unpaid bills
- Unexplained shortage of money

- Reluctance on the part of the person with responsibility for the funds to provide basic food and clothes etc.
- Missing belongings
- Undue pressure, duress, threat or influence put on the person
- Individuals paying unusual interest in the individual's financial affairs
- Disparity between person's living conditions and their financial resources.
- Misuse of benefits.

15. RECOGNISING INSTITUTIONAL/ORGANISATIONAL ABUSE

Institutional/Organisational abuse occurs when an organisation's systems and processes, and/or management of these, fails to safeguard a number of adults leaving them at risk of, or causing them, harm. Organisational abuse can also occur when the routines, systems and norms of an organisation override the needs of those it is there to support or fail to be the product of both ineffective and/or punitive management styles, creating an environment within which abuse can take place, intentional or otherwise. Organisational abuse includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a person's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Indicators of institutional/organisational abuse include:

- Inflexible and non-negotiable systems and routines
- Lack of consideration of dietary requirements
- Name calling; inappropriate ways of addressing people
- Lack of adequate physical care – an unkempt appearance
- Inadequate staffing levels
- Lack of personal clothing and possessions, including the use of communal toiletries
- Lack of adequate procedures for the management of medication
- Failure to ensure privacy and personal dignity
- Lack of respect shown to adults using the service (e.g., use of derogatory language and remarks)
- Poor record-keeping and missing documents
- Few social, recreational and educational activities
- Public discussion of personal matters
- Absence of individual care plans
- Lack of management overview and support
- Failure to respond to complaints
- Failure to respond to abuse appropriately
- Not taking account of individuals' cultural, religious or ethnic needs
- Inappropriate use of restraints
- Discouraging visits or the involvement of relatives or friends.

16. RECOGNISING RADICALISATION AND EXTREMISM

[The Prevent Duty for England and Wales \(2015\)](#) under section 26 of the Counter-Terrorism and Security Act 2015 places a duty on education and other children's services to have due regard to the need to prevent people from being drawn into terrorism.

Extremism is defined as 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs'. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Indicators of vulnerability to radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is defined by the Crown Prosecution Service as the demonstration of unacceptable behaviour by using any means or medium to express views which:

- encourage, justify or glorify terrorist violence in furtherance of particular beliefs
- seek to provoke others to terrorist acts
- encourage other serious criminal activity or seek to provoke others to serious criminal acts
- foster hatred which might lead to inter-community violence in the UK.

There is no such thing as a 'typical extremist': those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Students may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis – the student is distanced from their cultural / religious heritage and experiences discomfort about their place in society
- Personal Crisis – the student may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging
- Personal Circumstances – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- Unmet Aspirations – the student may have perceptions of injustice or a feeling of failure
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration

- Special Educational Needs and Disability – students may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

- Being in contact with extremist recruiters
- Accessing violent extremist websites, especially those with a social networking element
- Possessing or accessing violent extremist literature.
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining or seeking to join extremist organisations
- Significant changes to appearance and / or behaviour
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

17. RECOGNISING FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna ([Multi-agency statutory guidance on female genital mutilation, 2016](#)).

FGM is illegal in England and Wales under the [FGM Act \(2003\)](#). It is a form of child abuse and violence against women. A mandatory reporting duty, [Mandatory reporting of female genital mutilation: procedural information - GOV.UK \(www.gov.uk\)](#) requires teachers to report directly and immediately to the Police 101 where they either:

- are informed by a girl under 18 years that an act of FGM has been carried out on her.
or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 years and they have no reason to believe that the act was necessary for the girl's physical or mental health or for the purposes connected with labour or birth.

We know:

- there are no medical reasons to carry out FGM
- it's often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades
- victims are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained
- it's used to control female sexuality and can cause long-lasting damage to physical and emotional health.

FGM can happen at different times in a girl or woman's life, including:

- when a baby is new-born
- during childhood or as a teenager
- just before marriage
- during pregnancy.

The indicators that FGM might happen are as follows:

- A relative or someone known as a 'cutter' visiting from abroad
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'
- A female relative, like a mother, sister or aunt has undergone FGM
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays
- A girl has an unexpected or long absence from education
- A girl struggles to keep up in education
- A girl runs away – or plans to run away - from home.

The indicators that FGM has already happened are:

- Having difficulty walking, standing or sitting
- Spending longer in the bathroom or toilet
- Appearing quiet, anxious or depressed
- Acting differently after an absence from school or college
- Reluctance to go to the doctors or have routine medical examinations
- Asking for help – though they might not be explicit about the problem because they're scared or embarrassed.

Please refer to Awareness of FGM guidance

18. RECOGNISING DISCRIMINATORY ABUSE

Discriminatory abuse is abuse targeted at a perceived vulnerability or on the basis of prejudice including racism or sexism or based on a person's disability.

Discriminatory abuse may be used to describe serious, repeated or pervasive discrimination, which leads to significant harm or exclusion from mainstream opportunities, provision of poor standards of health care, and/or which represents a failure to protect or provide redress through the criminal or civil justice system.

Possible indicators of discriminatory abuse:

- hate mail
- verbal or physical abuse in public places or residential settings
- criminal damage to property
- Tendency to withdrawal and isolation
- Fearfulness and anxiety
- being refused access to services or being excluded inappropriately
- loss of self esteem
- resistance or refusal to access services that are required to meet need
- expressions of anger and frustration

19. HUMAN TRAFFICKING/MODERN SLAVERY

Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking/modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

The response to adults at risk experiencing human trafficking/modern slavery will always be to report the incident to the Police Service.

Possible indicators of human trafficking/modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers.

These guidelines are agreed by the Director of Integrated Care and will be implemented by all departments.

Signed:

Date: 24 August 2022



Rosemarie Pardington
Director of Integrated Care

Date of next review: 31 August 2023

Version table

Creation:- Gill Walters

Approved by:- Rosemarie Pardington (RP)

<u>Version No.</u>	<u>Date of changes</u>	<u>Reason for change</u>	<u>Changes made by</u>
2	August 22	General review/minor amendments and update to job titles	Gill Walters