Peterborough Liberal Jewish Community

Safeguarding Policy

Peterborough Liberal Jewish Community (PLJC) is a small religious organisation, affiliated nationally to Liberal Judaism (LJ), a constituent member of the World Union of Progressive Judaism.

Its aims are to provide religious services and education for Members and Associates, and to make provision for any other religious rites and ceremonies as required by PLJC.

PLJC has no employees or building of its own. Nonetheless, it recognises that the safeguarding of children, young people and vulnerable adults while engaged in activities organised by or connected with PLJC, is the duty and responsibility of everyone within the Community.

PLJC recognises that all persons, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm and abuse.

This Safeguarding Policy is based on the following principles:

1. The welfare of the child, young person and vulnerable adult is paramount.
2. Integrity, respect and listening to all.
3. Transparency and openness.
4. Accountability.
5. Collaboration and cooperation with key statutory authorities.
6. The active management of risk.
7. Avoiding inadvertent harm through any of our practices and procedures.

In accordance with this, the Chair of the PLJC Council will have the responsibility of a Designated Safeguarding Lead (DSL), with the Director of Youth for Liberal Judaism available should an alternative contact or additional support and guidance be required.

PLJC has a set of procedures for anyone acting as a representative of PLJC in any engagement with children, young people and vulnerable adults, such as working in the Cheder, Hebrew Class or visiting in the person's own home, and will ensure that they have received approval from the Disclosure and Barring service (DBS), where possible, and where not possible, will prepare a Risk Assessment.

PLJC will also create procedures dealing with

- Identifying vulnerable adults
- Identifying abuse/concerns
- Receiving disclosures
- Recording of concerns/disclosures
- Reporting abuse/concerns to appropriate authorities

PLJC will carry out a review of the implementation and effectiveness of the Code of Practice and Safeguarding Procedures annually, and after any Safeguarding-related concern or incident.

RISKS TO CHILDREN AND YOUNG PEOPLE

Within PLJC, children and young people may be at risk in the following contexts:

- When attending PLJC Services, Events and Festivals
- When attending events organised by third parties where PLJC is represented
- When attending Cheder
- When participating in Bat/Barmitzvah preparation
- When being transported to and from PLJC services and Events
- When attending Public Events with other members of PLJC

DETAILS OF INDICATORS OF CHILD ABUSE – see Appendix 1

- **PROCEDURES FOR MITIGATING RISKS TO CHILDREN AND YOUNG PEOPLE**

Attending PLJC Services, Events and Festivals

Parents/carers of children and young people will be expected to take primary responsibility for their care while attending any PLJC activities. In cases where a young person attends a PLJC activity unaccompanied by a parent/carer, the parent/carer should make suitable alternative arrangements.

Attending Cheder

In a community as small as PLJC, Cheder may take the form of a small number of children and one adult acting as teacher. The lessons should take place in a room where the door can be left open, or, where this may create a noise issue, a door with a glass panel which may be closed. One-to-one lessons should be avoided.

Bat/barmitzvah preparation

This may take place in a separate room in the building where a PLJC service is being held, and may also take place in the child's home. They are likely to be on a one-to-one basis. The principles concerning Cheder lessons should apply when a lesson takes place at a service venue. When a lesson takes place in the child's home, the parent should be present. The lesson should take place in a room (not a bedroom) where the door can be left open.

Should the parent not be present when the tutor arrives at the house, the lesson should not take place. Should a parent who is present at the start of a lesson wish to leave the house during the lesson, the lesson must be terminated and the tutor must leave the property.

On-line learning

If on-line learning is necessary via Zoom, the teacher will follow the PLJC Online Protocol. This requires the following:

- No lessons will be held online with under 18s until PLJC has received written parental consent.
- The pupil must take lessons in a room with an open door, and not their bedroom.

- The teacher will not share any personal information eg. personal telephone number, email accounts, Facebook or other social media links. If a profile picture is used, it will be an appropriate image.
- Private chat functions will be turned off.
- No pictures, videos or screen shots of the Zoom will be taken

Transport to and from PLJC services or events

Transporting an unaccompanied child or young person to and from a PLJC service or event, is to be avoided where possible. Where it is deemed necessary, and has been agreed with the parent/carer, the driver may be accompanied by another member.

Public Events

Parents/carers of children and young people will be expected to take primary responsibility for their care while attending any Public events involving PLJC members. In cases where a child or young person attends a Public event in which PLJC is participating, unaccompanied by a parent/carer, the parent/carer should make suitable alternative arrangements.

VULNERABLE ADULT - DEFINITION

A vulnerable adult can be defined as: “A person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself against significant harm or exploitation. A vulnerable adult may also be someone who is experiencing a temporary vulnerability due to a particular phase or life event e.g. bereavement, divorce, poor health, employment stress”.

An adult with care and support needs may therefore be:

• an older person

• a person with a physical disability, or a sensory impairment

• a person with a learning difficulty

• someone with mental health needs, including dementia or a personality disorder

• a person with a long-term health condition

• someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list.

RISKS TO VULNERABLE ADULTS

Within PLJC, vulnerable adults may be at risk in the following contexts:

- When attending PLJC Services, Events and Festivals
- When attending events organised by third parties where PLJC is represented
- When being transported to and from PLJC services and Events
- When attending Public Events with other members of PLJC

- When being visited by a member of PLJC in their own home
- When being visited by a member of PLJC in a Care Home

CATEGORIES OF ADULT ABUSE, with possible indicators - see Appendix 2

PROCEDURES FOR MITIGATING RISKS TO VULNERABLE ADULTS

PLJC Membership

The PLJC Council will identify those within the Membership to whom the definition of vulnerable adult applies. This designation will be recorded on the Membership data base.

PLJC Services

Council will ensure that any vulnerable adult attending a service is treated with respect, care and consideration for their dignity.

If any action or omission that could be interpreted as abuse is observed or reported while an individual is attending a service, Council will ensure that the appropriate Safeguarding procedure is instigated.

Transportation

Council will ensure that anyone transporting a vulnerable adult to and from a PLJC service or event, is aware of the vulnerability of the person and takes appropriate steps to mitigate any potential risk, both to themselves and the vulnerable adult. Where possible, this could involve the vulnerable adult being accompanied by a non-vulnerable adult, and the driver also accompanied by another member.

Public Events

Council will take reasonable steps to ensure the safety of the vulnerable adult while attending any Public events.

Visiting a vulnerable adult member in their own home

Ideally, this should be done only when the vulnerable adult can be accompanied by a family member or another adult. The PLJC visitor should also be accompanied by another member. If this is not feasible, the PLJC member should advise a member of the vulnerable adult's family in advance of the visit, and should provide a brief summary report on the visit as soon as practicable afterwards. If any signs of any form of abuse are perceived during the visit, this should be reported according to the appropriate procedures.

Visiting a vulnerable member in a Care Home

The PLJC member should advise a member of the vulnerable adult's family in advance of the visit, and should provide a brief summary report on the visit as soon as practicable afterwards. If any signs of any form of abuse are perceived during the visit, this should be reported to the management team of the Care Home and a family member, and a record kept.

Disclosure Procedure

If a child or vulnerable adult asks if they can tell you something or you feel that they are about to disclose:

Never promise to keep anything secret.

Advise them that you will have to pass on what they tell you to the DSL.

If the child or vulnerable adult then decides not to tell you, don't pressure them - just inform the DSL what happened.

If the child or vulnerable adult accepts that you may have to pass on any information they give you, suggest that you both go to DSL, so that they only have to say it once.

Explain that you would have to tell the DSL anyway and that they would probably want to talk to the child or vulnerable adult themselves. If what the child or vulnerable adult has to tell is very distressing, it is advisable to try to minimise the number of times that they have to repeat it.

If they still prefer to talk to you alone, explain you will have to pass it on to the DSL.

Receive

Listen to what is being said, trying not to display shock or disbelief.

Accept what is being said but do not comment on it.

Reassure

Reassure the child or vulnerable adult that they have done the right thing by telling someone of their concerns.

Do not criticise the accused perpetrator.

Record

As soon as possible after the disclosure, record as much detail as possible.

- Date, time and location of disclosure.
- The nature of the allegation in the words that were used by the child or vulnerable adult.
- Any observations on behaviour/emotional state or injuries and bruising.

Do not include your own judgements or assumptions.
Sign and date the record.

Refer

Do not investigate the matter yourself.

Pass the record and a verbal account to then DSL as soon as possible.

Reporting Procedure

Initial reporting

If a member of the Community has a concern, or receives information on a Safeguarding issue, they should speak to the Safeguarding Lead, and pass on any documentation. The Chair of the PLJC council is the Designated Safeguarding Lead. The contact details of the Chair of the PLJC Council are listed in every edition of the PLJC monthly Newsletter. Alternatively, a concern can be raised through the PLJC email address info@pljc.org.uk, or by leaving a message on the PLJC Phone number 07561 331390.

The Designated Safeguarding Lead will maintain a confidential log of any concerns and consider what appropriate action should be taken in the circumstances. Appropriate action may be to inform the parents of the child concerned, or the Carer of the vulnerable adult concerned before referring, unless it is considered that this could cause more harm by doing so.

If the issue is considered sufficiently serious to require reporting to the authorities, the DSL will undertake the responsibility for making that contact, and following up on any recommendations.

In addition, the Director of Youth for Liberal Judaism, Rebecca Fetterman, will act as an alternative contact if preferred, or if additional support and guidance is required.
Email: *r.fetterman@liberaljudaism.org* 07920 485869.

Contact details for formal reporting of Safeguarding concerns

For concerns regarding a child or young person

www.safeguardingcambspeterborough.org.uk

Phone

For Peterborough 01733 864180

For Cambridgeshire 0345 045 5203

Out of hours Emergency Duty Team 01733 234724

For concerns regarding a vulnerable adult

www.safeguardingcambspeterborough.org.uk

Phone

For Peterborough 01733 747474

For Cambridgeshire 0345 045 5202

Out of hours Emergency Duty Team 01733 23472

Peterborough Liberal Jewish Community Safeguarding Policy

Appendix 1

Indicators of Child Abuse

Document provided by B Fetterman, Director of Youth, Liberal Judaism 11/2020

The following guidance is intended to help all professionals who come into contact with children. It should not be used as a comprehensive guide, nor does the presence of one or more factors prove that a child has been abused, but it may however indicate that further enquiries should be made. The following factors should be taken into account when assessing risks to a child. This is not an exhaustive list:

● An unexplained delay in seeking treatment that is obviously needed;
● An unawareness or denial of any injury, pain or loss of function;
● Incompatible explanations offered or several different explanations given for a child's illness or injury;
● A child reacting in a way that is inappropriate to his/her age or development;
● Reluctance to give information or failure to mention previous known injuries;
● Frequent attendances at Accident and Emergency Departments or use of different doctors and Accident and Emergency Departments;
● Frequent presentation of minor injuries (which if ignored could lead to a more serious injury);
● Unrealistic expectations/constant complaints about the child;
● Alcohol misuse or other substance misuse;
● A parent's request to remove a child from home or indication of difficulties in coping with the child;
● Domestic violence and abuse;
● Parental mental ill health;
● The age of the child and the pressures of caring for a number of children in one household.

Recognising Physical Abuse

This section provides a guide to professionals of some common injuries found in child abuse. Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children, may be symptomatic of physical abuse. It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental, and seek appropriate expert advice. Medical opinion will be required to determine whether an injury has been caused accidentally or not. Situations of particular concern Situations that should cause particular concern for professionals include:

● Delayed presentation / reporting of an injury;
● Admission of physical punishment from parents / carers, as no punishment is acceptable at this age;
● Inconsistent or absent explanation from parents / carers;
● Associated family factors such as substance misuse, mental health problems, and domestic violence and abuse;
● Other associated features of concern e.g. signs of neglect such as poor clothing, hygiene and / or nutrition;
● Observation of rough handling;
● Difficulty in feeding / excessive crying;
● Significant behaviour change;
● Child displaying wariness or watchfulness;

● Recurrent injuries;
● Multiple injuries at one time.

Bruising

Children can have accidental bruising, but it is often possible to differentiate between accidental and inflicted bruises. It may be necessary to do blood tests to see if the child bruises easily. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

● Bruising in or around the mouth, particularly in small babies, for example 3 to 4 small round or oval bruises on one side of the face and one on the other, 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);
● Bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas;
● Variation in colour possibly indicating injuries caused at different times – it is now recognised in research that it is difficult to age bruises apart from the fact that they may start to go yellow at the edges after 48 hours;
● The outline of an object used e.g. belt marks, hand prints or a hair brush;
● Linear bruising at any site, particularly on the buttocks, back or face;
● Other shapes of bruising, for example crescent shape bruising, which may be suggestive of a bite mark;
● Bruising or tears around, or behind, the earlobe(s) indicating injury by pulling or twisting;
● Bruising around the face;
● Grasp marks to the upper arms, forearms or leg or chest of small children;
● Petechial haemorrhages (pinpoint blood spots under the skin). These are commonly associated with slapping, smothering/suffocation, strangling and squeezing;
● Multiple bruises of the same or varying colour;
● Clusters of small round bruises suggestive of a grip.

It should be noted that bruising in black children and some minority ethnic children might be more difficult to see. Tenderness or minor swelling over the area of injury is important. Dark pigmentation (commonly known as blue spot), usually over the lower central back or sacral areas, is normal and common in infants with pigmented skin and usually fades as the infant grows.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture. 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;
● Non-mobile children sustain fractures.

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick. Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be

taken seriously. Subdural haematoma is a very worrying injury, seen usually in young children; it may be associated with retinal haemorrhages and fractures particularly skull and rib fractures. The cause is usually a severe shaking injury in association with an impact blow. There may or may not be a fractured skull. The baby may present in the Accident and Emergency Department with sudden difficulty in breathing, sudden collapse, fits or as an unwell baby - drowsy, vomiting and later an enlarging head.

Joints

A tender, swollen “hot” joint with normal X ray appearance may be due to infection in the bone or trauma. There may be both. A further X ray will usually be required in 10 to 14 days. Where there is infection, this of course will require treatment.

Mouth Injuries

Tears to the fraenulum (tissue attaching upper lip to gum) often indicate force feeding of a baby. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate. Blunt trauma to the mouth causes swelling and damage to the inner aspect of the lips.

Internal Injuries

There may be internal injury e.g. perforation or a viscus with no apparent external signs of bruising to the abdomen wall.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

This is a condition whereby a child suffers harm through the deliberate action of her/his main carer and which is attributed by the adult to another cause. It is a relatively rare but potentially lethal form of abuse.

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be 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 or impetigo in which case they will quickly heal with treatment);
● 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 child getting into hot water of its 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. The following points are also worth remembering:
● A responsible adult checks the temperature of the bath before the child gets in;
● A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet;
● A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

● Developmental delay;
● Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
● Indiscriminate attachment or failure to attach;
● Aggressive behaviour towards others;
● A child scapegoated within the family;
● Frozen watchfulness, particularly in pre-school children;
● Low self-esteem and lack of confidence;
● Withdrawn or seen as a ‘loner' difficulty relating to others.

Professionals should be aware of potentially harmful interactions of a parent / carer towards their child. At this age their ability to communicate their needs is limited. However, most children will respond to how adults are interacting with them, and this may have an impact on them and their development. Therefore professionals should have cause for concern if they feel parents / carers:

● Are negative or hostile towards the child;
● Reject them or use them as a scapegoat;
● Have inappropriate interactions with them, including threats or attempt to discipline them;
● Use them to fulfil their own needs (for example, in marital disputes);
● Fail to promote their development, by not providing appropriate stimulation, or isolating them from other children / adults as applicable;
● Are emotionally unavailable to the child, by being withdrawn or unresponsive, for example (emotional neglect).

Recognising Sexual Abuse

Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications

are likely to be emotional / behavioural. Some behavioural indicators associated with this form of abuse are:

● Inappropriate sexualised conduct;
● Sexual knowledge inappropriate for the child's age;
● Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
● Continual and inappropriate or excessive masturbation;
● Self-harm (including eating disorder), self-mutilation and suicide attempts;
● Running away from home;
● Poor concentration and learning problems;
● Loss of self-esteem;
● Involvement in prostitution or indiscriminate choice of sexual partners;
● An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

● Pain or itching of genital area;
● Recurrent pain on passing urine or faeces;
● Blood on underclothes;
● Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father;
● Physical symptoms such as discharge, bleeding or other injuries to the genital or anal area, bruising/bite marks on buttocks, abdomen and/or inner thighs, sexually transmitted infections, presence of semen on vagina, anus, external genitalia or clothing.

Recognising Neglect

The growth and development of a child may suffer when the child received insufficient food, love, warmth, care and concern, praise, encouragement and stimulation. Professionals need to be aware of the possibility of parents / carers neglecting to adequately care for their children. Factors of neglect may include:

● Parents / carers not giving their child prescribed treatment for a medical condition that has been diagnosed;
● Repeated failure by parents / carers to take their child to essential follow-up medical appointments;
● Persistent failure by parents / carers to engage with relevant child health promotion programmes such as immunisation, health and development reviews, and screening;
● Not seeking medical advice when necessary, jeopardising their health and wellbeing, particularly if they are in pain;
● Dental neglect – rotten or grossly discoloured teeth with noticeable odour; child unable to eat normally; covers mouth with hand; child in chronic pain;
● Being cared for by a person who is not providing adequate care, including hygiene, either through inability or negligence;
● Not feeding properly, or being fed an inadequate or inappropriate diet;
● Suffering severe and / or persistent infestations such as scabies or head lice;
● Being consistently dressed in inappropriate clothing for example, for the weather or their size;
● Red/mottled skin, particularly on the hands and feet, seen in the winter due to cold;
● Swollen limbs with sores that are slow to heal, usually associated with cold injury;
● Recurrent diarrhoea;
● Abnormal voracious appetite at school or nursery;
● Being persistently smelly and / or dirty;
● Being listless, apathetic and unresponsive with no apparent medical cause;
● Being excessively clingy, fearful, withdrawn or unusually quiet for his or her age;

● Being inadequately supervised;
● An incident that suggests a lack of supervision, such as sunburn or other burn, ingestion of a harmful substance(s) near-drowning, a road traffic accident or being bitten by an animal;
● Being indiscriminate in relationships with adults.

A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non-organic failure to thrive is the term used when a child does not put on weight and grow and there is no underlying medical cause for this.

Peterborough Liberal Jewish Community Safeguarding Policy

Appendix 2

Categories of Adult Abuse, with possible indicators, from https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse (accessed 28/9/18)

Document provided by B Fetterman, Director of Youth, Liberal Judaism 11/2020

1.1 Physical abuse

1.1.1 Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

1.1.2 Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

1.2 Domestic violence or abuse

1.2.1 Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

● acts of assault, threats, humiliation and intimidation
● harming, punishing, or frightening the person
● isolating the person from sources of support
● exploitation of resources or money
● preventing the person from escaping abuse
● regulating everyday behaviour

1.2.2 Possible indicators of domestic violence or abuse

● Low self-esteem
● Feeling that the abuse is their fault when it is not
● Physical evidence of violence such as bruising, cuts, broken bones
● Verbal abuse and humiliation in front of others
● Fear of outside intervention
● Damage to home or property
● Isolation – not seeing friends and family
● Limited access to money

1.3 Sexual abuse

1.3.1 Types of sexual abuse

● Rape, attempted rape or sexual assault
● Inappropriate touch anywhere
● Non- consensual masturbation of either or both persons
● Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
● Any sexual activity that the person lacks the capacity to consent to
● Inappropriate looking, sexual teasing or innuendo or sexual harassment
● Sexual photography or forced use of pornography or witnessing of sexual acts
● Indecent exposure

1.3.2 Possible indicators of sexual abuse

● Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
● Torn, stained or bloody underclothing
● Bleeding, pain or itching in the genital area
● Unusual difficulty in walking or sitting
● Foreign bodies in genital or rectal openings
● Infections, unexplained genital discharge, or sexually transmitted diseases
● Pregnancy in a woman who is unable to consent to sexual intercourse
● The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude ● Incontinence not related to any medical diagnosis
● Self-harming
● Poor concentration, withdrawal, sleep disturbance
● Excessive fear/apprehension of, or withdrawal from, relationships
● Fear of receiving help with personal care
● Reluctance to be alone with a particular person

1.4 Psychological or emotional abuse

1.4.1 Types of psychological or emotional abuse

● Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
● Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
● Preventing someone from meeting their religious and cultural needs
● Preventing the expression of choice and opinion
● Failure to respect privacy
● Preventing stimulation, meaningful occupation or activities
● Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
● Addressing a person in a patronising or infantilising way
● Threats of harm or abandonment
● Cyber bullying

1.4.2 Possible indicators of psychological or emotional abuse

● An air of silence when a particular person is present
● Withdrawal or change in the psychological state of the person
● Insomnia
● Low self-esteem
● Uncooperative and aggressive behaviour
● A change of appetite, weight loss/gain
● Signs of distress: tearfulness, anger
● Apparent false claims, by someone involved with the person, to attract unnecessary treatment

1.5 Financial or material abuse

1.5.1 Types of financial or material abuse

● Theft of money or possessions
● Fraud, scamming
● Preventing a person from accessing their own money, benefits or assets
● Employees taking a loan from a person using the service
● Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
● Arranging less care than is needed to save money to maximise inheritance
● Denying assistance to manage/monitor financial affairs
● Denying assistance to access benefits
● Misuse of personal allowance in a care home
● Misuse of benefits or direct payments in a family home
● Someone moving into a person’s home and living rent free without agreement or under duress
● False representation, using another person's bank account, cards or documents
● Exploitation of a person’s money or assets, e.g. unauthorised use of a car
● Misuse of a power of attorney, deputy, appointeeship or other legal authority
● Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

1.5.2 Possible indicators of financial or material abuse

● Missing personal possessions
● Unexplained lack of money or inability to maintain lifestyle
● Unexplained withdrawal of funds from accounts
● Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
● Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
● The person allocated to manage financial affairs is evasive or uncooperative

● The family or others show unusual interest in the assets of the person
● Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
● Recent changes in deeds or title to property
● Rent arrears and eviction notices
● A lack of clear financial accounts held by a care home or service
● Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person ● Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
● Unnecessary property repairs

1.6 Modern slavery

1.6.1 Types of modern slavery

● Human trafficking
● Forced labour
● Domestic servitude
● Sexual exploitation, such as escort work, prostitution and pornography
● Debt bondage – being forced to work to pay off debts that realistically they never will be able to

1.6.2 Possible indicators of 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

1.7 Discriminatory abuse

1.7.1 Types of discriminatory abuse

● Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
● Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic ● Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
● Harassment or deliberate exclusion on the grounds of a protected characteristic
● Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
● Substandard service provision relating to a protected characteristic

1.7.2 Possible indicators of discriminatory abuse

● The person appears withdrawn and isolated
● Expressions of anger, frustration, fear or anxiety
● The support on offer does not take account of the person's individual needs in terms of a protected characteristic

1.8 Organisational or institutional abuse

1.8.1 Types of organisational or institutional abuse

● Discouraging visits or the involvement of relatives or friends
● Run-down or overcrowded establishment
● Authoritarian management or rigid regimes
● Lack of leadership and supervision
● Insufficient staff or high turnover resulting in poor quality care
● Abusive and disrespectful attitudes towards people using the service
● Inappropriate use of restraints
● Lack of respect for dignity and privacy
● Failure to manage residents with abusive behaviour
● Not providing adequate food and drink, or assistance with eating
● Not offering choice or promoting independence
● Misuse of medication
● Failure to provide care with dentures, spectacles or hearing aids
● Not taking account of individuals' cultural, religious or ethnic needs
● Failure to respond to abuse appropriately
● Interference with personal correspondence or communication
● Failure to respond to complaints

1.8.2 Possible indicators of organisational or institutional abuse

● Lack of flexibility and choice for people using the service
● Inadequate staffing levels
● People being hungry or dehydrated
● Poor standards of care
● Lack of personal clothing and possessions and communal use of personal items
● Lack of adequate procedures
● Poor record-keeping and missing documents
● Absence of visitors
● Few social, recreational and educational activities
● Public discussion of personal matters
● Unnecessary exposure during bathing or using the toilet
● Absence of individual care plans
● Lack of management overview and support

1.9 Neglect and acts of omission

1.9.1 Types of neglect and acts of omission

● Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care

● Providing care in a way that the person dislikes
● Failure to administer medication as prescribed
● Refusal of access to visitors
● Not taking account of individuals' cultural, religious or ethnic needs
● Not taking account of educational, social and recreational needs
● Ignoring or isolating the person
● Preventing the person from making their own decisions
● Preventing access to glasses, hearing aids, dentures, etc.
● Failure to ensure privacy and dignity

1.9.2 Possible indicators of neglect and acts of omission

● Poor environment – dirty or unhygienic

● Poor physical condition and/or personal hygiene
● Pressure sores or ulcers
● Malnutrition or unexplained weight loss
● Untreated injuries and medical problems
● Inconsistent or reluctant contact with medical and social care organisations
● Accumulation of untaken medication
● Uncharacteristic failure to engage in social interaction
● Inappropriate or inadequate clothing

1.10 Self-neglect

1.10.1 Types of self-neglect

● Lack of self-care to an extent that it threatens personal health and safety
● Neglecting to care for one's personal hygiene, health or surroundings
● Inability to avoid self-harm
● Failure to seek help or access services to meet health and social care needs
● Inability or unwillingness to manage one's personal affairs

1.10.2 Indicators of self-neglect

● Very poor personal hygiene
● Unkempt appearance
● Lack of essential food, clothing or shelter
● Malnutrition and/or dehydration
● Living in squalid or unsanitary conditions
● Neglecting household maintenance
● Hoarding
● Collecting a large number of animals in inappropriate conditions
● Non-compliance with health or care services
● Inability or unwillingness to take medication or treat illness or injury