CL05 - Safeguarding Children Policy (Incl Youth Client at risk of harm to self)

Wellspring Therapy & Training is committed to safeguarding all Children. A child is defined as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection. Safeguarding is contextual and factors which can increase vulnerability and risk are intersectional and dynamic. It is vital to recognise individual and unique experiences of discrimination and oppression, and this should be considered in all risk assessments.

1. Policy Statement on Safeguarding

a. Wellspring provides counselling and training services to children and adults. We recognise and believe that every child has a right to protection from abuse and have implemented these procedures to ensure the welfare and protection of any young person who accesses our services provided. Safeguarding and protection for adults (including adults at risk) is dealt with in a separate Safeguarding Adults policy.
b. Wellspring is committed to preventing abuse.
c. Wellspring recognises that many children and young people today are the victims of neglect, and physical, sexual and emotional abuse. Accordingly, Wellspring has adopted the policy contained in this document (hereafter 'the policy'). The policy sets out agreed guidelines relating to responding to allegations of abuse and harm, including self-harm, including those made against staff and volunteers.
d. Wellspring recognises the need to build constructive links with the child-care agencies. These guidelines have been prepared in accordance with the North Yorkshire Safeguarding Children Partnership procedures. They will be kept under review and be supported by appropriate training.
e. This policy applies to all staff and volunteers who act on behalf of the organisation and who come directly into contact with children. Every individual has a responsibility to inform the Safeguarding Lead or their deputy of concerns relating to safeguarding children.
f. The Safeguarding Lead or Deputy Safeguarding Lead must decide if the concerns should be communicated beyond the family group, for example to Children's Social Care or the Police.
g. Wellspring recognises that all people have a right to protection from abuse and takes seriously its responsibility to safeguard the welfare of all workers and people connected to the charity.
h. The risks involved in lone working, which is inevitable in a therapeutic service, are addressed separately in *HS06 – Lone Working Policy and Procedure*.

2. Policy Principles

Wellspring's policy and procedures are based on the following principles:

a. The welfare of children is everyone's responsibility, particularly when it comes to protecting them from abuse and harm.
b. No form of abuse is acceptable. All allegations of abuse, misconduct or neglect will be taken seriously by Wellspring and responded to swiftly and appropriately.

c. All personal data will be processed in accordance with the requirements of the Data Protection Act 1998.
d. Confidentiality will be maintained within the limits of the contract Wellspring makes with clients. All safeguarding issues supersede normal confidentiality policy and procedures.
e. All personal data will be processed in accordance with the requirements of the Data Protection Act 2018 and the UK General Data Protection Regulation as per *WS13 – Data Protection Policy and Procedure.*

3. Responsibilities

Wellspring will:

a. Promote the health and welfare of all clients by providing therapy in accordance with the Health Care Professions Council (HCPC) standards of proficiency or the ethical framework of the British Association of Counselling and Psychotherapy (BACP) or equivalent.
b. Respect and promote the rights, wishes and feelings of all peoples in so far as is possible.
c. Promote and implement appropriate procedures as set out in this policy to seek to safeguard the well-being of all people and protect them from abuse and harm, including self-harm.
d. Recruit, train, support and supervise its staff and volunteers to adopt best practice for the safeguarding and protection of children from abuse and to minimise risk to themselves.
e. Respond to any allegations of misconduct or abuse of children in line with the Safeguarding Policy and Procedures outlined in this document, as well as implementing, where appropriate, Wellspring's relevant internal disciplinary and appeals procedures as set out in Wellspring's Disciplinary Policy.
f. Ensure staff and volunteers are aware of Wellspring's Safeguarding policy through induction and ongoing training opportunities.
g. Wellspring will work closely with families and other agencies to support children. This may include Family[1] Group Decision Making (FGDM); an umbrella term to describe family-led meetings that allow a family network to come together and make a plan in response to concerns about a child's safety and wellbeing.[2]

Responsibilities of employees and volunteers include:

a. To be familiar with the Safeguarding policy and procedures
b. To follow Wellspring's Safeguarding policy and procedures immediately when they have a safeguarding concern
c. Where required, to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, resulting in dismissal of staff.

4. Definitions

What is abuse? "Abuse is a violation of an individual's human and civil rights by any other person or persons" - *No Secrets: Department of Health, March 2000*

a. Abuse can take many forms, and the circumstances should always be considered. It may consist of a single act or repeated acts.
b. Abuse may be carried out deliberately or unknowingly.
c. Abuse may be a single act or repeated acts. Multiple forms of abuse may occur in an on-going relationship or abusive service setting to one person, or to more than one person at a time,

[1] A family network is a group of people close to a child made up of relatives and non-related connected people, such as stepparents, siblings, grandparents or close family friends.
[2] Keeping Children Safe, Helping Families Thrive Breaking down barriers to opportunity November 2024.

making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm.

d. People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, children, friends, neighbours or people who use the same services as the person experiencing abuse. See appendix 5 for types of abuse.

Staff and volunteers are made aware that:

a. It is important to remember that the presence of one or more indicators may not necessarily confirm abuse or neglect or harm. A cluster of several signs and indicators may indicate a potential for abuse or neglect and identifies the need for further assessment of the situation.
b. Abuse may be carried out deliberately or unknowingly.
c. Abuse may be a single act or repeated acts.
d. People who behave abusively may come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

What is Harm?

"Harm" is the "ill treatment or the impairment of the health or development of the child".[3]Seeing or hearing the ill-treatment of another person is also a form of harm.[4]

What is self-harm?

Self-harm is defined as intentionally damaging or injuring one's body. This can be putting themselves in risky situations but also can be injuring themselves in some way such as cutting, hair pulling or scratching. The reasons children and teenagers self-harm will be different for everyone. They might not be able to name any one reason they're self-harming.

5. Preventing Abuse

Wellspring is committed to preventing abuse. We are committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services we offer and ensure that all those involved within the organisation will be treated with respect.
Staff and volunteers must ensure they report any concerns immediately to the Designated Safeguarding Person (DSP) or Designated Safeguarding Lead (DSL).

Recruitment

Wellspring is committed to safe recruitment policies and practices for paid staff and volunteers. This includes:

a. Appropriate DBS disclosures for staff and counselling volunteers, renewed every 3 years or annual checks with the update service,
b. ensuring references are taken up,
c. adequate training on Safeguarding children is provided for staff and volunteers.

[3] (Section 31, Children Act 1989; Article 2, Children (Northern Ireland) Order 1995; Scottish Government, 2023).
[4] (Section 120, Adoption and Children Act 2002; Section 28, Family Homes and Domestic Violence (Northern Ireland) Order 1998; Scottish Government, 2023).

Training

We ensure that staff are fully trained, appropriately supervised and monitored against good practice standards. Free Safeguarding training is available on-line and staff must access this and refresh it every year. Other training opportunities should be provided in response to any safeguarding trends or concerns highlighted.

Discipline

Wellspring works within the current legal framework for reporting staff and volunteers responsible for hurting or harming people in their care.
For staff, and volunteers where applicable, disciplinary procedures are followed.

6. Named Person(s) for Safeguarding Children

a. Wellspring's Designated Safeguarding Lead (DSL).
b. The Deputy DSL
c. The Designated Safeguarding persons

All the above can help with any Safeguarding questions or concerns. Refer to Appendix 2 for contact details.

The responsibilities of all the above are:

a. To provide guidance on wellspring safeguarding policies and procedures.
b. To ensure that concerns are suitably categorised, acted on, clearly recorded and appropriate signposting given and referrals made using the safeguarding children flowchart.
c. To reinforce the need for confidentiality, data protection and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and safety.
d. To offer staff and volunteers information on local partnership working processes and appropriate contacts, e.g. urgent help cards.

In addition, the responsibilities of the DSL and deputy DSL are:

a. To ensure that all staff are aware of what they should do and who they should go to if they have concerns that someone they know or are working with may be experiencing or has experienced abuse or neglect.
b. To make and follow up any referrals and ensure the issues have been addressed, including LA Children's Social Care team where appropriate.
c. To ensure that staff and volunteers working directly with clients who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision.
d. To offer staff and volunteers information on local partnership working processes and appropriate contacts.
e. To ensure that Wellspring's policies and procedures are updated with new guidance and legislation

7. Procedure: What you should do if you suspect abuse, harm or self-harm is happening

Wellspring recognises that it has a duty to act on reports, or suspicions of abuse or neglect or harm. Anyone who has contact with Children and hears disclosures or allegations or has concerns about potential abuse or neglect has a duty to pass them on appropriately. Life threatening reports will be responded to immediately

a. All other disclosures will be responded to within 2 working days.

It is good practice to be open and honest with Children and parents/carers about concerns and proposed support at the earliest opportunity. This may include the use of Family Group Decision Making (FGDM). Parents/carers should ordinarily be informed before concerns are shared with Children's Social Care, unless doing so would place the child at increased risk or cause unnecessary delay.

Where the child expresses a wish for his or her parents not to be informed and the risk is considered low, their views should be taken seriously and a judgement made based on the child's age and understanding of the level of risk, as to whether the child's wishes should be followed (see Gillick competence and Fraser guidelines | NSPCC Learning).

Responding to Safeguarding Concerns and Disclosures

Immediate Risk or Witnessed Abuse - Where abuse is witnessed, has just occurred, or there is immediate risk of harm:

a. Call an ambulance if urgent medical attention is required.
b. Contact the police if a crime has been committed or there is immediate danger.
c. Take reasonable steps to preserve evidence.
d. Ensure the safety of the child, staff and others present.
e. Inform the Designated Safeguarding Lead (DSL) or Deputy DSL as soon as possible.
f. Inform parents/carers where appropriate and where they are not implicated in the concern.
g. Record the incident on Lamplight as soon as possible.

Responding to a Disclosure or Concern

This procedure applies where:

- A child discloses abuse or harm.
- An adult discloses abuse of a child.
- You suspect a child is experiencing or witnessing abuse.
- An adult discloses that they have harmed a child.
- This includes self-harm and suicidal ideation.

The staff member should:

a. Listen carefully and remain calm.
b. Take the disclosure seriously and avoid expressing disbelief or judgement.
c. Reassure the person that they have done the right thing by speaking up.
d. Explain that the information cannot be kept secret and may need to be shared to keep people safe.
e. Use open questions only (e.g. TED: Tell, Explain, Describe) where clarification is necessary.
f. Involve the child, where appropriate, in decisions affecting them.
g. Inform and involve parents/carers in the decision-making process where appropriate and where they are not implicated in the concern. you must not discuss your concerns with parents/carers in the following circumstances:
    i. delay in sharing relevant information with an appropriate person or authority would increase the risk of harm to the child or young person
    ii. asking for consent may increase the risk of harm to the child, young person, you or anyone else.
h. Make an accurate record on Lamplight as soon as possible, including:
    - The person's own words where possible.
    - Dates, times and relevant observations.
    - Any questions asked and responses given.

i. Discuss the concern promptly with the DSL or Deputy DSL. Counsellors should also discuss safeguarding concerns in supervision.
The DSL or DSP will help you decide:
   i. The course of action required, in communication with partner agencies and the person receiving the disclosure using the flow chart in appendix 1.

The DSL will:
   ii. Where necessary refer the disclosure to Children's Social Care, see appendix 4 for details.
   iii. Inform the child's GP, if known, of any suspicion of abuse.
   iv. Help plan a Family Group Decision Making session if appropriate.

8. Allegations Against Staff, Volunteers or Trustees

Wellspring will ensure that any allegations made against members of staff, volunteers and trustees will be dealt with swiftly. Staff who have concerns about any working practices making them more vulnerable to claims of abuse should raise this with their manager during supervision, ensuring their concerns are recorded and responded to.

a. If a crime has been witnessed the police should be contacted immediately.
b. Where a member of Wellspring is suspected to have committed a criminal offence the police will be informed.
c. The safety of the individual(s) concerned is paramount - ensure they are safe and separated.
d. The Designated Safeguarding Lead, or deputy, will liaise with the Children's Social Care team to discuss the best course of action and to ensure that the organisations Disciplinary Procedures are coordinated with any other enquiries taking place as part of the ongoing management of the allegation.
e. Staff/Volunteers are encouraged to report any suspicions or incidents of abuse taking place or as per *WS14 - Whistleblowing Policy and Procedure*.
f. Staff who have concerns about any working practices making them more vulnerable to claims of abuse should raise this with their manager during supervision, ensuring their concerns are recorded and responded to.
g. Consider a partial or full suspension of client work, and if they are a trainee inform their university and supervisor.

9. Recording and Managing Confidential Information

Wellspring is committed to maintaining confidentiality wherever possible and information around Safeguarding issues should be shared only with those who need to know. There may be occasions when confidentiality cannot be guaranteed.
For further information, see *CL04 - Confidentiality Policy & Statement*.

a. All allegations/disclosures/concerns should be recorded in detail. Concerns about clients are to be recorded on Lamplight. Concerns about staff and volunteers should be recorded on the HR database.
b. The information should be factual and not based on opinions.
c. Recording should clearly identify:
   i. what the person tells you,
   ii. what you have seen
   iii. what any witnesses have seen,
   iv. contact details of all witnesses accurately recorded.

The information that is recorded will be kept secure and will comply with data protection requirements.

10. Policy Review

a. This policy will be reviewed annually in line with any changes in legislation or best practice.
b. All staff will be aware of this policy through the recruitment and training policies within Wellspring.

11. Additional Policies

There are a series of organisational policies, which in conjunction with this one, enforce the commitment of the organisation in the protection of CYP, these include:

- HR01 – Recruitment and Selection Policy
- HR11 – Disciplinary Policy
- HR13 – Equality, Diversity and Inclusivity Policy
- HR14 – Grievance Policy
- HS06 – Lone Working Policy
- HS13 – Risk Assessment Policy
- WS01 – Complaints Policy
- WS13 – Data Protection Policy
- WS18 – DBS policy
- WS14 – Whistle Blowing Policy
- CL02 – CYP Client at risk of harm to self
- CL04 – Confidentiality Policy

APPENDIX 1 - Safeguarding children flowchart

Not sure what to do?
speak to the designated safeguarding person (DSP) or DSL

Safeguarding Children Flowchart

Jude - Designated Safeguarding lead (DSL)
jude@wellspringtherapy.co.uk
Jo - Adult Counselling Services Manager
Jo@wellspringtherapy.co.uk

Immediate Risk

This is when there is immediate and significant risk of harm to the client or another person. This includes suicide attempts, extreme self harm, violence or abuse of any kind.

Phone 999
If the risk is to the counsellor FROM the client, ensure you are in a safe place. Use personal alarm. Phone 999.
If it is TO the client; keep the client informed, where possible get consent before phoning 999. Provide any support that's needed.

It may be more appropriate to call 111 and ask for the mental health team or ask the client to go to A&E.
Give the Client the Urgent Help Card
Consider doing a keep safe plan with the client before they leave.

Admin Checklist:
- Contact the DSL or Deputy
- Write your case notes including any risk assessments
- create a safeguarding record on LL to record actions taken.

Moderate Risk

Moderate risk describes situations where there is some level of harm possible, but not imminent and/ or extreme, and the client retains some capacity to engage in thinking about safety, with or without parents and guardians.

Assess the Risk with the client / and safe adult.
You will need to share information with guardian's, especially if this is a new risk or the child is primary age. Where possible get your clients consent for this.
Encourage the client's parents/ guardians to book a GP appointment or contact 111.
Consider a Family Group Decision Making session.
If the parents/ guardians are unsafe social care and police need to be involved.

If the Client is against telling their parents or seeking further help, speak to the DSP before you leave and email the DSL.
Its important we don't promise clients to keep risk confidential as we have a duty of care.

Admin Checklist:
- Contact the DSL or Deputy
- Write your case notes including any risk assessments
- create a safeguarding record on LL to record actions taken

Low Risk

"Low risk" typically means there is some vulnerability, but no immediate danger, no current intent to harm self or others, and the client generally is engaged, has coping strategies, and some stability. Note that sometimes coping strategies are the cause of harm, this is one of the most nuanced aspects of the intersection of therapy and safeguarding.

Explore the Risk with the client and consider involving parents/ guardians to decide what support is needed. get consent for this where possible.
You could:
- Call 111 out of hours mental health team.
- Give a 'need urgent help' card.
- Consider a 'Keep Safe Plan'.
- Identify other support between sessions, E.G safe adults, peer support

Next Steps
- Consider information sharing with parents or other safe adults.
- Keep Safe Plan.
- Inform client that further advice from CSM will be sought.

Admin Checklist:
- Contact the DSL or Deputy
- Write your case notes including any risk assessments
- create a safeguarding record on LL to record actions taken

Remember to check in regularly with the DSL or CSM and take your client to supervision

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APPENDIX 2 - Contact Details

Designated Safeguarding Lead:

Jude Crook	01423 881881	jude@wellspringtherapy.co.uk

Deputy DSL:

Jo Hart	01423 881881	Jo@wellspringtherapy.co.uk

Deputy Safeguarding Persons:

Nick Garrett	01423 881881	nick.garrett@wellspringtherapy.co.uk
Katy Walters	01423 881881	Katy@wellspringtherapy.co.uk
Margaret Castro		Margarettrustee@wellspringtherapy.co.uk
Lisa Burnham	01423 881881	office@wellspringtherapy.co.uk
Liz Kanabar	01423 881881	training@wellspringtherapy.co.uk
John Wood		johnwtrustee@wellspringtherapy.co.uk

Other helpful Contacts

North Yorkshire Social Services Duty Team	0300 1312131
MAST Professionals Consultation Line	01609 535070
NSPCC HELPLINE	0808 800 5000
Police (N. Yorkshire) – Non-emergency	101 (press 1)
Police (N. Yorkshire) – Emergency Only	999

Further Information on Safeguarding Children

North Yorkshire Safeguarding Children Partnership	www.safeguardingchildren.co.uk
NSPCC	www.nspcc.org.uk

APPENDIX 3 - Risk assessment tool

Can be used 121 or in a Family Group Meeting

Date:	Client ref:	Therapist initials:

The Past- when did these feelings and/ or actions start? What was happening for you at that time?

Currently- *What are the triggers?*

Context- *What are the key issues for you at the moment?*

Obstacles- *Things that keep your difficulties going and make change difficult.*

Supports*- Positives in your life, including your strengths and support from people and things around you.*

Next Steps

What support does the client need?

What support does the family or parents need?

Actions and timeframes.

E.G. …….. Will do …… by …….

APPENDIX 4 - Making a Referral to Children's Social Care

a. To make a referral for assessment for support, Children's Social Care should be contacted in the first instance. This will usually be by the Designated Safeguarding Lead or their deputy. The Customer Resolution Centre can be contacted through North Yorkshire Safeguarding Children Partnership by the following methods:

   Information and online referral form: NYSCP
   By Phone: 0300 1312131
   By email: social.care@northyorks.gov.uk

b. Confirmation of Referral. A written confirmation of the referral must be completed and submitted within 24 hours. This will normally be completed by the Safeguarding Lead. Where possible use the "Universal Referral Form" to ensure that all relevant information is provided to ensure that the referral can be progressed as effectively as possible.
c. When contacting Social Care staff should:
   i. Clearly identify themselves, their agency/relationship with the child(ren) and family,
   ii. Give details of where they can be contacted.
   iii. Provide as much relevant family information as possible and, clearly stating the name of the child, the parents/carers and any other children known to be in the household, the dates of birth and addresses and any previous addresses known
   iv. Provide details of any special needs or communication needs of either the child or any family member
   v. State why they feel the child is suffering, or is likely to suffer, significant harm.
   vi. Share their knowledge and involvement of the child(ren) and family
   vii. Share their knowledge of any other agency involved
   viii. Indicate the child's, parent's/carer's knowledge of the referral and their expectations
   ix. Ensure they record within Wellspring files the concerns and action taken

APPENDIX 5 – Types of Abuse

Multiple forms of abuse may occur in an on-going relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, of negligence or of ignorance.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a person. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to the person in their care.

Emotional Abuse

a. Emotional abuse is the persistent emotional ill treatment of a person such as to cause severe and persistent adverse effects on their emotional development.
b. 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.
c. 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.
d. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
e. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

a. Sexual abuse involves forcing or enticing a person to take part in sexual activities, whether or not they are aware of what is happening.
b. The activities may involve physical contact, including penetrative (oral, anal or vaginal rape) or non-penetrative acts. They may include non-contact activities such as involving a person in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging them to behave in sexually inappropriate ways.
c. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Ritual Abuse

a. Ritual abuse refers to practices and patterns of harming behaviours through which persons or groups seek to exert power over others.
b. It can involve extreme forms of physical, sexual, emotional, mental and spiritual abuse and is sometimes ceremonial.

Neglect

a. Neglect is the persistent failure to meet a physical and/or psychological need, likely to result in the serious impairment of their health or development.

b. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure appropriate medical care or treatment.
c. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Domestic Abuse

a. Domestic abuse describes a continuum of behaviour ranging from verbal abuse, through to threats and intimidation, manipulative behaviour, physical and sexual assault, to rape and even homicide.
b. There is a frequent inter-relationship between domestic abuse and the abuse and neglect of children.
c. Prolonged and/or regular exposure to domestic violence can have a serious impact on a child's development and emotional wellbeing, despite the best efforts of the victim parent to protect the child.
d. Domestic Abuse can impact in the following ways:
    i. It can pose a threat to an unborn child because assaults on pregnant women frequently involve punches or kicks to the abdomen.
    ii. There is an adverse pregnancy outcome.
    iii. Older children may also suffer physically during episodes of violence.
    iv. Children may be greatly distressed and suffer significant emotional and mental harm by witnessing or hearing the suffering of another person.
    v. The abuse suffered by adult victims can have a negative impact on their ability to look after their children.
    vi. Small babies and children being held by the parent at the time of the assault can be injured or dropped.
    vii. The negative impact is exacerbated when combined with alcohol/drug misuse. 80% of domestic violence involves alcohol and/or substance misuse.
    viii. Children are drawn into the violence.
    ix. Children are pressurised into concealing the assaults.
    x. Exposure to parental conflict can lead to serious anxiety and distress in children.

Financial or Material Abuse

This may include theft, fraud or exploitation, exerting pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discrimination

This may include racist, sexist comments or behaviour, or negative or aggressive comments or behaviour based on a person's disability.

Modern slavery

Human trafficking and forced labour.

Organisational abuse

This is when there are inflexible systems and routines in place that stop people making their own choices about their lifestyle; not considering a person's dietary requirements; inappropriate ways of addressing people.

Self-neglect

This is also a form of abuse. This is when someone chooses not to look after themselves. It might include not eating, or refusing help for their health or care needs and this has a significant effect on their wellbeing.