

Guidance on Safeguarding Children and Vulnerable Adults

Summary

Abuse is often hidden in our society and can be overlooked. Safeguarding children and vulnerable adults therefore is an overriding professional duty for registered optical practitioners and practices, in the same way as for all other health and social care practitioners and providers. This guidance will help you to be vigilant, able to recognize and report abuse, and to help keep your patients safe.

This guidance has been developed in collaboration with the Department of Health and provides a simple five step guide for all optical staff and practices to safeguard children and vulnerable adults and to comply with all relevant legislation.

Practices should ensure that all staff are familiar with this guidance and know what to do if they suspect and observe signs or symptoms of suspected abuse or neglect.

A copy of this guidance and local safeguarding team contact numbers should be readily available in the practice.

Optometrists should also refer to the College of Optometrists guidance on safeguarding children.¹

This guidance will be updated periodically as legislation is revised and in the light of experience.

Areas of Responsibility for Optical Staff and Practices

- Be familiar with the common signs and symptoms of abuse or neglect (Annex 1) and the term 'looked after child'²

¹ College of Optometrists guidance: Safeguarding Children: C1.10 – C1.13, 2010

- Be aware of the heightened risks to children and vulnerable adults from parents or carers who are themselves victims of abuse and be alert to any signs of more widespread abuse e.g. in siblings or others attending with the patient.
- Refer cases of suspected abuse or neglect of a patient by a family member, carer, or any other person, or for domiciliary patients, a care home staff member.
- Prevent, detect and refer suspected abuse or neglect by an optical practitioner or a member of practice staff.
- Respond to a formal request by social care services to provide information about a patient who is involved in a safeguarding assessment or to provide eye health services to a child or vulnerable adult as part of an agreed safeguarding plan.

Local Advice and Support

All local authorities in England, Wales, Scotland and Northern Ireland have duties to make arrangements to promote co-operation and co-ordination between local agencies regarding local protection procedures, including Primary Care Trusts (PCTs) or their successor bodies and Local Health Boards (LHBs).

In the case of children in England and Wales local authorities have duties under the Children Act 2004 to promote co-operation between themselves and PCTs (or successor bodies) to improve the wellbeing of children, to make arrangements when carrying out their normal functions to safeguard and promote the welfare of children, and to establish a Local Safeguarding Children Board (LSCB).

Across the UK specialist safeguarding experts are in place to provide advice and support, about whether to make a referral of suspected abuse or neglect. In the case of children in England, Wales and Northern Ireland nominated doctors, nurses and protection officers perform these functions. In Scotland child protection advisors and nurse consultants fulfil this role.

All PCTs or successor bodies and LHBs should issue health care providers, including all optical practices, with up-to-date

- Local guidance if appropriate
- Local safeguarding team contacts for advice or referral
- Information on local training opportunities
- Details of the designated doctor and nurse available for advice and support.

The contacts for relevant local safeguarding teams/officials should be

² A 'looked after child or young person' is one who is in the care of a local authority. This would mean that the child or young person is either the subject of a care order or voluntarily accommodated.

- able to receive confidential information 24 hours a day and
- prepared to give advice to front-line optical staff and practices in respect of safeguarding children and vulnerable adults (NB the local contacts are likely to be different for children and vulnerable adults).

Please ensure these contact details are available in the practice. If you have any problem identifying the correct person in your area, please contact your LOC/ROC/AOC.

Be Vigilant

Awareness is by far the greatest protection for children and vulnerable people.

See Annex 1

- what to look out for – common signs and symptoms of abuse or neglect
- what to look out for – inappropriate staff behaviour towards a patient.

NB The children of adult patients, who are themselves victims of domestic or other abuse, are also at higher risk of abuse.

What to do if you observe/suspect abuse or neglect

Any optical practitioner or member of practice staff who detects possible signs of neglect or abuse in a child or adult (including possible domestic or elder abuse) should take immediate action as below. Similarly, practitioners and staff who detect inappropriate staff behaviour (as described in Annex 1) should follow the steps below without delay.

1. Observe

Note factual signs and symptoms of potential or suspected abuse or neglect without alarming the patient or alerting a possible abuser

If appropriate, listen sympathetically to what a child or vulnerable adult tells you (as they are often ignored) but do not agree not to tell anyone.

2. Discuss

Alert and discuss your concerns with your manager, senior professional or designated staff member depending on your practice procedure

If appropriate, seek advice from the local authority safeguarding team.

(Note: consider and agree whether it is appropriate to seek the child's and/or parent's agreement to the referral, or for them to be informed of the referral or whether doing so would place the child at increased risk of suffering significant harm.³ Seeking the child's or parent's agreement might be appropriate, say, when abuse by an estranged parent, sibling or other person is suspected.)

3. Act

If appropriate, inform local safeguarding team and supply them with a copy of your recorded observations (using the model referral form supplied in Annex 2)

When reporting information, reports should be restricted to

- the nature of the injury, suspicious behaviour or concern
- facts to support the possibility that the injuries or concerns are suspicious.

Agree with recipient of referral what the patient and relatives/carers will be told, by whom and when (and note this).

³ Chapter 5 Working Together (2010) and the Government's information sharing guidance (2008)

4. Confirm

Confirm telephone notifications in writing by fax, email or letter within 48 hours

You should receive confirmation of referral within one working day

If you have not heard back within three working days, contact again.

5. Record

Ensure that all observations, advice sought, received and actions taken are recorded and stored confidentially and separately from the patient's optical record.

Practice Protocol

Each optical practice should have safeguarding procedures in place which are in line with this guidance and guidance from the College of Optometrists, and should ensure that all members of staff and practitioners are aware of and understand the procedures. Procedures should include

- the appointment of the practice manager or another nominated senior professional as the responsible person within the practice to whom members of staff should refer concerns in the first instance
- a chaperone policy as specified in Quality in Optometry⁴
- a copy of this guidance in the practice
- local safeguarding team contact details
- a copy of any relevant local safeguarding guidance
- the procedures staff should follow where the nominated responsible person is unavailable (or inappropriate) e.g. contact number at HQ or direct to local protection team.

Participation in Safeguarding Assessments/Plans

People who have been victims, or who are at risk, of abuse or neglect have the same eye health needs and health care rights as other members of society.

Very occasionally therefore social care services may formally ask optical practices and practitioners to provide information for or to take part in safeguarding assessments, or to provide eye care services to a patient or patients as part of a locally agreed safeguarding plan for those individuals.

⁴ QiO First Domain: Safety C2 <http://www.qualityinoptometry.co.uk/england/?page=4>

Other than the duty to provide information, this is a matter of choice for practices and practitioners but, assuming most will wish to help, local protocols and guidelines should be followed in such cases.

GP or Hospital Referrals

Where clinically necessary, optical practitioners may need to refer patients with suspected abuse or neglect to their GP or hospital e.g. if the practitioner notices a retinal haemorrhage. In such cases, practitioners should continue to refer the ocular/general health issue as normal, and in parallel, follow the five steps above, making the GP or hospital referral known to the local safeguarding team.

Further Information

Details of relevant legislation and guidance are at Annex 3. For further information please contact your representative body or professional association.

Optical Confederation

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Safeguarding Children and Vulnerable Adults Guidance

What to look out for – common signs and symptoms of abuse or neglect⁵

Children

Physical abuse

Eye injuries, unexplained retinal haemorrhage, fractures, hypothermia, lacerations, subdural haemorrhage, teeth marks, scalds, scars, petechiae (small haemorrhages on the skin), abrasions, bites, bruises, burns, cold injuries (e.g. swollen, red hands or feet), cuts, bites, wearing inappropriate clothes e.g. long sleeves even in hot weather; fear of physical contact – shrinking back if touched – bald patches, aggression.

Neglect

Bites, dirty clothing, dirty child, head lice, persistent infestations, scabies, sunburn, tooth decay, not complying with treatment / advice.

Emotional/behavioural abuse

Age-inappropriate behaviour, aggression, body-rocking, changes in emotional or behavioural state, fearfulness, runaway behaviour, continual self-deprecation (I'm stupid, ugly, worthless, etc), overreaction to mistakes, extreme fear in new situations, neurotic behaviour (rocking, hair-twisting) extremes of passivity or aggression.

Sexual abuse

Sexualised behaviour, age-inappropriate behaviour, regressive behaviour, being overly affectionate, being isolated and withdrawn, inability to concentrate, lack of trust or fear of someone they know well.

Parents and children

Be aware of the heightened risks to children and vulnerable adults from patients or carers who have themselves been victims of abuse and be alert to any signs of more widespread abuse, e.g. in siblings or others attending with an adult patient.

⁵ From NICE (2009) When to suspect child maltreatment

Adults

Physical abuse

Unexplained falls or major injuries, injuries/bruises at different stages of healing, bruising in unusual sites e.g. inner arms, abrasions, teeth indentations, injuries to head or face, very passive.

Elder abuse

As above, plus hand-slap marks, pinches or grip marks, physical pain, burns, blisters, unexplained or sudden weight loss, recoiling from physical contact, stress or anxiety in presence of certain individuals, perpetrator describing person as uncooperative/ungrateful/unwilling to care for self, restraint, unreasonable confinement e.g. locking in or tying up.

Psychological abuse

Withdrawal, depression, cowering and fearfulness, agitation, confusion, changes in behaviour, obsequious willingness to please, no self esteem, fear, anger.

Domestic abuse

Bruises, black eyes, painful limbs, make-up covering bruises, damaged clothes or accessories, patient "walking on eggshells" if partner around, partner belittling or putting down patient, partner acting excessively jealously or possessively, patient having limited access to money, phone, car etc.

Staff Warning Signs

Staff paying particular attention to a patient or a group of patients (e.g. young children, girls, boys), appearing overfriendly with particular patients or groups, going out of their way to see the same patient without obvious reason, seeming overly familiar with a patient, always seeking out a particular patient or changing a patient's appointments to fit in with times when they are present without clinical reason, patient request or established professional relationship.

CONFIDENTIAL

NOTIFICATION OF POTENTIAL CHILD OR ADULT ABUSE OR NEGLECT

To be completed by the referring practitioner

This form notifies the appropriate person enter name at enter name of PCT PCT and/or enter name at enter name of Child Safeguarding Team/Local Authority Child Safeguarding Team/Local Authority of suspected abuse.

SUSPECTED VICTIM

Name: Click here to enter text.

Address: Click here to enter text.

Gender: Click here to enter text.

Date of Birth: Click here to enter text.

Name of Person with parental responsibility/Carer/Next of Kin

Click here to enter text.

Relationship Click here to enter text.

Other identifiers: Click here to enter text.

SUSPECTED PERPETRATOR (if known)

Name: Click here to enter text.

Address: Click here to enter text.

Age if under 18: Click here to enter text.

Relationship if known: Click here to enter text.

Other: Click here to enter text.

FORM OF SUSPECTED ABUSE OR NEGLECT

Click here to enter what you have observed and recorded.

WHETHER SUSPECTED VICTIM/PARENT/CARER AGREED TO OR HAS BEEN INFORMED OF THE REFERRAL

Yes/No

Click here to add details as required.

DISCLOSURE AGREEMENT with Recipient of Referral about what patient and suspected perpetrators will be told, by whom and when

I agree/do not agree to my identity being disclosed to the patient and suspected perpetrator

Click here to add further details as required.

Declaration:

I wish to make this notification in line with the disclosure agreement above unless

- I have been further approached and have specifically given my permission in writing in advance or
- the release of my details is ordered by a UK court.

Means of transmission:

Telephone

Fax

Secure email

Registered Letter

This is a first referral/follow-up confirmation

Signature.....

Print Name.....

Position.....

Date.....

Annex 3

Legislation, Regulations, National and Professional Guidance

- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006*
- Children and Young Persons Act 2008
- Working Together to Safeguard Children, HM Government, 2010
- What to do if you're worried a child is being abused, HM Gov. 2006
- Statutory guidance on Promoting the Health and Well-being of Looked After Children, DfE /DH, 2009
- When to suspect child maltreatment, clinical guideline, National Institute for Health and Clinical Excellence, 2009
- Intercollegiate Guidance: Safeguarding Children and Young People: roles and competences for health care staff, September 2010
- College of Optometrists guidance: Safeguarding Children: C1.10 – C1.13, 2010

* likely to be amended in respect of England, Wales and Northern Ireland by the Protection of Freedoms Bill 2011

Registered optical professionals have a professional duty to make the care of the patient their first and continuing concern. By definition this includes safeguarding them from abuse. (See GOC Code of Conduct for Individual Registrants for further details)

Registered optical businesses have a parallel professional duty to ensure that, as a condition of employment or engagement, individual registrants comply with the GOC's Code of Conduct for Individual Registrants. (See GOC Code of Conduct for Business Registrants for further details)

Optical providers of NHS services also have a contractual duty as GOS contractors to have regard to relevant guidance issued by the NHS or other competent bodies.