



Safeguarding Children and Adults

An Introduction

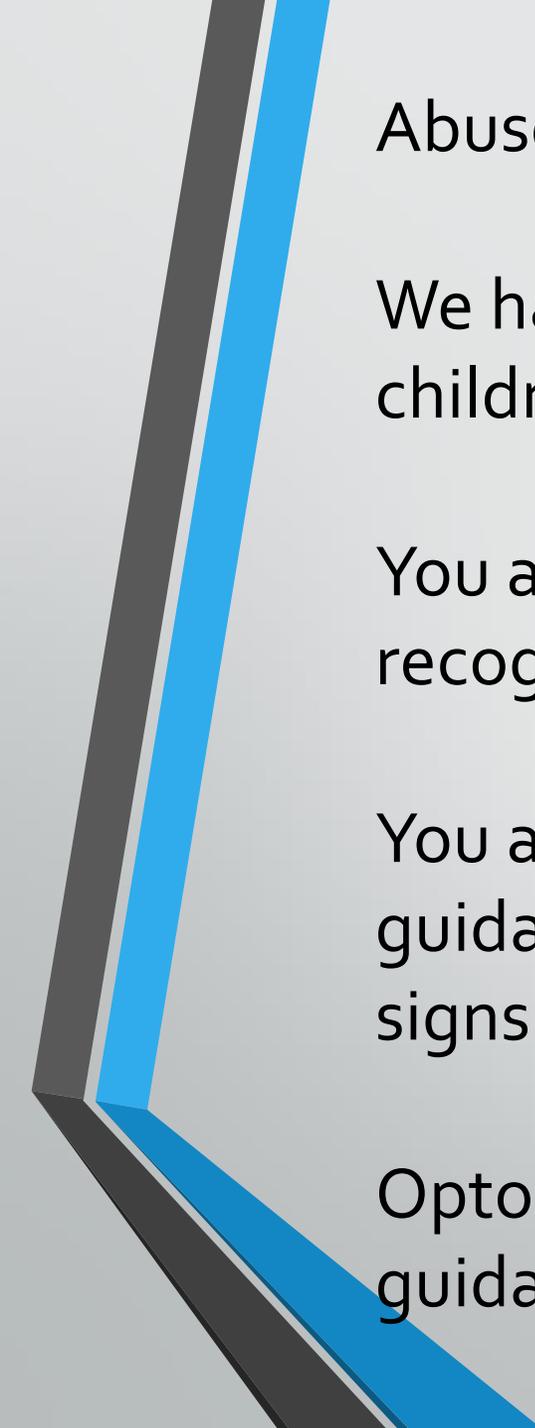
Essex LOC CET presentation

1st October 2014

AIM – to inform you about the various types of abuse and to explain what you must do if you suspect abuse or neglect



You are not expected to diagnose suspicious injuries or investigate where you suspect abuse or neglect. This is to ensure that when you leave tonight, you are sure that you understand the kind of things to look out for and what to do next



Abuse is often hidden in our society and can be overlooked

We have an over-riding professional duty to help safeguard children and vulnerable adults

You and your practice team should be vigilant, able to recognise and report abuse and help keep your patient safe

You and your team should all be familiar with safeguarding guidance and know what to do if they suspect and observe signs and symptoms of suspected abuse and or neglect

Optometrists should also refer to College of Optometrists guidance on safeguarding children - C1.10- C1,13,2010

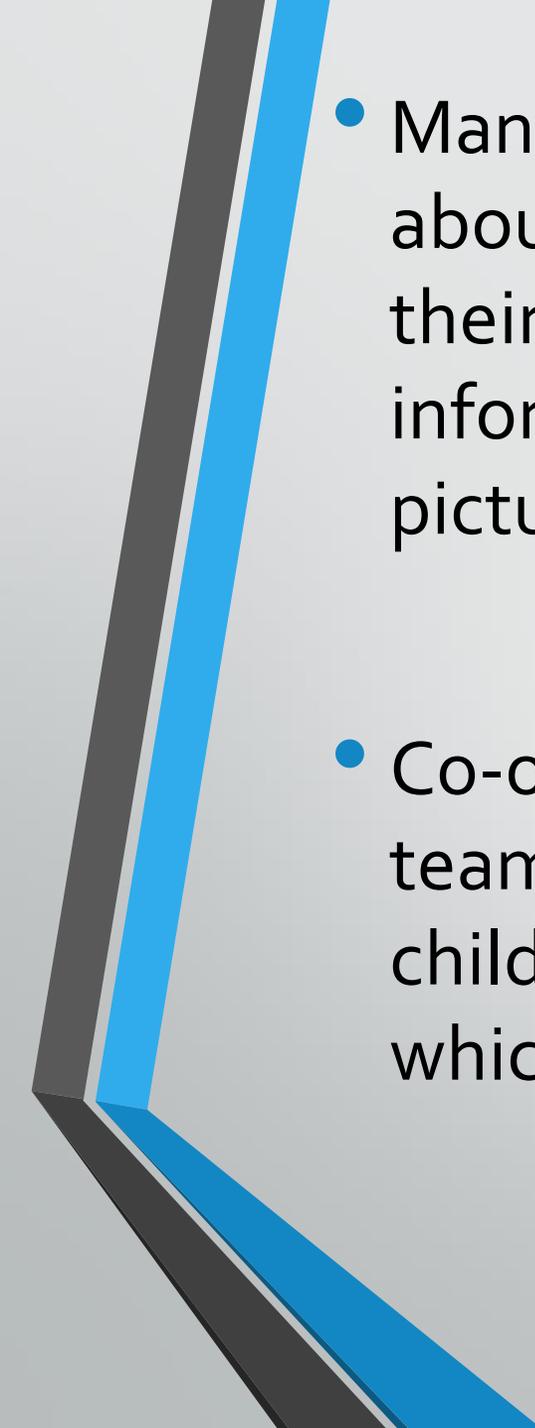
Areas of Responsibility for Optical Staff and Practices

- Be familiar with common signs and symptoms of abuse or neglect and the term 'looked after child'
- Be aware of 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. siblings or others attending with patient

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- Refer cases of suspected abuse or neglect of a patient by a family member, carer, or any other person, or for domiciliary patients, care home staff
 - 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

Child Protection Accountabilities/Practice Standards

- Assess the needs and risks for children and identify actions appropriate to meet the need and address the risk
- Ensure child protection plans are implemented and reviewed
- Follow child protection procedures
- Maintain records of work
- Keep up to date through training and professional development

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- Many people and agencies have small pieces of information about children, vulnerable adults and their families, that on their own may seem insignificant but when combined with information from various sources will help to create a full picture of the family and its needs
 - Co-operation between organisations is therefore vital. By teaming up to work together and sharing information children and vulnerable adults can be protected from harm which will help them to achieve what they want in life

“Every Child Matters” the aim being that every child, whatever their background or circumstances has the support they need to.....

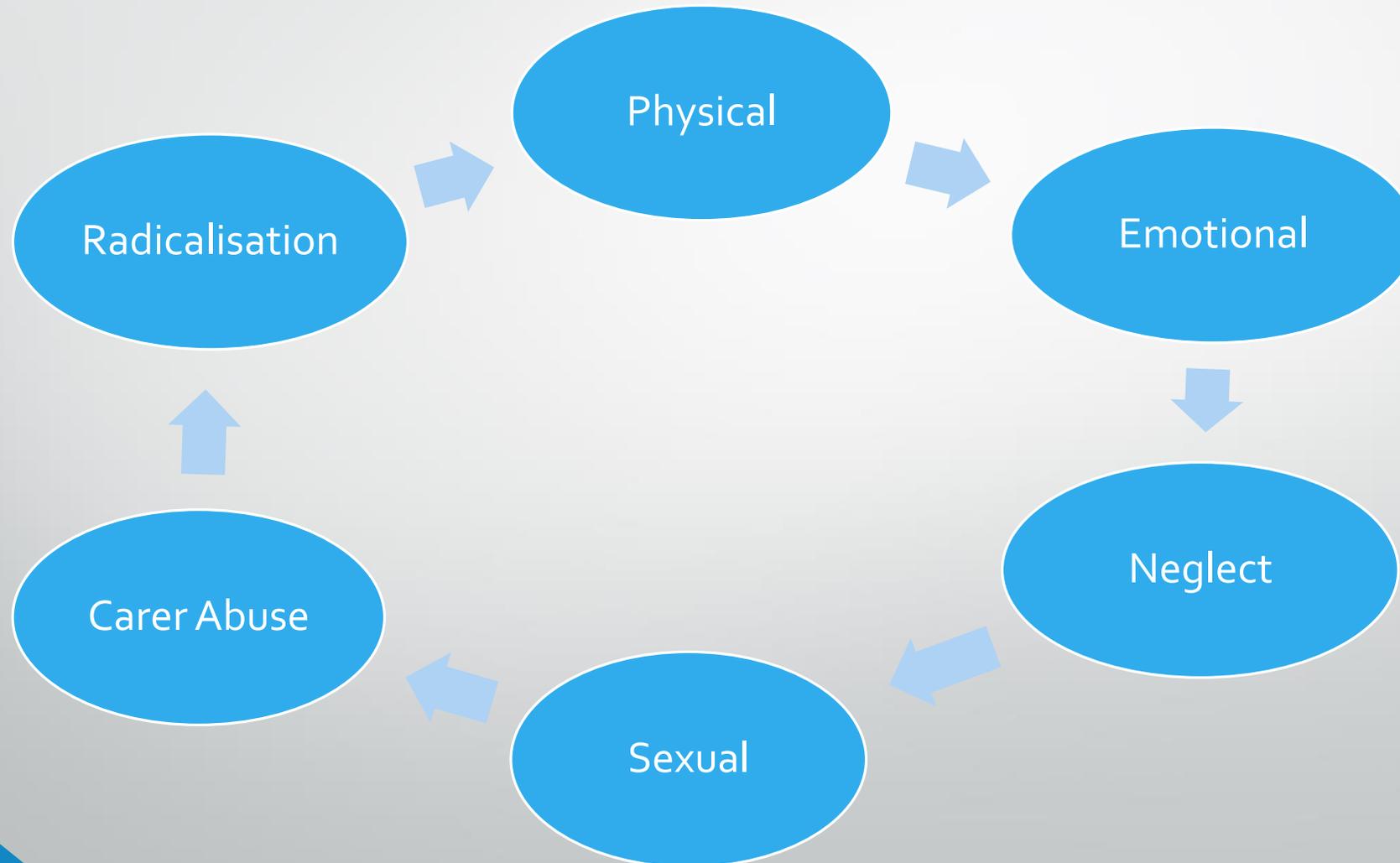


On completion you should be able to:



- Understand the various types of abuse and neglect
- Identify the signs and what to look for
- Know what steps to take if you suspect abuse is happening
- Know what to do if a child or an adult discloses abuse
- Understand the importance of keeping records

What Form Can Abuse Take?



What is physical abuse?

Hitting

Shaking

Throwing

Poisoning

Burning

Drowning

Female Genital
Mutilation

Suffocating

Scalding

Or otherwise causing
physical harm to a
child or adult

Physical harm may also be caused
when a parent or carer fabricates
the symptoms, or deliberately
induces illness in a child or
vulnerable adult



What to look out for:-

Eye injuries and unexplained retinal haemorrhage
Fractures Teeth Marks Scalds Scars Abrasions
Bruises Burns Cold injuries Cuts
Hypothermia Bald patches Aggression
Lacerations
Subdural haemorrhages
Fear of physical contact - Shrinking back if touched
Long sleeves even in very hot weather

What is Emotional Abuse?

Rejecting

Isolating

Ignoring

Terrorising

Corrupting

Age/developmentally
inappropriate expectations

Seeing/hearing the ill-
treatment of another

**Remember All Abuse Involves Some Emotional
Ill Treatment**



What to look out for:-

Body rocking

Changes in emotional or behavioural state

Fearfulness Runaway behaviour

Continual self-deprecation (I'm ugly, stupid, etc.)

Over reaction to mistakes

Extreme fear in new situations

Neurotic behaviour (rocking, hair twisting)

Extremes of passivity or aggression

What is neglect?

- It is the persistent failure to meet a child or vulnerable adult's basic physical and/or physiological needs, likely to result in the serious impairment of the child or vulnerable adult's health or development

What is neglect?

Lack of / Inadequate.....

- Shelter & Clothing
- Protection
- Hygiene
- Comfort
- Physical affection
- Interaction
- **Food**



What to look out for:-

- Bites
- Dirty clothing
- Dirty child/vulnerable adult
- Head lice
- Persistent infestations
- Scabies
- Sunburn
- Tooth Decay
- **Not complying with treatment/advice**

What is Sexual Abuse?

- Sexual abuse involves forcing or enticing child or young/vulnerable adult to take part in sexual activities whether or not they are aware of what is happening.
- Activities may include physical contact – including assault by penetration (e.g. rape or oral sex) or non penetration (kissing, rubbing touching outside of clothes)
- May also include non-contact activities such as involving children in looking at , or in the production of sexual images, watching sexual activities or grooming in preparation for abuse (including via the internet)
- This can be perpetrated by men, women and other children



What to look out for:-

- Sexualised behaviour
- Age-inappropriate behaviour
- Being overly affectionate
- Being isolated and withdrawn
- Regressive behaviour
- Inability to concentrate
- Lack of trust or fear of someone they know

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- Statement of the child
 - Symptoms due to local trauma or infection
 - Symptoms attributable to emotional effects
 - Self harm
 - Sexualised behaviour or inappropriate sexual knowledge of young children
 - Sexually transmitted disease
 - Pregnancy

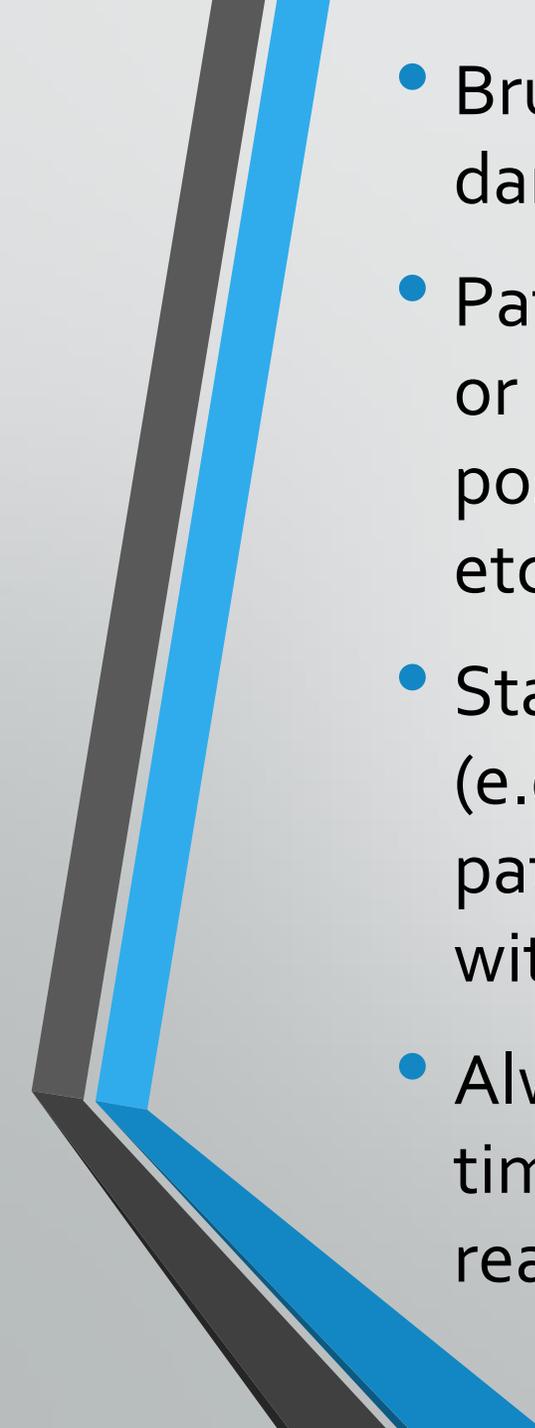
What is Carer Abuse?

- Physical Abuse
- Elder abuse
- Psychological Abuse
- Domestic Abuse
- Staff Warning Signs



What to look for:-

- Unexplained falls or major injuries, bruising in unusual places e.g. inner arm, teeth indentations, injuries to head or face, very passive
- Hand slap marks, pinches or grip marks, physical pain, burns, blisters, sudden or unexplained weight loss, recoiling from physical contact, stress or anxiety in presence of certain persons
- Perpetrator describing person as uncooperative / ungrateful / unwilling to care for self, unreasonable confinement
- Withdrawal, depression, cowering and fearfulness, agitation, confusion, changes in behaviour, no self esteem, fear, anger, obsequious willingness to please

- 
- Bruises, black eyes, painful limbs, make-up covering bruises, damaged clothing 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 phone, money, car etc.
 - Staff paying particular attention to a patient or group of patients (e.g. young children) 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 patient or changing their appointment times to fit in with times when they are present without clinical reason, patient request or established professional relationship

What is radicalisation:-

- Radicalisation comes under the Prevent Strategy of the Government's counter terrorism strategy. The Prevent Agenda requires healthcare organisations to work the Police to contribute to the prevention of terrorism. The definition of 'vulnerable adult' has been widened to include individuals who might be at risk of being radicalised
- Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social or religious ideals and aspirations that 1) reject or undermine the status quo or 2) reject and/or undermine contemporary ideas and expressions of choice

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- Members of the practice team may have concerns relating to an individual's behaviour, which could indicate they may be being drawn into terrorist activity.
 - **NB** This might include other members of the staff in the practice team.
 - EVERY CCG will have an NHS Regional Prevent team



Indicators/signs to look for:-

- Graffiti symbols, writing or artwork promoting extremist messages or images
- Patients/staff accessing terrorist related material online, including through social network sites
- Parents/family reports of changes in behaviour, friendships or actions, coupled with requests for assistance
- Partner healthcare organisations, local authority and police reports of issues affecting patients in other healthcare organisations

Patient voicing opinions drawn from terrorist related ideologies and narratives

Use of extremist or hate terms to exclude others or incite violence

Handling a disclosure of abuse

1. Remember it will be difficult for a child/vulnerable adult to talk about abuse
2. They may have chosen you because they trust you so your reaction must make the child feel comfortable enough to continue
3. A wrong reaction – anger shock – may make them “clam up” and the opportunity to learn about their abuse may be lost forever
- 4. THIS MAY BE THE ONLY TIME THE CHILD/VULNERABLE ADULT MAY TELL OF ABUSE**
5. Be reassuring and sympathetic but do not promise “not to tell”
6. Do not put your arm around a child – may make feel uncomfortable and stop him/her talking

Key Points



Make a full note in your records. If you think it is appropriate, i.e. if there are serious concerns – you need to report to Social Services



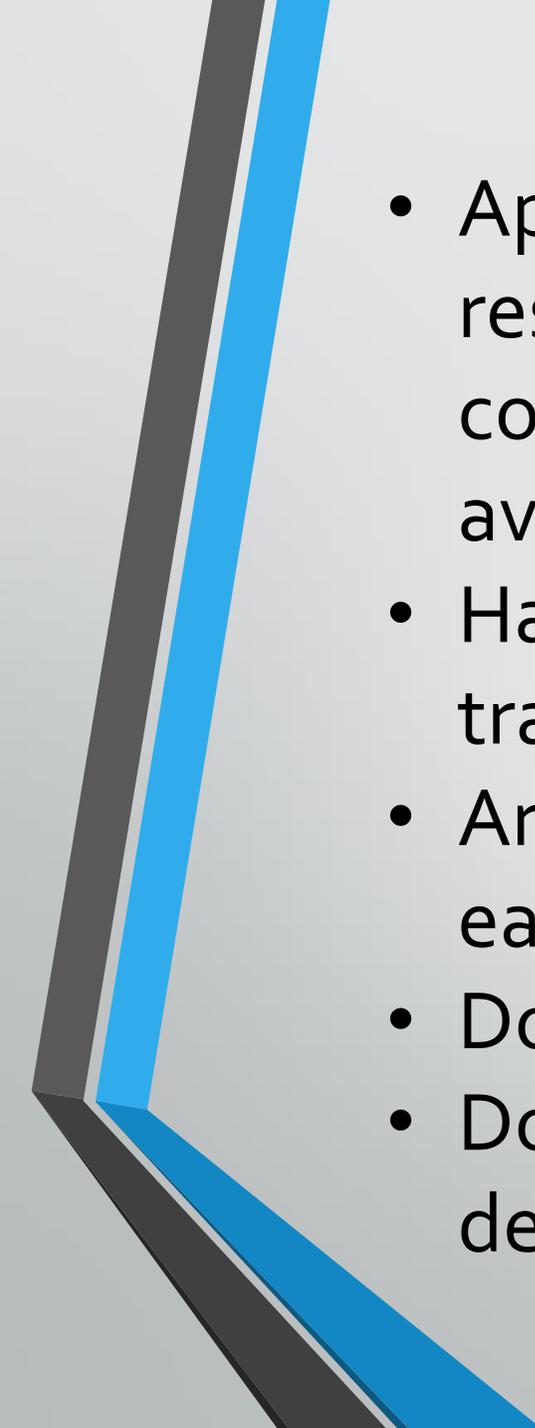
Most of these signs will not be seen in isolation but will be part of a 'big picture'

It may well be that observation of any of these signs in isolation will not mean child/adult is neglected. A carer may simply need advice to alleviate or prevent these signs.

if you **see** something,
say something

YOUR POLICIES AND PROCEDURES

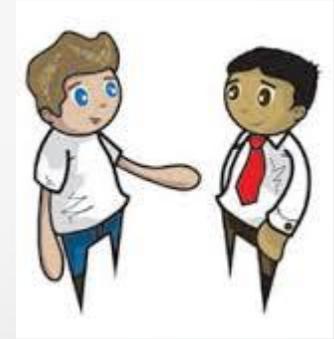
- Are you aware of your practice's/company's policies and procedures for reporting child/vulnerable adult abuse or neglect?
- Have you got an up to date version?
- Copy of Optical Confederation guidance in practice?
- Copy of Local Safeguarding Policy available?
- Chaperone policy as specified in QiO?
- Are all of your team aware of these policies?

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- Appointment of practice manager or other senior person responsible to whom members of staff should refer concerns. Do team know what to do if this person not available?
 - Have all the team members been trained and is the training up to date?
 - Are the procedures readily available to you so you can easily refer to them?
 - Do you have copies of the referral forms?
 - Do you have the contact details of the social care department and local health authority?

What to do if you observe/suspect abuse/neglect

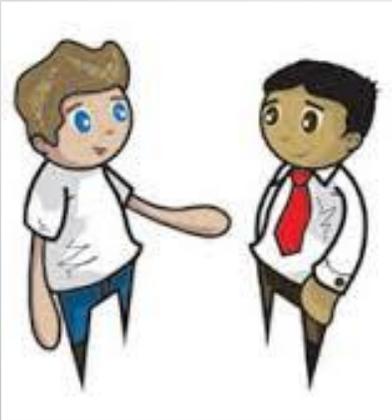


1. Observe
2. Discuss
3. Act
4. Confirm
5. Record





Note factual signs and symptoms without alarming patient or alerting possible abuser. CONSIDER “do I need to call the emergency services/999?”



Discuss with manager, senior professional or designated staff member – depending on your practice procedures- and if appropriate seek advice from social services safeguarding team



Act – if appropriate, inform local team and provide them with a copy of your recorded observations.

Report should be restricted to –

- Nature of injury, suspicious behaviour or
- Facts to support the possibility that injuries or concerns are suspicious
- Agree with recipient of referral what the patient, relatives/carers will be told by whom and when and keep a note of this
- Radicalisation should be reported to the Prevent Team

NB – if there is an ocular reason to refer – e.g. retinal tear etc. – this should be completed as normal and in parallel with referral of abuse.



Confirm your telephone notification within writing with 48 hours.

You should hear back within one working day
If after three days you have not heard back
then contact them again



Ensure all observations, advice sought, received and actions taken are recorded and stored confidentially and securely, and **separate from their optical record card**

Common concerns people have about referring to social services

- Am I doing the right thing?
- The parent/carer will know who has reported the concern
- Nothing will be done
- The children will be taken away
- It would not happen in this family
- It will upset my relationship with the family
- The parents/carer have not given permission for me to pass on this information
- I'll be breaching the Data Protection Act

As a general rule, if you have concerns make the referral



DON'T DELAY



REMEMBER A CHILD'S/VULNERABLE ADULT'S LIFE MAY
DEPEND UPON YOUR ACTIONS
BE VILGILANT AT ALL TIMES

Essex Safeguarding Children Board

- Practitioners level 2
 - ‘Those who work regularly with children and young people and with adults who are carers e.g. GPs, hospital and community health staff,teachers,.....social workers.....Opticians.....’

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.

Social services may ask optical practices to provide information about patients they have examined or to take part in safeguarding assessments. They may also ask practitioners to provide eye care services to patients as part of a locally agreed safeguarding plan for those individuals



You should now be able to:-

- Understand the various types of abuse or neglect
- Identify the signs and what to look for
- Know what steps to take if you suspect abuse is happening
- Understand the importance of taking notes

FURTHER INFORMATION

www.safeguardingchildrennea.co.uk

[\(>infolinks > helplines&support agencies\)](#)

Primary Essex Eyecare Ltd policy on PEE website -

www.primary-eyecare.co.uk

Joint industry policy – Optical Confederation (AOP, ABDO, FODO, FMO, ACLM)

College of Optometrists

Emergency Contacts

Children

Call :- 0845 603 7634

Out of hours:- 0845 606 1212

Adults

Essex:- 0845 603 7634 & Out of hours 0845 606 1212

Southend:- 01702 215008 & Out of Hours 0845 606 1212

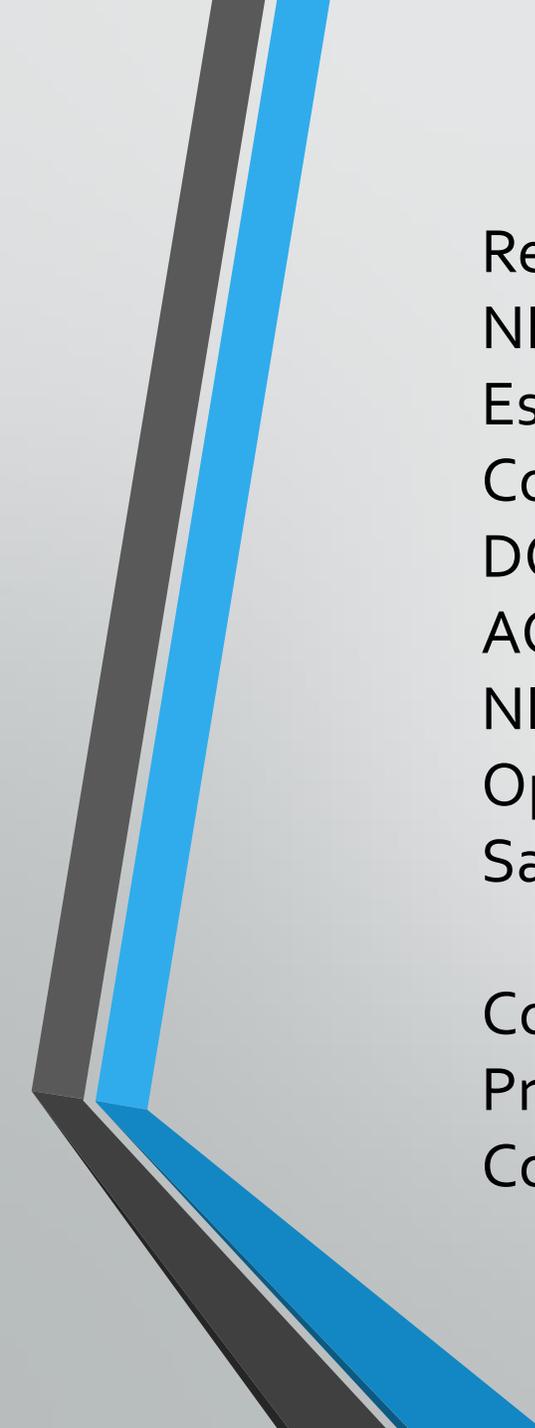
Thurrock:- 01375 366 083 & Out of Hours 01375 372 468

Essex County Council 08457 430 430

EmergencyDutyTeam.OutofHours@essex.gov.uk

24 hour protection line for children and vulnerable adults is

0845 606 1212



References:-

NHS Safeguarding Policies

Essex County Council Safeguarding policies

College of optometry QiO

DOCET safeguarding module

AOP

NICE (2009) when to suspect child maltreatment

Optical Confederation guidance document

Safeguardingchildren.co.uk

Competencies:-

Professional Conduct - Optometrists, DOs, CLOs

Communication - Optometrists, DOs, CLOs



THANK YOU

ANY ??????????????????

