Guidance on Safeguarding, Mental Capacity and the Prevent Strategy

Protecting Children and Vulnerable Adults

Updated December 2015

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.

Part 1 of this guidance 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. It will help you to be vigilant, able to recognize and report abuse, and to help keep your patients safe. This part of the guidance has been updated in July 2014 in line with the revised Intercollegiate Guidance for Safeguarding Children (2014).

Part 2 of this guidance also sets out the responsibilities for optical staff and practices under the Government's Prevent Strategy, which requires healthcare providers to work with partner organisations to identify vulnerable individuals at risk of radicalisation and refer them to regional Prevent teams for support.

Part 3 of this guidance sets out the responsibilities of optical practices, practitioners and staff. In summary:

Practices should ensure that **all** staff are familiar with this guidance and know what to do if they suspect or observe signs or symptoms of suspected abuse (including female genital mutilation - FGM), neglect or radicalisation.

A copy of this guidance and up-to-date local Safeguarding and Prevent team contact numbers should be readily available in the practice. NHS England and/or Local Health Boards should regularly notify practices of these details.

Practitioners should ensure that they have completed appropriate training to Intercollegiate Level 2 for safeguarding children and vulnerable adults.

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

Remember: if you ever feel uncomfortable about a particular situation you encounter or have concerns about a patient's safety and think it might be abuse, you must record all facts and seek

further advice from your professional or representative body, or from your local safeguarding official.

PART 1: Safeguarding children and vulnerable adults

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.

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 what they have told you.

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.

Remember, particularly in the case of a child, you may be the only person to have noticed anything unusual or whom they have confided in. You therefore have a professional and moral duty to act as their advocate. This means making sure that the issue is raised with an appropriate person. This is an integral part of working in a health service and being in a privileged position of trust and authority.

(Note: you should consider and agree with the person you have discussed the issue with 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. 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 your local safeguarding team and supply them with a copy of your recorded observations (using the model referral form supplied in Annex 3).

When reporting information, reports should be restricted to

- the nature of the injury, suspicious behaviour or concern
- facts which support the concerns.

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

4. Confirm

Confirm telephone notifications in writing by fax, email or letter within 48 hours. If you are using a non-secure method of communication consider anonymising this notification.

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.

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.

Any optical practitioner or member of practice staff who detects inappropriate staff behaviour (also described in Annex 1) should also take immediate action, following the five steps outlined above.

Local Advice and Support for Safeguarding

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 NHS England Area Teams and Local Health Boards (LHBs).

In England and Wales local authorities have duties under the Children Act 2004 to promote co-operation between themselves, NHS England Area Teams and LHBs 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 available to provide advice and support to local practices and practitioners about whether to make a referral of suspected abuse or neglect.

In the case of children in **England, Wales and Northern Ireland** designated doctors or nurses and protection officers perform these functions.

In **England**, every CCG is required to have a designated doctor and designated nurse.

Public Health **Wales** has a structure of designated and named professionals in each of the three regions.

In **Northern Ireland**, each Health and Social Services Trust has designated professionals for child protection.

In **Scotland** child protection advisors and nurse consultants fulfil this role. Some health boards in Scotland also have Child Protection Nurse Advisors.

All NHS England Area Teams 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

- able to receive confidential information 24 hours a day
- 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).

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

Safeguarding Training for Optometrists and Opticians

All optometrists, contact lens and dispensing opticians should complete safeguarding training in line with Level 2 in the Intercollegiate Safeguarding Guidance (2014). They should then receive refresher training equivalent to a minimum of 3-4 hours at least every three years.

Practices should incorporate this requirement into CET planning and annual appraisal systems to ensure that optometrists and opticians have completed safeguarding training to Intercollegiate Level 2 both for children and vulnerable adults at least once every three years.

Safeguarding Training for Other Practice Staff

All non-registered practice staff should complete safeguarding training in line with Level 1 in the Intercollegiate Safeguarding Guidance (2014). To meet this requirement all non-registered staff should study this guidance, discuss anything they do not understand or any concerns they have with their manager, senior professional or designated staff member (see page 2, section 2) and sign to acknowledge they have read and understood the contents and know what steps to take should a situation arise with regard to safeguarding or Prevent. A template form is at Annex 6. Practices should file and retain staff forms for reference purposes. Refresher training should be considered every three years.

Studying this guidance and discussing any points that are unclear with a manager is sufficient to meet level 1 requirements of the Intercollegiate Guidance.

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 and practitioners 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.

If the practice or practitioner chooses to provide these eye care services local protocols and guidelines should be followed.

GP or Hospital Referrals

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.

Mental Capacity and Deprivation of Liberty Safeguards

People who lack the mental capacity to make certain decisions for themselves, for example with regard to their medical care or entering into sales contracts, are considered particularly vulnerable. Lack of capacity is usually the result of a disability, mental or physical condition or trauma that affects the way the mind or brain works. This can be a temporary or permanent condition and can affect a broad range of decisions or only decisions on a certain issue.

Occasionally, Deprivation of Liberty Safeguards (DoLS) can be used to compel a person who lacks capacity to accept medical treatment. In such cases there are strict legal standards to ensure that any action taken is in the person's best interests and that the intervention is minimally restrictive.

Mental Capacity and Deprivation of Liberty Safeguards were introduced as part of the Mental Capacity Act to give people who lack mental capacity protection. NHS Standard Contract holders are required to nominate a Mental Capacity and Deprivation of Liberty Lead. This lead would be expected to have a working knowledge of the relevant legislation and be in a position to provide support and advice.

The Mental Capacity Act 2005 sets out five statutory principles to protect people who lack capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so. Professionals working with people who may lack capacity should be guided by these principles and the supporting examples set out in the Act.

The five statutory principles are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.
4. An act done, or decision made, on behalf of a person who lacks capacity must be done, or made, in their best interests.
5. Before the act is done, or the decision is made, consider whether the outcome can be achieved as effectively in a way that is less restrictive of the person's rights and freedom of action.

Part 2: Playing your part in the Prevent Strategy

The Prevent Strategy is part of the Government's counter-terrorism strategy led by the Home Office to which the NHS is a signatory. The Prevent agenda requires healthcare organisations to work with 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. These individuals should be identified and referred to the regional Prevent team contacts for appropriate advice and support. Where there are signs that someone has been or is being drawn into terrorism (see Annex 2), you must know where these individuals should be referred to locally for support.

Practices should ensure that they have procedures in place to allow for the referral of such individuals to local Prevent contacts.

The OC recommends taking the following action:

1. ***Observe***

   Note factual signs and symptoms of potential or suspected radicalisation without alarming the patient or colleague.

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 NHS regional Prevent team.

3. ***Act***

   If appropriate, inform the NHS regional Prevent team and supply them with a copy of your recorded observations (using the model referral form supplied in Annex 4).

   When reporting information, reports should be restricted to

   - the nature of the suspicious behaviour or concern
   - facts which support the concerns.

4. ***Confirm***

   Confirm telephone notifications in writing by fax, email or letter within 48 hours. If you are using a non-secure method of communication, consider anonymising this notification.

   You should receive confirmation of referral within one working day. If you have not heard back within three working days, contact again.

4. Record

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

Although given the nature of optical practice and frequency of contact with patients, these cases will be rare, it should be remembered that colleagues or other acquaintances may show these signs. If you have any questions, please contact your Optical Confederation representative body for assistance.

Part 3: Responsibilities of for Optical Practitioners, Staff and Practices

Practice Protocol

Each optical practice should

- have a safeguarding and Prevent protocol/procedures in place in line with this guidance and guidance from the College of Optometrists
- ensure that all members of staff and practitioners are aware of and understand the protocol/procedures.

Safeguarding and chaperone policies are already required as part of compliance with the GOS contract. However it is worth noting that the protocol/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 safeguarding and Prevent concerns in the first instance
- a chaperone policy – a sample policy can be found at www.qualityinoptometry.co.uk
- a copy of this guidance in the practice
- local safeguarding team contact details
- regional Prevent 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 company headquarters or a direct contact number to local protection or NHS regional Prevent team.

Practitioners and Staff

- Be familiar with the common signs and symptoms of abuse, neglect or radicalisation and the meaning of the term 'looked after child' (Annexes 1 and 2).
- Understand that for safeguarding purposes, a child or young person is defined as someone who has not yet reached their 18th birthday
- 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
- Take personal responsibility for referring 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, to an appropriate person. Staff should speak to the responsible person in the practice.
- Take personal responsibility for referring suspected abuse or neglect by an optical practitioner or a member of practice staff to an appropriate person. Staff should speak to the responsible person in the practice.

Practices

- Practices should identify a lead clinician in the practice with responsibility for safeguarding and Prevent procedures and ensure all staff are aware who this is
- Domiciliary providers should similarly nominate a lead clinician and make all staff aware who this is
- Respond to a formal request by social 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
- Play their part in identifying individuals at risk of being radicalised and involved in terrorist related activities, and refer them for further support.

Further Information

Details of relevant legislation and guidance are at Annex 5. For further information please contact your representative body or professional association.

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Annex 1

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

Reminder: The Optical Confederation advises that all staff should speak to the practice's lead clinician if they see any signs or symptoms of abuse or neglect, who should in turn seek professional advice from the local designated doctor or nurse. Your representative body is also available to advise on specific cases.

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 heighted 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.

Other

Abuse might manifest in other ways, for example mental ill-health, alcohol or drug misuse.

You should also be generally aware of the potential for the internet or social media to be used to perpetrate abuse.

Child trafficking and female genital mutilation (FGM) are forms of abuse and should be addressed in exactly the same was as any other form of abuse.

Additionally, from 31 October 2015 all healthcare professionals in England and Wales have a legal obligation to report any case of FGM in girls under the age of 18 to the police by telephoning 101. If you have any concerns regarding FGM in respect of a patient or any other person under 18 you should follow the steps in this guidance. Further guidance on FGM is available from the Department of Health.

Looked After Children

This term is used to describe any child who is in the care of the local authority or who is provided with accommodation by the local authority social services department for a continuous period of more than 24 hours. This covers children in respect of whom a compulsory care order or other court order has been made. It also refers to children accommodated voluntarily, including under an agreed series of short-term placements which may be called short breaks, family link placements or respite care.

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.

Other

Abuse might also manifest as mental ill-health, alcohol or drug misuse.

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.

Annex 2

Prevent Strategy: Signs that a Person is Being Radicalised

A member of the practice team may have concerns relating to an individual's behaviour, which could indicate that they may be being drawn into terrorist activity.

NB This might include other members of the staff in the practice team.

Signs or indicators that someone is being drawn into terrorist activity may include:

- Graffiti symbols, writing or artwork promoting extremist messages or images
- Patients/staff accessing terrorist related material online, including through social network sites
- Parental/family reports of changes in behaviour, friendships or actions, coupled with requests for assistance
- Partner healthcare organisations', local authority services' and police reports of issues affecting patients in other healthcare organisations
- Patients voicing opinions drawn from terrorist related ideologies and narratives
- Use of extremist or hate terms to exclude others or incite violence.

If you notice any of these signs or indicators, you should follow the five step protocol set out above in Part 2.

Annex 3

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NOTIFICATION OF POTENTIAL CHILD OR ADULT ABUSE OR NEGLECT

To be completed by the referring practitioner

This form notifies the appropriate person at the Area Team/Health Board and/or at the Child Safeguarding Team of suspected abuse.

SUSPECTED VICTIM

Name:

Address:

Gender:

Date of Birth:

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

Relationship

Other identifiers:

SUSPECTED PERPETRATOR (if known)

Name:

Address:

Age if under 18:

Relationship if known:

Other:

FORM OF SUSPECTED ABUSE OR NEGLECT

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

Yes/No

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

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 4

CONFIDENTIAL

NOTIFICATION OF POTENTIAL PREVENT CONCERN

To be completed by the referring practitioner

This form notifies the appropriate person at ... Health Board and/or at ... Local Authority of suspected Prevent concern.

SUSPECTED INDIVIDUAL BEING RADICALISED

Name:

Address:

Gender:

Date of Birth:

Name of Person with parental responsibility/Carer/Next of Kin (if appropriate)

NATURE OF SUSPICION (detail of concerns/observations)

MEANS OF TRANSMISSION:

Telephone

Fax

Secure email

Registered Letter

This is a first referral/follow-up confirmation

Signature.....

Print Name.....

Position……

Date.....

Annex 5

Legislation, Regulations, National and Professional Guidance

- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act (2005): Code of Practice 2007
- Children and Young Persons Act 2008
- When to suspect child maltreatment, clinical guideline, National Institute for Health and Clinical Excellence, 2009
- College of Optometrists guidance: Safeguarding Children: C1.10 – C1.13, 2010
- Building Partnerships, Staying Safe, Department of Health 2011
- Protection of Freedoms Bill 2012
- Intercollegiate Guidance: Safeguarding Children and Young People: roles and competences for health care staff, September 2014
- FGM: mandatory reporting in healthcare, Department of Health, 2015
- Statutory guidance on Promoting the Health and Well-being of Looked After Children, DfE /DH, 2015
- What to do if you're worried a child is being abused, HM Gov. 2015
- Working Together to Safeguard Children, HM Government, 2015

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.

Annex 6

Declaration by non-registered staff member

I have read the Optical Confederation's Guidance on Safeguarding and the Prevent Strategy, Protecting Children and Vulnerable Adults.

I have discussed any points I do not understand with my manager, senior professional or designated staff member.

I understand the guidance, my responsibilities and what course of action I should take if I have safeguarding concerns about a child or vulnerable adult.

Signature:

Name (Print):

Date: