Optometry Safeguarding Guide

What does Safeguarding mean?

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care (Safeguarding people - Care Quality Commission (cqc.org.uk)). Therefore, the safeguarding of babies, children, young people and adults is a key part of all the work that we all undertake in providing health services.

Key steps

- Identify and recognise signs of abuse and/or neglect.
- Act on signs of abuse and/or neglect.

For support, advice, guidance and to increase awareness and understanding of safeguarding requirements; please download the NHS Safeguarding App. This has been developed to act as a comprehensive resource for healthcare professionals, carers and citizens. It provides 24-hour, mobile access on up-to-date legislation and guidance across the safeguarding life course.

Statutory Roles and Responsibilities of the Optometry Team

The Optometry team has a statutory duty of care to all patients and the wider public, which includes promoting the safety and wellbeing of babies, children (0-15), young people (16-17) (SUMMARY OF CHILDREN ACT 1989 | The Lawyers & Jurists (lawyersnjurists.com)) and adults (18+) (The Care Act: Safeguarding adults (scie.org.uk)) with care and support needs and ensuring that safeguarding arrangements are in place and are acted on. Optometry teams should not feel inhibited to raise a concern.

The concept of **'professional curiosity'** should lie at the heart of the relationship between the Optometry team and patients/families/carers. It is required that:

- Each Optometry practice has a named safeguarding practice lead.
- All members of staff (clinical and non-clinical) undertake the appropriate level of safeguarding training.
- There is a safeguarding reporting system in place and staff are familiar with this. All Optometry professionals have a responsibility to know who to contact for further advice and how to refer to an appropriate authority. It is of note that safeguarding procedures vary between areas and local contact details can also change with time.

What are the forms of abuse, and what are their descriptions?

This list is not exhaustive

TYPE OF ABUSE	DESCRIPTION	MORE INFORMATION
Physical abuse	May involve hitting, shaking, throwing, burning or scalding, drowning, suffocating or otherwise causing physical harm.	https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/physical-abuse/
Perplexing Presentations (PP)	The term has been introduced to describe the commonly encountered situation when there are alerting signs of possible Fabricated or Induced Illness (FII) (not yet amounting to likely or actual significant harm), when the actual state of the child's physical, mental health and neurodevelopment is not yet clear, but there is no perceived risk of immediate serious harm to the child's physical health or life.	https://childprotection.rcpch.ac.uk/resources/perplexing-presentations-and-fii/

Fabricated or Induced Illness	Where someone, often a parent or carer, exaggerates or deliberately causes symptoms of illness in a child, young person or adult with care and support needs.	https://www.nhs.uk/conditions/fabricated-or-induced-illness/
Emotional / Psychological Abuse	Persistent emotional maltreatment involving: ➢ Conveying that someone is worthless, unloved, inadequate. ➢ Threats of harm or abandonment. ➢ Age **and/or** developmentally inappropriate expectations imposed on children, young people or adults with care and support needs. ➢ Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends. ➢ Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance. ➢ Preventing someone from meeting their religious and cultural needs. ➢ Preventing the expression of choice and opinion. ➢ Failure to respect privacy. ➢ Preventing stimulation, meaningful occupation or activities. ➢ Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse. ➢ Addressing a person in a patronising or infantilising way. ➢ Serious bullying (including cyberbullying), causing someone to feel frightened or in danger.	https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/emotional-abuse/ Types of abuse: Safeguarding adults | SCIE
Sexual Abuse and Exploitation	➢ Child sexual abuse (CSA) is when a child or young person is forced or tricked into sexual activities. ➢ Child sexual exploitation (CSE) is a type of sexual abuse when an adult tricks a child into performing sexual acts by offering them something. This might include gifts, drugs, money, status or even affection. ➢ Sexual abuse and exploitation therefore involve forcing or enticing someone to take part in sexual activities, not necessarily involving a high level of violence, whether or not they are aware of what is happening. The activities may involve physical contact or non-penetrative acts (for example masturbation, kissing, rubbing and touching the outside of clothing). Types of sexual abuse can include: ○ Any sexual activity that the person lacks the mental capacity to consent to. ○ Rape, attempted rape or sexual assault. ○ Inappropriate touch anywhere. ○ Non- consensual masturbation of either or both persons. ○ Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth. ○ Inappropriate looking, sexual teasing or innuendo or sexual harassment. ○ Sexual photography or forced use of pornography or witnessing of sexual acts. ○ Indecent exposure. ➢ Child sexual abuse and exploitation is when an individual/group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity in exchange for something the victim needs/wants/for the financial advantage or increased	Child Sexual Abuse and Child Sexual Exploitation | Bracknell Directory (fsd.org.uk) https://www.nhs.uk/live-well/healthy-body/how-to-spot-child-sexual-exploitation/ Types of abuse: Safeguarding adults | SCIE

	status of the perpetrator/facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. It does not always involve physical contact; it can also occur through the use of technology such as involving children in looking at sexual images or watching sexual activities. ➢ Sexual abuse and exploitation can be perpetrated by adult males, adult females, and also other children.	
Sexual Activity in Children	➢ Children under the age of 13 are legally too young to consent to any sexual activity and must prompt a safeguarding referral. ➢ Sexual activity with children under the age of 16 is also an offence but may be consensual. The law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, *unless* it involves abuse or exploitation.	https://www.nspcc.org.uk/keeping-children-safe/sex-relationships/sexual-behaviour-children/
Financial / Material Abuse	➢ Having money/other property stolen, ➢ being defrauded, ➢ being put under pressure in relation to money/other property and having money/other property misused by others. ➢ Being coerced to change wills, deeds in the favour of the abuser. ➢ Scams are a form of financial abuse and are particularly prevalent among adults with care and support needs, for example isolated elderly people.	https://www.ageuk.org.uk/information-advice/money-legal/scams-fraud/support-for-scam-victims/#
Neglect or acts of omission	The persistent failure to meet basic physical/psychological needs by not: ➢ providing adequate food, clothing and shelter ➢ protecting against physical and emotional harm or danger ➢ ensuring adequate supervision ➢ ensuring access to appropriate medical/dental care or treatment ➢ responding to basic emotional needs. Also, the persistent: ➢ withholding of prescribed medication. ➢ Refusal of access to visitors. ➢ Not taking account of individuals' cultural, religious or ethnic needs. ➢ Not taking account of educational, social and recreational needs. ➢ Ignoring or isolating the person. ➢ Preventing the person from making their own decisions. ➢ Preventing access to glasses, hearing aids, dentures, etc. ➢ Failure to ensure privacy and dignity.	https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/ Types of abuse: Safeguarding adults | SCIE
Self-neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and it is sometimes associated with hoarding and may be a result of other issues such as addictions. It is important to consider mental capacity when self-neglect is suspected. Types of self-neglect can include: ➢ Children in Care Due to complexities and tooth decay/dental health for this cohort ➢ Lack of self-care to an extent that it threatens personal health and safety. ➢ Neglecting to care for one's personal hygiene, health or surroundings. ➢ Inability to avoid self-harm.	Self-neglect: At a glance | SCIE

	➢ Failure to seek help or access services to meet health and social care needs. ➢ Inability (or unwillingness) to manage one's personal affairs. Also consider how it may impact on other family/household members and whether this gives rise to a safeguarding concern for them.	
Extremism	Terrorism begins with radicalisation. Radicalisation is the name given to the grooming process that moves a person to legitimise their support (or even use) of violence. Radicalisers typically groom people using online platforms however, radicalisation can occur in a person. Anyone could be radicalised. There is no one social group or set of personal circumstances that lead there. The radicalisation process leads people to adopt extremists' views. Extremism is the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Radicalisation leads to extremism which can lead to terrorism.	https://www.gov.uk/government/publications/prevent-duty-guidance What extremism is | Prevent duty training (support-people-vulnerable-to-radicalisation.service.gov.uk)
Discriminatory Abuse	Harassment, deliberate exclusion or unequal treatment on the grounds of protected characteristic(s).	https://www.local.gov.uk/publications/discriminatory-abuse-briefing-practitioners
Domestic Violence and Abuse	➢ Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over and are "personally connected" to each other, This can encompass but is not limited to the following types of abuse: ➢ psychological ➢ physical ➢ sexual ➢ financial ➢ emotional Control and harm are exerted via the following means: ➢ psychological ➢ physical ➢ sexual ➢ financial ➢ emotional. There are a variety of support organisations for both the victims and perpetrators of DV, e.g., the Change Hub who provide 1-2-1 support and advice to people who want to make positive changes in how they behave in relationships with others, whether this is with a partner, an ex-partner or a family member. Support is also offered to those affected by abusive behaviour. ➢ DV also includes Honour Based Violence (HBV), an unwritten code of conduct that involves domination, aggression and control by 1 or several members of an individual's extended family or community and may be physical, emotional, sexual or financial. The use of the term 'Honour' or 'Izzat' describes the concept of protecting the prestige and reputation of a family or community. ➢ The term embraces a variety of crimes of violence which are mainly, but not exclusively, against women. These include assault, imprisonment and murder, where the person is being punished by their family or community.	https://www.gov.uk/guidance/domestic-abuse-how-to-get-help https://www.nhs.uk/live-well/getting-help-for-domestic-violence/ Recognising and responding to domestic violence and abuse | SCIE Domestic abuse: how to get help - GOV.UK (www.gov.uk) The Change Hub - The Change Project (thechange-project.org)

Female Genital Mutilation (FGM)	Constitutes all procedures which involve partial or total removal of the external female genitalia, or injury to the female genital organs for cultural or non-therapeutic reasons. FGM is illegal in the UK under the Female Genital Mutilation Act (2003) and the Children Act.	https://www.nhs.uk/conditions/female-genital-mutilation-fgm/
Forced Marriage (FM)	➢ Describes a relationship in which one or more of the parties are married without informed consent and/or against their will which violates the principle of the freedom and the autonomy of individuals. ➢ One or more of the parties may lack the mental capacity to give (or withhold) informed consent to the marriage ceremony. ➢ FM differs from an arranged marriage in which both parties' consent to someone helping them to find a partner. ➢ FM is illegal under the Forced Marriage Act (2007) which enables victims of forced marriage to apply for court orders for their protection or marriage termination.	Forced marriage - GOV.UK (www.gov.uk)
Modern Slavery	Includes holding a person in a position of slavery, servitude, or forced or compulsory labour. It is illegal under the Modern Slavery Act (2015) which includes human trafficking (the arrangement or facilitation of travel with a view to exploitation). Although human trafficking often involves a cross-border element, it is possible for someone to be a victim within their own country or even where consent has been given to be moved. The **Modern Slavery Helpline** on **08000 121 700** can be contacted for any information that could lead to the identification, discovery and recovery of victims in the UK.	https://www.gov.uk/government/collections/modern-slavery
	*** Remember that it is possible to seek advice from experts without disclosing identifiable details of a child, young person or adult and so breaking patient confidentiality and that where there is a decision to share information, this should be proportionate ***	

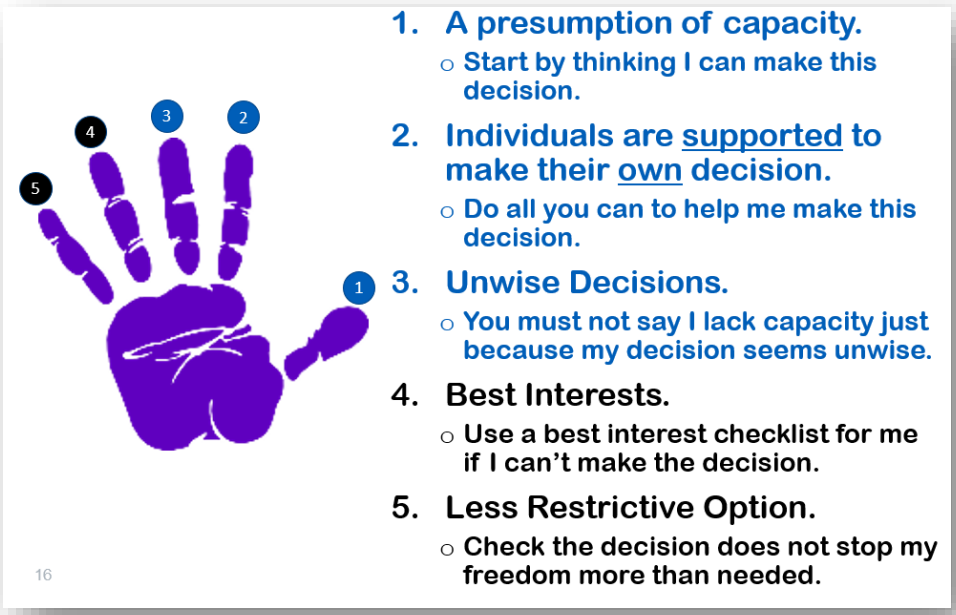
This list is not exhaustive

Mental Capacity Act (2005)

The Mental Capacity Act (MCA) 2005 (the 'Act' hereafter) applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. All professionals have a duty to comply with the Code of Practice. It also provides support and guidance for less formal carers.

The Act is designed to protect and restore power to those people who lack capacity to make certain decisions at certain times. The Act also supports those who have capacity and choose to plan for their future – this is for everyone in the general population who is over the age of 18. The Act is underpinned by the following five statutory principles:

The Mental Capacity Act 2005 Five Principles



These five statutory principles are the benchmark and must underpin all acts carried out and decisions taken in relation to the Act. The MCA is designed to empower those in health and social care to assess capacity themselves, rather than rely on expert testing.

Everyone working with the Mental Capacity Act should feel confident putting the key principles into practice. That means focusing on a person's right to make their own decisions, and assuming that a person has the capacity to make the decision. It also means every effort must be taken to encourage and support the person to make the decision for themselves.

If a person has been assessed as lacking capacity for a specific decision at a specific time, then any action taken, or any decision made on behalf of that person, must be made in their best interests. The person who has to make the decision is known as the 'decision-maker' and normally will be the person responsible for the support or treatment in question, such as a doctor (including dentists), nurse, care worker or social worker. Any best interest decisions should be in the least restrictive way possible.

Understanding and using the MCA supports clinical practice – for example, application of the Deprivation of Liberty Safeguards (DoLS) and Court of Protection Deprivation of Liberty authorisations (known colloquially as 'CoP_DoL'). The Mental Capacity (Amendment) Act 2019 once implemented will bring a replacement for DoLS entitled the Liberty Protection Safeguards (LPS). The implementation date is yet to be announced by government.

MCA/DoLS/CoP_DoL/LPS resources and information:

MCA	Mental Capacity Act 2005 at a glance | SCIE
MCA	The Toolkit - Mental Capacity Toolkit
DoLS	Deprivation of liberty - Mind
CoP_DoL	a-basic-guide-to-the-court-of-protection-july-2020-

	3.pdf (wordpress.com)
LPS	https://youtu.be/dnch1mRFZ_M
LPS	Video: Liberty Protection Safeguards - Looking forwards - for social care | SCIE
All	Learning Hub - Home
All	Mental Capacity Act including DoLS and LPS | Local Government Association

Prevent Duty Guidance (2015)

The Prevent Duty Guidance forms part of the UK government's counter terrorism strategy. It identifies a key challenge for the healthcare sector to ensure that: "where there are signs that someone has been or is being drawn into terrorism, the healthcare worker is trained to recognise those signs correctly and is aware of and can locate available support." Prevent therefore plays a key part in ensuring children and adults are safeguarded by health professionals.

Dedicated resources for health professionals (including free e-learning packages) are available at:
www.england.nhs.uk/ourwork/safeguarding/ourwork/prevent/
https://actearly.uk/

Safeguarding Training and Competencies

The Royal College of Nursing (2019) has published guidance in determining the minimum level of training in the safeguarding of **children and young people**. It identifies 5 levels, the first 2 which are relevant to the Optometry profession:

Level	Staff
1	All non-clinical staff including receptionists, practice managers and staff without patient contact
2	All Optometry professionals

Adult Safeguarding: Roles and Competencies for Health Care Staff identify 6 groups of competence in the safeguarding of **adults**. Members of the Optometry team fit into levels 1 and 2 as follows:

Level	Staff
1	All non-clinical staff including receptionists, practice managers and staff without patient contact
2	All Optometry care professionals

The appropriate level of training for each staff member is determined by the level of contact which they have with patients, the nature of their work and their level of responsibility.

Additional Resources, Guidance and Information for your Staff can be found here:

COMPETENCIES FOR STAFF	
Children and young people safeguarding training competencies	Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing (rcn.org.uk)
Looked After Children Safeguarding training competencies	Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing (rcn.org.uk)
Adult safeguarding training competencies	Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing

	(rcn.org.uk)

TRANING FOR STAFF	
Children	Safeguarding Children and Young People - eLearning for healthcare (e-lfh.org.uk)
Adult	Safeguarding Adults - eLearning for healthcare (e-lfh.org.uk)

Confidentiality, Consent, and Information Sharing

Ethical and statutory codes concerned with confidentiality serve to protect individual patients but are **not** intended to prevent exchange of information between different professionals and staff who have a responsibility for ensuring the protection of babies, children, young people and adults with care and support needs.

In cases where there are safeguarding concerns, there is a duty to share all relevant information with professionals and agencies who need to know. This may include disclosing information with or without the permission of the child, young person, or consent of the parents, carers or adult with care and support needs, with other professionals for the purposes of safeguarding.

Optometry professionals are frequently uncertain as to whether their concerns reach a threshold for action. In these circumstances, advice should be sought from a professional with expertise in safeguarding. While consent is desirable, it is **not** essential for safeguarding referrals.

Further details on information sharing are available at:

- https://digital.nhs.uk/data-and-information/looking-after-information/datasecurity-and-information-governance/information-governance-allianceiga/information-governance-resources/information-sharing-resource
- Statutory framework for the early years foundation stage (publishing.service.gov.uk)

Making Safeguarding Personal

Since 2010, Making Safeguarding Personal, supported by the Care Act (2014), is a shift in culture and practice in response to what we know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is a way of working that should be seen across all practice areas, not limited to safeguarding, where practice is person-centred, outcomes focused and strengths based.

"*Making Safeguarding Personal means it should be person-led and outcomes focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety*." (DH, 2018: s14.15)

It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to reach better resolution of their circumstances and recovery.

Further details on MSP are available at:

- Making Safeguarding Personal (MSP) - SCIE
- making safeguarding personal.pdf (adass.org.uk)
- Making Safeguarding Personal toolkit (local.gov.uk)

Record keeping

Recording physical signs

Optometry professionals are likely to observe and identify injuries to the head, eyes, ears, neck, face, mouth and teeth as well as other welfare concerns. Bruising, burns, bite marks and eye injuries are the types of injury that suggest a concern should be raised. A patient may also disclose abuse or other indicators of it; such safeguarding concerns should always be recorded. Child Protection Information Sharing (CPIS 2) is due to be implemented in 2024 and will make CP-IS available across all NHS care settings, including General Practice, enabling us to identify more ICB data and local profiles. This is a commitment in the NHS Long Term Plan.

Recording missed appointments

When a child or adult with care and support needs misses an appointment, it should be recorded as "Was Not Brought" rather than "Did Not Attend". The purpose of the appointment and the consequences to the patient of it being missed are important considerations. Where there is a history of "Was Not Brought" for a particular patient it may indicate that action is needed to protect them, to ensure they get the treatment they require. This could involve talking to safeguarding services where there is a risk of neglect. It must also be recorded who accompanied the vulnerable adult and/or child at risk and their relationship to them.

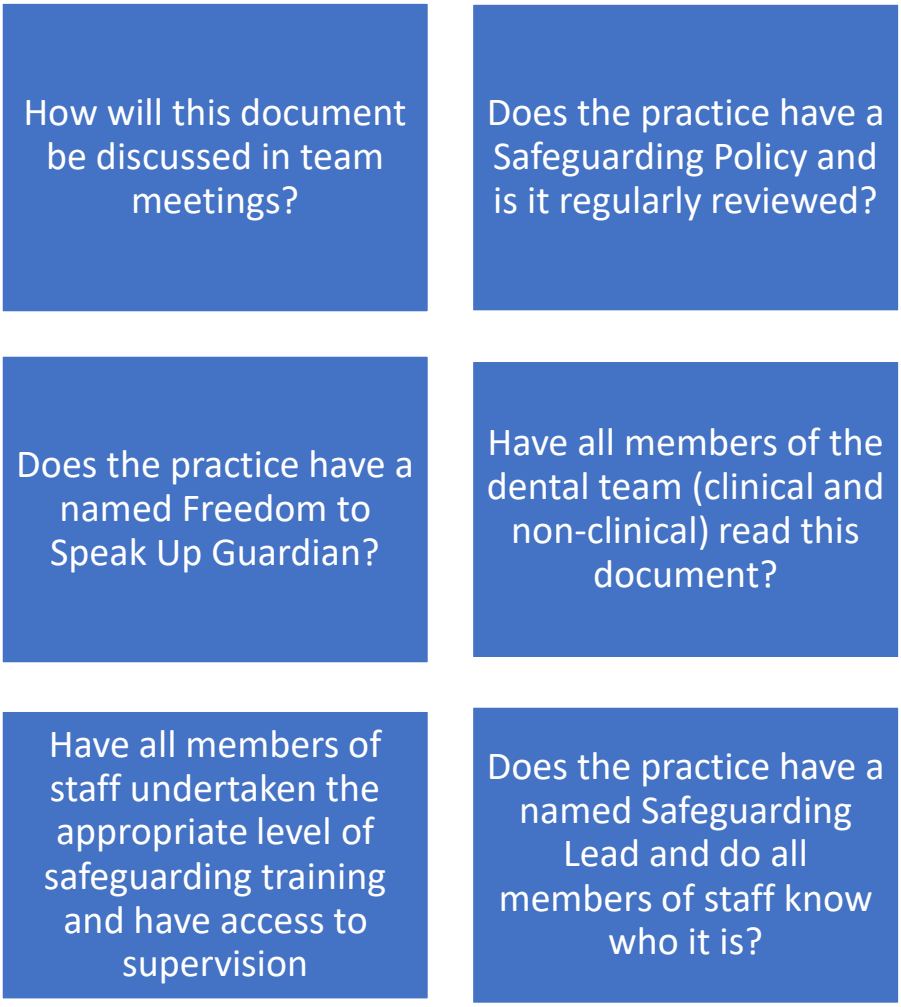
A video on the importance of recording **"Was Not Brought"** is available at:
www.youtube.com/watch?v=dAdNL6d4lpk

Recording non-compliance

'Disguised compliance' involves a parent or carer giving the appearance of cooperating with a patient's Optometry treatment to avoid raising suspicions of unsafe parenting or caring. The aim is to avoid social care interventions by allaying professional concerns. Disguised compliance can make it very difficult for Optometry teams to maintain an objective view of the welfare of the patient by preventing an understanding of the severity of harm being experienced by the patient from being gained. Examples of behaviours which indicate disguised compliance include:

- Repeated cancelling or rescheduling of appointments.
- Sporadic compliance, such as attending appointments or engaging with Optometry professionals for a limited period of time.
- Patients or carers agreeing to make the changes needed to improve the patient's health but then making little or no effort with this.

Points to consider:



Useful Links and Resources

Advice included regarding notifying CQC of safeguarding incident:

- https://www.cqc.org.uk/guidance-providers/healthcare/safeguarding-protection-abuse-healthcare-services
- Optometrists: docet, there is a safeguarding section
- Dispensing Opticians: Safeguarding - ABDO
- Safeguarding training - College of Optometrists (college-optometrists.org)
- Safeguarding children and adults at risk - College of Optometrists (college-optometrists.org)