Safeguarding (Adults and Children)

**Vulnerable Adults**

**Introduction**

The purpose of this document is to set out the policy of the Practice in relation to the protection of vulnerable adults. Further guidance may be available on local inter-agency procedures via the Primary Care Organisation and / or Social Services.

**What is a vulnerable adult?**

The definition is wide, however this may be regarded as anyone over the age of 18 years who may be unable to protect themselves from abuse, harm or exploitation, which may be by reason of illness, age, mental illness, disability or other types of physical or mental impairment.

Those at risk may live alone, be dependent on others (care homes etc.), elderly, or socially isolated.

**Forms of Abuse**

* Neglect – ignoring mental or physical needs, care, education, or basic life necessities or rights
* Bullying – family, carers, friends
* Financial – theft or use of money or possessions
* Sexual – assault, rape, non-consensual acts (including acts where unable to give consent), touching, indecent exposure
* Physical – hitting, assault, man-handling, restraint, pain or forcing medication
* Psychological – threats, fear, being controlled, taunts, isolation
* Discrimination – abuse based on perceived differences and vulnerabilities
* Institutional abuse – in hospitals, care homes, support services or individuals within them, including inappropriate behaviours, discrimination, prejudice, and lack of essential safeguards

Abuse may be deliberate or as a result of lack of attention or thought, and may involve combinations of all or any of the above forms. It may be regular or on an occasional or single event basis, however it will result in some degree of suffering to the individual concerned.

Abuse may also take place between one vulnerable adult and another, for example between residents of care homes or other institutions.

**Indications**

* Bruising
* Burns
* Falls
* Apparent lack of personal care
* Nervousness or withdrawn
* Avoidance of topics of discussion
* Inadequate living conditions or confinement to one room in their own home
* Inappropriate controlling by carers or family members
* Obstacles preventing personal visitors or one-to-one personal discussion
* Sudden changes in personality
* Lack of freedom to move outside the home, or to be on their own
* Refusal by carers to allow the patient into further care or to change environs
* Lack of access to own money
* Lack of mobility aids when needed

**Action Required**

Where abuse of a vulnerable adult is suspected the welfare of the patient takes priority. In deciding whether to disclose concerns to a third party or other agency the GP will assess the risk to the patient.

* Ideally the matter should be discussed with the patient involved first, and attempt made to obtain consent to refer the matter to the appropriate agency. Where this is not possible, or in the case of emergency where serious harm is to be prevented, the patient’s doctor will balance the need to protect the patient with the duty of confidentiality before deciding whether to refer.
* The patient should usually be informed that the doctor intends to disclose information, and advice and support should be offered.
* Where time permits, the medical defence organisation will be telephoned before any action is taken.

Due regard will be taken of the patient’s capacity to provide a valid consent.

In assessing the risk to the individual, the following factors will be considered:

* Nature of abuse, and severity
* Chance of recurrence, and when
* Frequency
* Vulnerability of the adult (frailty, age, physical condition etc.)
* Those involved – family, carers, strangers, visitors etc.
* Whether other third parties are also at risk (other members of the same household may being abused at the same time)

**Subject to the local procedures in force, consideration will be given to;**

* Report to Social Services Mental Health team
* Report to Police
* Report to CCG lead

**Child Safeguarding**

Child Safeguarding is the responsibility of all everybody and is highly regarded at the Surgery. We make every effort to recognise issues and address as they occur in the practice. By raising safeguarding children issues within the practice all staff will be aware of how they may access advice, understand their role in protection, and understand the importance of effective Inter-agency communication.

It is very important that all Practice staff understand the need for early identification, assessment, and intervention when they have concerns about a child.  Case discussion and reflective practice is encouraged.  Child protection issues in general practice require a robust system of note-keeping and recording, message handling and communication of any concerns.

**Key Factors to be aware of in safeguarding children**

* The welfare of the child is paramount
* Be prepared to consult with colleagues
* Be prepared to take advice from local experts
* Keep comprehensive, clear, contemporaneous records
* Be aware of GMC guidance about sharing confidential information

**Risk Factors and Identification – Child Sexual Exploitation**

A child in need is defined as a child whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services (section 17, Children’s Act 1989). This includes disabled children. The Children’s Acts 1984 and 2004 define a child as someone who has not reached their 18th birthday. The fact that a child has reached their 16th birthday and may be living independently, working, or be members of the armed forces does not remove their childhood status under the Acts.

Local authority social services departments working with other local authority departments and health services have a duty to safeguard and promote the welfare of children in their area who are in need. If you are considering making a referral to Social Services as a child in need, it is essential to discuss the referral with the child’s parents or carers and to obtain consent for the sharing of information. Social Services will then follow local procedures to undertake an assessment of the child and their family.

**Child Protection Plan**

Children judged to be at continuing risk have a child protection plan in place, this list is maintained by children’s social care (CSC).

CSC, police and health professionals have 24 hour access to this. A child on the register has a “key worker” to whom reference can be made.

**Recognising Child Abuse**

*(for full details please ref to Working Together to Safeguard Children 2013)*

There are 4 main categories of child abuse:

* Physical abuse
* Sexual abuse
* Emotional abuse
* Neglect/failure to thrive

These are not however exclusive, and a number of abuse types can often coexist.

**Physical abuse may include:**

Injuries in children under 1 years of age or non-mobile children should be treated with a high degree of care

* Hitting, shaking, throwing, poisoning, burning or scalding, or other forms of physical harm
* Where a parent or carer deliberately causes ill-health of a child
* Single traumatic events or repeated incidents
* FGM

**Sexual abuse may include:**

* Forcing or enticing a child under 18 to take part in sexual activities where the child is unaware of what is happening
* May include both physical contact acts and non—contact acts

**Emotional abuse may include:**

* Persistent ill-treatment which has an effect on emotional development
* Conveyance of a message of being un-loved, worthlessness or inadequacy
* May instill a feeling of danger, being afraid
* May involve child exploitation or corruption
* Living in families where domestic violence is taking place

**Neglect may include:**

* Failure to meet the child’s physical or psychological needs
* Failure to provide adequate food or shelter
* Failure to protect from physical harm
* Neglect of a child’s emotional needs

**Common presentations and situations in which child abuse may be suspected include:**

* Disclosure by a child or young person
* Physical signs and symptoms giving rise to suspicion of any category of abuse
* The history is inconsistent or changes
* A delay in seeking medical help
* Extreme or worrying behaviour of a child, taking account of the developmental age of the child
* Accumulation of minor incidents giving rise to a level of concern, including frequent A&E attendances

**Some other situations which need careful consideration are:**

* Disclosure by an adult of abusive activities
* Girls under 16 presenting with pregnancy or sexually transmitted disease, especially those with learning difficulties
* Very young girls requesting contraception, especially emergency contraception
* Situations where parental **mental health problems**may impact on children
* Parental/ carer alcohol, drug or **substance misuse**which may impact on children
* Parents with learning difficulties
* Violence **or domestic abuse**in the family (please see separate document in safeguarding folder on domestic violence)
* Acuminous separation of parents with alleged allegation

**Contact List:**

**–**Police – Emergency: **999** / Non-Emergency: **101**

**–**AdultMulti Agency Safeguarding Hub (MASH): **0300 470 9100**

**–**Childrens Single Point of Access (C-SPA): **0300 470 9100** /out of hours **01483 517898**

**–**Mental Health Crisis Line: **0800 915 4644**

**–**Mindworks Surrey (Children & young people): [www.mindworks-surrey.org](http://www.mindworks-surrey.org) 24/7 crisis line:

 **0800 915 4644**

**–**Social Services: Adult - **0300 200 1005 /** Child **- 0300 470 9100**

**–**MIND: **0300 123 3393**

**–**Child and Adult Mental Health Services (CAMHS) Surrey: **0300 222 5755**

**–**i-access Drug & Alcohol Service: **0300 222 5932**

**–**NHS England / South East Area Team: **england.contactus@nhs.net**

**–** Samaritans: **116 123**

See more advice on what to do if you think someone is at risk of abuse on the [People First website.](https://www.peoplefirstinfo.org.uk/staying-safe/abuse-and-neglect-safeguarding-adults/what-to-do-if-you-think-someone-is-at-risk-of-abuse.aspx)