

COLEFORD FAMILY DOCTORS

Abuse, safeguarding of children and vulnerable adults

PATIENT INFORMATION LEAFLET

1. Introduction

The Doctors and staff at Coleford Family Doctors wish to ensure we can help any patients who find themselves being abused or being threatened, particularly if they are vulnerable, whether adults or children.

This patient information leaflet provides some advice and guidance to patients in this area. The Surgery itself has procedures and policies for handling and reporting any abuse or safeguarding incidents, and for the protection of children and vulnerable adults.

2. Abuse

Domestic abuse or violence is a crime and should be reported to the police - there are also other organisations who can offer you help and support.

Call 999 if it's an emergency or you're in immediate danger.

The police take domestic violence seriously and will be able to help and protect you.

If it's not an emergency, [contact your local neighbourhood policing team](#).

Other organisations who can help

Contact any of the following organisations to get help and advice about domestic abuse.

English National Domestic Violence Helpline

0808 2000 247

www.nationaldomesticviolencehelpline.org.uk

Wales Domestic Abuse Helpline

0808 80 10 800

<http://www.allwaleshelpline.org.uk/>

Women's Aid Federation (Northern Ireland)

0800 917 1414

www.womensaidni.org

Scottish Women's Aid

0800 027 1234

www.scottishwomensaid.org.uk

Men's Advice Line

0808 801 0327

www.mensadviceline.org.uk

Broken Rainbow (for lesbian, gay, bisexual and transgender people)

0300 999 5428

www.broken-rainbow.org.uk

3. Vulnerable adults

3.1 Abuse of the elderly

Vulnerable adults are people who are at greater than normal risk of abuse. Older people, especially those who are unwell, frail, confused and unable either to stand up for themselves or keep track of their affairs, are vulnerable.

Abuse can happen to older people in their home, in hospital, nursing and residential homes.

Older people who are most at risk of abuse at home include:

- those who are isolated and don't have much contact with friends, family or neighbours,
- people with memory problems or difficulty communicating with others,
- people who don't get on with their carer,
- those whose carer is addicted to drugs or alcohol, or
- people whose carer depends on them for a home and financial and emotional support.

Other vulnerable adults include people who are open to abuse because of learning difficulties, physical disabilities or mental illness.

Becoming dependant on someone else, whether a carer, family member, friend or professional health worker (such as a staff member in a residential or nursing home or hospital), can put vulnerable people at risk of abuse. Abusers may create a feeling of dependency and may also make the vulnerable person feel isolated, that nobody else cares for them and that they're on their own.

Broadly speaking, a vulnerable adult is aged 18 or over, receives or may need community care services because of a disability, age or illness, and who is or may be unable to take care of themselves or protect themselves against significant harm or exploitation.

If you're worried that someone you know is vulnerable and may be being abused, see the section below called What to do and who to contact.

Vulnerable adult abuse happens when a vulnerable adult or older person is hurt, bullied, mistreated, exploited or neglected. The abuse can come from anyone who has contact with the person and is someone they know and ought to feel safe with. Any vulnerable adult can be subjected to abuse; it doesn't matter if they're male or female, rich or poor, or whether or not they're disabled.

Vulnerable adult abuse happens in different ways. It includes physical abuse, where the abuser hits, pushes, kicks, treats the person roughly or worse. This treatment may leave the vulnerable adult with physical as well as psychological damage.

Abuse also includes mental abuse or bullying. This could involve threats, name-calling, insults and meanness. Making a vulnerable person feel scared, frightened, unhappy or depressed is all part of bullying.

3.2 Other kinds of abuse

Abuse can be sexual, for instance being touched or hit in private places, or even being sexually assaulted. Sexual abuse can be verbal too, through comments and jokes that make the older person feel threatened or embarrassed.

Vulnerable adults can also be subjected to financial abuse or theft. This can be as straightforward as someone stealing money or valuables, or any item they know the person cares about. It can also involve

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keeping some or all the money that should be used to pay bills or not handing over the change after a shopping trip.

Neglect is also a form of abuse. This includes not providing enough or the right kind of food for a vulnerable adult, or not taking good enough care of them. Leaving someone unwashed or in dirty or wet clothes, not getting them to a doctor when they need one or not making sure they have the right medicines all count as neglect.

3.3 Unintended abuse

Not all cases of abuse are intentional. It can happen because the people looking after a vulnerable adult don't have the training or knowledge they need. A friend or family member may, while trying to help a vulnerable adult, bruise them because they haven't been shown how to help them up from a chair.

Vulnerable adults may need more time to walk from one room to another, or may have fixed ideas about when they want to eat and what food they would like. Anyone who has contact with a vulnerable adult may unintentionally cause distress by not allowing them enough time to complete a task or by not finding out about their likes and dislikes. Frustration can also set in, and it may be difficult for a friend, relative or carer not to pass this on.

Vulnerable adults can be subject to abuse by the people they should be able to trust. Sometimes, although it's very rare, this can come from a family member who is their carer. More commonly abuse comes from people who have a family link, friends, paid carers and health professionals.

3.4 Why it happens?

Abuse of elderly people can happen for a wide variety of reasons and take many different patterns. Sometimes abuse happens just once, possibly as a result of a sudden outburst. In other cases, abuse may be premeditated, happen repeatedly and, if not stopped, can go on for years. Understanding why it happens may help you notice when it's happening to someone you know.

Sometimes abuse happens because the carer or someone close to the elderly person doesn't know how to lift or physically support them. This lack of knowledge and training can result in bruising, falls and other injuries.

Older people, especially those who need a lot of care, tend to move slowly, respond slowly to questions and conversation and may be confused or repeat themselves often. Frustration with the elderly person can result in rough handling and anger.

Abuse may happen because of a long-standing pattern of behavior within a family. Perhaps the people involved have never got on well or there's a history of aggressive or violent behaviour.

The primary carer is rarely responsible for abuse, but it's possible they, a family member or friend may find caring too difficult and stressful. They may not be able to give the care the elderly person needs or may find their caring role has cut them off from their old life, leaving them isolated.

The carer may have health problems themselves. Research by Carers UK has shown that carers who give high levels of care to a relative or friend are more than twice as likely to have poor health as people who aren't carers.

Abuse can also happen when someone is being cared for in hospital or in a residential, nursing or other type of home. The hospital or home may not be managed very well and the staff not supported properly, spending much of their work time working alone. Lack of proper training and supervision can also contribute to elder abuse.

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3.5 What are the signs to look for?

It's not always easy to spot the symptoms of abuse. Someone being abused may make excuses for why they're bruised, they don't want to go out or talk to people, or they're short of money. It's important to know the signs of abuse. Then you can gently share your concerns with the person being abused. If you wait, hoping the person will tell you what's been happening to them, you could delay matters and allow the abuse to continue.

Behaviour signs to watch out for include:

- becoming quiet and withdrawn,
- being aggressive or angry for no obvious reason,
- looking unkempt, dirty or thinner than usual,
- sudden changes in their normal character, such as appearing helpless, depressed or tearful,
- physical signs of abuse, such as bruises, wounds, fractures and other untreated injuries,
- the same injuries happening more than once,
- not wanting to be left on their own or alone with particular people, and
- being unusually light-hearted and insisting there's nothing wrong.

There are also material signs to watch out for, such as a sudden change in their finances, not having as much money as usual to pay for shopping or regular outings, or getting into debt. Watch out, for any official or financial documents that seem unusual, and for documents relating to their finances that suddenly go missing.

If you feel someone you know is showing signs of abuse, talk to them to see if there's anything you can do to help. If they're being abused they may not want to talk about it straight away, especially if they've become used to making excuses for their injuries or change in personality. Don't ignore your concerns, though. That could allow any abuse to carry on.

3.6 What to do and who to contact

If you think an older person is being abused, don't ignore your concerns. It could make a huge difference to that person to have someone talk about the subject with them and help bring everything out into the open. You can also assure the person they're not on their own and there are people and organisations ready to help.

Start by talking to the older person in private. Mention some of the things that concern you, for instance that they've become depressed and withdrawn, been losing weight or seem to be short of money. Let them talk as much as they want. If they've been abused they may be reluctant to talk about it because they're afraid of making the situation worse or because they don't want to cause trouble.

It's best not to say you won't tell anyone what you've heard. If an older person is being abused it's important to find help for them and stop the abuse. Stay calm while the older person is talking, even if you're upset by what you hear, otherwise they may become more upset themselves and stop telling you what's been going on.

If you're right and the older person has been abused, ask them what they'd like you to do. Tell them about the different organisations and people who can help. Say you can go to them on their behalf if they want or if it's difficult for them to do so themselves. It's important to listen to what they say and not to charge into action if this isn't what they want.

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It can be very difficult for an abused older person to talk about what's been happening to them. Unless you're concerned for their immediate health and safety and feel it's vital to act straight away, give them time to think about what they'd like to do.

Don't keep your worries to yourself. After the older person has told you about their situation, you might want to talk to other people who know the person you're worried about to find out if they have similar concerns.

There are also professionals you can contact. You can pass on your concerns to the person's GP and social worker. Local authorities have social workers who deal specifically with cases of abuse. Call your local council and ask for the Adult Protection or Safeguarding Co-ordinator. You can also speak to the police about the situation. Some forms of abuse are crimes so the police will be interested.

You can also call the Action on Elder Abuse helpline, free and in confidence, on 0808 808 8141. If the person is in danger or needs medical attention, call the emergency services.

4. SAFEGUARDING CHILDREN

4.1 Policy

Safeguarding children and young people is a fundamental goal for the Coleford Family Doctors. This policy has been written in conjunction with our legislative and government guidance requirements and other internal policies. These include:

- Adoption and Children Act 2002
- The Children Act 1989
- The Children Act 2004
- The Protection of Children Act 1999
- The Human Rights Act 1998
- The United Nations Convention on the Rights of the Child (ratified by UK Government in 1991)
- The Data Protection Act 1998 (UK wide)
- Sexual Offences Act 2003
- Working Together to Safeguard Children 2006
- Practice Equal Opportunity Statement
- Practice Disciplinary Policy

4.2 What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

There are usually said to be four types of child abuse (with a fifth recognised in Scotland)

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse
4. Neglect
5. Non-organic Failure to Thrive (Scotland only)

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General Indicators

The risk of Child Maltreatment is recognised as being increased when there is:

- Parental or carer drug or alcohol abuse
- Parental or carer mental health
- Intra-familial violence or history of violent offending
- Previous child maltreatment in members of the family
- Known maltreatment of animals by the parent or carer
- Vulnerable and unsupported parents or carers
- Pre-existing disability in the child

(NICE CG89: When to suspect Child Maltreatment, July 2009)

Physical Abuse

Definition: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child.

Working Together 2006

Indicators:

- Unexplained injuries;
- Injuries of different ages/types;
- Improbable explanation;
- Reluctance to discuss injury/cause;
- Delay or refusal to seek treatment for injury;
- Bruising on young babies;
- Admission of punishment which seems severe;
- Child shows:

Arms and legs inappropriately covered in hot weather (concealing injury);

Withdrawal from physical contact;

Self-destructive tendencies;

Aggression towards others;

Fear of returning home;

Running away from home.

Emotional Abuse

Definition: Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

Working Together 2006

Indicators:

- Physical/ Mental/ Emotional developmental delay;
- Overreaction to mistakes;
- Low self-esteem;
- Sudden speech disorder;
- Excessive fear of new situations;
- Neurotic behaviours;
- Self-harming/ mutilation;
- Extremes of aggression or passivity;
- Drug/ solvent abuse;

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- Running away;
- Eating disorders;
- School refusal;
- Physical/ Mental/ Emotional developmental delay.

Sexual Abuse

Definition: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

Working Together 2006

Indicators:

- Genital itching/pain
- Unexplained abdominal pain
- Secondary enuresis (or daytime soiling/wetting)
- Genital discharge/ infection
- Behaviour changes

Sudden changes

Deterioration in school performance

Fear of undressing (e.g. for sports)

Sleep disturbance/nightmares

Inappropriate sexual display

Regressive (thumb sucking, babyish)

Secrecy, Distrust of familiar adult, anxiety left alone with particular person

Self-harm/mutilation/attempted suicide

Phobia/panic attacks

- Unexplained or concealed pregnancy
- Chronic illness (throat infections)
- Physical/ Mental/ Emotional developmental delay

Neglect

Definition: Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

Working Together 2006

Indicators:

- Poor personal hygiene, poor state of clothing;
- Constant hunger/thirst;
- Frequent accidental injuries;
- Untreated medical problems:

Delayed presentation, concealed injuries;

- Low self-esteem;
- Lack of social relationships;
- Eating Disorders;
- Children left repeatedly without adequate supervision;
- Failing to engage with healthcare:

Non-attended appointments (Practice or wider health professional);

Frequent use of A&E / Out-of-Hours services;

Failing to arrange immunisations;

Injury Patterns

There are a number of injury patterns that cause immediate concern in terms of Child Protection: amongst which are:

- Multiple bruising, with bruises of different ages
- Facial bruising in non-motile baby

Baby rolls over at six months

Baby attempts to crawl at eight months

- Ear bruising
- Unexplained oral injury
- Fingertip pattern bruising
- Cigarette burns

Accidental burns are superficial, circular, with a tail

Deliberate burns are deeper and tend to scar

- Belt/ buckle marks
- Burns/ scalds

“Glove” and “stocking” scalds, with clear demarcation of forced immersion

Face, head, perineum, buttocks, genitalia

“Hole in the doughnut” scald: centre of buttocks is spared when child forcibly immersed in scalding water (surface of bath takes time to warm: hence flat surface relatively cooler than water. Absence of this sign might hint at premeditation?)

“Splash” pattern – while droplet burns may indicate splashing trying to escape (and therefore potentially accidental), they may also suggest hot liquid thrown at child (which might cover larger, more diffuse area)

- Bites

Animal bites puncture, cut and tear

Human bites are bruised, crescent-shaped, and often do not break the skin

- Fractures

Multiple rib fractures

Different age of fracture

Spiral fracture of long bones: twisting force

Further information on injury patterns can be found at:

http://www.nspcc.org.uk/inform/trainingandconsultancy/learningresources/coreinfo/coreinfo_wda54369.html

4.3 Practice Arrangements

Practice Safeguarding Lead

The Practice Safeguarding Lead is: Dr Barbara Cummins

The Deputy Practice Safeguarding Lead is: Dr Carolyn Kay

Coleford Family Doctors recognises that it is not the role of the Practice to investigate or to decide whether or not a child has been abused

The Practice Lead(s) for Safeguarding Children & Young People will:

- Act as a focus for external contacts on safeguarding/ child protection matters;
- Be fully conversant with all aspects of the Coleford Family Doctors child protection policy, operating procedures and incident handling procedures;
- Disseminate safeguarding / child protection information to all practice members;
- Act as a point of contact for practice members to bring any concerns that they have and record it;
- Assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate;

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- Know and establish links with local child protection agencies, such as the children's social care services (previously social services in England and Wales);
- Know and establish links, and when appropriate take advice from named and designated professionals in child protection;
- Take a lead role in planning and delivering regular staff training, reviewing policy and operating procedures, and conducting audit / review of safeguarding in the Practice;
- Ensure that the practice meets the contractual and clinical governance guidance on safeguarding children/ child protection;
- Ensure that the practice team records safeguarding incidents appropriately.

Immediate Actions when Child abuse may be suspected

- Concerns should immediately be reported to the Practice Safeguarding Lead or their deputy (as identified above).
- In the absence of one of the nominated persons, the matter should be brought to the attention of the duty doctor at the surgery, or, if it is an emergency, and the designated persons cannot be contacted, then the most senior clinician will make a decision to report the matter directly to social services or the police.
- If the suspicions relate to the designated person, then the deputy should be notified and the Gloucestershire safeguarding doctor/nurse and / or social services should be contacted directly.
- Suspicions should not be raised or discussed with third parties other than those named above.
- Any individual has the ability to make direct referrals to the child protection agencies; however, staff are encouraged to use the route described here where possible. In the event that the reporting staff member feels that the action taken is inadequate, untimely or inappropriate they should report the matter direct. Staff members taking this action in good faith will not be penalised.
- Where emergency medical attention is necessary it should be given. Any suspicious circumstances or evidence of abuse should be reported to the designated clinical lead.
- If a referral is being made without the parent's knowledge and non-urgent medical treatment is required, social services should be informed. Otherwise, speak to the parent / carer and suggest medical attention be sought for the child.
- If appropriate, the parent / carer should be encouraged to seek help from the Social Services Department prior to a referral being made. If they fail to do so, in situations of real concern, the designated person will contact social services directly for advice.
- Where sexual abuse is suspected, the designated person will contact the Social Services or Police Child Protection Team directly. The designated person will not speak to the parents.
- Neither the designated person nor any other member of the practice team should carry out any investigation into the allegations or suspicions of sexual abuse in any circumstances. The designated person will collect exact details of the allegations or suspicion and provide this information to the child protection agencies that will investigate the matter under the Children Act 1989.

4.4 Patients wishing to raise concerns with the Surgery

Patients can raise concerns with any member of the Surgery Staff, who will refer the matter to a Clinician or the Surgery safeguarding lead or deputy. This will be done confidentially.

From there actions will follow as above in the section "Immediate Actions when Child abuse may be suspected".

Emergency

If a child is in immediate danger or left alone, you should contact the Gloucestershire police on 101 and where in need of medical assistance also call an Ambulance (call 999).

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Non Emergency

If there is no immediate danger or you need advice or information see below;

Advice/Information

If you want to discuss your concerns or need advice e.g. if you not sure whether your concerns are justified, you would like more information about issues like confidentiality or you would like to know what happens next (after you have reported your concerns), do one of the following:

- Speak to Gloucestershire County Council (Adult Help Desk) **01452 426868**
socialservicesenq@gloucestershire.gov.uk
- **Speak to Gloucestershire County Council (childrens Help Desk) 01452 42 6565**
childrenshelpdesk@gloucestershire.gov.uk
- Speak to the National Society for the Prevention of Cruelty to Children (NSPCC) at NSPCC National Helpline Tel: 0808 800 5000

If you do not wish to give your name to the Adult and Children's Services or NSPCC, you do not have to. If you do give your name, you can ask that your identity is not revealed to the parents/carer of the child concerned.