

Principles of safeguarding and protection in health and social care



Assignment task – HSC 024 – Principles of safeguarding and protection in health and social care



Unit purpose and aim

This unit is aimed at those working in a wide range of settings. This unit introduces the important area of safeguarding individuals from abuse. It identifies different types of abuse and the signs and symptoms that might indicate abuse is occurring. It considers when individuals might be particularly vulnerable to abuse and what a learner must do if abuse is suspected or alleged.

Author note

Although I finished my NVQ2/HSC024 unit, I decided to re-answer all NVQ3/HSC024 questions according to my senior care assistant position.

Task 1 Know how to recognise signs of abuse



1.1 Define the following types of abuse: Physical abuse; Sexual abuse; Emotional/Psychological abuse; Financial abuse; Institutional abuse; Self-neglect; Neglect by others



1.2 Identify the signs and/or symptoms associated with each type of abuse



1.3 Describe **factors** that may contribute to an **individual** being more vulnerable to abuse

Task 2 Know how to respond to suspected or alleged abuse



2.1 Explain the **actions to take** if there are suspicions that an individual is being abused



2.2 Explain the actions to take if an individual alleges that they are being abused



2.3 Identify ways to ensure that evidence of abuse is preserved

Task 3 Understand the national and local context of safeguarding and protection from abuse



3.1 Identify national policies and **local systems** that relate to safeguarding and protection from abuse



3.2 Explain the roles of different agencies in safeguarding and protecting individuals from abuse



3.3 Identify reports into serious failures to protect individuals from abuse



3.4 Identify sources of information and advice about own role in safeguarding and protecting individuals from abuse

Task 4 Understand ways to reduce the likelihood of abuse



4.1 Explain how the likelihood of abuse may be reduced by: Working with **person centred values**; Encouraging **active participation**; Promoting choice and rights



4.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse

Task 5 Know how to recognise and report unsafe practices



5.1 Describe **unsafe practices** that may affect the wellbeing of individuals



5.2 Explain the actions to take if unsafe practices have been identified



5.3 Describe the action to take if suspected abuse or unsafe practices have been reported but nothing has been done in response

Exemplification – HSC 024

Factors may include: A setting or situation, the individual.

An **individual** will usually mean the person supported by the learner but may include those for whom there is no formal duty of care.

The **actions to take** constitute the learner's responsibilities in responding to allegations or suspicions of abuse. They include actions to take if the allegation or suspicion implicates: A colleague, someone in the individual's personal network, the learner, the learner's line manager, others.

Local systems may include: Employer/organisational policies and procedures, multi-agency adult protection arrangements for a locality.

Person centred values include: Individuality; Rights; Choice; Privacy; Independence; Dignity; Respect; Partnership.

Active participation is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Unsafe practices may include: Poor working practices, resource difficulties, operational difficulties.



Assignment task – HSC24 Answers

Task 1 Know how to recognise signs of abuse

What is abuse?



Abuse is defined in Devon's and Torbay's policy and guidance as follows:

- Abuse is a violation of an individual's human and civil rights by another person or persons.
- Abuse of a person often includes behaviour that is abusive in one or more of the following categories: Physical abuse; Sexual abuse; Emotional/Psychological abuse; Financial abuse; Institutional abuse; Self-neglect; Neglect by others; Discriminatory abuse. In particular, the majority of people who are experiencing abuse of any kind will also be experiencing psychological abuse.

Anyone can be an abuser.

General indicators of an abusive relationship often include the misuse of power by one person over another and are most likely to be found in situations where one person has power over another. For example: Where one person is dependent on another for their physical care or due to power relationships in society, (such as, between a professional worker and a service user, a man and a woman or a person of the dominant race/culture and a person of an ethnic minority).

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she had not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to – or exploitation of – the person subjected to it.

It is essential to be alert to signals or non-verbal communication or challenging behaviour, and to be aware this could indicate unacceptable practice that is being deliberately hidden or denied.

emotional/psychological

sexual

physical

financial





1.1 Define the following types of abuse: Physical abuse; Sexual abuse; Emotional/Psychological abuse; Financial abuse; Institutional abuse; Self-neglect; Neglect by others



There are different forms of abuse, as described on the following categories: Physical abuse; Sexual abuse; Emotional/Psychological abuse; Financial abuse; Institutional abuse; Self-neglect; Neglect by others; Discriminatory abuse.

Cases of abuse can result in criminal prosecutions and action being taken in the courts such as the Court of Protection. Victims may suffer severe neglect, injury, distress and depression. People without capacity, e.g. people with severe dementia, are particularly vulnerable and there is additional legal protection for such people under the Mental Capacity Act 2005.

All types of abuse result in behaviour towards a person that deliberately or unintentionally cause harm. It is a violation of an individual's human and civil rights and in the worst cases can result in death.

Physical abuse may include: Hitting; Shaking; Biting; Throwing; Burning or scalding; Suffocating; Slapping; Pinching; Pushing; Kicking; Punching; Scratching; Misuse of medication; Restraint or inappropriate sanctions; Force-feeding or otherwise causing physical harm to an individual.

Sexual abuse may include: Unwanted sexual acts; Sexual acts with person unable to give consent; Subject to indecent exposure or teasing or innuendo; Rape and sexual assault to which the vulnerable adult has not consented, could not consent, or was pressurised into consenting; Non-contact sexual abuse could include being forced or coerced to be photographed or videoed to allow others to look at their body; Any sexual activity involving staff will be regarded as contrary to professional standards and hence abusive; Forcing an individual to take part in sexual activities or behave in sexually inappropriate ways; Penetrative acts including rape or buggery and non-penetrative acts; Watching sexual activities, including viewing inappropriate sexual activity on the Internet.

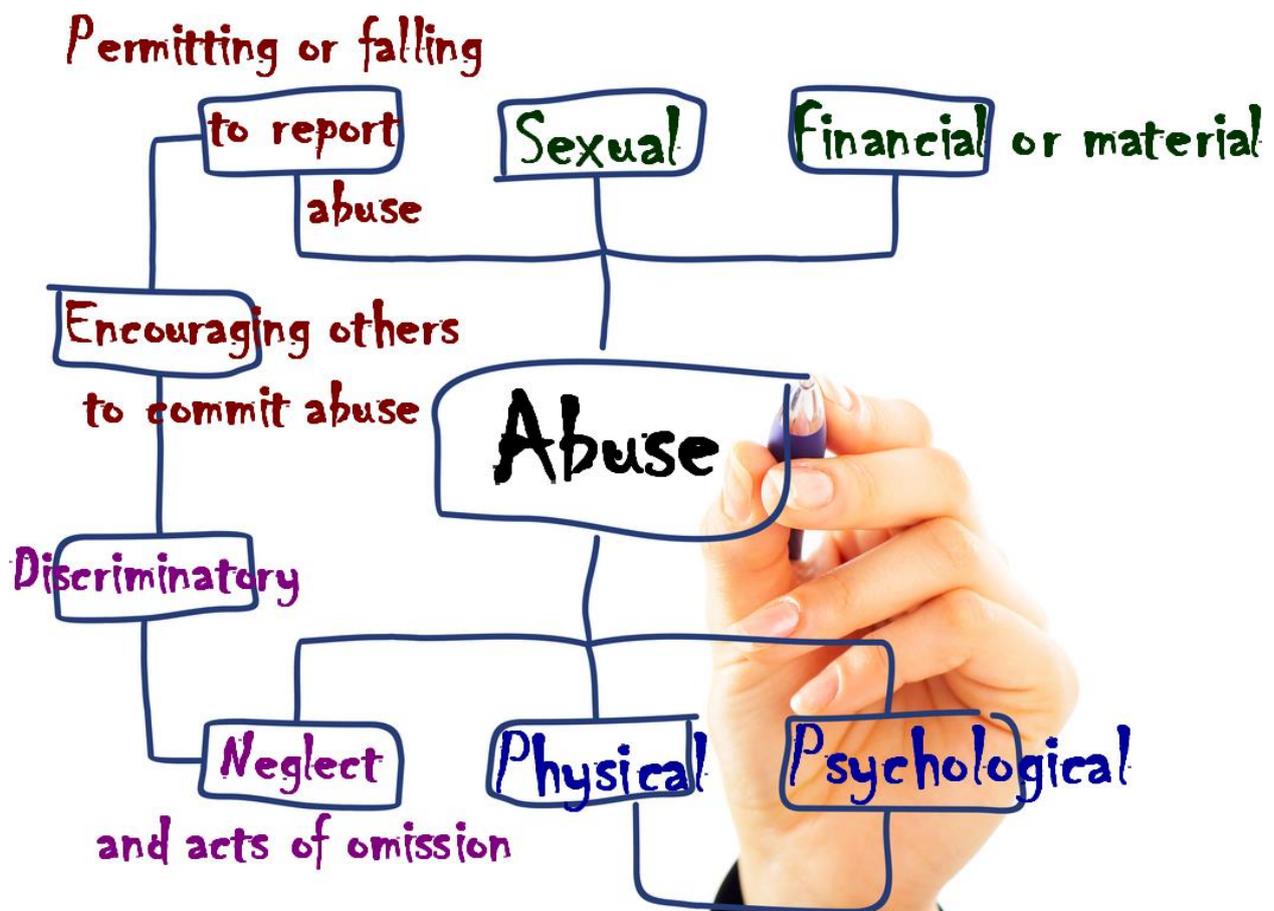
Emotional/Psychological abuse may include: Threats of physical harm or abandonment; Deprivation of contact; Humiliation; Blaming; Controlling; Intimidation; Coercion; Harassment; Excessive criticism; Shouting; Swearing; Name calling; Racist comments; Deprived of normal activities or contact; Indifference; Emotional blackmail; Isolation or withdrawal from services or support networks; Bullying; Invoking threats or fear; Devaluing individual self-esteem; Verbal abuse and swearing; Imposing inappropriate expectations; Conveying feelings of worthlessness; Exploitation. Note: Emotional/Psychological abuse will usually occur in conjunction with other forms of abuse.

Financial abuse may include: Theft; Fraud; Extortion; Gaining access to persons; Funds or possessions; Exploitation; Pressure concerning wills, property, inheritance or financial transactions; The misuse or misappropriation of property, possessions or benefits by someone who has been trusted to handle their finances or who has assumed control of their finances by default; Theft of money or property, Misappropriation or mismanagement of individuals' finances; Denying individuals access to their own finances, particularly with the elderly or individuals with learning disabilities.

Institutional abuse may include: Times for rising and going to bed are set to suit staff and shift changeovers and do not take account of personal need or preference; No choice of meal time, or venue in which to eat meals or of menu; Wearing other people's clothes; Set times for drinks that are inflexible; Set times for being taken to the toilet or having a bath (to suit staff); Call bells not answered during staff breaks; Lack of appropriate equipment, particularly for moving and handling; Failure to use moving and handling equipment as per care plan; Communal use of resident's money e.g. for the home mini bus; Resident's challenging behaviour used as an excuse for responding in a particular way; An abusive regime or culture, ignoring a person's needs and wishes, misuse of professional power and control; Misuse of authority, information or power over vulnerable individuals by staff in health and social care settings; Failure to maintain professional boundaries; Inappropriate use of medication; Physical restraint; Humiliation or bullying; Denying privacy. Institutional abuse refers to any care activity that is delivered in a way that suits the needs of the organisation and the staff rather than the needs of the service users. This type of abuse can vary in seriousness from poor practice which needs to be addressed with the provider, through to dangerous and abusive practice which needs to be addressed through the multi-agency adult protection policy.

Neglect abuse may include: Ignoring medical or physical care needs; Failure to provide access to appropriate health, social care or educational services; The withholding of the necessities of life, such as medication, adequate nutrition and heating; Individuals engaging in neglectful or self-harming behaviours including refusing to eat or drink; Neglecting personal hygiene or toilet needs; Deliberate withholding of, or unintentional failure to provide care and support; Causing actual bodily harm to self, including cutting.

Neglect by others may include: Discriminatory abuse, oppressive and prejudicial attitudes towards a person's disability, age, race religion sexual orientations; Racist slurs; Sexist slurs; Slurs or harassment on the basis of a disability; Slurs or harassment on the basis of sexual preference; Age discrimination is also a form of abuse; Professional abuse is the misuse of therapeutic power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor practice or neglect in services; Staffs not caring for the basic needs of individuals including neglectful practice in washing, toileting, feeding or personal care.





1.2 Identify the signs and/or symptoms associated with each type of abuse



Signs that physical abuse may be taking place can be: Injuries that are consistent with physical abuse; Injuries that are the shape of objects; Presence of several injuries of a variety of ages; Injuries that have not received medical attention; A person being taken to many different places to receive medical attention; Skin infections; Dehydration; Unexplained weight changes or medication being lost; Behaviour that indicates that the person is afraid of the perpetrator; Change of behaviour or avoiding the perpetrator.

Physical abuse is deliberate physical force that may result in bodily injury, pain, or impairment. Both old and young people can be physically abused. There are signs or indicators to show physical abuse and there are ways in which victims and abusers act or interact with each other. Physical abuse includes the smashing of furniture and personal belongings, being pushed or shoved, being held against your will, slapped, bitten, kicked, pinched, punched, choked or ducked under water, threatened or hurt with a weapon, threats of violence, locked in or out of the house, hair pulled, burnt with cigarettes, acid, an iron, hot food or water.

Other signs of physical abuse in adults are: bruising, bite marks, particularly in well-protected and covered areas, fractures, sprains or dislocations, lacerations, burn marks – including friction burns and scalds, drowsiness, pressure sores, cowering and flinching, unexplained hair loss, significant weight loss.

Symptoms from physical abuse include: feeling low, angry and in pain, changes in behaviour, can lead to death in extreme cases.



Signs that sexual abuse may be taking place: Sexually transmitted diseases or pregnancy; Tears or bruises in genital/anal areas; Soreness when sitting; Signs that someone is trying to take control of their body image, for example, anorexia, bulimia or self-harm; Sexualised behaviour: The signs that a person may be experiencing sexual abuse and psychological abuse are often very similar. This is due to the emotional impact of sexual abuse on a person's sense of identity and to the degree of manipulation that a perpetrator may carry out in grooming a victim.

Sexual abuse is when a person is forced or tricked into taking part in any kind of sexual activity. When sexual contact is non-con-sensual, it is an abuse. It can happen to men and women of any age that is both old and young. It can include sexual penetration of any part of the body with a penis, finger or any object, sexual exploitation, making threats about sexual activities, exposure to pornographic material, touching of breast or genitals, kissing, etc. Activities such as showing pornographic material, forcing the person to watch sex acts or forcing the person to undress are also considered sexual abuse.

The signs and symptoms of sexual abuse in the elderly are: bruises around breasts or genitals, genital infections, unexplained vaginal or anal bleeding, torn, stained, or bloody underwear, disturbed sleep patterns, vulnerable adult appears withdrawn and fearful, inappropriate dressing, disturbed behaviour including self-harm, inappropriate sexualised behaviour, repeated urinary infections, depression, loss of self-esteem, impaired ability to form relationships.



Signs that emotional/psychological abuse may be taking place could include: Difficulty gaining access to the adult on their own or the adult gaining opportunities to contact you; The adult not getting access to medical care or appointments with other agencies; Low self-esteem; Lack of confidence and anxiety; Increased levels of confusion; Increased urinary or faecal incontinence; Sleep disturbance; The person feeling/acting as if they are being watched all of the time; Decreased ability to communicate; Communication that sounds like things that the perpetrator would say or language being used that is not usual for the service user; Deference/submission to the perpetrator.

Emotional abuse is where one person gains power and control over another through words and gestures which gradually under-mine the other's self-respect. Emotional abuse can be name-calling, blaming, screaming, making threats, yelling, neglecting, manipulation, not listening, withholding affection, belittling and untrue accusations.

Signs of emotional and psychological abuse are: depression, anxiety, withdrawing or refusing affection, fearful or agitation, loss of self-esteem and self-confidence, shouting or swearing, behaviours such as rocking, hair twisting and self-mutilation, vulnerable adult withdrawn and fearful.



Signs that financial abuse may be occurring include: Sudden loss of assets; Unusual or inappropriate financial transactions; Visitors whose visits always coincide with the day a person's benefits are cashed; Insufficient food in the house; Bills not being paid; A person who is managing the finances being overly concerned with money; A sense that the person is being tolerated in the house due to the income they bring in, sometimes with that person not included in the activities the rest of the family enjoys. If the vulnerable person is asking for someone in authority to take on his or her financial affairs, establish whether this should be someone in the local authority, for example, Home Care or another professional. Acquire the appropriate forms, either appointee forms from the Department of Work and Pensions or Court of Protection forms from the Public Guardianship office.

Financial abuse is stealing or defrauding someone of money, goods and/or property, allowing others to steal money or property, tricking or threatening individuals into giving away money or property, withholding money, refusing to allow individuals to manage their finances, etc. for example when a support worker is taking money from a service users' purse without his or her knowledge.

Other signs of financial abuse are: signatures on cheques that do not resemble the service users' signature, or signed when the service user cannot write, unexplained withdrawals of large sums of money by a person accompanying the service user, lack of amenities, such as TV, personal grooming items, appropriate clothing, that the service user should be able to afford, deliberate isolation of service user from friends and family, resulting in the support worker alone having total control, the unexplained sudden transfer of assets to a family member or someone outside the family.

Symptoms of financial abuse are: the person feeling fearful, anxious, embarrassed and belittled, loss of trust, insecurity, withdrawn, conforming or submissive behaviour, disappearance of possessions, Power of Attorney obtained when individual is unable to comprehend.



Signs that institutional abuse may be happening includes: when the lifestyles of service users are sacrificed in favour of the routines and/or restrictive practices of the home. Institutional abuse comprises neglect, physical abuse, sexual abuse, verbal abuse, discriminatory abuse, psychological and emotional abuse, financial abuse, service users not being allowed to go out, their personal letters are opened and read, their privacy not respected, their interest not at the centre of every decision being made, excessive medication and complaints procedure not made available for the service users.

Other signs and symptoms of institutional abuse include: lack of own personal clothing and possessions, no flexibility of bedtimes, eating times or waking times, dirty clothing or bed linen, misuse of medication, lack of care plans, lack of heating, staff entering into service users' rooms without knocking, loss of self-esteem and confidence, submissive behaviour, loss of control.



Signs that neglect may be occurring: Malnutrition; Rapid or continuous weight loss; Not having access to necessary physical aides; Inadequate or inappropriate clothing; Untreated medical problems e.g. pressure ulcers; Dirty clothing/bedding; Lack of personal care.

Neglect is when a person does not pay attention to their health and well-being. Service users can neglect themselves due to illness or depression or might intentionally neglect themselves.

Other signs and symptoms include: living in dirty conditions, poor personal hygiene, poor nutrition, not getting medical help, not being interested in the way they look, long toe nails not taking medication, unkempt appearance, signs of actual self-harm including cuts.



Signs that neglect by others through discrimination may be taking place include: A person overly concerned about race, sexual preference and the like; A person tries to be more like others; A person reacts angrily if any attention is paid to race, sex and the like; A carer is overly critical/anxious about these areas; Disparaging remarks made; A person is made to dress differently.

Neglect is when a carer does not carry out their duty of care and fails to care for a service user this can be deliberate or unintentional due to the carer being ill or stressed.

Other signs and symptoms of neglect by others include: absence of food, water, and heat, poor personal hygiene including soiled clothing, dirty nails and skin, inappropriately dressed for cold or hot weather, bedsores, constant hunger, withdrawn or submissive behaviour, illness, weight loss and dehydration.



1.3 Describe **factors** that may contribute to an **individual** being more vulnerable to abuse



Within the health and social care sector, factors that may contribute to an individual being more vulnerable to abuse are the following: **Age** e.g. elderly, young children; **Physical ability** e.g. frail, immature development, physical disability or sensory impairment; **Cognitive ability** e.g. maturity, level of education and intellectual understanding, learning difficulties; **Emotional resilience** e.g. mental health difficulties, depression, living with dementia, living with bipolar; **Stress** e.g. impact of stressful life events including bereavement, divorce, illness or injury; **Culture or religion** e.g. as a result of prejudice or discrimination, refugees and asylum-seekers; **Socio-economic factors** e.g. financial situation, difficult relationship with parent or spouse, domestic violence; **Institutional factors** e.g. carer living with the individual causing stress that may lead to abuse if the carer feel overworked, carers without training, supervision, support are increasing the risk for an individual to be abused, carers unable to deal with individuals with poor mobility, confused, aggressive, challenging will lead to risk of abuse for the individual as the carers will get frustrated and might take it personally.



Task 2 Know how to respond to suspected or alleged abuse



2.1 Explain the **actions to take** if there are suspicions that an individual is being abused



The actions to take if there are suspicions that an individual is being abused – implicates any individual, a colleague, someone in the individual's personal network, self, own line manager, others – mean understanding roles and responsibilities; noticing sign of physical abuse on the individual skin, change in the individual behaviour; staff to ask to the individual what happened; staff to listen to the individual carefully; staff to reassure the individual; importance of following legislation, policies, procedures and agreed ways of working; importance of treating all suspicions seriously; lines of communication and reporting; reporting suspicions to appropriate/named person; importance of clear verbal and accurate written reports including date and time, to sign the written report; importance of not asking leading questions with individuals concerned; importance of respectful listening; confidentiality and agreed procedures for sharing information on disclosure; importance of actual evidence and avoiding hearsay; staff to follow company policy of reporting abuse and report to CQC if the suspicions are about own line manager.



2.2 Explain the actions to take if an individual alleges that they are being abused



The actions to take if an individual alleges that they are being abused – implicates any individual, a colleague, someone in the individual's personal network, self, own line manager, others – mean understanding roles and responsibilities; staff to listen to the individual carefully; staff to reassure the individuals that they are right to tell staff as their safety is the most important within the health and social care setting; importance of following legislation, policies, procedures and agreed ways of working; basic information includes who the alleged victim is, who the alleged abuser is, categories of abuse which could be happening, when abuse has happened, where abuse has happened; importance of treating all allegations seriously; lines of communication and reporting; reporting allegations to appropriate/named person; importance of clear verbal and accurate written reports including date and time, to sign the written report; importance of not asking leading questions with individuals concerned; importance of respectful listening; confidentiality and agreed procedures for sharing information on disclosure; importance of actual evidence and avoiding hearsay; staff to follow company policy of reporting abuse and report to CQC if the allegations are about own line manager.



2.3 Identify ways to ensure that evidence of abuse is preserved



Ways to ensure that evidence of abuse is preserved are the following: use of written reports including details of alleged/suspected abuse, signed, dated and witnessed; use of witness statements (signed and dated); photographic evidence of physical injuries e.g. bruises on arms and legs which look like finger marks, obvious injuries in face and legs which have been bleeding, long scratches on arms; agreed procedures for using electronic records e.g. password, protected systems; confidential systems for manual records e.g. security systems, access to evidence records; importance of timescales to ensure reliability and validity of evidence; ensure storage of any actual evidence e.g. financial records; staff to leave things as they are and to not touch anything; staff to not remove, clean or wash what the individual wears/to not handle the individual's clothes; staff to keep the area safe and to not allow anyone to enter into the area; staff to preserve any first aid items that has been used.

Task 3 Understand the national and local context of safeguarding and protection from abuse



3.1 Identify national policies and **local systems** that relate to safeguarding and protection from abuse



National policies that relate to safeguarding and protection from abuse including the scope of responsibility of the Independent Safeguarding Authority (ISA); The national Vetting and Barring Scheme (VBS); The Disclosure and Barring Service (DBS) checks; "No Secrets" national framework and codes of practice for health and social care (2000); "Safeguarding Adults" national policy review (2009); Work of the Care Quality Commission (CQC); "Working Together to Safeguard Children" (2006); "Every Child Matters" (2003); Common Assessment Framework (CAF); Safeguarding Vulnerable Groups Act 2006; The Human Rights Act 1998.

Note: In December 2012, the Criminal Records Bureau (CRB) and independent Safeguarding Authority (ISA) merged and became the Disclosure and Barring Service (DBS). From 1st February 2013, only DBS branded application forms are accepted for processing by The FA CRB Unit.



Disclosure &
Barring Service



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Local systems (employer/organisational policies and procedures, multi-agency adult protection arrangements for a locality) that relate to safeguarding and protection from abuse including the scope of responsibility of Local Safeguarding Children's Boards (LSCBs); Local Safeguarding Adult Boards (LSABs) and protection committees; Local Area Agreements (LAAs); Safeguarding policies and procedures for vulnerable adults.



3.2 Explain the roles of different agencies in safeguarding and protecting individuals from abuse



The roles of different agencies in safeguarding and protecting individuals from abuse include importance of multi-agency and interagency working; social services e.g. social workers, care assistants, residential children's home workers; health services e.g. GPs, nurses, occupational therapists, health visitors; voluntary services e.g. MIND (the mental health charity), NSPCC (National Society for the Prevention of Cruelty to Children – It means that each of us has a responsibility to keep childhood free from abuse, and we must do everything possible to protect children and prevent it from happening), Age UK (Age UK is the country's largest charity dedicated to helping everyone make the most of later life); the police (their role is to safeguard vulnerable adults, investigate all reports of vulnerable adult abuse and protect and uphold the rights of vulnerable adults); responsibilities for allocating a named person usually from statutory agencies in health or social care; responsibilities for overseeing the Safeguarding Assessment and its outcome; consulting the police regarding all safeguarding incidents; convening or chairing strategy meetings, including the agreement of responsibilities, (Lead Professional); actions and timescales; coordinating and monitoring investigations; overseeing the convening of Safeguarding Case Conferences; providing information about activities and outcomes to the Safeguarding Coordinator; Safeguarding Adults Boards (these bring together a number of different local agencies that work with vulnerable adults to share information and monitor their work e.g. local agencies like the police, MIND, housing teams, advocacy groups); Work of the Care Quality Commission (CQC).

What is the role and function of the Care Quality Commission?



The role and function of the Care Quality Commission (CQC) are to expect health and care standards are met within the health and social care sectors. The inspectorate carries out inspections of all health and social care organisations, public, private and voluntary, against national standards and publishes reports of their findings which indicates how the organisation are performing. The inspectorate registers services that meet national minimum standards and report on their findings to Parliament each year. Care Quality Commission is charged with implementing the new joint regulatory and inspection standards for both Health & Social Care Act 2008. Care Quality Commission also register, approve and if need be prosecute any new and falling care services. Since 2008, Care Quality Commission now oversee local authority compliance inspections ensuring the services they commission meet the new 16 Essential Standards framework for all care services – replacing the old National Minimum Standards.



3.3 Identify reports into serious failures to protect individuals from abuse



Reports into serious failures to protect individuals from abuse mean serious case reviews on the abuse of children, young people and vulnerable adults, including e.g. The Laming report into the death of Victoria Climbié (2000); Haringey Council report of the death of Baby Peter (2007); Bedfordshire Council report into the torture and death of Michael Gilbert (Blue Lagoon murder, 2009); Birmingham Social Services review into the starvation and death of Khyra Ishaq (2010); The Care Quality Commission (CQC) has published details of the enforcement action it has taken against Castlebeck Care (Teesdale) Ltd which failed to protect the safety and welfare of patients at Winterbourne View, the effect of this action is that the assessment and treatment centre near Bristol has been closed (2011); The Care Quality Commission (CQC) has taken urgent action to close a failing care home in Banstead, Surrey, after serious failings were identified which presented a significant risk to the safety of residents (2014); The Care Quality Commission (CQC) closed down the Angela Court nursing home, in Tipton, Devon, after rating it inadequate (2015) – Inspectors discovered staff were not skilled at managing people with challenging behaviours, provider did not supervise people adequately, people were not protected from abuse and avoidable harm, people did not always receive medicines as prescribed, appropriate standards of cleanliness and hygiene were not consistently maintained, some people were at increased risk of malnutrition and dehydration as staff did not always make sure that people were eating and drinking enough; The Murder of Steven Hoskin (2006) – Steven Hoskins was a 39 year old man with learning disabilities who was subjected to harrowing abuse ending in his death in St Austell, Cornwall on 6th July 2006 – He had a troubled history, had experienced a significant amount of bullying and discrimination in his life and needed support to live in the community – Hoskins was placed in a bed sit by adult social care in April 2005 and he was allocated 2 hours of help each week but he chose to cancel the service in August and by September the council closed his case – Hoskins then lost all control over his life when Darren Stewart and his girlfriend Sarah Bullock moved in and began to manipulate and abuse him – just prior to his death he was forced to swallow lethal doses of paracetamol, hauled around his bed sit by a dog collar and burned with cigarettes – Hoskins body was found at the base of the St Austell railway viaduct – He was terrified of heights and had been made to walk to the viaduct where he was forced over the safety rail and made to fall 30 metres to his death by Sarah Bullock kicking his face and standing on his hands – Darren Stewart 29 and Sarah Bullock 16 were convicted of Hoskin's murder and Martin Pollard 21 of his manslaughter – Durham (LSCB) Local Safeguarding Children Board has now put a system in place to deal with safeguarding incidents for people like Stephen who were not clearly identified as eligible for safeguarding.





3.4 Identify sources of information and advice about own role in safeguarding and protecting individuals from abuse



Sources of information and advice about own role in safeguarding and protecting individuals from abuse include the following: Current and relevant sources of information from websites, books, leaflets, organisations, my line managers, colleagues, training and advice from training centres, local and voluntary groups including government sources e.g. The Department For Education (DFE), The Department Of Health (DOH); Voluntary organisations e.g. NSPCC (National Society for the Prevention of Cruelty to Children – It means that each of us has a responsibility to keep childhood free from abuse, and we must do everything possible to protect children and prevent it from happening), Barnardos, The Ann Craft Trust; Publications e.g. "Working Together to Safeguard Children" (2006), "What To Do If You Suspect A Child Is Being Abused" (2003); Information from The Independent Safeguarding Authority (ISA); Social Care Institute For Excellence; Policies, procedures and agreed ways of working in relation of safeguarding within my workplace setting; Local authority Adult Services Department like Social Services; Care Quality Commission (CQC); National Council for Voluntary Youth Services "Keeping It Safe: a young person centred approach to safety and child protection".

Task 4 Understand ways to reduce the likelihood of abuse



4.1 Explain how the likelihood of abuse may be reduced by: Working with **person centred values**; Encouraging **active participation**; Promoting choice and rights



The likelihood of abuse may be reduced by working with person centred values (Individuality; Rights; Choice; Privacy; Independence; Dignity; Respect; Partnership); working in a person centred way; the key values of privacy, dignity, independence, choice, rights and fulfilment; decreasing vulnerability by increasing confidence; importance of empowerment, independence and autonomy; involving individuals in making their own decisions and choices; respectful communication; active listening; main principles that all adults have the right to live their lives free from violence, fear and abuse, the right to be protected from harm and exploitation, the right to independence and the right to justice; staff duty to include the individual at the heart of the care planning process – This will promote active participation by enhancing the individual's wellbeing by feeling valued as part of the care team.



The likelihood of abuse may be reduced by encouraging active participation (way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible, the individual is regarded as an active partner in their own care or support, rather than a passive recipient) e.g. in activities and personal care; decreasing vulnerability by improving self-confidence and self-esteem; encouraging involvement and self-awareness; staff to ask the individual what kind of meal and drink the individual wants, to ask the individual how he or she wants to be dressed, ask the individual where he or she wants to go e.g. shopping, playing bingo, etc.



The likelihood of abuse may be reduced by promoting choice and rights (The rights that individuals have to be respected, be treated equally and not be discriminated against, be treated as an individual, be treated in a dignified way, privacy, be protected from danger and harm, be cared for in a way that meets their needs and takes account of their choices and also protects them, access information about themselves, communicate using their preferred methods of communication and language); promoting individual choices and decision making; decreasing vulnerability by promoting empowerment and independence; importance of informed consent; staff to work using risk assessment e.g. individual with poor mobility wants to go outside – Staff need to take into consideration the risk factor, as the individual has the right to go outside even if the individual's mobility is poor e.g. walking with a Zimmer frame.



The likelihood of abuse may be reduced by encouraging active support (Support that encourages individuals to do as much for themselves as possible to maintain their independence and physical ability and encourages people with disabilities to maximise their own potential and independence); interacting to promote participation – Staff who support the individual learn how to give him or her the right level of assistance so that he or she can do all the typical daily activities that arise in life; Activity Support Plans – These provide a way to organise household tasks, personal self-care, hobbies, social arrangements and other activities which individuals need or want to do each day and to work out the availability of support so that activities can be accomplished successfully; keeping track – A way of simply recording the opportunities people have each day that enables the quality of what is being arranged to be monitored and improvements to be made on the basis of evidence.



Working with **person centred values; Encouraging active participation; Promoting choice and rights; Encouraging active support;** will promote the decreasing of likelihood of being abuse.

It is important for most people to be part of a community, have good relationships with friends and family, have relationships that last, have opportunities to develop experience and learn new skills, have choices and control over life, be afforded status and respect, be treated as an individual.

Basic requirements for a full life are the opportunities to participate in the full range of activities that everybody else does, be involved and share interests with other people, develop relationships, develop skills, and develop experience.

To resume, the likelihood of abuse may be reduced when working in a manner that treat others the way you want to be treated.

Remembering when working with individuals living with dementia that they are first human being; Human rights don't stop when dementia comes.



4.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse



The importance of an accessible complaints procedure for reducing the likelihood of abuse goes through transparent policies, procedures and agreed ways of working; importance of accountability; clear systems for reporting and recording complaints; robust procedures for following up on any complaints; legal requirement to have a complaints procedures in place; ways of ensuring the procedure is accessible e.g. published policy, high visibility, widespread distribution.

An accessible complaints procedure gives to the complainant the right to be heard when making their views known. An accessible complaints procedure must be easy to fill out. Steps must make out clearly how to write the complaint and formal lines must inform the complainant regarding response times. Staff should always give a complaint form to anyone who asks for – individual's family, members of staff, visitors, and individuals living within the care home – when the cares are not met as expected. This will make the complainants to feel listened and their complaint taken seriously. This will ensure that the care home is open regarding complaints and will ensure that any form of abuses are tolerated and encouraged within the care home.



Task 5 Know how to recognise and report unsafe practices



5.1 Describe **unsafe practices** that may affect the wellbeing of individuals



Unsafe practices that may affect the wellbeing of individuals may include; poor working practices; resource difficulties; operational difficulties; neglect in duty or personal care e.g. in relation to inappropriate feeding, washing, bathing, dressing, toileting; inappropriate physical contact e.g. in relation to moving and handling; unsafe administration of medication e.g. failure to check dosage, failure to check the correct route of administering medications, administering medications without using Medicine Administration Records (MAR) charts will lead to gaps in the MAR forms and staff being unaware of medications stopped by GP or an individual having an antibiotics course; unreliable systems for dealing with individual's money or personal property e.g. failure to witness or record accurately; misuse of authority e.g. using physical restraint; failure to maintain professional boundaries e.g. in relationships; failure to ensure supervision e.g. for lone working situations; inappropriate communication or sharing of information e.g. breaching confidentiality; failure to update knowledge on safeguarding issues e.g. through ongoing training; unsafe recruitment practices e.g. failure to (DBS) Disclosure and Barring Service check workers (In December 2012, the (CRB) Criminal Records Bureau and (ISA) independent Safeguarding Authority merged and became the (DBS) Disclosure and Barring Service); unsanitary conditions e.g. spread infection from dirty kitchen, cross-contamination from non-use of PPE, can affect the wellbeing of the individuals and staff within the care home setting; improper hand washing method; in terms of health and safety not having risk assessments in place when an individual is being hurt; staff not checking when an individual is ill or unsteady or lacks of balance; staff to not update care plans regarding the individuals mental and physical changes; staff ignoring the individuals; physical abuses including bruising, bite marks, particularly in well-protected and covered areas, fractures, sprains or dislocations, lacerations, burn marks, friction burns and scalds, drowsiness, pressure sores, cowering and flinching, unexplained hair loss, significant weight loss, are not taken seriously by staff and non-photography are taken, and staff not taking complaints seriously can lead the individuals to serious harm or death; staff to follow poor ways of working instead of following the guidelines that are in place within the care home setting.

Safe practices mean staff duty to always work following the regulations contained within an act of parliament which are:

- Manual Handling Operations Regulations 1992
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR)
- Health and Safety (First Aid) Regulations 1981
- Management of Health and Safety at Work Regulations 1999

Safe practices mean you cannot give care without care plans, as you cannot give medication without Medicine Administration Records (MAR) charts.



5.2 Explain the actions to take if unsafe practices have been identified



Actions to take if unsafe practices have been identified mean importance of reporting unsafe practices that have been identified; reporting concerns to a manager or supervisor immediately, verbally and in writing; policies on "whistle blowing" (a whistle blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization that is either private or public); staff to monitor all unsafe practices that have been identified by doing a risk assessments and by updating individuals care plans in relation of individual's safety and moving around; staff to ensure the corridors, individual room, community lounge, toilets, are free of hazards e.g. wet floor, empty boxes, broken glass.



5.3 Describe the action to take if suspected abuse or unsafe practices have been reported but nothing has been done in response



Action to take if suspected abuse or unsafe practices have been reported but nothing has been done in response are the following: Workers have the right to report concerns directly to social services, the police, safeguarding team, the Care Quality Commission (CQC); Anyone can report a suspicion or allegation of abuse; Workers can be disciplined, suspended or dismissed for not reporting abuse and following the correct procedures; Importance of raising genuine concerns and questioning these; Reassurance of protection from possible reprisals or victimisation following reporting.

Safeguarding is about protecting vulnerable adults or children from abuse or neglect. It means making sure people are supported to get good access to health care and stay well. It is wrong if vulnerable people are not treated by professionals with the same respect as other patients.