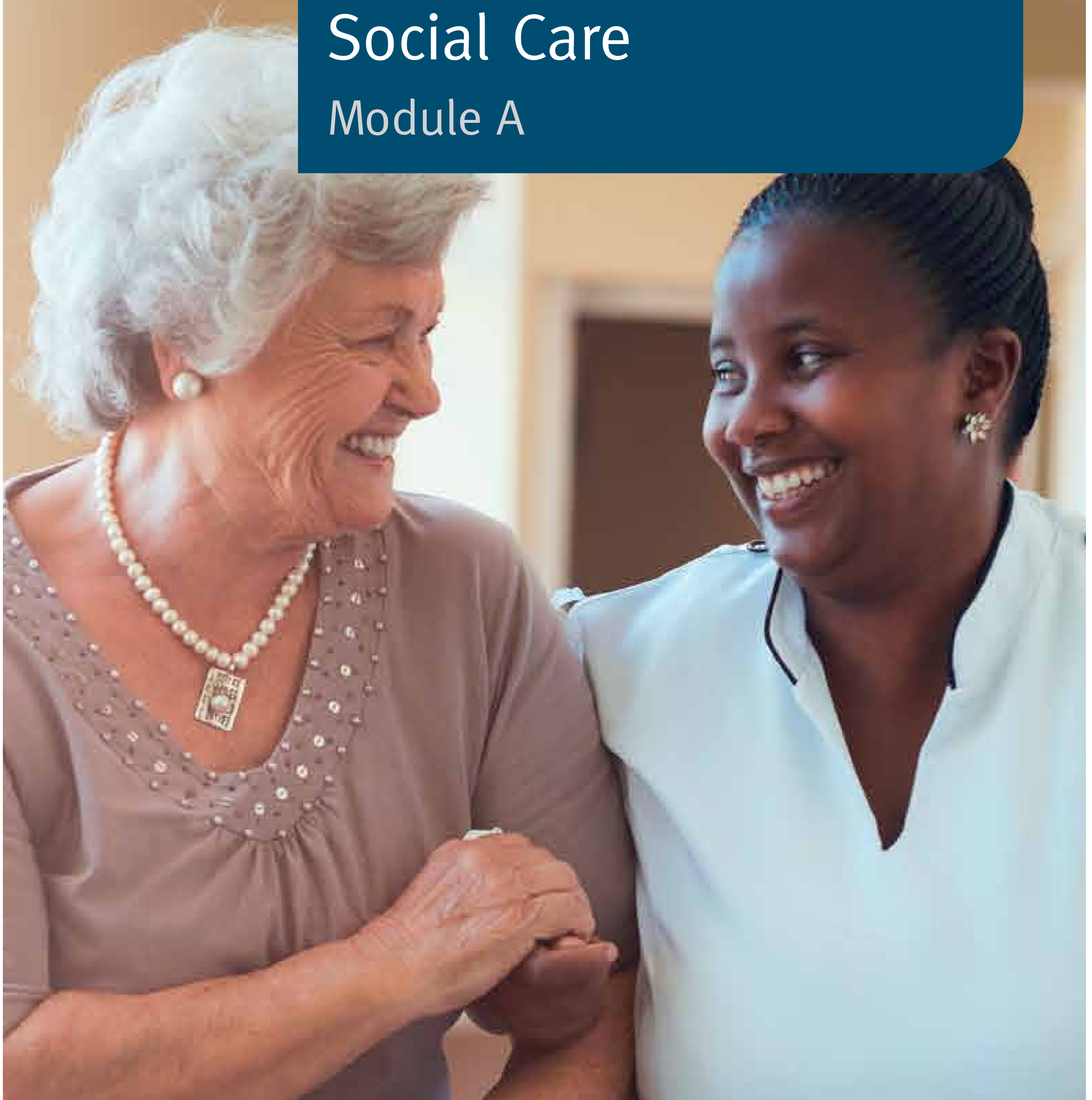
Understanding Dignity and Safeguarding in Adult Health and Social Care

Module A



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About the Level 2 Certificate in Understanding Dignity and Safeguarding in Adult Health and Social Care

All local authorities are required, by law, to record and monitor 'safeguarding concerns' in their area. A safeguarding concern is where a local authority is notified about a risk of abuse, which then instigates an investigation under local safeguarding procedures. For the 2015–16 reporting year there were 186,860 reported concerns in England alone. Of these, over 60 per cent of the individuals at risk were aged 65 or over, and the most common type of abuse was neglect or acts of omission (34 per cent), followed by physical abuse (26 per cent). The 'location of risk' was most frequently the home of the individual at risk (43 per cent of cases) or a care home (36 per cent). Sadly, according to statistics from the Safeguarding Adult Reviews for this period, abuse was a causal factor in the deaths of 60 people (NHS Digital, 2016).

This course explores two key principles that everyone who works within health and social care should strive to uphold. The first principle is that of promoting and respecting an individual's dignity. The second principle is that of safeguarding an individual's right to live free from harm, abuse and neglect. These two fundamental principles are interlinked.

Treating an individual whom you support with dignity and respect, encouraging others to do the same, and taking the appropriate steps if the words or actions of others concern you, helps to safeguard that individual from possible abuse. At the same time, having a zero-tolerance approach to abuse means that the dignity of the individual, irrespective of their frailties or level of independence, is much more likely to be preserved and respected.

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Aims

The aims of the course are to:

- develop knowledge and understanding of the key principles of dignity, safeguarding and duty of care in adult health and social care;
- investigate the principles of dignity, safeguarding and duty of care, and how they are applied in everyday work contexts;
- examine the dilemmas and consequences that can arise when these principles are not upheld.

Course content

This course has four units. These have been grouped together into two modules:

Module A
Unit 1: Understand safeguarding in adult health and social care
Unit 2: Principles of dignity in adult health and social care practice

Module B
Unit 3: Understand duty of care in adult health and social care
Unit 4: Understand dilemmas and public concerns in adult health and social care

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Unit 1

Understand safeguarding in adult health and social care

In this unit you will learn about the national and local context of safeguarding, including important current legislation, policies and procedures. You will learn how to recognise different types of abuse, and how potential harm and abuse should always be evaluated within a context. You will understand how to respond if abuse or harm is suspected or disclosed and how the likelihood of abuse and harm may be reduced by working with person-centred values. Information and support regarding abuse or harm are available for yourself and the individuals for whom you care, and this unit explains how to access it.

Content

This unit contains five sections:

Section 1: **The national and local context of safeguarding and protection from abuse**
Section 2: **How to recognise potential and actual abuse and harm**
Section 3: **How to respond if abuse or harm is disclosed, suspected or alleged**
Section 4: **Ways to reduce the likelihood of abuse or harm**
Section 5: **Information and support in relation to abuse or harm**

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Section 1
The national and local context of safeguarding and protection from abuse

In this section you will learn about:

- What is safeguarding?
- An overview of the historical and political context of safeguarding
- Current legislation in relation to safeguarding
- National policies relating to safeguarding and protection from abuse
- Local systems relating to safeguarding and protection from abuse
- The roles of different agencies in safeguarding and protecting individuals from abuse
- Safeguarding concerns in adult health and social care

What is safeguarding?

Safeguarding adults and upholding the dignity of those accessing health and social care services are key principles in the sector. Safeguarding vulnerable adults means **protecting a person's right to live safely, free from abuse and neglect**.

Safeguarding involves:

- people and organisations working together to prevent abuse and neglect whilst promoting well-being and choice for everyone concerned;
- providing high-quality care in order to reduce the possibility of harm and abuse;
- using local multi-agency procedures to respond effectively to allegations of harm and abuse;
- improving services to patients using lessons learned from practice.

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A **vulnerable adult** is defined in the Care Act 2014 as someone: who is over 18 years old; who has care and support needs; is experiencing or at risk of abuse or neglect as a result of their care and support needs, or is unable to protect him or herself against abuse or neglect or the risk of it. The term 'vulnerable adult' is often unpopular with professionals, who prefer to use the term 'adults at risk'. For the purposes of this course we have used the term 'vulnerable adult', in line with the Care Act 2014 and other legislation, while acknowledging concerns regarding its use.

An overview of the historical and political context of safeguarding

The notion of **safeguarding children has existed for many years**. The Prevention of Cruelty to, and Protection of, Children Act, known as the 'Children's Charter', was passed in 1889, and the Children and Young Persons Act was amended to combine all child protection law into a single piece of legislation in 1933. The **safeguarding of adults is, by contrast, a relatively recent phenomenon**.

In the late twentieth century a number of **prominent cases of abuse**, where severe harm or even death had resulted, highlighted the mistreatment of some older adults and individuals with learning disabilities. The need for **regulation and inspection** of care facilities was recognised and the Care Standards Act was introduced in 2000. The criminal justice system promised to improve vulnerable adults' access to the police and courts, and pressure groups and the directors of social services called for **laws to protect vulnerable adults**.

However, legislation on the abuse of vulnerable adults only related to social care that was paid for, and did not cover **abuse within the community** (unless it was perpetrated by paid domiciliary workers). Given that **the majority of abuse**

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Section 2
How to recognise potential and actual abuse and harm

In this section you will learn about:

- Different types of abuse
- Signs, symptoms and indicators associated with each type of abuse
- How signs, symptoms and indicators should be evaluated within the context of the situation
- Why abuse or harm is not always recognised
- How individuals can be harmed when using a health and social care service
- Factors that may contribute to an individual being more vulnerable to abuse or harm
- Situations when restraint is used within legal guidelines and when it is used inappropriately

Different types of abuse

> **"Abuse is a violation of an individual's human and civil rights by any other person or persons."**
>
> *No Secrets,* 2000

Abuse may be:

- a **single act** or **repeated acts**;
- **physical, verbal or psychological**;
- an act of **neglect** or **omission to act** (failing to act to prevent harm);
- related to a situation where an individual has **not consented or cannot consent** (e.g. with regard to financial or sexual transactions).

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Abuse may result in **significant harm to or exploitation of the individual**. Vulnerable adults may be abused in a family, institutional or community setting, by those known to them or, more rarely, by a stranger. Abuse may be intentional or unintentional (due to lack of awareness, knowledge or skills).

Abuse may take many forms. The following broad categories of abuse have been identified.

Physical abuse

Physical abuse is defined as **non-accidental** harm to the body. This includes, pushing, hitting, kicking, punching, rough handling, spitting, pulling hair, misuse of medication or inappropriate use of restraint.

Sexual abuse

This includes rape and attempted rape, sexual assault and sexual acts to which the adult at risk has not consented, could not consent or was pressurised into consenting. Sexual abuse also includes acts of sexual harassment, or non-contact abuse such as pornography.

Emotional or psychological abuse

This is defined as intimidation, threats of harm or abandonment, humiliation, blame or verbal abuse, deprivation of social contact or disregarding cultural needs.

Financial or material abuse

Financial or material abuse includes property theft, fraud and exploitation. This includes pressure regarding wills, property, inheritance or financial transactions, misuse or misappropriation of property, possessions or benefits and Internet scamming.

Organisational or institutional abuse

This is the **maltreatment of an individual** that occurs within an **organisation**. This can include overt abuse that is physical, sexual or emotional in nature. Giving precedence to the needs of the organisation over individual needs is another form of institutional abuse. It can also include **system abuse**, which involves an entire care system that is stretched beyond capacity, causing **maltreatment through inadequate resources**.

Self-neglect

Self-neglect was added as a category of abuse in the Care Act 2014 statutory guidance. There are many types of self-neglect, for example not putting the heating on when it is cold, or not eating adequately. Individuals who neglect themselves are often at risk of other types of abuse and exploitation.

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Neglect by others

Neglect or **acts of omission** include failing to pay attention or allow access to appropriate health, social care or educational services, ignoring medical or physical care needs, poor environmental conditions, inadequate nutrition or heating, or failure to protect dignity or privacy.

Domestic violence or abuse

This occurs between individuals who are or have been intimate partners or family members and includes any incident or pattern of incidents of coercive, controlling, threatening, violent or abusive behaviour. It includes 'honour' based violence, female genital mutilation and forced marriage.

Modern slavery

Modern slavery includes: being owned or controlled by an 'employer'; being forced to work through coercion, mental or physical threat; being treated in a dehumanising way as a commodity or bought and sold as 'property'; being physically restrained or having restrictions placed on one's freedom of movement. Examples of modern slavery include: forced labour, domestic servitude, human trafficking, sexual exploitation and debt bondage (i.e. being forced to work to pay off debts that could never be repaid in this way).

Discriminatory abuse

This includes forms of verbal abuse such as derogatory comments, harassment or being denied access to resources, services, facilities or treatment on the basis of personal characteristics such as race, gender, gender identity, age, disability, sexual orientation or religion.

Signs, symptoms and indicators associated with each type of abuse

A **sign** is an altered state of the body that is visible when the individual is examined. For example, a bruise, the altered shape of a limb because of a fracture, or redness and blistering due to a burn are all classed as signs. Signs and symptoms of abuse must be evaluated within the **context** of the individual's personal and medical history and social situation.

A **symptom** is something you complain of if you are unwell or injured. For example, an adult who has been abused may complain of pain, soreness, bleeding or a discharge.

An **indicator** is something that is noticed, that might not cause a concern in isolation but within the context of the situation suggests that abuse is happening. **Indicators should be clearly differentiated from signs and symptoms**.

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In general, indicators of possible abuse include:

- late reporting of symptoms by the individual or carers;
- inconsistency between the observed injuries and the account given for the injuries;
- an account of how something happened that changes according to who tells it;
- frequent attendances at accident and emergency departments.

The following table lists some indicators of the different types of abuse. It is important to note that this list is not exhaustive, and that individuals may be experiencing **several different types of abuse** at the same time.

Evidence of any of the following indicators should alert health and social care practitioners to the **possibility** of abuse and **not be taken as proof** of abuse. Further assessments that consider other associated factors should take place to establish whether or not abuse is occurring.

Type of abuse	Common indicators
Physical abuse	Frequent injuries. Injuries inconsistent with the individual's lifestyle. Lack of explanation for injuries or inconsistency in the account of what happened. Unexplained falls. Cuts, welts, burns or marks on the body, bruises or loss of hair in clumps. Subdued or altered behaviour, especially in the presence of a particular person. Frequent changes of general practitioner or failure to seek medical treatment.
Sexual abuse	Bruising, particularly to thighs, buttocks, upper arms and neck. Difficulty in walking or sitting. Bleeding, pain or itching in the genital area. Torn or stained underclothing. Uncharacteristic use of sexually explicit language or significant changes in sexual behaviour or attitude. Fear, apprehension or withdrawal from relationships. Fear of receiving help with personal care. Reluctance to be alone with a particular person.

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Section 4
Ways to reduce the likelihood of abuse or harm

In this section you will learn about:

- Ways of reducing the likelihood of abuse or harm
- The importance of an accessible complaints procedure for reducing the likelihood of abuse and harm

Ways of reducing the likelihood of abuse or harm

Working with person-centred values

Person-centred values involve a health or social care worker carrying out their role in a way that **respects individuals** and **supports** them to live their life in the way they **choose** to. In other words, to be treated in a way the health or social care worker would expect to be treated should they themselves need care and support.

Person-centred values are implemented using person-centred planning. This involves a process of **listening, learning and reviewing**. It takes into account the thoughts, concerns and opinions of the individual and those important to them in their personal network. Delivering person-centred care involves helping individuals to **choose how their needs are met**, both in the short and long term. An example of a short-term care need is whether the individual prefers a bath rather than a shower once a week, or would like to have their meal alone at times. An example of longer-term person-centred planning is mobilising an individual's personal network and non-service sources to meet someone's aspiration of joining a sewing course.

It is not always possible to meet the preferences of individuals, but **it is important to know what their preferences are** and to try to deliver care that reflects these choices.

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The following values are key to working in a person-centred way:

- **Individuality** – A person must be valued for having their own identity, beliefs, needs, wishes and choices.
- **Rights** – All individuals have basic human rights, for example to speak out, to be safe from harm, to be treated equally.
- **Choice** – Individuals should be given information to make an **informed choice** about their care and support, and supported to demonstrate their choices if they do not communicate verbally. It is important to **frequently revisit choices and preferences** as, over time, these can change.
- **Privacy** – This includes allowing people time alone, ensuring personal information is not shared unless it is necessary and permission has been sought, and being mindful when it comes to personal hygiene or intimate procedures.
- **Independence** – Being aware of what the individual can do for themselves and empowering them to do it. Not taking over because it is easier or quicker.
- **Dignity** – Treating the individual with **respect**, valuing their personal beliefs. Being aware of how personal care may affect dignity.
- **Respect** – Believing and demonstrating that the individual is important as a person.
- **Partnership** – Involving the individual and their family, and **working together** with others in the best interests of the individual by communicating openly and valuing and respecting their views.

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Section 5 Information and support in relation to abuse or harm

In this section you will learn about:

- Sources of information and support for health and social care workers
- Sources of information and support for individuals, families and carers

Sources of information and support for health and social care workers

Health and social care workers need access to practical and legal guidance, advice and support in order to respond appropriately to allegations or witnessed instances of abuse or harm.

All employers will have their own **policies and procedures** or agreed ways of working relating to safeguarding. Such documents inform employees about how to meet their responsibilities whilst performing their role, and will provide **guidance** on prevention and procedures to follow, when abuse or harm is alleged or suspected. It is not possible to retain information about every aspect of safeguarding procedures. Therefore, health and social care workers should know about **the existence** of organisational, local inter-agency and national policies and procedures, **and how to access them**. An understanding of the key principles of these policies can guide the worker's behaviour in situations where they have no specific guidelines to refer to.

A health and social care worker's **line manager or senior colleagues** should usually be the first point of contact for raising questions or concerns about individual cases. Some organisations have **named individuals** with responsibility for informing people about best practice regarding safeguarding. **Safeguarding training** can also be accessed to raise awareness, explain signs and symptoms and help workers understand how to report abuse and neglect.

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Other external sources of advice and information include:

- **social services** (adult services department);
- **independent regulators** of health and social care services (Care Quality Commission or other relevant regulator);
- **professional bodies and trade unions**;
- **Health and Care Professions Council**, which keeps a register of health care professionals who meet the standards for training, professional skills, behaviour and health;
- **Social Care Institute for Excellence**, which researches and analyses care practice to find out and share those strategies that work best, in order to improve care.

The table opposite lists the contact details of key organisations.

Key point

Health and social care workers should obtain **professional information and support** to deal appropriately with abuse or harm that has been reported to them, or that they have witnessed themselves.

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Understand safeguarding in adult health and social care: Key points

- Safeguarding legislation **exists to help protect vulnerable adults from abuse and neglect**.
- Several pieces of legislation are relevant to adult safeguarding. The most relevant piece of legislation is the **Care Act 2014**.
- Health and social care workers must be aware of safeguarding legislation and the **principles that underpin** it when making decisions about individuals at risk of harm.
- Local authorities are responsible for **coordinating** safeguarding. National safeguarding policies are **implemented** at the local level by local authorities and other agencies that provide health and social care, according to the needs of the local population. Local policies must include **national priorities**, but may be adjusted for local needs, where necessary.
- Everyone has a responsibility for safeguarding, particularly those **employed** within the health and social care sector and those involved with **regulating** services. Individuals from different health and social care agencies must **work together** to ensure that vulnerable adults are protected.
- In adult health and social care, the **risk factors** that may lead to safeguarding concerns are quite varied. It is important that health and social care workers are aware of all possible risks, including those that are harder to identify.
- A range of signs, symptoms and indicators are **associated with** abuse. These should not be regarded as proof of abuse without further investigations taking place.
- **Individual, social and situational factors** may all contribute to a person being more or less vulnerable to abuse.
- If health and social care workers become aware of alleged or suspected abuse or harm, they should work though a set of **safeguarding principles** in a logical manner, using **policies and procedures** to guide them. The specific actions to take will depend on who is implicated. Acting on concerns is part of one's **professional duty of care**.
- The likelihood of abuse and harm can be reduced when **person-centred values** are used and when there is **accountability** – for example, an accessible complaints procedure that is fit for purpose.
- Health and social care workers should obtain **professional information and support** to deal appropriately with abuse or harm that has been reported to them, or that they have witnessed themselves.

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Unit 2

Principles of dignity in adult health and social care practice

In this unit you will learn about the dignity principles, and how dignity, self-worth and well-being are related. You will consider how dignity may be enhanced or reduced when individuals who access health and social care are being supported with daily living activities in their own home and elsewhere. You will learn how the principles of dignity may be applied generally to the task of providing support and care, and how you personally might go about meeting the dignity principles. You will consider how person-centred approaches support the principles of dignity and will gain an understanding of your role in promoting dignity, and what to do if you become aware that dignity principles are not being upheld. Finally, you will learn about the importance of verbal and non-verbal communication in promoting dignity, and the importance of understanding behaviour as a means of communication.

Content

This unit contains six sections:

Section 1: The principles of dignity in adult health and social care

Section 2: The potential impact on individuals when accessing and using health and social care services

Section 3: Applying the principles of dignity in adult health and social care

Section 4: How person-centred approaches contribute to dignity in adult health and social care

Section 5: The role of the health and social care worker in promoting dignity

Section 6: The importance of professional relationships for dignity and service provision

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Section 1
The principles of dignity in adult health and social care

In this section you will learn about:

- The principles of dignity in adult health and social care
- The relationship between dignity, self-worth and well-being

The principles of dignity in adult health and social care

Dignity means valuing every person as a **significant and unique individual** who is worthy of respect. This means respecting people's views, choices and decisions, and not making assumptions about their likes and dislikes, and how they wish to be treated. Dignity also means treating people fairly and honestly, with care and compassion.

> **"All human beings are born free and equal in dignity and rights."**
>
> The Universal Declaration of Human Rights, 1948

Dignity is a value that is central to the **Human Rights Act 1998**. The Act includes a range of human rights that protect this value, for example the right to have access to public services and be treated fairly by those services. Being treated fairly means being treated **equally with dignity and respect**, regardless of age, gender or disability.

Skills for Care, a charity that supports adult social care workers, has identified the core principles that support dignity in adult social care:

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Section 3
Applying the principles of dignity in adult health and social care

In this section you will learn about:

- Ways of demonstrating dignity
- How applying the principles of dignity might conflict with organisational priorities
- How carers can evaluate their own performance in meeting the principles of dignity

Ways of demonstrating dignity

As we have seen, treating an individual with dignity is not only about having the correct attitude. It is also about how we work with an individual, and how we provide care. How can we use our practice to demonstrate our respect for individuals' dignity?

Offering choice

Choice and control are key aspects of dignity. Getting to know the individual can help in knowing what choices to offer. This involves spending time with them and learning about their **needs and preferences**. It is important to know the individual well, in order to offer appropriate choices.

If individuals are **fully involved in any decisions** that affect them, they are more likely to feel a greater sense of well-being and control in their life. Individuals should be **provided with all the relevant information** to enable them to make decisions. Choices may be about everyday issues such as what to wear and where to sit at the meal table. However, individuals should also be involved in choices that have an impact beyond themselves, such as helping to influence the day-to-day running of the service by assisting in planning a menu for the whole establishment.

Individuals with communication or cognitive difficulties should be **supported** to make decisions.

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Information such as reports from significant others about likes and dislikes, and documented information about previous history, preferences and habits can be used by staff to support 'choices consistent with the person's character' (Randers and Mattiasson, 2004).

Individuals should be **empowered** by treating them as **partners in their own care**, and any barriers to their full involvement should be identified and removed. Some decisions may be difficult to make. This should be recognised, with decisions being thought about with the individual on more than one occasion, if necessary.

Promoting communication

Basic communication includes **introducing yourself** to the individual and finding out how they prefer to be addressed. It is important to check things out with the individual and not to make assumptions based on their personal characteristics. When decisions are to be made, providing information **in advance** and in a **variety of formats** will assist with communication.

Making sure that there are **opportunities for communication** and allowing **time to talk** will improve relationships, and the person will feel **listened to** and **valued**.

It is important to ensure that staff have acceptable levels of **written and spoken** English and that culturally appropriate translation services are provided for service users where English is not the first language. **Training** should be provided for staff working with individuals with **cognitive or communication difficulties**.

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Principles of dignity in adult health and social care practice: Key points

- When individuals are treated with **dignity** and respect, improved psychological outcomes result for the individual. This lessens dependence and improves overall **well-being**. Belief in one's own **self-worth** and dignity also contributes to a positive sense of well-being.

- Offering choice, and valuing and **empowering individuals** to become partners in their own care so that their needs can be met, are fundamental to the promotion of dignity. When **communication** is appropriate and **privacy** is respected, dignity is further enhanced.

- Person-centred care involves partnership working, keeping the individual at the heart of the process and enabling them to make a valued contribution to their community by using their unique skills and talents, whilst taking into account any support needs.

- Dignity can be overlooked when there is a **negative culture of care** and environments do not allow for privacy and respect. If staff attitudes and behaviours are unhelpful, and specific care activities are neglected or carried out inappropriately, **dignity can be compromised**.

- The type of support that should be sought in any given situation will depend on the **nature and severity of the concerns**.

- **Respectful and person-centred** non-verbal communication and verbal and written language promotes dignified care for vulnerable adults.

- Encouraging individuals to comment on their experiences of services and share their concerns can make them feel **more involved in their care**. When this information is disseminated to staff, changes in practice and improved performance can result. This can lead to improved outcomes for the individual.

- Building meaningful relationships with individuals can enable health and social care workers to identify unmet needs, and prevent the occurrence or frequency of behaviour that challenges.

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