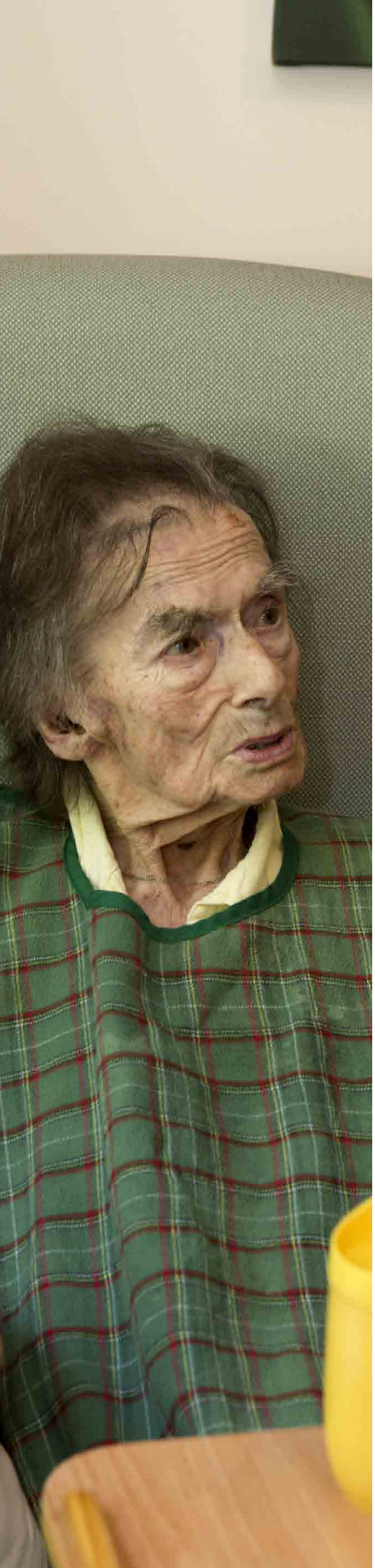
The Queen's Nursing Institute

Transition to District Nursing Service

Contents



Section B - Working in the community nursing setting

Chapter 7 - Working with Vulnerable People

The aim of this Chapter is to:

- Define vulnerability and consider groups at risk
- Identify various forms of abuse
- Raise awareness of systems that protect vulnerable people and how to 'raise concerns'

As a community nurse when visiting patients in their own home you will meet all members of the family, adults and children. There are many similarities in definitions of vulnerability between them; however, there are some very distinct differences between adults and children in terms of how these groups are managed. For this reason, this chapter has two parts, part one will concentrate on adults and part two will concentrate on children.

As practice evolves, so does the need to develop understanding of the terminology around risk and vulnerability. In more recent years the term 'adult at risk' has replaced 'vulnerable adult'; this is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the abused adult (Social Care Institute for Excellence 2011). Under the new Protection of Freedoms Act (HM Government 2012) the definition of vulnerable has been redefined:
'...adults are considered vulnerable because of their age, behaviour, illness and other characteristics. A person will now be considered vulnerable because of the nature of the regulated activity being provided to them, regardless of where or how often that activity takes place.'
(HM Government 2012 P 54)

Protection of Freedoms Act (2012)
http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted

Other Sources of Information:
Department of Health (2013) Statement of Government Policy on Adult Safeguarding www.dh.gov.uk/publications

'Child Protection is the process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.'

Safeguarding children and young people: roles and competencies for health care staff. Intercollegiate Document March 2014
www.rcoa.ac.uk/system/files/PUB-SAFEGUARDING-2014_0.pdf

A further consideration when caring for people at home is the right to dignity and choice and consent to the care being given. Within the primary care setting, community nurses need to be aware that adult patients have the right to refuse treatment even if it may be to their own detriment, as the law recognises that adults have the right to determine what is done to their bodies.

'Community nurses need to be aware that adult patients have the right to refuse treatment even if it may be to their own detriment.'

Here is some UK legislation that is in place to protect vulnerable groups:

- **Human Rights Act (1998)**

The section on 'other rights and proceedings is particularly related to Safeguarding.

- **The Care Standards Act (2000)**

This Act makes provision for the registration and regulation of public and private establishments. Sections 3,7 & 9 particularly relate to community nursing.

- **Race Relations Act (2000)**

This Act relates to discrimination of people on racial grounds

- **Domestic Violence, Crime & Victims Act (2004)**

Part 1 of this Act is particularly relevant to vulnerable adults

- **Domestic Violence, Crime &Victims (amendment) Act 2012**

This amendment to the act has tightened up the law and made protection of victims and prosecution of perpetrators simpler

- **The Disability Discrimination Act (2005)**

This Act makes provision for people with disabilities in areas such as employment, education and access to services

- **DH No Secrets (2000)**

Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse

- **Safeguarding Vulnerable Groups Act (2006)**

This Act makes provision for children and vulnerable adults

- **The Mental Capacity Act (Discrimination) (2013)**

This revised Act makes provision for people that maybe discriminated against on the grounds of mental ill health.

- **The Care Act (2014)**

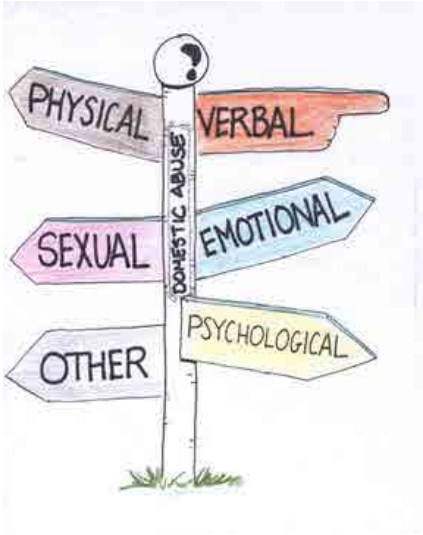
'putting carers on an equal legal footing to those they care for and putting their needs at the centre of the legislation'.

- **HM Government (2015) Revised Prevent Duty Guidance for England and Wales.**

Guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people being drawn into terrorism.

What is Abuse?

It is important to have some understanding of how to recognise forms of abuse:



- **Physical** - hitting, slapping, kicking, pushing and in healthcare this could be forms of restraint or misuse of medication
- **Sexual** - rape, assault or sexual acts that are not consented or pressured into consent
- **Psychological**- emotional abuse, threats of harm, abandonment or withdrawal, deprivation of contact, humiliation, intimidation, blaming, controlling and verbal abuse
- **Financial** – theft, fraud, exploitation, pressure over wills, property or inheritance
- **Neglect or acts of omission** - ignoring medical or social needs, failure to provide access to appropriate health or social care. Withholding medication or nutrition
- **Discriminatory** - racists, sexist abuse and exploitation due to disability.

Adapted from Action on Elder Abuse (2006)

I. Adult Safeguarding

When working with vulnerable groups it is paramount that professionals are aware of both national and local policies for the protection of their patients. Safeguarding is about acting in the best interest of people who are receiving care in health and social care domains. As a community nurse you will be governed also by The Code: Professional standards of practice and behaviour for nurses and midwives NMC (2015), which contains the professional standards that registered nurses and midwives must uphold. The Code contains a series of statements

that taken together signify what good nursing and midwifery practice looks like. It puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism: NMC (2015).

The section that refers specifically to safeguarding is 'Preserve Safety': You make sure that patient and public safety is protected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that could put patient's public safety at risk. You take necessary action to deal with any concerns where appropriate.

The professional duty of candour is about openness and honesty when things go wrong: *'Every professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress.'*
NMC (2015) The Code - Professional standards of practice and behaviour for nurses and midwives. www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

- To follow up your concerns

Here are two resources that may assist you:
1. Link to NMC (2010) Raising and escalating concerns – step by step guide
http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Raising-and-escalating-concerns.pdf
2. RCN (2010) Raising concerns document
https://www.rcn.org.uk/support/raising_concerns

Within the UK we have a relatively long history of having a legal framework to protect children from abuse and neglect. However it was not until 2000 that England and Wales developed a framework of policy guidance to protect adults. The approach to adult safeguarding is for one of collaboration and strategic partnership between all concerned. This was highlighted following the serious case review of the death of Steven Hoskins, who was a vulnerable adult.

Social Care TV – link to Steven Hoskins case
http://www.scie.org.uk/socialcaretv/video-player.asp?guid=55E3A233-C880-4CB4-8701-4ACB9D243D39
Department of Health (2000) No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse: (DH London).

The profile of safeguarding adults may have been raised as incidents of abuse in health and social care settings appear in the media all too frequently. More recently in the Francis Report (the review following the Mid-Staffordshire incidents) raised further questions in relation to vulnerability and amongst many recommendations stated that:
'Patients must be the first priority in all of what the NHS does by ensuring that, within available resources, they receive effective care from caring, compassionate and committed staff, working within a common culture, and protected from avoidable harm and any deprivation of their basic rights.' The Francis Report (2013) http://www.midstaffspublicinquiry.com/report

Groups at Risk

It is generally agreed that globalisation has had both positive and negative effects, it is sometimes less clear exactly how these negative effects impact upon people's lives. The poorest people in almost any community tend to be those who are vulnerable and marginalised and can be targets of long standing discrimination and exclusion WHO (2006). In community nursing as frontline staff you may come across these groups on a daily basis and it will be vital for you to understand what radicalisation means and why people may be vulnerable to being drawn into terrorism as a consequence of it. It is therefore useful if you work in a specified area that you understand how to obtain support for people who may be being exploited. According to the Government Prevent Duty Guidance (2015) all specified authorities subject to the duty will need to provide appropriate training for staff and such training is now widely available.
Her Majesty's Government (2015c) Revised Prevent Duty Guidance for England and Wales. London Stationery Office

The passing of the Immigration Act 2014 has put legal frameworks in place for a new NHS charging regime for migrants in the UK. The new charges will be applied to some primary care services – including GP services beyond initial consultation and also some care given in the community. Aside from the logistical difficulties of implementation, and potentially discriminatory impacts on the regime, there will be real individual and public health consequences. It is advised that you access your local Trust policy and implementation of the Act.

Immigration Act (2014) www.legislation.gov.uk/ukpga/2014/22/contents/enacted
The above section has specifically highlighted two particular marginalised groups in society and it is recognised that within the community setting there are many other groups that might be considered disadvantaged. As a community nurse it will be part of your role to have an understanding of such groups and to work with colleagues to address issues accordingly.

The Homeless Health programme managed by the QNI provides community nurses and health leaders with news, research, workshops and e-learning tools to support:

- People experiencing homelessness
- Gypsy and Traveller Communities
- Vulnerable Migrants
- Sex Workers

For further information please visit:
http://www.qni.org.uk/for_nurses/homeless_health

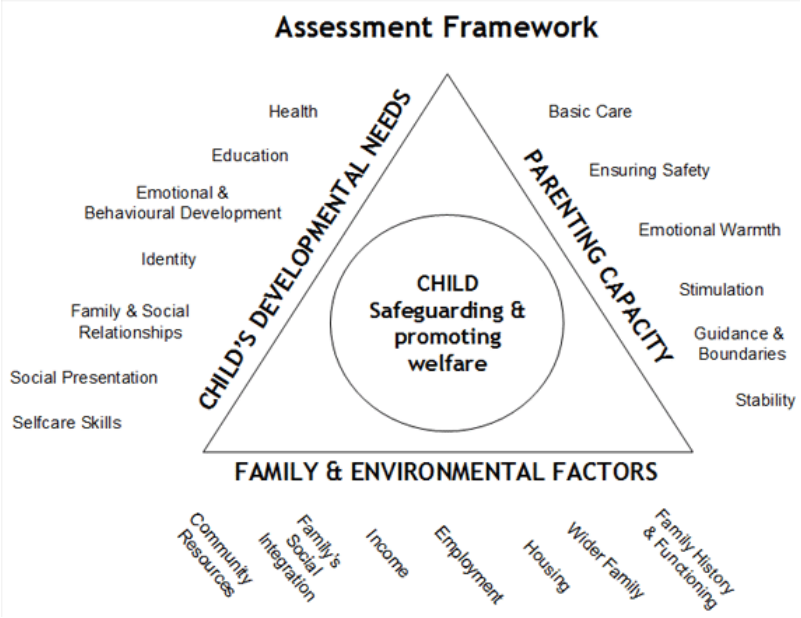
II. Child Protection

It is recognised that all staff working in health care settings, even when their client group is mainly adult, should receive appropriate training in matters of child protection (RCN and RCPCH 2012). Safeguarding children is everyone's responsibility and to ensure that services are available to children in need or at risk of harm, every professional and organisation must be mindful of their responsibilities and process of appropriate referral (HM Govt. 2015a). Although community nurses predominantly provide care for adult clients, they are closely involved with families as a whole. Chronic illness, issues of deteriorating mental health and loss and bereavement have a significant impact on family dynamics and the emotional well-being of all the family. It is therefore possible that concerns regarding the welfare of a child may be recognised initially by a practitioner in the home or that the family may disclose their own worries.

Categories of abuse as defined by the National Society for the Prevention of Cruelty to Children (NSPCC) (2010) are listed as:

- Physical
- Sexual
- Emotional
- Neglect.

It is your duty to be aware of what behaviours happening within a family could be seen to be causing or likely to cause significant harm to any child within that family, or other children who may spend time within the house or be cared for by family members. NICE Guidelines Child Maltreatment - recognition and management (NICE 2014) provide guidance for recognition of both physical and psychological symptoms. It is important to remember that the impact of abusive behaviours and neglect will be dependent on age, resilience and other support networks available. Support from family members may be limited when they are dealing with chronic illness or potential bereavement. The Assessment Triangle (DH 2000) shows clearly the need to consider the impact of family dynamics and pressures on a child's well being.



It has been recognised that early intervention is extremely important to reduce negative long term effects (Munro 2011). This means that prompt referral to appropriate agencies are essential. Nurses are often concerned that by discussing clients they might be breaching confidentiality, but the safety of the child is paramount. Information sharing advice for practitioners providing safeguarding services (HM Govt. 2015b) supports those working in both child and adult services to work effectively to safeguard children. Working closely with GPs, Health Visitors and School Nurses is key to ensuring the best outcomes. The local Safeguarding Nurse for children will also provide guidance and advice in any situation.

The number of young carers is growing, up to 250,000 in England and Wales and they may spend up to 50 hours a week caring for a parent or other family member (ONS 2011). The impact on their social life and educational achievement can be considerable. They will often be reluctant to relinquish their caring role or discuss with their teachers, but they need help to access services and organisations who can provide them with appropriate support and respite.

Over the last years, the level of domestic abuse within families and the need to minimise the long term effects on developing children has been recognised (Peckover et al 2013). Community nurses should be mindful that abusive situations involving adults will be also impacting on any children within the family. There are clear guidelines from NICE (2014) on how practitioners should respond if they are aware of abusive situations within families.

Within the community we are encountering a lot more patients who do not follow the advice or treatment plans provided. This has led DNs to consider the patient's capacity to make a choice and whether they choose to comply or not. Community nurses may find it difficult to accept this and to walk away; this may be due to fear of litigation or ridicule from the patient's family, other professionals or wider community.

Confidence in your decisions/ actions will develop as you work longer in the community setting, together with discussion amongst your team as well as with your mentor.

‘Remember it is always challenging when assessing patients’ capacity.’

Exercise

- How difficult is it to assess someone’s ‘mental capacity’?
- Is there a limit to ‘duty of care’?
- Should DNs end up being the ‘sponge’ when others opt out of care delivery?

Possible answers/discussion points:

- Remember it is always challenging when assessing patients’ capacity
- This assessment would usually have a multi-disciplinary approach i.e. GP and social worker could be involved
- The right approach should always be with sensitivity
- As a healthcare professional you will always be divided by your ‘duty of care’ to protect the patient – this topic is covered in Chapter 8.
- You may have safeguarding leads in your Trust to discuss individual situations or link staff in your team.

Case Scenario

Molly is 68 years old, her husband Frank is 74 and has Parkinson’s Disease. He is also becoming increasingly confused and this leads occasionally to aggressive outbursts. You visit Frank weekly to dress his leg ulcer. You are concerned that he may have hit Molly on several occasions but she is very dismissive as she feels she should be able to cope with his behaviour. Molly has had regular care of her grandson Tom since his birth (he is now three and a half years old). She really enjoys caring for him and says it is her greatest pleasure. When you arrive for your visit today Tom is in the road outside the house, crying. He is reluctant to go back in the house with you. Molly is in the kitchen desperately trying to calm Frank down. When you mention your concerns for Tom, Molly also becomes angry and denies that she cannot care for Tom at the same time as looking after Frank.

1. What are your main concerns in this situation?

Molly is at present unable to keep Tom physically safe It is important also to consider the emotional impact on Tom of seeing his grandfather’s aggressive outbursts.

2. Who might you want to share this information with?

- In the first instance the parents of Tom
- Other professionals that are involved with Frank’s care
- GP, health visitors and social worker.
- You should discuss your concerns with Molly and in the first instance encourage her to inform the parents. You should also share with her that you will be liaising with other professionals.

3. To whom would you go for guidance?

- Health Visitor
- Named Nurse for Child Protection
- Social Services

Case Scenario

You get to a patient who you feel is acutely unwell with ‘shortness of breath’ and you decide that you need to call an ambulance. The patient says that you ‘shouldn’t have called the ambulance’ and refuses to go to hospital. They ask you to leave the house. How would you deal with this situation?

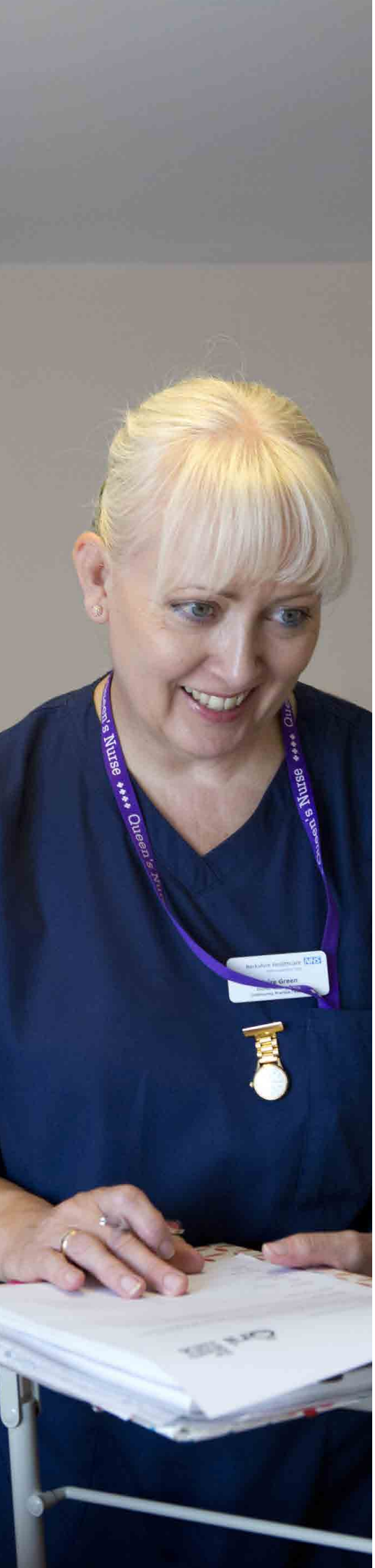
Possible answer:

- Try to remain calm and supportive – this patient is scared
- Reassure the patient of your good intentions
- Try to explain the reason for and the importance of going into hospital
- You may have to consider leaving the house if the patient insists
- Ensure that you report and record your actions immediately

Reflection trigger point

These reflection triggers are for you to get together with your mentor and if appropriate other team members to debate possible solutions. They could be used as a basis for a discussion or even a teaching session. We are aware that the solutions to these triggers may vary from Trust to Trust according to local policy and procedure. We are also aware that there may be no ‘right or wrong’ answers to how certain situations might be tackled and therefore it will be for you as a qualified nurse to apply your thinking within the parameters of your own professional practice.

- A GP asks you to visit a housebound person for a blood test. You are allocated 30 minutes for the visit. When to visit the house is very cold and the patient looks frail and malnourished and unwilling to talk. What would you do?



- You visit a patient in a nursing home and the patient looks underweight and has pressure sores. What would you do?

- You discover during your visit that a patient has been given the wrong medication at the wrong time. What would you do?

- You visit a family and a young child opens the door. There are no adults in the house. What would you do?

References

- Department of Health (2000) Framework for the Assessment of Children in Need and Their Families. London. The Stationery Office

- Department of Health (2000) No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse London The Stationary Office

- Department of Health (2011) Safeguarding Adults: The role of Health Service Practitioners London The Stationary Office

- Department of Health (2013) Statement of Government Policy on Adult Safeguarding London The Stationary Office

- Her Majesty's Government (2015a) Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. London. Stationery Office.

- Her Majesty's Government (2015b) Information sharing advice for practitioners providing safeguarding services. London Stationery Office.

- Her Majesty's Government (2015c) Revised Prevent Duty Guidance for England and Wales. London Stationery Office

- National Institute for Health and Clinical Excellence (2013) When to suspect child maltreatment. NICE Clinical Guideline 89. London. NICE.

- National Institute for Health and Clinical Excellence (2014) Domestic Violence and Abuse: How services can respond effectively. Public Health Guidance 50 London. NICE

- NSPCC Inform (2010) Child Protection Fact Sheet. The definitions and signs of child abuse. London. NSPCC.

- Office for National Statistics (2011) Census Report 2011. London. ONS Peckover. S, Golding,B ,and Cooling. P (2013). Multi-agency Working in Domestic Abuse and Safeguarding Children: Part of the Problem or Part of the Solution. Huddersfield. University of Huddersfield.

- Munro, E (2011) The Munro Review of Child protection: A child-centred system. London. Department for Education.

- Royal College of Nursing and the Royal College of Paediatrics and Child Health (2012) Looked after children: Knowledge, skills and competence of health care staff. Intercollegiate framework. London. RCN and RCPCH.

‘There has to be a limit to ‘duty of care’ when we have considered and documented all avenues with the patient.’

Community Nurses Quotes

‘…safeguarding in a nursing home can be challenging when dealing with other staff members and professionals.’

‘Within the community we are encountering a lot more patients who do not follow advice or treatment plans provided. This has led DNs quite rightly to consider the patients capacity to make a choice not to comply. However the DNs find it difficult to walk away resulting in them continually ‘picking up the pieces for fear of litigation or ridicule from the patients, family, other professionals or even the media. DNs remain the sponge when others opt out, there has to be a limit to ‘duty of care’ when we have considered and documented all avenues with the patient.’

Chapter Summary

This Chapter focused on working with the vulnerable and groups at risk that you will encounter and raised awareness of the legalities of the professional’s responsibility when caring for people. It has discussed what may be considered to be harm, abuse or neglect and also ways of detecting signs of abuse. It has also given ideas of how you may report or raise your concerns when protecting the people you encounter in your role.

There is an acknowledgement that this topic is complex and specialist and all professionals need to work collaboratively so that any risk is managed sensitively.

Web Resources

- www.cpa.org.uk Centre for Policy on Ageing
- www.cqc.org.uk Care Quality Commission
- www.jrf.org.uk Joseph Rowntree Foundation
- www.ncb.org National Children’s Bureau
- www.scie.org.uk Social Care Institute for Excellence
- www.saarih.com Safeguarding Adults at Risk Information hub
- www.elderabuse.org.uk Action on Elder Abuse
- www.nursinghomeabuse.net Nursing Home Abuse