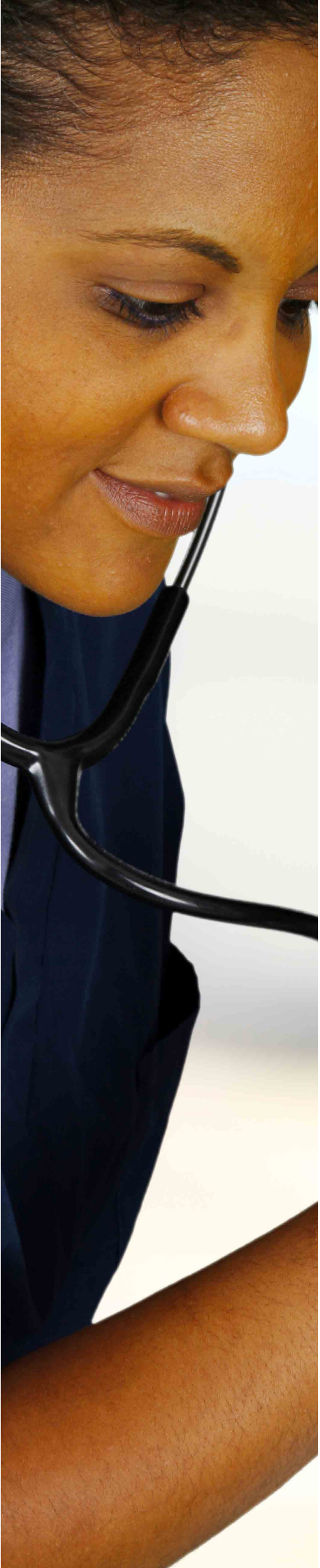
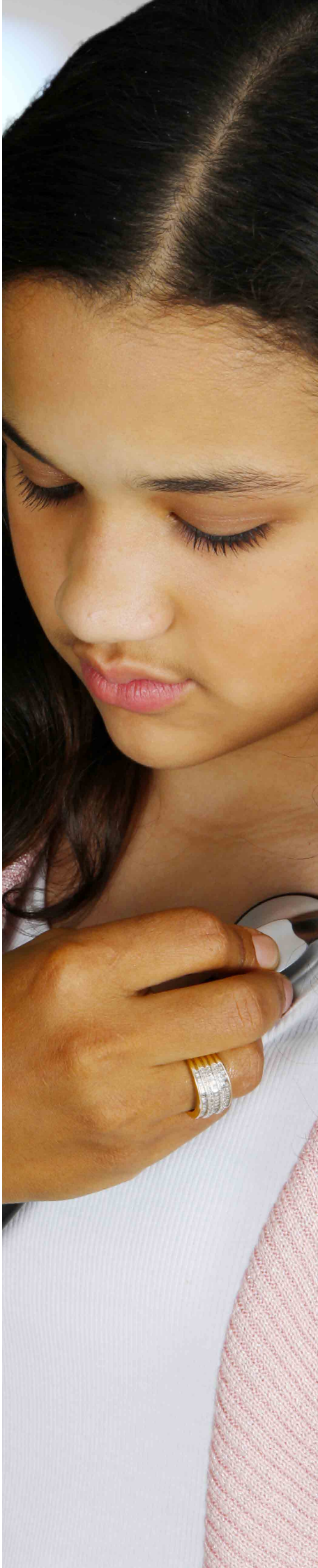


The Queen's Nursing Institute

Transition to General Practice Nursing

Contents



Section B - Working in General Practice

Chapter 7 - Working with Vulnerable groups

The aim of this chapter is to:

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

Working as a General Practice Nurse you will meet all members of the family. There are many similarities in definitions of vulnerability of these groups; 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.

Adult safeguarding

When working with vulnerable groups it is of paramount importance 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. Remember, The NMC Code states: Professional standards of practice and behaviour for nurses and midwives requires you to 'raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection' (p13) You must share information if you believe someone may be at risk of harm while keeping to the relevant laws and policies about protecting vulnerable people.

Definition

A person aged 18 years or older 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and 'a person aged 18 years or older' who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' Department of Health (2009) Safeguarding Adults: report on the consultation of the review of 'No Secrets'.

You should have accessed adult and child safeguarding training during your induction programme if not already up to date with mandatory training. Department of Health (2011) Safeguarding Adults: The role of health service practitioners, available online www.dh.gov.uk/publications

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 p54)

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

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

A further consideration when caring for patients is the right to dignity and choice and consent to the care being given. Within the primary care setting practice 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. The Mental Capacity Act (2005) makes a presumption that the individual has the capacity to make decisions for themselves. All health care professionals should assist people in making their own decisions and recognise their freedom to make unwise decisions. If a person has been assessed as lacking capacity, any decisions made must be in the person's best interest and must be the least restrictive of that person's rights. Here is the link to the Mental Capacity Act 2005 that you should read:
www.legislation.gov.uk/ukpga/2005/9/contents

Here is the Social Care Institute for Excellence (SCIE) accessible guide to the Mental Capacity Act 2005:
www.scie.org.uk/publications/mca/index.asp

Follow this link for further guidance on consent for examination and treatment: www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf

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. Section 3,7 and 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.

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

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

- **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. Here is the link to guidance on an amendment to the Mental Capacity Act 2005 with regard to Deprivation of Liberty: www.scie.org.uk/publications/ataglance/ataglance43.asp

Within the UK the legal framework to protect children from abuse and neglect has a long history. 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. Although Steven had frequent contact with several agencies such as primary care, the police, social services and the ambulance service, yet there was no communication between them. This led to a failure to identify how vulnerable he was to abuse by individuals he had befriended. The following video includes the findings of the serious case review and the response of those services involved.

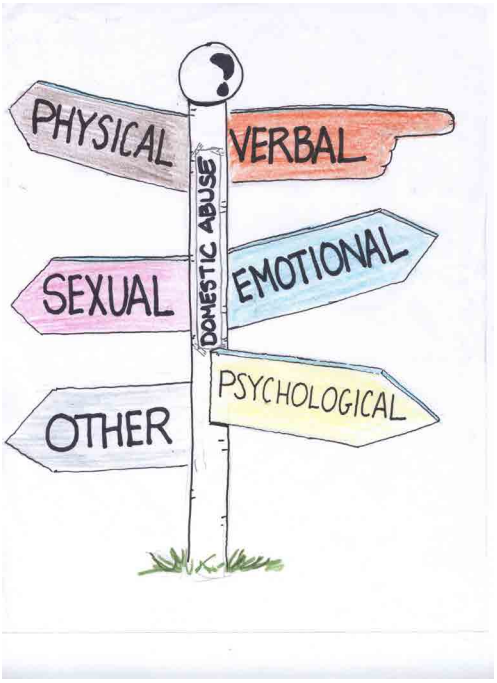
Social Care TV – link to Steven Hoskins case
www.scie.org.uk/socialcaretv/video-player.asp?guid=55E3A233-C880-4CB4-8701-4ACB9D243D39

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 safeguarding of adults and incidents of abuse in health and social care settings appear in the media all too frequently. More recently the Francis Report, which was 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) www.midstaffspublicinquiry.com/report



What is abuse?

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

- Physical - hitting , slapping, kicking, pushing. In healthcare this could be forms of restraint or misuse of medication. This includes those who may be at risk of female genital mutilation (FGM)

- Sexual - rape, assault or sexual acts that are not consensual or where the person has been 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)

Duty of Care

As already stated, all nurses under the NMC Code (2015) have a duty of care to protect vulnerable groups. As part of their role and 'duty of care' General Practice Nurses are required to be up to date on the changes implemented under the Protection of Freedoms Act (2012). In particular the Act defines 'regulated activity' with vulnerable groups. This requires all health care professionals to undergo a Disclosure and Barring Check for any new employment.

It is your responsibility as a General Practice Nurse to act promptly if you have any concerns. Duty of Care means:

- To act to protect the adult at risk
- To deal with immediate needs, as far as possible, central to the decision making process
- To report any concerns. Do not feel you are alone, you will have support to make referrals where needed. Talk concerns through with your line manager.

- To contact the local safeguarding lead for advice. They will advise if police involvement is necessary if you think a criminal act is involved
- To accurately record the incident
- To follow up your concerns

Here are two resources that may assist you:
NMC (2010) Raising and escalating concerns – step by step guide: www.nmc-uk.org/Documents/NMC-Publications/NMC-Raising-and-escalating-concerns.pdf

RCN (2010) Raising concerns document
www.rcn.org.uk/support/raising_concerns

Multi agency practice guidelines on FGM:
www.gov.uk/government/publications/female-genital-mutilation-guidelines

Activity: Make sure you know who your in-house and local safeguarding contacts are so that you are prepared should the need arise.

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. Although General Practice Nurses provide care for predominately adult clients, they are closely involved with families and have frequent contact with children, for example for immunisations and in asthma clinics.

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 surgery or that the family may disclose their own worries. The child may also express concerns or raise issues with the GPN directly. Remember the practice team are not responsible for investigating child abuse and neglect, rather for the sharing of concerns and information appropriately.

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.

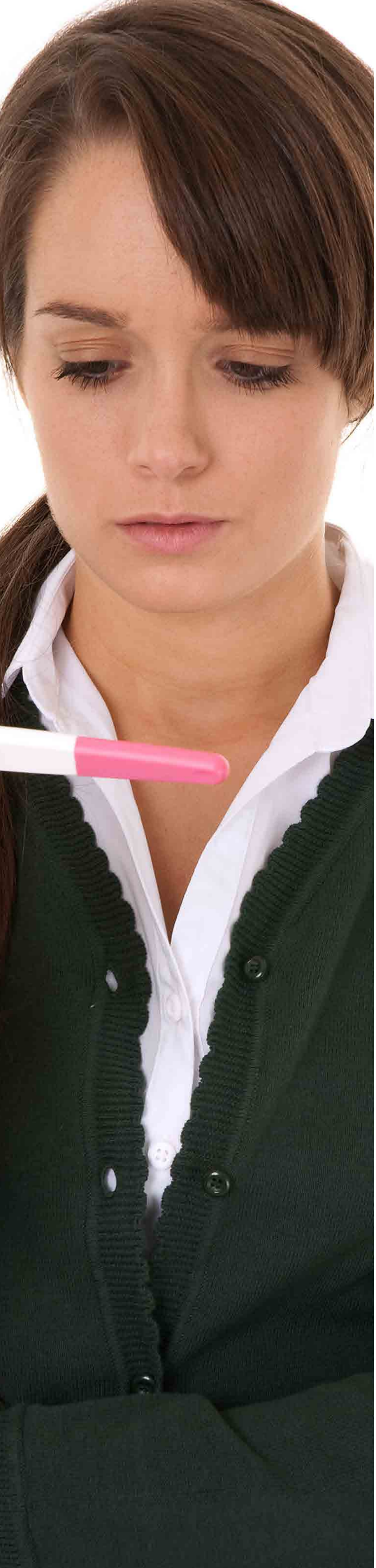
It is important to consider what behaviours happening within a family could be seen to be causing or likely to cause significant harm to any child within that family or who may spend time within the house or be cared for by family members.

When to Suspect Child Maltreatment (NICE 2013) provides guidance for recognition of both physical and psychological symptoms. It is important to remember that the impact of abusive behaviours and neglect will be dependant 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.

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: Guidance for practitioners and managers (DfCS 2008) 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.

Over the last years, the impact of domestic abuse within families has been recognised and the need to minimise its long term effects on developing children has been prioritised. General Practice Nurses should be mindful that abusive situations involving adults will be also impacting on any children within the family and this will place the child at risk. Consider who has 'Parental Responsibility' and ensure you understand what this means:
www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility

The number of young carers in the UK is also growing and they may spend up to 50 hours a week caring for parents or other family members. 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 and



they may need help to access services and organisations who can provide them with appropriate support and respite.

The QNI has developed a free online resource specifically for nurses working in general practice, to enable them to work effectively with carers who are supporting friends or family: www.qni.org.uk/supporting_carers/general_practice_resource

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 practice to practice 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.

Case study 1

A four year old boy's mother attends for advice on managing his eczema. She confides that his itching is always worse when his father is around and that his father has an awful temper.

- What are your main concerns in this situation?
- Who might you want to share this information with?
- To whom would you go for guidance?

Case study 2

A 15 year old girl attends your practice asking for family planning advice

- Do you have any concerns about giving such advice?
- What legislation should you refer to?
- What are your possible actions?
- When we are trying to decide whether a child is mature enough to make decisions, people often talk about whether a child is 'Gillick competent' or whether they meet the 'Fraser guidelines'
- Remember the concept of 'Gillick Competence' that children under 16 years of age with sufficient understanding and intelligence may consent to treatment. However when this relates to contraception, or the child's sexual or reproductive health, the healthcare professional should try to persuade the child to inform his or her parent(s), or allow the medical professional to do so.
- www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/
- www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653__1_.pdf

References

- Department for Children, Schools and Families (2008)Information Sharing: Guidance for practitioners and managers. London. Stationery Office.
- Her Majesty's Government (2013) Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. London. Stationery Office.
- National Institute for Health and Clinical Excellence (2013) When to suspect child maltreatment. NICE Clinical Guideline 89. London. NICE.

‘This topic is complex and specialist and all professionals need to work collaboratively so that any risk is managed sensitively.’

- NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives London. NMC
- NSPCC Inform (2010) Child Protection Fact Sheet. The definitions and signs of child abuse. London. NSPCC.
- 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.
- Department of Health (2000) No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse DH London

Chapter Summary

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

It is acknowledged 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
- www.gov.uk/government/uploads/system/uploads/attachment_data/file/417412/Reference_Guide.pdf Reference Guide to the Mental Health Act 1983