|  |
| --- |
| **Centre number** | **8465369** |  |
| **Qualification Code** |  |
| **Qualification Title** |  **Safeguarding** |
| **Unit number** | **Unit Title** |
|  **3** |  **Unit 3- Safeguarding** |
| **Student Name** | **Assessor Name** |
|  **Ifeanyi Victor Ujunwa** | **Ann Dias** |
| **Learner declaration** |
| **I certify that the work submitted for this assignment is my own and research resources and fully acknowledged.** |
| **Student Signature** | **I.V.Ujunwa** |
|  |  |  |  |

**Introduction**

Safeguarding in health and social care refers to the measures, protocols, and practices put in place to ensure the safety, well-being and human rights of individuals; these measures are designed to protect individuals, particularly children, young people, and vulnerable adults from harm,abuse and neglect. When it comes to health and social care, safeguarding involves a range of activities including ensuring a safe environment, implementing policies and procedures to prevent harm and abuse by promoting good health and wellbeing and responding promptly and appropriately to any concern or allegation of abuse. There are principles of safeguarding in health and social care which includes: Empowerment, Prevention, proportionality, protection, partnership and Accountability. These principles are made to guide the work of all professionals involved in safeguarding vulnerable groups. They are based on the recognition that all individuals have a right to live free from harm and abuse, and that everyone has a role to play in safeguarding.

 **1.1: Explain what is meant by ‘safeguarding’.**

Safeguarding is a complex and dynamic process that requires the commitment and collaboration of individuals, families, communities and care homes to ensure the wellbeing and safety of vulnerable individuals. this shared responsibility that involves a wide range of stakeholders working together to create a protective environment for those who need it most. I could likely say, safeguarding encompasses a holistic approach to ensuring the wellbeing and protection of vulnerable individuals most particularly those at risk of harm, abuse or neglect.

In safeguarding, there are five components to establish a comprehensive safeguarding framework. Each component plays a crucial role in protecting the wellbeing and rights of the vulnerable , ensuring that they receive the support and care they need to thrive in a safe environment. The five components are: Protection, identification, reporting, risk assessment and multi-agency collaboration.

Specific examples of abuse that safeguarding protects against in health and social settings for example is neglect by carers, financial exploitation this happens specifically with the less abled, perhaps the elderly or individuals that suffer with memory loss and lastly emotional abuse, this is likely to happen if a patient in insulted by a carer repeatedly for example or if a the carer is constantly yelling at a patient. This could cause the patient to become distressed and fearful.

Protecting and ensuring the well-being of people, especially the most vulnerable members of society, is the overarching goal of safeguarding the health and social care environment. It's a broad idea involving more than just ensuring nobody gets hurt. Instead, it represents a deep dedication to upholding the worth of every person, protecting their fundamental rights, and looking out for their best interests while supporting their freedom to live their own lives and improving their quality of life. The essence of safeguarding is an active and evolving strategy to protect vulnerable people from damage, abuse, and neglect **(Shamsad, 2020)**. Safeguarding will always ensure the protection of others be it, physical, psychological, social or economical. It is important that everyone has a clear understanding of Safeguarding, we need to ensure that we are constantly updating our knowledge, not only for ourselves but for the safety of others. We need to also know what our rights are so that we can better know how to live our lives.

**Examples to Illustrate Safeguarding in Practice**

Safeguarding in practice refers to the actions and measures taken to protect individuals, particularly vulnerable individuals, from harm or abuse. Here are some examples to illustrate safeguarding in practice:

* Training and education: Providing training and education to staff, volunteers, and caregivers on recognizing signs of abuse, understanding safeguarding policies and procedures, and knowing how to respond appropriately.
* Risk assessments: Conducting regular risk assessments to identify potential risks and hazards in the environment, such as unsafe physical conditions or inadequate supervision, and taking steps to mitigate those risks.
* Policies and procedures: Implementing clear and comprehensive safeguarding policies and procedures that outline expectations, reporting mechanisms, and steps to be taken in case of suspected abuse or harm.
* Background checks: Conducting thorough background checks, including criminal record checks and reference checks, for staff, volunteers, and individuals who will have regular contact with vulnerable individuals.
* Reporting mechanisms: Establishing confidential and accessible reporting mechanisms, such as helplines or designated safeguarding officers, to encourage individuals to report concerns or suspicions of abuse.
* Multi-agency collaboration: Collaborating with other agencies, such as social services, healthcare providers, and law enforcement, to share information, coordinate responses, and ensure the safety and well-being of vulnerable individuals.
* Support and advocacy: Providing support and advocacy services to individuals who have experienced abuse or harm, including access to counselling, legal advice, and other necessary support.
* Monitoring and review: Regularly monitoring and reviewing safeguarding practices and procedures to ensure they remain effective and up-to-date, and making necessary improvements or adjustments as needed. These examples demonstrate the various ways in which safeguarding can be implemented in practice to protect individuals from harm or abuse.

 **Nursing Home Care**

To safeguard others is to protect them. We need to be aware of how to care and safeguard the elderly, especially those in Nursing homes and care homes. Protecting the elderly ensures that we are protecting them physically and also emotionally. We need to ensure that they are not neglected or left to cope on their own, especially if they do not have the means to cope on their own. If we do see that an elderly person is being exploited or there has been violence directed towards them, then we need to know when and how to report this. We need to work hard to ensure that the elderly are living in healthy environments to ensure that they remain happy and secure.

Safeguarding the elderly also requires the creation of easily accessible and discreet reporting channels for concerns. By providing safe spaces for staff and residents to express concerns, these avenues contribute to an atmosphere that values the safety and independence of the elderly while also respecting their inherent worth.

**People with Impairments**

Protecting people with disabilities means prioritising their unique needs and rights. It covers various interventions to prevent prejudice, neglect, and abuse towards people with disabilities. Care plans will be tailored to meet each patient's needs by considering their unique strengths and weaknesses. Accessible information is essential to safeguarding because it allows people with disabilities to make educated choices about their health (Shivayogi, 2013). Included are tools for communicating with those who are deaf or hard of hearing, such as sign language and technological aids. Additional safeguards include advocacy programmes encouraging people to have a voice in their care and support choices. This not only protects their rights but also improves their independence and standard of living.

**1.2 Explain how safeguarding:**

·

Safeguarding in short means to protect. Everyone has the right to feel safe and protected. We need to make sure that we all work together to ensure that people are safe. and secure. If we suspect that something is not right or that an individual is in danger, then we need to make sure that we pass this onto those more qualified to deal with the situation at hand. The safety of others should always be paramount in any working environment. It is everybody’s right to feel safe and secure from harm. ***Skillsforcare (2024)***

Safeguarding individuals should always be person led. it creates a way to engage with the individual. It allows the victim or the individual to reply in the best way that they know how. the person is able to decide how much help or support that they need or require. individuals can be involved as much or as little as they would like. How much control that they want is always up to them. This in turn makes things much easier. ***Active Social Care (2024)***

Person centred safeguarding also ensures that the rights of the individuals are taken into account, it is important to consider that the patient feels valued, person centred care involves respect, dignity and rights. ***Skillsforcare (2024)***

An example of how Person centred care is applied in safeguarding could be a care worker's communication. The carer could change the way that they communicate to suit the needs of the patient. For example the carer could talk slower and pronounce words a little bit clearer so that the patient could understand. Or if a patient is unable to talk for example the career could hold up pictures of something for the patient to choose from for example. This allows the patient to feel valued and also empowered especially when it comes to reporting concerns.

The needs of the patient and the patient’s wishes also would need to be taken into account. For example, what the patient may like to be called e.g Mr Smith, or Ian, or maybe what the patient would like to eat. Some patients might also prefer a male over a female member of staff or vice versa. Every patient has the right to decide and make decisions surrounding their own care.

safeguarding individuals allows them to feel much more empowered, the encouragement that they receive allows them to feel more confident, especially when it comes to making decisions on their own. Safeguarding protects health and wellbeing by ensuring that individuals have the right to live in a way that is safe, ensuring that individuals are free from abuse and neglect. ***Active Social Care (2024)***

Safeguarding individuals doesn't only power them but also shows that staff are providing high quality care which is essential to the role. It is a carer's responsibility to protect patients and to ensure that their health and well being is paramount.

Safeguarding ensures that agencies and organisations work together to support people to ensure that they make the best choices from their lives. Health professionals ensure that they protect patients who do not have the capacity that they need to make informed choices. Health care professionals ensure that they empower and give confidence to service users, this aids the patient to make further progress.

**1.3 Explain how health and social care practitioners can take steps to safeguard themselves.**

Health and social care practitioners can take several steps to safeguard themselves, including:

Establishing Boundaries: Practitioners should establish clear boundaries with patients and clients to avoid becoming too emotionally invested. This will help to prevent burnout and enable practitioners to maintain their professional distance.

Maintaining Professionalism: Practitioners should maintain professional boundaries and be mindful of their conduct. They should avoid engaging in behaviour that could be interpreted as inappropriate, such as having romantic relationships with clients or sharing personal information with them.

Developing Self-Awareness: Practitioners should be aware of their emotional and psychological triggers. They should understand how stress, anxiety, and other factors can impact their behaviour and performance. By understanding their own triggers, practitioners can take steps to manage them and prevent them from impacting their work.

Support: Practitioners should seek support from colleagues, supervisors, and other professionals. They should not hesitate to ask for help or guidance when they are struggling with a particularly challenging case or experiencing personal issues that are affecting their work.

Engaging in Self-Care: Practitioners should prioritise their own physical and mental health. They should engage in self-care activities such as exercise, meditation, or other relaxation techniques. By taking care of their own health and well-being, practitioners will be better able to serve their patients and clients.

Staying Informed: Practitioners should stay up-to-date with the latest research, best practices, and policies in their field. This will help them to provide the most effective care and avoid potential pitfalls or mistakes.

Health and social care practitioners can safeguard themselves by establishing boundaries, maintaining professionalism, developing self-awareness, seeking support, engaging in self-care, and staying informed. By prioritising their own well-being, practitioners can provide effective and compassionate care to their patients and clients. **National Health Service (NHS), 2024**

***Supporting personal care:-*** In addition Health care practitioners can also protect themselves through supporting service users with personal care. Health care workers can use safe lifting techniques to avoid injury. Practitioners should use assistive devices such as hoists, slide sheets, and transfer belts to move and support patients. These devices reduce the risk of injury to both the practitioner and the patient. Another examples, a Practitioners should receive training on safe lifting techniques, transferring patients, and using assistive devices. This training should be provided by the employer and should be updated regularly. *National Institute for Health and Care Excellence. (2016).*

***Physical contact:-*** In health and social care the Career should obtain the patient or client's consent before making any physical contact or providing any care. Making sure the patient is informed about the operation, comprehends its advantages and disadvantages, and consents willingly is crucial. In addition to answering any queries and confirming that the patient is capable of making an informed decision, careers should give clear and straightforward information regarding the planned care. Nursing and Midwifery Council (2015).

***Whistle blowing:-*** Staff can report any suspected abuse of a colleague before things start to get out of hand. They can do this anonymously to avoid others knowing that they had any part in reporting any wrongdoings**.** Practitioners should document any instances of suspected abuse or wrongdoing, including dates, times, locations, and witnesses. This documentation can serve as evidence when reporting the incident and help protect the whistleblower from potential retaliation (Public Concern at Work, 2014).

Other ways may include following policies and procedures, with this less mistakes are made and everybody has up to date knowledge. Balance of power includes everyone being able to make decisions and choices and not just the people in power. This also lightens the workload for those in much higher positions. **National Association of Social Workers (NASW), 2024 ; World Health Organization (WHO), 2024**

Duty of care is another way for practitioners to protect themselves,it is important that health care professionals follow a legal obligation, by law this is something that needs to be followed. When a duty of care is followed it also shows how important the job role is to staff and patients feel more comfortable around patients.

 **2.1: Summarise current legislation in relation to safeguarding.**

The Health and Social Care Act 2012 is a UK legislation that restructured the National Health Service (NHS) in England. It aimed to increase competition, patient choice, and reduce NHS administration costs. The Act also established the Care Quality Commission (CQC) as the independent regulator of all health and social care services in England (UK Government, 2012).

The Care Act 2014 is another UK legislation that reformed the way adult social care is delivered. It introduced a national eligibility threshold for adults with care and support needs and their carers, and placed a duty on local authorities to promote individual well-being, prevent needs for care and support, and provide information and advice (UK Government, 2014).

Other relevant legislation includes the Children Act 1989 and 2004, which provide the legislative spine for the child protection system in England. They state that the welfare of the child is paramount and set out key principles for children's services and professionals to protect children from harm (UK Government, 1989; 2004).

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves. It makes it clear who can take decisions in which situations, and how they should go about this (UK Government, 2005).

The Safeguarding Vulnerable Groups Act 2006 introduced a new vetting and barring scheme for people working with children or vulnerable adults, and established the Independent Safeguarding Authority (UK Government, 2006).

Other legislation that are specifically related to safeguarding children and young people include Working together to safeguard children 2018. This legislation works to protect and safeguard children. Ensuring that they are protected from abuse and maltreatment.

**2.2 Describe the relationship between legislation, policy and procedure.**

Legislation refers to the laws and regulations that are created by the government to govern the health and social care sector. These laws are legally binding and must be followed by all individuals and organisations operating within the sector. Legislation provides a framework for the delivery of care and sets out the rights and responsibilities of both service users and service providers.

Policy, on the other hand, is a set of guidelines or principles that are developed by organisations or institutions to guide their actions and decision-making processes. Policies are often based on legislation and are designed to ensure that services are delivered in a consistent and effective manner. They provide a framework for decision-making and help to ensure that services are delivered in line with legal requirements and best practice.

Procedures are the specific steps or actions that need to be followed in order to implement policies and achieve desired outcomes. They provide detailed instructions on how to carry out specific tasks or activities within the health and social care setting. Procedures are often developed based on policies and are designed to ensure that services are delivered in a standardised and efficient manner.

In summary, legislation provides the legal framework for the health and social care sector, policies provide guidelines for decision-making, and procedures provide detailed instructions for carrying out specific tasks. These three components work together to ensure that services are delivered in a safe, effective, and consistent manner.

Reference: Department of Health and Social Care. (2018).

**2.2 Describe the relationship between legislation, policy and procedure. Relationship between Legislation, Policy, and Procedure:**

Legislation provides the legal framework within which policies and procedures are developed and implemented.

1. Policies are created to ensure compliance with legislation and to guide decision-making and actions within an organisation.

2. Procedures are developed to operationalize policies and provide step-by-step instructions for carrying out tasks or implementing policies.

3. Policies and procedures are aligned with legislation to ensure legal compliance and consistency in organisational practices.

4. Policies and procedures are regularly reviewed and updated to reflect changes in legislation and to improve organisational effectiveness.

Area of Applicability - Adults: Policies: NHS England. (2021). Legislation and policy

1. Code of Conduct: Outlines expected behaviour and ethical standards for adults within the organisation.

2. Anti-Discrimination Policy: Ensures equal treatment and prohibits discrimination based on factors such as race, gender, or age.

3. Health and Safety Policy: Establishes guidelines for maintaining a safe and healthy environment for adults.

4. Grievance Policy: Provides a process for addressing and resolving complaints or concerns raised by adults.

5. Confidentiality Policy: Ensures the protection of sensitive information shared by adults and maintains privacy.

Procedures:

1. Recruitment Procedure: Outlines the steps to be followed when hiring adults, including advertising, interviewing, and selection processes.

2. Performance Evaluation Procedure: Provides a structured process for assessing and reviewing the performance of adults.

3. Training and Development Procedure: Describes how adults can access training and development opportunities to enhance their skills and knowledge.

4. Disciplinary Procedure: Specifies the steps to be taken when addressing misconduct or breaches of policies by adults.

5. Leave Management Procedure: Provides guidelines for requesting and managing various types of leave, such as annual leave or sick leave.

Area of Applicability - Children/Young People: Policies: Skills for Care. (2021). Legislation and policy.

1. Safeguarding Policy: Ensures the protection and well-being of children/young people and outlines procedures for reporting concerns or incidents.

2. Behavior Management Policy: Establishes guidelines for promoting positive behaviour and managing challenging behaviour in children/young people.

3. Inclusion Policy: Ensures equal opportunities and access to services for children/young people with diverse backgrounds or abilities.

4. Child Protection Policy: Outlines procedures for identifying and responding to child abuse or neglect.

5. Privacy Policy: Protects the privacy and confidentiality of personal information of children/young people and their families.

Procedures:

1. Admission Procedure: Describes the process for enrolling children/young people into programs or services, including documentation requirements and assessments.

2. Daily Routine Procedure: Provides a structured plan for daily activities, routines, and transitions for children/young people.

3. Medication Administration Procedure: Outlines the steps to be followed when administering medication to children/young people, including documentation and safety measures.

4. Incident Reporting Procedure: Specifies the process for reporting and documenting incidents or accidents involving children/young people.

5. Parent/Carer Communication Procedure: Describes how communication with parents/carers is maintained, including regular updates, meetings, and feedback channels.

**2.3 Identify policies and procedures in relation to safeguarding.**

Adults:

Care Act 2014- Defines an adult as anybody of the age of 18. This act covers those who may be at risk of abuse or neglect. Anybody who is unable to care for themselves or support themselves may need extra care. It may also require local councils and authorities to support patients in their care. They may deal with assessments and care plans which other health care professionals may require. **Social care institute for excellence (2024)**

**Policies and procedures that may be implemented as a result of this Care Act 2014 include:**

1. Clear safeguarding policy that outlines the steps to be taken if abuse or neglect is suspected.
2. Training program for staff on recognizing and reporting safeguarding concerns.
3. System for recording and monitoring safeguarding concerns.
4. Mmulti-agency approach to safeguarding, involving partnership working with other organizations such as the police and health services.

Health and Social Care Act 2012- This act aims to protect vulnerable adults from abuse and neglect. It encourages them to make decisions that they feel comfortable with and promotes the involvement of patients. **Gov.uk (2024)**

Equality Act 2010- Promotes equality and diversity, ensures that those who have been discriminated against are protected. The equality act covers 9 protected characteristics for example religion, sex and gender. Victims have rights and can deal with the seriousness of this with the involvement of the local authorities. **Legislation.gov.uk (2024)**

Human Rights Act 1998- The human rights act was created in parliament. This act proceeds to explain what our rights are. We have the rights to life, a fair trial etc. The human rights act protects those who are in the United Kingdom only. We citizens of the UK must act according to this important piece of legislation.

Data Protection Act 1998- Protects personal data and provides people with rights. It is important that individuals know and understand what information is out there and what it involves. It is also important that limited people have access to a single person’s information. Organisations need to ensure that they comply with the rules to ensure that this is fair.

**Children and young people:**

Working Together to Safeguard Children (2013) - This act ensures that staff members and all those that work with children understand how they need to be protected. It ensures that those that work with children understand what their roles and responsibilities are when it comes to working with children. Staff need to ensure that they meet the needs of the child and that they understand that every child is different. This legislation is very similar to the children’s act 2004 and also the Framework for assessment of children in need of their families (2000)

Children Acts 1989, - Works to safeguard and protect children within the United Kingdom only. Every member of staff should understand how to care for children and what is involved. Children should not feel neglected, they should be allowed to be healthy, lead a happy life and have the ability to succeed.

**Policies and procedures that may be implemented as a result of this act Children Acts 1989, include:**

1. **Clear safeguarding policy that outlines the steps to be taken if abuse or neglect is suspected.**
2. **Training program for staff on recognizing and reporting safeguarding concerns.**
3. **System for recording and monitoring safeguarding concerns.**
4. **Multi-agency approach to safeguarding, involving partnership working with other organizations such as the police and health services.**
5. **Designated safeguarding lead responsible for co-ordinating safeguarding arrangements.**

Public Interest Disclosure Act 1998 - This act is powerful in protecting whistleblowers. Employers cannot legally sack employees for speaking up if they see something that is not right. This is positive as it may mean that more employees will come forward knowing that their jobs and names are safe.

UN Convention on the Rights of the Child 1992 - This involves international human rights, where children 17 and under are protected and upheld. it is important for every child to feel safe and happy, this aids in their development. This legislation accepts that every child is different in their religion, race or even gender. it speaks against discrimination while ensuring that all children have rights to education and healthcare

Data Protection Act 1998 - Data is protected within this legislation, data cannot be misused and must be used for the main purpose that it was intended for. The person who owns the data has the right to know what their data is being used for.

By laying out clear frameworks for promoting wellbeing, preventing or delaying the need for care and support, looking into concerns, and protecting personal data, the pieces of legislation translate into specific policies and procedures for safeguarding adults and children in practical settings in health and social care. Health professionals can operate in a secure and encouraging atmosphere while ensuring that vulnerable people are kept safe by putting these rules and procedures into practice

**3.1: Explain factors that may contribute to an individual being vulnerable to harm or abuse.**

The term "vulnerability" is used in health and social care to describe a person's heightened risk of experiencing damage, abuse, or neglect. A person's susceptibility is often affected by a combination of these variables. Healthcare and social care providers must understand these underlying causes to personalise their therapies successfully. In this article, we examine the many causes of vulnerability and back our claims up with citations from the academic literature.

Age is a significant determinant of susceptibility. The elderly and the young are particularly vulnerable to abuse and neglect. Because of their dependence on adults, young children, especially babies and toddlers, are at risk for neglect and physical abuse **(Zeanah & Humphreys, 2018).** Similarly, physical frailty and cognitive decline may put the elderly at risk for difficulties like financial exploitation and maltreatment in care settings.

Another factor that may contribute to an individual being vulnerable to harm or abuse is mental health. Many things may cloud an individual's judgement and perhaps prevent them from speaking and thinking clearly. On occasion those suffering from mental health may also be suffering from past trauma from difficult situations, leading them to feel isolated, Some may also require extra support as they cannot do life alone. **Preventing exploitation Kit (2024)**

Substance abuse is when the individual makes the decision to abuse a substance. This could be alcohol or drugs. These could be taken in high volumes, leading the person to be a shadow of their former selves. Taking high volumes of drugs or alcohol leads individuals to sometimes become abused and vulnerable as they are not always in full control of what they are doing, this makes way for opportunities to come in and abuse the situation.

Another one may be Cognitive impairment may increase the likelihood of abuse due to the fact that individuals may lack the mental capacity to make appropriate decisions. Memory loss, solving problems and not following instructions are all symptoms of cognitive impairment. This group of people are classed as extremely vulnerable due to the fact that they may not remember if anything out of the ordinary does occur, they may not even understand or be able to comprehend what has happened or what is even going on.

Individuals with preexisting physical or mental health disorders are more likely to be victimised or abused than the general population. A person's susceptibility to abuse increases when they cannot report it because of severe cognitive impairment, such as advanced dementia. Similarly, those who are physically unable may find it difficult to protect themselves against abuse.

Living alone or having few friends or family may lead to social isolation, increasing susceptibility. Those who live alone may not have the support of family and friends who might potentially act if they suspected abuse was occurring. Due to a lack of guidance and safeguards, a senior citizen living alone may be more susceptible to financial fraud **(Fenge & Lee, 2018).**

Dependency on others: Individuals who rely on others for their basic needs, such as personal care or financial support, may be more vulnerable to harm or abuse if those responsible for their care fail to meet their needs or exploit their dependency.

Communication barriers: Language barriers, sensory impairments, or communication difficulties can make it challenging for individuals to express their concerns or seek help, increasing their vulnerability.

Physical or mental health conditions: Individuals with physical or mental health conditions may be more susceptible to harm or abuse due to their increased vulnerability and potential difficulties in communicating or defending themselves.

**Internet and Social Media**

The internet and social media can contribute to vulnerability in several ways. For example:

1. Online grooming: Individual may use the internet and social media to establish trust and manipulate vulnerable individuals, particularly children and adolescents, into sexual or other exploitative relationships.
2. Cyberbullying: Individuals possess the capability to bully, intimidate or belittle others through platforms and social networking sites resulting in feelings of loneliness and emotional distress.
3. Identity theft: People can steal bank information, names, addresses, and other personally identifiable information for nefarious or fraudulent reasons by using the internet and social media.
4. Scams: Individuals may use the internet and social media to trick vulnerable individuals into sending money or providing personal information for financial gain.
5. Radicalization: Individuals may use the internet and social media to expose vulnerable individuals to extremist ideologies, leading to their recruitment or involvement in violent or criminal activities.

Health and social care staff should teach their clients and themselves about safe internet habits, like creating strong passwords, sharing only a limited amount of personal information, and reporting questionable or dangerous activity, in order to reduce these dangers. They should also support laws and rules that shield vulnerable people from abuse and injury when they are online.

References:

Department of Health. (2014). Care and support statutory guidance: Safeguarding adults. Retrieved from<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance-safeguarding-adults>

World Health Organization. (2016). World report on ageing and health. Retrieved from<https://www.who.int/ageing/events/world-report-2015-launch/en/>

 **4.1: Describe signs, symptoms, indicators and behaviours that may cause concern relating to**

Understanding the signs, symptoms and indicators of abuse is a very important aspect of a worker's role. It is vital that workers understand what to do if they spot any of the signs or symptoms. Within this part of the essay,We will look at several parts of abuse and everything else that is involved.

Neglect is a type of abuse, many people may be unaware that neglect comes under the term abuse. Neglect is an emotional act. Neglect has also been described as very psychological. The abuser takes control to the point that you are reliant on them. Poor hygiene has been classed as a sign of neglect, along with malnutrition and dehydration. For example, parents who refuse to feed or buy food for their young children or perhaps the children are made to wear a dirty uniform to school.

Physical indications of neglect include malnutrition, skin damage, and illness. Withdrawal, sadness, and apathy are all possible behavioural symptoms. For instance, neglected children may need help with schoolwork, dress appropriately for the weather, and hoard food since they need more to eat. Because neglect may not always leave apparent signs, detecting it often requires the keen eye of a trained specialist. **NHS, 2024**

Neglect is another form of abuse, this may happen with elderly people or young children. Another person is usually in charge of the individual's care and they use their power to abuse the victim. Neglect can cause death in some extreme cases. This can sometimes be the case with adults and children. **NSPCC, 2024.**

When a person fails to take proper care of oneself, whether because of their physical or mental health, this is called self-neglect; neglect of oneself may be indicated by a lack of attention to personal cleanliness, hunger, untreated medical issues, hoarding, or a refusal to seek medical attention when it is required. Squalor may result from people's appearance, clothes, and how they treat their homes being neglected. Refusing help or showing a lack of interest in the person's welfare are behavioural red flags. Self-neglect is challenging to diagnose because patients may insist on their right to make decisions despite the risks to their health (Lamkin et al., 2016).

When someone is physically abused, they are hurt on purpose. Bruises, welts, burns, fractures, or lacerations at varying stages of healing may be indicators. People who have been abused may try to hide their wounds or display other signs of dread while in the same room with their abuser. Aggression, withdrawal, or drastic behavioural changes are all possible behavioural signs. A kid who has been physically abused may become overly shy or too aggressive. In contrast, an older person who has been mistreated may become agitated or fearful when confronted by the alleged abuser. This could happen in a care home where a carer is constantly hitting or beating a service user, leaving them wounded and uncomfortable or even scared or withdrawn. **Childline, 2024**

Mistreatment of an individual's emotional well-being is emotional abuse. Low self-esteem, anxiety, despair, withdrawal, or unusual mood swings are all possible warning signs. Behaviours such as self-harm, drug misuse, and trouble building trustworthy relationships are common among those who have experienced emotional abuse. Extraordinarily subservient behaviour, extreme fear of a particular person, or out-of-character violence are all possible behavioural signs. A kid who has been the victim of emotional abuse may seek acceptance excessively or apologise often. In contrast, an older person subjected to the same treatment may withdraw and avoid social engagements. (**Childline, 2024)**

When someone is subjected to sexual contact without consent, we call it sexual abuse. Undiagnosed vaginal or anal injuries, pain, discomfort, STIs, or bloodstained pants might all be warning signs. Complex behavioural markers may include regressive behaviour (such as bedwetting in children), altered sexual behaviour, less social contact, or heightened fear of certain persons. Nightmares and flashbacks are also common symptoms of trauma. The survivor's emotional condition must be considered at all times while dealing with situations of sexual abuse.This can sometimes be the case with both adults and children.(**Childline, 2024)**

Abusive behaviour between partners in a domestic setting can take many forms. Injuries, emotional discomfort, and abusive behaviour are all possible indicators. Isolation from friends and family, extreme dread of the abuser, alterations to daily routines to accommodate the abuser and displays of powerlessness and low self-worth are all possible behavioural indicators of domestic violence. Domestic violence frequently includes coercive control measures, such as limiting a victim's access to money or monitoring their conversations **(Duron et al., 2021)**.

The misuse or unlawful acquisition of another person's financial resources is financial abuse. Unexpected changes to a will or beneficiaries, financial difficulties, or handing over financial responsibility to someone else are all red flags. Fear or unwillingness to discuss finances, attempts to conceal financial concerns or evidence of financial dependence are all behavioural indicators. Experts should watch for red flags pointing to financial exploitation, such as a client who grants power of attorney to someone without thinking it through.

Mistreatment or neglect of residents or service users within an institution is considered institutional abuse. Injuries that don't make sense, subpar treatment, and changes to the norm are all red flags. Some behavioural signs include residents' or service users' avoidance of or hostility toward employees or caregivers, their unwillingness to talk freely, and their claims of or witnessing mistreatment. Inadequate staffing, lax monitoring, and a lack of solid safeguarding procedures are examples of enabling organisational elements that professionals should watch for. **NHS, 2024**

Bullying is when someone is repeatedly and deliberately victimised or humiliated by a group of people. Injuries, abrupt behavioural shifts, and isolation are all possible warning signs. Some examples of warning signs in behaviour include avoiding social situations, performing poorly at work or school, and even giving up hope altogether. Online exclusion and harassment are two additional forms of cyberbullying. Professionals make it easy for people to come forward about bullying and act quickly to stop it. **NHS, 2024**

**5.1: Describe the lines of reporting and responsibility in relation to safeguarding protection and welfare.**

A solid system of reporting and responsibility is essential to ensuring patients' and clients' safety and well-being in healthcare and social service environments. Responsibility and reporting structures are crucial for ensuring that issues about people's well-being are dealt with promptly and appropriately. Here, we'll explain several facets of reporting and accountability and cite references to support our claims.

**Reporting Structure**

Reporting Safeguarding Problems Internally There are established routes within a health or social care organisation for reporting safeguarding problems internally. Common examples include raising issues with immediate superiors or appointing a designated safety officer. For instance, if a care worker feels a service user is being abused or neglected, they should notify their supervisor or the organisation's designated safeguarding lead.

Multiple organisations and specialists may be involved in a person's care at any given time, making interagency reporting an essential part of safeguarding. The proper sharing of information between government agencies is ensured by interagency reporting. If a doctor suspects child abuse, for example, they must notify local child protection services to facilitate a unified response. Whistleblowing techniques enable employees to anonymously expose unsafe or unethical practices within their firm. Whistleblowers can contact external entities or regulatory agencies if internal reporting does not resolve the situation. Transparency and accountability in the industry rely heavily on such measures (Kingdom, 2019).

**Responsibility**

Personal Accountability Health and social workers are ethically obligated to protect the people in their care. This involves keeping the person secure, looking out for their interests, and being aware of and promptly reporting any concerns about their protection. Any indicators of abuse or neglect that a nurse caring for an older patient in a care facility may notice must be reported (American Occupational Therapy Association, 2021).

Health and social service organisations are responsible for providing transparent safeguarding policies, processes, and reporting methods. They must foster an environment where people's needs are put first. Implementing efforts to avoid abuse or neglect and conducting comprehensive investigations when there are concerns is part of this. The duty to train nurses in safeguarding and ensuring they understand their responsibilities falls squarely on the shoulders of the organisation (Hawkins & Morse, 2022).

Care Quality Commission (CQC) in the United Kingdom is one example of a regulatory body with significant responsibility for monitoring the safety procedures of health and social care providers. They establish requirements for security and carry out checks to guarantee those ideals are being met. When businesses fail to adopt appropriate safety measures, regulators may take legal action to force them to do so.

It is also important to Adhere to Policies and Procedures, when these are followed less mistakes are made and it ensures that everyone has the knowledge and understanding that they need to be able to do the job. Following these policies and procedures also means that the likelihood of abuse may be reduced.

When it comes to assessment of needs it is important that service users who might be at risk are safe and secure, proper assessments need to be done, regularly as things often change. Regular assessments also ensure the safety of the service users as information is regularly updated.

Care plans or care planning are also vital here, they specifically cater to the service user. This highlights who the person is along with their medication needs and wants. This is also regularly updated by staff to ensure that patients receive the best care. It is important that care plans are regularly updated as the needs of the patients are constantly changing. Workers needs to understand how to best take care of the patient, this involves planning.

Risk assessments ensure that the environment is safe and secure for the service user. Dangers and hazards are identified along with their potentials and strategies are put into place to ensure that the environment continues to be safe for the client.

**5.2 Explain the boundaries of confidentiality in relation to the safeguarding, protection and welfare of individuals.**

Confidentiality is a cornerstone ethical concept in healthcare and social care, although there are exceptions for patients' and clients' safety and well-being. Professionals face a challenging balance between protecting client confidentiality and acting in the client's best interest when revealing information about a potential threat (Lustgarten et al., 2020). Let's examine the limits of confidentiality about protection, give examples, and cite some sources.

Confidentiality is limited by legal requirements to disclose information where there are reasonable fears for a person's safety. Medical and social workers must report suspicions of abuse or neglect to the proper authorities, even if doing so would violate patient confidentiality. For example, according to the Health and Social Care Act 2012 (UK), therapists discovering their clients are domestic abuse victims must notify the proper authorities.

Confidentiality rules do not prevent healthcare providers or other organisations involved in a patient's care from sharing information. Agencies must work together to identify and mitigate risks in protection cases effectively. If a school nurse notices a student has lost a lot of weight, she may need to notify the student's primary care physician, the school's safety lead, and the authorities.

While there are times when it is necessary to share information without the person's permission in the name of safety, professionals should always try to get their consent first. However, there are times when it's unnecessary to ask for permission, such as when doing so would put the person in danger or if there's a chance that doing so might cause evidence to be destroyed or tampered with.

In the real world, a healthcare provider may need to notify the police or a domestic violence support group if they have reason to believe that the patient they are treating is a victim of domestic abuse, even if the patient refuses to discuss the abuse. Suppose a teacher notices a student has severe, unexplained injuries. In that case, she must disclose this to child protection services regardless of whether or not the student or their parents permit this information to be shared. When a patient is experiencing a severe psychological health predicament and is a threat to themselves or others, mental health practitioners may need to contact crisis intervention teams or the police to ensure everyone's safety.

It's a complicated matter that needs to be carefully considered how to balance confidentiality with Safeguarding. Healthcare personnel must balance the necessity to keep individuals safe from harm with the possible harm of revealing confidential information.

The General Medical Council (GMC) (2013) offers advice on how to strike a balance between confidentiality and social and health care safeguards. The GMC states that although healthcare providers have an obligation to maintain patient confidentiality, this obligation is not unqualified. Confidential information disclosure may occasionally be required to keep people safe.

The GMC recommends that healthcare professionals consider the following factors when balancing confidentiality with safeguarding: The public interest in protecting individuals from harm, The potential harm to the patient or others if the information is not disclosed, The patient's expectations and preferences, The legal and ethical implications of disclosing the information.

Healthcare professionals should also consider seeking legal advice and consulting with colleagues or other professionals when making decisions about disclosing confidential information.

**6.1: Evaluate the role and responsibilities of the health and social care practitioner in relation to safeguarding individuals**.

Health and social care experts are vital in protecting the vulnerable, bearing the weight of responsibility for their safety and security. This analysis delves into the many facets of their job, from legal responsibilities to following protocol to the all-important upkeep of professional boundaries.

The Health and Social Care Act of 2012, the Care Act of 2014, and the Children Act of 1989 (for children and young people) all impose duties on practitioners in safeguarding. These regulatory frameworks mandate that professionals:

Practitioners should be able to recognise the signs of abuse, neglect, and damage in their patients (Gonzalez & McCall,2017). For instance, a nurse in a nursing home needs to be able to spot signs of mental or physical abuse in the elderly patients under her care. Safeguarding Concerns must be reported. The law requires practitioners to report safeguarding concerns when they have probable cause to suspect abuse or damage. A social worker must notify the appropriate authorities if they hear child abuse claims.

Practitioners may be asked to provide information, attend case conferences, and work with multi-agency teams as part of investigations into safeguarding concerns. According to Oikonomou et al. (2019), practitioners must strictly follow all regulations set forth by governing authorities such as the UK's Care Quality Commission (CQC). Vital Standards of Quality and Safety, as set forth by the CQC, must be met to be considered compliant.

In addition to complying with the law, professionals are bound by the standards established by their respective organisations and applicable regulating agencies. These procedures have been carefully crafted to guarantee the reliable application of all safety measures. Some cases in point are:

Organisations keep clear reporting protocols explaining how to report security issues to practitioners. These procedures allow issues to be immediately communicated to the right people (Billstein-Leber et al., 2018). Practitioners must keep records documenting patient safety issues, risk assessments, and subsequent interventions. These files represent crucial evidence in defending claims.

Organisations provide ongoing training and development opportunities for practitioners to acquire the information and abilities necessary to effectively carry out their safeguarding duties. For instance, workers in residential care facilities may receive instruction on spotting the warning signs of abuse in their residents. Many protection cases call for the combined efforts of experts from different organisations. Harmonious collaboration requires strict adherence to established standards and processes between government agencies.

Limits Maintained

The wise upkeep of professional boundaries is a cornerstone of protection. Those in the helping professions need help balancing the needs of the people in their care with the needs of their professional ethics and integrity. Essential components in setting and keeping limits are: Practitioners should not have any relationships that could cause a conflict between their professional and personal responsibilities. A therapist, for instance, should not develop romantic feelings for a patient. Keeping confidentiality: professionals have a responsibility to protect their patients' confidentiality. This includes discussing delicate matters with care and respect and gaining consent before disclosing any information (Noroozi et al., 2018).

Practitioners should be aware of the potential for power imbalances in their interactions with those particularly susceptible to harm (Berry et al., 2017). It is never acceptable to use power differentials to one's advantage. First, professionals are responsible for upholding the highest standards of professionalism by constantly following their respective organisations' codes of ethics and standards.

Duty of care, inclusive practice, person-centred practice, empowerment, and monitoring are all very important aspects of health and social care. All of these are key when working within this sector. Duty of care is a legal requirement, we have a duty of care to our patients, we need to make sure that patients do not come to any harm when in our care, as failure to act can result in something fatal. For example if a patient tells a member of staff that they want to commit suicide, the worker has a duty of care to take this seriously and report this as they have a duty of care to the patient.

Person-centred practice allows workers to put the patients at the centre. catering to all their needs and ensuring that patients are making the best choices for themselves. It is important that patients are given as much information about their care and support as possible, it is important that patients are carried along as much as possible, to prevent any confusion or misunderstanding. Person centred practice focuses on how the workers treat their patients and how they work. Aside from allowing and supporting patients to make the best choices, they can also make patients feel at ease by communicating with them, and finding out what their needs and preferences are.

Empowerment and monitoring are also of high importance, to empower a patient could aid in their recovery and help them get better much quicker. Saying positive words to the patient, even talking or having a conversion with them could definitely improve the mood of the patient. it is important to always practise equality and diversity, this is where the Equality act 2010 comes into play, everyone should be treated fairly and equally regardless of any of the 9 protected characteristics such as race, sex or religion,

Staff need to make sure that they are regularly monitoring patients and their progress. If there is something not right or if a concern should be raised then it should be actioned as soon as possible, nothing should be delayed.

**Conclusion**

Due to the vital nature of safeguarding in health and social care, we have looked into this topic extensively in our project. When people say they are "safeguarding," they are deeply committed to keeping people safe from violence, abuse, or neglect. It's an all-encompassing strategy considering more than just physical security, such as respect, agency, and self-determination.

Safeguarding should be of high importance to all staff workers, it not only ensures a better relationship between staff and patience but it prevents and reduces the likelihood of harm.

Safeguarding ensures that we have standards to follow, we need to ensure that we put these in place to ensure a much safer health and social care environment.

**Reference List**

Active Social Care. (2024). The importance of individualised, person-centred care. [online] [activesocialcare.com](http://activesocialcare.com)

Alexander, L., Julia, H. and Byun, W.J. (2018). *Issues and trends in education for sustainable development*. [online] *Google Books*. UNESCO Publishing. [Online] https://books.google.com/books?hl=en&lr=&id=V7lQDwAAQBAJ&oi=fnd&pg=PA39&dq=Individuals+may+better+protect+themselves+with+the+help+of+educational+activities+and+awareness+campaigns.+&ots=oX4gO3\_yVv&sig=a5mNZZcy\_Lg0oNCAPWzzGv6zB84

Allen, P., Osipovič, D., Shepherd, E., Coleman, A., Perkins, N., Garnett, E. and Williams, L. (2017). Commissioning through competition and cooperation in the English NHS under the Health and Social Care Act 2012: evidence from a qualitative study of four clinical commissioning groups. *BMJ Open*, 7(2), p.e011745. doi:https://doi.org/10.1136/bmjopen-2016-011745.

American Occupational Therapy Association (2021). Standards of Practice for Occupational Therapy. *The American Journal of Occupational Therapy*, [online] 75(Supplement\_3). doi:https://doi.org/10.5014/ajot.2021.75s3004.

Berry, L.L., Danaher, T.S., Beckham, D., Awdish, R.L.A. and Mate, KS (2017). When Patients and Their Families Feel Like Hostages to Health Care. *Mayo Clinic Proceedings*, 92(9), pp.1373–1381. doi:https://doi.org/10.1016/j.mayocp.2017.05.015.

Billstein-Leber, M., Carrillo, J.D., Cassano, A.T., Moline, K. and Robertson, J.J. (2018). ASHP Guidelines on Preventing Medication Errors in Hospitals. *American Journal of Health-System Pharmacy*, 75(19), pp.1493–1517. doi:https://doi.org/10.2146/ajhp170811.

Bouma, H., López López, M., Knorth, E.J. and Grietens, H. (2018). Meaningful participation for children in the Dutch child protection system: A critical analysis of relevant provisions in policy documents. *Child Abuse & Neglect*, 79(79), pp.279–292. doi:<https://doi.org/10.1016/j.chiabu.2018.02.016>.

Childline. (2024). Physical abuse. [online] childline.org.uk

Duron, J.F., Johnson, L., Hoge, G.L. and Postmus, J.L. (2021). Observing coercive control beyond intimate partner violence: Examining the perceptions of professionals about common tactics used in victimisation. *Psychology of Violence*, 11(2), pp.144–154. doi:https://doi.org/10.1037/vio0000354.

Fenge, L.-A. and Lee, S. (2018). Understanding the Risks of Financial Scams as Part of Elder Abuse Prevention. *The British Journal of Social Work*, [online] 48(4), pp.906–923. doi:https://doi.org/10.1093/bjsw/bcy037.

Fernandez, J.L., Marczak, J., Snell, T., Brimblecombe, N., Moriarty, J., Damant, J., Knapp, M. and Manthorpe, J., 2020. Supporting carers following the implementation of the Care Act 2014: Eligibility, support and prevention. The Carers in Adult Social Care (CASC) study.

Gaffney, A. and McCormick, D. (2017). The Affordable Care Act: implications for healthcare equity. *The Lancet*, 389(10077), pp.1442–1452. doi:[https://doi.org/10.1016/s0140-6736(17)30786-9](https://doi.org/10.1016/s0140-6736%2817%2930786-9).

General Medical Council (GMC). (2013). Confidentiality. https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/confidentiality

Gonzalez, D., & McCall, J. D. (2017). Child abuse and neglect.

Gostin, L.O., Monahan, J.T., Kaldor, J., DeBartolo, M., Friedman, E.A., Gottschalk, K., Kim, S.C., Alwan, A., Binagwaho, A., Burci, G.L., Cabal, L., DeLand, K., Evans, T.G., Goosby, E., Hossain, S., Koh, H., Ooms, G., Roses Periago, M., Uprimny, R. and Yamin, A.E. (2019). The legal determinants of health: harnessing the power of law for global health and sustainable development. *The Lancet*, [online] 393(10183), pp.1857–1910. doi:https://doi.org/10.1016/s0140-6736(19)30233-8.

Griffiths, A., Beaussier, A.-L., Demeritt, D. and Rothstein, H. (2016). Intelligent Monitoring? Assessing the ability of the Care Quality Commission’s statistical surveillance tool to predict quality and prioritise NHS hospital inspections. *BMJ Quality & Safety*, 26(2), pp.120–130. doi:<https://doi.org/10.1136/bmjqs-2015-004687>.

Gov.uk (2024) [Online]. <https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets>

Hawkins, S.F. and Morse, J.M. (2022). Untenable Expectations: Nurses’ Work in the Context of Medication Administration, Error, and the Organization. *Global Qualitative Nursing Research*, 9, p.233339362211317. doi:https://doi.org/10.1177/23333936221131779.

Janne Alahuhta, Tukiainen, H., Maija Toivanen, Terhi Ala-Hulkko, Vahid Farrahi, Hjort, J., Ikäheimo, T.M., Tiina Lankila, Tuija Maliniemi, Puhakka, S.E., Salminen, H., Marjo Seppänen, Raija Korpelainen and Ding, D. (2022). Acknowledging geodiversity in safeguarding biodiversity and human health. 6(12), pp.e987–e992. doi:https://doi.org/10.1016/s2542-5196(22)00259-5.

Kingdom), NHS (United (2019). The NHS patient safety strategy: safer culture, safer systems, safer patients. *apo.org.au*. [online] https://apo.org.au/node/247101.

Lamkin, J., Nguyen, P.T., Coverdale, J.H. and Gordon, M.R. (2016). Towards a Definition of ‘Self-Neglect’ in Psychiatric Patients: Descriptions of a Case Series. *Psychiatric Quarterly*, 88(3), pp.553–560. doi:<https://doi.org/10.1007/s11126-016-9467-6>.

Legislation.gov.uk (2024) Equality Act 2010 . [Online] [https://www.legislati](https://www.legislation.gov.uk/ukpga/2010/15/contents)

[on.gov.uk/ukpga/2010/15/contents](https://www.legislation.gov.uk/ukpga/2010/15/contents)

Lustgarten, S.D., Garrison, Y.L., Sinnard, M.T. and Flynn, A.W. (2020). Digital privacy in mental healthcare: Current issues and recommendations for technology use. *Current Opinion in Psychology*, 36(1), pp.25–31. doi:<https://doi.org/10.1016/j.copsyc.2020.03.012>.

**National Association of Social Workers (NASW), 2024 [Online]** <https://www.socialworkers.org/About/Ethics/Code-of-Ethics>

**National Health Service (NHS):** [Online] <https://www.bfwh.nhs.uk/onehr/wp-content/uploads/2016/02/Unit-8-Safeguarding-Adults.pdf>

NHS, Abuse and neglect of adults at risk

 2024 [Online] <https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/abuse-and-neglect-adults-at-risk/#:~:text=Some%20forms%20of%20abuse%20are,helpline%20on%200808%20808%208141>

NHS England. (2021). Legislation and policy. [Online]<https://www.england.nhs.uk/about/legislation-policy/>

Nice (2016) Slide sheets for moving or turning patients. [Online]<https://www.nice.org.uk/advice/esuom43>

NSPCC, 2024 Protecting children from neglect [Online]

<https://learning.nspcc.org.uk/child-abuse-and-neglect/neglect>

Nursing and Midwifery Council (2015). Consent: patients and clients making decisions. [Online] <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-consent-guidance-for-all-nurses-and-midwives.pdf>

Noroozi, M., Zahedi, L., Bathaei, F.S. and Salari, P. (2018). Challenges of Confidentiality in Clinical Settings: Compilation of an Ethical Guideline. *Iranian journal of public health*, [online] 47(6), pp.875–883. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6077627/>.

Oikonomou, E., Carthey, J., Macrae, C. and Vincent, C. (2019). Patient safety regulation in the NHS: mapping the regulatory landscape of healthcare. *BMJ Open*, [online] 9(7), p.e028663. doi:https://doi.org/10.1136/bmjopen-2018-028663.

Preventing exploitation Kit (2024) [Online] <https://www.preventingexploitationtoolkit.org.uk/home/what-is-exploitation/what-is-vulnerability/mental-health-difficulties/#:~:text=Mental%20health%20difficulties%20may%20arise,their%20vulnerability%20to%20further%20exploitation>.

Pritchard-Jones, L. (2018). ‘Adults at risk’: ‘vulnerability’ by any other name?. *The Journal of Adult Protection*, 20(1), pp.47–58. doi:<https://doi.org/10.1108/jap-07-2017-0029>.

Public Concern at Work (2014). Speak up: guidance on whistleblowing for employees. [Online] <https://www.protect-advice.org.uk/wp-content/uploads/2014/09/Speak-Up-Guidance-on-Whistleblowing-for-Employees.pdf>

Accessed: 16/5/24

Shamsad, R. (2020). Safeguarding Vulnerable Persons. *The Journal of Development Communication*, [online] 31(1), pp.26–33. Available at: http://jdc.journals.unisel.edu.my/index.php/jdc/article/view/168 [Accessed 18 Sep. 2023].

Skills for Care. (2021). Legislation and policy. [Online] <https://www.skillsforcare.org.uk/Learning-development/Legislation-policy.aspx>

Skillsforcare (2024) Safeguarding [Onine]

<https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Good-and-outstanding-care/inspection-toolkit/Topic-examples.aspx?kloe=safe-3&topic=safeguarding-2&services=>

Shikula, I., Mishina, N. and Gavrilova, Y. (2021). Current problems of protecting the rights and freedoms of socially unprotected citizens in the new economic realities. *SHS Web of Conferences*, 94, p.04003. doi:<https://doi.org/10.1051/shsconf/20219404003>.

Shivayogi, P. (2013). Vulnerable population and methods for their safeguard. *Perspectives in Clinical Research*, [online] 4(1), p.53. doi:<https://doi.org/10.4103/2229-3485.106389>.

**Social care institute for excellence (2024) The Care Act- Safeguarding Adults. [Online]** <https://www.scie.org.uk/safeguarding/adults/care-act-safeguarding-adults/>

**World Health Organization (WHO) 2024 Balance of power. [Online]** <https://www.who.int/publications-detail-redirect/9789241597906> -

Zeanah, CH and Humphreys, K.L. (2018). Child Abuse and Neglect. *Journal of the American Academy of Child & Adolescent Psychiatry*, [online] 57(9), pp.637–644. doi:https://doi.org/10.1016/j.jaac.2018.06.00