Answer Guidance

# Chapter 20: Safeguarding

## Activity answer guidance

### Activity 20.1

Reflect on what the term “safeguarding” means to you.

Make a list comparing any similarities and differences between safeguarding children and adults.

#### Answer guidance:

*Safeguarding means keeping a person safe from harm, abuse, and/or neglect. It is about protecting children and adults at risk of harm and identifying what may have happened and stopping abuse that may be happening or about to happen.*

*There are some similarities as both children and adults have the right to be protected from harm. Good practices such as record keeping, being an advocate for the individual, and following policies and procedures are important for both adults and children. Whether safeguarding a child or an adult, nurses should understand the right steps to take when they are worried someone needs safeguarding including sharing their concerns.*

*However, there are a number of differences. Children and adults at risk can experience different types of harm and abuse so there are different categories. The way abuse is reported for children and adults at risk is also different and the policies and laws are not the same.*

*One essential difference between safeguarding adults and children is that an adult has the right to make unwise decisions - including the choice not to take action to protect themselves. This is different for children, where their welfare must be the paramount concern - although listening to their views is still important.*

*Legally, children must be protected. However, only in extreme situations does the law intervenes for adults. This may be when an adult is assessed to lack capacity, or where the concerns may extend to children, such as when they are living in the same household.*

## Activity 20.2

The Laming Report (2003) found that there were 12 missed opportunities to save Victoria Climbié. Read the summary, available at <https://lx.iriss.org.uk/sites/default/files/resources/113A.%20The%20Victoria%20Climbie%20Inquiry%20-%20Summary-Report.pdf>, and write down which recommendations are especially relevant to health professionals and services.

#### Answer guidance:

*Some of the general recommendations related to health:*

 *Staff must ensure that basic information about the child is recorded. This must include the child’s name, address, age, the name of the child’s primary carer, the child’s GP, and the name of the child’s school if the child is of school-age (Recommendation 12)*

 *Training for doctors, nurses should cover the importance of effective joint working (Recommendation 14)*

 *There should be guidance on sharing of information where there are concerns about the welfare of children and families (Recommendation 16)*

*There is an extensive section that has specific Health Recommendations (Recommendations 64 -90) such as:*

 *The nursing care plan must include any concerns of deliberate harm*

 *In those cases in which English is not the first language an interpreter should be used*

 *Comprehensive and contemporaneous records are made of concerns including any professional discussions or telephone calls*

 *One set of records should be held for the child that documents the concerns. Recording of any injury should be thorough and body maps used, the actions agreed, and the record should identify who is in charge of the case*

 *For children where there are child protection concerns, they must be discharged either by the consultant or paediatrician and must have a discharge plan with follow up in place*

 *Discharge information must be shared with the GP*

 *When a child is admitted to a hospital and deliberate harm is suspected, there must be inquiries made about any previous admissions to the hospital*

 *Any child admitted to a hospital about whom there are concerns about deliberate harm must receive a full and fully-documented physical examination within 24 hours of their admission*

### Activity 20.3

There are 4 main categories of abuse that children can experience: physical, emotional, child sexual abuse, and neglect.

Create a mind map listing what you consider may constitute abusive behaviour for each of the categories of child abuse: physical, emotional, child sexual abuse, and neglect.

#### Answer guidance:

*The signs of child abuse can be hard to spot and are not always obvious. These indicators don’t automatically mean a child is being abused but may make you think about possible maltreatment. For more information on possible indicators of child abuse visit the NSPCC website for more information* [*https://www.nspcc.org.uk/what-is-child-abuse/spotting-signs-child-abuse/*](https://www.nspcc.org.uk/what-is-child-abuse/spotting-signs-child-abuse/)

##### Signs of Physical abuse

*In everyday life, most children will get bumps and bruises as part of the play. Most of these are accidental and are seen over the “bony” parts of the body such as elbows, knees, and shins and are usually on the front of the body.*

*Some non-accidental physical injuries can occur from hitting, shaking, throwing, drowning, burning or scalding, poisoning, suffocating, or anything causing physical harm to a child. Sometimes, it involves failing to protect a child from that harm. Indicators of physical abuse could include bruises or injuries that are either unexplained or inconsistent with the explanation given, or on unexpected areas such as the ‘soft’ parts of the body where accidental injuries are unlikely. These include their cheeks, abdomen, back, and buttocks. There may also be patterns of injuries such as grab marks.*

##### Signs of Sexual abuse

*Sexual abuse involves someone forcing or enticing a child to take part in sexual activities, not necessarily by the use of violence. Sometimes, the child may not be aware of what is happening. Sexual abuse is not solely perpetrated by adult males; women can also commit acts of sexual abuse, as can other children.*

*The activities may involve physical contact including both penetrative and non-penetrative acts such as masturbation, kissing, rubbing, and touching the outside of clothing. They can also include non-contact activities, such as watching sexual activities, encouraging children to behave in sexually inappropriate ways, involving children in looking at, or in the production of, sexual images, and grooming a child in preparation for abuse (including via the internet).*

##### Signs of Emotional abuse

*Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe adverse effects on the child’s health and emotional development. It may involve telling children that they are worthless, unloved, or inadequate.*

*Emotional abuse can be difficult to assess, as there may not be any outward physical signs. Indicators of emotional abuse may include expecting too much of a child, overprotection, and limiting exploration and learning. A child may be prevented from interacting socially with other children or adults. It could involve rejecting or ignoring a child completely, using degrading language or behaviour toward them, bullying or threatening them, and encouraging them to develop behaviours that are self-destructive. Emotional abuse can also include the radicalisation of a child or young person* *drawn into terrorist-related activity.*

##### Signs of Neglect

*Neglect can be a difficult form of abuse to recognise, yet it can have some of the most lasting and damaging effects on children.*

*Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, which impacts their health or development. The physical signs of neglect may include constant hunger, sometimes stealing food from other children, being constantly dirty or ‘smelly’, or being constantly underweight and wearing inappropriate clothing for the weather.*

*Behavior changes in a child or young person may suggest neglect and these include being clingy or aggressive, complaining of being tired all the time, being withdrawn, having few friends, and disclosing being left alone or unsupervised. Another indication maybe not being taken for medical help when needed and/or failing to attend appointments or missing school.*

### Activity 20.4

When considering safeguarding issues, the term vulnerable is often used to mean in need of protection.

List all the factors why a person may be more vulnerable.

#### Answer guidance:

*You have been asked to consider why a person might be more vulnerable. Examples may include:*

 *Age*

 *Lack of mental capacity*

 *Learning disabilities*

 *Autism or neurodiversity*

 *Physical disability*

 *Living in care (where there are poor standards or lack of training)*

 *Living in their own home with the abuser (particularly in a chaotic or dysfunctional home e.g. drug or alcohol abuse)*

 *History of abuse in the home/ family*

 *Homeless people*

 *Low self-esteem/ confidence*

### Activity 20.5

Read the NMC (2018) The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives. The Code does not explicitly highlight “safeguarding” so identify which sections might relate to safeguarding and protecting people who are vulnerable or at risk.

#### Answer guidance:

*The most obvious answer is Section 17 Preserve Safety section of the NMC Code (2018) which states: “You must raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection:*

***17.1*** *take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect, or abuse*

***17.2*** *share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information*

***17.3*** *have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people”*

*However, safeguarding is also apparent in all the other sections: Prioritise people, Practice Effectively and Promote Professionalism*

### Activity 20.6

You are working on a ward as a nursing student. You observe that there is a very regimented routine and each morning, everyone on the ward, irrespective of personal choice, is woken, washed, and sat out in a chair by 7 am. One of the staff nurses tells you “it is just the way it is done” as it eases the morning workload if the night shift gets the patients out of bed early.

 Is this practice acceptable?

 What should you do now?

### Answer guidance:

*No - it would suggest the needs of the staff are being put first before the patients and just because it has always been done like that does not make it right.*

*You should follow the organisation’s policy on raising concerns. If there was an immediate danger to patient safety or required public protection, then you must act immediately. In this instance, the first stage is to raise your concern with your line manager. The second stage is to raise your concern with the designated person. If your concerns are not listened to then you should take your concern to a higher level and take your concern to a regulatory organisation or a helpline. As a nursing student, you may want some advice so talk to your university tutor or lecturer. You can also speak to your professional body or trade union who can offer you valuable confidential advice and support.*

### Activity 20.7

Make a list of what might be the barriers to you raising concerns about the care given in your organisation and then reflect upon your duty of care.

#### Answer guidance:

*You have a duty of care, as mentioned in your NMC code of conduct, to act on any concerns regarding patient safety and well-being. You may identify some barriers to doing this and these may include:*

 *A perceived lack of confidence or experience*

 *Feeling that it is not your place/role*

 *The patient does not want you to share their information*

 *Worrying that you will fail your placement if you escalate concerns*

 *Not wanting to upset a colleague*

 *Feeling frightened for your own safety*

*You must always speak to your practice supervisor or your link from the university if you have any concerns- Safeguarding is everybody’s business!*

## Case study answer guidance

### Case study 20.1: Anya

Anya is a 6-year-old girl who lives with her mum Bimala, stepfather Steve, and 3-month-old baby half-brother Ryan. Anya is often absent from school, and at times appears tired. She says that she can’t get to sleep because mummy and Steve argue and it upsets her when he shouts and pushes mummy. Sometimes, there are some loud bangs at night-time that frightened her.

 List what you think the safeguarding concerns are for Anya.

 What might be the impact on her mental and physical wellbeing?

 Who else might need safeguarding in the family?

 Create a mind map identifying all the professionals who might be involved in safeguarding Anya.

#### Answer guidance:

 *Safeguarding concerns for Anya include missing school, appearing tired, and not being able to sleep. Anya’s disclosure of family argument and her Stepfather shouting and pushing mum. Also, the loud bangs reported could indicate domestic abuse.*

* The impact on her mental and physical well-being may make Anya feel scared or worried for herself, her half-sibling, or her mum. Her behaviour may regress so she wets the bed or is tearful and has tantrums. She may become either aggressive or withdrawn.*

* Anya’s young half-brother and her mum might need safeguarding.*

* Professionals who might be involved in safeguarding Anya include Social workers, General practitioners, Health visitors, School Nurses, and Teachers.*

### Case study 20.2: Mrs. Gbeho

You are working in the community and visiting Mrs. Gbeho who has dementia and recently had a fall. She has a black eye and needs a cut on her forehead dressing. She lives with her husband and Mr. Gbeho says that he has to do all the chores and pay all the bills. During the visit, you observe that Mr. Gbeho is becoming more and more impatient with her. At one point, he shouts at her and calls her “stupid.” Mr. Gbeho complains that he has to do so much washing as she regularly wets herself “on purpose.” Mrs. Gbeho does present as unkempt and you notice she smells of urine. You are worried when you see Mrs. Gbeho becomes agitated when her husband shouts at her.

Write down your answers:

 Does this raise safeguarding concerns?

 If so, what type(s) of abuse may be happening?

#### Answer guidance:

*Does this raise safeguarding concerns? You might be concerned about intervening in this situation as the couple is from a different culture. However, there are some strong indicators of abuse here: Black eye, cut, husband impatient, and shouting at her. He calls her stupid and says she wets herself on purpose. Her appearance is unkempt and she smells of urine. There may also be an element of financial control as he pays the bills.*

*If so, what type(s) of abuse may be happening? Physical abuse, psychological abuse, neglect, financial, or material abuse*

### Case study 20.3: Rose

Rose is a 56-year-old lady who has a number of physical health issues which over the years have impacted negatively on her mental health. She has low self-esteem and has been addicted to lorazepam for over 25 years and is currently being treated for depression. Her physical health problems include arthritis, asthma, obesity, heart disease, and most recently psoriasis. On average she takes about 6 different medications each day for these ailments as well as is a moderate smoker. She does not like taking medication and feels that some of the drugs interact and make her feel worse. Both her grown-up children have left home and she has a carer Josh who is a 19-year-old man with Asperger's syndrome. He seems to enjoy spending time with her and running errands, cooking, and doing the shopping. He is there most days even though he does not get paid for all the hours. On occasions, Rose looks after her grandchildren, when their mother has to work late or goes out for the evening. She looks forward to seeing her grandchildren although Jack her grandson is very demanding and has recently been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). In the past, Rose suffered from agoraphobia but managed to overcome this with the help of a community mental health nurse who developed a good rapport with her. She does not really get on with her new mental health nurse and has been asking Josh to do more and more errands and she now hardly ever leaves her flat. This is due in part to her psoriasis which has spread to her face. When she has felt able to venture outside, she has been subjected to verbal and physical abuse by local youths who make fun of her physical condition.

 What do you consider the safeguarding issues to be?

 What would be the short and long-term safeguarding issues that needed to be addressed?

 What do you feel about the suitability of Josh being Rose’s carer?

#### Answer guidance:

*There are a number of safeguarding issues with this case study. There are obvious abuses such as Rose being subjected to abuse in the locality. There are also safeguarding issues with regards to her health with the use of polypharmacy (use of many medicines). Each medicine is being used to address a single condition but the combination may be doing overall harm to both her physical and psychological health. This can be a problem in health care as specialists or practitioners treat individual parts but never the whole. There are also potential safeguarding issues with two young children being cared for by someone with obvious health issues. One of the children has ADHD so would be a challenge for any carer let alone someone with these many health issues.*

Some of the short-term safeguarding approaches would be to address the community issues. A community police officer could be contacted to have a word with the youths and support from neighbours could be sought. A medication review would need to be taken as a matter of urgency to ensure that medications were not interacting with each other and making matters worse for Rose. She may need to make compromises in terms of the conditions that can be treated. For example, she may be able to have acupuncture for pain rather than painkillers for arthritis. A careful assessment of risk for the child's minding activity would need to be undertaken or additional advice or support provided to both Rose and the grandchildren’s parents. A longer-term strategy would involve building up Rose’s self-esteem and confidence in order to improve her mood and limit the reoccurrence of her anxiety state in going outdoors. Remember that safeguarding is about being proactive and empowering the client and carers/family. Obviously, her weight would need to be reduced in order to potentially make some of her physical health conditions better such as asthma, arthritis, and heart disease. It would also help in reducing the risk of developing other conditions such as diabetes. Improvements in these areas may well have a knock-on effect of improving mood.

Some of you may have had real concerns about Josh being Rose’s carer as he has Asperger's syndrome. It is important to see beyond this label and diagnosis and make an objective appraisal of his effectiveness and suitability. There are many people with disabilities who make a significant contribution to society and often their biggest limitations are the negative opinions and low expectations of members of the general population. Josh will have some difficulties (as we all do), particularly with social interactions but in some circumstances, this can be viewed as a positive rather than a negative. Some individuals on the Autistic spectrum have difficulties understanding social rules of interaction and they often do not understand why people develop prejudices against others. For example, they may not pick up on the non-verbal signs of prejudice or engage in anti-oppressive behaviour. Ironically, they would need to be specifically taught to hold negative views about others when most of us pick this up incidentally from others as we are socialised into developing our own values and beliefs about the world. People with disabilities can teach us a great deal about how to value others if we are prepared to listen and act on what they tell us. Professionals really do need to listen to their stories and change practice accordingly to improve professional practice.