

Vulnerability: disability and family reform act

[Health & Medicine](#), [Disability](#)



The Association of Directors of Social Services (1991) defined a vulnerable adult by the client group: the elderly and frail, those with a mental illness (including dementia), those with a sensory, physical or learning disability, and those with severe physical disability. The current definition, in the Department of Health guidance "No secrets", states that a vulnerable adult is "a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who may be unable to take care of him or herself, or unable to protect themselves against harm or exploitation" (DOH, 2000).

The age of majority (becoming an adult) was identified by The Family Reform Act in 1969 as 18 years or older. Leffers et al (2004) summarises that the concept of vulnerability in healthcare refers to those who are susceptible to harm. It is often perceived as the opposite of power (Phillips and Bramlett, 1994). Vulnerability is an important in that the majority of nursing practice is spent helping those who are in a vulnerable position, or helping them avoid vulnerability.

Spiers (2000) recognises that nursing has been slow in developing theoretical constructs of vulnerability. In healthcare it should be considered on an individual basis. Rogers (1992) developed a system which focuses on the person as a constituent of their environment, which is relevant as a nursing framework for addressing vulnerability. Vulnerability is important due to its implications for health. Being vulnerable can lead to stress and anxiety, which has an effect on a person's physical, social, psychological, and environmental well-being.