

Safeguarding in health and social care essay sample

[Sociology](#), [Violence](#)



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Introduction: Safeguarding is about keeping vulnerable adults safe from harm. It involves identifying adults who may be vulnerable, assessing their needs and working with them and with other agencies in order to protect them from avoidable harms. Vulnerable people range from those whose decision-making capacity is severely impaired, to adults whose physical situation, or a brief period of illness, has temporarily affected their ability to protect their own interests. The nature of the harms involved can also range from violent physical and psychological abuse through varieties of personal, financial or institutional abuse.

Anon, (2014). Task 1. 1: Explain why particular individuals and groups may be vulnerable to abuse and or harm to self and others with reference to the case study. Vulnerable: People who are emotionally and physically weak are vulnerable people. e. g. Older people, disabled people, children, People with mental health problems, people with learning difficulty, people with acquired brain damage, people who misuse substances. (Nhs. uk, 2014) In this case study Mrs Knights is vulnerable as she is 77 years old, living alone as her husband passed away 1 ½ year ago. She doesn't have any family to look after her. She is physically weak and frail. Her mental health is disoriented as well, as she was showing early signs of dementia.

Task 1: 2: Review the risk factors which may lead to incidence of abuse and /or harm to self and others. The different factors which can lead to abuse: Social factors : poverty, economic, social and gender inequalities , poor social security, weak legal and criminal justice system, perpetrators not prosecuted, no legal rights for victim. Individual factors: gender, age, ethnic

background, education, unemployment, mental health and behavioural problems, disabilities Relationship: poor parenting practices, parental conflict involving violence, friction over women's empowerment, partners conflicts. community : high unemployment, high population density, lack of information, weak community, poor safety in public spaces, challenging traditional gender roles, blaming the victim.+ (Nhs. uk, 2014)

Task 1: 3 Analyse the impact of social and cultural factors on different types of abuse and/or harm to self and others. Impact of different social and cultural factors which contribute to different types of abuse Social factors: health, housing, education, poverty, social inclusion, networks of support. Cultural factors: discrimination, religion, ethnic, political, The social and cultural factors influencing the initiation of tobacco, Alcohol and other substances use vary from country to country, from developed world to developing nations, region to region and culture to culture. Environmental risk factors include availability of drugs, poverty, social changes, peer influences, employment status, type of occupation and cultural attitudes.

Individual risk factors include: being a victim of child abuse, personality disorders, and extreme changes . In family situation, inter-family dependence problems, academic stress, poor academic performance, social deprivation, depression and suicidal. Anon, (2014) Poverty: Research suggests that poverty is one of the important factor which lead to different kind of abuses e. g. social exclusion, substance abuse, self-harm, child abuse. Those who are unemployed, particularly long term unemployed, in poor or insecure housing have a higher rate of substance abuse than those

who do not fit into these categories. A person in an impoverished situation may abuse drugs or alcohol as a way to cope with the dangerous environment he or she may live in, a way to deal with her financial stresses or a way to cope with physical or emotional abuse. Many times, drugs and alcohol are easily accessible in impoverished neighbourhoods where some people actually sell drugs in hopes of overcoming poverty. The risk factors associated with drug and alcohol abuse.

These include childhood experiences, genes, mental illness and psychological factors. (GO Creative (www. go-creative. com. au), 2014)

Different ethnic group which contribute to abuse: Ethnic domestic violence affects women from all ethnic groups, and there is no evidence to suggest that women from some ethnic or cultural communities are any more at risk than others. However, the form the abuse takes may vary; in some communities, for example, domestic violence may be perpetrated by extended family members, or it may include forced marriage, or female genital mutilation.

Women from Black or minority ethnic communities may also be more isolated, or may have to overcome religious and cultural pressures, and they may be afraid of bringing shame onto their ' family honour'. (Womensaid. org. uk, (2014). Religious pressure which leads to abuse: different religions also lead to different forms of abuses. e. g. in some religion the women are forced to have kids, they are not allowed to use contraception, which then results to have so many children, which eventually leads to different forms of child abuse, domestic violence. The children will not be looked after properly.

They will be neglected, abused, uneducated. Which will affect the country economically as well. GO Creative (www. go-creative. com. au), 2014)

Social factors and trauma: Research has shown that social factors commonly cause emotional distress in people who self-harm. These include difficult relationships with friends or partners, difficulties at school, such as not doing well academically, difficulties at work, being bullied, either at home, school or work, worries about money, alcohol or drug misuse. Social abuse involves preventing a person from having social contact with friends or family or access to social activities, for examples moving the person far away, or cutting the person off from the support of friends or family members. GO Creative (www. go-creative. com. au), 2014)

M1: Discuss the role and support provide by a care worker in reducing the risk of abuse and neglect, using example in a health and social care settings

The role and support by a care worker: As a care worker in a health and social care setting, the care worker should have a very good professional relationship with their service users. The care worker should have a good communication with the service user and vigilant all the time. Where there are significant challenges in terms of communication the risk of abuse increases. For example a person with limited or no verbal communication may be especially vulnerable to abuse. So therefore as a care worker one should be vigilant and know the potential signs and symptoms of abuse. e. g Physical signs may include: Injuries, Pain, Unexpected accidents, Infections, Bruises Emotional signs: tearful, Fear, Anxiety, Distress, Anger, Low self-esteem Health related signs: change in appetite and weight, detrition in

health, sleep disturbance Behavioural signs: any sudden change in behaviour, unusual response to certain individual or people of a particular gender, wetting/soiling

Environmental signs: rigid routines, lack of choice staff demonstrating little concern for service user's dignity. Actions which can be taken in case of suspected abuse:

There are numbers of things that one can do e. g. If as a care worker, you are sure or suspect about anybody being abused. It is very that as a Care worker you spend time talking with the service users and building up trust. Care staff responsibilities can be summarised by four points ROCK REPORT: report any disclosure or concern to the line manager OBSERVE: Make careful observation and record these accurately CARE PLAN: Be aware of a service user's care plan and work to it carefully. The care plan may contain specific information about reducing the risk of abuse (e. g. increased observation, restriction on certain visitor). KNOWLEDGE: share any information and knowledge you have as necessary. (Maclean, n. d.)

E. g. if a service user was fine before and suddenly in a period of time the person is looking disoriented, upset, loss of appetite or show any bruises or any of the symptoms mentioned above, then as a care worker it's very important that I pay more attention and notice anything which is concerned to the patient. As a care worker I will then use my responsibilities which are summarised above as ROCK. Healthcare emergencies where abuse is suspected

Give them first aid treatment (as much as you are trained to do so) Call an ambulance

Notify police

Follow organisational procedures and the policy for the local authority area

Preserve any evidence: the scene of the incident should not be disturbed. do not strip the bed, wash bed-clothes or disturb any items in the room. do not allow anyone else to go into the room until the police arrive.

Task 2. 1 Analyse the strengths and weaknesses in current legislation and policy relating to those vulnerable to abuse. Regarding safeguarding there are different legislation, acts and policies which are there to protect vulnerable people from abuse. Such as health and social act 2008, CQC regulation 2009, sexual offences act 2003. Family law act 1996; which makes arrangements for non-molestation orders to protect people from domestic abuse. Domestic violence crime and victims act 2004: which make it an offence to cause or allow the death of a vulnerable adult. Sexual Offences Act 2003: modernised the law by prohibiting any sexual activity between a care worker and a person with a mental disorder while the relationship of care continues. A 'relationship of care' exists where one person has a mental disorder and another person provides care.

It applies to people working both on a paid and an unpaid basis and includes doctors, nurses, and care workers in homes, workers providing services in clinics or hospitals and volunteers. The offences in the Act relating to care workers apply whether or not the victim appears to consent, and whether or not they have the legal capacity to consent. This does not prevent care

workers from providing intimate personal care so long as the behaviour is not intended to be sexual. The Act is not intended to interfere with the right of people with a mental disorder who have the capacity to consent to engage in sexual activity with anyone who is not in a caring relationship with them. Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill This act was introduced on 1 December 2012 by the Criminal Records Bureau and Independent Safeguarding Authority. Which merged to become the Disclosure and

Barring Service (DBS). Organisations with responsibility for providing services or personnel to vulnerable groups have a legal obligation to refer relevant information to the service Safeguarding Vulnerable Groups Act (SVGA) 2006 was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to. (Anon, 2014) Whatever the circumstances and situation that made people vulnerable to abuse and harassment, there is a law and regulations to protect them and give them the right to live a normal life free from fear. The bad implementation of the policies within the organisation lead to neglect and abuse. e. g baby p and orchid care home. In case of baby p the different agencies which were supposed to work together didn't worked together due to lack of communication or less training lead to death of baby p. Other disadvantage of the policies and law, when people misuse the system by taking advantage of their health situation . e. g. under disability act 2010, some obese person claiming benefits and get excuse for not working.

Task 2. 2: Explain how key professionals are involved in the protection of individuals and groups vulnerable to abuse. With reference to the case study; who were the professionals involved in the protection and care of Mrs Knight and were they performing their duty well. The key professionals involved are Local authorities, care providers, health services, housing providers and criminal justice agencies are all important safeguarding partners. ROLES AND RESPONSIBILITIES OF KEY AGENCIES:

- Health Providers - All those working in the field of Health have a professional responsibility to protect vulnerable adults. All health professionals must be aware of and understand current guidance from their professional bodies, defence societies and trusts in respect of the protection of vulnerable adults and the sharing of information and the limits of confidentiality. They should be alert to signs of abuse which is

Physical, sexual, and emotional or caused by neglect. They should be aware of adult protection procedures and referral pathways. Anon, (2014). •

- General Practitioners and Primary Health Care Staff - General Practitioners (GPs) and other members of the primary health care team (PHCT) are well placed to recognise when a vulnerable adult is potentially in need of extra help. GPs and other members of the primary health care team have an important role in all stages of the vulnerable adult protection process and should be prepared to share relevant information with social services, and attend or supply a report for the adult protection conference. Anon, (2014). •

- Local Authorities - The welfare and protection of vulnerable adults is the corporate responsibility of each and every local authority working in

partnership with other public agencies, the voluntary sector and service users and contracted services. Anon, (2014). • Social Service Authorities - work in partnership with other public agencies, the independent and voluntary sectors and service users to develop inter-agency policies and practices to protect vulnerable adults from abuse in all settings.

Social Services have a statutory responsibility to provide a wide range of care and support for vulnerable adults, and where a vulnerable adult is at risk of significant harm, Social Services will be responsible for co-ordinating an assessment of the adult's needs and to promote their welfare. Anon, (2014). • Local Health Boards - The Local Health Boards have a statutory duty to work together, in partnership with other local organisations, to produce strategies for improving health, well-being and social care for people living in their area. Anon, (2014). Multi-agency are working together in detecting abuse and in formulating a way to best support and protect the vulnerable person. Multi-agency provide holistic approach. The Care Act 2014 introduces new safeguarding duties for local authorities including: leading a multi-agency local adult safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; hosting safeguarding adults

Boards; carrying out safeguarding adults reviews; and arranging for the provision of independent advocates. With regards to the case study the professionals who were responsible for the protection and care of Mrs Knight include 3 care workers. Alison (care worker 1) female care worker, Barry (care worker 2) and third was Cara (care worker no: 3) who was covering a fellow

colleague, who left without prior notice. The agency through which the care workers were employed.

M2: Explain the role of NSPCC (national society for the prevention of cruelty to children. ROLE OF NSPCC FOR THE PREVENTION OF CRUELTY TO CHILDREN

NSPCC stands for the National Society for the Prevention of Cruelty to Children It means that each of us has a responsibility to keep childhood free from abuse, and we must do everything possible to protect children and prevent it from happening. So if a law needs to change, or if more needs to be done to protect children, they demand it. The fact they are independent – relying on the public to fund their work – means they can push for change when others can't. They have over 40 service centres which offer a combination of services to children, families and professionals. We support parents and families in caring for their children and provide therapeutic assistance to help children move on from abuse. NSPCC, (2014). These services help protect children and support families by: protecting children from sexual abuse and exploitation

providing specialist support for minority ethnic families

supporting children in care

providing tools to help social workers deal with neglect

helping families who misuse drugs and alcohol

reducing the impact of domestic abuse on children

working with families with parents with mental health problems Supporting young witnesses to give evidence in court. NSPCC, (2014).

Children who witness domestic abuse may:

become aggressive

display anti-social behaviour

suffer from depression or anxiety

Not do as well at school - due to difficulties at home or disruption of moving to and from refuges. NSPCC, (2014). How domestic abuse affects children

It can have a very serious impact on a child's behaviour and wellbeing, even if they're not directly harmed themselves. Children witnessing domestic

abuse is recognised as 'significant harm' in law. Domestic abuse can also be a sign that children are suffering another type of abuse or neglect (Stanley,

2011). It doesn't matter what your age, race, gender or sexuality is - anyone

can be affected by domestic abuse. NSPCC trained helpline: NSPCC helpline

and Child Line provide help and support to thousands of adults, children and

families. Trained counsellors are there for 24 hours and give advice and

support. Child Line gives children a voice. Whatever their worry, whenever

they need help, they are listening. It means they understand the problems

they face, and they make sure that tackling them very smoothly. It's one of

the things that makes them unique as a children's charity. NSPCC, (2014).

More Helpline services:

Report abuse if somebody is worried about a child and speak to one of their

counsellors Make an enquiry online get support, advice or information about

child protection NSPCC provide a safer and more stable environment, most

children are able to recover from the effects of witnessing domestic abuse.

NSPCC, (2014). Parents under Pressure

Not all parents who drink or take drugs harm their children, but children living with parents with alcohol or drug problems can be at more risk of harm and neglect. Getting parents the right help and support as early as possible is crucial in helping them to develop secure and healthy relationships with their children. NSPCC aims to support parents who are on a drug or alcohol treatment programme. It can help them keep their recovery on track. They help mums and dads to: build their strengths as a parent

develop a safe, caring relationship with their baby

feel calm and in control

Learn practical parenting tips and life skills, like financial management.

NSPCC, (2014).

Protecting children from online abuse and making the internet a safe place

The internet has brought considerable benefits to children and young people.

NSPCC work with Government and online industry to tackle child abuse

images and children's access to online pornography.

Commitments from Google and Microsoft

Google and Microsoft have made further commitments on new measures to make it harder to find child abuse images online. As many as 100, 000 search terms now yield no results and display warnings to those searching that child abuse imagery is illegal. NSPCC, (2014).

Different campaigns

Campaign for the things that matter to children, and make sure that their voices are always heard by those in power. Campaigning for childhood

Flaw in the Law

They are campaigning for vital changes to make our justice system fair, age appropriate, and fit for children. Working with police to tackle child abuse images

NSPCC are working directly with the police to stop those who generate, trade in or access child abuse images online, so they can be brought to justice. 5

NSPCC social workers have been seconded to work at National Crime Agency. NSPCC, (2014). Online safety education in schools

They also successfully lobbied the Department of Education to include e-safety in the national curriculum for primary and secondary school pupils, and influenced the courses' content. NSPCC, (2014).

D2: Using the current legislation in place to prevent domestic violence, explain how professionals from multiple agencies can help implement these legislative measures Domestic violence has been a persistent problem throughout recorded history and is regarded as one of the primary public policy concerns worldwide. Many people still do not see it as the serious crime it is. The Government defines domestic abuse as: " any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality." (Anon, 2014)

It is estimated that 1 in 4 women may experience domestic abuse. The

impact of domestic abuse includes a range of emotional, social, behavioural and physical health problems and can be wide ranging, long term and serious. (Harne & Radford 2008).

Domestic abuse may also feature alongside other problems such as mental illness and substance abuse. The co-existence of parental mental illness and substance misuse with domestic abuse represent a constellation of risks for children and young people and these can be difficult for professionals to address safely and effectively (Humphreys & Stanley 2006; Cleaver et al., 2007; Brandon et al., 2008; Devaney 2008; Stanley et al., 2010). (Anon, 2014) There are many different multi-agency working in domestic abuse and safeguarding children each with different configurations and purpose. Examples of operational multi-agency work include child protection case conferences, Child in Need (CIN) or Team Around the Child (TAC) meetings, the Multi Agency Risk Assessment Conference (MARAC) as well as joint visiting and/or information sharing between professionals working with the same family/client.

Strategic multi-agency working includes forums such as the Local Safeguarding Children Board (LSCB) and local domestic abuse partnerships; these have different statutory responsibilities and functions but bring together agencies to plan, monitor and develop work. The agencies that attend MARACs will vary but are likely to include, for example: the Police, Probation, Independent Domestic Violence Advisers (IDVAs), Children's Services, health and housing. There are approximately 250 MARACs.

Currently in operation across England and Wales. (Anon, 2014) Legal remedies:

Legislation which has been developed to offer protection to victims and to children who witness domestic violence. Criminal law: Domestic violence is not a specific criminal offence. There are, however, a number of possible offences for which perpetrators could be prosecuted depending on the specific acts, ranging from murder, rape and manslaughter through to assault, harassment and threatening behaviour. Civil Law: Under civil law you have the right to have the courts tell your abuser to stop harassing or hurting you, or to stay away from your home. You can do this by seeking an injunction from the civil courts. It is under civil law that an individual can seek a court order through the Family Court for custody of children. Types of injunction available through the civil courts

There are two main types of injunction that you can apply for: 1. A non-molestation order. The main aim of this court order is to prevent your partner from displaying threatening behaviour or using abuse towards you. It is now a criminal offence to break a non-molestation order 2. An occupation order. This can restrict your abuser from entering your surrounding area if you feel unsafe. (Anon, 2014)

Domestic Violence Protection Orders (DVPOs) In November 2013, the Home Secretary announced that, following successful piloting and an evaluation, Domestic Violence Protection Orders (DVPOs) would be rolled out across England and Wales from March 2014. 12 This fulfilled one of the

Home Office's commitments from the Call to End Violence Against Women and Girls 2010 action plan. 13 Under the DVPO scheme, the police and magistrates can, in the immediate aftermath of a domestic violence incident, ban a perpetrator from returning to their home and from having contact with the victim for up to 28 days. The scheme comprises an initial temporary notice (Domestic Violence Protection Notice, DVPN), authorised by a senior police officer and issued to the perpetrator by the police, followed by a DVPO that can last from 14 to 28 days, imposed at the magistrates' court.

The Home Office said that DVPOs are designed to help victims who may otherwise have had to flee their home, giving them the space and time to access support and consider their options. 14 According to the Home Office's evaluation of the DVPO pilots, " DVPOs were generally seen positively by practitioners and victim-survivors and were associated with a reduction in victimisation, particularly when used in ' chronic' cases." (Anon, 2014)

Domestic Violence Disclosure Scheme (DVDS): Under the scheme an individual can ask the police to check whether a new or existing partner has a violent past (" right to ask"). If police checks show that a person may be at risk of domestic violence from their partner, the police will consider disclosing the information (" right to know"). Domestic Homicide Review (DHR) : the Home Office published updated statutory guidance for conducting Domestic Homicide Reviews (DHR), 16 and, in November 2013, published further guidance based on the findings of the first 54 DHRs (between April 2011 and March 2013).

17 The Government had previously (April 2011) brought section 9 of the Domestic Violence, Crime and Victims Act 2004 into force, making it a statutory requirement for local authorities to undertake a multi-agency review following a domestic homicide to identify what needs to change to reduce the risk of further incidents. (Anon, 2014) According to HMIC report: “ police response to domestic abuse not good enough” In March 2014, HM Inspectorate of Constabulary (HMIC) published the findings of its inspection of the police’s approach to domestic violence across England and Wales. 18 (The inspection was commissioned by the Home Secretary in September 2013 following a number of high profile domestic abuse cases). The report said that the failings were the result of, among other things, a lack of visible leadership from senior officers, poor collection of evidence, poor training and inappropriate attitudes of officers. (Anon, 2014)

Task 3. 1: With reference to the case study does the potential behaviour displayed by Barry be identified as abuse. Explain the existing working practices and Strategies designed to minimise abuse. The behaviour displayed by Barry was very abusive. Mrs Emma knight was being abused in all forms e. g. physically, sexually, emotionally/psychological financially. The marks and bruise on her body shows that she was physically abused. The bruises on her thighs shows that she was being sexually abused as well. When Cara opened the fridge, there was no food and there was very little food in the cupboards that means the money he was getting to support and look after Mrs . knight e. g. buying her grocery. That money, was used by him for his own expensences. All of the abuses which was happening to Mrs

Knight was effecting her emotionally and psychologically. The existing working practices and strategies which are designed to minimise abuse: No Secrets (2000)

According to No Secret it is important for all health and social care staff to be aware that the government wants all agencies to take seriously and to respond as fully as possible to situations where vulnerable adults are being abused. (Maclean, n. d.) In No Secrets the department of health makes clear its expectations for individual providers of care to minimise the risk of abuse by: Rigorous recruitment practices

Take-up written references

Ensuring that all volunteers are subject to the same checks as paid staff.

Statement of government policy on safeguarding: department of health 13 may 2011 (Maclean, n. d.) The Government has agreed safeguarding principles that provide a foundation to achieve good outcomes for patients.

Safeguarding Adults Principles:

Principle 1 - Empowerment: Presumption of person led decisions and consent

Principle 2 - Protection Support and representation for those in greatest

need Principle 3 -Prevention of neglect harm and abuse is a primary

objective. Principle 4 - Proportionality and least intrusive

response appropriate to the risk presented Principle 5 - Partnerships Local

solutions through services working with their communities Principle 6 -

Accountability and transparency in delivering safeguarding. Anon (2014)

TASK 3. 2: Evaluate the effectiveness of working practices and strategies used to minimise abuse in health and social care contexts. The effectiveness of working practices is when partnership work together to safeguard vulnerable adults and enable them to safety and good care and this work is based on agreed policies and sharing information, good understanding of each other roles and responsibilities the good implementation of strategies helps to detect the abuse. (Fienne, 2005) Strategies which could help minimise the abuse in health and social care: Training strategy for all staff members and volunteers.

Strategies for reducing risk of abuse and neglect across the settings including care setting and hospitals. Strategy to disseminate information about adult abuse.

Equal access strategy

Zero tolerance of neglect and abuse

(Fienne, 2005)

Although all this strategies and methods of safeguard adult but still the rate of abuse is still very high for example between 2012 and 2013 police record 23. 000 sex offence against children under 18 in England and wales (NSPCC) and 112 . 00 cases of allegation against adult vulnerable in England in 2012-2013 from Health and social care information centre (HSCIC). The high rate of abuse relates to the no action taken by staff due to lack of training, in identifying the abuse. The procedure to report the abuse can be a reason as well. Institution abuse can be one of the reason, which means fear of losing job, when you report an abuse The ratio of care worker and service user is 1:

6 or 1: 8, which can lead to overlap of work or burden, which can lead to stress and lead to abuse. The working partnership, which involve too many health workers to work together, without knowing their role and responsibilities. Which therefore end up putting the work load on the each other due to lack of communication and not sharing the information.

Task 3. 3: Discuss possible improvements to working practices and strategies used to minimise abuse in health and social care contexts.

Possible improvements to working practices and strategies: All organisations providing health and social care services should have a policy relating specifically to safeguarding vulnerable adults. All the organisations must ensure that their health care staff are familiar with the policies, which relate to their working environment. The procedure to report an abuse should be made easier, so that the whistle blower does not get much problems and difficulties, when reporting an abuse. More awareness to the society should be given about the abuses through leaflets, seminars or through any social media. By giving this knowledge people will be aware

How everyone can involve and how each person can help somebody, who is being abuse in any form. Training for staff and volunteers Agencies should provide training for staff and volunteers on the policy, procedures and professional practices. This should include: basic induction training with respect to awareness that abuse can take place and duty to report; these training should be given to both the care workers and the manager. Anon, (2014). Other recommendations:

Use the safeguarding principles to shape strategic and operational safeguarding arrangements. Work with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients. Provide leadership to safeguard adults.

Ensure accountability and use learning within the service and the partnership to bring about improvement. A wide range of services and service providers can also be involved, making it difficult to identify those with responsibility to act. Therefore all workers in health care should know their role, which will help the service user all the best services they deserve. Anon, (2014).

References

Books:

1. Maclean, S. (n. d.). Level 2 diploma in health and social care textbook.
2. Mandelstam, M. (2009). Safeguarding vulnerable adults and the law. London: Jessica Kingsley Publishers.

Other source:

Teacher's notes

Websites:

[Online] Available at: [https://www.gov.](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse)

[uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse)

<https://assignbuster.com/safeguarding-in-health-and-social-care-essay-sample/>

pdf [Accessed 28 OCT . 2014]. [Online] Available at: <http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=>

000100010008000100350001 [Accessed 5 Nov 2014]. [Online] Available at: <http://www.nspcc.org.uk/fighting-for-childhood/our-services/nspcc-helpline-childline/> [Accessed 18 Nov 2014]. [Online] Elder Abuse Prevention Unit.

Available at: <http://www.eapu.com.au/elder-abuse/social-abuse> [Accessed 19 Oct. 2014]. [Online] Available at: http://www.npt.gov.uk/pdf/swapforum_06_roles_responsibilities_of_key_agencies.pdf [Accessed

2 Nov. 2014].

[Online] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf [Accessed 23 Oct 2014].

[Online] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf [Accessed 11 nov2014].

[Online] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf [Accessed 11 nov2014].

[Online] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf [Accessed 11 nov2014].