

Learning disabilities essay sample

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



How does the health and wellbeing of people with learning disabilities compare with that of the general population who do not have learning disabilities? There is more chance of a person with learning disabilities being less healthy than someone who does not have a learning disability. There are several reasons for this but it starts as a child and continues into adulthood for people with learning disabilities. Children with learning disabilities have between 2.5 and 4.5 more chance of poorer health than children without learning disabilities. In addition people with learning disabilities have a greater chance of dying younger and there is also a higher risk of early death. Some conditions that cause learning disabilities are inherited and can result in ill health from birth. Due to poor education and a lack of understanding, people with learning disabilities may live a less healthy lifestyle with a poor diet and less exercise than people without learning disabilities which will also contribute to ill health.

There is also a chance that someone with a learning disability will not get the same access to healthcare or regular health checks. 1b - Outline what you understand by the rights based approach to accessing healthcare. A rights based approach to accessing healthcare is internationally recognised and means that everyone, regardless of personal circumstances or disability should have access to healthcare. There are two important documents that back this up from the World Health Organisation (WHO) constitution stating that everyone has the "fundamental" human right to have the best standards of health. In addition the Human Rights Act 1998 has two articles that also suggest this to be true with the right to life and the right to not be "subject to inhumane treatment" which directly links to the right to receive

healthcare. We also have the National Health Service which was founded in 1948 to provide free healthcare in UK.

Finally there is the relatively new act of parliament called the Equality Act (2010) which declares that people with disabilities should not be discriminated against and have equal access to healthcare. From these rights it is clear that people with learning disabilities should have free and equal access to healthcare regardless of (dis)ability or level of understanding. 2 - Identify three acts of parliament which support the rights of people with learning disabilities to access healthcare. 1 - The Human Rights Act 1998 has two articles that also suggest this to be true with the right to life and the right to not be "subject to inhumane treatment" which directly links to the right to receive healthcare.

2 - The National Health Service Act 1946 to provide free healthcare in UK.

3 - The Equality Act (2010) which declares that people with disabilities should not be discriminated against and have equal access to healthcare. 3a - Which act of parliament requires health care services to make reasonable adjustments to ensure that people with learning disabilities have equal access to services? This is the Equality Act which replaced four other pieces of legislation including the Disability Discrimination Act. This made it illegal to act in a discriminatory way towards people with learning disabilities and that healthcare providers would have to make reasonable adjustments to make access to healthcare fair and equal to all including people with disabilities. 3b - Describe an example of a "reasonable adjustment" which might enable someone with learning disabilities to have fair and equal

access to healthcare. Reasonable adjustments are when changes or modifications are made to allow everyone access to somewhere or something like healthcare. A good example would be to provide the information in a format to enable the person with learning disabilities to understand information relating to their health so they can make an informed decision.

This can be simplified information, use of images or audio information. 4a - What is the name of the act which makes a presumption that someone with learning disabilities has the capacity to make decisions unless it can be shown that this is not the case? This is the Mental Capacity Act which clearly states in the first of five principles that everyone is presumed to have the capacity to make their own decisions unless it can be proved different. 4b - Explain what this act of parliament has to say about the importance of people with learning disabilities being able to give informed consent to treatment and of their preferences being taken into account. The MCA states that where possible the person with learning disabilities should be encouraged and supported to make their own decisions about their healthcare where possible and that this should not be left to healthcare professionals who have a "we know best" attitude to people with learning disabilities. It also makes it clear that where possible people with learning disabilities should have the necessary information in their preferred format so they can understand and make decisions.

Assumptions must never be made about the capacity of someone with learning disabilities go give consent to a medical procedure. Capacity to

make decisions about health care procedures needs to be considered carefully and based on the person's ability to make informed choices and their level of understanding about aspects of their healthcare. 4c - Describe the actions that should be taken under this act if the person cannot give informed consent. If it has been proven that the person does not have the capacity to make decisions about their healthcare or provide informed consent, then someone else can act on their behalf but only if the decisions made are in the person's best interests. Should this be the case, the person with learning disabilities must not be excluded from any part of the decision making process and must be kept informed of what is going to happen to them.

If the level of capacity is considered temporary then where possible the decisions must be delayed to allow the person to give their informed consent but this may not be the case if the decision is of a urgent nature or life threatening. 5 - List three conditions which people with learning disabilities are more likely to have than is the case with the general population. 1 - Epilepsy - people with learning disabilities are more likely to get epilepsy, in fact this is 20 times more likely than people without learning disabilities.

2 - Circulatory problems are more common in people with learning disabilities and this includes coronary heart disease.

3 - Dementia is another health problem that is more prevalent for people with learning disabilities, especially people with Down's syndrome. For the general population older than 65 there are approximately 6% of people living with dementia but for people with learning disabilities this increases to 22%.

6 - Describe the roles of three types of healthcare professionals who might provide services to people with learning disabilities as well as to the rest of the population. 1 - Dentists provide treatment and preventative measures for healthy teeth, gums and the mouth. For people with learning disabilities it is vital that they are able to access this method of healthcare as unhealthy teeth problems are more common for people with learning disabilities and in particular those with Down's syndrome.

2 - Occupational therapist provides support and equipment to people who are or have become disabled due to accident, illness or the aging process. The OT supports people to use different adaptations to make life easier or promote independence.

3 - District nurses work in the community to provide health care and health promotion who work alongside the GP. They visit people at home who are not able to access healthcare in the health centre or hospital.

7 - Give three examples of health and social care professionals who may be members of a specialist Community Learning Disabilities Team and explain how each might work with people with learning disabilities. 1 - Community learning disabilities nurse - provides support and advice to people with learning disabilities and their families on issues relating to health and wellbeing.

2 - Social worker - provides support and advice on how to access services or information on health and well-being. The social worker will work closely with

the person who has learning disabilities and will form a working relationship with the person and their family.

3 - Clinical psychologists - promote mental health and support people with learning disabilities and their care teams to put strategies in place if there are any behaviour problems or distress from the people with learning disabilities.

8 - Explain how someone with learning disabilities might obtain the help they need from any of the health and social professionals listed above. Access to any of the above mentioned health and social care professionals is done through a referral system. The person's GP will be aware of the patients who have learning disabilities and be able to make the necessary referrals to appropriate members of the CLDT. In addition members of the CLDT can refer to other members of the team and don't have to go back to the GP for this process. There may also be a Learning Disabilities Liaison Nurse to support people with learning disabilities and staff when someone needs medical services in a hospital. The support will be provided to hospital staff so they are aware of how best to support someone with learning disabilities.

9 - What do you understand by the term Health Action Plan and

explain how healthcare plans can benefit people with learning disabilities? Health Action Plans (HAP) came about in response to the government white paper Valuing People which indicated the aim to make sure every person with learning disabilities had the chance to have the opportunity to have a HAP. HAPs are documents produced for and completed with people with learning disabilities to provide a summary of their healthcare needs with the

aim of them having healthier lives. The language used in the HAP should be produced in a way that the person with learning disabilities can understand so they can be involved in setting it up with the help of support workers.

The HAP needs to include details about the person's health, medication, GP, next of kin, any recent medical interventions or changes and what the person likes to be called as this could be different from their name on the HAP. The idea is that the HAP will accompany the person with learning disabilities to hospital or health care provider to enable them to get the best level of healthcare possible to meet their individual needs. 10 - Identify five examples of health checks which you would expect someone with learning disabilities to receive regularly and to be included within their Health Action Plan.

1 - Dental checks for oral health promotion and treatment.

2 - Blood tests routinely, especially if the person with learning disabilities is taking long term medication.

3 - Sight test to detect any problems or identify if the person with learning disabilities needs glasses.

4 - Hearing test to identify if the people with learning disabilities has hearing problems resulting in the need for aids.

5 - Urinalysis to pick up conditions like diabetes. Or blood pressure checks to identify circulatory conditions like heart failure or high blood pressure.

11 - Outline the possible consequences on someone's health and well-being if they did not have regular health checks. Failure to have access to regular health checks could lead to short and long term health problems. If health problems are not identified early or not at all, the person with learning disabilities will not get the treatment they need or have a right to and this will affect their health and well-being. Their health will deteriorate and could possibly lead to an early death. 12 - Identify possible reasons that there might be for people with learning disabilities being reluctant to use healthcare services or for them receiving a lower standard of healthcare services than the rest of the population. Fear of pain or discomfort and reluctant to go for regular dental checks. Unable (or difficulty) to express their needs and wishes to healthcare providers. Lack of understanding of healthcare information may leave the person with a bad experience of healthcare and make them reluctant to access healthcare again.

The person with learning disabilities may not be able to talk so cannot easily express their needs and wishes. The person may need to organise transport to get to an appointment and this may be difficult for them to do without support. The person may be given information to attend an appointment but they are unable to read or understand the information provided. Lack of support may make them reluctant to go to an appointment. Reluctance may result from the negative attitudes of healthcare professionals or other people who access healthcare facilities. 13 - Describe ways to help people with learning disabilities to access healthcare services and overcome any barriers that may make it harder for them to do so. Lack of understanding may be one of the biggest barriers to prevent a person with learning disabilities to

access healthcare, but this barrier is relatively easy to overcome. If information was presented to the person in a format that they can understand, the person with learning disabilities may be keener to use healthcare facilities.

In addition information can be explained to the person with learning disabilities from specially trained healthcare staff who understand the needs of people with learning disabilities. It may also be beneficial to provide information to the person by taking more time for the information to be understood. Another way to overcome this barrier is to make sure the person requiring healthcare services has the necessary support at home and during appointments so they do not feel so vulnerable or isolated. This may mean that the person is accompanied to hospital but are still enabled to make their own decisions about how their healthcare. It is vital that the care provided is done in a person centred way and allow the person to take control of their life and enable them to make informed choices.

14 - List a range of resources that may help a person with learning disabilities to access the healthcare services they need. Learning Disabilities Liaison Nurses located in hospitals and there to support people with learning disabilities to access the best level of healthcare. Literature and information leaflets in a format that is easy to understand. Advocacy groups to act in the best interests of people with learning disabilities. Specially trained staff who understand the needs of people with learning disabilities in a healthcare setting. Support workers who can provide support at home and accompany the person to appointments. Their social worker or GP.

15a – Describe the three main types of difficulty people with autism experience in communicating with others. 1 – Social communication by finding it difficult to communicate in a day to day basis. People with autism can take words quite literally and find it difficult to make sense of conversations when words are used that have other meanings, like “ jumping on a bus” or “ taking the taxi”. In addition people with autism may find it difficult to read body language and make sense of non-verbal communication like facial expressions.

2 – Social interaction is about understanding the unwritten social rules of conversation and people with autism find this difficult. This may relate to how someone with autism does not respect your personal space, say inappropriate words or butt in to conversations without invitation. This kind of behaviour may make it difficult for the person to develop friendships or join social groups as they can appear insensitive in their manner with other people.

3 – Difficulty with social imagination means that the person with autism has difficulty making sense of other people’s thoughts, feelings or actions. This means that the person with autism finds it difficult to take in concepts like danger and do not react well to change.

15b – identify how each of these difficulties may affect the person’s ability to relate to people and to form relationships with others. I may have covered some parts of this question in 15a.

People with autism may appear socially awkward in their approach to making friends or forming relationships with other people. They can also appear insensitive to how they react to others and this can affect their ability to relate to others who do not know them or understand their needs and abilities. Someone with autism may also find it difficult to cope with new situations or changes to their routine which may act as a barrier to take part in social activities leaving them feeling isolated and lonely. 15c - What is the term used by health and social care professionals to describe these three difficulties. The triad of impairments.

16 - People with autism can often be quite inflexible in their approach to tasks and some may prefer strict routines, becoming distressed when change take place.

Outline the difficulties this inflexibility can create for people with autism and what the possible reasons why they may find it difficult to be flexible. People with autism find comfort in strict routine because it helps them make sense of the unpredictability of life. The person with autism may wish to have the same morning routine or have the same meals day after day without any variety. Any deviation from their routine can be quite devastating and lead to unsettling behaviour and high levels of anxiety. This kind of routine or lack of choice regarding meals may seem boring or unimaginative to someone who does not have autism, but it can also have certain advantages.

Someone with autism will may be seen to be reliable and consistent in their approach to employment because they will always turn up on time for work

and certain jobs lend themselves to routine and order like working in a factory or in computing when there is no unpredictability to the work role.

Conversely, people with autism often find it difficult to adapt to new or changing situations and may not wish to try out new activities or visit different places which may restrict their outlook on life or social interaction.

17 - People on the autism spectrum often experience sensory difficulties.

Outline what these difficulties might be and how people with autism might be affected by them. Quite a lot of the people who have autism have difficulty interpreting or making sense of sensory information and can be hyposensitive or hypersensitive. Someone with autism may be particularly sensitive to sight, sound, taste, smell or touch and this can lead to the person becoming distressed or anxious. Activities where there is a lot of noise may be very stressful like shopping or a football match and may need to be avoided. Sounds may appear loud and distorted and sometime even the gentlest of touches can feel painful to someone who is hypersensitive to touch. Taste sensitivity can result in other problems as the person may not enjoy strong flavours and choose to eat smooth foods that are bland. In addition some smells may be uncomfortable to the person with autism and in particular strong perfumes may be unbearable.

For someone who has hyposensitivity to sensory information may have balance or posture problems and they may rock backwards and forwards or participate in other rhythmic behaviours. In addition they may have limited sense of hearing and create loud noises like shouting or banging things. Objects can seem dark and the person may appear clumsy because they

have difficulty with perception or spatial awareness. The person may not have a good sense of smell so they do not realise strong smells like their own body odour. 18 - Describe why autism is considered as a " spectrum disorder" and why people with autism display a wide variation in the type and extent of their characteristics and behaviours. Autism is considered as a spectrum disorder because people who have autism experience a wide range of abilities and challenges and a variation of how the condition affects them.

People with autism display a wide variation in the type and extent of their characteristics and behaviours because some people lead relatively independent lives, some people need varying degrees of support and others will need support for the rest of their life. This is because autism affects each person differently. 19 - Explain why it is important to recognise that each person on the autistic spectrum is unique in terms of their abilities, needs, strengths, preferences and interests. It is fair to say that people with autism have some characteristics in common but can show varying degrees of what they can do independently and the support they need. At one end of the spectrum people are said to have High Functioning Autism (HFA) when they have average or above average intelligence and are able to remain fully independent and have a fulfilling life including employment.

It is very important that each person with autism is treated with the respect that they deserve and not labelled or stereotyped. Conversely, at the other end of the spectrum the person with autism may need much more support to stay safe and make informed decisions about day to day life. If everyone with autism was treated the same it would be a violation of their rights and

would take away their independence. Everyone is a unique human being and should be treated as an individual. 20 - People with autism may also have other conditions. Can you identify examples of two conditions which are commonly associated with autism? Learning disabilities

Attention deficit disorder

Dyspraxia

Dyslexia

21a - Describe five different behaviours that people with autism might display and for each one identify the possible reasons for this. 1 - Repetitive behaviour like rocking may be comforting to someone who has hyposensitivity to touch. 2 - Picky eating may result from hypersensitivity to taste, smell or touch. 3 - Obsessional behaviour like biting or chewing could relieve anxiety. 4 - Showing an obsession towards an object, person or activity can offer relief from anxiety and provide the person with order and routine. 5 - Refusing to wear certain items of clothing may be from hypersensitivity to touch as the material is uncomfortable or even causes pain in extreme cases. 21b - Describe the strategies you might use to help someone on the autistic spectrum who is highly anxious or stressed? If someone is anxious or distressed, the first think I will consider is what is making them act in that way.

What is causing their distress? If you can pinpoint the reason for the distress you stand a chance of being able to do something to alleviate the distress. A good example could be that there has been a change in their routine which has caused the distress. It may be possible to reverse the change but if not it

may be necessary to support the person with autism to adapt to the change over time. If a change is in the future consider how much notice the person will need to try and help them deal with the change. You can also use other techniques like distraction or relaxation to try and stop the person thinking about what is causing their stress. Sometimes visual aids help like marking days off on a calendar or having a timetable that show what the person is doing next which may help the person deal with a sequence of upcoming events. Social stories can also be helpful for someone who has difficulty adapting to change because it is repeated whenever the person is about to undertake an activity so they can become familiar with the change.

22 - Explain why you think that structure and routine are so important to people with autism. The way we view life and make sense of the world is very different from how someone with autism does. Some people with autism have highly developed senses and the world to them may seem unpredictable and confusing. People with autism find comfort in strict routine because it helps them make sense of the unpredictability of life. The person with autism may wish to have the same morning routine or have the same meals day after day without any variety. Any deviation from their routine can be quite devastating and lead to unsettling behaviour and high levels of anxiety.

This kind of routine or lack of choice regarding meals may seem boring or unimaginative to someone who does not have autism, but it can also have certain advantages. Even the smallest of changes to someone who has autism can seem devastating leading to high levels of stress and distress.

Routine provides familiarity and order and can be a source of comfort. 23 – Identify one formal and two informal sources of support for people with autism. Formal – carers employed to support the person with autism who will have the knowledge and skills to make sure the person is safe.

Informal – family usually have close contact with the person and be in a position to help and offer support.

Informal – friends who are committed to the person and be there for support and help. 24 – Explain why it is important that a person-centred and individual approach is used when work with people with autism and Why it is particularly important to ensure that families and carers are involved. When working with someone who has autism, it is vital that the support you provide is person centred. In addition the support also needs to have the person's needs, wishes and abilities at the heart of the support plan.

Although it is very important that the person is involved in planning their own support plan, they may need some help with this. Family and friends can be a great source of support because they have the person's best interests at heart and are in a position to provide important information about the person when the person is unable to do this for themselves.

The most important thing to consider when planning care is that it is planned around the person and has their contributions. 25 – Describe the methods you might use to ensure that the support that is provided is consistent and why is this particularly important for people with autism. In life no two people are the same and this is the same for people with autism. Each person has different interests, likes and dislikes, abilities and life choices so the support

that they have needs to be tailored to their individual needs. As previously mentioned in this section of the qualification, routine and consistency is very important to someone who has autism so it is vital that this approach is adopted when supporting someone with autism in their daily lives and activities. It is very important that those supporting someone with autism have a good understanding of the needs and wishes of the person and how they need to act in certain circumstances. For example someone with learning disabilities may have a specific trigger to their stress which may result in behaviour like shouting or rocking.

First of all the support worker needs to know the triggers so they can be avoided where possible and secondly how to react when the person with autism behaves in a certain way. Having this consistent approach to support will allow the person with autism to understand what is happening and reduce their stress or anxiety. Another thing to consider is what has worked well in the past so it is good practice to find this out from people who have supported the person with autism in the past and adopt these strategies again. 26 – Describe the role you might play in helping someone with autism to develop their skills and knowledge and grow to their full potential. For someone who has autism, starting a new course at college or job can be extremely daunting so it is vital that they get the necessary support so they can retain their independence and the support is person centred.

If a person with autism is going somewhere for the first time the support may be in the form of a “buddy” who will accompany the person and may only be a physical presence as someone familiar to the person. This may help the

person with autism to settle down over a period of time and learn about the course or place where they are visiting like an activity or place of work. If the person with autism is learning new, complex tasks, it may be helpful to break the tasks down into smaller, manageable sections and write things down so the tasks can be followed and crossed out as they are achieved. This may help the person with autism to come to terms with new procedures in a controlled way. If the person with autism is going to a place of learning like college, it may be necessary to act as their scribe to write down their ideas or responses to questions and activities. Finally it may be a good idea to help the person with learning disabilities to use some relaxation techniques because they are up against some new challenges which may take a while to come to terms with but are part of the new process of social rules that the person has to follow.

It is essential that the person is allowed to make their own informed choices and decide on the support they actually need. 27 - Explain why it is important for you to be aware of the way in which you communicate on both a verbal and non-verbal level when communicating with someone who has autism. When we communicate we use words to provide information but other methods of communicate to show emphasis on certain words, body language, space and position and facial expressions. When you are communicating with someone who has autism it is important to remember that they may not be able to interpret tone of voice or facial expressions so the focus is on the words used. In addition, people with autism can take what you say literally so " taking the bus to college" can have a different meaning to the person.

It is very important that you have an awareness of how to support the person with autism and how they prefer you to communicate with them. It may be that you will need to avoid using expressions that will confuse them, keep the information to the level that the person will understand, avoid the use of metaphors and try not to overload the person with too much information at the same time. 28a - Identify aspects of the environment that the person finds themselves in which can act as barriers to communication. Background noise can be a barrier to communication for people who are hyper-sensitive to noise as they find it difficult to filter out the important information. The level of light or lack of light may be a barrier to communication if the person is either hyper or hypo sensitive to light. Activity and distractions can also be a barrier to communication.

28b - Describe how you might try to reduce environmental and other barriers to communication with someone who is on the autistic spectrum. If background noise presents a difficulty to someone with autism, then try to reduce or eliminate it by talking to the person in a quiet place where there is no or reduced noise or distractions. This will also ensure that the conversation is private and confidential. If the light is causing the person distress then it is important to try and create an atmosphere that works for the person. For example fluorescent bulbs may be too much so try and make adjustments where possible, but this may be difficult if it is in a college or work setting. If the person is about to go to somewhere where there is a lot of noise or distractions, it may help them to know this in advance so they know what is coming up and can help to prepare for the change or difficult

situation. 29 – Outline how you might use visual communications systems to assist in supporting someone with autism to communicate.

If someone has a limited or no vocabulary and unable to speak then visual aids can be a good form of communication for someone with autism. It can be a way of alleviating stress or frustration because it gives the person a “voice” so they are able to communicate their needs and wishes with the use of pictures, symbols or objects. It can also allow the person with autism to understand what you are trying to say to them if they have difficulty understanding the spoken word. Other assistive visual aids can include planners, timetables or calendars which help the person follow a routine or know what is coming up next. 30 – Identify who might be able to provide advice and support around communication for people who have autism and who also have learning disabilities.

Your manager or other staff can be a great help when you are learning how to communicate with someone with autism or learning disabilities because they have prior knowledge of what works and what does not work. The person’s parents, family and close friends can also help you as they have known the person with autism or learning disabilities for a long time.

Different members of the CLDT team including the community learning disabilities nurse, speech and language therapist and psychologist. There is also the National Autistic Society with a great website full of useful information or people at the end of a phone to offer advice. 31 – What is meant by the term “abuse”?

Abuse is when someone's human and civil rights are violated by a person or persons. It may be from an act that harms or frightens the person or from something that has not been done leading to harm or neglect. It may be from a single act or repeated acts and the perpetrator is usually know to the victim. 32 – What do you understand by the term “vulnerable adult”? A vulnerable adult is someone who is over the age of 18 and is vulnerable to abuse. This may be because they have or need day to day support in their life and are not in a position to protect themselves from harm or exploitation because of age, disability (physical, sight, hearing or learning) or level of understanding. 33 – Describe factors that might make some people with learning disabilities be vulnerable to abuse. As indicated in the previous question, a vulnerable adult is someone who is over 18 years old who requires day to day support.

It is fair to say that someone with learning disabilities may be considered as vulnerable because they could have difficulty communicating their needs and wishes to others. You often find that people with learning disabilities also have a tendency to trust others, so if a person is abusing them they may not fully understand that it is actually abuse. Sometimes the person with learning disabilities has an additional mental health problem which again increases their vulnerability to abuse in addition to other physical health problems like mobility or sight or hearing problems. Finally people with learning disabilities are often seen to be isolated or withdrawn and this give them added vulnerability to abuse because the abuse can happen and it can be kept secret from other people and continue unchecked. 34 – Define the meaning of each of the following types of abuse. 34a)

Physical abuse is any form physical ill-treatment of someone else and this can also include being handled roughly. Ill treatment can include being hit, slapped, kicked, burned, punched or pushed. In addition physical abuse can involve poor or rough handling when the carer is either impatient with the person and pushes them to move quicker or they do not have the necessary training to support the person with learning disabilities to move safely and correctly. There is also the misuse of medication that can be considered as physical abuse. 34b) Sexual abuse is any form of sexual activity that has not been consented to because the person cannot or did not give consent. In addition it can be inappropriate touching of the genital areas or forcing someone to watch or look at pornographic material. It could also be using sexualise language towards someone or the grooming of a vulnerable person with the aim of them becoming compliant to someone's sexual demands or needs. Access to photographic images is much easier now with the internet and taking photographs of vulnerable people for sexual gratification or to use later on the internet is also sexual abuse. 34c)

Emotional or psychological abuse includes acts like bullying, harassment, threatening, blaming, humiliation or denying someone's human rights. The common factor here is that the abuser's aim is to cause some form of mental distress to the person and generally has the person feeling worthless and loses their self-esteem or confidence. 34d) Financial abuse is where money or possessions are taken from someone and this can be straight forward theft or persuasion. It can also be any kind of fraud towards a vulnerable person or even financial exploitation. For example the abuser may pressurise the vulnerable person to hand over their money or possessions because they

have been given a “sob” story and feels it is their responsibility to hand over money or they have been made to feel they have a debt to pay. Finally the person with learning disabilities may give someone they feel they can trust, power of attorney which gives them control over the vulnerable persons finances.

But this trust can be abused as their money and possessions can be spent or sold without the vulnerable person’s knowledge or consent. 34e) Neglect by others is when the vulnerable person is not given the necessary care that they need or want and the person suffers as a result of the lack of care. The list of care practices that can be omitted is extensive and can include misuse of medication, personal care, diet, home environment or psychological/social needs. 34f) Self neglect is similar to neglect by others except it is the person themselves how are failing to care for themselves. This can be because they do not have the necessary knowledge or support to know that what they are doing is neglect. In addition the neglect can be intentional or purposeful but the vulnerable person does not have the information to enable them to make an informed consent about their activities like for example eating a diet rich in fat or sugar. 34g) Institutional abuse is when the care provided by an organisation or an individual is carried out but is not adequate for the person’s needs.

The care that is provided or omitted is done so to benefit the organisation or the person providing care and not the person requiring the care. For example not considering the needs and wishes of the person or not following the care plan because an activity takes too long. A good example is making a person

use a wheelchair to mobilise around the home because it is quicker to do this than take time with the person and encourage them to mobilise independently using walking aids. It also includes loss or lack of choices, dignity, privacy or independence. Sometimes there is a culture of institutional abuse which is difficult to change because there will be an attitude of “ we do it this way” and people new staff who try to make good changes and stop the abuse often become bullied or abused themselves. 35 different signs of abuse

Sally has learning disabilities and lives in a care home with four other people. You knock on her door one morning and remind her that she needs to get ready for college and find her crying with her nightdress torn, she tells you that Giles, the member of staff who worked the sleep in shift, came into her room for “ a cuddle” during the night and would not leave when she asked him to. Sally bets you not to say anything to Giles or to anyone else. You notice that Sally has some bruises on the parts of her legs which are exposed from her torn nightdress. 36a – Are you able to agree to Sally’s request not to tell anyone else? What are reasons for this decision? I am not able to agree to Sally’s request to keep this quiet because I have a duty of care to keep Sally safe even if she asks me not to. This is not a breach of her confidentiality because my duty of care to her overrules confidentiality in this situation when there is a suspicion of abuse. 36b – Explain the actions you should take in relation to what Sally has told you.

If I am met with this kind of situation, I would be extremely shocked but I would not show this to Sally. I need to keep calm and reassure Sally that she

has done the right thing in telling me and that I will keep her safe because what has happened is not her fault. I would listen carefully to what Sally is telling me and only ask open questions so she can answer without putting words into her mouth, but only focusing on the basic facts of what has happened. I will also have to tell Sally that I am not allowed to keep this a secret but I will only tell my manager about what she has told me because it is not right what Giles has done to her.

I would use words that Sally can understand and keep the information minimal as it is likely that Sally is still quite distressed about what has happened. I would encourage Sally to get dressed but ask her not to make her bed or have a bath as she does not need to go to college that day. I would also discourage her from brushing her hair or teeth in case she destroys any physical evidence. I would also consider if Sally needs any medical attention as my priority is to keep Sally safe and secure so this may mean moving Sally to another location. 36c - Explain the actions to take if you suspect abuse.

If I suspect that abuse has taken place my immediate priority is to make sure the abused person is safe. If I can see the abuse happening I would call the police and get medical help. I would stay calm and reassure the victim of abuse that I will keep them safe from the abuser and explain that I have to report this to my manager. I would make sure any evidence is not moved or destroyed and report it to my manager and write a report as soon as possible so the facts of what I have seen are still fresh in my mind. It will be my managers responsibility to notify the Care Quality Commission and local

Safeguarding Board and possibly the police in addition to suspending the member of staff if the perpetrator is someone who works for my company.

37 - Identify the steps you should take to ensure that evidence is kept safe if you suspect that abuse has taken place and why is it important to do so?

If abuse has occurred or there is a suspicion that it has happened it is vital that you do everything you can to protect any evidence because it may be needed at a later date if legal action is taken and a conviction is sought. If sexual abuse has taken place, often the abused person wants to take a bath or shower which will wash away any physical evidence. This should be discouraged where possible, in addition to making sure any bed linen and clothing worn during the sexual act is not moved. This would also apply if a theft has taken place because the police may want to take photographs or check out the premises. In the case of suspected financial abuse it is important that bank statements or other forms of evidence are not removed or destroyed and if the person has any marks on them from physical abuse this should be recorded on a body map or other recording document and in every case you will be required to write out a statement of your findings.

38 - What is a Whistleblowing Policy and how would it protect you as an employee if you reported a case of suspected abuse? A whistleblowing policy is a document that is written usually by your workplace to protect people who have disclosed suspicions of abuse. The Public Interest Disclosure Act also protects people who report their suspicions of abuse or feel that someone is at significant risk of abuse in the future. The idea of this act and the policy is to make sure that the person who has reported abuse is not

unfairly treated because of their actions by their manager or other colleagues. 39 - What is "No Secrets" and why was it introduced?

No Secrets is a government guidance document written to inform local authorities how to prevent and deal with abuse should it happen. The aim of the document was to make sure that local systems and procedures were in place to protect vulnerable people. The document was introduced in 2000 after a number of high profile cases of abuse and provides information about how to set up procedures for dealing with suspected or actual abuse. 40 - Identify one act of parliament or government policy relating to safeguarding and briefly explain how it helps to protect vulnerable adults. The Mental Capacity Act 2005 makes the presumption that everyone has the capacity to make their own decisions and choices unless it has been proven that this is not the case. This links to safeguarding because the emphasis is on the person being able or supported to make informed choices about how they want to live their life and who they want involved in the support they need.

If people do not have the capacity to make their own decisions then someone else can represent the best interests of the vulnerable person so they receive the best care and support to match their individual needs including keeping the person safe and free from harm. 41a - Explain what Local Safeguarding Boards are and what do they do? Local safeguarding boards are made up of different local representatives like the police or adult care services to provide a multi-agency approach to supporting safeguarding services in the local area. You will also find representatives from health and housing in addition to transport and leisure with a view to developing

community services where people feel safe. The role of the local safeguarding board is to provide leadership and guidance on safeguarding policy and practice to make sure it is consistent with national policy and best practice.

41b - Explain the role of the different agencies that are members of the Safeguarding Boards or who may have a role in safeguarding and protection. Care Quality Commission (CQC) - a regulatory body in the health and social care sector who have set a series of minimum standards in care called essential standards. Their duty is to make sure these standards are maintained or exceeded by inspecting providers of health and social care services. If standards fall below the expected minimum level then actions are taken to change this either by support or stopping the provision of care. Adult Community Care Department - normally has the responsibility to make sure safeguarding activities are in place and that each person requiring care or support has an initial assessment of their needs and regular reviews over time.

Other local authority departments and services - this will include housing or transport services as this may relate to the location or nature of the abuse as it could happen to someone when using local authority services like a transport service ran by the local authority. Police - their responsibility in the local area is crime prevention, detection and prosecution and if a criminal offence has taken place then the police will need to take action. Health services - this will include services like the GP, hospitals and community health care to monitor and treat any injuries relating to abuse. In addition

healthcare professionals may notice patterns in injuries and this may alert them to suspected abuse taking place.

42 – Find and read the Safeguarding Adults policies of your employer (if you have one) and of your local authority. 42a – Identify these policies and where you can find them

Workplace policy is called “ Safeguarding Adults Policy can be found on my workplace intranet. Local authority policy is called “ Safeguarding Adults, Practice Guidance for Doncaster can be found on my local authority website.

42b – Who should you report your concerns to if you think that someone is at risk of abuse or that abuse may have taken place? I need to report any concerns about abuse to my line manager who can be contacted by mobile phone. 42c – What should you do if you consider that there is a risk of significant harm occurring and you are unable to contact your manager, there is a serious injury or a crime is in progress? In this instance I would not hesitate to dial 999 and ask for police support stating the details of my concern. 42d – If you have to report a safeguarding incident what key pieces of information would be helpful to hand? The name and address of who I suspect has been abused.

Factual information of what has happened including what the person has told me

If I have witnessed anything, a detailed account of this

If there are any witnesses

If there are any injuries

What I did in response to the suspicion of abuse being disclosed.

The name of the abuse if this is known

If any other people are in the vicinity or live with the victim and also at risk

The date and time that the abuse took place if known or witnessed 42e -

What should you do if you have reported a concern about abuse or possible

abuse and no action appears to have been taken? If I reported abuse or

possible abuse and felt that action had been taken either because I

suspected a cover up or lack of interest in the problem I would be within my

rights to take the matter elsewhere. At work we have a " SAFELINE" which is

a confidential telephone service which operates 24/7 to hear any

safeguarding concerns. I could also take the matter to another manager in

the company or I could take it outside the company to CQC or my local

safeguarding board. If I felt that someone was in immediate danger I would

call 999/112 for emergency assistance from the police.

43 - Explain what you consider to be the main feature of an accessible

complaints policy and how might this help reduce the risk of abuse

occurring. If someone is being abused, they are more likely to alert others to

the abuse if they are aware of the fact that they have someone they can

complain to or speak to about their concerns. If the complaints policy is easy

to read and follow then it offers information about who to contact and what

will happen with the information that is provided. This will leave the

vulnerable person feeling less isolated and more inclined to pick up the

phone or speak to someone face to face about what is bothering them. The

complaints procedure needs to be pitched at the right level for each person

to understand and should be available to the person with learning disabilities and also those close to them like family or friends. When a complaint is made it should be responded to straight away and the person making the complaint should be informed of what will happen next. The complaint must be recorded to clearly with information of actions taken.

A clear complaints procedure is a powerful tool in reducing the likelihood of abuse because it gives the vulnerable person a voice and means of getting heard. 44 – Using the internet or sources given in your resource pack, identify an official report into a serious case of abuse of an adult (or adults) with learning disabilities. Give details of the report and where it can be found and answer the questions about it. 44a – What happened to cause people with learning disabilities to be abused or being at risk of abuse? Solar Centre Serious Case Review (Doncaster) related to the abuse of people with learning disabilities who attended a the day centre and were abused by staff. The review can be found on the Doncaster Council Online website or this link <http://www.doncaster.gov.uk/Images/Solar-Centre%20Final%20version%2009072014%20SCR%20report37-109014.pdf>

The investigations into this serious case review found that at least 24 allegation of abuse on 18 different service users who attended the Day Service. This abuse took place over a period of at least 16 months between November 2005 and March 2007. 44b – What were the conclusions drawn from this report?

Significant changes to legislation and national safeguarding policy. In the seven years since the abuse took place to the time of the serious case review, there have been improvements in care provision in response to lessons learned, policies and procedures, training of staff and raising awareness of abuse and safeguarding procedures. The initial investigations into abuse took too long and did not involve the victims of abuse or their families. The need to consider how the victims felt and the support they need. 44c – What, if anything, does the report recommend should be done to prevent this happening again. There were nine different recommendations.

1. The need for Doncaster Safeguarding Adults Partnership Board (DSAPB) to voice its regret to the individuals and their family with an apology about the time taken to process the review.
2. The DSAPB to write to the Department of Health and include a copy to the Care Quality Commission (CQC) to highlight the gap in inspection and regulation of day services.
3. That DSAPB get assurance that this kind of practice has changed nationally from lessons learned from this and similar case reviews.
4. The DSAPB get assurance that advocacy services have clear outcomes.
5. That DSAPB have systems and processes in place to deal with serious case reviews better, in the future.
6. The DSAPB to have good communication in relation to the safeguarding processes and particularly in relation to the needs of the victims of abuse and their families.

7. To have support systems in place to be made available to those affected by abuse.
8. The DSAPB write to the Department of Health, Home Office and ADASS in relation to police investigations.
9. South Yorkshire Police to assure

DSAPB that training in relation to the Mental Capacity Act 2005 and Safeguarding Adults policies have improved their practice and outcomes for victims of abuse. 45 – Identify where you would look or who would you ask for information and advice to help in your role in safeguarding and protecting people with learning disabilities. Read workplace policies and procedures including the staff handbook in relation to safeguarding and recognising signs of abuse. Speak to trainers or own line manager if advice is needed in relation to process.

Only speak to the manager if you suspect abuse has taken place to maintain confidentiality. Contact the Care Quality Commission or Local Safeguarding Boards if further advice is needed. You can also find information on the internet like the document “ No Secrets” or local version of this document on the local authority website on who to contact if you suspect abuse has taken place. 46 – Explain how the following might contribute to reducing the likelihood of abuse. 46a – Working in a person-centred way:

I always think of working in a person-centred way as the complete opposite to institutional abuse. If you are putting the person at the centre of everything you do for and with them, they are making their own choices, their dignity and privacy are maintained, they are encouraged to be as independent as possible and you are respecting their choices and decisions then abuse will not happen because this is the best care possible. It is about finding the correct balance between duty or care, support requirements and promoting independence. 46b – Encouraging active participation:

If someone with learning disabilities is encouraged to be involved in their own life choices and decisions, it puts them in control of what they want to do. This will empower them to feel better about their lives and give them a sense of achievement and good self esteem. This will encourage them to make friends and to know when they are at risk of abuse or exploitation and have the confidence to do something about it. 46c – Promoting choice and rights:

This also links into the two previous sections because if the person is encouraged to make their own choices and their rights to do this are respected, they will be in charge of every aspect of their life and feel good about what they are doing and the informed choices they are making. With the introduction of personalisation, the emphasis now is on the person with learning disabilities taking control and this will reduce the likelihood of abuse because they are in charge and in control. 47a – Explain what is meant by “unsafe practice” and describe three examples which may place the people with learning disabilities you support at risk. Unsafe practice is something that puts yourself or another person at risk of harm but is not to the severity that you can call it abuse. It leave you with a bad feeling and a doubt in your mind if it is abuse or not and will need to be reported.

Examples of unsafe practice can include the following: Not following health and safety procedures like not using equipment correctly or lifting someone instead of using the hoist as indicated in the care plan. Encouraging someone to eat food that is not good for them or that food is out of date and not informed the person requiring support. Supporting a person with autism

to go somewhere new where they will not feel safe or the place is noisy and the person with learning disabilities is not comfortable in a noisy environment. 47b - Explain what you should do if you identify unsafe practice. If it was appropriate to the situation and did not compromise the safety of anyone, I would challenge the unsafe practice in a constructive or professional manner with a view to stopping the unsafe practice straight away. If this was not possible or not successful I would report it to my line manager straight away. I may be required to write a report about the unsafe practice witnessed.

If the concern was about my line manager, then I would take the matter to another senior member of staff. If there is an immediate risk of harm it may be necessary to call the police by dialling 999 or 112 because my only priority in this case is to keep the vulnerable person safe. 47c - Describe what you should do if you have reported a concern about unsafe practice, abuse or possible abuse and no action appears to have been taken. If I reported unsafe practice, abuse or possible abuse and felt that action had been taken either because I suspected a cover up or lack of interest in the problem I would be within my rights to take the matter elsewhere. At work we have a " SAFELINE" which is a confidential telephone service which operates 24/7 to hear any safeguarding concerns. I could also take the matter to another manager in the company or I could take it outside the company to CQC or my local safeguarding board. If I felt that someone was in immediate danger I would call 999/112 for emergency assistance from the police.