Working with Care

A guide to protecting the vulnerable from abuse

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Foreword

"This must never happen again."

How often has that been said after a child abuse scandal has hit the national headlines? The truth is there are no easy answers to abuse.

The scale of abuse in this country today is still largely hidden: out of sight out of mind.

Although awareness of abuse has increased it remains a taboo. Raising awareness amongst the public, social care professionals and organisations is a crucial step towards preventing and detecting abuse. However, while increased awareness is essential it is not a sufficient response.

What is required is for the prevention and detection of abuse to become a mainstream activity. That is where this guide fits in. First, by providing individuals with the information and reference points they need to learn more about the issue. Second by offering a practical set of tools to help organisations to identify workforce development needs.

I hope that this guide will contribute toward closing the gap between the growing awareness that abuse happens and the practical steps that can be taken to deal with it.

Paul Burstow MP
House of Commons

Background to the guide

1. How the guide has been developed

This guide has been developed to help organisations providing services to vulnerable people to ensure that their service users and staff are protected from abuse. Its key feature is a framework for assessing risks and workforce development needs supported by a facility to survey the perceptions of employees of their organisation's practices.

The origins of the guide lie in the research programme underpinning the MSc in Strategic Training & Development at University of Surrey at Roehampton and the establishment of a community of interest to support the project. The authors would like to thank all those who have contributed to the development of the guide. In particular:

Brian Murphy and John Aleppo	Catholic Children's Society
Sylvia Bridge	Hounslow Housing & Community Services
Gisela Unsworth, Helen Dirilen and Anette Gately	Kingston Hospital NHS Trust
Clare Smith and Trevor Watkins	Leonard Cheshire
Kerry Cleary and Rosemary Gordon	NSPCC
Louise Lamb and Marjie Clarke	Surrey County Council Social Services
Neil Sherringham and Thora Ray	YMCA (Kingston & Wimbledon)
Andy Winter	YMCA (England)

Their support and advice have been critical in providing the research base to develop the survey as part of this guide and, more generally, in shaping its content and structure. In addition, although they are unknown to us, we would like to thank the members of staff at the Catholic Children's Society, Surrey County Council Social Services and YMCA who completed questionnaires anonymously as part of the research in the development of the guide. Thanks are also due to Professor John Elliott and Florence Kanikasamy for their unstinted support and advice throughout the project and to Dorothy Pope for editing the guide.

2. The development process

The guide has been developed using a research based approach comprising four stages:

Stage 1: Literature review, desk research, and discussions with a wide range of organisations drawn from the public, voluntary and private sectors. This stage resulted in the development of the model based on seven critical areas and presented in Part 3 of the guide as a way of bringing an analytical framework and coherence to the issue and developing a survey tool as a basis for reviewing organisational practice.

Stage 2: Consultation with particular organisations providing domiciliary, residential, social services and acute and other health care services to children, young people and adults, those with special needs and the elderly in order to assess the framework and survey tool's

- Overall worth
- Potential applications
- General quality

Stage 3: Trialling of the survey tool to generate data in order to:

- Refine the framework for assessing risks and workforce development needs
- Assess reliability of responses to the different versions of the questionnaire
- Develop norms as a basis for measurement

These trials were based on gathering data from sets drawn from seven work teams across three organisations comprising:

- Carers
- Team leaders/supervisors
- Senior line and HR managers

Stage 4: Final product development including:

- Development of the review and action planning process
- Design of the scoring and reporting system for the survey tool
- Consultation with managers and HR specialists

3. Principles underlying the use of the guide

The methodology underpinning the guide is based on self-evaluation and survey-guided development as a means of promoting learning and action. It assumes

- The evaluation is useful to the people who are doing the work that is being evaluated
- Continuously developing attitudes, knowledge, skills and behaviour is integral to the evaluation process
- Recognition of common interests between those doing the work, the people the work is designed to reach, and other stakeholders[1]

4. Structure of the guide

The guide is structured in 4 Parts. Part 1 introduces the guide's purpose and uses. Parts 2 and 3 define vulnerability and abuse and set out the detailed framework on which it is based. Part 4 explains how the guide can be used in different ways by any social care organisation. It provides a basis for assessing risks and workforce development needs and action planning.

At the end of the guide are four appendices. Appendix 1 introduces the survey based approach for gathering perceptions of risk and workforce development needs which is offered as part of this guide for an additional charge. An application of the approach is shown in appendix 2. This is followed by

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[1] See, for example, Population Health Directorate (1996) Guide to Project Evaluation: A Participatory Approach, Ottawa: Public Health Agency of Canada (accessible at: www.phac-aspc.gc.ca/ph-sp/phdd/resources/guide/evaluation.htm) and Fetterman, D. and Wandersman, A. (2005) Empowerment Evaluation Principles in Practice, New York: Guildford Publications; and Reeves, T. and Harper, D. (1981) Surveys at Work: A practitioner's guide, Maidenhead: McGraw-Hill

appendices 3 and 4 which are intended to serve as a resource by providing information on sources of help and relevant publications.

5. Terminology and meanings

For consistency the following terms are used throughout this guide:

Service user: any person(s) or service user who has direct or indirect contact with a care provider in that care provider's caring capacity.

Carer: any person whether in a paid or unpaid capacity who has direct or indirect contact with a service user in a caring capacity

Definitions of *vulnerability*, *abuse* and *abuse within the carer-service user relationship* are given in Part 2.

Part 1: Introduction

This Part sets out:

1. The problem of abuse
2. The purpose of the guide
3. Who the guide is for
4. Uses of the guide
5. Benefits of using the guide

1. The problem of abuse

Every social care organisation faces a common challenge: how to ensure that arrangements for protecting service users and staff from abuse are effective. This applies to all service users - adults and children - and includes the staff and volunteers who care for them. At the heart of this challenge lie the fundamental issues of risk assessment and workforce development.

The extent of the problem receives much media attention particularly as regards the abuse of children. More recently there has been growing recognition of the abuse suffered by other vulnerable groups, particularly the elderly. At the same time, addressing the issue is difficult – increased awareness does not of itself result in appropriate action being taken. As the Community and District Nursing Association put it in their 2003 report on elder abuse:

> "Although 88% of respondents in the CDNA survey had encountered elder abuse at work, only around a third (35%) felt equipped to deal with the problem. Though nurses are aware that elder abuse exists, they are often not aware of the form it takes, how to recognise it or how to deal with the situation when it has been identified."[2]

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[2] Community & District Nursing Association (2003) Responding to Elder Abuse, London: CDNA (p4)

More recently, the Safeguarding Children 2005[3] report found that: "While there has been some improvement since the last report three years ago, many children are still being failed by the system" and that:

- Some councils are not meeting their responsibilities towards the children in their care – sending them to live hundreds of miles away from their homes, families and friends. There is little follow-up to make sure they settle in to their new foster homes and schools
- Children with physical or learning difficulties are not being cared for properly. Many staff charged with looking after them lack the proper training to communicate with them properly or identify signs of potential abuse
- A number of staff who come into contact with children are not being checked properly. References are not always taken up, and temporary agency staff and foreign workers are often not checked at all. In some areas children are not protected properly because of staff shortages.

More recently still, the Commission for Social Care Inspection reported that nearly half of all nursing and care homes fail to meet national minimum standards for how they manage residents' medicines. People are given the wrong medication, someone else's medication, medication in the wrong doses, or no medication at all.

The homes failing to meet standards are providing care to more than 200,000 people and the lack of competence places residents at risk. Persistent problems include keeping poor medication records, failing to train care workers adequately and ensure good practice. Despite homes having already had

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[3] Chief Inspector, Commission for Social Care, Her Majesty's Chief Inspector of Schools, Her Majesty's Chief Inspector of Court Administration, Her Majesty's Chief Inspector of Probation, Her Majesty's Chief Inspector of Constabulary, Her Majesty's Chief Inspector of Prisons, Chief Inspector Healthcare Commission, Her Majesty's Chief Inspector of the Crown Prosecution Service (2005) Safeguarding Children: The second joint Chief Inspectors Report of Arrangements to Safeguard Children, London: CSCI

professional guidance and support with training, it does not appear to be making a difference.[4]

The scale of the challenge is well reflected in headline statistics. In social care alone, for example, up to two million people rely on help at any one time and it has been reported that at any one time up to half a million adults may be being abused[5] and more than 400,000 children are known to Social Services to be at risk.[6] In turn, there are estimated to be in the region of 50,000 social care organisations employing more than a million people whose skills base is generally regarded as being low in absolute and relative terms.[7] In addition very large numbers of volunteers are involved. Include those working in health and education establishments and the numbers are very much greater still.

2. The purpose of the guide

The purpose of this guide is to help social care organisations ensure that their service users and staff are protected from abuse. More specifically, it is intended to

1. Help employers and social care workers fulfil their responsibilities in relation to regulating the social care workforce in line with the recommendations of the General Social Care Council (GSCC), particularly regarding

   a. Ensuring people are suitable to enter the workforce and understand their responsibilities

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[4] Commission for Social Care Inspection (2006) Handled with care? Managing medication for residents of care homes and children's homes – a follow up study, London: CSCI

[5] HM Government House of Commons Health Committee (2004) Elder Abuse: Second Report of the Session 2003-04 Volume 1. HC111-1, London: The Stationery Office (TSO)

[6] HM Government (2003) Every Child Matters. Cm 5860, London: The Stationery Office (TSO)

[7] Eborall, C. (2003) The State of the Social Care Workforce in England, Leeds: Topss England

  b. Implementing policies and procedures to enable social care workers to meet the GSCC Code of Practice for Employers and Social Care Workers

  c. Providing training and development opportunities to enable social care workers to strengthen and develop their skills and knowledge

  d. Implementing policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice[8]

2. Improving the quality of staff and their performance

3. Protecting and promoting the interests of service users/services and carers

3. Who the guide is for

The guide is focused on the social care sector and particularly those who work with adults, including young people, those with special needs and the elderly. It is also relevant to employers providing services for children as well as those in the Health and Education sectors; Government Departments (including Health and the Home Office); agencies; professional and representational bodies (including those for employers, staff and service users). It is therefore suitable for use by any organisation providing care services in any setting or context.

For adults – including elderly, physically disabled, mentally ill, learning disabled and alcohol and drug dependency service users – this includes:

- Private and voluntary care homes
- Private and voluntary care homes with nursing
- Local Authority Adult Services including owned homes
- NHS trust owned homes
- Community care services
- Domiciliary care services
- Day centres
- Outreach centres
- Specialist care services

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[8] Since September 2002 the National Care Standards Commission and Social Services Inspectorate has taken the code into account in their enforcement of care standards

- Clinical care services

For children it includes, for example:

- Children's homes
- Children's nurseries
- Domiciliary care agencies
- Voluntary adoption agencies
- Independent fostering agencies
- Employment agencies
- Day centres
- Local Authority Children's Services including fostering and adoption
- Welfare aspects of boarding schools
- Early years childcare providing organisations – day nurseries, playgroups, out-of-school clubs and crèches
- Escorting agencies

It also embraces sports groups, faith groups and providers of Health and Social Care Services, and other Local Authority departments, for example, Housing and Education, and Probation Services.

The guide can be used by all those who are concerned to improve the protection afforded to the vulnerable. By way of examples:

- Senior managers with overall responsibility for ensuring the development and implementation of appropriate protection policies and strategies
- Line managers, supervisors and team leaders responsible for ensuring their organisation's protection policies are implemented and that good standards of practice are maintained
- Specialists with responsibility for risk assessment and workforce development
- Cross corporate/authority level to make comparisons and assess the provision for protection

Finally, this guide is for practitioners – whether managers, human resource specialists, consultants, advisers, social workers, teachers, doctors, nurses,

members of faith groups, carers, students – and others such as civil servants, members of Sector Skills Councils, seeking to improve the protection afforded to the vulnerable. Although each group will draw something different from it, it is hoped that each will recognise the common interest. For employers, while recognising that it is impossible to address every aspect of the subject of abuse, adopting the guide should not only enhance the level of care provided but also demonstrate commitment to providing high standards of care and the intent to be a good employer.

4. Uses of the guide

The guide is intended for use as a self-assessment tool. Its potential uses are wide ranging and include:

- Training and developing staff
- Building an aware culture and shared understanding of the organisation's approach to the issue of abuse and its management
- Evaluating the organisation's performance and progress towards abuse free service provision
- Identifying strengths as a basis for building confidence in service provision
- Identifying weaknesses and the priorities for improvement
- Creating a basis for internal benchmarking and comparisons with other organisations
- Identifying and sharing best practice within and across organisations

5. Benefits of using the guide

The guide has been designed to meet the needs of organisations, employees and service users. Examples of benefits include:

For employers
- Improved recruitment and selection practices[9]

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[9]There is a growing body of research showing the relationship between HRM practices and organisational performance. Specific to healthcare, it has been found that such practices appear to be related to "better" staffing indicators, and to improved quality of care (see, for example, Buchan, J. (2004) What difference does ("good") HRM make? Available at http:/www.human-resources-health.com/cotent/2/1/6)

- Improved development and management processes
- Improved employee retention and performance
- Improved service quality
- Reduced complaints and risks of legal actions and employer liability claims
- Enhanced reputation of the sector as an employer and its capacity to deliver high quality care

For staff
- Improved opportunities to identify suitability (self-selection) and development needs
- Enhanced career opportunities
- Reduced risk of malpractice

For service users
- Improvements in standards of care
- Reduced risk of social exclusion

Consistent with this, the guide has also been designed to support the social care sector qualifications strategy including, for example, the Common Induction Standards for Adult and Children's services produced by Skills for Care and the Children's Workforce Development Council and the National Occupational Standards specifically concerned with protecting individuals from harm and abuse.