



Oxford Cambridge and RSA

Unit title:	Safeguarding in health and social care
Unit number:	13
Level:	4
Credit value:	15
Guided learning hours:	60
Unit reference number:	L/601/1600

UNIT AIM AND PURPOSE

This unit will enable learners to evaluate working practices and strategies in relation to abuse and self-harm in health and social care contexts. Learners will analyse the impact of current legislation and policy upon working practices, while exploring how key professionals are involved at all levels.

This unit will provide core understanding and knowledge of safeguarding across a wide range of health and social care settings. It further encourages learners to develop a transferrable skill set beneficial to roles in health and social care.

LEARNING OUTCOMES AND ASSESSMENT CRITERIA

A pass grade is achieved by meeting **all** the requirements in the assessment criteria.

Learning Outcome (LO)	Pass
The Learner will:	The Learner can:
LO1 Understand the factors that contribute to the incidence of abuse and harm to self and others	1.1 explain why particular individuals and groups may be vulnerable to abuse and/or harm to self and others 1.2 review risk factors which may lead to incidence of abuse and/or harm to self and others 1.3 analyse the impact of social and cultural factors on different types of abuse and/or harm to self and others
LO2 Understand current legislation, policy and professional involvement regarding abuse in health and social care contexts	2.1 analyse the strengths and weaknesses in current legislation and policy relating to those vulnerable to abuse 2.2 explain how key professionals are involved in the protection of individuals and groups vulnerable to abuse
LO3 Understand working practice and strategies used to minimise abuse in health and social care contexts	3.1 explain existing working practices and strategies designed to minimise abuse in health and social care contexts 3.2 evaluate the effectiveness of working practices and strategies used to minimise abuse in health and social care contexts 3.3 discuss possible improvements to working practices and strategies to minimise abuse in health and social care contexts

GRADING CRITERIA

A merit grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors

A distinction grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors **and** the distinction descriptors.

Merit Criteria (M1, M2, M3)	Distinction Criteria (D1, D2, D3)
(M1, M2, and M3 are mandatory to achieve a merit grade. Each must be achieved at least once per unit to achieve a merit grade.)	(D1, D2, and D3 are mandatory to achieve a distinction grade. Each must be achieved at least once per unit to achieve a distinction grade.) (In order to achieve a distinction grade, all merit criteria must also have been achieved.)
MANDATORY TO ACHIEVE A MERIT GRADE	MANDATORY TO ACHIEVE A DISTINCTION GRADE
M1 Analyse concepts, theories or principles to formulate own responses to situations.	D1 Evaluate approaches to develop strategies in response to actual or anticipated situations.
M2 Analyse own knowledge, understanding and skills to define areas for development.	D2 Evaluate and apply strategies to develop own knowledge, understanding and skills.
M3 Exercise autonomy and judgement when implementing established courses of action.	D3 Determine, direct and communicate new courses of action.

TEACHING CONTENT

The Teaching Content describes what has to be taught to ensure that learners are able to access the highest grade.

Learners must be able to apply relevant examples to their work. Where examples are given in the Teaching Content these are suggestions; they do not have to be the examples that the learner uses.

LO1 Understand the factors that contribute to the incidence of abuse and harm to self and others	
Individuals/groups	(e.g. older adults, people with physical disabilities/learning difficulties/mental illness, children, drug or alcohol misuser)
Abuse	(e.g. misuse of power, physical (inc. restraint), emotional (inc. depriving of dignity and choice), neglect, sexual, financial, exploitation)
Self-harm	Purposeful, unintentional
Risk Factors	(e.g. dependency, functionally impaired, negative attitudes and attributions, knowledge/training, understaffing, stress, inadequate resources, inadequate routines/systems)
Social and cultural factors	Primary socialisation, secondary socialisation (e.g. family dynamics, undue influence, poverty, health, status, language, societal attitudes, cultural views of illness and treatment, discrimination).
LO2 Understand current legislation, policy and professional involvement regarding abuse in health and social care contexts	
Current legislation and policy	Relevant national legislation, regional and local policy, professional codes of conduct and national standards, guidelines, published reports (e.g. Francis Report)
Key professionals	(e.g. lead safeguarding coordinator, health care worker, social worker, carer, domiciliary carer, mental health worker)
Protection	(e.g. monitoring and reporting, liaison, personalised care planning, making a referral).

LO3 Understand working practice and strategies used to minimise abuse in health and social care contexts

Working practices	(e.g. personalised care, defined operational procedures and systems, risk assessment, information sharing)
Strategies	(e.g. quality assurance procedures, regulation by CQC and ISA, safeguarding coordinators and leads, multi-disciplinary and multi-agency working, local safeguarding boards)
Evaluation considerations	(e.g. degree to which abuse reduced, feedback from service users, awareness of staff, levels of public trust/media reaction).
Possible improvements	Working practices (e.g. involving service users in research, policies focus around individuals not institutions, variety of assessment tools utilised, advocacy as standard)
Strategies	(e.g. strengthening capacity of workforce, targeted screening, outreach work, promotion of supportive relationships, public education and awareness).

GUIDANCE**Delivery guidance**

It will be beneficial to deliver this unit in a way that uses actual events, industry forecasts or sector specific contexts which offer the learner the opportunity to explore, develop and apply the fundamental principles of the sector or subject area. Typical delivery contexts could include researching different health and social care settings, using CQC reports to evaluate current safeguarding practices. Discussions with key professionals should be encouraged where possible.

Learners will benefit from being encouraged to exercise autonomy and judgement when conducting research. Learners might adapt their thinking and reach considered conclusions, when suggesting valid improvements to working practices and strategies.

Learners would benefit from being presented with subject/sector-relevant problems from a variety of perspectives and from being given the opportunity to explore them using diverse approaches and schools of thought. For example, the Francis Report could be used to identify poor working practice and opportunities for improvement.

Assessment evidence guidance

Evidence produced must demonstrate how a learner has met each of the Learning Outcomes and be submitted in the form of assignments, essays, project portfolios, presentations or, where appropriate, reflective accounts.

Where group work/activities contribute to assessment evidence, the individual contribution from each learner must be clearly identified.

All evidence must be available for the visiting moderator to review. Where learners are able to use real situations or observations from work placement, care should be taken to ensure that the record of observation accurately reflects the learner's performance. This should be signed, dated, and included in the evidence. It is best practice to record another individual's perspective of how a practical activity was carried out. Centres may wish to use a witness statement as a record of observation. This should be signed and dated and included in the evidence.

RESOURCES

Books

Brown, K. *Vulnerable Adults and Community Care*, 2nd Edition, Learning Matters, 2010. ISBN: 978-1-84445-362-7

Davies, C. and Ward, H., *Safeguarding Children Across Services (Messages from research)*, Jessica Kingsley Publishers, 2011. ISBN: 978-1-84905-124-8

Hothersall, S. and Maas-Lowit, M., *Need, Risk and Protection in Social Work Practice*, Learning Matters, 2010. ISBN: 978-1844452521

Mandelstam, M. *Safeguarding Adults and the Law*, Jessica Kingsley Publishers, 2013. ISBN: 978-1-84905-300-6

Mandelstam, M. *Safeguarding adults at risk of harm: A legal guide for practitioners*, Social Care Institute for Excellence. 2011.

Penhale, B. and Parker, J. *Working with Vulnerable Adults*, Routledge, 2008. ISBN: 9780415301916

Pritchard, J. *Good Practice in Safeguarding Adults (Working Effectively in Adult Protection)* Jessica Kingsley Publishers, 2008. ISBN: 978-1-84310-699-9

Journals

British Journal of Nursing

British Journal of Social Work

Journal of Gerontological Social Work

The Journal of Adult Protection - Emerald Health & Social Care eJournals Collection

Primary Health Care Research & Development – Cambridge University Press

Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (2010) published by Department for Education

Websites

www.elderabuse.org.uk – Action on Elder Abuse

www.cqc.org.uk - Care Quality Commission

www.communitycare.co.uk – Community Care

www.dh.gov.uk – Department of Health

www.scie-socialcareonline.org.uk – Social Care Institute for Excellence

Signposting to other units within the qualification

- Unit 1: Communicating in health and social care organisations
- Unit 3: Health and safety in the health and social care workplace
- Unit 5: Working in partnership in health and social care
- Unit 12: Empowering users of health and social care
- Unit 22: Understanding specific needs in health and social care