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| **DIRECTIONS:1.** Individually - take 5 minutes to read the scenario. **2.** In your pairs/small groups: * discuss and compare results – what does not look or sound right?
* In each case identify the type of harm, or risk of harm.

**3.** What would you do next? |

1. **Yasmin**, 28 year old woman with learning disabilities, living with her parents. She attends a day centre where she recently told staff she wants to move into supported accommodation, like her friends have done. Staff are keen to support Yasmin and feel that this would be appropriate for her. However, her father’s view is that she should not leave home. He believes that she would be at risk of becoming pregnant and the family relies on the income from her benefits.
2. **Marj and Hilary** live in a house with 24 hour support. Marj is quiet and mobile, Hilary is less mobile and requires more physical assistance from staff. Staff believes Hilary is the more dominant of the two. Two weeks ago Marj told a member of staff that she was scared of Hilary when they asked her why she no longer came into the living room in the evenings to watch TV. Staff tried to reassure her. Three nights ago an agency staff member noticed Marj had bruises on the tops of her arms and on her back when helping her to wash her hair. When asked Marj shrugged and said she didn’t know how it had happened. Today Marj’s brother reported that he believes his sister is being bullied by Hilary.
3. **Kate** lives in supported accommodation in the community for people with learning disabilities. She is quite independent and only needs a little regular support. She is known to have had many sexual partners in the past. Recently she is often drunk and has started to entertain men and woman in her flat. She is always short of money. She is adamant that it is her life and she will do as she pleases.
4. **Mhari** lives a shared house supporting ex-offenders. She has just started a work placement in a local swimming pool. Support staff phoned her and pretended to be from the pool – for a ‘wind up’ they accused her of taking £25 from the changing room lockers. She was very distraught and started shouting and swearing.
5. **Ian** is a young man with learning and communication difficulties. His two self-directed support workers accompany him to the gym as part of his plan of day activities. A member of the public expressed concern to the gym staff that Ian had been on the treadmill, watching TV and wearing headphones, for 30 minutes and was now looking distressed. Suddenly his two support workers return in their gym-gear.
6. Mabel lives with her son, **Robert**, age 42, who has a mild learning disability. During a Counselling session Mabel mentions that Robert has become friendly with several local primary school boys who he has invited back to the house. She says that nothing “untoward” has happened but she is concerned that they are visiting during school hours. She has also seen Robert giving the boys money.
7. **Mark** has recently moved into a service for homeless people. One evening when he was in town, another person living on the streets hit him on the head with a claw-hammer. On returning to the service it is clear that he needs urgent hospital treatment. But Mark is adamant that the Service Manager must not call for an ambulance or contact the police – he is afraid of a ‘worse-doing’ next time.
8. **Heather** spends regular weekends in a short-stay service for people with learning disabilities. Recently she told her mother that Ross, a new member of staff, watched her using the toilet and then offered to wash her back when she was in the shower.
9. **Claire**: Theservice provides outreach workers to support people with learning disability in the community. Jayne, one of the workers, is taking **Claire** out to bingo in the evenings and collects her from her home and returns her at the end of the evening. Another member of staff is curious – Claire’s care plan does not mention anything about evening activities.
10. **Rebecca**, aged 61, has dementia and lives in a care home. Her behaviour towards staff and other residents is becomingly increasingly challenging. She is frequently aggressive and abusive to other residents. After breakfast one morning last week she accused another resident of going into her room and stealing her money. She raised her stick to strike the other resident in the face. A member of staff rushed to the scene, shouted at Rebecca to stop, tried to grab the stick off her but instead he hit her in the back of the head and knocked her over. Rebecca fell against a piece of furniture and broke her arm. Staff have not had any training in managing challenging behaviour or physical intervention techniques.
11. **Annie**, aged 86, took up residency in a care home three months ago. She has a diagnosis of Alzheimer’s type dementia. Over the last few months, she has become increasingly frail and thin. Her clothes no longer fit her and she appears unkempt. Her friend visits her weekly and remarks that Annie’s appetite appears good as she always eats the sandwiches she gives her. You visit at lunchtime and see a staff member taking Annie’s plate away before she has finished her meal.
12. **Lily**, 82, lives in a care home. She has Alzheimer’s type dementia. She has become increasingly friendly with George, another resident, who does not have dementia. George is encouraging Annie to spend more time alone with him in his bedroom and has been seen by staff stroking Annie’s leg. Annie is not distressed by George’s attentions but her family is very unhappy.
13. **Peter** has been employed as a care assistant in a care home for older people for seven years. He has a good sense of humour and cheeky manner. Peter is often seen to give older female service users a ‘friendly pat on the bottom’ and a ‘peck on the cheek’ – “it’s just the way he is”, say his colleagues. A resident’s daughter complains to the Service Manager when she sees him give her mother ‘peck on the cheek’.
14. **Andy** is a keen photographer. Using the camera in his smart phone he has uploaded some photos of service users – at a 70th birthday party in the service – to his Facebook pages. A colleague told the Service Manager that they were surprised to see these photos when browsing his Facebook pages.
15. **George**, aged 92, has lived on his own since his wife died. His family live a distance away. He has home help who comes Monday – Friday. She has gradually taken over control of all of George’s affairs and **actively discourages contact** from his family. He seems **anxious to please her** and do as she says. George says he couldn’t possibly survive without her. Recently, she was seen visiting him at the weekend and told his neighbour she was doing his shopping.
16. **Joseph**, aged 24 years, has self-referred to the Perinatal service. He and his partner, Sandra have a 4 months old daughter, Ella. Sandra does not know Joseph is attending and he is not yet prepared to advise, or include, her. Joseph is feeling very resentful about Ella and has ‘dark thoughts’ about harming her. She is being breast-fed on demand and is not a good sleeper and Joseph’s sleep has been considerable affected. He is worried that his constant tiredness is affecting his work. He also resents that his social life is no longer existent. and Sandra does not want to go out anymore. Joseph admits to quite often standing overlooking Ella in her cot and imagining how life would be without her; he has even found himself thinking about how he could dispose of her. He hates himself for thinking this way and has started drinking quite a lot.
17. **Fiona**, has been attending counselling for postnatal depression and told you that last week, when she went home she put the children to bed and then went outside and sat in the car with the engine running; she “wondered what it would be like?” but then realised what she was thinking and doing and returned indoors. Her husband was offshore at the time.
18. **Stuart**, 20 years old, self-referred for Counselling following his completion of a Community Payback Order following a conviction for lewd and libidinous behaviour. He has depression for which he takes medication. Stuart is shy and may have a mild learning disability. Last week he told you that his father is so ashamed of him that he takes his weekly benefits away and locks him in his room at night. Stuart says his father doesn’t want him going out and “making more trouble for the family.” Stuart says he dare not talk to his father about this as he is frightened his father will pick a fight with him. He says his father has hit him before.
19. A counsellor has worked with **Jane** for four years. She has been abusing over-the-counter and prescription drugs ‘to get attention from her husband and family’. A Community Psychiatric Nurse and GP are also providing support. Today, Jane disclosed that she has doubled her chlopromazine and reduced her paracetamol intake. The counsellor is concerned that there is an increased risk of serious self-harm. The counsellor does not think that the GP will do anything.
20. **Philip** uses counselling services. He lives at home caring for his mother who has dementia. His mother goes to the local day Centre two days per week. Often he is ‘at the end of his tether’ providing personal care, cooking and running the house for his mother. Recently he said that he lashed out and hit her on the left cheek causing bruising and a cut on her nose. He now feels terrible guilt.
21. **Mary** uses a counselling service. She has no family, relatives and few friends. She is due to spend Christmas by herself. The counsellor asks her if she would like to spend Christmas Day with her and her family.
22. **George**, aged 11, has been sending pornographic images to **Luke**, aged 10, via Facebook messaging. Luke is reported as being obsessed with George and “sneaked” over to George’s house against the wishes of his parents. Luke would like to have sleep overs but this has been discouraged as George is seen as not being a positive influence. Luke’s mother controls his use of Facebook so while checking his Facebook account she discovered the images. George has a tendency to use sexualised and extremely foul language.
23. **Gordon**, a 14 year old boy, told his teacher that he has been self-harming and disclosed feelings of self-loathing. Gordon has autism and lives with his mother. His parents are not together as a couple but do share the parental role and seem to be very supportive.
24. **Mikey**, 11 years old, has lived at a Crossreach residential service for some time. At the weekend when Mikey phoned his family – staff put the call on loud speaker. During the conversation the family were shouting and swearing at each other, in particular the grandparents. At one point it sounded as though the grandfather hit the grandmother so staff hung up the phone. Mikey appeared unphased by what had happened and said that was normal. Staff is concerned as Mikey is going to stay with his grandparents next weekend.
25. **Kirsty** is 15 years old and a full-time resident in a Crossreach service. She is very impressionable and has made friends with a boy called Dan on PlayStation chat. Kirsty has a learning disability and only knows Dan from chatting to him online. No-body knows Dan or anything about him and when staff tried to speak to him on the phone he hung up. Staff explained to Kirsty that some people pretend to be someone they are not. At the weekend Kirsty was staying at her mother’s house and struck up conversation with Dan again. Kirsty told staff she didn’t trust them, only Dan tells her the truth and she believes what he tells her.
26. **Jen,** 15 years, told a member of staff that she was taking ecstasy at the weekend. She said she took one tablet and her friends took a half tablet each. She also said that she “nabbed” (stole) dummies from Asda to help her with her “jiggy jaw” when she was on ecstasy. She wouldn’t confirm who gave her the tablets and said that she had money to buy them but wouldn’t disclose where she got that money from. Jen has also disclosed that she is having unprotected sex as she said she’s not sure if she can get pregnant because it hasn’t happened yet.