Guide to the Standards of Proficiency for Social Care Workers

Domain 1

written by social care workers
for social care workers

Edited by Dr Denise Lyons and Dr Teresa Brown

Acknowledgements

This e-book is also the product of an amazing partnership that began as a co-editing relationship and evolved into friendship. This book became our focus, a welcome distraction from the loss of our beloved family members in 2020, Teresa's daughter Hollie, aged 9, and my nephew Adam, aged 10. This book is dedicated to them both.

Hollie Brown Quail (March 2011 – May 2020)   Adam Lyons (February 2010 – June 2020)

Foreword

One of the most beautiful gifts in the world is the gift of encouragement. When someone encourages you, that person helps you over a threshold you might otherwise never have crossed on your own **(John O' Donohoe 1956-2008).**

We were very privileged to receive many gifts of encouragement for this project and we are delighted to include their voices as the foreword to this e-book.

Bernard Gloster (Chief Executive Officer TUSLA Ireland's Child & Family Agency, previously a social care worker and health services manager).

In late 2020 I had the pleasure of writing the foreword for a special edition of the Irish Journal of Applied Social Studies (IJASS) all of which focused on the competencies and development of the social care profession. In that journal, I had the pleasure of reflecting on a book preview as follows; "If you want to engage more on the 80 proficiencies, then the book preview by Denise Lyons and Teresa Brown is a snapshot of what is up ahead. This is an e-book with a chapter on each proficiency (that's a lot of reading), but it has all the hallmarks of being compelling because of the style of capturing the voice of social care workers with their understanding and experience of the proficiencies now set out to be achieved. That e-book might well be the basis within which the proficiencies, when they are reviewed, and no doubt they will be in the future, will be considered against that lived experience of the worker. The worker has so much to achieve in this new set of proficiencies…" I am delighted now to welcome that same e-book available for all to consider and reflect on. The format and style approach is particularly attractive as each domain has its own book within a book and that certainly means that social care workers and students can go to and indeed go back to specific parts and reflections. Written by social care workers, it is for social care workers and educators a unique opportunity. With 75 contributors, the base of experience and reflection is wide and rich. Enjoy Reading.

Mark Smith (Professor of Social Work University of Dundee Scotland, esteemed author, academic, and keynote speaker).

I am delighted to have been asked to provide this brief endorsement for this project and the five e-books that constitute it. I know both Denise and Teresa having served as external examiner for both their doctoral viva voces and it is great to see them bring their manifest commitment to and wide knowledge of social care to this project. The results of their labours are both comprehensive and impressive. They have taken the five CORU generic domains of practice and their associated proficiencies and have prevailed upon a host of experienced professionals to customise these for social care in a series of freely available e-books. It is a vital task the editors have taken on. Practice standards are of little use if they exist only in some codified and abstracted form. They only achieve any utility if they are grounded and contextualised in the messiness and ambiguity of social care practice. And this can only be done by those who have encountered and negotiated this complexity in their everyday practice. So, these volumes are, avowedly, written by social care workers for social care workers – each proficiency is explored and considered though a social care lens anchored in practice. Being anchored in practice, the books provide a rich and credible resource for practice educators in their work with students, but they will also generate discussion and reflection in staff teams. What struck me in perusing the list of contributors is just how broad a base social care is developing in Ireland – it is a profession coming of age. There are eighty chapters between the volumes and while there is rightly some overlap, most are written by different authors. This exercise will itself enhance the status, confidence and identity of the profession. Each of the contributors, but most especially Denise and Teresa, have given the profession a gift that comes from within the profession itself and is all the more valuable for these origins.

Pat Brennan (Director of first social care programme (childcare) in Kilkenny 1971-1981, child care consultant, author).

There is no way I could do justice to this 2021 publication 'Guide to the Standards of Proficiency for Social Care Workers'. It contains eighty contributions from highly qualified and experienced authors. The range of knowledge, research, qualifications, experience and education/training is quite stunning. This guide is a huge compendium, starting with the key term: Social care is … a profession that requires an in-depth understanding of and interest in people. Practice is centred within the relationship between you and another person. Social care work places an onus on the worker to constantly reflect on her/his attitudes, physical and mental health and ongoing ability to focus on and be present with the service user(s). The work is emotionally and physically challenging because you use your self as the 'tool' (Lyons 2013). Every possible aspect of the work of social care is essayed with added examples, key terms, cases, tasks, tips for educators, references and biographies. All the time rooted in best practice, in accordance with legal and statutory requirements, underpinned by social justice and human rights. The emphasis is on human relationships with clear and principled explorations of what can be a fraught area of endeavour and task. In the long run, education and training are central, enabling students to move through knowledge to wisdom so that they do not work 'to the book', but to the reality and the needs of their clients. The main tool being the 'Self. It is an astonishing, comprehensive articulation of the work. It will surely remain the fundamental text with regard to social care for many years to come. This then should give all those in anyway involved in social care great confidence in themselves and in their profession. It must also give substantial standing within the whole welter of professions concerned and involved with the citizens and agencies of this State. An outstanding achievement, heartiest congratulations to all concerned (Pat Brennan, Kilkenny 2021).

Noel Howard (First Social Care Ireland Media Spokesperson, Editor of the CURUM, Leader in the professionalisation of social care work, to name a few of his many roles within social care over his long career).

The editors of this work took on a gargantuan task. Not only did they succeed in that task, but the results are foundational for those who are and will become part of a profession faced with another gargantuan task – making a difference in the lives of those with whom they are privileged to work. Social care workers simply have their own personalities, forged by their past and influenced by their experiences and training, to bring with them to do what they do each day. Denise and Teresa have delivered a rich, comprehensive touchstone, covering the myriad aspects of what that is all about. Moreover, it is written by the real experts, who know in their hearts and souls the loneliness of despair, the stultifying jargon of bureaucracy, the humbling lived experience of misery and failure as well as the uplifting light of the small steps of success. The editors and contributors are to be congratulated and thank you for the touching dedication.

List of Contributors

Dr Denise Lyons is a social care worker who lecturers on both Social Care and Creative Skills modules in the Institute of Technology Carlow. She is also a qualified art therapist. Denise served as secretary for Irish Association of Social Care Educators (IASCE) for five years, and was one of the founding members of Social Care Ireland Executive, serving as president from 2012 until 2014. Denise's publications include Creative Studies for the Caring Professions (2010) and Social Care: Learning from Practice (2014), which she co-edited with Noel Howard. Denise's PhD, which she completed in 2018, explored the experiences of social care workers in different settings.

Dr Teresa Brown is a social care worker currently lecturing on Social Care degree and masters' programmes in the Technological University of the Shannon: Midlands Midwest TUS. Teresa has extensive experience as a social care worker in Northern Ireland, Ireland and Romania. She has practised in the areas of residential care, secure care and child protection/family support. Teresa is currently a board member of Social Care Ireland and an active member of the Irish Association of Social Care Educators (IASCE). Her PhD, completed in 2016, focused on social care workers' experiences of relationship-based practice.

Lauren Bacon is a social care leader in an adult hub day service for individuals with intellectual disability. Lauren has a special interest in person-centred planning, relationships and sexuality. She has also practised in the area of disability residential services, including children's services, young adults and older adults. Lauren has experience of working in special educational support in Canada and Ireland. In 2014 she completed an MA in Sexuality Studies in DCU; the focus of her thesis was on organisational supports provided to individuals with intellectual disability in relation to relationships and sexuality in Ireland.

Charlotte Burke is a professional qualified social care worker with a master's in Child, Family and Community Studies. She has been involved in social care for over twenty years as a social care worker, social care leader (person in charge) and trainer. Since 2017, she has been the Continuing Professional Development (CPD) Co-ordinator with Social Care Ireland. Part of that role involves speaking to social care practitioners and students on understanding the CORU process, CPD, statutory registration, mapping the standards of proficiency and the implications for future practice.

John Byrne is a lecturer in social care at the Waterford Institute of Technology. He is also an accredited humanistic/integrative psychotherapist. He has been involved in Irish social care since 1993 and has extensive practice experience in residential childcare, adult homelessness, and addiction. He was the first paid co-ordinator of the Irish Association of Social Care Workers (IASCW) and has contributed to several publications and conferences, both national and international, on issues related to professional development and therapeutic social care work. His current research interest is the role of the prison officer in the care and rehabilitation of people in prison.

Catherine Carty began working as a social care worker in 1984, qualifying from Dublin Institute of Technology's in-service programme in 1988. Since then, she has worked in a variety of social care settings prior to taking up her current post in Limerick Institute of Technology in 2013 where she teaches on both the BA and MA Social Care programmes and is the current Programme Lead for Social Care, Ennis. She is currently completing her PhD with the National University of Ireland Galway. Catherine has been a member of the Social Care Workers Registration Board with CORU since 2015, having held the post of Chair from 2019 to 2021.

Deirdre Connolly is a project lead with the Health Information and Quality Authority (HIQA) developing evidence-based national standards and guidance for health and social care services, as well as tools to support frontline staff to put the standards into practice. She has been involved in social care since 1993, working in services supporting people with intellectual disabilities, third-level education access services, and has extensive experience in housing and homeless services, with a particular focus on quality improvement through stakeholder engagement. Deirdre holds a master's in Social Care Leadership and Management from Technological University Dublin.

Anthony Corcoran is a supervisor and social care worker currently working for a homecare and day service disability provider. Anthony has a focused interest in the autism field along with areas of mental health. He has worked specifically in the area of disabilities services, including working with children, young people and older adults. Anthony has begun conducting research in the autism field with the aim of producing published research in this area.

Danielle Douglas is a lecturer in social care at Waterford Institute of Technology. Prior to becoming a lecturer in 2008, Danielle worked with marginalised young people in a variety of educational settings. In 2012, she achieved an MA by research on the topic of resilience, outcomes and foster care. Her interest in foster care stems from her multiple experiences as a care leaver, relative foster carer, and researcher of foster care systems. She was elected President of the International Foster Care Organisation (IFCO) in 2017 and was co-host of its 2014 international conference. She is also a core group member of Power4Youth, a European peer support network for care leavers. She is a member of Tusla's Research Advisory Group. Danielle is currently undertaking a PhD in Children and Youth Studies in University College Dublin and her chosen topic is identity construction in foster care.

Laura Doyle, who is a social care manager employed in a service for adults with intellectual disabilities, graduated with a BA (Hons) in Applied Social Studies in Social Care in 2012 from Waterford Institute of Technology and worked as a social care worker for a number of years supporting adults with disabilities. Laura currently supports a team of social care workers in the provision of high-quality services and supports in a day service setting. Laura is also a PhD student in Waterford Institute of Technology, undertaking a research project on 'Moving towards a human rights-based approach in disability services: An analysis of social care workers' skills and competencies, which explores how policy manifests into social care practice.

Margaret Fingleton is a lecturer and tutor in the School of Law, Languages and Social Sciences in Technological University Dublin, City Campus. Margaret has worked in the statutory and voluntary sector over many years, has experience in residential and community care, youth and disability services and was owner and manager of Finwey Farm, which provided animal-assisted therapy/activities and forest school education. Margaret has co-authored a paper on an integrated framework for social care and is currently working on the development of this framework for educators, students and professionals.

Hazel Finlay is a social care lecturer in the Department of Applied Arts and the Programme Leader for the BA (Hons) in Social Care Practice at Waterford Institute of Technology. She holds a BA (Hons) in Applied Social Studies in Social Care and an MA (Research) on the topic of Human Security and Nurse Migration. Hazel has eight years professional experience working in residential care with adults with intellectual disabilities and young people in care. For the past eleven years, Hazel has been lecturing at Waterford Institute of Technology with a special interest in social policy, migration, disability and social care practice.

Lisa Hanlon is Healthy Campus Co-ordinator at Athlone Institute of Technology, where she also lectures on the part-time and full-time social care programmes. Lisa holds a BA in Social Care Practice and a master's in Advanced Social Care Practice. She has worked as a social care practitioner in youth work, residential care, community-based care and day services. Her career spans over seventeen years working in the area of intellectual disability, mental health and health promotion.

Sarah Joyce currently works full time in frontline homeless services. She has extensive experience in numerous challenging environments from homeless services, education centres and direct provision centres to addiction services, dealing with people from a person-centred perspective. She holds a BA (Hons) in Social Care from Technological University Dublin.

Lynn Leggett is a social care worker currently working in a day service for people with intellectual disabilities. Lynn completed her BA in Applied Social Studies in the Institute of Technology Sligo in 2007 and her BA (Hons) in Applied Social Studies (Disability) at the Open Training College in 2015. Lynn was awarded the Gerry Clarke Memorial Award in Recognition of Outstanding Application of Learning to Practice by the Open Training College in 2015.

Karen Mahon qualified from Technological University Dublin Blanchardstown in 2008. Since graduating she has worked in a variety of settings with young people and their families. Karen began her journey as a youth worker in disadvantaged communities and working with ethnic minorities, and went on to work as a social care leader in various specialist residential services ranging from high support to semi-independent living units. Karen has been working in child and adolescent mental health for the last eight years and completed specialist training in child, adolescent and family mental health in Trinity College Dublin. She is an active member of the CAMHS Special Interest Group and has been the conference lead for the past three years.

Jennifer McGarr is a social care worker and senior lecturer in the Department of Humanities, TU Dublin Tallaght Campus, where she lectures on the Applied Social Care programme. Jennifer has a diverse range of experiences within social care, having worked for fifteen years across a variety of residential and community contexts. Jennifer is a PhD candidate, currently researching African women's experiences of integration in Ireland. She is an active member of the Irish Association of Social Care Educators (IASCE) and Social Care Ireland (SCI), and sits on the SCI Education Advisory Group.

Moira O'Neill graduated from Technological University Dublin, Tallaght Campus with a first class honours in Applied Social Care having been accepted as an advanced entry student from Ballyfermot College of Further Education. She has social care experience in the areas of special needs, homeless services and youth mental health.

Iseult Paul graduated from the Institute of Technology Blanchardstown in 2007 with a first class honours degree in Social Care. Since 2005 she has been working in the intellectual disability sector, supporting men and women with mild to moderate intellectual disabilities. She is the author of Chapter 10, 'The Stranger in the Mirror: Dealing with Dementia in the Intellectual Disability Sector', in Social Care: Learning from Practice, edited by Noel Howard and Denise Lyons. Since graduating Iseult has acted as a practice placement educator, supervising social care students from the Institute of Technology, Blanchardstown. Iseult is a practice educator and believes that having students on placement is a valuable opportunity not only for the student but for the men and women in the service to have a role and voice in shaping the future practice of social care workers.

Imelda Rea divides her work in Technological University of the Shannon: Midlands Midwest (formally AIT) between lecturing in Social Care degree programmes and working as a community connector with the College Connect project, connecting with people who experience multiple marginalisation, supporting them on their journey into higher education, and beyond, as a student support worker. Imelda has worked in residential care, youth training initiatives and is a volunteer in community radio. She has an MA in Child and Youth Care and degrees in both Social Studies and Community Development.

Noelle Reilly is a social care worker currently working as social care placement co-ordinator and associate lecturer in Institute of Technology Carlow. Noelle has extensive experience as a social care worker in Ireland and has worked in residential care and in the disability sector. Noelle is currently a member of Social Care Ireland and is an active member of the Irish Association of Social Care Workers and a member of the Social Care Workers Registration Board.

Maria Ronan is a graduate of Waterford Institute of Technology's (WIT) Applied Social Studies in Social Care degree programme. She lectures in WIT's School of Humanities and also supports social care students during their practice placements. Maria does relief work in both day and residential services for adults with intellectual disabilities and thus continues to enjoy the rewarding aspects of social care work in addition to keeping her skills up to date. Maria has undertaken voluntary work for many years with a number of organisations in Ireland and abroad including St Vincent de Paul and the Citizens' Information Centre and has fundraised for cancer research, Guide Dogs for the Blind and Amnesty International. Maria is a PhD candidate in WIT; the subject of her research is the impact of state apologies for institutional abuse.

Mark Smith is the Director of Crannóg Nua Special Care Service and has been in this role for the last ten years. Mark has worked in special care and high support since 2002 in a number of different roles including Deputy Director, Director and Interim National Manager for Special Care. Prior to this he worked since 1993 for the Los Angeles Society (now called Home Again) as the Director and Residential Manager. Mark first qualified from Dublin Institute of Technology in 1988 and has postgraduate qualifications in Child Protection and Heath Care Management. Mark is currently studying for a MA in Social Care Leadership in Technological University Dublin. He has been a member of the executive of the Irish Association of Social Care Workers and has represented this organisation in the initial discussions on registration; he also represents social care workers on the Expert Working Group looking at issues in social care.

Janine Zube has twenty years' experience as a social care worker in services supporting people with intellectual and psychosocial disabilities and supporting families and young people accessing services in the community in Ireland and Germany. She holds a postgraduate qualification in Management and a Masters Degree in Human Resource Management (HRM). Janine is passionate about creating opportunities to access education and employment for people with disabilities. As a case manager Janine works with a diverse population promoting community inclusion and engaging with a variety of stakeholders. Janine is an active member of Social Care Ireland, a founding member of Disability Special Interest Group and a member of the Workers' Advisory Group.

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Introduction

Wednesday, 31 May 2017 was a landmark date. On that day CORU launched the Standards of Proficiency for Social Care Workers and started the clock ticking towards statutory registration. CORU was assigned the task, under the Health and Social Care Professionals Act 2005, of establishing the criteria for all twelve professions included in the legislation. CORU designed the standards of proficiency to include five domains, and the first four (professional autonomy and accountability; communication, collaborative practice and teamworking; safety and quality; and professional development) were deemed generic, forming the general guidelines for all twelve professions. Domain five, described as profession-specific (SCWRB 2017), was adjusted to suit each discipline.

This book is a professional response to the standards of proficiency, written entirely by social care workers for students, workers and educators. Here the voice of social care workers is at the centre of each standard of proficiency, providing a valid, meaningful and practice-rich discussion. The book has a single chapter on each of the eighty proficiencies. Each chapter represents the writer's understanding of the proficiency they have chosen and offers insights into the context in which they work, their professional relationships, and how these shape their professional identity as social care workers. A lot of practice is performed intuitively and draws on personal and professional knowledge and experience built up over a lifetime.

The standards of proficiency are portrayed as a threshold framework for creative and informed practice that views service users as central to social care work. Here the worlds of practice, policy, research and regulation are brought into much closer proximity, presented as an integrated practice-informed body of knowledge with the relationship at the core. The keywords and language of the proficiency are explored and considered though a social care lens anchored in practice. A unique section of each chapter is called 'Social Care is …', in which the author explains what social care practice means to them, based on their knowledge and experience. The aim here is to provide as many perspectives as possible on what this evolving profession means to social care workers. Reflections of practice are drawn upon from the 'coal-face' using fictional case studies to maximise students' engagement with the proficiency. The final section of each chapter contains 'Tips for Practice Educators' with a focus on how they might teach the proficiency as practice educators, using practical exercises, reflective questions, quotes and points to consider. The social care workers involved have given their time and expertise to help strengthen the profession and their contributions are a testament to their competence, generosity, passion and pride in social care work.

- Social care worker is a protected title, and the preferred professional title by authors in this publication. In some chapters, authors have used 'social care practitioner', and 'social care worker' interchangeably.
- The Case Studies included in this eBook are either completely fictional, or loosely based on real people. In all cases, names and identifying details have been changed.
- Remember all the links in the chapters and references list are live, so use them to find other relevant resources to support your practice and education.
- This book was written by 75 of us, for you, so enjoy.

Chapter 1 – Denise Lyons

Domain 1 Standard of Proficiency 1

Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession.

KEY TERMS

Practice boundaries of the profession

Legal, ethical and practice boundaries

Zone of helpfulness

Shared duty to care

Professionalisation

Social care is ... a profession that requires an in-depth understanding of and interest in people. Practice is centred within the relationship between you and another person. Social care work places an onus on the worker to constantly reflect on her/his attitudes, physical and mental health and ongoing ability to focus on and be present with the service user(s). The work is emotionally and physically challenging because you use your self as the 'tool' (Lyons 2013).

Practice Boundaries of the Profession
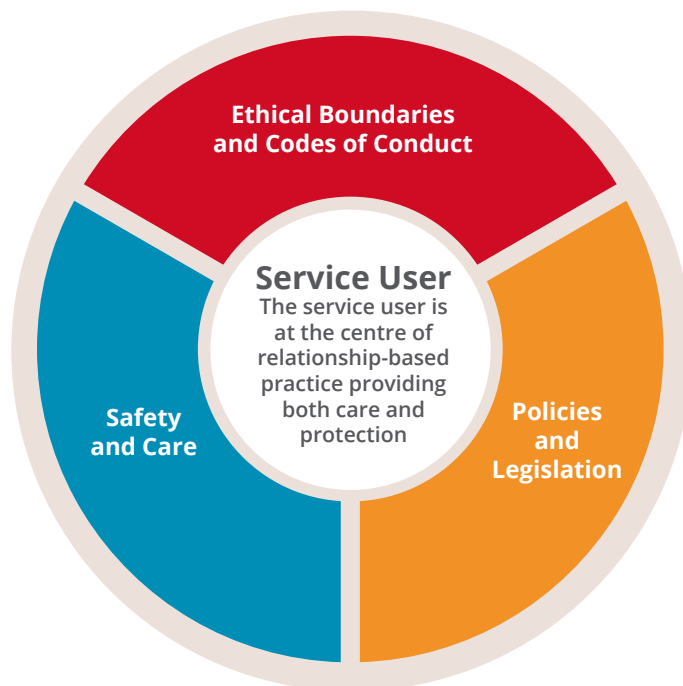
The practice boundaries of social care support workers to provide safe, ethical and legal practice.

> **Professional boundaries** are a set of guidelines, expectations and rules which set the ethical and technical standards in the social care environment. They set limits for safe, acceptable and effective behaviour by workers (Cooper 2012: 11).

Professional boundaries are one of the defining characteristics that separates unskilled labour from a profession (Eraut 1994). According to Hashimoto (2006), the word 'profession' means to profess or declare that, as a professional, you will fulfil your duty in society, using expert knowledge, and are regulated, autonomous and accountable. A key characteristic of any professional body is its ability to make independent decisions about, and to have self-governance on, the definition, role, scope and duties of its members. **Autonomy** is derived from a Greek word meaning self-governance, and on a personal level, it relates to the ability to be in control of and make decisions about your own life (Rendtorff 2008). Professional autonomy relates to the ability to make decisions and judgements within the work environment, which are not absolute, but shaped and limited by guidelines or codes of ethics established by the profession (Hashimoto 2006). The eighty standards of proficiency, presented as individual chapters in this book, outline all the skills and knowledge needed to practise safely and effectively within the boundaries of our profession. These standards of proficiency are supported by a Code of Professional Conduct and Ethics and 'each year registrants will be asked to pledge that they comply' (SCWRB 2019: 1). The 27 'responsibilities' in the Code of Professional Conduct and Ethics (2019) are categorised under three subheadings; Conduct, Performance and Ethics. Chapter 7 provides an overview of this document and looks specifically at the codes of conduct that are not already included in the eighty standards of proficiency.

Accountability is being able to explain the decisions or actions you have made, or not taken, to the people who are directly affected by them (De Lissovoy 2013). Accountability is an important part of professionalisation and when people can stand over their decisions, practice becomes more transparent and safe. Regulation is about accountability to the service user, requiring discipline and adherence to the codes of ethics and conduct, and being answerable for our actions through a sense of individual responsibility. Regulation and accountability are part of a quality assurance process, which begins by setting standards, providing training and then implementing the standards and codes of conduct. This is a cyclical process and 'as the profession develops, the Social Care Workers Registration Board is committed to continually reviewing these standards, in doing so, ensuring that they remain both relevant and comprehensive' (SCWRB 2019: 2).

The Quality Assurance Cycle of Social Care Work (Adapted from Ellis & Whittington 1998)

The quality assurance cycle of social care work
(adapted from Ellis & Whittington 1998)

Social care work is in a constant state of flux and we, as active participants of the quality assurance process, are always learning more about how to practise in a safe way. The quality assurance process begins on the first day of your social care education, as colleges prepare students to practise safely and effectively within the legal, ethical and practice boundaries of the profession. The inclusion of social care work in the 2005 Health and Social Care Professionals Act (DoHC 2005) was the catalyst for a series of changes in the education of social care workers, beginning with the redesign of programmes to ensure that the 80 standards of proficiency are the threshold learning outcomes for students. Social care educators will have to meet the standards outlined by SCWRB (2017a) in order to receive approval to continue educating social care workers. The Social Care Registration Board has ultimate power over the educational institutes, which require documentary evidence of a 'high standard of professional education', as indicated in sections 7, 27 and 38 of the 2005 Act. Educators will have to prove that they have suitably trained the designated professional to be a 'fit and proper person, able to engage in the practice of the profession, with knowledge of the language necessary for practice' (DoHC 2005: 11-28).

The Social Care Registration Board has outlined that only educators eligible to register on the social care register (social care workers) will be permitted to teach or supervise the practice elements of the social care course. The protection of the title 'social care work' within the Health and Social Care Professionals Act 2005, the statutory registration of social care and the inclusion of workers as social care lecturers in the revised programmes, are all indicators of the professionalisation of social care work.

Legal, Ethical and Practice Boundaries

As well as being a characteristic of a profession that is regulated, autonomous and accountable, professional boundaries are important, because as a worker you have formal authority, and thus the potential to misuse your power and influence over service users. The focus of this chapter reflects the main aim of CORU, to ensure that the vulnerable public are protected by directing the worker on what he or she must do to keep people safe within legal, ethical and practice boundaries. Together, these professional boundaries reflect the values of social care and are influenced by changing ideas about how professionals should help others and what is safe practice (O'Leary *et al.* 2013).

To begin our discussion on professional boundaries in social care work, it is important to understand that the relationship is the core of your practice with others, not viewed as a tool (Lyons 2013; CORU 2017b), but as 'the centre of it all' (Ormond 2014: 252). Through spending time together, knowledge is gained on: the service user's likes and dislikes; how to interpret communication cues; how to meet needs quickly and effectively; how to provide support appropriately; and being an advocate by communicating accurate information to others. Professional boundaries are integral to this relationship because there is a power imbalance (O'Leary *et al.* 2013) and as such, the potential to use actions, inactions or information to cause harm and abuse. The social care work relationship is a genuine connection between the service user and the worker, which is based on feelings of safety and trust (Smith 2009; *Smith et al.* 2013). This relationship is described by social care workers as needing focus and time, as being a difficult thing to establish, and experienced as personal as well as professional (Lyons 2017). Ensuring that professional boundaries reflect these values of practice, they must not become a barrier that separates the worker from the service user (O'Leary *et al.* 2013), but one that maintains a relationship-based approach that is safe and genuine. This chapter continues with the boundaries that reflect laws and legislation, and codes of ethics and conduct. They are structured in the form of codes, rules and policies that can provide clear directions on what you 'must' and 'must not' do (SCWRB 2019), with the aim of helping workers to make safe decisions.

Legal Boundaries

Acting in the best interest of service users is the foundation of professional boundaries and as such, as a social care worker you are 'always accountable for what you do, what you fail to do, and for your behaviour' (SCWRB 2019: 14). Being able to practise safely within the legal boundaries of the social care profession begins with an awareness and understanding of all the relevant legislation (Cooper 2012). The Standards of Proficiency for Social Care Workers (SCWRB 2017b: 3) require workers to be aware of all 'new and emerging legislation' that is 'relevant to the profession'. This statement (in standard D1 SOP13) allows for the inclusion of new or amended legislation that will be enacted during the social care worker's long career. The Social Care Workers Registration Board (SCWRB 2017b) noted the importance of specific legal boundaries within the standards, which are illustrated in the table on the following page. Workers need to understand the boundaries of confidentiality and how this can sometimes be in conflict with whistleblowing, can risk assess, gain informed consent, and know the current legislation on data protection and the freedom of information. These are separate standards of proficiency and will be addressed in more detail in the corresponding chapters in this e-book. The table gives you some examples of the specific legal statutes that you must comply with in your duty of care to service user(s). A duty of care is central to social care practice, it is a commitment to reduce the risk of harm to the service user, other professionals and yourself. You can learn more about your professional duty to care in Chapter six.

Boundary from Standards of Proficiency	Relevant Proficiency	Chapter in e-book	Example of Relevant Legislation You Need to Know and Understand
Data protection	D1 SOP 13	13	Data Protection Act 2018
Freedom of information	D1 SOP 13	13	Freedom of Information Act 2014
Confidentiality	D1 SOP 14	14	Freedom of Information Act 2014 Protected Disclosures Act 2014 Data Protection Act 2018
Whistleblowing	D1 SOP 14	14	Protected Disclosures Act 2014
Informed consent and capacity	D1 SOP 14 D1 SOP 15	15, 16	Assisted Decision Making (Capacity) Act 2015
Risk assessments	D3 SOP 12	52	Safety, Health and Welfare at Work Act 2005

From the date a Bill is signed into law by the President, the legislation is enforceable and as such social care workers need to know what the legislation states and how it can impact on their practice with others (Kenneally & Tully 2013). It is also important to know the current policies that are provided as a guide for health and social care professionals on how to comply with the legislation, for example Tusla's *Protected Disclosures Policy and Procedure: A Guide for Whistleblowing on Alleged Wrongdoing* (2016). Complying with the relevant legislation and the policy guidelines will underpin safe social care practice in each setting.

Ethical and Practice Boundaries

Current legislation and relevant policies, professional codes of conduct and ethics, taken together, will provide clear guidelines on what workers must and must not do. However, it is not always possible to have a rule or code to follow for every situation and experience in social care work and sometimes workers need to decide which 'right' or 'code' needs to take precedence. In these situations, professional boundaries appear liminal (Turner 1969), existing within the 'grey zones' of effective social care practice. The liminal grey zone exists because individual workers base their ethical decision-making on multiple factors including past experiences with the service user, and their own socialisation, upbringing, cultural influences, norms and values. These practice decisions and/or ethical dilemmas need careful thought and reflection and sometimes adjustment, to ensure they remain ethical, legal and in the best interest of the service user (Cooper 2012). Read the discussion topics below and write down your own answer before you have a discussion with your peers.

TASK 1

You are on placement in a day service for adults with an intellectual disability and on your day off you meet a service user (Tom) on the bus. What are your boundaries for the following dilemmas? Please provide a rationale for your decision.

a) Tom gestures for you to sit beside him on the bus. Do you comply?

b) Tom knows the area and asks you questions about where you live. Do you answer truthfully?

c) You are both going shopping, and Tom asks if he can accompany you. Do you say yes?

Navigating the Grey Zone of Boundaries: the Zone of Helpfulness

The discussion topics above are examples of some of the first boundaries students need to navigate on their practice placement. Some practice educators will have clear guidelines to help students know how to respond to common ethical dilemmas, responses which will be caring and also protect the service user from harm. Care is not simply dyadic – within the relationship between the worker and the other person – but is 'the concern of living, active humans engaged in the processes of everyday living', a daily practice that is 'aimed at maintaining and continuing our world' and the world of others (Tronto 1993: 104). Biestek (1961) argues that a care ethic includes the values of acceptance, self-determination, confidentiality, individualisation and a non-judgemental attitude. These values are supported by two principles, a purposeful expression of feelings and controlled emotional involvement, which together form the seven principles of practice, and guide the worker towards developing a relationship based on care and protection.

The continuum of professional behaviour is a framework designed originally to support nurses develop professional boundaries to navigate the grey zone of professional boundaries, and protect while providing care (NCSBN 1996). An adapted version of the *zone of helpfulness* framework is presented here as a guide for social care workers. This interpretation is different from the original; here the relationship is presented as central to our understanding of professional boundaries. The framework describes boundaries as existing within a continuum and the aim is to stay within the centre – the ***zone of helpfulness*** – where the boundaries are focused on what is best for the service user. The 'healthy boundaries' in the centre of the continuum (the zone of helpfulness), are consistent with a relationship-based approach, and provide protection within the experience of care. If the worker focuses too much 'on what the boundary is, rather than why it is needed and how it is created' (O'Leary *et al.* 2013: 135), they become ***under-involved***. Alternatively, if they abuse their power, don't comply with the codes of ethics and conduct or break the law, they are ***over-involved***.
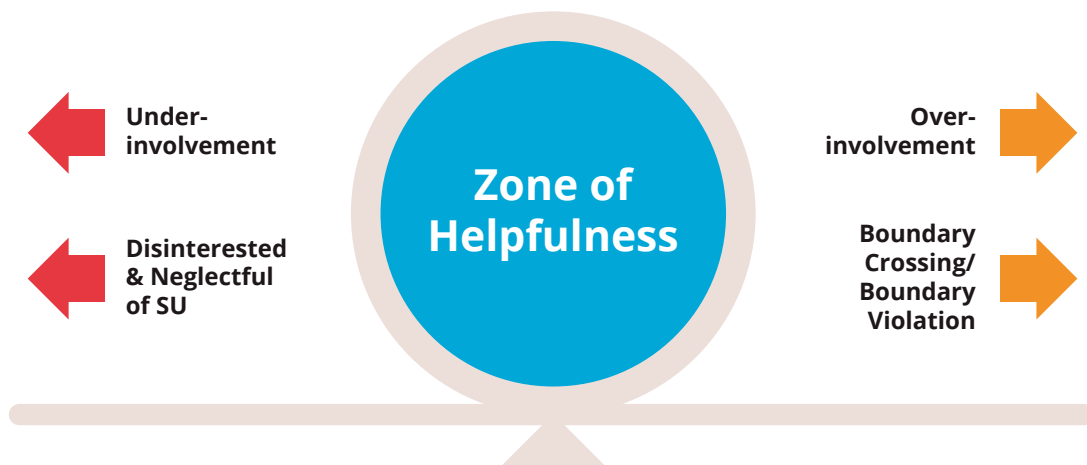
The zone of helpfulness is the space within the relationship between the social care worker and other, experienced when the service user feels heard, has personal autonomy, feels respected and understands how they are being protected by staff and the service. There is a clear understanding of what boundaries are in place to protect the service user and how and why they help. Chapter 21 provides more information on the role of the relationship in shaping our professional boundaries and provides advice on how to navigate those difficult 'grey zones' through the use of the Davidson model, which will also help you to stay in the helpful zone.

Over-involvement can happen when the worker is not aware of their power and influence in the relationship and also does not comply with the boundaries of safe practice. The Code of Professional Conduct and Ethics (2019) provides clear guidelines on what workers must not do or they will be in breach of their duty of care. Over-involvement can also include experiences when the worker is trying to meet their own needs through their relationship with the service user. The only way to develop good practice boundaries is to maintain an openness to continuing professional development, through a process of ongoing learning about your self and your practice with others. Ormond (2014) conceptualises social care practice as an openness to learn by a worker who is constantly questioning the internal and external influences and limits on practice and self. 'Having an openness to learning is a prerequisite' to social care practice, 'the good enough worker never really reaches the point where they can say that they have arrived' (Ormond 2014: 262). As a lived experience, social care is about learning through relationships, and the magic that can happen within a social care relationship based on trust, safety and genuine care. It also about people, who they are, and how their life journey has influenced them in how they present themselves today. The following practices will keep you rooted within the zone of helpfulness.

Rule of Three
If you are having difficulty with an ethical decision, ask three colleagues for their advice and make your judgement on the rationale they give for their decision.

Facts First
Get all the facts first, and check that the ethial dilemma does not have legal or policy or code of ethics and conduct implications.

Under-involvement happens when the worker, in trying to adhere to practice boundaries, has become emotionally distant from the service user. The worker can appear uninterested in the service user and not relationship-focused, can act with an extreme focus on rules, can appear inconsistent, detached and superficial. Social care work requires more cognitive engagement in the 'technologies of care' (Smith 2009: 9), and in indirect practices (Fulcher & Ainsworth 2012), including paperwork, risk assessments, behaviour plans and reports. An increased level of report writing is viewed as the main culprit for taking social care workers away from spending time with service users in children's residential care, and this may be an issue also faced by workers in different contexts (Mooney 2014). If time spent with the service users is not valued within the workplace, the worker may feel out of balance, distanced and separate from the service user, and incongruous to their care ethic. The responsibly to ensure that professional boundaries remain beneficial to the service user does not lie solely with the worker, but also includes the service, the regulators and policy-makers, as a shared duty to care. Social care workers need to talk to their line managers if they feel they are not able to spend quality time with service users to adequately meet their needs. The final sentence of the Code of Professional Conduct and Ethics (SCWRB 2019: 28) reminds social care workers to remember that we are accountable as autonomous practitioners, for what we do and fail to do. We also ask you to remember that as well as practising safely and effectively within the legal, ethical and practice boundaries, you will keep the relationship between you and the service user at the centre of your practice.

Tips for Practice Educators

Students learn about professional boundaries within the placement setting by the practice educator.

- Give the student specific legislation and policies to read and ask them to indicate how these laws and policies protect the service users in this setting.
- Give the student an ethical dilemma from your setting and advise them on what are the best responses to give.
- If you do not already have guidelines on typical practice boundaries, set this as a task for the student and ask your colleagues to become involved.

Learning to navigate the grey zone of professional boundaries:

According to social care workers in different services (Lyons 2017), it takes years of practice before they began to feel more comfortable and confident in their acquired skills and knowledge and feel they are doing 'effective practice' using their professional boundaries. Workers described these 'years of experience' as a rite of passage (Turner 1969), through which social care practice is 'learned', and the social care worker identity claimed. Think about your own daily practice and how you stay in the zone of helpfulness. What are the biggest challenges for you to maintain a relationship based approach in your practice?

Task for the practice educator:

What are the important practice boundaries you have learned that have helped you navigate the grey zone in your service?

Primarily, workers use their relationships with others as a gauge of their ability as a worker and of their identity. This includes one-to-one relationship feedback with service users, team meetings, peer feedback and regular supervision. People judge themselves based on how they feel others are judging them, especially if the 'others' are of value (Erikson 1968). As an experienced worker, in the role of practice educator, what you say, and how you say it, will have an impact on the emerging professional identity of the student or newly qualified member of your team. Think about the feedback you are about to give the student and ask yourself what important message you learned about professional boundaries from your own practice placement and early work experiences.

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Chapter 2 – John Byrne

Domain 1 Standard of Proficiency 2

Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional.

KEY TERMS

Practice
Relationship
Competence
Empowerment
Boundary
Duty of care

Social care is ... about positive change. It is using relationships to support people to achieve social justice and equality of opportunity. More importantly though, it is about compassion, kindness, and human decency. It is about selflessly using your knowledge and skills to help people to make their lives a little bit easier, while empowering them to take as much responsibility as possible for themselves.

TASK 1

Take a moment to consider the following questions:

What exactly is social care 'practice'?

What skills and knowledge has your professional training/education given you?

Is there an overlap between social care and other professional disciplines?
If yes, how do you decide where your role ends and theirs begins?

This proficiency is about knowledge, skills and competence. It is about knowing the boundaries of our practice and professional ability. Before we go further, it is important to have a clear understanding of what our 'practice' is. According to CORU (2019), social care is 'a relationship-based approach to the purposeful planning and provision of care, protection, psychosocial support and advocacy in partnership with vulnerable individuals and groups who experience marginalisation, disadvantage or special needs'.

Relationship

In social care work, the relationship between worker and client is the foundation of everything (O'Connor *et al.* 2003). Its purpose is to help the client to assume as much control over their own life as possible and move toward independence. In practice, the social care worker is responsible for the development of the 'relationship'. S/he does that in a way that is not doing something 'to' or 'for' the client, but rather in 'partnership with' them. Everything the worker does, involves both consciously and unconsciously, empowerment and support of the client, enabling them to take responsibility for themselves (as far as is practicable). Depending on their age and cognitive ability, for some clients that will involve decisions around fully independent living; for others, it will involve making decisions about what clothes to wear, or what food to eat.

The work is not ad hoc or informal but the product of structured assessments and interventions based on theoretical knowledge, and designed specifically to address issues of marginalisation, disadvantage and social exclusion. Irrespective of the client group, the model of practice is the same. Assessments are carried out, the client's needs are identified and prioritised, and interventions are designed and implemented to ensure that the client's needs are met (O'Connor *et al.* 2003). In keeping with the principle of empowerment, social care workers will only meet a client's needs for them when they cannot or could not be reasonably expected to do it for themselves.

The social care worker is highly skilled in the 'craft of care', or the ability to notice the dynamics that play out in that relationship. S/he will typically have completed at least three years of personal development work and will have a highly tuned awareness of his/her own values, prejudices and emotional responses to people and situations. S/he will be aware of the imbalance of power in the relationship and will be trained to mitigate that by adopting emancipatory or anti-oppressive practice (Dalrymple & Burke 2006) and conveying a position of 'unconditional positive regard' (Byrne 2009); a deeply held belief that all human beings are fundamentally equal. S/he will have a comprehensive theoretical understanding of human behaviour and social structures, and a basic training in counselling skills (Moss 2008). S/he will be adaptable to new challenges and situations and will perceive all human behaviour, no matter how bizarre it seems, as a form of communication.

The Limits of Our Practice

Knowing the limits of our skills and competencies in social care is important for several reasons, not least of which is because it is linked to our duty of care. If a worker makes a decision that is outside the realms of their professional knowledge and competence and they get it wrong, they could be in significant difficulty.

In tort (civil disagreement) law, negligence is judged by the extent to which an accused meets the standard of a reasonable person, or professional, in their care of another (Atkins *et al.* 2020). Where a duty of care is established and a professional could have 'reasonably foreseen' an issue, s/he has a legal responsibility to take action to ensure that the client comes to no harm. If the professional's actions (or failures to act) fall below the standard of the reasonable person, or professional (and the client suffers as a direct result of those actions/omissions), the professional may be found negligent in their duty of care and be held liable for damages.

A social care worker's personal liability for their practice is made very clear in Section 21 of the CORU *Code of Professional Conduct and Ethics* (SCWRB 2019), which states that workers must 'ensure that you maintain adequate professional indemnity cover for any assessment, intervention, treatment or service you provide or have provided'. That essentially means that if you make a decision and get it wrong, you could be sued, so you must have insurance to cover the potential liability. This is further re-enforced by Section 9(f), which states that workers should 'be able to justify any decisions you make within your scope of practice. You are always accountable for what you do, what you fail to do, and for your behaviour.'

The problem is that the scope of a social care worker's practice is not that easy to define. A social care worker could reasonably ask: When does facilitating a client's daily exercise become physio or occupational therapy? When does providing psychosocial support become counselling? So how do we know when our practice has gone beyond our professional competence? According to Moss (2008), all human service workers provide a level of counselling on a continuum from soft to hard. At the softer end of the scale, teachers (for example) provide emotional support to anxious students at exam time; at the harder end of the scale, psychotherapists facilitate clients to explore deep emotional trauma. The challenge for the teacher is to know where one discipline ends and the other begins. In social care, we work with a wide range of people who present with complex emotional and psychological issues, so the boundary of our practice is even more difficult to define.

Case Study 1

John is fourteen years old and lives in residential care. After a violent outburst, he becomes very upset and tells social care staff how sad he is that his dad forgot his birthday again. He explains how conflicted he feels with his dad, as he loves and hates him at the same time. Staff listen carefully, conveying compassion and empathy, but wonder if this is beyond their competence and whether it is psychosocial support or counselling.

Every day social care workers make decisions that could be considered outside the realms of their professional competence. In the above example, if the worker does not provide the space for John to explore the issue, there is no learning for him. If s/he does, then s/he could be accused of exacerbating his sadness without the competence of a professional counsellor. If the boy harmed himself or absconded after that conversation, the worker might be asked to explain why they facilitated him to explore the issue.

Of course, if we were to be overly concerned with that, we would not do the work, or our practice would be so restricted that it would be ineffective. In my 28 years in social care, I have never heard of a social care worker being sued for professional negligence, so do not panic. Just remember that your responsibility is to the client, but also to yourself and to your employer. If there is any doubt that your practice decision crosses into another professional discipline, you should seek (and take) advice from a qualified professional in that discipline before developing your style of practice or proceeding with an intervention.

Case Study 2

During the violent episode, John punched a wall, sustaining a minor laceration and bruising to his hand, which caused him some pain. The staff member was a former camogie player and had significant personal experience of such injuries. She thought John would be fine, but since she was not qualified to make that assessment, she brought him to the doctor. The doctor referred John to hospital for an X-ray, which determined that nothing was broken. Even though the social care worker's assessment was correct, the decision was outside her professional competence, so she was obliged to have it checked.

Case Study 3

Mary presented to a domestic violence refuge with her three young children having been violently assaulted by her partner. The social care staff had significant experience in this area and were very familiar with Mary's rights and entitlements. Having provided her with the relevant information, staff referred Mary to a solicitor for independent legal advice.

Case Study 4

Michael has Down syndrome. While he cannot live independently, he completes daily independent tasks as part of a community integration intervention. At a pedestrian crossing in the city one day, Michael waited for the green light but while crossing the road was knocked down and injured by a Garda car. Nobody had told Michael that emergency vehicles can go through red lights when their sirens are on.

We can see from the practice examples above that social care workers are constantly managing risk. In some areas, the boundaries of our knowledge, such as when the client requires medical or legal advice, are clearly defined; in other areas they are not.

Professional social care work is about risk assessment and management, not risk elimination. If we do not take any risk, our clients will never have new experiences and our practice will become oppressive and institutional. The challenge is to know exactly what you are qualified to do, and where the boundary lies between social care and another professional discipline.

The key is to trust your internal wisdom and make all decisions from a place of awareness and transparency. Make sure you are familiar with the practice within your agency and do not step outside that practice without consultation with a manager or senior staff. Having said that, you should also be aware that managers/agencies make mistakes too, and just because somebody else said a decision was okay does not mean that you are absolved of your personal liability.

Knowing when to seek advice

The first thing that comes to mind here is that you should not wait until you are at the limit of your ability before you ask for advice. As a therapist, whenever I feel stuck, or think I 'need' advice about the work, I ask the client what they think would help. In my view, the most dangerous and unhelpful position the 'professional' human service provider can take is to assume that because of their training or education, they know more about the client than the client knows about themselves. Of course, that statement is dependent to some extent on the client's age and cognitive ability, but we should never underestimate the client's ability to know what they need.

I bring some knowledge and experience to my relationship with my clients in social care and psychotherapy. They do the same, and together we try to find solutions to issues that cause a barrier to their quality of life. Throughout that process I will remain open to advice and guidance in all its forms from a variety of sources. I will also use formal professional supervision and team discussion/reflection to its full potential.

Knowing when to seek additional expertise

As a humanistic/integrative therapist and social care worker, I have a bit of a reaction to the word 'expertise'. I do not see myself as an 'expert' on anything but myself. While I always value the input of people with additional knowledge, the suggestion that our clients' lives should be decided exclusively by those with 'expertise' does not always sit comfortably with me. Sometimes our clients need input from family, friends, community members and priests/spiritual advisers. Sometimes they need it from doctors, therapists and solicitors or experts in various other fields. Decisions on how/when to seek additional expertise should be made when there is either an impasse in the work that cannot be resolved internally, or when external input may bring a skillset to the intervention that is particularly useful. When seeking clinical input, it is important to remember, though, that another professional may provide a medical as opposed to a psychosocial response to a problem that may or may not be consistent with the ethos of your agency.

Case Study 5

John was a non-verbal 15-year-old with a moderate learning difficulty and retentive encopresis. His bowel motions occurred once a week, causing him significant pain and discomfort, which manifested in aggressive challenging behaviour. Medical professionals recommended manual bowel evacuations and laxatives, but social care staff noticed that being in a swimming pool stimulated his bowel motions. Staff deferred acting on the medical advice and brought him swimming twice a week, which resolved the issue. They took a great deal of care to get him out of the water in time!

Knowing when to refer to another professional

As previously stated, social care work is about helping the client to take ownership of their own life: it is not about us. If we reach the stage with our client where we are not helpful, for any reason, then we owe it to them (and their family) to refer them to another worker/professional.

It would be unreasonable to expect a social care worker to be 100% effective with all their clients all the time. The challenge is to have the awareness and maturity to know where your strengths lie, and not to let your ego get in the way of the work. If you are no longer helpful or need to pass a client on to somebody else, then it is your responsibility to do that.

Controlled emotional involvement or over-enmeshment in the client's world can also be a reason for passing a client on. Carl Rogers said that in humanistic work the necessary elements of the helping relationship are genuineness, empathy and unconditional positive regard (Mearns & Cooper 2005). Empathy is viewing the client's world through their eyes as if it were your own, but without ever losing the 'as if' quality.

Some social care workers believe that is it possible to finish work at the end of a shift and leave it all behind. I do not agree. When we care about, and work with, very vulnerable people, I have found that it is almost impossible to completely forget about them outside work. However, we should remember that a job is supposed to support your life; it is not supposed to *be* your life. When we become enmeshed in our client's world to the point where it begins to overshadow our private lives, or where workers have strong feelings for a client (love/hate/sexual attraction), we risk our judgement becoming impaired. If that happens and the issue cannot be resolved, we owe it to our client to pass them on to a staff member who can remain impartial.

Tips for Practice Educators

Many social care workers and students still struggle to articulate exactly what we do. This is partly why it has taken us so long to achieve public recognition and professional status. Now that we have a clear and concise definition for our work, it is important that our students learn and understand it, because they cannot know the limits of their practice, if they do not know exactly what their practice is. Students should be encouraged to:

1. Understand that professional social care work is far more complex than simply helping vulnerable people.
2. Deconstruct the term 'relationship-based work' and understand the importance of the dynamics in their relationships with their clients.
3. Understand their legal responsibility to their clients.
4. Understand that care, protection, psychosocial support and advocacy are the cornerstones of our practice.
5. Notice their position of power in the relationship with their clients and always aim to give the client as much control as possible over their own life.
6. Be very clear about when their practice could be perceived to cross into another discipline and use supervision and peer support wisely to take advice and guidance in that regard.
7. Understand that knowledge is an important prerequisite to professional practice, but a worker with compassion and little knowledge will be far more effective than a worker with knowledge and little compassion!

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Chapter 3 – Laura Doyle

Domain 1   Standard of Proficiency 3

Be able to act in the best interest of service users at all times with due regard to their will and preference

KEY TERMS

Best interests

Will and preference

Rights-based practice

Human rights-based approach

Social care is ... the planning and provision of relationship-based care and supports to people who experience marginalisation and/or disadvantage in society. Relationships are at the core of what social care is and through the promotion of healthy relationships, human rights and advocacy, social care promotes and supports people to reach their full potential.

Best Interests

In social care we have the privilege of supporting a broad spectrum of vulnerable groups of people, from children and adolescents in residential services to people in direct provision, people with disabilities, people dealing with trauma, among many others. The people with whom we come into contact are deemed to be in need of support, and this support can manifest itself in many different ways. One of our main roles as social care workers is to help by asking what is in the best interests of the person who requires support. In social care we encounter the term 'best interests' quite frequently, but what exactly does it mean?

The term 'best interests' as a children's rights principle is derived from the UN Convention on the Rights of the Child, which states that 'the best interests of the child must be a primary consideration in all actions concerning children' (UN 1989). 'Best interests' is also used as a guiding principle in the Mental Health Act 2001: when making a decision under the Act, the best interests of the person shall be the main consideration. In the Irish context, there is no clear definition of 'best interests', which leaves the term open to different interpretations and applications. Walsh (2017) argues that in the legal landscape this has oftentimes led to the courts interpreting this principle in a paternalistic manner. There are many examples of paternalism embedded in Irish history, including the power that the Church held and its devastating impact on people who were placed in educational reform settings and Magdalene laundries 'for their own good'; and the medicalisation of mental health and disability which led to people being put in institutional settings under the pretext of protecting them and protecting society, by limiting their own personal liberty and autonomy.

But how do we as social care workers determine what are the best interests of a person? Our own values and belief systems can at times influence our decision-making process in relation to care and support. Our own interpretations of best interests could be derived from our own values and beliefs. Our personal values and beliefs can influence our decision-making in many areas of our lives, including our career. Reflective practice can play a vital role in allowing practitioners the space to reflect on these important issues and to critically analyse the role that our values and beliefs might play in our practice. Determining the best interests of a person should not be done in isolation. Best practice would be to include as many people as possible who know the person well and have developed

relationships with them. The person receiving support should be involved and included in the dialogue and understanding of what is in their best interests. They should be at the centre of this person-centred approach to their care.

TASK 1

Think about your life and what changes would happen (if any) if someone supporting you were to act in your 'best interests'?

Will and Preference

The proficiency states that as social care workers we need to have due regard to the will and preference of the service user. But what is meant by a person's 'will and preference'? Will and preference, like best interests, remains undefined. However, it can be interpreted as how a person wants to live their life and the preferences they have in relation to their personal life choices. These vary from person to person and often change over time. 'Due regard' means having the proper care or concern for something. In the context of the proficiency it means that, while working in the best interests of the person, we as practitioners need to properly consider and take into account the will and preference of the person receiving support and to ensure that as far as is practicable these are upheld and respected.

Will and preference, as a term, can be found in the UN Convention on the Rights of Persons with Disabilities (CRPD) (UN 2006). The adoption of the CRPD was a momentous occasion as it formally recognised disability as a human rights issue and reaffirmed that all people with disabilities should enjoy all human rights and freedoms. In Ireland, the introduction of the Assisted Decision-Making (Capacity) Act in 2015 was a monumental step towards recognising the right of all adult citizens to make decisions about their own lives. This Act, once fully enacted, will see the presumption of capacity afforded to all adult citizens regardless of mental health diagnosis, disability or other diagnosis. Under this Act we must presume that all adults have the capacity to make decisions, whether or not we feel they are the right decisions.

How do we as practitioners determine a person's will and preference? Building relationships is key. Discovery is a process in person-centred planning whereby a person's goals, wishes and dreams are established using a variety of tools that are individualised to suit the needs of the person. The discovery process is the starting point to building relationships and establishing trust with the person.

What if the will and preference of a person is in conflict with what is in their best interests? It is important that practitioners reflect on these scenarios and seek the appropriate support and guidance.

TASK 2

How would you support a person if their will and preference would impose a risk to that person's safety or wellbeing?

Questions for a social care worker to reflect on when looking at the best interests and will and preference of a person.

Best Interests

What are the person's best interests?

Are these best interests agreed upon by the person and/or others?

Are the rights of the person respected and upheld at all times?

Am I fulfilling my professional obligation to this person?

Will and Preference

What are the person's goals, wishes and dreams?

How does the person want to live their life and what is needed to support this?

Does the person's will and preference pose a risk? If so, what can be done to minimise this risk?

TASK 3

Please reflect on the questions (Best Interests) and (Will and Preference) and apply them to the case study below

Case Study 1

Marian is a 55-year-old woman who lives in a residential home for adults with intellectual disabilities. She smokes 20 cigarettes a day; she has smoked since she was 18 and has negatively responded when asked to stop. Marian continuously gets chest infections and other health compilations relating to smoking. Marian's doctor has advised that she needs to quit smoking for the good of her health. It is in Marian's best interests to stop smoking; however, her will and preference is to continue. As Marian's social care worker, how would you support Marian in the context of the proficiency 'be able to act in the best interests of service users at all times with due regard to their will and preference'?

Human Rights-Based Approach

In recent times there has been an emphasis on a human rights-based approach to care in Ireland. The Health Information and Quality Authority (HIQA), in conjunction with Safeguarding Ireland, has developed a guidance document on a rights-based approach, *Guidance to Support a Human Rights-Based Approach in Health and Social Care Services,* which was partly funded by the Irish Human Rights and Equality Commission (HIQA 2019). As practitioners, we operate within the legal parameters of service and support provision. It is imperative that we know, and are aware of the importance of knowing, the rights of the people we provided support to and to ensure that support and interventions are delivered in a way that is respectful of these rights.

According to Curtice and Exworthy (2010), in a human rights-based approach to care the clinical processes, organisational practices and culture of a service support and protect the human rights of people who use the service. It is 'the process by which human rights can be protected by adherence to underlying core values of fairness, respect, equality, dignity and autonomy, or FREDA' (Curtice & Exworthy 2010: 150). It is important that we as social care workers understand these principles and are able to apply them to our practice.

While operating in a practice in which we must act in the person's best interests, with due regard to will and preference, we must, as practitioners, be cognisant of the rights of the person and ensure that we are not working in a manner that means these principles are not respected or promoted. Equally, we must be cognisant of our obligations to people who receive support to promote their safety, health and wellbeing at all times and take all reasonable actions to support these.

Figure 2: Awareness of our own values and beliefs play a vital part in supporting an HRBA and supporting the will and preference of a person.

TASK 4   How would you promote and support a rights-based approach in practice?

It is important as practitioners that we are aware of our value system and are cognisant of imposing that same value system on others. For example, if a social care worker values health and healthy eating they must be careful not to impose their values on others who might not share similar values or beliefs. One of the ways we do this is through our reflective practice. Values are not stagnant – they can change over time – which is why it is important to continuously reflect on our own values and how they might influence our practice. Equally we must be aware of our own limitations in defining what is in the best interests of a person, the person themselves and the people who know the person

well. Determining what is in a person's 'best interests' should not be done in isolation; it needs to be a collaborative approach with the person involved, as much as is practicable, and at the centre of all discussions.

Discovering the 'best interests' and the 'will and preference' of a person begins with establishing a relationship with the person in order to learn more about them. This process can take time and should be done at a pace that the person is comfortable with. This relationship needs to be genuine and built on trust in order for the person to respond positively to the process and to engage with you as a practitioner. As social care workers we will come across difficult cases, ones in which the will and preference of a person could be in direct conflict with what is deemed to be in their best interests. In these cases it is imperative that the dignity and rights of the person are upheld at all times and that the practitioner is aware of their own legal obligations.

TASK 5

Think about and reflect on your own values. What would you do if you were supporting someone whose value system was different from your own?

💡 Tips for Practice Educators

Students will need to reflect on their own interpretations of what 'best interests' means to them. This can be done through the student reflecting on their own values and beliefs. One tool which can be useful to use is the coat of arms, a tool whereby the student reflects on what is important to them and puts this into their own coat of arms. The student should then be encouraged to think about situations in which they are supporting someone whose values and beliefs are in conflict with their own: how would they respond? The importance of diversity should be highlighted to show how our values and beliefs are often in conflict with those of others and that as practitioners we need to be able to respond appropriately in these situations and be aware that we do not impose our own values and beliefs on others in the context of best interests.

A key requirement for understanding and applying this proficiency is the student's understanding of the role that relationships play when determining the best interests and will and preference of the person they are supporting. Students need to have a clear understanding of their own interpretations of best interests and how this can influence their decision-making. Reflective practice and a collaborative approach are key to implementing this proficiency in practice. Students need to have a thorough understanding of this and to be able to use these approaches in practice.

Relationships are also key to helping a practitioner discover the will and preference of a person. The discovery process can be used to support relationship-building and to help determine a person's will and preference. The discovery process for person-centred planning can be applied to a wide variety of settings and the various tools used to support the process can be applied in relationship building with the person. The coat of arms, the circle of support and my perfect day are just a sample of tools that can be adapted and individualised to suit each person. Students should have an understanding of person-centred planning and the various tools used in this approach to inform other areas of their work and to help support relationship-building.

Person-centred Planning Tools

Coat of Arms – A tool to support a person to think of what means the most to them in their life, what they truly value, and to design their own coat of arms around this. The person is supported to draw and reflect on their values and why they are important to them.

Available from https://www.nga.gov/content/dam/ngaweb/Education/learning-resources/lessons-activities/greco-roman-myths/coat-of-arms.pdf.

Circle of Support – A tool which maps out all the people in the person's life. This tool can be also used as a great learning tool to support boundaries and different relationships. Available from https://www.mentalhealth.org.uk/sites/default/files/a-guide-to-circles-of-support.pdf

My Perfect Day – A tool used to facilitate a conversation about what constitutes a perfect day for the person. This helps the social care worker establish what is important for the person and also to identify some of the person's goals, wishes and dreams.

http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/

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Chapter 4 – Imelda Rea

Domain 1 Standard of Proficiency 4

Be aware of current guidelines and legislation relating to candour and disclosure.

KEY TERMS

Standard

Candour

Disclosure

Relating

Connecting

Being Aware – Up to date guidelines and Legislation

Social care is ... a delicate balance of *holding on and letting go* when caring for the whole person, family, or group at any or all stages of life's continuum. When prevention or intervention is required, it is not just a *doing for others* process, but an *enabling of others* from a non-judgemental strengths-based perspective.

TASK 1

Describe a recent experience when you had to speak openly and honestly but the topic made you feel uncomfortable. Why was this conversation needed?

Standard

Before we consider how we can improve our awareness of guidelines and legislation we should begin with a clear understanding of the meanings of key terms used to guide us in standard 4, specifically **candour** and **disclosure**.

Candour

The quality of being honest and telling the truth

Disclosure

Making something known

The online Cambridge Dictionary defines **candour** as *the quality of being honest and telling the truth, especially about a difficult or embarrassing subject* and **disclosure** as *the act of making something known or the fact that is made known*. In my practice in social care, the term **disclosure** has come to be used most often in relation to a child or vulnerable adult revealing abuse perpetrated on them. In other words 'disclosure' is what others do, while we, the worker, receive the information. Given that specific circumstance, we would be correct in this thinking. However, when the social care professional is ready to report what has been entrusted to their care, how and to whom they disclose the information is of equal importance: their retelling of the information must be candid, accurate and honest, especially about something difficult or painful.

TASK 2
Consider a time when the most appropriate response to a situation is to withhold or provide inaccurate information. How can you justify this?

Candour and Disclosure

Candour in social care is a more general term. It helps to provide the full picture of the event and an opportunity to evaluate and learn from this. Candour should be ever-present in the culture of the organisation. It is important for social care workers to examine the culture of their service to ensure that they do not find themselves in a negative workplace where blame and defensive tactics are the standard response to an incident. Historically, this was common in many workplaces and the lack of candour in documentation left its own scars. The current requirement of transparency, and supportive practices such as professional supervision, enable openness and honesty to thrive and barriers to be broken down. Considered together, candour and disclosure are tools to help us focus on and improve the culture in social care organisations and to build stronger and more equal relationships with people who use social care services.

Case Study 1

It is the last hour of the final day of a week-long summer camp for inner-city pre-teens. Youth worker Jane (pseudonym) is beginning to pack away sports equipment when Seamus (pseudonym), who had said he was tired today and did not want to take part in the physical activities, begins to help Jane with the packing.

When they are both at one side of the sports hall, they sit down for a short break. It is then that Seamus discloses information about a serious physical assault by his mother the previous day. He raises his sleeves to reveal fresh bruises along the length of both arms. Seamus begins to cry when he states that his mother will collect him at the end of today's camp.

Jane reassures Seamus that she can help him and begins to implement the protocol for child protection, when Seamus's mother arrives. Jane tells her that Seamus is part of the 'clean-up team' and they have not finished yet, so she should wait outside – this is not true, but it provides the time needed for additional support to arrive.

Jane was not comfortable with telling this lie, but felt it was acceptable under the circumstances.

Registering with CORU and adhering to the Code of Professional Conduct and Ethics requires you to maintain high standards of conduct and to act in the best interest of the service user. Those on the register are required to '*do everything, insofar as within your control, to enhance the health, safety or welfare of a service user ... protect service users if you believe they are or may be at risk from another professional's conduct, performance or health'.*

Relating/Connecting

Mistakes can happen in any place of work. In social care, if a mistake occurs, by accident or through an act or omission, it is the social care worker's professional duty of care to report it. Policies in the organisation should both facilitate and prevent obstruction of such reporting.

The value of candour is significant. Even in well-managed services things can go wrong, e.g., losing an individual's belongings, providing incorrect information, misuse of equipment or not acting quickly enough on concerns raised by an individual. Actions or inactions may result in consequences, ranging from minor to more serious, with possible long-term implications for those concerned.

Candour links with our duty of care; we demonstrate respect to our service users by being honest, open and transparent when something goes wrong. When we inform others of our failures or wrongdoings, despite the negative impact an accident, omission or incident may have on the individual, their family and others, an honest, open disclosure and acknowledgement of the error can enable a better resolution and faster rebuilding of confidence in the service and staff, while also providing valuable learning to ensure that similar events do not occur in the future.

Being Aware – Up to Date

Being aware of current information relating to this standard of proficiency is difficult at this time. Much has been achieved by CORU in professionalising the role of the social care worker, but legislation in relation to candour and disclosure has yet to proceed beyond the medical healthcare arena, e.g., the **Civil Liability (Amendment) Act 2017** provides a legal framework for **voluntary** open disclosure of all patient safety incidents, including near misses and no-harm events. It provides for an open and consistent approach to communicating with patients and their families and offering an apology, as appropriate, when things go wrong in healthcare. In 2018, the government approved the general scheme of the **Patient Safety Bill**, for **mandatory** open disclosure and external notification of patient safety incidents; clinical audit guidance; and extending the remit of the Health Information and Quality Authority (HIQA) to private hospitals.

In the medical healthcare professional setting, the much-publicised cases of misdiagnosed cervical smears, and the subsequent delay in informing those affected, shone an intense light on the lack of candour and disclosure for those affected. The lack of timely information limited, for many women, the option to act earlier to attempt to mitigate their situation, proving life-changing for many, and in some cases life-ending.

Social care professionals must consciously embrace the ethos of candour and disclosure in their practice to ensure that their clients, service users, co-workers and others are not negatively affected in any way by the absence of candour and disclosure in the culture of the organisation and must be prepared to engage in open and honest dialogue if a mistake should happen.

Guidelines and Legislation

Similarities between how the United Kingdom and Ireland have progressed in this area are clear. Presently, however, there is no social care-specific legislation in Ireland on this topic. Students would be well advised to look towards the UK and European legislation to gain an insight into how Irish legislators may be guided when legislation of this kind is considered for enactment in the Republic of Ireland. The UK has legislated for candour and disclosure in both medical healthcare and social care. The duty of candour is specified in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and applies to any organisation carrying out healthcare and/or social care activities that are regulated by the Care Quality Commission.

While there is currently (as of 2021) no Irish legislation on the topic of candour and disclosure in social care specifically, there are a number of guidance and legislative documents that require and promote candid disclosure of information. These include (but are not limited to):

- Safeguarding Vulnerable Persons at Risk of Abuse
- Children First Act 2015
- Children First Guidance 2017
- Protection for Persons Reporting Child Abuse Act 1998
- National Vetting Bureau Acts 2012 and 2016
- Freedom of Information Act 2014
- Data Protection Act 2018
- Safety, Health and Welfare at Work Act 2005
- Accident and incident internal/external reports
- Specific organisational reports.

With reference to information students may be required to make available to placement providers, employers or for professional registration, at no time should students misrepresent their qualifications or abilities. On completion of the appropriate degree and subsequent registration, much consideration should be given to the personal accountability the acquisition of professional status will have on the individual and those in their care.

Tips for Practice Educators

As the student progresses through their educational journey, it is important to stress at all stages of your interaction with them that today's guidelines and legislation (requiring learning and assessment and exam recall) will be updated and added to. They will change with the times. What will not change will be the requirement to be aware of such changes.

The long-awaited professionalisation of social care rests on their shoulders – they must uphold the standards of proficiency in their chosen field – and on ours, as tutors and lecturers, to help guide the student to reach their best professional self.

Students' ability to understand that it is they who will be the 'professional' in the care sector on completion of their degree, should be tested formally and informally in a safe space to allow them to make mistakes and learn from them. The lecture hall/college and placement are the learning spaces in which to firmly grasp the concept of their co-responsibility in upholding these standards. However, once in the workplace the student's understanding of the requirement for candour and disclosure should be almost innate.

One important term in Domain 1 Standard 4 is to be 'aware'; this awareness is required throughout the lifetime of your practice. Continuing professional development should run in tandem with continuing personal development. Students will benefit from a fuller understanding of where they are in terms of standards of proficiency and year of study. Supervision preparation further emphasises accountability of their role, whatever the entry level into the workplace. As the majority of guidelines, codes of ethics and conduct and legislative information can now be accessed online, encouraging students to sign up to newsletters/emails from reputable sources, e.g., the Health and Social Care Professionals Council (CORU), the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE), etc. will go some way to keeping the student informed of significant changes and the impact changes have on candour and disclosure in their work area.

Promoting, in IT classes, the correct archiving systems for such documents can help students to easily access and update them when required.

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Chapter 5 – Catherine Carty

Domain 1 Standard of Proficiency 5

Respect and uphold the rights, dignity and autonomy of every service user including their role in the diagnostic, therapeutic and social care process.

KEY TERMS

Human rights-based Approach

Respect

Rights

Dignity

Autonomy

Participation

Social care is ... about supporting the children and families we work with to bring about changes in their lives. It is about working **with** them to identify areas for change, in order that their lives can be the best they can be. As a social care worker, it is **not** about being their friend or their confidante, it is about being the person they can trust to hear them, to acknowledge their ability to be self-directional in their own lives, to empower them to participate in decisions which affect them and finally to work with them (and others) to find solutions.

Introduction

Social care workers work in many different settings – with children and young people, families, children and adults with disabilities, adults in homeless or addiction services, in day, residential or community-based support services. Regardless of the sector, or setting, we have a professional responsibility to respect and uphold the rights, dignity and autonomy of every person we are working with. This is particularly important with regard to involving those we are supporting in their assessment of need and subsequent diagnosis or work plan. It also relates to facilitating the meaningful participation of our clients in the therapeutic interventions we engage in as part of a professional social care process. This Standard of Proficiency dovetails with others in this publication, but specifically Domain 5 Standard 3 (Chapter 64) and Domain 5 Standard 13 (Chapter 74). You might find it useful to read this chapter in conjunction with Chapters 64 and 74. In exploring this Standard of Proficiency, this chapter will draw on the Health Information and Quality Authority (HIQA) 2019 publication *Guidance on a Human Rights-based Approach in Health and Social Care Services*. Additional support material will be included and will be supplemented by case examples and tasks for practice.

TASK 1

Read the journal article Fitzgerald *et al.* (2020) 'Translating a human rights-based approach into health and social care practice' in the Journal of Social Care, available at https://arrow.tudublin.ie/jsoc/vol3/iss1/

Throughout my career, starting as a social care worker in the 1980s to being employed on the Social Care Programme with Limerick Institute of Technology, I have experienced enormous change in the professional landscape of social care practice. I began working at a time when young people were still cared for in industrial schools, where adults with disabilities were cared for in large, congregated settings, and when there was scant involvement with children and families within their own communities. Giving young people, families and others we worked with a voice in decisions that

affected them was the exception rather than the norm. Today, we have moved to a place where the rights and autonomy of those we are supporting is underwritten by legislation and where staff and advocacy organisations facilitate their voice to be at the centre of their care and support. Through increased regulation and the impending registration of the social care profession, this standard of quality practice is now a requirement and, through its delivery, will aim to ensure better outcomes in the lives of those we are working with.

Human Rights-Based Approach

A human rights-based approach is the cornerstone of inclusive practice. 'Human rights are about people being treated with fairness, respect, equality and dignity; having a say over their lives and participating as fully as possible in decisions about their care and support' (HIQA 2019: 7). While there has been an increased focus on the importance of working from a rights-based approach, it is perhaps more of a challenge to understand and apply this approach in practice. There are many justifications for practising with an inclusive rights-based approach. First, it supports person-centred care and support, which ensures those receiving services are at the centre of the decision-making process. Second, it is a professional requirement of the Social Care Workers' Code of Professional Conduct and Ethics, a code all social care workers will be bound by following registration of the profession (SCWRB 2019). Third, it is enshrined in law. The legal frameworks informing and underpinning policy directives in the state place a responsibility on organisations and individuals to 'uphold the human rights of people using their services' (HIQA 2019: 9). A useful framework for exploring how a human rights-based approach can be used in practice is to apply the five **FREDA** principles (Curtice & Exworthy 2010).

- **F**airness
- **R**espect
- **E**quality
- **D**ignity
- **A**utonomy

| F | R | E | D | A |
| Fairness | Respect | Equality | Dignity | Autonomy |
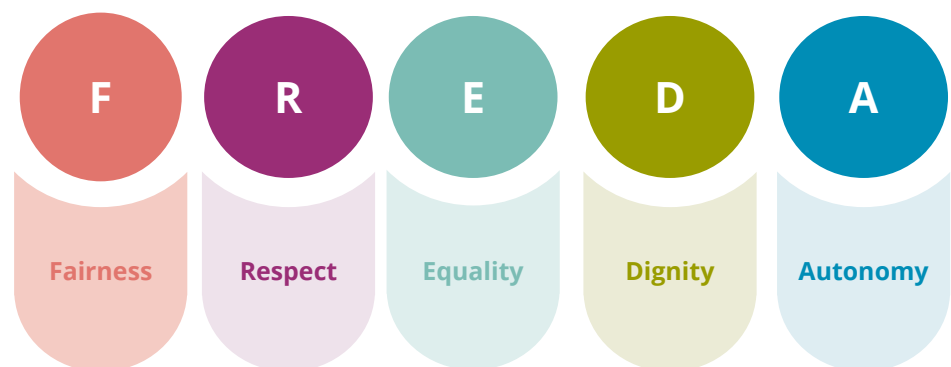
Fairness

Fairness, in the context of a rights-based approach to practice, relates to ensuring that the person receiving the service is at the centre of all decisions made regarding their care and support. Fairness reinforces the core beliefs of equality and autonomy, making sure that the decision-making process is just and free from discrimination. Fairness in our practice can be promoted by providing relevant information. Not everyone can access and understand information relevant to their care and support. Therefore, it is incumbent on us in our practice to provide information that is easily accessible to the people we are supporting. They may need help in understanding the information, the processes or procedures, or the context in which the information is shared. Providing all the relevant information in a way that is accessible to those we are working with will support their ability to provide informed consent to participate in the service we are offering them. People we are supporting have a right to access information about their care and support. To facilitate this, systems should be in place, within services, for service users to access their personal information.

This is particularly the case for those clients who are hard to reach or engage. Examples include, but are not limited to, young people with offending behaviour, people in active addiction, members of ethnic minority communities, etc. We must be creative in how we share information with everyone we are supporting, in a way that is easily accessed and understood. This also goes for gaining their consent to participate in social care processes or exercising their autonomy to not engage. Because someone is hard to reach, or not engaging in support services, this does not negate our responsibility to find ways to fully involve them when decisions are being made about their care and support. All information shared with us should **only** be used for the purpose it was given, as per current GDPR regulations. In following these regulations, we are obliged to seek permission from those we are supporting, if we are required to share that information with others. People using social care services should **never** hear from a third party that their information has been shared without their permission.

Fairness, underpinning the way we work with service users, also includes facilitating them to give feedback on the service they have received, which is invaluable to an organisation. Depending on the experience, however, it may be challenging to hear. We need to be mindful to build in mechanisms to our work with service users that enable them to give feedback without feeling that it will negatively impact on their re-engagement with the service. A cornerstone of a rights-based approach is the participation of those we are working with in all decisions regarding their care and support. It is incumbent on us, as social care workers, to seek out opportunities to facilitate the involvement of those we are supporting. One tool to support you to apply this in practice is Hart's ladder of participation (Hart 1992).

Hart's Ladder of Children's Participation (2008)		Arnstein's Ladder of Citizen Participation (1969)
Children -initiated shared decisions with adults	8	Citizen Control
Children -initiated directed	7	Delegated Power
Adult-initiated, shared decisions with children	6	Partnership
Consulted but informed	5	Placation
Assigned but informed	4	Consultation
Tokenism	3	Informing
Decoration	2	Therapy
Manipulation	1	Manipulation

Sherry Arnstein initially devised the ladder of participation in relation to citizen engagement and public participation in the USA. Roger Hart later adapted the ladder to make it applicable to children's participation and published a seminal text in 1992, which was published by UNICEF. (There is a link to this text in the following practice task.) There are some differences between the two ladders, as you would expect, given that one was aimed at the participation of the general population and the other was aimed at children and young people's participation. The main differences between the two approaches are: Arnstein identifies steps 1 and 2 as non-participation, while Hart proposes that steps 1-3 are not meaningful participation. Hart's steps 4-8 refer to different degrees of participation, while Arnstein suggests that his Steps 3-5 are tokenistic involvement with citizen power represented in steps 6-8. The ladder of participation is a useful tool for appraising the levels of service user participation within the organisation you are working in (Arnstein 1969; Hart 1992).

Case Study 1

Where Fairness was practised

Liz has an intellectual disability and lived at home with her father until his death. As there were concerns that Liz might not be able to live independently, she was placed in a residential centre. Liz was unhappy in the residential centre and expressed her wish to live independently in the community. Her support team worked with her to put a support plan in place. Liz took part in all discussions about her options and managing risks. She was provided with all the relevant information and training she needed to ensure she understood the choices available to her and could actively participate in the decision-making process regarding her care. After extensive work with Liz, she was supported by staff to move back into the community 12 months later. She now lives independently and receives six hours of support per week. (For other case examples, please see HIQA 2019: 21).

TASK 2

To demonstrate fairness in your practice
- Look again at Hart's ladder of participation. You can read more about the different stages of participation here: https://www.unicef-irc.org/publications/100-childrens-participation-from-tokenism-to-citizenship.html
- Think about someone you are working with on placement (or in practice).
- Can you identify where the involvement of that person is on the ladder?
- Can you think of a situation where they could be more actively involved in decisions about their care?
- Record what steps you could take to rectify this.
- When completing your practice intervention on placement, consider including an evaluation sheet for your participants, in order to encourage feedback on your piece of work.

Respect

HIQA suggests that 'respect is shown in the actions towards a person by others and can be demonstrated by communicating in a courteous manner', which helps those we are working with to 'feel valued through taking time to get to know them as a person and not as a number or a "condition"' (HIQA 2019: 25). Showing respect for the people we are supporting is central to providing care and

support and is demonstrated in an objective and unbiased way having regard for the person's rights, values and beliefs. Demonstrating respect for those we are working with can be shown in the way we communicate with them. This begins from the first time we meet them, and continues in introducing ourselves and sharing what our role is in the organisation. In our communication with service users, we respectfully check and re-check their understanding of what is being said, without using jargon or technical language. Cooper says that the social care sector is 'full of initials, shortenings, technical terms and language that enables professionals to talk about service users and issues quickly and easily' (2012: 59). However, while we may be familiar with the technical terms or abbreviations, using them with service users when these are not part of their everyday language only serves to alienate them and perhaps make them feel inferior.

Demonstrating respect in practice takes account of the person's wishes, will and preference for the way they want to live their lives. Gaining knowledge of these entails 'being present' while listening to the person we are supporting, and not following our agenda of how we want them to engage with the service. While being mindful of the person's personal safety and that of others, it is incumbent upon us to support the service user to achieve their personal goals, through the way they want to live their lives, and the relationships they want with those who are important to them.

Case Study 2

Where respect was practised

Liam is a new resident in a residential centre for older people, where he has chosen to live. When he meets a new member of staff, they introduce themselves to him. The staff learn about Liam's background, including his love of painting. When staff speak to Liam, they always address him by his first name, as he has requested. They ask Liam if there is anything else that would help him settle into the centre. Liam asks for photos of his family and for his paintings to be displayed around his room. The staff support Liam in picking out and displaying the photos and paintings he would like to keep in his room. Staff have taken the time to get to know Liam and his preferences and have respected his request for access to his possessions. (For other case examples, please see HIQA 2019).

TASK 3

To demonstrate respect in your practice
- Think about how you greet service users you are working with on placement.
- Do you greet them using their name?
- Do you introduce yourself to them and tell them what your role in the organisation is?
- Do you tell them what will happen when they are in the service?
- Do you offer them refreshments – tea, coffee – when they arrive?
- Think about how you can change the way you greet service users, while being more respectful of them as people.
- Make a list of the steps you could take and try them out when next meeting a service user.

Equality

HIQA describes equality as 'people having equal opportunities and being treated no less favourably than other people on the grounds set out in legislation' (HIQA 2019: 32). In the Irish context, these grounds are: age; civil status; disability; family status; gender; membership of the Traveller community; race, colour or nationality; religion; sexual orientation. Therefore, when we ensure we are mindful of equality for all in our practice we ensure that no one is discriminated against because of their status or characteristics. Some may need additional support to access services in order to achieve the best possible outcomes from the care they receive.

This is achieved through communicating clearly with those we are supporting, in a way that they can understand, regardless of who they are or their communication ability. This may entail adapting our communication style or that of our organisation to be inclusive of everyone. It may mean using different media, besides written material, to provide information to service users. It may also mean adapting policies and other formal material to include graphics and/or making them available in different languages, depending on who may be accessing them.

Being equitable in our practice also means adapting where, when, and how we meet with service users, in order that they are not disadvantaged on the basis of accessibility to, or participation in, services. In doing this, we must be mindful of their ability to make decisions which are right for them, regardless of their age, sexual orientation, race, colour or nationality, status, disability or membership of an ethnic minority. It is our responsibility to remember that discrimination occurs when someone is treated in a different way from someone else in a similar situation, or where people in very different situations are treated the same.

Case Study 3

Case Example: Where equality was not practised

English is not Nadia's first language, and she often chooses to bring her friend, who speaks fluent English, with her to healthcare appointments to interpret and ensure she does not miss any important details. On one occasion, Nadia had a hospital outpatient appointment. However, her friend was not available to attend the appointment with her. Nadia phoned ahead to ask for an interpreter for the appointment but was told by the clinic secretary that this would not be possible. Nadia felt discriminated against and that no attempt was made to access an interpreter for her. As a result of not having an interpreter, Nadia did not understand everything that was discussed with her and her ability to make an informed decision was compromised. (For other case examples, please see HIQA 2019: 37).

TASK 4

Practice Task: To demonstrate equality in your practice

- Think about how someone whose first language is not English might access your service (or your placement site).
- Unless English is not your first language, this is a difficult task, so try to imagine that Polish is your first language and that you understand very little English.
- When trying this task, go out of the front door of your building and enter it again.

- Look around you to see if you can read anything or see a graphic for anything that makes sense to you. (Remember that you understand very little English.)
- Is there a welcome sign in Polish?
- Are there any graphics that indicate you are welcome in the building?
- Make a list of the pieces of information that you would need to be able to access this service if you were a service user with very little English.
- Try to action some of those thoughts in order to not disadvantage anyone from accessing your service.
- Consider who are the people who use your service.
- Do some have literacy issues?
- If so, perhaps think about working with them to adapt critical policy documents in order to make them more accessible to everyone, including graphics where appropriate. These could then be left in the service for others to use.
- Also think about signs or graphics for the entrance and throughout the building. These could be in different languages, laminated and easy to change as needs be.

Dignity

According to HIQA, dignity means 'treating people with compassion and in a way that values them as human beings and supports their self-respect, even if their wishes are not known at the time' (HIQA 2019: 38). Dignity is fundamental to upholding people's human rights and all human rights are connected to human dignity. When people are treated with dignity and respect, it helps them to trust the people working with them and feel safe. When service users feel safe within a service, the likelihood is that the working relationships can be improved, potentially resulting in better outcomes. When there is a lack of dignity in how we work with those we are supporting, this can result in feelings of insecurity, guilt, shame, worthlessness, anger, frustration, lack of confidence, inadequacy and reduced motivation. These feelings can also be replicated in the staff team. Therefore, showing people dignity in how we work with them is imperative to them feeling valued and respected.

This is achieved through meeting their basic needs of, for example, food, clothing, and personal care. For those who are coming to the service for the first time, this would include showing them where the bathrooms are and where they can get a cup of tea (if possible). When working with people with disabilities, or those who may need assistance with their personal care, it is imperative that this is carried out while always respecting the privacy of the service user. It also means not discussing a service user's personal history or information within earshot of others, even if those others are colleagues. Private matters should be discussed in private spaces. This requires some planning. When meeting with a service user, make sure a private space is available. When walking to the private space, try to engage in chit-chat rather than beginning the business of the visit, and wait until you are in the private space to discuss private issues.

When speaking with service users, it is crucial that we use the person's name and gender pronoun when engaging with them, or participating in a meeting with colleagues about them, whether they are present or not. To really demonstrate dignity when working with service users, it is important that we give them the time to share some of their life with us. In fact, it is a privilege if they do. By giving time, we can find out who are the significant relationships in their lives and aspects of their culture or heritage that are important to them. If someone we are supporting is non-verbal, we should work hard to learn from others, including family members, as to their preferences, communicating with them directly, and striving to learn from them what their likes and dislikes are. Through this knowledge, we can adapt the way we support them, so they feel safer, more included and are more able to participate and direct their care.

Case Study 4

Case Example: Where dignity was practised

Fiona is pregnant and has started to experience depression. She has been referred to a midwife with mental health expertise in her local maternity hospital. Fiona does not want others finding out about her depression. The mental health midwife ensures that her privacy is respected at all times. When Fiona is called for her appointment, although the room is a few minutes' walk from the waiting area, the midwife ensures they are in the consultation room and cannot be overheard before they begin talking. (For other case examples, please see HIQA 2019: 43).

TASK 5

Practice Task: To demonstrate dignity in your practice
- Watch the video in the following link: https://www.scie.org.uk/dignity/care/videos/choice-control
- Make a note of what you learned from watching the video.
- Think about the service users in the service you are working in, or are on placement in.
- How can you adapt your practice in order to transfer some of your learning from the video to your work with the people you are supporting?
- Prepare some notes from your learning to bring to your next supervision session.

Autonomy

Autonomy refers to 'the ability of a person to direct how they live on a day-to-day basis according to personal values, beliefs and preferences'; in a health and social care setting, 'autonomy involves the person using a service making informed decisions about their care, support or treatment' (HIQA 2019: 46). Cooper advises that 'clients have a basic right to decide on and consent to their treatment and how to live their life' and may choose to 'behave in dangerous, unhealthy or unsafe ways' (Cooper 2012: 44). This may be a challenging path to navigate for staff and students alike. Therefore, while we can try to use our skills to persuade them to take a different path, we cannot force them to do things they do not want to do. The exception to this is if service users are in danger of hurting themselves or others.

For us to facilitate our service users in demonstrating autonomy in relation to their own care, they may require different levels of support to assert their autonomy and make their own decisions. Key to this is providing, through meaningful communication, all the information they require to make a fully informed decision. It then becomes our duty to accept their decision, whether or not we agree with it, believing that our service users have the right to make a decision that may appear to us to be unwise. If we have provided all the supports necessary to help them make an informed decision about their care and treatment, we then have to take a step back and support their choice, respecting the person 'as the expert on their own life' (HIQA 2019: 26).

Case Study 5

Case Example: Where autonomy was facilitated

Jane has a physical disability and had been living in a residential centre. However, she wished to live at home. Following discussion and assessment, her support team in the residential centre felt that this was not ideal, as she was considered to be a person with high needs. Jane and the team discussed this, and she understood and agreed that she would not receive the same level of care at home that she would have in the residential centre. Jane's wishes were respected, and she was supported to take a measured risk. This was not about discharging Jane from the service, but about supporting her to transition from the residential centre and continuing to provide her with care in a different setting. Staff supported Jane in exercising her autonomy by understanding and respecting her will and preferences and supporting her to live independently. Staff communicate with Jane on a regular basis to make sure that her new living situation is working well for her and identify any additional supports that she may need. (For other case examples, please see HIQA 2019: 52).

TASK 6

Practice Task: To facilitate autonomy in your practice
- Think of a situation in practice, where your view would be different from your service user's, in relation to their best interests.
- Consider what are the risks and benefits for the service users if their wishes are supported.
- Think about whether there are risks for the organisation if the service user is supported with their decision.
- Weigh up the risk and benefits to the service users.
- In supervision, explore this dilemma with your supervisor (practice educator) to see how best the service user could have their needs met through being supported with their decision.

Summary

This proficiency explores how you respect and uphold the rights, dignity and autonomy of every service user, including their role in the diagnostic, therapeutic and social care process. This can be achieved through keeping those we are supporting at the centre of their care, while providing them with all the information required to help them make decisions in relation to their care and treatment. This should be done with respect, dignity and acknowledgement that individual people are best placed to make these decisions about their lives.

☼ Tips for Practice Educators

Throughout this chapter there are tasks and activities to help students engage with this proficiency. Ask students to relate the tasks to your service

☼ Tips for Social Care Educators

To support your teaching and discussion of this Standard of Proficiency with your students, perhaps review HIQA's dedicated online resource (HIQA 2019), where you will find an academic slide deck that you can download and use with your students.

The guidance document that was used as the framework for this chapter is included there and contains additional exercises and reflections for students to engage in.

You can also find a link to a human rights-based approach training programme, delivered by HSELanD, which your students might find helpful. The link to the training is available at HIQA (2019).

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Chapter 6 – Lisa Hanlon

Domain 1 Standard of Proficiency 6

Be able to exercise a professional duty of care

KEY TERMS

Duty of care
Code of conduct
Learning to care
Self-care

Social care is … about the everyday moments. We are there with people, sometimes every day, not just at times of crisis. An activity which may appear mundane to someone else can be a significant piece of work for someone we work with, from preparing a meal to going to a medical appointment or making a phone call. Sometimes just being there and being present when 'nothing' is happening is the time when the 'magic' happens!

Defining Duty of Care

In CORU's *Standards of Proficiency for Social Care Workers* (SCWRB 2017) there is an expectation, under Professional Autonomy and Accountability, that graduates will exercise a professional duty of care. Legally, this means that you should not harm those to whom you owe a duty of care by your acts or omissions. Failure to do this could mean you are liable due to negligence (Hinds n.d.). As a professional you owe a duty of care to the people you support, your colleagues, your employer, yourself and the public interest. Kline and Khan (2013) describe this as the interconnected duties of care, which include the employer's duty of care to patients, the employer's duty of care to staff, the staff duty of care to themselves and to each other and the staff duty of care to patients. The staff duty of care to themselves is expanded on further in the section on self-care below.

One way to ensure quality in how you care for others is to be aware of the standards of your profession. This may involve attending relevant training and keeping your skills open to direction and supervision. According to the Code of Professional Conduct and Ethics, hereinafter referred to as the Code (SCWRB 2019), you must ensure that your knowledge, skills and performance are of a high standard. Your skills must be kept up to date and you should also participate in continuing professional development (CPD). High standards have become the norm in many social care settings as we have become accustomed to HIQA inspections.

Safeguarding is a common element in our work. According to the Code, you must risk assess and 'take any steps needed to minimise, reduce   or eliminate the risks you identify' (SCWRB 2019: 21). It can be challenging to maintain the balance between, on the one hand, keeping people safe and, on the other, protecting their freedom of choice and opportunities to live a rewarding life. This can be particularly difficult if we feel we know best. We should be aware of paternalistic tendencies, and according to the Code, unless we know otherwise, we must assume that service users have the capacity to make their own decisions, even when we doubt that their decision is the best choice (SCWRB 2019). Gallagher and Edmondson (2015) caution against an overly managerial approach with over-regulation and over-recording, which could impede 'wise' social care. Wise social care, rather than best practice, prioritises sustaining warm relationships, flexible judgement and compassion. Standards are upheld, but not at the expense of core values and ethical considerations. A further standpoint to consider is

the 'dignity of risk'. Perscke (1972) coined the phrase in relation to the benefits of risk taking and its consequential learning and development, as opposed to detrimental overprotection. Discussing risk with those you care encourages skilled conversations, shared decisions and the acknowledgment of individual differences (Marsh & Kelly 2018).

Professional experience: I was working with a lady who lived alone. She had severe epilepsy and had also spent long periods of her life in a large mental institution. I worked as part of a community support team and we made twice daily visits to support her with daily tasks. One day, when she was at home alone, she fell during a seizure, causing a head injury when she banged her head off the edge of the washing machine. The injury required staples but she was otherwise okay. My first reaction was to make adjustments to her home to make it safer as I was concerned about hard edges and corners. She was later offered the option to have foam padding added to edges of furniture and surfaces. She declined the padding because, following her years of institutional care, she was very house-proud. She acknowledged that she could have further falls, but she chose to live with a certain amount of risk. We supported her choice to have her home look as she wished.

> **TASK 1** Reflect on how you would feel if someone you work with chose a course of action that you feel unsure about rather than one you feel is better and safer for them. How would you deal with this?

My response to the task:

Assuming that the person has the capacity to make the decision put before them, support them to understand the options. Be creative in supporting them to view the situation from various perspectives. When their decision is made, respect it and support them. It is our role to support the person to understand the risks and possible consequences rather than remove or limit the choices. There is risk to things we all do every day; sometimes things do not go well and we deal with the consequences. People will not get the chance to learn and develop if they do not get to try new things. What are we protecting them from here? Serious dangers? Or are we trying to protect them from making mistakes, learning from their mistakes, experiencing hurt feelings and having regrets? Should they not feel these things? We are not alone in our work; there are other professionals we can talk to about our concerns. We can share our reservations with a colleague and make sure we are there to support the person if things do go wrong.

Overview of Code of Professional Conduct and Ethics

CORU's *Social Care Workers Registration Board Code of Professional Conduct and Ethics for Social Care Workers* (SCWRB 2019) specifies the standards of ethics, conduct and performance expected of registered social care workers. It is part of our duty of care to read and understand the Code, which outlines what is expected of us as professionals. Misconduct or poor performance could result in professional misconduct or disciplinary action under a fitness to practice investigation. Breaches of the Code can happen through things you do or things you neglect to do (omissions). This places a greater onus on us as professionals to be aware of professional standards: ignorance is not an acceptable defence. The responsibilities outlined in the code are grouped into three categories: conduct, performance and ethics.

TASK 2

Read the Code of Professional Conduct and Ethics (www.coru.ie/files-codes-of-conduct/scwrb-code-of-professional-conduct-and-ethics-for-social-care-workers.pdf). Pay attention to the twenty-seven responsibilities specific to social care workers under the headings Conduct, Performance, Ethics and Responsibilities.

Learning to Care

We can learn about caring by observing others. It is useful to have positive role models in your place of work. Look for experienced staff who have a good rapport with the people you work with. Try to observe the interactions they have with others and later have conversations with them about why they acted or reacted in a particular way. It helps to be self-aware and take time to examine how you have reacted to situations on placement or in work.

It is an advantage to keep an open, questioning mind. This is relevant in terms of duty of care because it benefits the service user, the people with work with and ourselves. No matter how much experience or expertise we gain, we will never know it all, people will always surprise us and will always have something to teach us. We are not, and should not aim to be, all-knowing beings. We need to have a curious mind along with an appetite to keep learning. A mindset that is open to new ideas and ways of working helps us work well with others and avoid getting stuck in a rut.

TASK 3

Think about a time you may have reacted strongly to something while on placement or at work. Why does this situation still come to mind? Thinking of a colleague you admire, how do you think they might have reacted in that same situation? How does this differ from your reaction? What can you learn from this for the future?

TASK 4

Suggest incorporating an exercise into team meetings to promote questioning minds. Every month, ask a different team member to tell the team about an article they read, documentary they came across, podcast they heard about a novel approach relevant to your setting.

Our duty of care can sometimes be evident in the everyday attention to detail in our work. Even though we often spend time on daily tasks that may seem mundane, they present opportunities for purposeful practice. This ensures that there is a therapeutic element to what we are doing. This approach supports positive change for those we are working with. Garfat and Fulcher (2013) identified these everyday moments as opportunities for interventions as we get to observe the ways people can get stuck in ways that perpetuate their struggles. By being there and spending time with people as they live their lives we can support them to discover ways to act differently, which could free them from destructive ways.

Self-care

Our duty of care is not solely about safety. Care can also refer to kindness, to others and to ourselves. Regular self-care routines should become part of your practice and not just something you think of in times of crisis. To take care of other people, you have to take care of yourself; otherwise you start running on empty. As your own wellbeing grows, the more able and likely you are to be patient, supportive, empathetic and loving. This is not just something nice to do; it is expected of us as professionals. The Code states, with respect to addressing health issues related to your fitness to practise, that you must look after your physical, emotional and psychological health.

Taking care of yourself influences others as we impact on each other in our interactions. Helping others helps you; helping yourself helps others. Similarly, harming others harms you; harming yourself harms others. Purposefully invest in self-care practice – take a break, do some exercise, take some time for yourself – and then notice how this affects your relationships. Notice how healthy boundaries in relationships help prevent you getting angry and eventually needing to withdraw. In a way this links to interconnected duties of care (Kline & Khan 2013) referred to earlier, as staff teams that experience workplace violence, which leads to burnout and emotional exhaustion, have reported that these conditions lead to poorer service delivery (Keogh & Byrne 2017).

Minding yourself and being actively aware of how and when you participate in acts of self-care can be overlooked or dismissed. We need to prioritise ourselves and get into a routine of taking care of ourselves all the time, not just when we are feeling stressed. As trained professionals, we possess many skills but sometimes we can feel stuck, unsure of what to do next or as if things are just getting on top of us. It is important to know our own limits and to recognise when we need help. According to the Code of Professional Conduct you must 'act within the limits of your knowledge, skills, competence and experience' (SCWRB 2019). We often encourage help-seeking behaviour in those we work with, but do we practise this ourselves? Asking for help and advice should be viewed as a strength no matter what stage of your career you are at.

As well as incorporating useful exercises such as relaxation techniques into your life, it is important to look after yourself physically in terms of sleep, diet and exercise. Prevention of burnout is important enough that you need to take active steps to prevent it. Burnout is 'continuous and repetitive emotional pressure that takes place while workers try to maintain close relationships with people for long periods' (Choi & Kim 2015: 583). Burnout can be prevented and mitigated against when you do things such as acknowledge the emotional toll of your work, have self-awareness in relation to your emotional reactions, take responsibility for your wellbeing and develop protective strategies such as setting boundaries between the self and the professional role (Molloy 2019; Keogh & Byrne 2017).

A friend of mine who worked in quite a challenging environment would find it hard to get work out of her head when she got home. She decided to do something to clearly 'switch off work mode'. She began a new routine of changing out of her work clothes and having a shower while singing loudly to music. She sees this routine as shaking off work and becoming herself again, and she then finds it easier to push thoughts of work from her head. For other people it might be walking the dog, going for a swim or just sitting with a cup of tea. It should be something that you can do or access easily so that you can slot it into your routine easily. It also needs to be done with the intention of self-care and de-stressing.

Mindfulness and breathing techniques are useful skills. They can be used to calm your mind before an important meeting or event, or as a way to de-stress after work or quieten your mind when you are trying to sleep. There are numerous books, apps, courses and classes you can take to learn more. Here is an example of a de-stressing breathing technique from Padraig O'Morain, an Irish mindfulness coach:

- Become aware of what your mind is saying, in other words of your thoughts at this moment.
- Breathe in through your nose while silently counting to four.
- Hold your breath for another count of four which imagining it is filling your head with calm and smoothing out any physical tension.
- Breathe out to a count of four while imagining the calm flowing through your body.

Self-care Tips
- Know your limits and know when to ask for help.
- Look after yourself physically, get enough sleep, eat as healthily as you can and do some physical activity at least three times a week.
- Find a relaxation exercise that suits you the best. They can all work equally well. Walking, petting or just spending time with your pets can be calming.
- Develop a routine to fit at least one technique into your day (at whatever time you prefer) to practise it.
- Use something in your environment as a reminder to fit relaxation into your day (e.g., when you wake up, after you finish shift handover, when you arrive home, before you go to sleep).
- Get outdoors: getting outside is great for exercise and fresh air. You can explore the idea of 'mindful walking'. Leave your phone on mute and go for a walk where you really take in and notice the sights, sounds and smells around you, focus on these things and keep pushing thoughts of work or negative thoughts out of your head.
- Stimulate your senses: different things work for different people. Maybe your way to relax is to light a nice candle and just sit for a few minutes taking in the aroma and watching it flicker. Try to do this, just concentrating on the candle. Avoid making to-do lists in your head.

These activities will not remove the problems from your life/work, but they do teach you to calm your thoughts and practice moments of relaxation or mindfulness, which can help with the anxiety caused by stressful experiences. Over time, as you use a relaxation exercise (e.g., breathing exercise, gentle stretching, mindfulness) every day, you can expect to get better at the skill.

TASK 5

Complete a self-care plan. You can design one yourself (or use the sample one at the end of this chapter). Try using headings to see where you need to focus most attention. Note down what stressors may be making you feel anxious or burnt out. Then look at the wellbeing activities you incorporate into your life. For example, under the heading Physical, you might list Eat healthily most of the time; Get enough sleep; and Take regular exercise. Next, what do you do to take care of yourself emotionally? Do you write a diary, paint, take time to be alone and think, use breathing techniques, spend time with your pet, practise mindfulness, have someone to talk to? What do you do socially? It is important to do things with other people and to nurture our relationships. Do you regularly phone or video chat with a friend, have date nights with your partner, visit family, be part of a club or group? If you are already doing these things, make sure that you prioritise them and recognise them as self-care. If you are not doing anything like this, ask yourself what is standing in your way and what you can do to make it happen. Be patient and kind with yourself, start off small and build up. If your self-care practice falls by the wayside a bit, just pick it back up again – don't abandon it.

My self-care plan

Stressors in my life:		
Things I do/will do to care for myself physically	**Things I do/will do to care for myself emotionally**	**Things I do/will do to care for myself socially**
What is preventing me from doing more self-care activities?		
What will I do to overcome these barriers?		

> ☀️ **Tips for Practice Educators**
>
> A main requirement for achieving this proficiency is the student's understanding of their responsibilities in terms of their duty of care. Knowledge of the Code is important. Students need to be aware how and where to access this information and should be conversant with the contents.
>
> Risk and risk assessment usually features in discussions on duty of care. Although this is a vital piece of work to cover, it should be balanced with the needs and rights of the person we are working with. We strive to keep people safe but also support people to develop and live as independently as possible. Interesting conversations could be had on duty of care versus dignity of risk/therapeutic risk.
>
> Caring for others involves respecting them and this begins with the care and self-respect we show ourselves. We must not merely pay lip service to the notion of self-care but actively encourage it. Students should be self-aware and able to identify the stressors in their lives and the steps they routinely take to counteract them. Personal self-care plans are a useful tool for students to identify their own personal wellbeing story. This is an important step to have in place before students start on placement and should be something we check in with them about, perhaps as part of a checklist for preparedness for placement. Incorporating self-care into our practice is a good way to model for the people we work with. We are showing them how we actively care for ourselves even when we feel well and healthy, not as just a reaction to crisis or illness.

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Chapter 7 – Charlotte Burke

Domain 1 Standard of Proficiency 7

Understand what is required of them by the Registration Board and be familiar with the provisions of the current Code of Professional Conduct and Ethics for the profession issued by the Registration Board.

KEY TERMS

CORU

Registration

National Health And Social Care Professions Office

Fitness to practise

Code of professional conduct and ethics

Social care … has many facets within our communities. Primarily, social care workers endeavour to support the most vulnerable persons in our society, to be active citizens and seek the right to adequate supports to live a life of their choosing. We need social care workers to build a trusting relationship; to really understand, what it is like to walk in someone else's shoes and to advocate for the right to a life, not just be satisfied as passive recipients of services. The principle of social justice is fundamental in social care work.

'CPD'…STUFF AND NONSENSE, THE OLD WAYS ARE FINE FOR ME, NOW PASS ME A HAMMER I NEED TO PUT THIS PATIENT OUT!
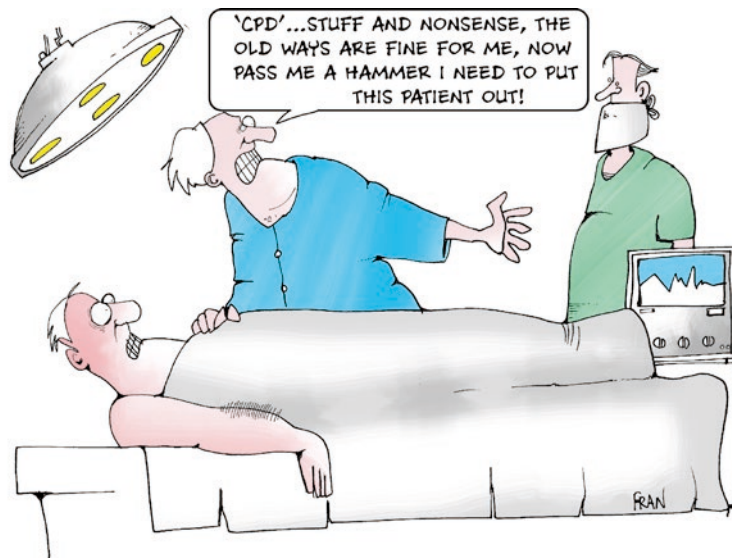
CartoonStock.com

After many years of striving for professional recognition, we as social care professionals are finally reaching our goal – registration. This is an exciting time for us and more importantly for our service users, as we navigate the journey. The Code of Professional Conduct and Ethics provides a safe framework for our practice, within which we, align our decision-making ability with high standards of service provision. Registration is part of our professional identity as social care workers and it strengthens our status and contributes to professional confidence. Continuing Professional development (CPD) should be embedded in our practice and we need to embrace it and be motivated to learn and upskill as professional social care workers.

CORU

CORU was established by the Health and Social Care Professionals Act 2005 (as amended), (HSCP Act) to protect the vulnerable public – by introducing statutory registration for health and social care professionals. The role of the Health Information and Quality Authority (HIQA), established under the Health Act 2007 – is to monitor the safety and quality of health and social care services. These two pieces of legislation have led to statutory registration and regulation of health and social care professionals and service providers. Both CORU and HIQA have a statutory obligation under each Act and are duty bound to act in line with the legislation.

CORU is Ireland's multi-profession health and social care regulator. All health and social care professionals who, are subject to registration by CORU, and once registered, you are subject to the Code of Professional Conduct and Ethics, which requires you to include your registration number on any official records.

The HSCP Act 2005 (as amended) established registration boards for the seventeen professions designated in the Act. These professions were originally: clinical biochemist; dietitian; medical scientist; occupational therapist; orthoptist; physiotherapist; podiatrist; psychologist; radiographer; social care worker; social worker; and speech and language therapist. Five professions were added later: optician and optometrist (added when the Optical Regulator was amalgamated into CORU as the Optical Registration Board); counsellor; psychotherapist; and radiation therapist.

> **TASK 1**
>
> Go to the CORU website www.coru.ie and look up the current social care registration board members. Who is the current chair? How many professions are currently registered by the designated board?

The registration boards are overseen by a council, which is responsible for governance and strategy; a representative of each of the seventeen professions sits on the council. The Social Care Workers Registration Board established on 27 March 2015 by the then Minister for Health – Leo Varadkar, is also subject to the HSCP Act 2005 (as amended). It is important to understand that standards set by the Registration Board must be taken into account for Social Care Workers' future practice. The board sets a threshold for safe practice, although most registrants will be practising well and above this standard.

The Social Care Workers Registration Board (SCWRB) is an autonomous body. CORU's; Council, the Registration Boards and the Executive, together have the powers to make bye-law's, which must be legally enforceable and upheld by the High Court. The SCWRB had the final say, after a public consultation process, in the final Code of Professional Conduct and Ethics for Social Care Workers 2018. We will go into this in more detail later on.

What's In A Name?

The social care profession has evolved over many decades and has various identities, depending on where you work and what service you provide.

As a social care worker for nearly twenty years, this title was retained in the service I worked for, and it is my professional identity, however, this was not the case for everyone. In social work, for example, irrespective of the setting, the professional title of 'social worker' does not change. The social care profession began when industrial schools were phased out in the 1970's. Social care practice was born out of the need to address the serious deficiencies in these large children's centres (Lalor and

Share 2013). The *Report on Reformatory and Industrial School's Systems* (1970), chaired by District Justice Eileen Kennedy (the Kennedy Report), recommended that staff engaged in childcare should be professionally trained. There was a shift to smaller, community-based residential settings and increased recognition of the need for training for those providing care and support to children.

As social care practice started to diversify, so did the professional representative body. Noel Howard speaks about a meeting of the Association of Workers with Children in Care (AWCC) in 1976, as a 'sea of black', such was the dominance of religious orders in the profession at the time (Howard & Lyons 2014). The AWCC became the Irish Association of Care Workers (IACW) as the field of childcare developed into community childcare throughout the 1970's. As social care began to emerge as a distinct profession involved in the wider provision of care, for example in the disability services, the IACW became the IASCW (Irish Association of Social Care Workers) (*Curam Magazine* 2012). In 2011, social care educators, managers and workers came together to form Social Care Ireland, officially launched by Minister Frances Fitzgerald, as the professional representative body for the social care profession in Ireland (Howard *et al.* 2014).

The Kennedy Report's recommendation to close large institutions in favour of smaller community-based settings, was pivotal in the evolution of the social care profession. The roots of the title 'social care worker' as we know it today could be argued to have come about due to the industrial unrest of the 1990's and the subsequent Labour Court ruling that included new grades for childcare workers/house parents. People working in the disability services also came to be known as social care workers. The title was coined by Damien McClelland in a Joint Committee and was adopted in 2001 following the Labour Court judgement that fixed pay grades, which led to significant pay increases, in some cases as much as 33% (Lalor *et al.* 2013).

There was increasing recognition of the value of professional training in delivery of care, and that employment of social care workers has expanded beyond traditional employment settings, such as children's residential settings, into community-based services. As these roles evolved within communities, so did a plethora of titles.

Social Care Ireland conducted a study titled 'Registration Awareness Study' available on its website: (www.socialcareireland.ie). A mixed method approach was used with 726 participants completing an online survey, followed up by 16 semi-structured interviews. The report's findings revealed nearly 80 different titles; **other than** social care worker; but the **only** title protected by the HSCP Act is 'social care worker'.

TASK 2
Go to the Irish Times website (www.irishtimes.com) and find and read this article; 'Cork women to face criminal charges of falsely claiming to be therapists', Sunday, 9 February, 2020.

Registration Process

Once the register for social care workers is open, there is a two-year transitional period (known as grandparenting) during which you can apply to register. Only those who are registered may use the title of 'social care worker' when this transition period ends. To be eligible to apply to register, you must either hold an approved qualification, or qualify under the grandparenting (transitional) provisions within the Act. This means that you must be able to demonstrate two years' practice in the previous five years on the date the register opens. You must have a schedule 3 qualification listed in the Act; or a sufficiently relevant qualification; or successfully complete an assessment of professional competence (AOPC). The AOPC is an additional route for social

care workers to apply to register during the transitional period allowed for by the Act (Section 91 Subsection 2). The applicant must have two years' continuous practice on the date of application and must be, in the opinion of their employer, competent in the practice of the profession.

The registration process involves a number of stages and can take some time depending on the volume of applications. New graduates with an approved qualification tend to get on the register between eight and twelve weeks following receipt of all required documentation. Therefore, it is recommended that you start gathering this information and be prepared. You need to complete an online application and submit supporting documents. Then there is an e-vetting process. When all documents have been received and verified, the Board delegates authority to the register to put standard applicants on the register once verification is complete. The Board makes decisions on non-standard applicants. The Board must grant registration if the eligibility criteria set out in legislation are met.

8 Steps to CORU Registration

1. Gather your ID documents and foreign police clearance if you have lived abroad for one year and one day (or longer).

2. Photocopy all documents.

3. Apply for registration online at www.coru.ie. There is an application fee applicable.

4. Download forms at the end of the registration process.

5. Complete the downloaded forms including the e-Vetting Invitation Form.

6. Get your photocopies certified by an approved certifier* from the list below.

7. Send all documents to CORU.

8. Complete your e-Vetting application online when you receive the invitation.

*Certified Copy Policy: To certify a photocopy of an original document, a Solicitor, Commissioner for Oaths, Notary Public or Peace Commissioner must sight the original document and the photocopy of the document at the same time. The certifier will provide a signature, stamp and date on the photocopy which confirms that the photocopy is a true copy of the original document.

(CORU website 2020)

https://www.coru.ie/health-and-social-care-professionals/registration/how-do-i-apply-for-registration-/new-graduates-from-approved-programmes/

It is your responsibility to apply to the Social Care Workers Registration Board, as the registrant, to engage and demonstrate that you meet the eligibility criteria to register with CORU. Most importantly, you cannot use the title of social care worker after the transitional period, unless you are on the register of the Social Care Workers Registration Board. CORU can take enforcement action where an individual is using a protected title and is not registered with the designated Board. As can be seen

from the 'Irish Times' Article in the task box above, this is vital for public protection, to ensure that the public are using the services of appropriately qualified and competent health and social care professionals.

National Health and Social Care Profession's Office

Another important body for all social care professionals is the HSE's National Health and Social Care Profession's Office (HSCP's). This service was established under the 2005 Act to offer support, e-learning modules and access to conferences. It also provides an opportunity for interdisciplinary networking opportunities, where different professionals can share information and learn from each other. As a social care worker, and one of the designated professions in the 2005 Act, you have access to the supports offered.

TASK 3

Who is the current lead of the National Health and Social Care Professional's Office?

You can access more information on this resource on the HSCP hub on HSELanD (www.hseland.ie)

Why Is Registration Important

Registration of Health and Social Care Professionals (HSCP's) is important where there is a potential risk to the public that cannot be mitigated by any other action; except statutory regulation. The purpose of statutory registration is to protect the public. Professions that are designated by legislation to register; benefit from the protection of their professional title. Protecting the use of a title, means that when a member of the public uses the services of a registered/regulated professional, they know that a registrant's qualification has been independently substantiated. Regulated professions are also subject to the Code of Professional Conduct and Ethics applicable to that profession.

Fitness to Practise

The primary aim of CORU is to protect the public. One way of doing this is having a fitness to practice system. This enables CORU to investigate complaints received about a registered professional relating to poor professional performance, misconduct and/or health concerns, which may result in a fitness to practice hearing. During a Fitness to Practice hearing, evidence will be heard from all sides involved. A determination will then be made as to whether a complaint is justified, whether a sanction should be imposed and an agreement to the nature of that sanction. In serious incidents, a professional may be struck from the register and will no longer be entitled to practice, or they may have other sanctions put in place, such as increased supervision or be temporarily suspended. Most importantly, it **does not** replace the existing complaints procedures that exists with your employer.

That is why it is imperative that you have read and understood the Code of Professional Conduct and Ethics. It formalises the boundaries of your practice as a social care worker. That is why it is so important for you to stay within its remit of accountability, confidentiality, and decision making. Basically, you need to be able to stand over your work and the Code gives you the parameters in which to do that.

**Read the case studies in this chapter on your own and answer the questions.
A sample answer to each question is provided at the end of each example.**

Case Study 1

A panel from CORU's Professional Conduct Committee heard that a social care worker had posted comments regarding a current case on her Facebook page. These comments had become public and had received significant media attention. The social care worker fully accepted responsibility for her actions; however, she said that she believed these comments to have been private to her Facebook friends and that she had been experiencing a high caseload with a lack of support or supervision, which had impacted on her. The committee found that the facts proved amounted to misconduct in that her actions fell seriously below the standards to be expected of a registered social care worker. While her fitness to practice was remediable, the panel determined that she had not taken actions to address this. Further, the panel concluded that she continued to apportion responsibility to others rather than accept full responsibility herself. The committee issued conditions of work practice, including supervision by a social care worker line manager registered by CORU; and required her to provide details of this supervisor to CORU and to inform the council immediately if leaving this position and/or further disciplinary procedures.

(Adapted from the Health and Care Professions Council, UK (www.hpc-uk.org/).)

Answer

The standard the registrant breached falls under **confidentiality** and subsequent failure to understand the nature of her action. This registrant did not act in the best interest of the service user or respect their confidentiality and privacy. Accountability for your decision- making is a fundamental principle that underpins all codes of professional conduct and ethics. You have to be able to stand over your decision-making and rationalise why you made such a decision.

In this example the registrant partly accepted the responsibility but produced a number of excuses – her workload, lack of supervision. She did not accept full responsibility for breaching her code of professional conduct and ethics. Her ability to **reflect** on her poor decision- making is the key message from this example. Reflective learning is a great way of looking at your knowledge, values and assumptions, turning them over in your mind and giving your thought process serious consideration.

Code of Professional Conduct and Ethics

You have a **professional responsibility** to be familiar with the Code of Professional Conduct and Ethics for Social Care Workers. This document outlines the standards of ethical behaviour and conduct that the public expects from social care workers. When you complete your degree and fundamentally your placements, you will learn to understand how the Code distinguishes your role as a Social Care Worker from other professions. All the Codes will be the same across 17 professions, with only the last section being specific to the profession.

The Code of Professional Conduct and Ethics for Social Care Workers (2018) was set by the Social Care Workers Registration Board and the Council of CORU after a lengthy consultation process. It is tailored by the boards to include any profession specific requirements. Each year registrants will be asked to pledge that they comply with the Code of Professional Conduct and Ethics.

We will now go through the code section by section. The sections are grouped into three categories; Conduct, Performance and Ethics. You will find it useful to have the code open in front of you as you read.

Conduct

You must always maintain a high standard of conduct.

TASK 4 Read **CONDUCT,** Section 1-5 of the Code of Professional Conduct and Ethics for Social Care Workers (pages 8-12).

Section 1 states that you must act in the best interest of service users. You must treat people with dignity and respect, uphold their right to privacy and autonomy, and respect diversity and different cultures and values. When working in teams it is important to conduct yourself in a professional manner; how you act and the advice you give can have a significant impact on a service user.

Section 2 emphasises the importance of keeping service user information securely and treating it confidentially, including guarding it against accidental disclosure. For best practice, it is advisable to follow confidentiality guidelines and GDPR legislation. Always inform service users (where possible) if you are sharing information about them and obtain their consent before discussing confidential information with their family, carers, friends or other professionals involved in their care.

Section 3 outlines how you must maintain high standards of personal conduct and behaviour. This means that you must uphold the rights and dignity of anyone using the service you work in. You must also, conduct yourself in a professional manner, including when working out in the community. Respecting the roles of other HSCP's is fundamental; you can use their expertise to enhance the service for the service user, and you will need to work in partnership. Included under this section is to not harm, abuse or neglect service users. Look up Tusla's Safeguarding Policies along with human resources (HR) policy and practices in your organisation. This is explained in more detail under Section 8.

Section 4 looks at using social media responsibly. You need to be very careful with this section and it reiterates all of the above sections, such as conducting yourself in a professional manner, in the best interest of the service user, and abiding by boundaries of confidentiality. If you use social media, first of all think about what the impact will/might be on the service user if you post something on social media. Ask yourself; if it will be a breach of data, if it will be defamatory or if it will harm them in any way. We will go through this section in more detail in the next case study.

Section 5 explores your responsibility to register and to stay on the register. You must inform CORU, if, for instance, you receive a caution from An Garda Síochána or if you have been involved in a criminal offence. If you are suspended by your employer, you also need to inform CORU. You can only practise under the parameters set out in this code under the title social care worker. Any changes to your circumstances need to be followed up with CORU.

Case Study 2

You are on shift in a residential care home and the young person in your care has come back to the unit appearing – 'intoxicated'- with slurred speech and with a smell of alcohol off their breath, after visiting their family. They are chatting openly with you and they seem relaxed, but this behaviour is unusual; they are usually much quieter. Eventually they fall asleep at the kitchen table and your colleague thinks it's funny. They say, 'This would be hilarious if we took a photo and sent it to all the staff on WhatsApp'

1. Do you think this is an issue under the Professional Code of Conduct and Ethics for Social Care Workers?
2. What sections of the Code do you think this relates to?
3. What do you do next?
4. How would you act in the best interest of this young person?
5. If you disagreed with your colleague's conduct, what would you do?
6. What attitude do you feel is reflected in this case study?
7. How could you use social media responsibly?

Answer

Categorically, pictures of service users do not belong on your phone or on social media. You need to follow the confidentiality policy of your employer and the Code of Professional Conduct and Ethics. Respecting the confidentiality and privacy of the young person in your care is fundamental. You need to speak up and highlight that this action is disrespectful, that it is not a good idea and that it could result in disciplinary action for you both, not just the budding photographer. The young person has not given consent and they are also intoxicated. Your duty of care and your decision-making process should focus on keeping this young person safe from further harm by getting them to bed, putting them in the recovery position, closely monitoring them during the rest of the night in case they vomit, and possibly seeking medical attention. You will also need to establish how they became intoxicated; this information will inform the incident report. It is important to remember that it is illegal to drink alcohol under the age of 18 years. However, since the young person is intoxicated, you may need to judge whether this is something to try resolve right now or at another appropriate time.

Performance

You must always maintain a high standard of performance in your professional practice.

TASK 5

Read **PERFORMANCE**, Sections 6-21 of the Code of Professional Conduct and Ethics for Social Care Workers (page 13-22).

Section 6 considers 'wellbeing'. It is your responsibility to look after your own wellbeing. It is also your duty to reveal any health issues/illnesses that may affect your ability to practise. It is worth mentioning that once you reveal this information you cannot be discriminated against. A note of caution, though; if you don't declare something and you are investigated this will not be taken lightly. You need to take responsibility if you have a health issue. Bear in mind that you also have the flexibility of taking yourself on and off the register. Seek advice from your line manager, GP or occupational health practitioner to avoid the risk of inflicting harm to service users, yourself and others.

You can find more information from your employer under the 'Dignity at Work' section in their human resources (HR) policies. The law reflected in this policy comes from the Safety, Health and Welfare at Work Act 2015.

Section 7 signifies the importance of familiarising yourself with relevant legislation that impacts on your practice. In college, you will become familiar with legislation such as the Child Care Act 1991 and its amendments. Tusla (the Child and Family Agency) has welcomed amendments to the 1991 Act; for example the; Early Years Services Amendments Regulations 2016; and Child Care Amendment Act 2015, which has led to a strengthening of the legislative basis for the provision of aftercare services (www.tusla.ie). Depending on who your employer is, changes to legislation will be implemented into polices and procedure documents, which will impact on your practice and service provision.

Section 8 shows the significance of complying with requirements for the protection of children and vulnerable adults. As a mandated person (Children' First Act 2015) you must report abuse to the appropriate authority (go to the Tusla website for more information). Relevant national guidelines include; Safeguarding Vulnerable Persons at Risk of Abuse (HSE); HIQA National Standards for Adult Safeguarding; Tusla Children First National Guidance for the Protection and Welfare of Children (2017).

Section 9 demonstrates the importance of acting within the limits of your knowledge, skills, competence and experience. This is where accountability for your decision making will be necessary and you will need to stay within your scope of practice. I will clarify this in more detail in the following example.

<div>

Case Study 3

Johnny is a forty year old man with an intellectual disability. He lives in a residential care home and enjoys weekends at home with his parents. His parents are friendly and have a good relationship with all the staff in the house. He has just returned home from a few days in his parents' house. His mother hands you a bottle of antibiotics on her way out and says 'Johnny needs to take the next one at two p.m.'

1. What section of the Code of Professional Conduct and Ethics is relevant in this scenario?
2. What do you have to consider?
3. It is an hour until the next dose is recommended, what do you do?
4. What could you learn from this scenario?
5. What could be done differently next time?

</div>

Answer

In this case you must consider whether Johnny has the capacity to take this medication independently. What level of support does he need? Johnny has an intellectual disability, so he would be categorised as a vulnerable adult. He needs to understand what he is taking the medication for and it will need to be risk-assessed before he can self-medicate.

(More information is available on HIQA's website under Medicines Management Guidance).

The next thing to consider is whether the medication, is on the medication administration sheet (MAS). If it is **not** on the MAS you cannot administer it without permission from Johnny's GP. If you, did you would be in breach of your employer's safe administration of medication (SAM) policy and of Section 9 of the code. This is beyond your '**knowledge, skills and competency**' as you are not a GP.

Ring your manager to seek advice: you cannot give Johnny the medication: neither can you let him go without it. Look in particular at Section 9 (f) you need to be able to justify your decision-making and will be held accountable for it. It is important to understand your duty of care when it comes to medication management.

Section 10 Continuing Professional Development (CPD)

This is an important section, so we shall give it a special focus here. The theory of lifelong learning underpins CPD, along with the concept of being open-minded and self-aware; prepared to learn new things, no matter how experienced you are, so you can identify any gaps in your knowledge and address them. Social care workers need to take responsibility for keeping their skills, competencies and knowledge up to date. Keeping yourself informed of any changes to practice, and most important, what you base your decisions on. You need to be aware of all relevant legislation, regulations, policies and guidelines that influence and guide your practice. Furthermore, social care workers need to act within the limits of their skills (as highlighted in the above case study).

One technique that enhances CPD is being able to reflect on your practice. Reflective practice gives you the time to look back on your practice critically and develop your skills. From the case study example above, how could you apply reflection to questions 4 and 5 in order to develop your skills? Reflecting on this scenario will enhance not only your future practice, but also your decision-making ability. This reflective learning will offer you some insight in how to prevent a similar incident happening again, by bringing in some control measures to mitigate the risk. It is noteworthy to mention that it takes practice to become a reflective practitioner.

Engaging in CPD can be completed in two ways; formally or informally. Informally, it can be practical 'on the job' learning from the people you support, from colleagues or other health and social care professionals, or anything that you feel might enhance your skills and knowledge in some way. Examples could be the chats we have with a more experienced colleague, the sharing of thoughts, being honest with our feelings and challenging ourselves as to why we think a certain way. Or, you can go down the more formal route and attend a course or take some training. Implementing anything new into your practice; that you learned from a course; can bring its own challenges. It all depends on the situation you are trying to apply it to. Changing the way people think or a work culture can be complex; for example, if your colleagues/team feel 'Sure that's the way we always do it around here', how do you overcome that? Reflective practice can be a way to explore these barriers to change.

Exploring your practice; through the lens of reflection; can be either a positive or a negative experience. It will depend on you, your experience, how much support you seek, how self-aware you are and what is going on in your own life at the time. Furthermore, not all new skills and knowledge have to be practice-based; you need to get the balance right. When you work in the caring professions, having a good work/life balance is paramount. Getting this balance is vital to prevent 'burnout'; and this should be one of your core principles when working in social care. You give so much of yourself to supporting others, building relationships that can often be complex and challenging, that you need to be mindful of yourself. For example, completing a course or workshop in mindfulness can still be considered CPD, as long as you can reflect on how the leaning has enhanced your practice and benefited the people you support.

Social Care Ireland (SCI) is the professional representative body for the social care profession in Ireland. SCI has a designated CPD co-ordinator, whose role is to complete a training needs analysis with SCI members. This can take into account what new practices or models of care are being developed or implemented in practice. SCI works in conjunction with the HSCP's office, which partially funds the facilitation of a number of training events and workshops. The advantage; of not only being called a social care worker, but also being under the umbrella of the HSCP's office means you can also avail of interdisciplinary events and training. For example: you work in the disability services with an aging population. You are supporting someone that over time becomes a falls risk. An assessment is required for this person to live safely within their home. Do you think this is outside your 'knowledge, skills or competence'? The benefit of coming under the HSCP umbrella, is that you can avail of interdisciplinary education provided by occupational therapy or physiotherapy; so, for example, you can upskill in falls risk management. You can then mitigate risk better by understanding what you need to be looking out for to prevent a fall. Having access to this kind of training enhances people's ability to make more informed professional judgements backed up by interdisciplinary learning.

To demonstrate that you are compliant with CPD requirements as a registered social care worker you must show evidence of and record the CPD you have undertaken. So; what does this entail? Thirty CPD credits must be accrued over a twelve-month period. To put this into context, one hour of learning equates to one CPD credit. Remember, this is not the supermarket, where we collect points just for turning up and spending money! You need to be able to **reflect** on your learning and **record** any evidence that supports how it has enhanced your work. You should be able to answer questions like; How did you implement your learning into your practice? What does that look like? How have you applied this new skill or knowledge into your practice? What was the benefit to the people you support? What was the benefit for your colleagues? The Social Care Workers Registration Board in CORU, has put together a CPD Guidance Document and supporting documentation, which provides direction and tools for registrants on how to build and demonstrate reflective learning. SCI has a CPD portfolio that you can also use with some good practice examples.

A registrant can be audited by CORU to ensure that they have a system and process in place to maintain their knowledge, skills and proficiencies. A worker, if called upon, must submit the recorded evidence of their CPD. Just to recap, the main reason we engage in CPD is to upskill. As a registrant, you also need to **record** your involvement. What CORU are interested in is reflective learning and you can use any model of reflection for this. CORU have adapted the Kolbs cycle of experiential learning to inform their CPD process.

CORU's reflective model, adapted from Kolb's learning cycle of experiential learning

CPD Process
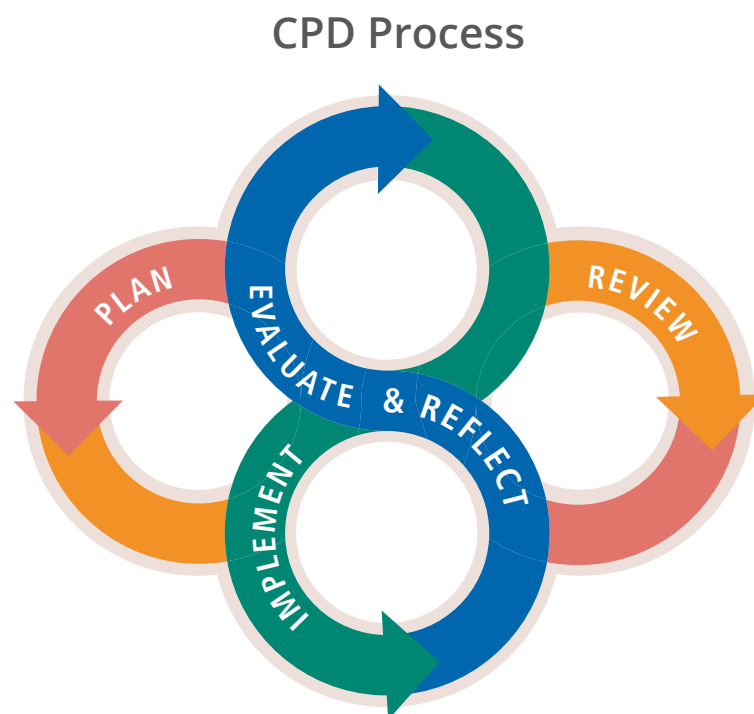
The table below lists some examples of the types of learning activities in which you might engage. As mentioned above, it is not as clear-cut or as easy as collecting points in the supermarket; you need to reflect what new or enhanced learning you achieved and how it made a difference to your practice, on a professional or personal level, as seen through the lens of a reflective model. Planning your CPD for the year ahead makes this much easier to navigate and it can help to link in with your supervisor and colleagues. Being able to identify what the gaps are in your skills and knowledge will also help with planning. Ask yourself questions like; Who will I be key working for the next year? What skills can I develop to support this person more effectively? What training can I attend that will enhance my

contribution to the team? Are there any personal learning goals I have set for myself? As a member of your professional body, SCI, there are a number of advisory groups and special interest groups you can join.

Support for CPD for social care workers types of learning activity

Discussions with colleagues	Gaining and learning from experience	Active engagement in research
Active engagement in supervision or mentoring	Keeping up to date with research evidence in support of best practice	Maintaining records of your CPD engagement
Peer review	Active involvement in multidisciplinary groups, support groups, development or peer learning groups or voluntary work	Active participation in a CORU board, committee or assessors' panel
Active participation in professional body	Publication of an opinion piece, a clinical audit, a case study or research article	Subject specific conferences
Learning through the use of online resources	Membership of professional networks	Work shadowing
Writing clinical protocols, policies or procedures manuals	Undertaking postgraduate education such as postgraduate certificate, diploma, masters or doctorate	Specialist lecture, workshop or demonstrations
Professional reading and study (for example, CORU website and publications, professional publications, journal articles, webinar, online libraries or educational videos)	Professional or Clinical supervision	Sharing information/ learning from CPD activities with work colleagues
Reading and reflecting on literature, case studies, discussion topics either individually or in a group (for example, journal club)	Reflection on critical incidents or complex cases, or review of critical incident and development of action plans in response	Visit to another department or area of organisation

(Table available from https://www.coru.ie/files-education/cpd/scwrb-support-for-continuing-professional-development.pdf (CORU nd:14).

Section 11 signifies your responsibility to obtain consent from the service user before any intervention or assessment commences. Ensure, as far as possible, that consent is acquired voluntarily. You will need to provide the service user with the relevant information in a format they understand and in a timeframe that suits them. They will need to understand the information and the decision they will have to make. All of this needs to be in place in order to get informed consent.

Case Study 4

You are working with a person with an acquired brain injury. It is dinner time and you need to assist them to physically eat their dinner.

1. What section of your Code of Professional Conduct and Ethics is relevant to this case study?
2. How would you go about doing this?
3. What do you have to think about before carrying out the above task?
4. What could you do to build trust with the person?

Answer

You have a personal responsibility to make sure the person understands what you are going to assist them with. Consent is important. It is fundamental that you ask the person is it okay to support them to complete the task **before** initiating assistance.

You need to understand how this person usually gives consent. The key principle here is to consider that there are many other methods of communication other than verbal, that people need to be active participants in decision-making, and the social care worker needs to be aware of individual responses.

If a person has limited verbal communication, you could consult another worker or read through the care plan to see how they like to be supported. Building trusting relationships is vital within social care. This is how we pick up on non-verbal cues to know someone is comfortable with you coming into their personal space. Sometimes this takes time and patience.

Section 12 is a significant change to all HSCPs' practice, not just social care professionals, and it, relates to the idea of capacity. It falls under the remit of the Assisted Decision-Making (Capacity) Act 2015 (ADM) and the UN Convention of the Rights of Persons with a Disability (UNCRPD) and it was ratified in Ireland by President Michael D. Higgins in December 2015. It is a fundamental shift from a paternalistic approach to a rights-based approach for a person with a disability (look up www.inclusionIreland.ie for more details).

Practitioners must always assume that all service users in their care have the capacity to make their own decisions, even ones they may disagree with. If there are any doubts around capacity, it is up to the practitioner to demonstrate otherwise. Depending on the impact of the decision being considered, it may have to be assessed by a multidisciplinary team. It should not be automatically assumed that, a person who has mental health challenges or a disability, cannot make decisions for themselves.

Ireland will have a new office Decision-Making Support Services that will promote the rights of people who may need support with their decision-making capacity. This was due to commence in 2020, but has been delayed for financial reasons.

TASK 6

Look up the webpage https://decisionsupportservice.ie/
1. Does Ireland still use the title Ward of Court?

Read this Irish Times article: 'Replacement wards of court system to be delayed without budget funding' (Kitty Holland, Irish Times). https://www.irishtimes.com/opinion/letters/decision-support-service-must-be-funded-1.4351825

As a social care worker, it is paramount that you support a person's ability to make decisions and adhere to the guiding principles under this ADM Act. There has also been a change in the language used, especially around recording this information. For example, where previously the wording might have been, 'In Robbie's best interest he will get the No. 17 bus to his day centre' it would now be, 'It is Robbie's will and preference to get the No. 17 bus to his day centre'.

> **TASK 7**
>
> For some useful resources on the Assisted Decision-Making (Capacity) Act (2015) and the Guiding Principles, look up;
> - National Quality Improvement team within the HSE
> - Legal Capacity; Josephine Mc Loughlin www.legalcapacity.ie

Section 13 is all about effective communication. For instance, the service user and/or young person must understand what is being asked of them. There are many ways to communicate and; if anyone you support is challenged in this area, they should have a care plan in place to support this need. Keeping your files up to date is important, for continuity of care and to ensure that you pass on any relevant information to your colleagues and the team. One of the standards of proficiency a social care student must achieve is to be able to recognise all behaviour, including behaviours of concern, as a form of communication. This means that you may need to understand what was the antecedent before the behaviour occurred and if there was a trigger. The challenge in social care is to reduce these mitigating factors.

Communicating with service users and/or young people can be complex and perplexing; for instance, they may, due to their circumstances, have a lack of trust in adults. Being able to explain to a young person and/or service user what is going on in a way they will understand is a core skill as a social care worker. You may have to adapt your communication style or technique to fit the situation and person you are communicating with. Written communication is another area that can be difficult to master. Social care workers practice is primarily relationally based, but due consideration needs to be given to factual, accurate and non-emotive records. All records kept on service users and/or young people are maintained, and care needs to be taken with them as they are legal documents. Please note that Freedom of Information Act 2014 allows individuals to access this information.

Section 14 looks at acting in accordance with the principles of 'open disclosure'. Another name for this is 'open communication'. This means being honest and open with people if they have experienced an adverse event that may have caused them harm. It needs to be completed by a responsible person in a timely manner. This needs to be carefully balanced in terms of disclosing something to a service user that may cause greater harm, and should be done in consultation with the line manager and/or team depending on the situation. It is not about blame but all about integrity and professionalism. An adverse event could, for example, be a service user being given the wrong medication and having to seek medical attention. On 12 November 2013, Health Minister Dr James Reilly launched a national policy and guidelines on 'open disclosure' with three supporting documents, staff support booklet, a patient information leaflet and a staff briefing guide. The National Quality and Improvement Team in the HSE is responsible for this.

Section 15 highlights the significant role placements have for students in obtaining their practical skills. It is important to role-model best practice when supervising students or new colleagues so that you can assist, advise and support them. This will support the development of the professional skills, values and attributes they will need to perform their duties when dealing with services users and/or young people and families. For example, you would be expected to assist a colleague who is encountering difficulties and provide advice/support as appropriate. Take an active role in providing assistance, advice or support where you can.

Section 16 goes into more detail. If you take on the role of teacher or supervisor (practice educator), you will need to meet the standard expected of someone in that position; for example, you should have a train the trainer qualification or have completed a supervision course. You need to plan ahead and set goals that are agreed by all parties involved, setting the parameters for the role; for instance, one of the starting points before having a supervision session is writing up a contract between the two parties. Being a reflective practitioner is an important skill here, so that you can support someone going through the reflective cycle and help them see how it might be useful to apply it to their practice as a social care worker. In order to teach someone else the skills they require, you will need to have those skills yourself.

Section 17 looks at accountability for your decision-making, especially if you delegate tasks to others; for example, if you assign a task to a new graduate they will need to be supervised correctly, so as not to put the service user at risk when carrying out the task. Again, you need to be working within your skill and knowledge base when doing this. For example, if a student was on placement in the disability services and a staff member asked them to go to the shop with a service user and the student was not made aware that the service user likes to run away. The social care worker in the unit is accountable for this decision, as the student was not informed of this. If this service user was known to abscond it would be recorded within a risk assessment, outlining what controls are in place to mitigate against this potentially dangerous situation. One control that may be in place is to use a walking belt with the person and this would have to be passed by multidisciplinary team, as it is seen as a restrictive practice. The idea of the belt is so that the service user can feel you beside them and if they run you can go with them. It can also act as a deterrent. The important consideration here is that if you ask someone to do something you need to give them all the information **before** doing the task, in order to complete the task safely and it is imperative that the service user is never be put at unnecessary risk.

Section 18 outlines that, record-keeping has become more stringent under GDPR legislation, which has added another layer of regulation to all citizens' personal information. Everything you record about a person in your care should be seen as a legal document and written down clearly and factually. You must adhere to any polices and procedures in your organisation, in writing clear, accurate, up-to-date reports. In general, service users have the right to access any information that is held about them.

Section 19 is an important section of the code that addresses health, safety and welfare risks. This states how you must follow risk assessment policies and procedures; to assess potential risks in the workplace and your areas of practice, and it is your responsibility to try to minimise, reduce or eliminate any risks identified. Oversight of risk assessments should be regularly reviewed by the team to make sure that the same mitigating factors are still relevant and to review whether all the controls in place are sufficient or if they need to be adapted. Any time a change is made, it is important that the whole team is informed. There will also be a Safety Statement which you will need to familiarise yourself with and sign off on.

Sometimes; in your practice you will come across a service user and/or young person who poses a risk to your safety. You need to know what the risks involved are, so that you can take appropriate measures to protect yourself and others. This can be a challenging environment to work in, but; if possible, try to make reasonable efforts, if appropriate, to go ahead with your interactions with them. Try to visualise a weighing scale with the risk on one side and safety on the other, and trying to strike a balance. Another way of looking at this is positive risk-taking or positive risk enablement; this links in with **Section 12** and consent and is underpinned by autonomy and making independent decisions. For example, if you are supporting a service user and/or young person to build capacity to make their own decisions, even ones that might be disagreeable, and if the impact of their decision causes an imbalance to the scale, you will have to devise a risk assessment and may have to inform a multidisciplinary team.

Section 20 states that you are duty bound to report any concerns about the care and support a service user and/or young person is receiving. This is your number one priority at all times; not what the team thinks or any loyalties that you may feel towards a colleague. When I started practice, we used to do full body lifts to transfer service users; however, we have now learned that this is unsafe practice, which puts service users, yourself and/or others at risk. We now have ceiling hoists and bespoke slings to avoid these unsafe practices. Using a hoist/sling as a control measure lowers the risk and brings the risk/safety scales back into balance.

If you felt there was a serious risk to a service user you would need to consult with your line manager and/or team depending on the situation. You could also raise concerns outside your organisation if you felt the issue was unresolved and that there was a serious breach of behaviour or malpractice. Go to the HIQA website for more information.

Case Study 5

You have been working a few weeks in a children's residential care unit for young people. You are told one particular young person in your care is a risk of absconding; they have absconded from the unit in the past. You have to go to the supermarket with this young person. They run off and you have tried to follow, but you are concerned that the situation is getting dangerous they are dodging back and forth across the road and you are afraid they may be injured by passing cars. However, you are also concerned about letting them out of your sight as they have engaged in very risky behaviours in the past

1. What section of the Code of Professional Conduct and Ethics does this relate to?
2. What would you do?
3. What are the key factors you need to consider?
4. How could you involve the team to discuss what happened?
5. Where would you record this information?

Answer

This is a tricky and potentially dangerous situation and the first thing you would do is call for help. Your number one priority is to try and follow the young person if it is safe to do so. Sometimes in social care you have to make on-the-spot decisions. Therefore, understanding the potential risk factors before an intervention commences means you are informing your practice. Furthermore, this will support your decision-making competencies. Being able to follow the risk assessment for this young person is paramount. Risk assessments are there to bring balance to risk and safety, especially in this particular situation.

This incident should be explored further in supervision using a reflective model. This will support and enhance your practice if this situation happens again. It should also be brought to the team to review the risk assessment to see if more supports could be brought in to support this young person's needs. You would be responsible to write up an incident report that is factual, accurate and non-emotive.

Section 21 discusses professional indemnity and this will be important when you are registered. This is similar to having insurance for your car and it is the law in Ireland. SCI the professional representative body for the social care profession, will offer this as part of their annual membership fee or alternatively, you could source this independently.

Ethics

You must always maintain a high standard of ethics.

TASK 8	Read **ETHICS,** Sections 22-26 of the Code of Professional Conduct and Ethics for Social Care Workers (page 23-26)

Section 22 acknowledges that, as a student you will be aware of the ethical obligation that you have, if you carry out any research. You will need to be mindful of the data that you collect and how you use that data. As a social care worker, ethical obligation is a similar concept but delves deeper into your competencies as a practitioner. You will need to comply with this section, the attributes of ethical behaviour, behaving with integrity and being honest, and as a practitioner your obligation is to this code first and foremost. Please ensure that you always conduct yourself in a manner that respects the rights and dignity of others.

Section 23 specifies the need for the rights and dignity of people using the service to be upheld. Follow the legislation on discrimination under the Equal Status Acts 2000-2018, and be conscientious of the nine grounds that discrimination can be founded on; similarly, you must not condone discrimination by others.

TASK 9	Think about a time when you felt a member of your team disrespected a person in your care. If you don't have much practice experience, can you think of a time you or someone in your group of friends was disrespected? 1. What might be considered disrespectful behaviour towards a service user, by a staff member or another person? 2. What do you think you might do if you encountered a situation in which a staff or other person was being disrespectful to a service user?

Answer

One role of the social care worker is to challenge negative discrimination and/or unjust policies and practices. Fundamentally, social care work practice is underpinned by social justice. You need to advocate for the people in your care. Having a non-judgemental attitude is vital. If you encounter a staff being disrespectful towards a service user, you are duty bound to report it. Your obligation under this code is to the service user.

Section 24 stipulates how to avoid conflicts of interests. For instance, you cannot accept financial contributions from parents or service users, as this may be perceived to affect your professional judgement. You should also avoid entering into any contracts that might cause conflict with this code.

Section 25 outlines how to undertake research in an ethical way. You must seek approval from an ethics committee **before** undertaking any research, especially if you are working with vulnerable service users. You must always follow the legislation around conducting research, for instance; the Data Protection Act 2018 (Section 36 Subsection 2) (Health Research) Regulations 2018.

Section 26 covers how to advertise truthful, accurate, lawful information that is not misleading. If you recommend a product to a service user, the recommendation must be based on your professional opinion.

Section 27 Responsibility specific to social care workers

This code is specific to social care workers and it is something that can be overlooked in service provision. The role of supervision. There are some great resources available on HSELanD; for example, there is an e-learning module on supervision, which provides a good introduction to the theory and framework behind effective supervision.

The work of the social care worker can be isolating, with unsociable working hours, and you may not see your team members regularly. Evidence on 'lone working conditions' from the Health and Safety Authority (HSA) indicates that engaging in professional supervision can obviate some of these risks associated with lone working. Professional supervision can be formal, with your line manager, or it can be supported with peer supervision, in order to provide yourself with a safe space; where you can reflect on your practice, with like-minded colleagues. Being able to reflect on your practice is a fundamental skill in social care that comes with experience and you will need to work on becoming a reflective practitioner (see **Section 10**). The role of the social care worker can be emotionally charged, and it can be challenging to work through and adhere to the code of professional conduct and ethics, but this is also how we grow as professionals.

Conclusion

The aim of this document was to go through each part of the Code and provide some insight into how to apply the Code to your practice. As a student on placement, you can use the Code to evidence best practice and see how you can replicate that in your future practice.

Social care work is underpinned by the ability to form and maintain relationships with people encountering challenges and experiencing adversities at particular times in their lives; being able to reflect on your practice and understand your professional judgement; building your skills and competencies and fundamentally protect the people you support. It is essential that as a social care worker you understand how to uphold human rights, as well as respect the right to self-determination and autonomy of the people you support. Using people's will and preference to promote the right to participation, being kind and caring and understanding people's lived experience; is the foundation for person-centred practice. I believe that registration is well received; when it comes to recognising the vital work social care workers do; advocating and working alongside the most vulnerable people in society.

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Chapter 8 – Hazel Finlay

Domain 1 Standard of Proficiency 8

Recognise the importance of practising in a non-discriminatory, culturally sensitive way and acknowledge and respect the differences in beliefs and cultural practices of individuals or groups.

KEY TERMS

Differences in beliefs and cultural practices

Non-discriminatory practice

Cultural sensitivity

Cultural competence

Everyday activities

Social care is … a helping hand that values and empowers us to make positive changes in our lives.

TASK 1 Write a reflective piece on your personal values and beliefs and how they are (or are not) helpful in your development as a social care worker.

Acknowledge and Respect Differences in Beliefs and Cultural Practices

The word **culture** relates to the particular set of knowledge and characteristics shared by a group of people, for example ethnic minority groups, social groups, people of the same gender, people with disabilities and so on. In this chapter, the focus will be on culture and ethnic diversity in social care practice.

While Ireland has had diverse cultural and ethnic groups for many centuries (e.g., the Irish Traveller community and a small number of refugees (Loyal 2003)), since the 1990s Ireland has become an increasingly diverse society, with approximately 535,475 non-Irish nationals from 200 different nations recorded in the most recent census (CSO 2016). This diversity in our communities has significant implications for the social care profession and the delivery of services in all areas of social care. The challenge for those involved in social care is to understand and respect the beliefs and cultural practices of diverse communities, to recognise the particular challenges individuals and communities face due to their migrant and/or ethnic status and to practice in a non-discriminatory and culturally sensitive way.

The relationship between the social care worker and the service user forms the basis of everything we do. Meaningful and trusting relationships create a space for service users to make positive changes in their lives (McCann James, de Roiste, & McHugh 2009). To build meaningful and trusting relationships we need to be self-aware and understand how we relate to others. When developing self-awareness it is important to reflect on our own personal values and beliefs and how they influence our behaviour and our relationships with people. Social and cultural factors such as gender, class, race, ethnicity,

age, disability, sexual orientation, religion and so on determine our value base. We are often unaware of our values and beliefs until they come into conflict with those of others (McCabe and Timmons 2013). Working with diverse communities could potentially lead to conflict if we try to impose our own values and beliefs on the people we work with. Building meaningful and effective relationships with diverse communities requires the worker to be reflective, compassionate and open to learning about values, beliefs and cultural practices that are different from their own. We need to explore the identity of others without preconceived judgements and listen to and acknowledge the particular challenges individuals and communities face due to their migrant and/or ethnic status. Social care programmes are designed to build critically reflective and diversity competent workers by helping students develop a clearer sense of their own identity/diversity through the exploration of their own attitudes, values and beliefs and how they are (or are not helpful) in their development as a social care worker. The significance of culture and ethnic diversity is not only seen in the increased diversity of the people we work with, but also, the increased diversity of our social care students. How students engage in social care education with their peers, builds the foundation for becoming diversity competent or culturally component social care workers.

TASK 2

Watch the documentary 'Direct Provision – Ireland's Asylum Seekers' (28 October 2017) https://www.youtube.com/watch?v=Qo1es0n9MPg

From watching this documentary, what have you learned about asylum seekers in direct provision?

- Understanding of wider political, social and economic concerns
- Understanding of the link between migrant/ethnic status and rights and entitlements
- Impact of poverty/discrimination/exclusion
- Impact on family life
- Impact on mental health and parental capacity
- Impact on children's development and welfare
- Impact on human rights

Non-Discriminatory and Culturally Sensitive Practice

Principles of human rights and social justice are fundamental to social care work. As social care workers, we are legally required to respect and uphold the rights of the people in our care. National standards and guidance documents such as Safeguarding Ireland and HIQA's recent *Guidance on a Human Rights-based Approach in Health and Social Care Services* and the Social Care Workers Registration Board's Code of Professional Conduct and Ethics (SCWRB 2019) promote a human rights-based approach in our health and social care services. A rights-based approach in social care work requires the worker to promote and protect the rights of the people in their care. These include the right to autonomy; the right to make important decisions about their own lives; the right to dignity and respect; the right to participate in family and community life; the right to equality; and the right to live a life free from discrimination and abuse (Safeguarding Ireland & HIQA 2019).

Culturally sensitive or ethnic-sensitive practice requires the social care worker to recognise and value differences in the beliefs and cultural practices of the individuals and groups in our care. However, being sensitive to cultural/ethnic needs and differences is not enough; good practice should also be anti-oppressive. Anti-oppressive practice is important in social care as many of the people we work with are from populations where their diversity can place them at risk of discrimination and oppression (McGinnity, Grotti, Kenny, Russell 2017). According to the Social Care Workers Registration Board (2019), in addition to a human rights-based approach, social care workers should also promote social justice in their practice. This requires the worker to critically examine their own work practices, challenge discrimination and unfair policy, and respect diversity and different cultural practices.

"A fish only discovers its need for water when it is no longer in it. Our own culture is like water for the fish. It sustains us. We live and breathe through it".

Stephanie Quappe and Giovanna Cantatore
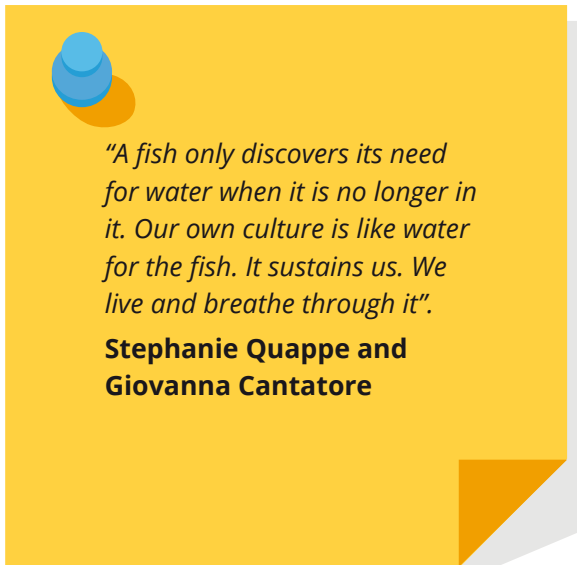
A Culturally Competent Approach

Culturally competent practice is a relatively new and emerging concept that incorporates both culturally sensitive and ethnic-sensitive practice and anti-oppressive practice. This approach is relationship based and 'calls for the worker to be able to practise in ways that are consistent with expectations in the client's culture' (Yanca & Johnson 2008:53). When we are culturally competent in our practice, we adapt our skills to meet the needs of the service user and understand the effects of diversity on the worker, the services user, the environment and how all three interact (ibid.). Culturally competent practice or diversity-competent practice can extend to all areas of culture and diversity including gender, class, race, ethnicity, age, disability, sexual orientation, religion, etc. (ibid.).

Developing a Culturally Competent Approach

Understanding Self	Understanding Social and Political Factors	Understanding Culture of Diverse Group	Diversity-competent Skills/Practice
Values	Oppression	Values	Reflection
Beliefs	Racism	Beliefs	Self-awareness
Attitudes	Discrimination	Attitudes	Relationship Building
Prejudice	Rights and Entitlements	Cultural Practices	Empathy/Compassion
	Human Rights		Communication/ Partnership
	Exclusion		Research/ Understanding
			Listening/Learning
			Non-discriminatory
			Non-judgemental

(Adapted from Yanca and Johnson 2008)

TASK 3

Putting a Culturally Competent Approach into Practice in your Setting.

a) Ask your student to read this case study and answer the following questions.

b) Prepare a case study relevant to your setting that will help the student understand how to practice in a culturally sensitive way.

Case Study 1

You are working in a youth project with young people from the local community. Over the past few months, a number of young people currently living in direct provision have joined the group. You have noticed that there seems to be a divide between the children from the local community and those living in direct provision.

What do you do?

1. Understanding oneself (social care worker)
   - examine own beliefs, values and prejudices
   - research, learn, understand and respect difference
   - be open to new ideas, traditions and routines
   - listen to and learn from service users
   - build relationships that value and empower the service users

2. Getting to know each other (focus on positive aspects of culture and break down language and cultural barriers)
   - culture day (meals, traditions, hair, dress, appearance, language, social interaction)
   - life story pictures/collage (identity, values, lived experience, family, friends)
   - creative work/group work (values, beliefs, norms, discrimination, racism, exclusion)
   - food culture days (cook foods from own culture and share)

3. Finding common ground (identify shared values and common interest)
   - shared positive experiences
   - group/fun activities, e.g., football, cinema, dance, swimming
   - day trip/camping out
   - creative work/group work (identify shared values, hopes and dreams)

4. Celebrate diversity (focus on positive aspects of diversity and how it can enrich our society/communities)
   - culture day/party
   - share new knowledge and ideas
   - share talents and skills

☀ Tips for Practice Educators

When students begin their practice placement journey, they should be encouraged to continue to engage in reflective practice; exploring their own, attitudes, values and beliefs and how they influence their responses to their practice placement experiences. Writing a daily reflective journal will allow students to capture their experiences and responses while providing the space for deeper understanding and self-awareness. This learning can be used to improve future responses and help students to understand the effects of diversity on themselves, the environment and the service user.

It is important that students have an induction period when they first start their placement. This usually involves some research on the purpose and values of the agency, the policies and procedures that guide the work of the agency and the needs of the service user group. It is important for students to engage in research and recognise theories that relate to the particular service user group and approaches and interventions used to respond to these needs.

Practice educators may need to guide students in understanding the needs of the service users. It is important that students do not make assumptions about service users because they perceive they come from a similar background to another service user or someone they know.

Rather than claiming to be diversity competent and to understand other cultures, students need to engage with and listen to the people they work with. Practice educators should encourage students to take an inductive approach when making links between theory and practice (see Yanca and Johnson 2008). An inductive approach requires the student to be open minded and put aside any preconceived judgements they may have about a particular group of people. Students should be encouraged to listen and learn from the people they work with and apply academic knowledge to their placement learning and experiences.

The above 'Task - Putting a Culturally Competent Approach into Practice in your Setting' may be useful to practice educators and students, and it can be applied to most areas of social care work. The 'Task' provides practical tips to help students develop a deeper understanding of their own diversity and, how it impacts their responses, the environment they work in and the service users they engage with. It offers practical and fun ways to listen to and learn about the people we work with, thus creating a space for positive relationships to grow and for students to develop cultural competence in their practice.

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Chapter 9 – Deirdre Connolly

Domain 1 Standard of Proficiency 9

Understand the role of policies and systems to protect the health, safety, welfare, equality and dignity of service users, staff and volunteers.

KEY TERMS

Understanding policies and systems

How policies and systems develop

Role of policies and systems in protection

Effect of policies and systems on social care workers

Social care is ... about all of us. It is about recognising that at any time we, or someone we care about, may need care and support to live a whole and fulfilling life and be safe. Social care policies, systems and practice seek to address the tendency at a societal and individual level to 'other' people who have different experiences and needs from our own, to ensure that there is high-quality, fair and equitable care and support for anyone who needs it.

Introduction

The standard of proficiency set out in the CORU standards expects that social care staff will understand the role of policies and systems in protecting the health, safety, welfare, equality and dignity of service users, staff and volunteers (Domain 1, Standard 9). But what are policies and systems? Where do they come from? What is their role in protecting the health, safety, welfare, equality and dignity of the people who use services and the staff and volunteers involved in their care and support? And what is the effect of these policies and systems on social care workers when they are delivering person-centred care and support?

In this chapter I am going to look at these questions in detail based on research and using the lens of my own experience, first as a social care worker in voluntary services and latterly in my role developing standards, guidance and policies for social care services at an organisational and national level. By doing this, I aim to illustrate how the social care sector has changed since the early 1990s, how social care has been shaped by emerging national policies and systems that inform day-to-day practice, and finally the effect these policies and systems have on social care workers.

Understanding Policies and Systems

First, let's take a look at policies. What is a policy? At a high level, there are social policies. These are developed by states and governments to address the social needs of people in society in areas such as housing, health, education and social services (Blakemore & Warwick-Booth 2013; Spicker 2014). While it might be difficult to see the connection between such high-level social policies and the day-to-day policies and procedures of your organisation, it is these social policies that ultimately inform many organisational policies. At an organisational level, policies can be understood as a set of rules or guidelines for an organisation and its staff to follow in order to deliver safe, high-quality care and support to people using its services.

POLICIES
set out what
staff members
actually do.

At a very basic level, policies set out what staff members actually do in their in day-to-day work to meet the care and support needs of the people using a service, and what they aim to achieve. I will go into more detail about the relationship between social policy and organisational policy in the next section. One common example of an organisational policy, recognisable to all social care workers is a recording and documentation policy. While not universally loved, the importance of recording your work in a timely, accurate, consistent and clear way cannot be overstated (HIQA 2012).

By doing this you ensure that there is a clear overview of the person's wellbeing before, during and after any intervention. This information can then be used to inform aspects of the person's care and support, reflecting what is working well and not so well, and allowing you and the service user to decide together what adjustments may need to be made so that any interventions are effective. Recording and documentation is fundamental to good person-centred planning, and also to your own supervision and reflective practice.

Turning now to what is meant by systems, as referred to in the CORU standard; these are the structures that an organisation puts in place to organise its staff, its resources and its facilities to ensure that organisational policies can be implemented and the organisation can achieve its aims. Continuing with the example of recording and documentation, services should have a system in place to support staff to consistently record and document their work. Although the format may vary from service to service within an organisation, or even from task to task – for example, there may be an ICT system where staff input case notes in an online file, while staff might have a hard copy of a supervision template that they complete and store in a folder – the fundamental purpose of the system remains the same: to accurately record and document essential information and to do so in a consistent manner.

**THE AIM OF POLICIES
AND SYSTEMS**
is to create a clear
framework for staff in
which to practise so
that they know what
to do and how to do it.

Taken together, then, the aim of policies and systems is to create a clear framework for staff in which to practise so that they know what to do and how to do it. This in turn provides a level of consistency and predictability for people using the service, which is very important. Without clear policies, and robust systems to support social care workers to implement them, it is very difficult for organisations to protect and promote the health, safety, welfare, equality and dignity of people using the service, staff and volunteers, in line with both CORU standards and other national standards.

Reflecting on my own experiences of policies and systems, a great deal has changed since I began my career in social care nearly thirty years ago. Before I did my degree in social care in the late 1990s, I worked in the access service of a Dublin university providing academic support services to students with disabilities. Then I worked as an information and research officer in a small charity supporting people affected by HIV and AIDS. While the overarching objective of my role in each of these services was clear – for example, researching and providing information in an accessible way – how I was expected to work on a day-to-day basis was less clear. There was a brief job description, but no formal induction or introduction to policies (such as they were), no supervision, and little in the way of procedures or systems. Though there were occasional team meetings, the size of these services meant that the line managers simply took it for granted that everyone knew what they were supposed to do and would learn from each other on the job. And, in general, we did know what to do, and just got on with it. I did receive occasional feedback, usually from another staff member and sometimes (but rarely) from a manager, but it was all very ad hoc. Although I was fairly confident that my work was meeting the needs of people using the service – at least, they seemed happy with it – I was working very much in isolation. It was very hard for me to fully grasp the wider context of what I was doing or how my work fitted into a bigger picture. In fact, looking back, I'm not sure there was a bigger picture! It is very hard for any social care worker to develop in their role in these circumstances.

It was only when I started my degree in social care that I began to see this 'bigger picture' more clearly, to understand what informed and shaped social care more generally, and to gain an understanding of where my work, in particular, sat within this wider paradigm. My studies allowed me to break down social care practice into its key components, to see the relationship between wider social issues and the lived experiences of people and why some needed support from social care services. I also began to see how social policy informs legislation and how both inform organisational policies and systems and social care practice on the ground (as discussed from a variety of perspectives by others in this book).

TASK 1 Read Chapters 4, 13 and 16 for a few examples of how legislation has influenced policy at both national and organisational levels.

How Policies and Systems Develop

As I touched on in the previous section, social policy informs the development of many of the day-to-day policies and systems within social care services. But where do social policies come from?

One such policy with which we are all familiar is *Children First National Guidance for the Protection and Welfare of Children*, the national guidance for the protection and welfare of children. First developed in 1999 by the Department of Health and Children, it has gone through several iterations, the most recent version published in 2017 (DCYA 2017). While Children First articulates in detail the responsibilities for statutory social workers and An Garda Síochána, as set out in the Child Care Act 1991, it also states clearly that it is the responsibility of all those working with children to keep them safe. Although the policy has developed over the years, the objectives of Children First have remained unchanged since 1999. They are: to raise awareness of child abuse and neglect; to improve the response to concerns about a child; to ensure that people working with children understand their responsibilities in this regard; and to enhance communication and co-ordination of information between disciplines and organisations.

Reflecting on My Practice

As previously discussed, my own awareness of policies and systems began in college. During this time, I started working in a residential service for people with intellectual disabilities. In this service, there was a strong focus on meeting the psycho-social and physical needs of the people living there, and a clear commitment to their wellbeing. The service had practical procedures in place to be followed by staff when providing care to each person – everything from planning daily activities, to family engagement, to medication administration. However, as a staff member in that service, I felt little connection to the wider organisation and had no real sense of continuity between services. There were some organisation-wide health and safety policies, and systems for recording staff hours, but care planning, incident reporting, and adult and child safeguarding policies, all common policies in services today, were not in operation uniformly across the organisation. Instead, each residential or day service developed its own local policies and procedures based on the presenting needs of the people using the service, often in response to an incident. These policies and procedures, and the systems that supported them, were generally useful and created a practical framework for staff to work within at the time. However, as they weren't connected to any social policy, legislation or strong evidence base, when the needs of the people using the service changed, these policies didn't necessarily meet these emerging needs. And, because staff had put time and energy into writing these policies, and had embedded systems to support them, they were difficult to change.

This national policy is connected directly to your organisation's child protection policy. It underpins any child protection and welfare training you receive and the system you use for recording, documenting, submitting and following up on child welfare and protection concerns. Additionally, any adult safeguarding policy in operation in your service has also been shaped by the principles first described by Children First and now reflected in the National Standards for Adult Safeguarding (HIQA & MHC 2019). Children First is a clear example of how a high-level social policy, enshrined in legislation, can shape social care practice on the ground.

Role of Policies and Systems in Protection

What role do policies and systems have in protecting the health, safety, welfare, equality and dignity of people using or delivering social care services? Looking back at Ireland's historical approach to protecting the safety and wellbeing of people using social care services (as well as health and mental health services), we are all too aware of the failure to protect people who need care and support when services are hidden from view, as illustrated in the 2021 final report of the Mother and Baby Homes Commission of Investigation (DCEDIY 2021), or where there are inconsistent policies and fragmented approaches, as outlined in the Department of Health's report on the response to COVID-19 in nursing homes (DoH 2020).

Research shows that the provision of social care services in Ireland, up until the late 1990s, was largely hidden from public view (Connolly 2019; Linehan *et al.* 2014; Raftery & O'Sullivan 1999). Despite ongoing calls in the social care sector for legislation and external monitoring, the role of the state remained at one remove, with very little co-ordination or oversight of the work of the many services in operation across the country. Although the development of guiding legislation for children's social services began in the 1980s, resulting in the 1991 Child Care Act, and regulations for disability services were approved in 2000s (Health Act 2007), the establishment of bodies to assess compliance with the legislation and regulations only happened in 1999[1] in response to high-profile reports of abuse and neglect[2] (Connolly 2019; Jones & Smey Carston 2016).

Although these external oversight systems are often put in place in response to an incident or a failure to protect people (Koornneef 2010), as can be seen here in Ireland, such systems have also been established in response to the increased demand for accountability by social care services themselves (Featherstone *et al.* 2012). It is generally accepted now that services and individual staff members must be able to evidence that the work they do is having a positive impact on the lives of people using their services. It is also increasingly necessary that services can prove that the work they do represents value for money (Martin *et al.* 2010).

In my own work, I saw this increased demand for organisational governance structures and professional accountability when I started work as a housing support worker at a national housing and homeless and advocacy organisation in the early 2000s. This demand was driven in part by organisational expansion and in part by the expectations of central governing and funding bodies such as the Dublin Regional Homeless Executive (then the Homeless Agency) and the Health Services Executive (then the Health Board). At this time, the organisation was keen to develop consistent cross-organisational policies and systems and to train staff to use them effectively. All of this was aimed at improving quality across the organisation, improving outcomes for people using services and, crucially, being able to demonstrate effectiveness to funders, both statutory funders and the general public (whose donations funded a significant proportion of its activities).

Looking again to the example of Children First as a guiding policy, at the time the organisation was working on the development of a child protection policy aligned to Children First, as well as child protection training that was contextualised for staff working in housing and homeless services. The policy and training worked together to ensure that children who might be more vulnerable to abuse and neglect due to their housing circumstances, or the problems that their parents were facing, were supported by staff who knew how to recognise the indicators of abuse and neglect, and how to respond to these in an appropriate and timely way.

Management in the organisation were keen to involve staff members in this process, not only to ensure that the policy and the training reflected the diverse circumstances of children's lives, but also to promote staff buy-in and the implementation of the policy in day-to-day practice. In my role as a housing support worker, I worked with families who were moving from homelessness into housing, supporting them to address a range of issues that were negatively impacting their wellbeing and their ability to sustain a home. The organisation recognised my knowledge and experience in this area and so I was asked to get involved in developing both the policy and training, as well as in delivering the final training package to staff.

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1 The Social Services Inspectorate (SSI), established in 1999, was subsumed into the Health Information and Quality Authority (HIQA) on its establishment in 2007.

2 These cases included the Kilkenny Incest Case (1993), the Inquiry into the Operation of Madonna House Report (1996), and the HSE report on Leas Cross Nursing Home (2006).

Following this experience, I moved away from frontline work and was employed by the organisation as its standards development officer. This provided an opportunity for me to work on the development of many other organisational standards and policies, all informed by research and all with the input of frontline staff. Later, I moved on to creating systems for auditing the compliance of individual services with these standards, developed processes for services to assess their own compliance and areas for improvement, and systems for people using the services to provide feedback on their experience of the service and whether it met their expectations. These structures and systems helped to ensure that the organisation was meeting both its legal obligations and, more important, its obligations to deliver high-quality, safe and consistent support to people using the service. It is important to note that while all these systems improved the governance and accountability of the organisation, this was all internal assessment of compliance, because housing and homeless services did not fall under the remit of the external regulatory body, HIQA. And, in fact, they still don't!

Effect of Policies and Systems on Social Care Workers

The intended effect of policies and systems is to create a framework to support staff in their day-to-day work, reduce ambiguity and inconsistency, and set out clearly what should be done in a variety of situations. Of course, social care practice is by its nature extremely complex. The work of social care workers must also be informed by their knowledge, experience and creativity. We know from research that policies and systems can in fact act as a constraint on innovative practice, and compliance with policies and systems becomes an end in itself (Boyd *et al.* 2017). It is important that a balance is struck and that staff are not burdened or stifled by excessively policy-driven or bureaucratic systems. Additionally, it is important to note that when policies seem at odds with the purpose of the service, or when the systems to implement them become too burdensome, staff often ignore them. This leads to staff developing their own way of doing things, which in turn leads to inconsistent care and support, ultimately impacting on the safety and wellbeing of those using the service (Brechin *et al.* 2000).

To illustrate some of the effects of polices and systems, I'm going to take a detour here to bring in research I undertook as part of my master's dissertation. Specifically, I looked at how social care managers experienced HIQA's inspection and monitoring process to understand the effect it had on their practice (Connolly 2019). Although the focus of my research was primarily on participants' experience of preparing for, participating in and following up on HIQA inspections, the research also touched on how social care has changed over time, what this change has meant for social care workers in their day-to-day work, and what effect this has had on the safety and wellbeing of people using services. Nearly all participants talked about how they had witnessed a significant increase in the number of policies and systems in their organisation to ensure compliance with the national standards that HIQA assesses against. They found that these policies meant that staff spent a lot of time on recording and documenting the work to evidence compliance with the regulations and standards, taking time away from direct work with people using the service.

Nevertheless, my research showed that social care staff believe that external inspection, and the policies and systems needed to ensure that the service can evidence good practice for inspection, is necessary. It holds them (and their service) accountable for their work, and thus improves the quality and the safety of the services for the people using them (Connolly 2019). However, the research also highlighted a possible drawback of external inspection, whereby services are found to be 'gaming the system' by providing inspectors with the evidence of compliance they require, while not actually improving the services for the people who use them (Boyd *et al.* 2017).

Ultimately, what the external inspectors want to see, and what ensures the best possible outcomes for people using the service, are organisations where national standards, policies and systems are meaningful, internalised and lived out in day-to-day practice by both management and frontline staff (Connolly 2019; Featherstone *et al.* 2012; Koornneef 2010; Smithson *et al.* 2018).

Consider This

As a social care worker, part of your role is to create opportunities for the people using the service to be involved in the development and review of policies, and the systems that support these. By doing this you can help to ensure that these structures reflect the needs of people using the service, and are in line with best practice.

Conclusion

The thread running through this chapter is the importance of understanding what frames your work – the social policy, the legislation, and the organisational policies and systems that follow from these – and recognising how it affects your practice. It takes time to understand this, but as you build up your knowledge and experience, this framework will become clearer to you. It is there to guide your work and ensure that the people you are caring for and supporting receive a high-quality, safe and consistent service. Over time, you will be able to reflect on whether the policies and systems in your organisation are benefiting the people you work with, or whether they need to be reviewed. And as you gain more experience and are able to see how these polices are influenced by social policy and legislation, you will be in a position to contribute to reviews of these in a meaningful way so that they are fit for purpose.

TASK 2

What policies and systems frame the work in the service where you are on placement? Talk to your supervisor, the staff team and the people who use the service about how they experience these policies.

- Do they know these policies and systems exist?
- Do they know where they came from?
- Do they think they work?
- What would they change about them?

Tips for Practice Educators

As discussed, students need time and support to understand the role of policies and systems in your service in action, not just as a concept.

Beginning of placement: discuss with the student the relevant policies and systems that they need to know about, and when and how these are intended to support their work. Show the student where the service policies are located and give them time to review them, setting aside time in the first few weeks of placement so that they can ask you questions about them.

Middle of placement: this is the time for the student to take an active role in critically understanding the policies and systems that frame the work, and the ethos that informs them, and how people who use the service experience them.

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Chapter 10 – Anthony Corcoran

Domain 1 Standard of Proficiency 10

Understand and respect the confidentiality of service users and use information only for the purpose for which it was given.

KEY TERMS

Personal information confidentiality

GDPR

Breaching confidentiality

Staff-to-staff confidentiality

Social care is … professionals from an array of backgrounds providing support to vulnerable groups and individuals who are marginalised, disadvantaged or has additional requirements to help them achieve their potential.

This chapter will discuss: what personal information is; what confidentiality is; confidentiality between staff; when confidentiality might be broken or breached; how information relating to a service user is used only for the purposes for which it was gathered; and the legislation impacting confidentiality in social care work. It aims to explore from a theoretical perspective the role social care workers play in maintaining confidentiality while also giving guidance on how to demonstrate confidentiality in practice. It will explore the knowledge that underpins confidentiality and also how confidentiality applies to social care settings including homecare, residential care, day services, homeless services and hospital settings (HIQA 2012).

What is Personal Information?

Personal information is data about an individual that can be used, directly or indirectly, to identify them, from a combination of data such as their name, address, race, health status, allergies, physical/mental disability history, political opinions, religious beliefs, age, sexual orientation, fingerprints (to mention a few examples). This information can be held on computers, mobile phones, external hard drives, tablets or in physical files. *Privacy* is the individual's right to control when, where and with whom their information can be shared, as outlined in the Data Protection Acts 1988 and 2003.

Tip

Personal information is information that can be used to identify an individual either directly or indirectly with additional information (such as name, address, location, disabilities, etc.).

The Data Protection Act, implemented in Ireland in 2018 (DPC 2018a), was designed to protect the personal data of individuals in the European Union (EU). In Ireland, since 25 May 2018, this is implemented through the General Data Protection Regulations (GDPR). The legislation applies to the processing of personal data in the EU. It sets obligations on data controllers and processors to protect the data of the individual/s it relates to and gives the individual the right to the privacy of their own personal data. Where a breach or potential breach of GDPR occurs, you should notify the manager or supervisor in the service (DPC 2018b). Under the Freedom of Information Act 2014, a service user or member of staff can gain access to the personal information held by a service provider about them.

Steps to protect Service User Data

Only produce documents which are coded instead of using names, location, etc.

Only use computers which are encrypted or secure when inputting personal information

Only discuss service user information in front of relevant staff and only in work
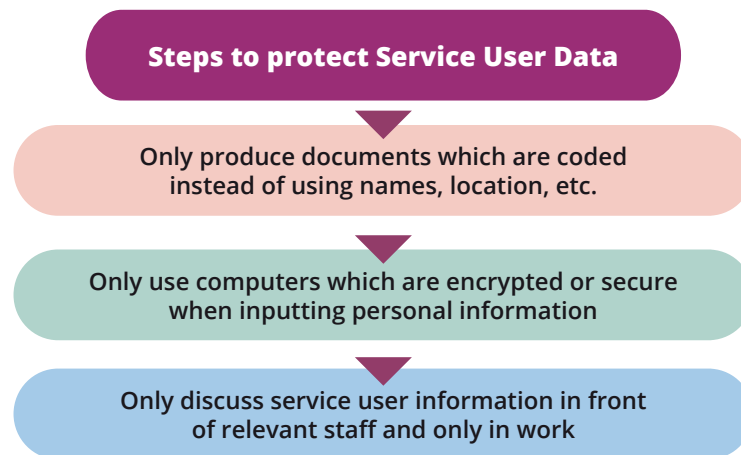
In practice

In social care, information about service users is contained within the service and may be provided to the key worker and staff who work with the service user as well as the manager or supervisor. Personal data about service users could include, for example, their age, family details, mental health status and case history. This data can be stored in a variety of formats such as service user files, daily records and computers. The data on service users and staff within the service are to be protected by the service provider and the staff who process the data. Staff members have access to personal data on service users in work when writing daily reports and adding to service users' care plan. This includes what is said about service users in team meetings, supervisions and in work – this should also be kept confidential.

> **Tip**
>
> Always remember: think before you speak. For example, Do I need to pass on this information? Does passing it on benefit the service user or is it for my benefit?

What is Confidentiality?

Confidential information is private information. Confidentiality is the protection of personal information that relates to service users and staff within the service. Confidentiality applies to all information that service users or staff give to other individual(s), either orally or in writing, and it applies to information gained through observation. Social care workers must comply with confidentiality as an aspect of their duty of care to their service users ('always follow employer guidelines and relevant legislation when handling service user information' (SCWRB 2019)). Service providers may redact service users' and staff names and use codes or pseudonyms to protect their data should it become lost or accessed outside its intended use.

A social care worker in the position of having access to or being given data on service users works in an area where their career is based on the ability to maintain confidentiality. The protection of confidential information is vital across all professions, but especially in the caring professions as the information tends to be of a sensitive nature and relates to vulnerable individuals. Confidentiality between service users and professionals in the caring roles is highly important and forms the basis for the therapeutic framework of appropriate boundaries. This creates a safe space for the development of a meaningful and positive working relationship to begin. By breaking confidentiality, the professional loses the trust of the service user, puts their work contract at risk; and they could be at risk of legal action (HSE 2018).

Tip

Social care workers work in an area where their career is based on their ability to maintain confidentiality.

In practice

If a service user no longer trusts the staff who work with them, it limits their ability to fully avail of the service and achieve their goals. At the initial stage of relationship development with a new service user, the social care worker should discuss, at the service user's level of understanding, the boundaries in place, such as: the limitations of confidentiality; not being able to add the service user on social media; and other relevant boundaries in the service.

Tip

Confidentiality applies to existing and past service users a social care worker has worked with. Even service users who pass away are equally protected by confidentiality.

TASK 1

Use the diagram below and follow the process using your own information as a case study.

Why am I discussing the service user and sharing their personal information?

To share with individuals (my friends and family) so that they know what my work like is like

To develop how I support the service user from advice gained from other relevant professionals

Do I need to give identifiying details about the service user?

No, and I should consider whether it is appropriate discussing the service user if it is not in the best interest of the service user

Yes, the information is shared with other professions who work with the service user to improve the support given

Confidentiality between Staff

Confidentiality applies not only to service users' information but also to information held on staff members, including information about staff members shared by other staff. When working in social care, information staff share with each other should be considered private and confidential unless there is a risk to the individual or other people. Due to the sensitive nature of the work, social care workers can at times have demanding challenges to overcome. One study by Keogh and Byrne (2016) found that 90% of social care workers have experienced violence in the workplace. As a form of self-care, staff may discuss their concerns or worries with colleagues, which may include personal information about their home life. When a staff member shares personal information, this should be viewed as confidential information and treated as such. If a staff member's performance is being impacted by personal life issues (which they have made you aware of), the best course of action is to discuss this with the staff member in question. If the impact is significant, encourage the staff member to share the issues with their manager to ensure that it does not affect their work. If the staff member is unwilling to discuss the issue with their manager and it is impacting their work with service users and putting others at risk, you should bring the issue to your line manager or supervisor.

🔆 Tip

When a staff member shares personal information about themselves, this information should be treated as confidentially as information you have from a service user.

> **Tip**
>
> Staff should be mindful of the impact their personal life has on their work performance and seek the support they need to be 'fit for practice'. It is your responsibility to access support, especially if it is not adequately provided within the organisation.

Legislation Covering Confidentiality in Health and Social Care in Ireland

The laws relating to confidentiality come from the common law duty of confidentiality, the Irish Constitution and the European Convention. Healthcare professionals are legally obligated under these laws to protect the service user's confidentiality. There are legal sanctions for breaches in service user confidentiality.

Certain offences and provisions, such as various forms of abuse, override confidentiality. For example, if a child is hit by their parent this is a criminal offence which must be reported to the appropriate authorities such as the Gardaí and/or Tusla (the Child and Family Agency). Safeguarding concerns must also be reported when someone is at risk. Where a staff member is a mandated person there is a legal obligation under the Children First Act 2015 to report child protection concerns to Tusla (Tusla 2015).

Below is a list of the laws that impact confidentiality and that social care workers are obligated to follow in their work:

- Human Rights Act 1998
- Data Protection Acts 1988 and 2003
- Freedom of Information Acts 1997, 2003 and 2014
- Care Act 2014
- Health and Social care (Safety and Quality) Act 2015
- Data Protection Act 2018 and GDPR

> **Tip**
>
> The confidentiality of service users and staff is protected in law and when a breach in confidentiality occurs there are various forms of legal sanctions in place to manage these breaches.

Breaches of Confidentiality

A breach of confidentiality is a disclosure of information to an individual without the consent of the individual who owns the information. A breach of confidentiality breaks respect for the individual's privacy and the confidence in which the information or data was given. In the case of a personal data breach, the controller shall without undue delay and, where feasible, not later than 72 hours after having become aware of it, notify the personal data breach to the supervisory authority in accordance with Article 55 of the GDPR.

Confidentiality in social care is not absolute. If an individual discloses that they are a significant risk to themselves or there is a risk to someone else, the social care worker must break confidentiality and report the risk to their manager or supervisor and the relevant authorities. This is especially important where a child or a vulnerable person is involved. Where a service user has broken the law, you must report it or place yourself at risk of appearing to be complicit by association. In social care work, as the service users are typically vulnerable members of society, where confidentiality must be broken it should be done appropriately to protect the service user, staff and members of the public.

> **Tip**
>
> When a service user is at risk to themselves or someone else, inform the service user that you will be sharing this information with your manager and then report the matter to your manager or supervisor and the relevant authorities immediately.

Where multidisciplinary teams are involved, information about the service user may be passed between the social care workers, social worker, doctor, psychologist and other relevant professionals working with the service user.

Examples of breaches of confidentiality:

- Sharing confidential information about a service user with your family or friends.
- Talking to another member of the staff about a service user who the other member of staff does not work directly with as part of the service user's team.
- Talking in a public place where other individuals can hear you discussing a service user's confidential information.
- Losing technology (laptop, computer, USB stick, handheld device, phone, etc.) which contains confidential information on service users, staff and the service, whether encrypted and secure or not.
- Sharing a service user's information outside the confines of confidentiality and consent. This situation creates confusion and constitutes a potential breach as it is unclear whether this information can be shared with staff or other professionals working with the service user.
- Losing a service user's file or emailing private information to the wrong recipient.

> **Tip**
>
> When seeking advice from others about a service user, remove names, locations, gender and other identifying details.

What to do when a Breach Occurs

Where a possible breach of confidentiality occurs, staff should report their concerns to their manager or supervisor in the service. After being notified, the manger or supervisor should investigate the breach of confidentiality and follow the service's policy on breaches of confidentiality (DPC 2018b).

- Where the breach occurred due to something of concern expressed by the service user around harming themselves or someone else, a risk assessment must be completed by the service provider. Relevant professionals and authorities should be notified where a risk is present.

- Where the breach has occurred from staff disclosing information inappropriately to other people, the service manager or supervisor should take the staff member through the appropriate disciplinary procedure.

Where a breach happens, the first step is to discuss it with the manager or supervisor immediately, giving clear information based on the situation. More social care workers in recent years have become mandated reporters after completing the Children First e-learning programme offered by Tusla, which has been implemented from the Children First Act 2015 (Tusla 2017). Mandated reporting (reporting child protection concerns) may involve breaking confidentiality where child protection concerns are at or above the threshold set by Tusla, such as abuse or neglect of the child. In this situation the staff member must contact their manager, supervisor or company child protection officer immediately and if the incident breaches the Tusla threshold a Tusla report must be completed.

With the best intentions in the world, at times breaches in confidentiality can occur. A breach of GDPR must be reported to the Data Protection Commissioner within 72 hours of becoming aware of the breach. Examples of breaches in GDPR can be losing records containing service user or staff details, uploading data onto the wrong computer or network, emailing data to the wrong individual, etc.

TASK 2

- What does confidentiality mean to the service user?
- Consider what it is like to be a service user in your service where the service and staff hold a range of information about you. How might you feel if you discovered that staff who work with you have been discussing your private information to other staff who do not work with you, and with their family members?
- Would you trust that staff and service provider after discovering this?

Confidentiality in Practice

As a social care worker, respecting the service users is a critical aspect of the work which was discussed in Domain 1 Proficiency 5. In social care, the service user may lack capacity to consent to confidentiality or know when confidentiality has been broken. As a social care worker, therefore, it is essential that you understand confidentiality and the limitations it has in practice. When you need to share information about a service user, the first step is to seek advice from the manager or supervisor in the service. Using the scenario below as a case study, consider if confidentiality was breached.

Case Study 1

As a social care worker, you are supporting a service user at their own residence where they live independently. You are covering shifts for another social care worker who is out sick for the week. When you are supporting the service user, you are told that when the usual staff is on shift, she often falls asleep on the couch, while the service user watches TV in the same room. Last week, while the staff member slept, the service user walked to the local shop alone and came back without the staff knowing. As a social care worker, you are concerned for the safety of the service user. The service user asks you not to tell anyone else about the incident, as the 'sleeping' staff member is a really nice person and has been working with the service user for a long time.

In the above scenario a breach of confidentiality is required to protect the safety of the service user due to the risks involved. As the social care worker covering the shift, you should inform the service user that you will have to discuss this information with your manager and, while it is great that the service user was able to go to the shop unsupported, it should be discussed as part of the care plan in place. Then this information must be passed on to the manager or supervisor in the best interest of the service user.

Service User Information and Consent

The right of service users to control their private information is an aspect of self-determination. The result of not respecting the confidentiality of the service user can be that the service user no longer trusts the staff and service provider, and the service user might refuse to give vital information, such as their health status, to the service provider.

Steps to protecting confidentiality include:

- Only relevant information about the service user is collected and this information is stored appropriately, with a written contract explaining why the information is being collected.

- The service provider may only give 'relevant information' about the service user to staff.

- Personal data is only stored as long as is necessary in a secure location such as a locked room or encrypted laptop.

💡 Tip

The decision to disclose service user information should not be done lightly and should be done with the guidance of the manager or supervisor in the service.

In Practice

At times information on a service user may only be partially passed on to staff. This can be to protect the service user from further trauma, which can have both positive and negative implications. The positive benefits of not disclosing all the service user information to staff is that it reduces potential breaches of confidentiality, respects the privacy of the service user and encourages professional boundaries ('need to know' basis). The negative implications of not disclosing all the information about a service user is that staff may ask the service user questions about their life, which may be triggers that the staff is unaware of. Staff may unwittingly make the service user feel vulnerable if they ask questions about events in their past that they do not wish to share. For example, a service user who was abused by a family member being asked by staff, 'Do you see your relations often?' This could easily cause a situation to escalate, leading to an outburst triggered by the topic being discussed.

Typically, the manager in the service would decide what information should be disclosed to staff. Where staff show that they are able to maintain confidentiality over time it gives the manager assurance that staff are professional and that there is a reduced risk of breaches in confidentiality. This will lead to staff being given full disclosure of service user information more often.

Tips for Practice Educators

1. Explain to students the types of personal information your service collects on the service users and where this is stored.
2. Ask the student to read and summarise the key points of the Data Protection Act 2018
3. There are multiple tasks within this chapter. Select a task and ask the student to complete this task for your next supervision session.

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Chapter 11 – Noelle Reilly

Domain 1 Standard of Proficiency 11

Understand confidentiality in the context of the team setting

KEY TERMS

Relevant legislation
Confidentiality
Team settings

Social care is ... professionals from an array of backgrounds providing support to vulnerable groups and individuals who are marginalised, disadvantaged or have additional requirements to help them achieve their potential.

"Confidentiality refers to a duty that a person owes to safeguard information that has been entrusted to him or her by another" **Health Information and Quality Authority (2012: 26).**

This chapter explores the concept of confidentially in a team setting with a focus on the legal, ethical and regulatory framework,through a case study based in a residential care setting. It is important that service users and their families have confidence in the staff and the service provided to them. Service users and their families expect that their privacy and confidentiality is respected (HSE 2018). Social care workers often work as part of a multi-disciplinary team, and confidentiality can pose particular challenges when information has to be shared with other agencies. If confidentiality is understood and evident in day-to-day practice in a team setting, it contributes to effective relationships between professionals and service users.

Relevant Legislation

The Data Protection Acts 1998 and 2003 place obligations on all organisations to safeguard the rights of individuals in relation to the processing of their personal data. Under the Data Protection Acts a person's data may only be used or disclosed for the purpose for which it was collected or for a directly related purpose. In addition, under the Freedom of Information Act 2014, all persons have the right to access information held by public bodies about them to the greatest possible extent, consistent with the public interest and the right to privacy (HSE 2021). Coupled with the Irish legislative framework, social care workers must adhere to the Code of Professional Conduct and Ethics for Social Care Workers, which is explicit in terms of acceptable behaviour related to confidentiality and privacy:

Part 2. Respect the Confidentiality and Privacy Of Service Users

2.1 You must:

a. Keep service user information securely and, subject to other provisions of this Code, treat it confidentially, including guarding it against accidental disclosure.

b. Share service user information with others only where and to the extent necessary to give safe and effective care or where disclosure is mandated by law.

c. Inform service users of the limits of confidentiality and the circumstances in which their information may be shared with others.

d. Obtain the consent of a service user before discussing confidential information with their family, carers, friends or other professionals involved in his/her care.

e. Always follow employer guidelines and relevant legislation when handling service user information.

f. Always follow best practice in relation to the use of service user information in clinical audits, quality assurance, education, training and research.

2.2 You should:

a. Continue to treat service user information as confidential even after the death of the service user.

b. Be aware of the following circumstances in which disclosure of confidential information in the absence of consent may be appropriate, justifiable and/or required by law: to prevent harm to the service user or a third party to prevent harm to the public at large to comply with a legal requirement.

c. Inform the service user of the disclosure unless this would cause them serious harm or put the health, safety or welfare of a third party at risk.

d. Where you decide that disclosure is justified, you should ensure that the disclosure is made to an appropriate person or organisation, and that the extent of the disclosure is minimized to relevant information. (SCWRB 2019)

It is clear that confidentiality is an important legal and ethical duty of social care workers. In addition to the legal and ethical frameworks discussed, children's residential centres must comply with the National Standards for Children's Residential Centres.

Section 8.2.5 of the National Standards states that:

Arrangements are in place for sharing and transferring information in an efficient and timely manner to support effective decision-making. These arrangements clearly outline who staff share personal information with, in the best interest of each individual child, and the manner in which this is done to protect the privacy and confidentiality of the child the information relates to (HIQA 2018).

TASK 1

Write something personal on a piece of paper and put in an envelope. Give it to a friend. Ask them to hand the envelope around a group of their friends, with each person minding the envelope for a couple of days. Then the original person gives the envelope back to you unopened.

1. How do you feel about completing this task?
2. What thoughts come into your mind knowing that private information belonging to you is being shared among a group of people, some of whom you do not know?
3. What was it like to think that other people had access to your personal data?
4. How did you feel when the envelope came back to you unopened?

TASK 2

You are an employee working in a mainstream residential centre. One of the young residents in the centre (Ciara, aged 14) tells you that she has been hanging out with a boy in her class during school and she would like to meet him during her free time. They are 'just friends', but she thinks she would like to get to know him better. Ciara asks you not to tell everyone on the team because she is a bit embarrassed about her feelings for the boy and does not want everyone to know that she fancies him. You are from the area and have heard rumours that this boy's extended family are engaged in criminal behaviour, although you do not know the boy himself.

1. What do you say to Ciara?
2. Who do you tell? What do you record?
3. Which information from this case study is accurate and factual?
4. What are the limits of confidentiality in this scenario?

Discussion

The following analysis is based on Task 2. There are multiple variations depending on a range of factors. There is no 'one size fits all' in social care. Below is one possible team response to the case study which incorporates legislative, ethical and regulatory factors, but is not absolute.

1. Explain to Ciara that it is normal to feel a bit embarrassed about admitting that you fancy someone and thank her for telling you. However, remind her that in order to arrange for her to see the boy during free time you will need to speak to the team, and the social worker, so that free time can be discussed. This is also an opportunity to remind Ciara that there are no secrets in the team and that all information is shared within the team so that all the young people in the house are safe. Thank her for talking to you about it and assure her that her request will be discussed and that you will come back to her about it.

2. Remind Ciara that everyone on the team will be respectful of the information and will not share it with others, unless it is feared that she might come to harm, for example if she did not adhere to the free time guidelines and they needed to go look for her.

3. You cannot discuss your concerns regarding the young man with the resident as these are rumours and not based on fact. However, this information may contribute to the risk assessment or safety plan protocols until verified.

4. The team, on being provided with the information, must not discuss this case outside the team setting unless Ciara becomes at risk, at which time it may become necessary to share information with specific professionals, for example An Garda Síochána or the school principal, depending on the nature of the concern.

5. The team must adhere to guidance provided by Ciara's social worker in terms of what information is shared with family members. This information will be available in Ciara's care plan.

6. Under Freedom of Information legislation, service users have access to their records, so if information has to be shared with other professionals it should be happen in a respectful and non-judgemental manner – it's not what you say, it's how you say it.

Paperwork to be completed:

1. Young person's log/daily record

2. Risk assessment

3. Social work contact

4. Individual/key worker

5. Minutes of team meeting

6. Updated absence management plan

Over to you

- Does anything else come to mind?
- Are there other factors to be considered?
- How might this scenario be managed in your setting?
- Would you handle it in a different way?

Tips for Practice Educators

1. Write a fictional case study for your service and ask the team to provide possible solutions.
2. In relation to TASK 2 – in supervision tell your student what approach you would take and why.

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Chapter 12 – Maria Ronan

Domain 1 Standard of Proficiency 12

Understand and be able to apply the limits of the concept of confidentiality particularly in relation to child protection, vulnerable adults and elder abuse

KEY TERMS

Confidentiality
Child protection
Vulnerable adult
Elder abuse
Life story work
Limits of confidentiality
Everyday activities

Social care is … a privilege. It gives us an opportunity to share in someone's life journey. When a person has vulnerabilities and we have a chance to make their life better in some way, for example making an effort to converse with a non-verbal person, being there consistently for someone on their long winding road through rehab or ensuring that an older person knows that their life continues to have value, we ourselves will be rewarded with an increase in our feelings of self-worth. Social care also means fun and enjoyment – there can be laughter with the people we support, even in the most challenging situations.

Confidentiality: Definition

'Confidentiality refers to a duty that a person owes to safeguard information that has been entrusted to him or her by another' (HIQA 2012: 26).

Social care workers have a requirement to follow CORU's guide to respecting the privacy and confidentiality of service users as outlined in the Social Care Workers Registration Board Code of Professional Conduct and Ethics (SCWRB 2019: 9).

TASK 1

Describe a time when you told someone something important that you asked them to keep private and later found out that they had told others. How did this experience make you feel – about the other person, but also about yourself, for instance your ability to make judgements?

Understanding Confidentiality

Going through life, we all have experiences we would prefer that no one else knows about. These experiences can result from a range of factors including biological, environmental, social, financial, health, substance misuse, to name but a few. However, when a person enters the care system – which can occur at any stage in the life cycle – files are opened and records are updated on a continuous, probably daily, basis. The range of information that social care workers are obliged to document is comprehensive: monitoring health issues and all medication that has been administered; instances of challenging behaviour; contact with family members and others known to the person; the person's ability or otherwise in relation to their own personal care; foodstuffs they like and dislike; all social outings. Indeed, every possible aspect of the person's life may be recorded.

Among the reasons for this are to ensure that the various staff coming on duty are kept apprised of the person's needs and are also aware of the person's impact on others using the service, particularly in relation to verbal and physical behavioural issues. However, for anyone to know that their personal business is documented, in either hard copy format, on a computer or both, could, at a minimum, make them feel uncomfortable.

TASK 2

Think of a time when you made a mistake, when you did something that you regretted, something that you hope other people have now forgotten all about. Try to imagine this incident being documented in detail and placed in a file. Consider how you might feel if you knew that many different people, over a long period of time, would read over this and would know all about what had happened. What emotions could come up for you?

Understanding Confidentiality from the Other Person's Perspective

When working in a social care setting, you may be asked to sign a statement of confidentiality, but even if you are not, you have an ethical and moral obligation to respect people's right to privacy. Furthermore, there are statutory obligations on social care workers to comply with confidentiality guidelines. The *Social Care Workers Registration Board Code of Professional Conduct and Ethics* details the obligations on social care workers in relation to respecting the privacy and confidentiality of service users (SCWRB 2019: 9-10). To read about the key data protection legislative frameworks applicable from 25 May 2018 resulting from the General Data Protection Regulations, go to the Data Protection Commission's website: www.dataprotection.ie.

In social care work, there are many cohorts of people with different types of vulnerability and support needs, and even within particular cohorts, some people will need greater levels of support than others; areas of concern include child protection, vulnerable adults and elder abuse. Indeed, all children and vulnerable adults, as well as older people, can be at risk of abuse. The Health Service Executive (HSE) sets out the definition of abuse, the types of abuse, who can perpetrate abuse and where abuse may occur, in its guidelines on safeguarding vulnerable people at risk of abuse (HSE 2014: 8-10). This document also provides clear information on topics including recognising abuse, safeguarding and the roles and responsibilities of staff at different levels.

Importantly, this publication states that 'All vulnerable persons must be secure in the knowledge that all information about them is managed appropriately and that there is a clear understanding of **confidentiality** among all service personnel'; that concerns or allegations are shared among staff 'on a "need to know" basis in the interest of the vulnerable person' and that 'No undertakings regarding secrecy can be given' (HSE 2014: 7-9). This section of the Safeguarding Policy and Procedures document, indeed the entire document, will be hugely beneficial to all those entering or currently working in social care.

Areas of social care where we may be privy to confidential information:

| Child protection | Vulnerable adults | Elder abuse |

Social care workers learn the details of people's lives in various ways. A certain amount of knowledge of someone's personal information is necessary in order be able to help them, either in a crisis situation or to plan long term for optimum care. Other times we work creatively with a person by listening to their accounts of their past experiences, to help them understand their situation or simply to validate their lives. An example of this is life story work.

Life Story Work and Good Confidentiality Practice

Life story work is an intervention that can help children who have experienced bereavement or who are not living with their biological parents, such as children in residential or foster care, or adopted children. The Irish Foster Care Association (IFCA) states that the goal of life story work in working with children is to create a safe space in which a child can explore their past, present and future.

The information gleaned from any life story work should be treated in confidence, in the same way as information obtained in other ways such as from multidisciplinary team members (doctors, psychologists, social workers, speech and language therapists, nurses, psychiatrists, etc.). It is imperative to be aware that families, friends, carers and other professionals do not have an automatic right to data about a service user; consent should always be obtained prior to discussions with anyone other than your immediate colleagues. Even after the death of a service user, their privacy should be respected. If there is any uncertainty around what to disclose or to whom, your manager will provide guidance based on policies, legislation and their own professional experience.

Limits to Confidentiality

It is important never to give a supported person an assurance of confidentiality as information may come to light when undertaking life story work – particularly for children in foster/residential care – which would need to be passed on to the relevant authorities.

National guidelines on reporting allegations of or suspected abuse have been introduced, with many sectors also having their own guidelines (Lalor *et al.* 2007: 292-3). CORU states that concerns must be reported to the appropriate person or authority in order to 'prevent harm to the service user or a third party; to prevent harm to the public at large, [or] to comply with a legal requirement' (SCWRB 2019: 9).

In many sectors such as residential childcare, social care workers have to deal with quite upsetting and difficult issues when they learn of trauma experienced by some children and young people. Having to tell a person who confided in you that you have a duty to notify an authority figure can be a challenge when you want children who are out of home and have had a range of different adults in their lives to trust you. Nonetheless, if you have any concerns at all, always inform an appropriate person (such as your manager) or authority (for example An Garda Síochána).

KEEP ALL INFORMATION CONFIDENTIAL *UNLESS*

- There is a risk of harm to the individual or someone else.
- There is a suspicion of abuse.
- If it is requested by a judiciary.

CORU's guidance to the person making a report is to 'inform the service user of the disclosure unless this would cause them serious harm or put the health, safety or welfare of a third party at risk' (SCWRB 2019: 10). Such a situation could be distressing for the student or social care worker: not only have they learned of a difficult issue but the person in their care may feel let down. This is why it is vital that no promise of confidentiality is ever made. Although the priority is to support the person who has made a disclosure, appropriate professional supervision should be mandatory for the student or staff.

To guide students in reflecting on challenges around confidentiality and trust in social are, McCann James *et al.* (2009: 113-25) offer a fictional scenario in a residential centre for children and young people. Questions are provided for students to consider when attempting to navigate their way through the ethical considerations they may face. Sociological, psychological and professional perspectives are presented.

Confidentiality is also a key consideration in life story work with older people and those with dementia. Pouchly *et al.* (2013: 116) describe life story work as 'biographical approaches used with individuals with communication or memory difficulties within health and social care', suggesting the central role that recording memories and gathering items such as photographs can have in helping to sustain a person's identity and treasure their memories. An example of a life story book template can be found in the appendix to this article (Pouchly *et al.* 2013: 125-6).

Tips for Practice Educators

In order to meet this proficiency, it is vital for the student to understand the importance of confidentiality. One of the priority tasks of a practice educator when students commence their placement is to explain the necessity of confidentiality and to ask students to sign a statement of confidentiality (this document may in any case be an essential component of students' practice placement portfolios). Throughout a placement, students should be afforded regular opportunities to read national and internal policy documents relating to confidentiality, and to ask questions, as some of the terminology may be unfamiliar to them. As different matters arise, educators can remind students of the importance of not discussing what happened with anyone outside the immediate service. This will demonstrate on an ongoing, practical basis how reading around confidentiality relates to real-life situations, giving students an insight into applying theory to practice.

Each work placement agency will differ regarding how much access students are given to service users' files, and clear guidance must be provided. If a student is required by their college to complete a case study on a service user, they should be assisted to identify a service user who either has the capacity to consent to being the subject of a case study or whose next of kin will be happy to give consent. However, even if the case study is sanctioned, the person's identity should always be anonymised. While the responsibility to do so will have been explained to students in college it should be re-emphasised by placement staff and the student's supervisor should read the portfolio to ensure that identifying details have not been inadvertently included.

Students might not be aware that even family members are not automatically entitled to information. It may be that only the certain people such as named family members, or someone who has been granted (enduring) power of attorney, can be notified of matters pertaining to a service user. In particular, if a student will be answering the work telephone, they will need to know with whom they may discuss issues, even of a non-sensitive nature. Furthermore, a student may wrongly believe that any person working in the organisation, or other professionals such as those on a multi-disciplinary team involved in the care of those supported by the placement agency, have a right to access data. The placement supervisor should apprise students of legislation, codes of confidentiality, best practice in this area and the internal policies of the agency, and monitor their understanding.

Crucially, students need to be informed of the legal and ethical dimensions regarding the limits of the concept of confidentiality. Staff can discuss with students situations where disclosure of confidential information to the appropriate authority is an ethical and/or legal necessity: these include where there is a risk of harm to the service user or others, where abuse is suspected, or to comply with a legal requirement. Tusla's guidelines on the Children First Act 2015 and the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* provide comprehensive guidance on this aspect of safeguarding (Tusla website; HSE 2014).

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Chapter 13 – Sarah Joyce

Domain 1 Standard of Proficiency 13

Be aware of current data protection, freedom of information and other legislation relevant to the profession and be able to access new and emerging legislation

KEY TERMS

Data protection

Freedom of information

Legislation

Modern social care in Ireland

Social care is … empowering people to become the best version of themselves.

In recent years there have been vast changes in social care in Ireland. What was once viewed as a vocation has now become seen as a broad profession. Social care is still based on caring for those who are vulnerable and marginalised in our society, but now it is underpinned by legislation and a professional title. The primary legislation underpinning social care in Ireland is the Health and Social Care Professionals Act 2005, which recognised 'social care worker' as a professional title, a pivotal moment in gaining professional recognition for social care workers. This shift to a professionalised sector ensures that service delivery is underpinned by legislation and accountability. One of the most recent changes to come into effect is how we use, store and share information.

Data Protection

In their day-to-day work, social care workers deal with large amounts of data, including information on service users and organisational information. The Data Protection Act 1998 (DPA) outlines how this information should be processed, in other words how we as social care workers use it. It is imperative to note that service users must consent to their personal data being processed (Tarafdar & Fay 2018). One example of information gathered by social care workers in the homeless sector is the holistic needs assessment (HNA). The HNA is a vital and comprehensive document that follows service users from service to service, enabling staff to have access to important information without service users having to re-tell their story, which is needlessly repetitive and sometimes difficult (Homeless Agency 2009:8).

The 'rough sleeper count' is an example of statistical data gathered by the Dublin Region Homeless Executive (DRHE) and Dublin City Council (DCC). The count is carried out twice a year by council and frontline staff of various organisations, including the Peter McVerry Trust, Simon and Focus Ireland. Staff are split into teams and each team is given a catchment area to cover. The teams count the number of people sleeping rough on that night and the information is then broken down into different categories. For example, in the 2018 count, 110 people were identified as 'rough sleepers': 84% were male, and 16% female; 42% were non-Irish nationals, 58% were Irish nationals, and 31 individuals did not reveal their nationality. This information is vital in identifying how many people are sleeping rough at any one time (alongside increases/decreases in rough sleeping) and what resources are required to assist rough sleepers to exit homelessness (DRHE 2018).

As we can see with the rough sleeper count, inter-agency work is imperative in the homeless sector. People who are homeless often have multiple complex needs stemming from housing needs – addiction, mental health, behavioural needs, dual diagnosis. It is almost impossible for one person or one organisation to meet all those needs, so a lot of inter-agency work is required. When working together, it is vital that organisations adhere to the Data Protection Act and are mindful of never using clients' names when sharing information; instead, initials should be used. Emails containing sensitive information should always be password-protected.

The EU General Data Protection Regulation (GDPR), which came into effect in May 2018, is the most important change in data privacy regulation in 20 years. It places a strong emphasis on consent and has strengthened how consent is gathered before information can be exchanged between organisations. When a client enters a service, they are asked to sign a consent form, which allows staff to liaise with other organisations on behalf of their client, for example the client's GP, or their local authority. It is important to explain to the client that this consent is to enable staff to advocate on their behalf with other organisations. Clients must be made aware that this consent can be withdrawn at any time. There are penalties in place for any organisations that breach the regulations. It is a positive step for the protection of data belonging to everyone, especially those who are most vulnerable (European Commission 2019).

TASK 1	The Security Company Tessian list 18 of the biggest GDPR fines in the EU in 2020-2021. Read the list and discuss why the fine was given? https://www.tessian.com/blog/biggest-gdpr-fines-2020/

Freedom of Information

The Freedom of Information Act 2014 gives people autonomy over their personal information. It allows any member of the public to access personal information about them held by government bodies, bodies receiving state funding, and any other bodies that may hold personal information relating to that individual. It also allows people to amend their information where necessary (Government of Ireland 2019).

Dublin City Council's Corporate Plan (part of the Strategic Framework For Action 2015-2019) found that in 2016 there were 80 responses to freedom of information (FOI) and data protection requests from the homeless sector (Pyne 2017). FOI requests can be made for numerous reasons, including: to access official records held by government departments or other public bodies; to update or correct personal data; or to find out why a decision about a person has been made by a public body. If a person is exiting homeless services, they may wish to access what information is in the public domain about them from their time in homeless services. This is their right and a request can be made in writing or via email. The following information must be included in the request: be specific that you are making an FOI request; clarify exactly what information you are requesting; and supply a copy of current identification (Government of Ireland 2019).

An FOI application form for the HSE is shown below.

Title of Form and destination of the request		
Copy to: Decision Maker [ ]	FOI Call Centre [ ]	Application Ref No:
Health Service Executive		
Request for Access to Records		
Freedom of Information Act 2014		

1. Details of Requester (Please Use Block Capitals)	
Surname	Address
Maiden Name	
First Name(s)	
Date of Birth	

Tel (home):	Tel (business):	Fax:	E-mail:

2.   Personal Information (If request is for non-personal information, go to 3. below)
Before you are given access to your personal information, you will need to provide proof of your identity. **A copy of the identifying document accompanies this Form: [ ] Yes [ ] No** (tick one)
If you are requesting personal information in respect of another person, the consent of that person is also required. **A copy of this consent accompanies this Form: [ ] Yes [ ] No** (tick one)

3.   My preferred Form of Access is: (please tick one)
(a) To receive photocopies [ ]
(b) To inspect the original record [ ]
(c) Other format [ ] (Please specify):

4. Application	
I request administrative access to the information/records detailed overleaf: [ ] (please tick)	
If this is not feasible, I request access under Section 12 of the	
Freedom of Information Act 2014: [ ] (please tick)	
Signed:	Date:

5. For Office Use Only			
	Admin Access	**FOI Access**	
Date Received			Signed:
Date Acknowledged			Signed:
Identity Confirmed	[ ] Yes	[ ] No	Signed:
Consent Verified	[ ] Yes	[ ] No	Signed:
Access Granted	[ ] Yes	[ ] No	Signed:
			Date:

6. Details of Information/Records Requested
Describe the records as precisely as you can. If you are requesting personal information, please state as accurately as you can the date the record was created, your exact name and address at the time the record was created, and the Department/Hospital/Clinic attended within the HSE.

Please note: to help in processing your request, the information on this Form will be stored in electronic format.

Social care workers should know how to obtain data via an FOI request, either for themselves or for service users. For additional information, see https://foi.gov.ie. Social care workers must understand the relevance of how they write and record information on service users, including reports, handovers, client files and incident reports. This information may be used in the future and it is vital that social care workers can stand over any documents they have written.

Case Study 1

An incident occurs in a homeless hostel. A service user is involved in a physical altercation with another service user. Two staff are alerted to the incident when they hear shouting. They try to calm down the two service users and find out what caused the altercation. Before the staff have defused the situation, one of the service users leaves the building. The second service user follows and a second verbal altercation ensues outside the service. After a calm word from the staff one of the service users returns inside the building and the second leaves for a walk to cool down.

TASK 2

Write up an incident report for the case study.

When writing up the incident report, it is vital to pay attention to facts. At what time did the staff hear the shouting? What did they hear being said? How did the staff approach the situation? What did they see when they got to the service users? Who else was present? When were management informed? How did the staff debrief afterwards? What was the follow-up?

It is important to archive all information in accordance with the organisation's policies. Most records are held for between two and ten years, depending on the content. After this time they are destroyed. The retention of data has numerous uses, from government research to historic use (how data is analysed over time, generating trends) (Geraghty 2014).

Legislation

Legislation begins its life as a bill, often proposed by government. The bill can commence in either the Dáil or the Seanad, but it must be passed by both Houses to become law. The contents of the bill are discussed by government before it is introduced to the Dáil. The government will also consult with groups that the bill may affect, for example lobbyists, voluntary organisations and the public. Occasionally, a Green Paper is drafted – this is a discussion paper inviting ideas from the groups mentioned above. The report stage follows, when the bill is examined section by section. The bill is then sent to the Dáil, where it is voted on. If it is passed, the bill goes to the Seanad, and the Seanad has 90 days to pass, reject or return the bill. Once passed, the bill becomes law (Oireachtas 2020).

As social care is a large and diverse sector, a number of laws and regulations apply to it. The primary legislation underpinning social care is the Health and Social Care Professionals Act 2005. The development of CORU (Ireland's multi-profession health regulator) was broadened to include the Social Care Workers Registration Board in 2015 and this was instrumental in assuring that social care is underpinned by the highest standards possible (Power & D'Arcy 2017).

Some legislation relates specifically to homelessness. According to the DRHE, key legislation relating to homelessness in Ireland includes the Health Act 1953, the Housing Act 1988, the Childcare Act 1991 and the Housing (Miscellaneous Provisions) Act 2009.
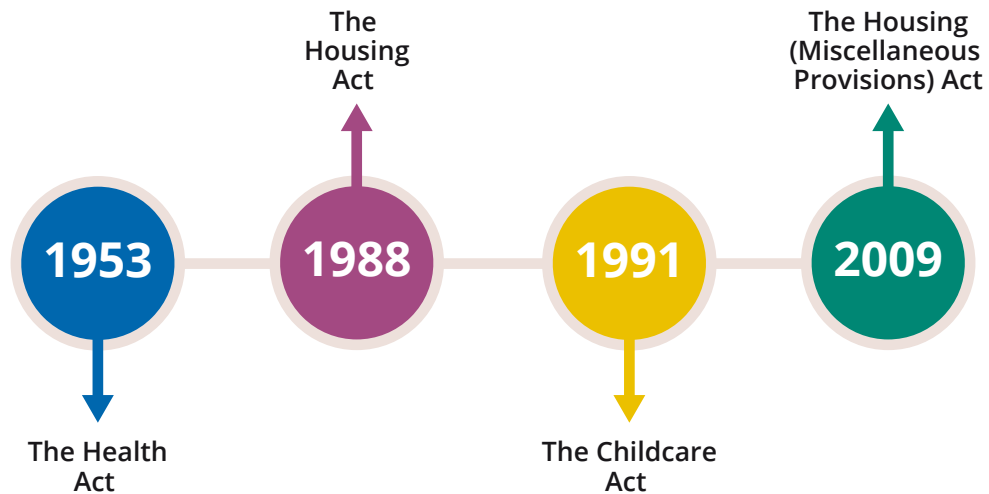
The Housing Act 1988 was the first Act to legally define homelessness. The Act states that a person is considered homeless if:

a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of,

b) he is living a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a), and

c) he cannot provide accommodation from his own resources.

For information on all key legislation relating to homelessness, see www.homelessdublin.ie/info/policy.

Case Study 2

Joe is 42 and originally from Dublin City. He served a four-year custodial sentence for a drug offence in a prison in Dublin. While he was in prison, Joe tackled his addiction and is now over three years drug free. He is determined to turn his life around and turn his back on criminality. Before he was released from prison he had a factory job lined up through a friend. Prior to his release he reached out to family to see if he could stay with them on his release. Unfortunately, there was nowhere suitable for him to stay. As a result, Joe links in with his local county council to try to source a bed for when he is released. He is given a bed in a one-night-only hostel. He is told he will need to use the Freephone service to book back in each day and see if a bed is available. Joe is really worried that this will affect his sobriety and his job prospects post-release.

TASK 3

Discuss the above case study. What type of legislation would support Joe on release? Where could he go for information and support?

Recommendations were made by two different Oireachtas committees to introduce emergency legislation in an attempt to tackle the homeless crisis. These recommendations included rent freezes, restricting the sale of rental homes, and ending the use of 'one night only' emergency accommodation. This is an example of recommendations that may emerge to become legislation in the future (Holland 2019).

TASK 4

Go online and type in your name. Find some information that is available about you.

💡 **Tips for Practice Educators**

Divide the class into different groups resembling the different sectors of social care. Can the groups find out the legislation related to each sector?

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Chapter 14 – Teresa Brown and Margaret Fingleton

Domain 1 Standard of Proficiency 14

Be able to recognise and manage the potential conflict that can arise between confidentiality and whistleblowing.

KEY TERMS

Whistleblowing

Understanding social care

Confidentiality

Whistleblowing

Legislative framework

Social care is … based on building relationships and making connections by drawing on the personal, academic and professional self.

TASK 1

Think of a time when you were asked to keep a secret, but it didn't feel right.

Understanding Social Care Work

Social care has been a great companion in our life journey. It has equipped us to manage in difficult times, reminded us of our good fortunes, grounded us in reality and opened many doors to opportunities that we might have otherwise overlooked. Drawing on the personal, academic and professional self is key to social care practice, and this requires the integration of knowledge of self, ongoing development of skills and competencies and the ability to be present for those around us. Building relationships and connections has been the cornerstone of our social care experiences and working with others has shaped not only our practice but our perspective on life itself.

Social care has been defined and redefined over the years, but recently CORU (SCWRB 2019) has offered a broad definition that will finally take social care practice into the professional realm. Social care practice is constantly changing and evolving to respond to societal care needs and demands. The individual is at the centre of the work and social care workers 'engage in assessment, intervention and evaluation in a way that is bespoke, co-produced, fluid and organic' (McGarr & Fingleton 2020). These processes are the bedrock of purposeful planning and service provision; however, despite the adaptions of defining social care, relationship have always been at the core of social care practice. Fundamental to this relationship-based approach is confidentiality and allied to this is the facility to engage in the whistleblowing process, now enshrined in Irish legislation.
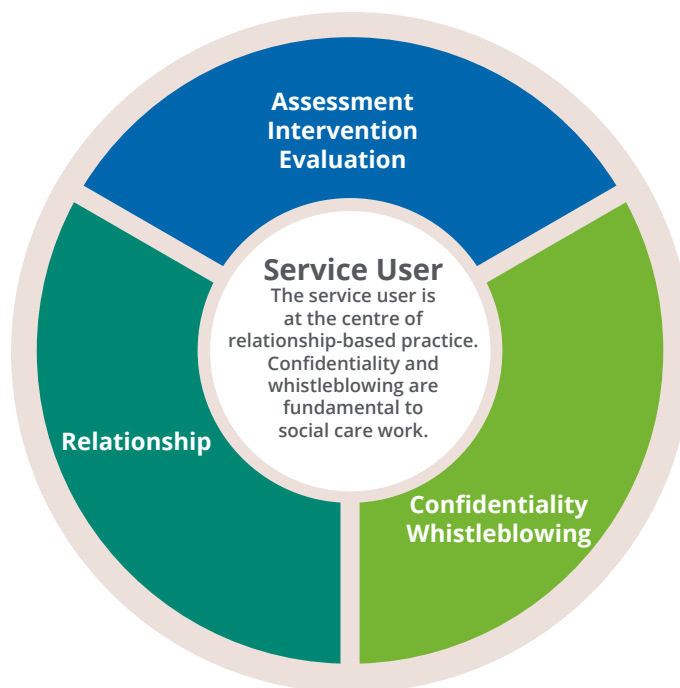
Confidentiality

Confidentiality is a central feature of the relationship between the social care worker and the service user. The concept of confidentiality occupies a central position in social care educational programmes and is consistently referenced in legislation (Data Protection Act 2018) and policy (HIQA 2018; SCWRB 2019). However, despite our ethical and legal duty to respect confidentiality, we recognise that confidentiality cannot be absolute; there are many exceptions to client confidentiality, exceptions that are related to welfare and protection guidelines. More recently, social care workers are encountering ethical issues relating to confidentiality; computerised systems mean that social care workers have had to incorporate the use of technology into practice and must be cognisant of their impact on confidentiality and whistleblowing. The often-overlooked ethical issue in social care literature is the complexity of confidentiality when applied to whistleblowing events. Integral to our discussion on proficiency 1.14 ('Be able to recognise and manage the potential conflict that can arise between confidentiality and whistleblowing') is our view that challenging unethical practice and reporting concerns is a key element of social care workers' practice. There is clear guidance in our *Code of Professional Conduct and Ethics* on managing the potential conflict that can arise between confidentiality and whistleblowing, outlining the expected standards of behaviour and response.

TASK 2 Read the *Code of Professional Conduct and Ethics* (SCWRB 2019) and find all the references to confidentiality and whistleblowing.

Social care history gives us an insight into an organisational and societal culture that was not conducive to whistleblowing. The Ryan Report (2019) highlighted how witnesses stated that there was an awareness that children were being abused. The report stated that local people who were employed in residential centres as professional and ancillary staff and who tried to highlight the abuse were punished, and pressure was brought to bear on the child and family to deny complaints made. However, the social care landscape has changed and there is now an understanding that those who whistleblow are striving to improve service provision and delivery. The framework of support is articulated in Tusla's guidelines, which state that Tusla is committed 'to addressing concerns and supporting workers in speaking-up relating to potential wrongdoing in the workplace and to providing the necessary support for workers who raise genuine concerns (Tusla 2017: 7).
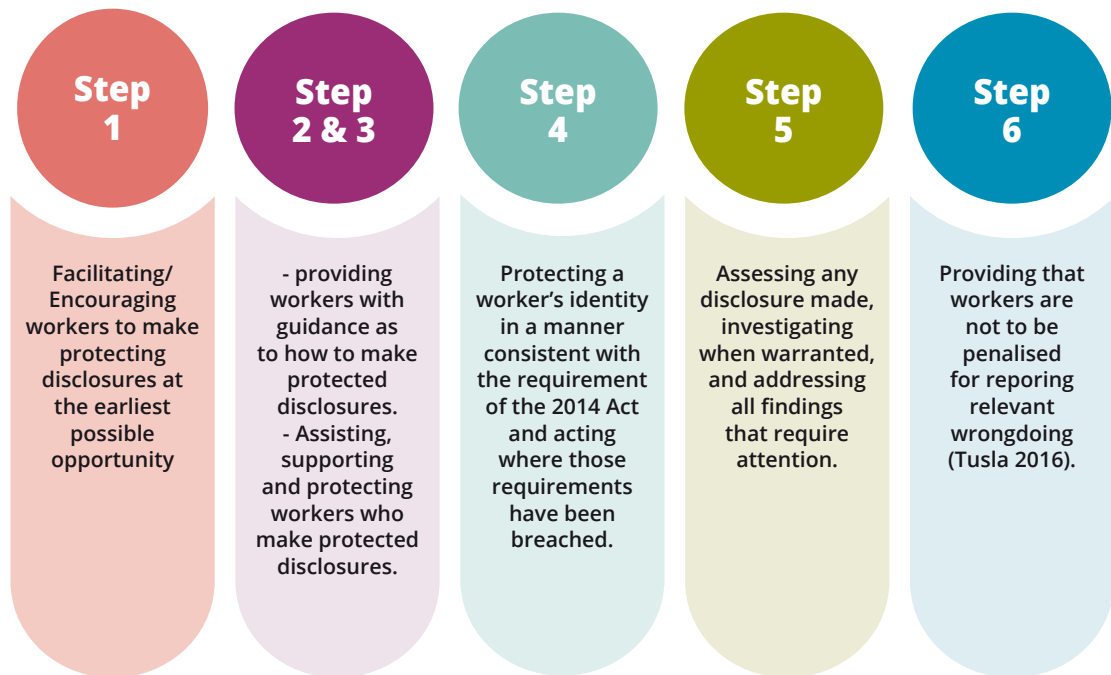
What is Whistleblowing?

The term whistleblowing originated from British police officers blowing their whistles to warn the public of a crime in progress. In addition, private business owners would use their own whistles to alert police that a crime was being committed. Current understanding of whistleblowing is the disclosure by a person working within an organisation of acts, omissions, practices or policies by persons within the organisation that are considered wrong or harmful to a third party. Reporting and/or highlighting these perceived practices has become known as whistleblowing (Tusla 2016). There have been highly publicised examples of whistleblowing in the media, particularly the account of whistleblower Garda Maurice McCabe. McCabe's disclosures of practices in An Garda Síochána led to some significant reforms in the force and to some major political debates, which resulted in a Tribunal (established in 2017), which examined whether there had been a smear campaign against him by the force. The case focused on the treatment of McCabe, who was falsely accused of child sexual abuse after he raised concerns about Garda malpractice. He settled his actions against An Garda Síochána and Tusla over the processing of a false allegation against him. This case demonstrated the complexities of whistleblowing, highlighting in particular the level of stigma attached to the act of whistleblowing. Arguably, however, there has been an attitudinal shift from 'snitch' to a more respectful orientation of acting responsibly and this is evident in the legislative framework.

Legislative Framework

The Protected Disclosures Act 2014 aims to protect workers from reprisal where they voluntarily disclose information relating to wrongdoing in the workplace that has come to their attention. The term 'worker' is defined broadly and includes employees, contractors, the self-employed, agency workers and people on work experience and placement. All public bodies are now required to have whistleblowing procedures in place to deal with disclosures under the 2014 Act by workers who are employed by them and to provide details of these procedures to their workers. The Tusla policy entitled *Protected Disclosures Policy and Procedure: A Guide for Whistleblowing on Alleged Wrongdoing* encourages workers to raise concerns about serious wrongdoing within their workplace rather than ignoring a problem or reporting it externally. The document states that Tusla is 'committed to maintaining the highest standards of honesty, openness and accountability and actively encourages those with knowledge of wrongdoing to come forward' (Tusla 2016: 5).

Tulsa (2016) Policy
'Protected Disclosures Policy and Procedure; AGuide for Whistleblowing on Aleged Wrongdoing'

Step 1	Step 2 & 3	Step 4	Step 5	Step 6
Facilitating/ Encouraging workers to make protecting disclosures at the earliest possible opportunity	- providing workers with guidance as to how to make protected disclosures. - Assisting, supporting and protecting workers who make protected disclosures.	Protecting a worker's identity in a manner consistent with the requirement of the 2014 Act and acting where those requirements have been breached.	Assessing any disclosure made, investigating when warranted, and addressing all findings that require attention.	Providing that workers are not to be penalised for reporing relevant wrongdoing (Tusla 2016).

There are penalties for any employers or other persons who punish or intimidate persons for whistleblowing, through various legislative frameworks. The Safety, Health and Welfare at Work Act 2005 and Employment Permits Act 2006 offer protection to whistleblowers; and the Protections for Persons Reporting Child Abuse Act 1998 provides protection for people reporting suspected child abuse in good faith. Despite legislative protection, issues can emerge with the potential conflict that can occur between confidentiality and whistleblowing.

Confidentiality and Whistleblowing

As social care workers we are aware of the limits of confidentiality when we have a duty to disclose information, but this is different from whistleblowing.

DUTY TO DISCLOSE	WHISTLEBLOWING
Obligation	Protection
Involuntary	Voluntary

Balancing the obligation to highlight concerns against our duty to maintain confidentiality is a challenging ethical issue faced by social care workers. When considering whistleblowing, one could argue that if the issue is about a particular person or individual case, one can see the argument for confidentiality. Conversely, if it is about organisational practices, the need for confidentiality and the enforcement of confidentiality can cause particular challenges. These challenges are centred on enforced silence and secrecy. Confidentiality can be revealed as problematic and may be viewed as a means to silence and isolate.

The SCWRB Code of Professional Conduct and Ethics (2019) puts the safety of service users ahead of personal and professional loyalties. The code can guide and support our practice and help us manage the conflict that can arise between confidentiality and whistleblowing. Section 2 of the code refers to respecting the confidentiality and privacy of service users.

You Must	You Should
a. Keep service user information securely and, subject to other provisions of this code, treat it confidentially, including guarding it against accidental exposure.	a. Continue to treat service user information as confidential even after the death of the service user.
b. Share service user information with others only where and to the extent necessary to give safe and effective care or where disclosure is mandated by law.	b. Be aware of the following circumstances in which disclosure of confidential information in the absence of consent may be appropriate, justifiable and/or required by law: to prevent harm to the service user or a third party, to prevent harm to the public at large, to comply with a legal requirement.
c. Inform service users of the limits of confidentiality and the circumstances in which their information may be shared with others.	
d. Obtain the consent of a service user before discussing confidential information with their family, carers, friends, or other professionals involved in his/her care.	c. Inform the service user of the disclosure unless this would cause them serious harm or put the health, safety or welfare of a third party at risk.
e. Always follow employer guidelines and relevant legislation when handling service user information	d. Where you decide that disclosure is justified, you should ensure that the disclosure is made to an appropriate person or an organisation, and that the extent of the disclosure is minimized to relevant information (SCWRB 2019: 9).
f. Always follow best practice in relation to the use of service user information in clinical audit, quality assurance, education, training and research.	

SCWRB Code of Professional Conduct and Ethics (2019: 9)

Case Study 1

Maura has been working for a number of years as a social care worker in a residential unit. She enjoys her work and has a very positive relationship with service users and colleagues. In recent weeks one of the service users told Maura that Jane, the unit manager, had borrowed money from her. The service user did not want to make a complaint but was very worried about Jane. When Maura spoke to Jane about this, she noted a smell of alcohol on Jane's breath. Jane was upset when confronted about borrowing money and confided in Maura that she was going through a difficult time. The following week, when balancing the weekly budget, Maura noticed that money was missing. Maura was very upset over the incidents and unsure what to do next. She is fearful about reporting her concerns as Jane is a very popular manager and well respected by senior management.

This case study demonstrates that one of the most difficult aspects of whistleblowing is unethical practices of a colleague; unethical practices that you think may be overlooked or even supported by management or the organisation. It can be difficult to report these incidents, and the following statements can be justifications that you may use to avoid being a whistleblower.

- The manager has given her life to the job over the years, so she probably deserves the money she is taking.
- It might just be a loan that she will pay back.
- Misappropriating resources for personal use is no big deal – lots of people do it.
- If it's my word against the other staff member, nobody will believe me.
- The service user does not want to cause trouble; she confided in me.
- The service users would be annoyed with me; they talk about loyalty and consider people who inform to management as 'rats'.
- I don't have the energy to pursue this matter.
- Speaking about our unit may give the team a bad name.
- I am breaking service user trust and confidentiality.
- Social care is a small world; people will think badly of me because Jane is very popular.

These statements provide an insight into the complexities of managing the potential conflict that can arise between confidentiality and whistleblowing. It is therefore important to consider our responsibility as social care workers: in our daily practice we encourage and support services users to use their voice in highlighting injustice; we too must use ours. Arguably, whistleblowing in social care work could be viewed as a type of advocacy, as it can highlight unethical behaviours or practices on behalf of service users. Social care workers who perceive or witness poor practice and face the dilemma of whether or not to act need to access emotional support and professional supervision. Greater attention needs to be given to the support that is available for those who are involved in whistleblowing. Seeking out support is important; supervision team members or other professional colleagues may all play a role in this support matrix. The media reports of whistleblowers' experiences describe limited supports and some negativity from colleagues towards those who highlighted issues, so it is vital to be able to identify those who may be able to offer support, advice and structures to follow the correct procedures.

External supervision may not be available, but it may be a resource your agency could consider providing if requested. External supervision can offer a confidential and safe space for workers to discuss whistleblowing events. If external supervision is not available, it is important that there is one identified person within the organisation with whom whistleblowers can discuss the issue and gain support.

TASK 3

The HSE's national 'Your Service Your Say' office comes under the remit of the National Complaints Governance and Learning Team (NCGLT) within Quality Assurance and Verification (QAV). (See www.hse.ie/eng/about/qavd/complaints/ysysguidance/appendices/ysysleaflet/ysys-feedback-leaflet.html.)

Your Service Your Say ensures the fundamental right for people to voice opinions, provide comments and make a complaint, with a focus on creating a positive environment and culture to encourage and learn from feedback, especially complaints.

Create an easy-to-read poster/flyer for a range of service users explaining how to access this service and how to make a complaint.

Organisational Response

How do we create cultures where we can manage the potential conflict between confidentiality and whistleblowing? Organisational policies may require confidentiality to be enacted to protect whistleblowers in relation to due process if an investigation is under way. When professionals are following policy regarding confidentiality, this can be isolating and enforced silence can create a culture where rumours and gossip can exist. However, it is important to note that if there is a conflict between your agency policy and the SCWRB Code of Professional Conduct and Ethics, your professional and legal obligation is to this Code (2019: 23).

The importance of creating cultures that are open to complaints was identified in the Office of the Ombudsman's *Learning to Get Better* report (2015). This report looked at how hospitals handle complaints and found that people do not complain because of the feared negative repercussions, and they believe that complaining will not make a difference. The report recommended the need to create cultures that welcome complaints and highlighted the importance of acting on lessons learned. The open disclosures policy (HSE 2019), which has been adopted by several social care organisations, promotes the following:

- Full knowledge about the person's care and treatment is facilitated

- Clients are informed when things go wrong

- Meetings will be organised to discuss what happened

- A sincere apology can be made if there was an error while caring for the person

- Clients will be treated with compassion and empathy (HSE 2019).

If management structures are not open to complaints or to staff highlighting issues, professionals may report outside their organisations, so we need to ensure that internal avenues for reporting are accessible, clear and supportive. The importance of organisations having a whistleblowing policy in place cannot be overstated, and the existence of a whistleblowing policy demonstrates an agency's openness and transparency to areas of concern. By having clear policies and procedures for dealing with whistleblowing, an organisation shows that it is open to information being brought to the attention of management. It is only when social care workers feel safe and supported in their organisations that they will be confident about exposing concerning practices and managing the potential conflict between confidentiality and whistleblowing.

Arguably, if we construct and view whistleblowing as a positive and proactive action, it may lead to important information about risks or poor practice being brought to our attention. Social care workers at the frontline are often best placed to identify deficiencies and practices before things reach crisis point, so the importance of social care worker role as the watchdogs of organisations is central.

TASK 4

Watch the YouTube video on Whistleblowing in Social Care: Improving Organisational Practice: www.youtube.com/watch?v=oKtGgH7-eR0.

In small groups, reflect on how this learning relates to placement experiences.

☼ Tips for Practice Educators

Social care programmes will have covered whistleblowing in terms of definitions and policies; however, students would benefit from ethical scenarios that allow them to reflect on the following from the SCWRB Code of Professional Conduct and Ethics.

- Put the safety of service users ahead of personal and professional loyalties (p. 9).
- Insofar as possible, protect service users if you believe they are or may be at risk from another professional's conduct, performance, or health (p.8).
- If you become aware of any situation that puts a service user at risk, bring this to the attention of a responsible person or authority (p.8).

How do students raise concerns about safety and quality of care?

A. Inform an appropriate person or authority if you are aware of systems or service structures that lead to unsafe practices which put service users, yourself, or others at risk.

B. Raise the issue outside of the organisation if your concerns are not resolved despite reporting them to an appropriate person or authority.

C. Act to prevent any immediate risk to a service user by notifying the relevant authorities of any concerns you have about service user safety as soon as possible.

It is important that students are informed about the policies and processes for whistleblowing and that they are given support and direction if they need to challenge unsafe behaviours and cultures and organisational wrongdoing. Students need to be reassured that they can disclose openly and safely without fear of adverse consequences. Some students may find it difficult to challenge unsafe behaviours and organisational wrongdoing for fear of failing a placement or impacting future employment opportunities.

Practice educators and placement supervisors should be cognisant of this and be aware of the need to support students to take appropriate action if necessary. Course provider and placement provider policies should set out the processes and the support students can expect to receive from their colleges if they raise concerns or whistleblow.

Finally, the SCWRB (2019:20) outlines clearly what steps students should take when they have concerns:

Suggested procedure for decision-making

a. Identify the problem and gather as much information as you can. Ask yourself if it is an ethical, professional, clinical or legal problem.

b. Review the Code of Professional Conduct and Ethics and identify the relevant parts. Check other professional guidelines too, such as those of the HSE or government departments, as well as any relevant legislation.

c. Discuss the issue with professional colleagues, being mindful of your obligation to respect the confidentiality of the service user.

d. Consider asking your professional body for advice.

e. Evaluate the rights, responsibilities and welfare of everyone affected. Remember that your first obligation is to the service user

f.   Keep notes at each stage of the process.

g.   Consider different solutions and decisions.

h.   Evaluate and document the potential consequences of each option.

i.   Choose the best solution or decision based on your professional judgement.

j.   If you have any concerns about the legality of your chosen course of action, seek professional advice at the earliest opportunity.

k.   Put the solution or decision into practice, informing all the people affected.

l.   Remember that you are accountable, as an autonomous practitioner, for the consequences of the solution or decision that you choose.

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Chapter 15 – Janine Zube

Domain 1 Standard of Proficiency 15

Be able to gain informed consent to carry out assessments or provide interventions and document evidence that consent has been obtained.

KEY TERMS

Understanding the role of social care workers

Variety of contexts (roles/settings)

Documenting informed consent

Interventions as planned practice

Assessments

Social care is ... an invitation into a person's home and life, to support them to reach their goals. Irrespective of who pays your wages, the HSE or Tusla, for example, the service user is your employer.

Interventions and assessments are central to planned social care practice with service users, and efforts are made to gain service users' informed consent. Service users may be living in long-term care, such as disability or homeless services, or in community supported living. It must be noted that in some sectors informed consent may not be given, or required, for example in special care. This chapter begins with an introduction to informed consent and continues by looking at the role of the social care worker and the different tasks/interventions for which consent is needed. This chapter also describes the process of obtaining and documenting consent. Of the eighty standards of proficiency, two relate to informed consent. This chapter focuses on obtaining and documenting informed consent and Chapter 16 (Domain 1 SOP 16) provides an overview of the legislation and guidelines governing informed consent for people with a lack of capacity.

TASK 1 Read Chapter 16 for an understanding of the legislation and guidelines governing informed consent for people with a lack of capacity.

Informed Consent

If your work involves supporting and caring for people, you must have the person's consent to what you propose to do with or for them, for example carrying out personal care. This respect for people's rights to determine what happens to their own bodies and life is a fundamental part of good practice and also a legal requirement. Adults are always presumed to have capacity to make healthcare decisions, unless the opposite has been demonstrated. However, anyone can experience temporary lack of capacity due to severe illness, loss of consciousness or other similar circumstances at some stage in their life. If there is sufficient reason to question the presumption of capacity, the person's capacity should be assessed.

Social care workers have a duty to maximise capacity and all efforts must be made to support individuals in making decisions for themselves where this is possible.

Remember: No other person, such as a family member, friend, carer or organisation, can give or refuse consent on behalf of an adult who lacks capacity to consent unless they have formal legal authority to do so.
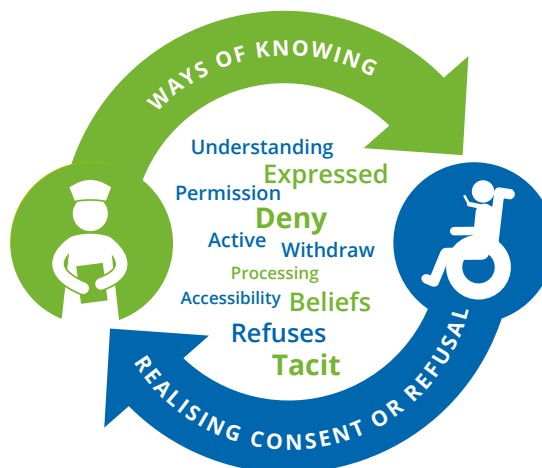
HIQA (2020) states that informed consent is a process for obtaining permission or agreement before conducting any intervention, receipt or use of a service or participation in research, following a process of communication in which a person using a service has received enough information to enable him or her to understand the nature, potential risks and benefits of the proposed intervention or service on or for disclosing a person's information.

Informed consent is 'freely given, specific, informed and unambiguous indication of the data subject's wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her' (European Parliament 2016).

While this is all good, you may ask yourself how you will be able to obtain informed consent from a service user who uses alternative forms of communication. As social care workers we always assume capacity of the person, even when someone requires support with his/her decision-making. It is important to document that informed consent has been given for an intervention and services, healthcare organisations and service providers have traditionally used paper-based consent forms on which intervention, services, procedure, together with risks and benefits, are noted.

The first step is to get to know the person and build a relationship. Once you have familiarised yourself with the means and communication method of the person, you will be able to adjust and amend information to the format of preferred communication.

Informed Consent Gaining: An Interactive Cycle

WAYS OF KNOWING

Understanding
Expressed
Permission
Deny
Active Withdraw
Processing
Accessibility Beliefs
Refuses
Tacit

REALISING CONSENT OR REFUSAL

Through practical **support** at the right **time** and in the right **place**

TASK 2

You can make information accessible by using picture-supported information pamphlets or short video clips. Watch the following video and consider what information you could redesign for the benefit of your service users: https://fb.watch/5-DjAkbiBJ/

Interventions

If you work in residential settings, you will be expected to support a person in daily life activities including personal care. It important to respect the choice and preference of a person when providing personal care. Supporting a person with such intimate care always requires informed consent. Consent should also be gained for alternative arrangements, such as if a preferred support gender/person is not available. A person's decision-making and comprehension can be supported by additional user-friendly and accessible information, consent can be completed remotely, and the process can become paperless. One form of digital consent is dynamic consent, which invites service participants to provide consent in a granular way, and makes it easier for them to withdraw consent if they wish. This can mean that you as the professional has to become creative and inventive, making information accessible through the preferred choice of communication. This could be developing an easy-to-read version which is picture-supported or having a group discussion on particular subjects. The more information a person receives and understands, the better able they will be to make an informed decision.

You will also support people in making choices regarding their life and future. Supporting a person with profound disability will require a more adaptive format of giving informed consent. You may have to consult with someone who knows the person you support best or link in with an appointed independent advocate.

A good example is the current pandemic. While we are all experiencing difficulties living with the pandemic and its restrictions, it is certainly much harder for service participants and vulnerable service users in our communities. Some of the hardest decisions our service users had to make was giving informed consent to cocoon and, more recently, consenting to receive the COVID-19 vaccine.

This has presented a specific challenge across services providing support for the elderly, people with disabilities and people of all ages with acquired disabilities. You may have to support a person who presents with momentary incapacity.

Social care workers may have been suddenly presented with opinions from family members, and we all have our own opinion on vaccines and the necessity of protection against COVID-19. However, it is important that the person has all information and makes an informed decision. When presented with differences of opinion and the aspect of protection, it is crucial to document all interaction with the person. For example, a social care worker provided support to a person with an acquired brain injury by giving accessible information to the person. To obtain informed consent a series of ten questions around COVID-19 and the vaccine were developed, such as:

- Do you know about COVID-19?
- Would you like a vaccine which could protect you from COVID-19?

While the person initially declined the vaccine, it needed to be established whether they really understood what, in general, is meant by a vaccine. Reviewing medical records, if available, or consulting with a person who knows your service user well may give an indication of your service user's understanding of the concept of vaccines. Further, tailing questions such as 'Did you get a vaccine for polio or tuberculosis as a child?' might help to establish whether the person has received a vaccine before.

Once the ten questions were established a conversational interaction about COVID-19 was conducted with the person. To provide credibility and demonstrate informed consent, the ten questions were asked in the same order twenty times. During the first five conversations, written documentation of the conversation was completed with the person. During the remaining fifteen, informed consent was given by the person to record four conversations establishing informed consent and the wish of the person to receive the COVID-19 vaccine.

Visual supports relating to vaccines can also help the person to understand the issue. The HSE website has a list of these (see www.hse.ie/eng/services/covid-19-resources-and-translations/covid-19-vaccine-materials/covid19-vaccine-easy-read-and-accessible-information/).

Here we must emphasise that you will have to record and document all efforts made to seek informed consent from the person you support. You will act as a liaison between stakeholders such as family members, clinicians and the person you support. This can be challenging and complex.
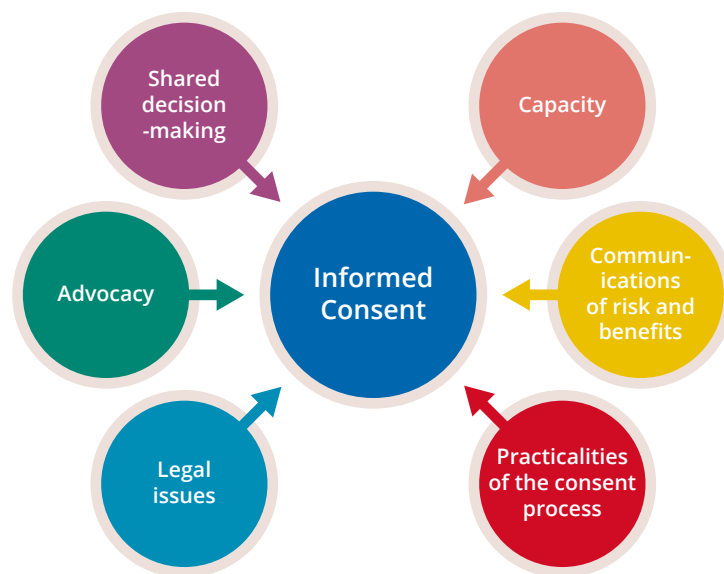
Understanding the Role of the Social Care Worker

Social care work is a very diverse role which involves working with people in a practical way through general day-to-day activities in a range of settings. This includes working with people with disabilities, mental health problems, minority groups, ethnically and gender-diverse individuals and groups in private and public settings.

A social care worker will, in a holistic and client-centred approach, develop personal growth and care plans for the person or group they support. They might be supporting a homeless person to find work or somewhere to live, teaching a service user with a disability to be more independent or helping an adolescent who has lived in care to adapt to life as a self-sufficient adult. More, in some settings or at times, a social care worker may become involved in working alongside the service user's family to ensure his or her natural support network (family) understand and support the development plan of the individual. Social care workers will stay in touch with other relevant stakeholders such as individual support agencies and multidisciplinary clinicians or liaise with other professionals on the service user's behalf. At times, the role requires assertiveness and the ability to provide 'tough love'. Sometimes, service users will need to be told 'no' and have alternative methods demonstrated, especially children and adolescents who need support with behaviour management.

TASK 3 Think of how you would experience some of the difficulties your service users (on placement or within your service) are experiencing. Focus on one issue and think of a meaningful intervention. Include a list of all the people who could be involved to support the person receiving the intervention.

Supervision is essential during this time, and engaging in frequent supervision sessions will ensure that our practice is client-centred and rights-based.

Variety of Contexts (Roles/Settings)

If you work with people with disabilities it is important to highlight that community participation should be inclusive and meaningful. If you ever thought your research days were over once you completed your undergraduate thesis, think again! The better your research skills are, the better you will be at sourcing inexpensive activities for people. In the case of a person with disability, joining a group predominantly representing people with disability may be a good start. The true skill is including all members of the community to either set up or join a common interest group. Suddenly you find yourself in the role of negotiation, or mediating between interest groups. Another skill to develop over time is how to access funding. This involves skills in accounting, being business savvy and promoting or marketing your project or supporting a service participant to take on a fundraising project.

You'll need to be well organised, confident and able to cope in potentially challenging situations.

You may find yourself supporting a person during a difficult time or after being admitted to hospital. This may require you to stay in the environment, organising and co-ordinating supports, engaging and informing other stakeholders, such as hospital personnel, who may not have the experience and resources to support a person with particular needs. Leadership and management skills are important as you will liaise with a number of people involved in a person's network, advocating and leading the delivery of care.

You might imagine that you will most often link with medical or clinically trained stakeholders, but you might find yourself supporting an individual accessing housing through county councils; applying to the Department of Social Protection for financial supports; leading multidisciplinary case conferences; or dealing with family conflicts.

As a social care worker you may work with children, young people, families and/or significant others, social work teams, other healthcare providers and government agencies, schools, training agencies and community groups to care for, protect, and support vulnerable or dependent service users, individually or in groups, in conjunction with the wider multidisciplinary team and other relevant agencies that aim to ensure the welfare of service participants and you will act as an advocate as appropriate. You will contribute to the planning and evaluation of individualised and group programmes of care, which are based on needs identified in a holistic approach with your service user and others, and delivered through day-to-day shared life experiences.

In residential, day services, community or special care settings you will be part of a team providing a safe, caring environment for service participants – children, young people and adults – with the primary aim of providing the intervention necessary to address the issues that are preventing them from living at home or of preparing them to live independently with the support of aftercare services or individualised services.

Interventions as Planned Practice

Because we are working with people in all their individuality we must ensure that our skills develop and grow over time. It is important to form positive relationships with service users built on time and trust.

You will learn all about theories and approaches that will become your basic tool box for your career as a social care worker when you graduate from college. These skills will be observing, analysing and assessing situations and people's needs. However, not every person you work with will understand the traditional methods of communication, learning and interaction. Naturally, due to the limited resources available, you will become creative in sourcing material, accessing community initiatives or even shaping entrepreneurial skills; not reinventing the wheel, but making it more efficient, working to the needs and abilities of your key person/group.

Developing and implementing creative activities fulfil a variety of purposes, including: relationship development; increasing self-esteem; improving hand-eye co-ordination; and stimulating memory. These are all used in healthcare, the disability services, care for the elderly and the youth and community sector. Creative and recreational intervention are designed to meet the individual needs of service users within these sectors.

You will conduct assessments based on the needs of the person you support. At times this may be challenging due to a variety of reasons, for example: a limited ability to communicate via traditional communication methods; being unsure of one's own wants and desires; lack of confidence; and past experiences. For example, a person with a severe disability may communicate in a non-verbal way. To support this person you have to get to know their likes and dislikes by finding a common language to communicate, for example by using pictures, audio or sensory supports. As key worker for this person you will become their interpreter and advocate. You will need to find the most natural way for this person to participate in the community and engage in activities of their choice with their peers. The need for social participation could involve bringing together people experiencing isolation for various reasons, such as mature age, having recently migrated or relocated, or mental health issues.

Challenging times, such as the current pandemic, demand creative solutions and adjusting your skills to develop, implement and deliver meaningful interventions. With limited physical contact you will find yourself having to use all means available to you to reach and engage with your service user(s). Some of the people you support will be tech savvy, but others may be hard to reach or may not have the means or technical advantages to stay in touch.

This proficiency is based on rights-based practice, therefore the importance of engaging with service users is discussed. Rights-based practice is a positive development; however, resources need to be available and accessible for workers to create a rights-based practice culture in order to 'gain informed consent to carry out assessments or provide interventions and document evidence that consent has been obtained'.

Tips for Students

- Be open to enter into a journey with your key service user/group, accompany their flow and speed to discover and support the growth and development of the individual/group. Enable the person/group to lead and develop the skills needed to reach personal goals.
- When planning your intervention or project, be patient with yourself.
- Building a relationship with your key service user/focus group is paramount to your intervention being successful
- Think of a meaningful intervention for the person/group. Vitally, **match the intervention to their ability**.
- Use SMART goal to help guide goal setting. SMART is an acronym that stands for: Specific, Measurable, Achievable, Relevant and Time-based.
- Therefore, a SMART goal incorporates all these criteria to help focus your efforts and increase the chances of achieving your goal.
- Use and engage actively in all your supervisions with your practice supervisor.
- Last but not least, be kind to yourself during your journey. Reflect on your abilities as well as on your limitations and reach out to your practice and/or college supervisor
- Remember, a placement is a safe place to explore and develop your skill with the support of your placement supervisor.

Tips for Practice Educators

Engage the student in role play or introduction of attended group in placement (e.g., disability/aftercare).

Explore with the student their strengths and areas of interest areas. Find opportunities for them to familiarise themselves and engage with services and service participants.

Facilitate and create opportunities for students to experiences the difficulties service participants may face every day (e.g., engaging in activities while blindfold, using a wheelchair to explore daily activities, using ear covers).

Enable and engage student in reflective practice. Skill growth will come with practice. One practical exercise may be handing students particular responsibilities such as daily documentation reports or communication entries.

Be honest with your student if an invention/project may not be timely or realistic.

https://youtu.be/zgRBI7gSpqk

https://www.youtube.com/watch?v=h7q07vyJ5nc

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Chapter 16 – Moira O'Neill

Domain 1   Standard of Proficiency 16

Be aware of current legislation and guidelines related to informed consent for individuals with lack of capacity.

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KEY TERMS

Consent

Informed consent

Lack of capacity

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Social care is … being an extra support to a person in their time of need, being their information box, a spokesperson for them, a cheerleader behind them. Social care is helping service users achieve their goals, whether large or small, and the belief that they have the tools within which need to be realised in order that they can do what is necessary to bring about positive change in their lives and the lives of their loved ones.

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Consent

Understanding that the area of consent and capacity to consent is extremely complex is paramount when ensuring the rights of the service user. A lack of capacity can make those particular service users in our care who require support even more vulnerable as we endeavour to work with a human rights-based approach, ensuring that the rights of the service user are upheld and their needs are met. As students we are taught that each service user is an individual and to support their needs accordingly and to ensure that they are an active participant in their care needs.
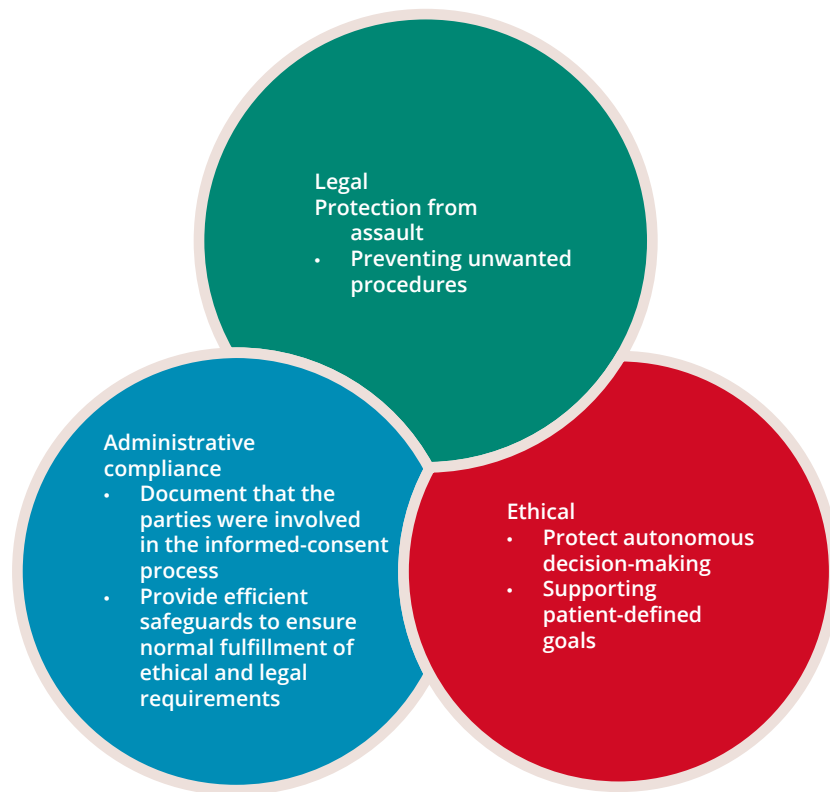
Development within the area of social care gave rise to CORU being established to 'protect, guide and inform the public' (SCWRB 2017: 2), no more than the service users, particularly those with a lack of capacity, who avail of the supports available. This growth saw the views of the service user being incorporated into care plans where historically their voices may not have always been heard and their consent not sought.

Many service users are extremely vulnerable members of society who experience adversity and access services for support to tap into and develop resiliency skills. Assistance is offered in areas such as youth and family services, mental health, homelessness, addiction and disability. Larkin (2009) highlights the difficulty in defining the term 'vulnerable', ultimately concluding that vulnerable individuals are those in society who are at risk or require support.

Nonetheless, we do not need to class those service users who lack the capacity to consent as completely vulnerable, as they can always make decisions regarding some aspects of their lives. We need to ask ourselves what we, as social care workers, can do in our duty of care to support their rights and empower them, while negating potential risk factors, to ensure that they are as independent as possible.

This chapter will discuss the role of social care workers and legislation in Ireland governing lack of capacity, which in turn governs organisational policies which are then interpreted and converted into practice by social care workers. There are many policies which often work in conjunction with one another to ensure the safety of all service users, especially those who are deemed to lack capacity. This allows them to live a life of their own choosing, safely, and with support and advocacy where needed from a social care worker.

The role of a social care worker is multifaceted and can often be challenging as a result. Their work entails a number of intertwined factors – legal aspects, ethical considerations and administrative compliance – as set out in the Venn diagram below.

Legal
Protection from assault
- Preventing unwanted procedures

Administrative compliance
- Document that the parties were involved in the informed-consent process
- Provide efficient safeguards to ensure normal fulfillment of ethical and legal requirements

Ethical
- Protect autonomous decision-making
- Supporting patient-defined goals

(Hall et al. 2012: 534).

Hall *et al.* state that 'informed consent is primarily a legal and ethical concept' (2012: 533), discussing how autonomy can in fact be afforded to the service user in providing person-centred care that adheres to the legal and policy guidelines and requirements. Charleton (2007) states that 'ethics is central to human living' (p.2) and identifies an overlap in ethics and law for people with lack of capacity requiring social care intervention; where certain decisions cannot be made by the service user and ultimately rest with another, ethical considerations surrounding information, consent and confidentiality will arise.

Sugarman *et al.* (1999) discusses how the requirement for obtaining informed consent is an expected part of practice and questions whether this consent is achieved meaningfully amidst the laws, professional guidelines and policies of the social care organisations. SCWRB (2017) introduced its proficiencies as a way to raise the bar for social care workers in providing intervention to those who access their services.

Informed consent is described in the Health Service Executive (HSE) National Consent Policy as a service user having a 'sufficient understanding' (2019: 53) of what is being proposed, while capacity is defined as the 'ability to understand the nature and consequences of a decision in the context of available choices at the time the decision is to be made (2019: 12). The test is whether the service user can fully comprehend the intervention at hand and give their informed consent and even be aware of their right to withdraw their consent if they disagree at a later time.

We must provide service users with accurate information and choice, and we should leave our own beliefs and values at the door. This approach will support the service user's autonomy and self-efficacy in their own culture of norms, values and beliefs. It is imperative that we as social care workers are working to empower the service user so that an open system of communication can be used to build valued relationships between the service user's family members, the services being accessed and the interventions being applied to ensure that the care provided to the service user is wholly person-centred.

The cornerstone of social care work is interpersonal relationships between the service user and the social care worker. Communication is a key element in developing trusting relationships and most important in good practice when seeking consent to interventions, and it should be an ongoing process. A service user will be more inclined to seek advice from and listen to their social care worker once a relationship has been developed that taps into the core conditions to encourage a service user's own potential.

Fyson and Cromby (2013) state that policy guidance 'focuses on the relationship between choice, empowerment and risk; is concerned to identify clear lines of accountability for decisions taken' (p.1168) and is at the crux of this proficiency.

Social care provision has moved from a 'one size fits all' approach with the realisation that all service users are unique and require individual care plans to cater for their needs. A service user must be afforded the opportunity of deciding what is best for themselves. It is important to balance the service user's right to make decisions regarding their own care and risk management in ensuring they are not a danger to themselves and to others. The person might feel very capable and able-bodied; however, if there is an overwhelming risk to their health and wellbeing, services might need to intervene.

There are two threads under Proficiency 1.16 regarding lack of capacity: children; and service users with diminished capacity. Under Irish law, an individual is deemed to have a lack of capacity to consent until they have attained the age of majority, which is stated to be the age of 18, unless they have been married prior to this age (Age of Majority Act 1985).

However, Section 23 of the Non-Fatal Offences Against the Person Act 1997 states that the 'effective consent' of a minor who is 16 years of age or older allows them to make decisions regarding surgical, medical and dental treatments.

Article 12 of the Convention on the Rights of the Child advises that it is the state's responsibility to 'assure to the child who is capable of forming his or her own views, the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child' (UN 1990).

Other factors, set out in the MCI (Medical Council of Ireland) publication on the doctrine of informed consent, include disclosure, comprehension, voluntariness, competence and agreement (2008: 12). What this means in practice is that the service user is given information regarding the intervention, that they are seen to understand the intervention, that they partake in it without being pressurised, of their own free will, with surety.

However, there is an exception to this, which is transferred to guidelines and policy; information can be withheld from the child under a 'therapeutic privilege' or 'doctrine of necessity' clause (HSE 2018b: 5). One might appear to contradict the other. This particular clause implemented by the HSE provides that the wishes of the parents will be respected in the level of information provided to their child; however, this is in direct conflict with policies to empower the minor service user and may present an opportunity for a social care worker in advocating for their minor service user in line with *Better Outcomes, Brighter Futures* (DCYA 2014).

Children are deemed not to have the capacity to make decisions themselves because they are viewed as being incapable, by virtue of their age, of having the cognitive development to do so. Difficulties can therefore arise for parents and guardians where their growing child wishes to become more autonomous in their care plan or indeed withdraw their consent for intervention as a whole. Social care providers will have set out specific policies regarding consent; for example, the Child and Adolescent Mental Health Service (CAMHS) provides a Parental Consent Policy (HSE 2018) which outlines best practice in providing information to explain the proposed treatment, why it is required, the benefits of it to the child, alternatives and risks to include consequences of not proceeding with the treatment plan as proposed.

Case Study 1

A young service user wishes to come off their medication as they feel overtired and sluggish in the evening. The parent who has consented to treatment would prefer for them to continue on the same dose as they are getting good reports from the child's school about their attention in class.

As a social care worker, how would you approach this scenario to cater for the wishes of the service user?

Having considered this scenario myself one thing that I would do is refer to the National Consent Policy: Part 2, particularly Section 4. I would give the young service user an opportunity of voicing their concerns. I would then be the child's voice and show that they are being listened to and heard in advocating on their behalf to their parent and then, during the multidisciplinary team meeting, to the psychiatrist prescribing the medication. One must work with the suggestions of the team in the decision-making process of assessing the risks and benefits for the service user and discuss matters arising with the parent of the child in reaching a solution that works for the young service user.

The Mental Health Act 2001 makes provision to allow the state to be appointed to act where a child's parent or guardian is deemed to have failed in their responsibilities to that child, and not just by reason of the child's own mental capacity. That child then becomes a ward of court, and decisions regarding the child's welfare rest with a person appointed best placed to make those decisions, known as their 'committee'.

Assisted Decision-Making Capacity Act 2015

Prior to the introduction of the Assisted Decision-Making Capacity Act 2015, applications for wardship could also be made for individuals who were, or who had become, incapable of making decisions regarding their own welfare and wellbeing. If their incapacity was certified by medical professionals, the court would assume responsibility for them. A person known to them could be appointed as their committee and thereafter be able to make decisions relating to the ward's medical treatment and financial decisions. Such practice was governed by the Lunacy Regulation (Ireland) Act 1871, depriving people with disabilities of their constitutional rights, an Act which has since been repealed by the Assisted Decision-Making Capacity Act 2015.

Moving forward, the court will appoint decision-making assistants or co-decision-makers who will support the person whose capacity has diminished. The ward will be re-assessed and they will be transferred to one of the other new supports offered by the Courts Service. This move is designed to uphold the rights of individuals and support their decision-making capacity in areas within their capability and to recognise areas where they require the assistance of their decision-making assistant or co-decision-maker as appropriate.

The Assisted Decision-Making Capacity Act (2015) sets the test of a person's capacity. The 2015 Act was enacted into law following many developments, including the UN Convention on the Rights of Persons with Disabilities (2006); the Principles Concerning Continuing Powers of Attorney and Advance Directives for Incapacity; and Promotion of Human Rights of Older Persons (Kinsella & Harrison 2016: 34-5). These developments paved the way for allowing service users to resume the right to, and recognised their abilities to, make choices for themselves regarding their care and their wishes to provide self-determination.

Human Rights

Another example of lack of capacity is individuals with intellectual disabilities. The Universal Declaration of Human Rights provides that 'all human beings are born free and equal in dignity and rights' (UN 1948: 4). Degener states that while, as humans, we have our rights from birth, individuals with disabilities have traditionally had those rights withheld in what is seen as 'a form of protection – a form of caretaking' (2017: 5).

Article 1 of the Convention on the Rights of Persons with Disabilities, which was ratified in Ireland in 2017, states:

> 'The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

> 'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (UN 2006).

However, capacity to consent is dynamic; if a person is shown not to have the capacity to consent in one particular area of their care it does not mean that there is a lack of capacity to consent on the decisions and interventions pertaining to other areas of their lives. Historically, what may have been a blanket assumption of incapacity under the guise of protecting the individual has resulted in their rights being threatened, with many being institutionalised against their will.

Challenges could arise if a person with an intellectual disability wishes to work or to reside in the community outside the residential service. In these circumstances, it may become the role of a social care worker to assist in advocating on behalf of the service user.

Dhanda (2013) believes in supporting the service user in the context of universal legal capacity as a universal human right through co-facilitation or joint decision-making. A large cohort of service users have wished to have more control over decisions which affect them, so much so that further amendments may be made to the Assisted Decision-Making (Capacity) Act 2015 under 'Deprivation of Liberty', which is currently being proposed as an addition to Part 13 of the Act (DoH 2019: 4).

Another development in recent years was with the Criminal Law (Sexual Offences) Act 2017 repealing a ban on people with intellectual disabilities having sexual intercourse. The 2017 Act allows for 'protected persons' being afforded the ability to consent, replacing the blanket ban prohibiting sexual activities outright that had been introduced by the Criminal Law (Sexual Offences) Act 2003. Ní Aodha (2017) quotes Kathleen O'Meara of Rehab, who stated that it was an 'important step forward in opening up the law around sexual relationships for people with disabilities'.

Social care workers can be faced with a variety of ethical considerations and the boundaries that must be in place to ensure the safety and wellbeing of the service user. For example, where a service user with an intellectual disability wishes to have sexual intercourse with another service user, how is this situation dealt with by the social care worker and the multidisciplinary team? There are so many questions that are raised by this scenario. This would be of particular importance if, for example, a couple were engaging in sexual intercourse and one of the parties withdrew consent during the act. Section 48 (9)(4) of the Criminal Law (Sexual Offences) Act 2017 states that 'Consent to a sexual act may be withdrawn at any time before the act begins, or in the case of a continuing act, while the act is taking place'. From the moment that consent is withdrawn, and if the other party continues to engage in the act, the previous consensual act of intercourse becomes rape.

TASK 1 The movie *Sanctuary* tells the tale of a social care worker striving to do his best for his service user. Watch this film and make links to past and present legislation.

As well as the two groups set out above, some other categories of service users who may be affected by 'lack of capacity' legislation and guidelines/policies include those with mental health conditions such as autism spectrum disorder (ASD) or who have suffered a substantial brain injury following an accident or stroke, and individuals whose capacity is diminished by brain disease conditions such as dementia.

The Mental Health Commission has introduced a Decision Support Service (available at https://decisionsupportservice.ie/), although at the time of writing it is not yet operational. The service will provide information on a variety of situations that may arise when working with a person with reduced capacity. Despite the Assisted Decision-Making (Capacity) Act being signed into law in Ireland in 2015 it is not yet fully operational. The HSE (2020) has provided a range of online aids to prepare staff within its remit of health and social care under a National Quality Improvement facility.

There are a number of actions people can take to safeguard themselves in the future should they become incapacitated. An enduring power of attorney (EPA) is a document lodged in court under which, if the donor (the person transferring the power) loses capacity to make decisions for themselves, they transfer decision-making powers to a nominated party or parties chosen by the donor. The attorney has the power under law to make decisions concerning the medical and financial welfare of the donor until their death.

Another option is for the person to create an advance healthcare directive (AHD), a document often described as a 'living will'.

Specifically, this builds on person-centred planning, which is core to social care provision, to ensure a service user's autonomy: service users will be afforded assistance in decision-making only when required.

The AHD will record a person's wishes specifically in relation to decisions regarding their health should they become incapacitated in the future. Once the document is drafted to address the specific situation arising and executed while the person has full capacity and awareness of its meaning, it will have legal standing. The document can discuss a person's wishes regarding medical treatment and end of life care, to include 'do not resuscitate' instructions, should such a situation arise in the future. The AHD will be a guide for healthcare providers and its contents can be revoked at any time by the service user. However, should the service user not have indicated their wish to revoke the document prior to its coming into force, its contents shall be valid. It should also be noted that the wishes contained in an AHD will override those contained in an EPA.

There has been much change in the area of social care provision over the past number of years. The one aim that is firmly in place is to safeguard the service user. Service users are now active participants, bringing to mind the term 'nothing about us without us', which can bring challenges in ensuring that their participation and choice will not cause them harm, and with the one goal of supporting their rights to the best of our ability.

🔅 Tips for Practice Educators

- Consider the points in the Venn diagram above.
- Always assume the service user has capacity to make the decision unless the opposite is proved.
- Ensure that you fully understand the intervention you intend to carry out with the service user and explain it to them in plain, easy-to-understand language.
- Remember that consent is an ongoing process. Approach each intervention as a new, separate task and support the service user to make the decision for themselves.
- Remember to document the approach you took as per your organisation's policy in your service user's care plan and carry out your ongoing health and safety risk assessment.

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Chapter 17 – Lauren Bacon

Domain 1   Standard of Proficiency 17

Recognise personal responsibility and professional accountability for one's actions and be able to justify professional decisions made.

KEY TERMS

Personal Responsibility

Professional Accountability

Person-Centred practice

Professional Decisions

Social care is … an opportunity to harness human connection and spirit in a structured and purposeful way with the intention of improving the lives of others. Doing this is no easy task. Humans by nature go with the flow and engage freely with one another. However, the skilled social care worker must do this in a tactful and conscious way at all times, while not losing natural and meaningful engagement. With this role comes great responsibility.

Social care is a fine balancing act where you must simultaneously give and withhold the self when working with others. It is through the giving of self in everyday situations that you build and establish relationships with those you support. It is through withholding of self that you protect those you support from your own internal complexities, while also protecting yourself. This fine balancing act is managed through working in unison with the heart and head, each as essential as the other. There are times in social care where we must go into 'neck up' mode and use our head; education, the professional toolbox and the experience to make difficult decisions. However, we must never lose the heart and human connection within our work. By staying engaged with both, we can stand over our practice and justify our work and daily encounters. In times of difficulty, we must ask ourselves and reflect on the 'why' of our work. Keeping our 'why' at the forefront supports us to remain grounded and reflective throughout our work.

Personal Responsibility

As social care workers, we are personally responsible for the way we engage with others while exercising our professional duties of care and support. The Social Care Workers Registration Board Code of Professional Conduct and Ethics (SCWRB 2019) clearly outlines that it is the personal responsibility of social care workers 'to act in the best interests of the service users' (p. 8) by maintaining a 'high standard of personal conduct and behaviour' (p. 10). Workers must behave in a way that respects the dignity, privacy and confidentiality of the service user, without prejudice, discrimination, harm or abuse. Workers are personally responsible to ensure that they are mentally and physically fit for practice and are not under the influence of any substance. Understanding the principles of best practice, learning the codes of conduct and ethics and adopting an evidence-based approach will support you to maintain a high standard of personal conduct and practice.

TASK 1   Read the Social Care Workers Registration Board Code of Professional Conduct and Ethics (SCWRB 2019) and list all the codes of conduct and behaviour that you are personally responsible for.

Your personal code of conduct and ethics provides the foundation for your professional social care work toolbox (Lyons 2013). The social care toolbox is what you bring to work with you every day; it includes your values, attitudes and core beliefs. The key to harnessing this in order to positively influence your work lies in an active and purposeful engagement in self-awareness. Self-awareness relates to looking inwards and self-reflecting on your own values, views and core beliefs with the hope of improving yourself as a person and also as a social care worker (Lyons 2013). Lyons emphasises the importance of self-awareness, especially within a landscape that by its very nature will challenge our values, views and potential prejudices. Lyons states:

> Social care practice is about making decisions for and behalf of others, and decisions are based on values, views and beliefs. If practitioners are unaware of their own issues, they will continue to work without regard to people's feelings, deeming that they know exactly what the other is feeling (2013: 103).

Therefore, practising reflection and being self-aware ensures that your social care toolbox remains in good working order in your daily practice, thus in turn contributing significantly to your ability and confidence in remaining accountable to your work and practice with service users.

Professional Accountability

Professional accountability in the social care sector can be a daunting challenge, especially for those working on the front line supporting our most vulnerable in society. Like most of our work, however, what is challenging can also be viewed as an opportunity, and a chance to break barriers and get positive outcomes for those we support. According to Kline and Preston-Shoot:

> Professional accountability in the health and social care professions depends in no small measure on the quality of relationships between staff and service users, practitioners and managers, and teams of people in organisations. It rests on how well those involved manage and respond to certain uncertainty, the challenges and dilemmas that the work generates, the anxieties that practice and the management of practice create, the diversity that people bring and the disadvantages that impact on them (2012: 186).

Hearing phrases like 'personal responsibility', 'professional accountability' and 'justifying professional decisions' can sometimes induce feelings of self-protection. This is especially true in recent years within the ever-changing landscape of practice where accountability is now at the forefront. Working with people, especially vulnerable people, means that the stakes are often high, especially if anything goes wrong. We have seen this in recent years in media revelations of the concerning practices of some caring organisations. In day-to-day practice, many workers may fear legal repercussions, or internal investigations into the professional decisions they have made. These are real and genuine fears, and the reality is that things can go wrong when we are responsible for the care of the most vulnerable in society. It is imperative that professional accountability starts with accountability to service users by providing a safe and effective person-centred service. We do this by informing ourselves on best practice, learning the proficiencies and codes of ethical conduct for social care work, and reflecting on our encounters with others. In doing this, we can work without fear and get positive outcomes for those we support. We all have a personal responsibility to ensure that we promote open communication with colleagues, the individuals we support, and line management to ensure that we are not promoting a blame culture in our environment.

Running parallel to the importance of self monitoring is the onus on line management and those in supervisory positions to support social care workers to navigate through the challenges of professional accountability and personal responsibility. Regular and protected time for supervision and support meetings is crucial, as is the promotion of team and peer support. Sharing learning,

reflective practices and open communication are key and should be promoted by line management in all social care settings. Different areas and sectors of social care work fall within many different remits. In order to remain accountable within your chosen area, it is essential that you are aware of what these remits are. These may be, for example: legal remits, organisational policies and procedures, regulations, codes of conduct, and so on. You are only accountable in your work if you are aware of what the boundaries and remits of your work are. Having this knowledge should alleviate the worries mentioned above and give you confidence to move forward and not be fearful.

A good tip is to always approach work on a daily basis with the following questions/reflections: If I had to sit in front of a panel of people could I explain:

Why I did what I did today (your approach and interactions with service users?

How did I know it was the right thing to do and who says so (e.g., evidence base/policies/procedures)?

If you can confidently answer these questions every day, you are maintaining professional accountability. If you can't answer these questions, you may need to seek additional support. By using the Social Care Workers Registration Board Code of Professional Conduct and Ethics (SCWRB 2019) and following best practice principles in your daily work, you should gain confidence in your own practice and be able to justify the professional decisions you make.

Personal Accountability through Person-centred Practice

Professional accountability and personal responsibility go hand in hand in the social care profession. To be professionally accountable to your practice takes a skilled level of personal responsibility. As discussed above, professional accountability is being knowledgeable of the remits and boundaries of your chosen sector and working within them. Personal responsibility is ensuring that you inform yourself of these remits and what is best practice for your service users. It also means knowing your limits and when to seek support. Best practice in a social care context should always begin by focusing on the person using the service. As Kline and Preston-Shoot (2012) mention, the quality of the relationships with those we support contributes significantly to the achievement of a high standard of care.

Within practice, the need to justify the professional decisions made will most likely not come up during the more straightforward encounters. It is most likely to come up in more complex 'what if' situations. We will look at one of these encounters in the next section. These are the situations where a decision needs to be made and you find yourself juggling many factors which need to be considered, such as (but never limited to) a person's will and preference, risk management, organisational policies and procedures, legal implications, professional codes, ethics and so on. The best starting point to tackle any situation or decision is by placing the person you are supporting at the centre, utilising a person-centred perspective. Person-centred practice means keeping the goals, wishes and aspirations of those you support at the centre of your work. A best practice organisation should have some sort of system in place which includes person-centred planning. This seeks to describe the person's vision for his/her life as a full member of the community and society and to identify goals and actions to support him/her to move in the direction of that vision (NDA 2005). A social care worker is most often the key supporter of an individual's person-centred plan.

Justify Professional Decisions Made

Above we looked at personal responsibility and professional accountability. Both are the active ingredients that, added together, support your ability to justify the professional decisions made. We will now look at a practice scenario to see an example of this.

Case Study 1

You are working in a service providing day supports to young adults with an intellectual disability. Sebastian lives at home with his mother and two younger siblings. Sebastian is dropped at and collected from his service daily. He requires support to actively engage in the community as he can become overwhelmed in busy and unfamiliar environments. However, Sebastian enjoys going to a local shop, independently, twice a week, which he has practised over several months, as part of last year's goals.

During your key working sessions, you have supported Sebastian to complete his person-centred plan (PCP). Through this process he has identified that one of **his goals is to travel independently to and from his service on public transport**. The goal is discussed with Sebastian's mother as family support would be required to make the goal a success. Sebastian's mother expresses that this goal would not be a good idea. She says that it was tried in the past and was a complete disaster.

She says that it would not be safe for Sebastian and she would not be supportive of the plan. She reassures Sebastian that he is better getting a lift in and out in the warm car, and that he should focus on another goal, like going to Manchester to see a football match. Sebastian is the eldest sibling and his mother is a single parent. He is very protective of his family and wants everyone to be happy. He will often agree with what his mother says even if it is not in line with his own wishes.

TASK 2

Write down your initial thoughts. If you were Sebastian's key worker, how would you feel? What, do you think, you would do?

Keyworker 1 result:

The plan goes ahead. It was unsuccessful.

Outcome: Sebastian no longer wishes to travel independently due to the failure of the task. Sebastian's mother feels that the service put Sebastian at risk and knocked his confidence.

Keyworker 2 result:

The plan goes ahead. There are stumbling blocks but the goal is still in progress.

Outcome: Sebastian does not travel fully independently, but he does travel on public transport home each Friday with staff support. Sebastian still wishes to work on this goal and his mother is fully supportive.

Both workers have similar results (Sebastian is not yet fully travelling independently) but with very different outcomes. What professional decisions did each key worker make and how did they affect their ability to justify them and hold themselves accountable? Let's take a look.

Key worker 1:

Is a strong advocate for Sebastian and believes that Sebastian is an adult and his mother should hold no influence on his personal goals. Key worker 1 goes ahead with the goal. There is a plan put in place and key worker 1 uses a 10-week travel training programme that has been successfully used in the past with other key clients.

At Sebastian's person-centred planning (PCP) meeting his mother is told that the training is taking place but is reassured that Sebastian will not be left alone. Key worker 1 discusses the plan with the staff team and drafts a staff support plan.

Key worker 1 is going through the practical travel training with Sebastian, which means accompanying Sebastian on the route. After doing this six times, key worker 1 decides without consulting family or the team to allow Sebastian to do a trial run. Key worker 1 walks with Sebastian to the bus stop and asks him if he would like to try the route alone. Sebastian is happy with this and agrees to give it a go. Key worker 1 leaves Sebastian and goes to the next bus stop, first informing Sebastian that she will be getting on at the next stop but will remain downstairs. When key worker 1 gets on at the next stop, Sebastian is visibly upset and becomes overwhelmed with the situation. Sebastian had become nervous at the stop when waiting for the bus and called his mother.

Key worker 1 returns to the service with Sebastian. Sebastian's mother is very upset that he was left alone, and that she was not informed of the plan. A formal complaint has been made. Key worker 1 will need to meet with her manager and explain what happened. Key worker 1's manager had not been informed of the plan to progress the travel training to a mock run. The result is as above and the goal of travelling independently to the service is now cancelled.

Key worker 2:

Is a strong advocate for Sebastian and believes that Sebastian is an adult and is entitled to set goals that are meaningful to him. However, key worker 2 understands that Sebastian's mother is a vital social support to Sebastian and her input is needed to make the goal a success. Key worker 2 supports Sebastian to progress his goal.

Key worker 2 reflects on what has worked well for Sebastian in the past, such as his goal of going to the shops independently. From Sebastian's person-centred plan (PCP), key worker 2 knows how important his relationship with his mother is and knows that her support is a key ingredient for success.

Key worker 2 and Sebastian devise a plan which is broken down into very small achievable steps over a period of a year. Key worker 2 links in with the manager to risk assess any potential stumbling blocks. Sebastian shares his plan with his mother at his PCP meeting and her feedback is recorded. Each step of the plan is documented and clear dates and goals are set. Some of the steps are delegated to Sebastian to work on at home with support from his mother. The plan is in picture format so that Sebastian can see what is coming next. A support plan is also devised for the team. Sebastian is the owner of the goal and plan and is involved in every step including planning and organising.

Key worker 2 is going through the practical travel training with Sebastian, which involves accompanying Sebastian on the route. After several weeks, the next step of the plan is for Sebastian to do a trial run. Sebastian and his mother prepare for this step the night before, using his picture schedule.

The day arrives and key worker 2 walks with Sebastian to the bus stop and clarifies with him that he is comfortable to go ahead with the trial run. Sebastian is happy with this and the plan goes ahead. Key worker 2 leaves Sebastian and goes to the next bus stop, first informing Sebastian that she will be getting on at the next stop but will remain downstairs. When key worker 2 gets on at the next stop, Sebastian is visibly upset and becomes overwhelmed with the situation.

Keyworker 2 reassures Sebastian and returns to the unit. Sebastian has a cup of tea and they chat about how it all went. Sebastian is praised for what was achieved – he got on the bus, used the bus pass successfully and made his way to a seat. Sebastian explains that a small child on the bus shouted unexpectedly, which gave him a fright, causing him to become overwhelmed.

Sebastian calls his mother and tells her how it all went. Sebastian's mother reassures him and praises him for his efforts. Sebastian continues with the travel training, and key worker 2 adds to his supports to ensure that he has coping strategies to help him self-regulate if a similar situation should occur. The progress on the goal is documented regularly and stumbling blocks are used as learning going forward. In the meantime, as part of the training, Sebastian now gets the bus home on Fridays with staff shadowing for support.

Learning and Reflection

Let's remind ourselves of the proficiency here:

'Recognise personal responsibility and professional accountability for one's actions and be able to justify professional decisions made'

Key worker 2 can be used as an example of best practice in this particular situation. While key worker 1 did follow some elements of best practice, ultimately they could not justify some of the professional decisions made.

Tools that key worker 2 used to ensure professional accountability/responsibility:

- Kept Sebastian at the core of all decisions.
- Recognised from Sebastian's PCP (evidence base) that the support and encouragement from his mother would be crucial to achieve success.
- Used past successes to inform supports; for example, knowledge gained from his previous goal determined that this plan would need a prolonged period of time.
- Ensured the information and plan was accessible to Sebastian – using a picture format with clear timelines.
- Involved his mother in the plan so that Sebastian could work on the goal at home, thus utilising his circle of support and increasing his confidence through encouragement.
- Linked in with the unit manager to risk assess any potential stumbling blocks.
- Reflected on every step with Sebastian and amended the plan when different needs arose.

The risks in both situations are the same; however, the professional approach used by both workers had different implications, both positive and negative. What is important here is not so much in the outcome but the process. While the ultimate result may be that the goal is unsuccessful, key worker 2 can justify the decisions made and can present all the steps taken to support the person. The approach used by key worker 2 will ensure learning even if the goal is not a success; and there will be no damaged trust between Sebastian, the service and his family supports.

It is crucial that we allow those we support to take positive risks. It is through risk-taking that we make mistakes and it is through mistakes that we often learn the best life lessons. Key workers 1 and 2 both promoted positive risk-taking here. Empowerment versus protection will always be a fine balancing act in your work as a social care worker. By using all the tools available to you, as key worker 2 did, you can continue to challenge those you support and get the best outcomes for them.

While key worker 1's approach did not yield a positive outcome for Sebastian, all is not lost. There is learning in all practice. Reflective practice is an important element in ensuring professional accountability, especially at times when we may have not followed best practice and have had negative outcomes for those we support.

Complete the task below from the perspective of key worker 1 and/or as a team reflection.
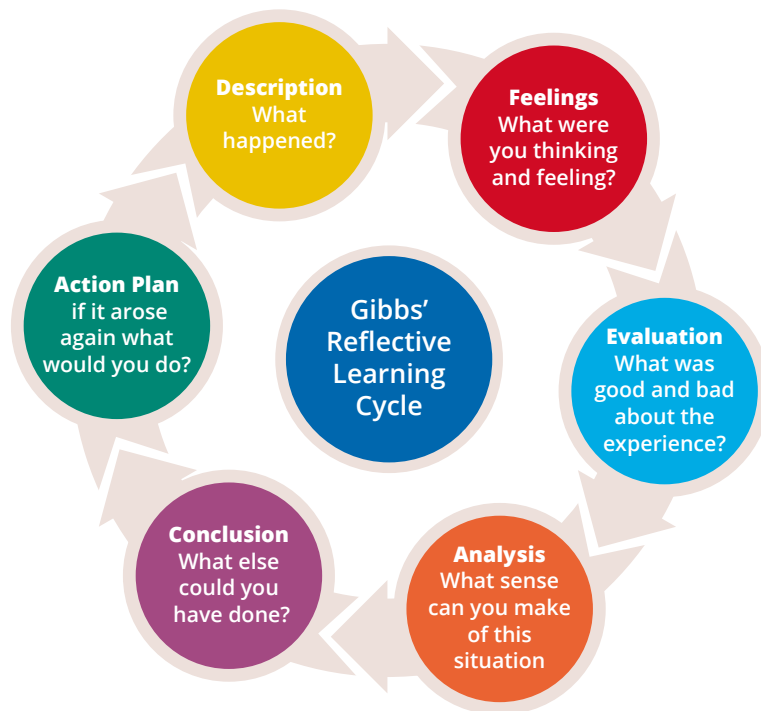
As presented and cited in Dye (2011: 230):

Use Gibbs' reflective cycle to reflect on the practice of key worker 1's actions and steps and how they contributed towards their own professional accountability and personal responsibility.

Reflect as a team. Team accountability is as important as the actions of one key worker. How could the team have done things differently to ensure team accountability and team responsibility?

Tips for Practice Educators

A good understanding of this proficiency will be a crucial foundation for students entering the social care sector. Being accountable is your personal responsibility, supporting you in being able to justify professional decisions you make. This can be especially daunting for students who may be limited in their practical experience. However, instilling in students that knowledge is power is an important aspect of achieving this proficiency. Having a solid foundation and understanding of professional accountability and personal responsibility will contribute to and support the student's ability to adhere to CORU's Code of Professional Conduct and Ethics for Social Care Workers (SCWRB 2019). Professional accountability and personal responsibility will be centrally guided and underpinned by this code as the student moves forward into their social care career.

You want students to have confidence in their capabilities and knowledge as they enter the workforce. What is even more important is that their competence matches this confidence. Students should tackle issues head on and not be afraid to have their voice heard. Informing themselves of the policies, procedures and regulations of their environment is a crucial first step. Sticking within these, they can then begin to navigate their way through real-life encounters. Having personal responsibility also includes knowing your limits and seeking support when needed. The most capable and trusted employees and colleagues are those who are honest and seek help/support when they are not sure how to proceed or do not know the best way to move forward or support a service user. Having open communication with colleagues and line management is a key skill that students should adopt from day one.

Part of having professional responsibility and accountability is having the ability to put your hands up and admit when something has gone wrong or if a situation could have been handled differently. We are working within a human profession – we are humans. There have been many times when I have gone back to colleagues and service users to say I don't think I used the right tools, or maybe I could have used a different approach. This shows the people we support that we are human too and allows an open communication system that promotes discussion and troubleshooting together as a team. It is also important to prepare students that while they will witness good practice while out in the workforce or on placement, they may also witness bad practice or ill-informed practice. Recognising this and knowing the difference will be an important learning curve for students. There is always going to be an element of fear in our profession as the stakes are high and big mistakes can have detrimental affects on the people we support. We have seen the extreme of this through several exposures in recent years – all examples of bad practice and unjustifiable professional decisions. However, if you stay true to your core values, use the above guidance and always work within the remits of your sector, the level of risk is reduced and the potential for growth is huge.

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Chapter 18 – Iseult Paul

Domain 1 Standard of Proficiency 18

Be able to take responsibility for managing one's own workload as appropriate

KEY TERMS

Responsibility

Workload management

Time management

Self-care

Social care for me is …
Supporting people with an intellectual disability,
Teaching, training, cleaning, sometimes making the tea.
Answering phones and writing reports,
While doing my best to get right supports.
It's driving and trying out lots of new things and
Holding a hand while someone gains their new wings.
It's walking and talking and learning about life,
Then figuring out how to have 'The Good Life'.
It's happy and sad, a bit scary at times and
Sometimes things just get left aside.
It's parties and picnics and roof's falling in,
Distraction and Action, people never give in.
It's planning and dancing and singing a song,
It's knowing it's okay when things do go wrong.
Saying Yes, Saying No, knowing when to let go,
And at the end of the day I get to go home.

Poem by Iseult Paul

TASK 1

Make a list of all the responsibilities you currently have. Include personal and professional responsibilities as well as those of a student.

Now choose the five you think are the most important and number them 1-5 in order of importance.

Reflect on what guided you in making your decision.

Responsibility

Social care workers are responding to a regulated sector therefore it is important that they take responsibility for managing their own workload. The next section explores this in more detail. The good news is that there are some very simple tools and strategies we can use to help us manage our workload.

The level of responsibility we have at any given time can vary and is often influenced by a number of factors. The poem 'Social Care for Me' gives a brief insight into this. Social care workers practise across diverse environments, with different service user groups, and their work is often conducted in difficult circumstances. The section on managing time explores ways of using time more efficiently and effectively, while introducing you to the concept of multiplying time. Social care students, especially those with no prior experience, may have expectations that they will have considerably

fewer responsibilities than those they work alongside. This may be the case initially, but as students progress through college and practice placements the level of responsibility will increase. Read Jenny's story in the case study about how her supervisor's expectation of her ability to take responsibility for a set task differed from Jenny's ability to perform it. Different settings, management styles, the culture of the setting and the type of work can influence the level of responsibility given to students during placements.

There is a very long list of skills required by social care workers. Lalor and Doyle (2005:160) suggest that these skills can be categorised under five headings: Communication, Assessment, Planning, Intervention and Self-awareness. As our skills develop, so too do our responsibilities, and this can lead to stress. The section on self-care highlights the importance of self-care in social care and of creating a good work-life balance. As a social care student, you have a responsibility to show up to college, do the assignments set by your tutors, achieve the standard of education required by CORU and prove that you meet the 80 proficiencies set out in the standards (see https://www.coru.ie/files-education/scwrb-standards-of-proficiency-for-social-care-workers.pdf).

Responsibility is synonymous with accountability and can be associated with capability. For example, would you be responsible for performing tasks that you are not capable of? It would be lovely to be able to say that social care practitioners are not expected to perform tasks they are not capable of, but it would be remiss of me not to note that we are often asked or expected to perform tasks we **feel or think** we are not capable of.

TASK 2

Think about a time you were asked to do a task you felt you were not capable of doing.

How did it make you feel?

What could you have done differently?

Case Study 1

Jenny has been assigned the responsibility to make dinner for six residents, two staff and herself in a residential setting. Jenny's placement supervisor assigned her this task based on the assumption that Jenny can cook, but didn't actually ask Jenny if she could. Jenny has never cooked for a large group of people before and doesn't feel her cooking skills are good enough to produce a meal for everyone. This is Jenny's first placement and she hasn't been on shift at dinner time before. She is worried that she will fail her placement if she doesn't do a good job making the dinner.

What should Jenny do? Does she attempt to produce a meal for everyone, does she order food in and pretend she cooked it, does she say nothing and hope one of the other staff will do dinner, or does she discuss it with the other staff on duty?

In the end, Jenny discusses her concerns with the other staff members on duty, who reassure Jenny that they are there to support her, and as a team they come up with a simple solution. Jenny and one of the other staff members make the dinner together.

Sometimes in practice we learn by doing, and as a result we develop confidence in our knowledge and skills. Jenny learned by doing this activity with another member of staff, and the next time she was able to make the dinner independently. You may think the above scenario is unlikely to happen, but having to produce meals for individuals or groups of people, especially when it is your first time, can

be scary – the last thing you want to do is poison everyone or appear incompetent. Learning how to cook is not on the curriculum for social care students but it is most definitely a skill required in some, if not all, social care settings. Tasks such as cooking or preparing a meal can provide opportunities to build relationships with staff or with service users, even if the cooking is not up to standard! As social care practitioners we have a responsibility to recognise and identify our own limits, and know when to seek advice from others (see Chapter 2 for more information).

TASK 3

Review a job description for a social care worker in a specific setting you are interested in, and look at the list of responsibilities. List the skills you already have that would enable you to take on some of these responsibilities.

Reflection and action planning can identify learning activities that help to build skills that lead to an increase in responsibilities (see Chapter 58, Domain 4-3). It is important to remember that you have a responsibility to show up and to conduct yourself in a professional manner in adherence to the social care code of conduct (see https://www.coru.ie/files-codes-of-conduct/scwrb-code-of-professional-conduct-and-ethics-for-social-care-workers.pdf).

It is your responsibility to have a realistic experience from each of your placements. Discuss with your college tutor or placement supervisor if you feel you are not gaining enough practice or support to meet your proficiencies and develop your practice.

Managing Your Workload

As previously noted, as your level of responsibility grows, your workload also grows.

Students are often worried about what they need to achieve to pass their course and placement, such as:

- How will I make up my hours?
- How does theory translate into practice?
- Will I pass my exams, placement?
- What will I do for my intervention?
- What will I be doing? Will I be hanging round doing nothing?
- How am I going to manage my job and placement?
- Will I have to do personal care?

Tip: Don't panic! You have experience of managing your own workload

Students already have experience of managing their own workload, for example attending lectures, submitting assignments on time, managing college, work and their personal/social life. Practice placements differ according to the type of service provision and the environments in which social care work is conducted. Most students starting placements will have a settling-in period, and this is good practice, but this may not happen across all settings. A third-year student will have more experience than a first-year student, so supervisors and tutors will have higher expectations of them. Learning goals and pre-placement visits will provide valuable knowledge as to what students can expect from their specific placements and gain some understanding about their workload. Do your research on the specific setting.

As you progress through college and each of your placements your workload will increase, but there are a number of tools you can use to help you manage your workload effectively and efficiently. The To-Do list is popular, and can be created very easily either the old-fashioned way, with pen and paper, or using technology, such as an app on your mobile phone or computer. It is important not to have too many items on your To-Do list, so make a list for each day or shift. The important thing to remember is to use a system that works for you.

Tip: Look up www.mindtools.com/pages/article/newHTE_05.htm for tips in preparing and using To-Do lists.

TASK 4
–
Make a To-Do list of all the tasks you need to complete.

[Today? This week?]

Once you have created your To-Do list, you need to review all the tasks on it and decide how you are going to prioritise them. The Eisenhower Matrix (see https://www.mindtools.com/pages/article/newHTE_91.htm) is a useful framework that can help you prioritise tasks according to their importance and urgency. The matrix has four quadrants.

- Tasks in the first quadrant are both **urgent and important** and therefore have the highest priority. Tasks or decisions in this quadrant require immediate action and you must do them first.

- If a task is **important but not urgent**, it goes in the second quadrant – these are the tasks you can plan for. This is the quadrant we should try to manage most of our work in. (Planning is a core competency required for social care and when interviewing for jobs it is one of the competencies interviewees are asked to give examples of.)

- Tasks that are **not important but urgent** are those in the third quadrant, and these are the tasks you can delegate. Practice educators often delegate tasks to students on placement to free up their time so that they can focus on other tasks.

- Finally, in the fourth quadrant are the tasks, considered **not important and not urgent**. These tasks have the lowest priority and you might eliminate them from the To-Do list for that day or altogether. If they need to remain on the list, move them to the next day's To-Do list.

In his book *The 7 Habits of Highly Effective People*, Stephen Covey expands on Eisenhower's idea of what action needs to be taken when making decisions.

The Eisenhower Matrix

	URGENT	**NOT URGENT**
IMPORTANT	**1. Both urgent and important** **Deadlines and crises** **(assignments, emergencies)** **Do**	**2. Important but not urgent** **Long-term development** **(planned study, planning your time)** **Plan**
NOT IMPORTANT	**3. Urgent but not important** **Distractions with deadlines** **(some meetings, some emails/calls)** **Delegate**	**4. Not important and not urgent** **Frivolous distractions** **(frequently checking social media)** **Eliminate**

Source: adapted from Covey 1989

TASK 5 — Using the matrix, place each task on your To-Do list into quadrants based on its level of importance and urgency.

This exercise can assist you in identifying how best to manage your workload by planning how to use your valuable time.

'If you fail to plan you are planning to fail'
Benjamin Franklin

If you are spending most of your time in quadrant 1 on tasks that are important and urgent, you are failing to plan effectively. If you are spending too much time on tasks in quadrant 4, like checking your emails or messages every five minutes, you are probably wasting a lot of your time. Of course, checking and answering emails is part of our job, but it is less urgent and important than tasks such as ensuring someone is safe or has assistance with personal care. Tasks in quadrant 4 may never get done, or their level of importance may change – in which case, move them to a different quadrant. Set aside specific times for emails and phone calls where possible, and get rid of the tasks that will waste time, like surfing the net for hours on end. The most important thing to do is to review your To-Do list, check off tasks completed and add new ones.

Managing Time

Time management skills are one of our core competencies.

Statements often heard in a day service for people with intellectual disabilities.	There aren't enough hours in the day
	I have no admin time
	Where's the time gone?
	Time flies
	I haven't got the time to do it
	I ran out of time
	Where am I supposed to find the time to do that?
	I wish I had more time

A conversation with a friend and her son led to some reflection and thinking about how we use our time. His mother had made a remark about time going slowly, which led to a discussion about how time actually moves. He said he didn't understand why people said this kind of thing and made the point that 'time does not go slow or fast, it moves at the same rate each time'. This led to a debate about how people might *perceive* time as going quickly or slowly. The following arguments were made:

1.   When we do something we enjoy, like going on holidays, or out with friends, time flies.

2.   When we do something we don't enjoy, like housework, ironing, sitting in a hospital, time drags.

To test this theory we suggested that he went to put the kettle on, stand beside it and watch it boil, then come back and tell us if the time had dragged. He pointed out that this would be wasting time. He said, 'I could be doing some press-ups while I wait for the kettle to boil and save time.' His point was that it would take the kettle the same length of time to boil, whether or not he was watching it. So he would use this time in a more productive way – he was using his initiative to manage his time more effectively. Social care often requires us to be creative in how we use our time. Emptying the dishwasher while waiting for the kettle to boil is just one example; going for a walk or coffee with a service user and having a 'conscious conversation' is another. Gordana Biernat (2016) suggests six ground rules for conscious conversations (see https://www.powertalk.se/conscious-conversation/ for more information).

Good time management enables us to be more productive, and we often try to do more than one thing at a time, but does multitasking actually save time? In the above scenario you might think that my friend's son was multi-tasking, but let's take this a step further and consider the idea of him 'multiplying' his time.

In his 2015 TED Talk, Rory Vaden, a self-discipline strategist and bestselling author, explores the idea of multiplying time (see https://youtu.be/y2X7c9TUQJ8). He suggests that people need to forget about trying to manage time and instead think about self-management. In introducing his concept of multiplying time, he makes the point that the 'key to multiplying your time is to procrastinate on purpose'. When I was serving my apprenticeship in my previous profession, my mentor (who also happened to be my dad) always told me, 'Don't put off until tomorrow what you can do today.' The concept of intentionally putting things off, and thus multiplying time, is intriguing. Time moves at the same pace – an hour is an hour no matter what – so how can we multiply it? It requires a different way of thinking, and involves looking at the significance of tasks. In order to multiply time, you must give yourself the 'emotional permission to spend time on things today that will give you more time tomorrow' (Vaden 2015). Vaden offers a framework called the Focus Funnel (see Figure 1), which is quick and easy to use, and I believe can serve us well in social care. He suggests that as tasks pass through the funnel the first question to ask is 'Can the task be eliminated?'. One way of eliminating tasks is to say no to them in the first place. As social care practitioners we can struggle to say no, but we have to be realistic about what we can and cannot do, and know that it is sometimes okay to say no. Managing our workload effectively and efficiently often involves saying no to additional tasks or responsibilities. As practitioners we need to be flexible, and saying no might not be a viable option, but when we say yes to one thing we are indirectly saying no to something else.

When a task cannot be eliminated the next question is, 'Can it be automated?'. Automating takes time but this is where spending time today can save time in the future, thus, multiplying your time. Vaden refers to this as 'ROTI, Return on Time Invested'. Setting up databases, templates for risk assessments or for support plans, or draft email responses are examples of how this is done in practice. If a task cannot be automated, can it be delegated? We often spend a lot of time on tasks that we could have delegated to others; the reason we don't delegate might be because we think that the other person cannot do the task or that we will do it better or more quickly. In his book *Successful Time Management*, Patrick Forsyth discusses the importance of investing time in order to save time. Spending time teaching others to do a task will save you time in the future, so think of it as a ROTI; or, in order to save time you must 'Speculate to Accumulate' (Forsyth 2019). Examples of this in social care might include teaching service users to do tasks independently, or teaching students how to run a specific activity or create support plans.

After each task has gone through the funnel and you have decided that it cannot be eliminated, automated or delegated, it drops out of the funnel. The only question left to answer is whether you should do it now or whether it can wait until later. If you must do the task now, you give yourself permission to 'concentrate and focus' on the task, free from other distractions. If you decide the task can be done later – what Vaden calls procrastinating on purpose – you 'hold' the task at the top of the funnel. At a later stage the task goes back through the funnel and this time it might be eliminated, automated, delegated or concentrated on. However, if the same task continues to be put off until later and constantly remains in a 'holding' position, then you should really have eliminated it, so be brave and take it off your To-Do list (Vaden 2015).

Figure 1: The Focus Funnel

Tasks

Eliminate

Automate

Delegate

Concentrate   **Me**   Procrastinate
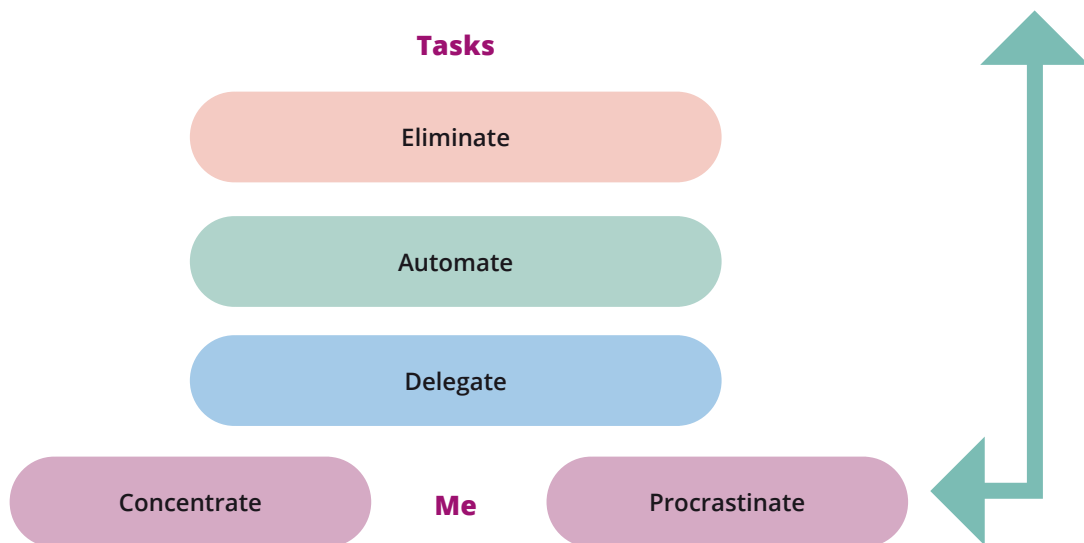
Source: adapted from Vaden 2015.

Case Study 2

Ted (not his real name), a gentleman with an intellectual disability, asked that a staff member bring him to his brother's and parents' grave, which was close to his day service. Ted had been supported for a number of years by staff to go to the family grave on anniversaries. Ted travels to and from his day service independently and accesses his community independently and yet he required staff support to visit his parents' grave. Ted's key worker asked him why he needed a member of staff to go to the grave. Ted explained that he didn't know how to get to the grave – 'Staff always come with me.' Ted also said he felt 'angry' with staff when they couldn't bring him when he wanted to go. Ted also expressed his wish to be able to visit the grave more often to 'keep it well'. This task has changed focus now and should be viewed as a goal for Ted to work on so he can go to the grave whenever he wants. Applying the Focus Funnel, this task is important; therefore it cannot be eliminated, it cannot be automated and at this early stage cannot be delegated. The result is that the key worker needed to concentrate and focus on this task and work with Ted towards a solution.

Ted and his key worker arranged to meet his other brother in the graveyard. Ted's brother led the way, and the key worker took step-by-step photographs of the directions to the grave. She designed a visual support plan using the photographs and then she accompanied Ted to the graveyard to check that they could use it to find the grave, which they did. Spending time on automating the directions made them simple to follow. To check this out, a volunteer who had never accompanied Ted to the grave before went with him. Using the visual directions, they were successful in finding the grave. The next step was to eliminate the need for staff to go with Ted to the grave, which involved training Ted. This could not be automated, so delegating the task was explored with Ted, and then his key worker delegated the task of training Ted to a social care student on placement. Ted and the student went off with their visual support plan the first day, and were successful in finding the grave. Over her practice placement the student provided intense support training for Ted. Each time they went she reduced the number of prompts she gave him until she was not giving him any at all. To check that Ted was able to find the grave without any prompts she asked another student to accompany him and report back how it went and then focused on the steps that he was having difficulty with. Ted now goes to the grave independently, and sometimes his girlfriend accompanies him and they go for coffee afterwards. This has eliminated the need for staff support and has reduced Ted's anxiety and his anger towards staff.

The staff, particularly Ted's key worker, have multiplied time. They don't have to spend time doing an activity they don't need to or have to manage preventable behaviour incidents.

You might ask, 'Why wasn't Ted trained to do this task before?' The importance/urgency matrix would say it was important but may have placed it at a lower level of urgency. Staff failed to plan ahead and the task only became urgent when Ted became angry. The Focus Funnel changes our thinking in terms of how *significant* a task is and this particular task had been put off for far too long. The task had not been eliminated from Ted's To-Do list (so it was still on his key worker's list of things to do); it was important to him. The problem was that staff were procrastinating because of the time required. A little bit of creativity, a partnership approach, and time spent concentrating on making a plan led to better outcomes, thereby multiplying time. Vaden (2015) speaks about how emotions such as guilt, worry, fear and anxiety influence or dictate how we spend most of our time.

This led to reflections about how social care workers spend their time. The very nature of the work can be emotional; for example, in the service I work in, we have experienced an unprecedented number of bereavements in a short space of time. Emotions impact on how we spend our time, especially during times of grief or stress, in both our personal and our professional lives. Priorities change in such circumstances and our number one priority is supporting our service users and colleagues. Do we go look at our To-Do List for that day and see if we can place this important aspect of our work onto it and assign it a priority level or number? The answer is no. We know in this instance, or in a crisis, what we need to do; and the reason why we know is because we feel it. We all know our service users are our top priority and supporting them becomes more important than our paperwork, phone calls, emails or housework.

The first time the unit I work in experienced a bereavement, it was unexpected. As a team, we were not only upset but unsure what we should do. We had many questions:

- How do we tell the men and women in our service their friend has passed away?
- How do we support them with their grief?
- Should we cancel our activities for the day?
- Who should we contact? Who do we need to inform?
- Can we go to the funeral? How can we get everyone there?
- Is anyone coming to support us?

We spent a lot of time trying to figure out what to do that morning and how best to do it. We couldn't have planned for this particular event, but what we did do, as a team, was reflect on the experience and the likelihood of it happening again, and we created a 'bereavement protocol'. Having this protocol in place means that we know what to do and how to do it, and we don't waste time. We have multiplied our time.

Spending time with service users and building relationships is an important aspect of our job, and where students often think social care workers spend most of their time. Unfortunately, the reality is different, and a lot of time is taken up with admin tasks such as writing reports, answering or sending emails, making or receiving phone calls, creating risk assessments, doing the staff rosters, budgeting, attending meetings, doing housework and so on – the list is endless. In fact, a large portion of our time is spent working indirectly for or on behalf of service users.

TASK 6

Create a time diary and evaluate how you are spending your time.

Tip: See https://www.businesstrainingcollege.com/business/what-is-a-time-diary.htm

Self-Care

The poem above gives some idea of what social care practice is like in a specific setting (intellectual disability). It highlights the various jobs that a social care worker does, from cleaning and making tea to spending time with people figuring out what supports they need or how they would like to live their life. The poem also demonstrates the flexibility required of the practitioner, and highlights some of the emotional aspects involved in the work we do. While each social care setting is different, the truth is that all practitioners have numerous responsibilities, an ever-increasing workload and many demands on their time. Creating To-Do lists, prioritising tasks, and effectively managing ourselves and our time are all strategies we can use to develop our practice, manage our workload and be more efficient. Regardless of the setting, social care work is demanding and emotional and it requires practitioners to be not only flexible but also able to cope with all the various demands on them.

Pressures from personal lives and work lives can become overwhelming and, unless dealt with appropriately, lead to stress.

Professor Tom Cox notes that stress can occur when 'an individual perceives an imbalance between the demands placed on them on the one hand and their ability to cope on the other' (HSA n.d.: 6). Social care practitioners do not have a physical box filled with tools to perform their work; they are the tool box. So we need to look after ourselves and develop self-care strategies. Self-care should be considered a core competency of the social care practitioner, and as a student it's important that you start developing and practising this skill. You may already have some self-care strategies, for example going for walks, playing sport, taking time for yourself, doing activities that promote self-care such as yoga or mindfulness. If you do not have a self-care strategy it is advisable to develop one. Believe me when I say you are going to need it, and it will be one of the strongest tools in your toolbox. Self-care strategies do not have to be expensive or elaborate; in fact, some are cheap and easy.

The trick is to have a number of self-care activities that will help you create balance in your life and prevent or, in some cases, manage stress.

Remember, if you do not look after yourself, you will be in no position to look after anyone else. Give yourself permission to make yourself a priority, put it on your To-Do list and allocate the time you need to focus on your self-care activities.

TASK 7

Identify a number of self-care strategies for social care students/workers.

Create a personal self-care plan and start using it.

Tip: see Tygielski (2019) at: https://www.mindful.org/why-you-need-a-self-care-plan/

💡 Tips for Practice Educators

An essential requirement for achieving this proficiency is the student's understanding of, and their ability to, manage their own workload. It is important for the student to recognise they will have different levels of responsibility based on their level of academic achievement and practical experience. It is also important to recognise that as an educator you have a responsibility to guide the student and ensure they are capable of managing the work and tasks that you assign during the placement. When your student makes contact to arrange a pre-placement visit, set aside the time to meet with them, give them a tour and an overview of the unit, introduce them to service users, and give them an idea of some of the tasks they will be expected to perform during placement. This is a good opportunity for you and the student to explore whether your particular setting is a right match for the student.

Instruct your student to look up the organisation's website so they can develop an understanding of the service, its history, its service provision and the responsibilities of the social care worker. In my experience, the biggest concern that students have when they come into a placement is how to communicate with service users and what to do for their intervention. If you work in a setting that supports people with an intellectual disability, instruct the student to take the online course Communicating with People with Intellectual Disabilities", which is available at the HSE's online learning hub HSELanD (www.hseland.ie). If your setting is also a day service for people with intellectual disabilities, ask the student to complete the New Directions module. There are lots of free courses available from HSELanD website and some will be relevant to your particular setting.

Practice educators are often concerned about where they will find the time in an already busy schedule to supervise students. Consider the addition of a student or students to the team as an asset. Although you have agreed to supervise and support a student, service users are the ones accommodating them, so they should get something in return. As a practice educator, be creative, set specific tasks for the student that match their proficiencies and enhance the quality of service delivery. Consult with staff and service users for suggestions of work they would like the student to undertake. Examples might include: supporting and training service users to access their community; teaching and supporting service users to self-advocate; working with service users and key workers on aspects of person-centred plans and individual goals. Appreciate the difficulty for students to demonstrate initiative when they are starting a new placement. Planning on your part is essential. Design a specific timetable for students that will give structure to their day. Create a list of tasks students can work on during placement as this will reduce anxiety for the student, give focus for both of you, and the rest of the team will know what the student is working on.

Create an induction folder for your setting that includes relevant information, such as communication structures, policies and procedures and general information about how service is delivered. Maybe your student could create or contribute to one.

It is important that practice educators do not make assumptions that students can do specific tasks. Use supervision sessions to explore the strengths of the student, set realistic tasks and ensure they are managing their workload. Enlist the support of your colleagues, and have students shadow them in their duties.

Multiply your own time by setting aside time to teach students to do the practical aspects of the work, such as developing support plans, writing reports and facilitating activities. Think of this as return on time invested.

Many students on placement have other commitments such as part-time jobs, families and college work. It is important that they recognise that, as their workload increases, they are at risk of experiencing stress. Encourage them to use a reflective diary and engage in self-care activities.

As an educator it is vital that you recognise how you manage your own workload. As you will be leading by example, it is important that you demonstrate good practice in this proficiency. It is also important to ensure that your toolbox – you! – is in good working order. Self-care is important for you too, and if you are not already engaging in self-care activities, you should think of starting. Think of it as a preventive intervention for yourself.

Let me finish this chapter by sharing with you one of the most valuable online courses I have come across in recent years. It is called Mindfulness-Based Stress Reduction (MBSR), it is easy to engage with, completely free and can be found at Palouse Mindfulness: https://palousemindfulness.com/.

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Useful Resources

HSELanD: the HSE's online learning and development portal – www.hseland.ie

Palouse Mindfulness: Mindfulness-Based Stress Reduction (MBSR) – https://palousemindfulness.com/

Chapter 19 – Mark Smith

Understand the principles of professional decision-making and be able to make informed decisions within the context of competing demands including those relating to ethical conflicts and available resources.

KEY TERMS

Principles

Context

Leading decision-making

Social care staff team

Risk-averse culture

Social care is … about keeping the service user at the centre of all decisions made, and achieving a balance between care, the environment, the context in which the decision is being made, and the resources available.

TASK 1

Reflect on a decision you found difficult to make, reflect on factors that shaped the decision. Were you satisfied with the outcome? If you had to make the same decision today, what would you do differently and why?

Principles of Decision-making

Working for 30 years as a social care worker I have experienced the challenges and complexities of professional decision-making. As social care workers, we are in a constant process of decision-making during our day-to-day practice. This chapter is written from my experience of making decisions in children's residential care and special care services. Based on my experience, there are three key principles to consider when we make decisions: **the decision-maker; the decision implementors; and the decision-making environment**, with the service user or young person at the centre. The decision-maker and the decision-making environment are the key principles that influence the decision and the staff team are the implementors who turn the decision into the plan. However, those of us working in social care must also acknowledge the client, the young person we are working with, as the centre of the decision-making process. Social care work is about achieving the balance between the individual making the decision, the young person's care that as a social care worker you are managing, the environment and context in which the decision is being made and, finally, the resources available.
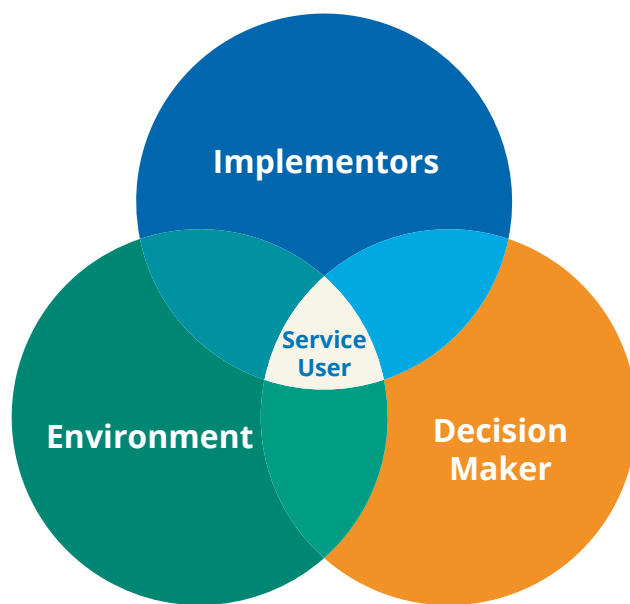
'The Nobel Prize-winning decision researcher Herbert Simon argued that in order to understand human decision-making, it is necessary to examine both the individual decision maker and their decision environment. He used the metaphor of a pair of scissors, in which the individual and the decision environment are like the two blades of scissors' (Taylor & Whittaker 2018: 1).

The final key principle in decision-making is ensuring that the client group or person we are working with is involved to the greatest possible extent in the decisions made about their lives, at the level that is most appropriate for them. Social care workers are uniquely placed to be able to support the client in making decisions about their lives. It is my opinion that social care staff are the strongest advocates for the people we work with. This advocacy role in the decision-making process comes from working directly with the client group. This is especially true of those of us who work in residential care. It is therefore important that we support the client/young person in meetings and discussions about them.

This role of advocacy and supporting the decisions about the individual client primarily occurs within the multi-disciplinary team. It can also occur in staff meetings and managers' meetings, but the key decisions are made within the multi-disciplinary framework. The process used by the multi-disciplinary team is seen as the most comprehensive decision-making process and the best way of making decisions about how a young person's care plan should proceed. However, a number of social care workers have shared negative experiences of decision-making at multi-disciplinary meetings. Brown (2016), in her research on relationship-based practice, highlighted that workers frequently felt that their role and contribution were not sufficiently recognised and acknowledged. In the inter-agency working relationships between the residential childcare worker, the social worker and the Gardaí, residential workers frequently perceived their relationship with the young person was ignored and undervalued. The notion of 'the closer to the child, the further from the decision' emerged from the data. Interviews with residential workers highlighted that although they shared decisions with professionals, they felt their contributions had less influence than those of other professionals, whom they described as 'relative strangers to the child', thereby undermining their professional contribution (Brown 2016). Social care workers therefore need to articulate these concerns prior to multi-disciplinary meetings and in supervision sessions. If possible, the young person should be involved in this multigroup. In our role as social care workers, we support the client's decision-making in a number of ways. Primarily we support the young person through key working and the development of the client's placement plan and development goals. These meetings can therefore be the most important meetings in a young person's care life.

Context of Decision-making

In social care, particularly in residential care, there are different types of decisions. The first type (***in the moment***) is the decision made when emotions are running high and there is a huge amount of tension. These decisions are often made in the context of an extreme situation. People who have worked in residential care will understand and have experienced these situations and how these decisions are made.

The other type of decision (***after the moment***) is made by the staff who are not involved and have not experienced the extreme emotion and should therefore be able to make the decision in a reflective environment. The important principle in this context of decision-making is having confidence in your own professional knowledge and practice experience and that of your colleagues. This means that most of the after-the-moment decisions made about the programme of care for young people are made within the following frameworks: child in care reviews; multidisciplinary meetings; staff team meetings; and management meetings. However, making the decisions is often the easy part of the task. Ensuring that the decision is implemented by the team is the real skill, particularly within the context of competing demands, including those relating to ethical conflicts and available resources.

TASK 2

Read page 28 of the *Code of Professional Conduct and Ethics for Social Care Workers* (SCWRB 2019) for the suggested procedure for decision-making.

Leading Decision-making

As Smith (2009) identified, in residential care decision-making is a complex task that has to be managed and balanced. Harrison (2006) agreed with this point, but he also identified that decision-making would be improved if management focused on the critical issues. Strategic planning is beneficial in identifying what critical issues will have to be responded to. Strategic planning can also map out the direction where the organisation wants or needs to go (Barksdale & Lund 2006). Organisational priorities and potential critical issues that need to be addressed can be dealt with, and the benefit of this process is improved service performance. Barksdale and Lund (2006) outlined ten steps needed for strategic planning, which are adapted here to apply to social care practice.

Steps	Details
1	Laying the foundations of the care plan or the decision in consultation with the service user, decision-maker and implementors.
2	Understanding the context and environment influencing the decision or plan.
3	Collecting relevant information.
4	Analysing the information and how it will impact the person, plan or decision.
5	Stating the mission, vision and values of the service.
6	Prioritising needs and identifying risks.
7	Designing the plan and outlining the desired goals (three months, six months, one year, etc.).
8	Balancing needs, goals and resources.
9	Documenting and communicating the plan.
10	Maintaining the plan.

Our management group are working on introducing a 'servant leadership' type of management model (Spears 2002). This model is a long-term investment in the staff team which focuses on how to support the staff group and works on developing a strong culture within the organisation. Servant leadership looks at developing members of the team in a supportive capacity that will get the best out of the staff team who are working in the service.

In recent years, a number of institutions have jettisoned their hierarchical decision-making and replaced it with a servant leader approach. Servant leadership advocates a group-oriented approach to analysis and decision-making as a means of strengthening institutions and improving society. It also emphasises that the power of persuasion and of seeking consensus is superior to the old top down form of leadership. (Spears 2002: 9)

Investing in the team is important as the strength of the team is critical in carrying out decisions made by managers. As Harrison (2006) described, management is all about getting things done through other people. An important principle in decision-making is knowing whether the staff are able to carry out the decision. There may be a number of reasons why they are not able to carry out the decision, and some of these reasons may be obvious. For example, asking a new member of the staff team to deal with a young person who has a history of challenging and threatening behaviour to implement a task could result in a reaction from the young person. This is not a good use of resources and is not planning for success. In order to be ethical in our decision-making we have to be mindful that we are frequently going to be confronted with dilemmas of rights versus responsibility, of confidentially, choice and autonomy. There can be conflicts in the staff team when faced with ethical decisions and this can be challenging for the social care team and management. Some other subtler reasons might be resource issues and not enough staff being on duty to carry out the task successfully.

What has to be guarded against are two issues. The most important of these is that the staff deliberately do not carry out the decision because they 'feel that they know best', and/or that 'the decision is wrong'. It is therefore important to have a culture within the organisation that can guard against non-compliance and that the staff team and manager have a shared vision. We need to be cognisant of adhering to CORU's *Code of Conduct*, which states that a social care worker must 'be able to justify any decision you make within your scope of your practice, you are always accountable for what you do, what you fail to do and for your behaviour' (SCWRB 2019: 14). Also, non-compliance can occur if the staff team do not have the required skill set to carry out the task. Smith, in his book *Rethinking Residential Care* (2009), states that when he first worked in residential care, high-end incidents were rare, but when he left many years later, they had become a daily occurrence. He put this down to the fact that residential care has become more specialised, and as such, the young people with the most challenging behaviour are being placed together without the balance of other young people who have internalised the culture and are able to teach the existing culture to new admissions to the service.

Budgets also affect how and what decisions social care staff and managers make. What effect, if any, will the decision have on the service's budgets and the resources of the organisation? Social care, like all other services, must live within its budgetary limits. There will always be tension between frontline workers who are client-facing and who will argue about the need for more comprehensive services, and those social care staff who are the budget holders. This tension has been in existence since the development of services and it has an impact both on the delivery of services and, inevitably, on our decision-making process.

Social Care Staff Team

T E A M
Together **Each** **Achieves** **More**

When I first started in social care back in the 1980s, staff turnover was low, and residential care was seen as a positive career choice. People spent many years in the same setting, which allowed new members the opportunity to learn from an established team, and to grow and develop their own skills in building relationships and managing young people. In my experience an established staff team also had the time to mentor and support new staff. Smith (2009) notes that 'in the past, experienced staff picked up how to work with groups through an apprenticeship model where they learned the tricks of the trade from older hands' (2009: 88). In my own experience I was the new staff for almost a year. This is compared to residential services where there is considerable turnover and the expectation is for staff to stay only between three and five years in the residential care setting. This has resulted in a loss of 'corporate knowledge' and constantly having to train new staff, which leads to a poor retention cycle.

In the absence of cohesive experienced social care teams, it is important that the care staff team have a good culture and feel supported by the management structure. Staff need to feel that they can grow in their role as social care workers and be able to develop their decision-making capabilities. Organisations should strive to become learning organisations as this gives the staff the best chance of developing. However, this learning culture has to be created and to be created the senior management team have to invest in the social care team, and this is a 24/7 process: 'becoming a learning culture has to rest on the values and style that is driven and championed by the senior team and becomes part of the operating fabric of the way the service runs' (Stanley & Lincoln 2015: 200).

Creating stability and a stable staff team in which the social care worker is able to make decisions is one of the first goals of managing a team. In research conducted by Roncalli and Byrne (2016) into psychologists working in the mental health services in Ireland they found that supervisors had a seminal role in developing the staff who worked with them. The senior staff needed to show appreciation to the new staff, offer constructive feedback and be able to reward innovative practices conducted by these newer staff. Once you, as leader/manager, can rely on your staff to make the right decision at the right time you can tackle the other important principles of decision-making.

TASK 3 Think of an example of constructive feedback you received from a manager or supervisor. What was the feedback and what impact did it have on you?

Risk-Averse Culture

Professional decision-making in a risk-averse culture has sadly become part of my experience of working in special care. Services that are involved with young people at risk can often move towards making defensive decisions and practices. This is due to the risks that the young person may have demonstrated or was exposed to prior to their admission to special care. It can also be described as a societal shift in the avoidance of harm and not wanting to re-expose a young person to risk they were involved in prior to admission to special care. Within this risk-averse climate, preventing the young person coming to harm drives decisions. As Brown (2018: 658) describes, society views harm as an outcome of irresponsible behaviour and the social care worker and the multidisciplinary team often feel that, if some harm befalls the young person, their decisions will be viewed through this black and white lens. Research by Kirkman and Melrose (2014) has highlighted the damage done to young people by these defensive cultures. As social care staff, we have to ensure that we are working with the young person to ensure that the best decision is made with them, and this is not just about avoiding risks.

'Creating healthy cultures of care involves an appreciation of staff and resident groups and of the staples of group care practice. The rhythms, rituals and routines of the centre, which are fundamental to facilitating the sense of security and purpose required by children and indeed staff. An understanding of the complexity of the residential environment is crucial' (Smith 2009: 102).

Other important factors that have to be considered in the decision-making framework is to ensure that the decision is compatible with the agreed policy, whether that is a local agency policy or national guidelines. Failure to comply with standards will have a negative impact on the service and could ultimately affect the registration of the service. We make decisions as professionals, and we need to be able to stand over the decisions that we have made and believe we have made them for the right reasons. Improved decision-making within an organisation leads to increased benefits for both young people and staff and helps to foster a stable culture.

In conclusion, making decisions on a professional level is a very complex task. However, we engage in this task throughout our working day. These areas are key to supporting good decision-making. However, these principles on decision-making are only as good as the team that is implementing the decisions. Residential care's history in Ireland has not been seen as one in which a healthy reflective culture existed. Residential care still carries a stigma both for the young people who are resident and for the social care workers who practise in the services. This is possibly due to constant ethical dilemmas that staff have to consider when dealing with vulnerable people on a 24/7 basis. Therefore, it is extremely important that social care staff who work in these areas are aware of their decisions and the impact these decisions will have on their client group. As discussed above, good decision-making is supported by good leadership. This leadership has to have a clear vision that both supports the client's rights and also focuses on the development of the staff member. In any ethical issue, social care workers must work through the ethical considerations to inform their decision-making. In summary, it is through reflection, ethical considerations, supervision and inclusion of the voice of service user that we work towards excellence in social care practice.

☀ Tips for Practice Educators

When making decisions I have found it very useful to discuss the potential decisions with a trusted colleague. In these discussions it was helpful to consider all possible actions, even the possibilities that might sound ridiculous, and then talk through the possible outcomes of each decision. It has been my experience that what starts off as ridiculous suggestion often turns out to be close to the desired outcome with a successful conclusion for all parties.

1. Provide three examples of recent decisions made by you and your colleagues and explain the process, what was considered, what was rejected and why and how this decision was finalised.

2. If possible, allow your student to attend team meetings and give them the task of focusing on the decision-making process in the team, who made the suggestion, who spoke, etc. This can be the starting point for your next supervision session.

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Chapter 20 – Karen Mahon

Domain 1 Standard of Proficiency 20

Be aware of and be able to take responsibility for managing one's own health and wellbeing.

KEY TERMS

Physical wellbeing

Mental wellbeing

Social wellbeing

Responsibility and management

Social care is ... about empowering and supporting people to achieve their full potential. It includes having an understanding and ability to meet people where they are at, to listen, hear and be their voice when they lose theirs.

Consider

What does health and wellbeing mean to you?

What does it mean for you to take responsibility in managing your own health and wellbeing?

How do we succeed in achieving this proficiency?

Introduction to Health and Wellbeing

Social care workers are acutely aware of the importance of health and wellbeing; however their focus is often in relation to those we work with or care for. Leading by example is an effective tool in passing on appropriate lifelong skills.

First, we need to understand what the proficiency is asking of us in order to apply this information to improve our own health and wellbeing. In 1948 the World Health Organisation (WHO) defined health as a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity (WHO 2020). Using this definition we accept that our physical and mental health are intrinsically linked and we need to strive to achieve a balance of the two. The proficiency also draws our attention to the idea of a life well lived, through creating a balance between the private self and the work self (Keyes 1998). To be proficient is to gain advancement in knowledge or skill (Merriam-Webster), and to better understand the aims and objectives of this proficiency, this chapter looks at all three dimensions of health: mental, physical and social wellbeing.

TASK 1

Draw a circle and divide it into three sections: physical, social and mental. In each section identify the proactive measures you take when striving to achieve a healthy balance.

Think about:

· All the physical activities you like to do

· The positive relationships you have

· The rituals you use to create a more positive mood.
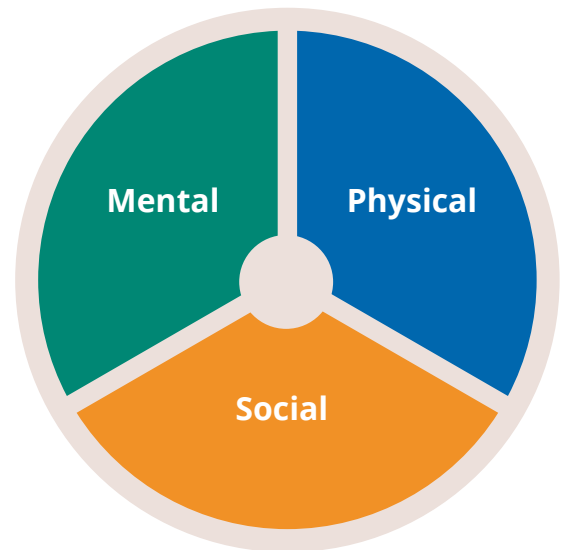
Physical Wellbeing

Maslow (1943) identifies our physiological need for food, water, shelter and sleep as basic requirements – these are our basic survival needs. Maslow believes that once these basic needs are met, we then move on to meeting our next need. This does not take away from the complexity of managing our physical health and the need to maintain it. For example, the food choices we make, the quality and amount of sleep we get have a significant impact on how efficiently our bodies are functioning. Monitoring and being aware of this is essential not only for ourselves but also in supporting the people we may work with. The Centers for Disease Control and Prevention (CDC 2020) identify tobacco use, excessive alcohol, lack of physical activity and poor nutrition as the main risk factors in preventable chronic diseases.

While being active has enormous benefits for physical health, the mental health benefits are equally important. Being active helps release chemicals in the brain which have a positive effect on our mood (Health Promotion 2020) – these are often referred to as 'happiness hormones'.

Case Study 1

CrossFit West Dublin owner Lorna Heyes shares her thoughts on the power of exercise and training:

'Being active has a ripple effect on our whole lives. When you exercise you are doing something you enjoy which makes you happy. Through the hard work you put into your training you build self-worth and confidence, you begin to look and feel better doing things you never thought possible. Being active will build a resilience inside you that you have never felt before, so when life goes wrong, as it always will at some time, you will be strong enough mentally and physically to handle it. Choosing exercise to reduce stress and anxiety has an incredibly positive effect on our overall health and wellbeing. Exercise is the superpower for mental health, that one hour you choose to move can change your whole life. I know I have seen it happen for thousands of people over the last 15 years.'

Mental Health – Emotional Wellbeing

'Mental health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (WHO 2014: para. 1). Mental health is multifaceted and is not static. It is important to differentiate between mental health and mental illness. Everyone has mental health and current statistics show that one in six people have mental health issues (OECD/EU 2018). In order to keep ourselves well and functioning at our best we need to take a holistic approach and find a balance.

The importance of self-care cannot be stressed enough; it is crucial that we look after and care for ourselves on a regular basis and not just in response to a sudden crisis.
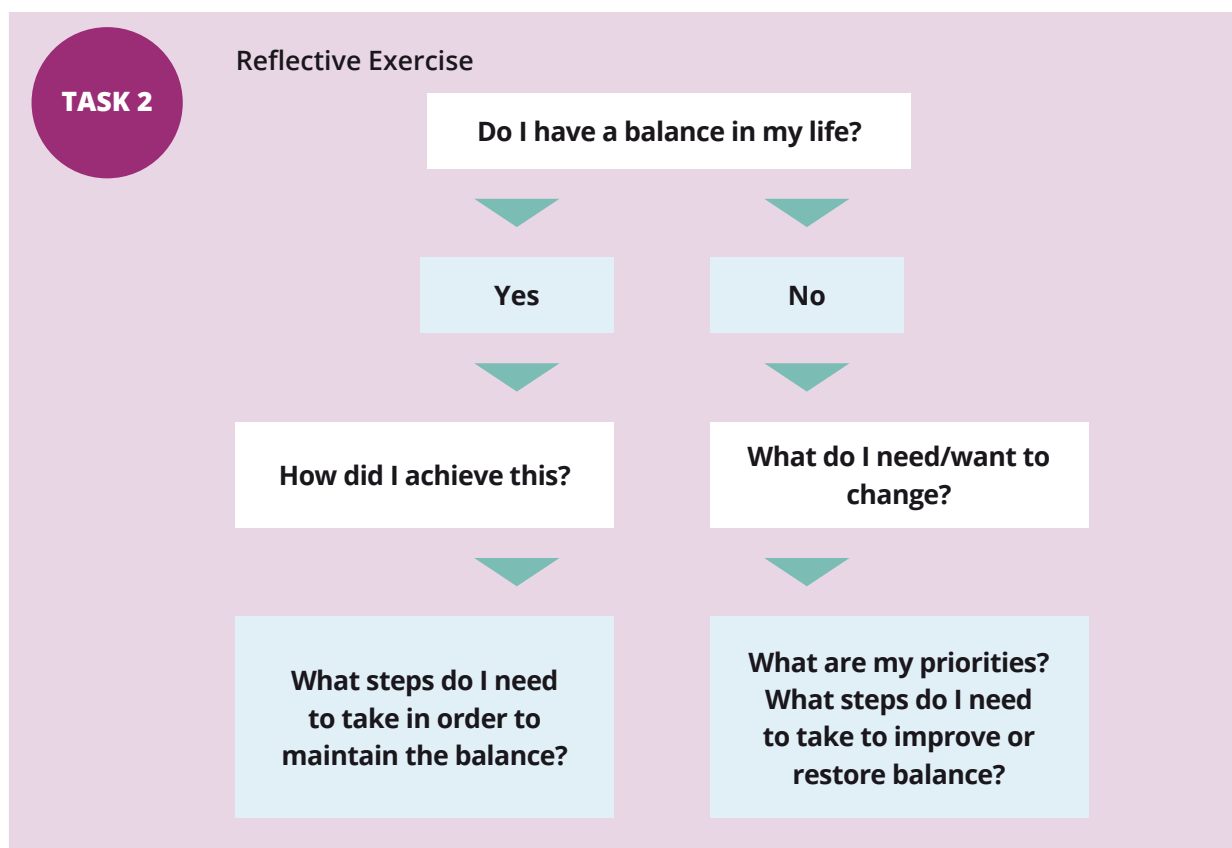
Take a car, for example; we look after our car by ensuring it has sufficient water, oil and fuel, and when it needs some extra care, we bring it to a mechanic. We do not expect it to run effectively without being looked after. If we apply that principle to ourselves and take a look at Cuba – which is well known for the love and care shown to vintage cars – we'll run a lot smoother. The attention they give their cars may have been born from necessity but it's a testament to how beneficial that maintenance is.

Mental Health Ireland (MHI 2020) promotes positive mental health. In its campaign Five Ways to Wellbeing it identified five key principles:

1. Connect
2. Be active
3. Take notice
4. Keep learning
5. Give.

For more detailed information on the campaign please visit the Mental Health Ireland website.

When we talk about balance, we are referring to having a balance between work and life; that feeling of satisfaction we get when we feel balanced. The need to have a purpose in life and to be connected to others is not newly discovered; it heavily influences our sense of self.

TASK 2

Reflective Exercise

Do I have a balance in my life?

Yes	No

| How did I achieve this? | What do I need/want to change? |

| What steps do I need to take in order to maintain the balance? | What are my priorities? What steps do I need to take to improve or restore balance? |

Responsibility and Management

It is each individual's responsibility to take control of and manage their own health and wellbeing. This does not negate the responsibility and onus on employers, lecturers and practice educators to support and encourage the development of social care workers. Social care is a demanding profession and can be driven by the need or desire to help others. It's important to remember that not everyone seeks or is ready to accept help. In order to manage our health and wellbeing needs we also need to understand and adhere to the policies and procedures that have been put in place for the protection of employees and for the service users.

Supervision is integral in social care and in the personal and professional development of self. The role of a social care worker is varied and can be carried out across a range of services and settings, so it is important to be able to understand one's self and how that influences one's practice. Dr Pat Kostouros and Shannon Kearney presented at the 2019 Unity Through Relationships Conference on the need to address compassion fatigue and compassion satisfaction in supervision. The Professional Quality of Life Scale (ProQOL) Compassion Satisfaction and Compassion Fatigue Questionnaire is a useful tool and may be beneficial in providing further insight. Version 5 (2009) is the most recent and is available on the ProQOL website at https://proqol.org/uploads/ProQOL_5_English_Self-Score.pdf.

The more we understand about ourselves the better equipped we are to manage our health and wellbeing. The nature of social care often draws those with lived experience into the field.

Studies are being undertaken to better understand the impact and prevalence of compassion fatigue in various settings. According to the Compassion Fatigue Awareness Project, up to 50% of healthcare workers can experience symptoms. They have similar characteristics, but It is important to be aware of the difference between compassion fatigue and burnout.

TASK 3

In pairs or small groups discuss the following:

- Signs of compassion fatigue and burnout – how do they differ?
- Is it possible to avoid and prevent compassion fatigue?
- How do you address compassion fatigue?
- What are the dangers of not actively addressing the signs and symptoms of compassion fatigue?

How do Social Care Workers Find a Healthy Balance?

It is important to remember that what works for one person does not necessarily work for another. What do I do to ensure I stay grounded and take time to support and encourage self-care? I am a planner, list maker and firm believer in having a soothe kit. A soothe kit is very personal, but there are endless ideas online for putting together your own kit. It is a wellness tool that can be added to on an ongoing basis. It may also be referred to as a wellness kit or tool box.

What belongs in a soothe kit? Here are some ideas:

Items that evoke special memories such as a shell from a trip, concert tickets or a card from someone special.

Reminders to take a break and what to do when taking that break, for example some bubble bath, a teabag, scented candle or a book.

Think about your five senses and choose items that elicit a positive feeling or thought for you, e.g., your favourite perfume, a soft toy, fizzy sweets, photos of family and friends.

I am aware that your own health and wellbeing should be a priority as you cannot provide an adequate service to the best of your abilities for a service user if you are unwell yourself. In order to stay well, I make sure to take care of my physical health by trying to get plenty of sleep, eat healthy food and by exercising. However, it is crucial to remember about your mental health which is equally if not more important than physical health. I do this by trying to stay organised, avoid stress by managing my own workload and trying to achieve the work/college-life balance.' (Katarzyna, social care student)

'Reflections: I look out to look in. To ensure I'm happy with my practice to ensure I'm happy in my head. Sometimes it leads to corrections.' (Elisa, social care worker in ID services)

'I like to take some time for myself where I don't think about anything other than the task at hand. When I swim I just think about counting the lengths, when I'm sewing I'm just focusing on making something. It's like a form of meditation for me.' (Katrina, social care worker in day services)

'With the demands and challenges of working with young people presenting with significant mental health difficulties I'm very aware of the need to mind my self-care, mental health and wellbeing. Maintaining wellness is my own personal responsibility. Eating well, getting exercise, prioritising good sleep hygiene are just some of the things I try to do. Managing my workload, seeking support and guidance from my work colleagues regarding my clinical work is also important. Knowing my triggers and having a plan to manage same as well as engaging in my wellness tools can all help reduce stress and maintain positivity and productivity.' (Suzanne, social care leader in CAMHS)
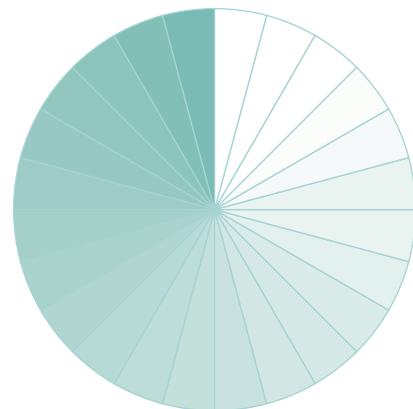
TASK 4

Thinking of all you have read in this chapter, take a look at your typical day using a simple circle divided into 24 hours.

What does a typical day consist of for you?
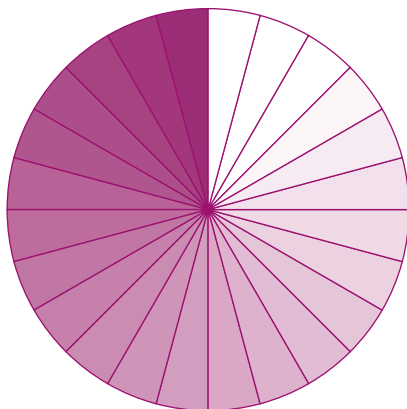
What would a more balanced day look like? (Make sure to include the recommended 7 hours of sleep per day)

Take Note

- **Everything in moderation:** we're striving to achieve that balance.
- **Manage stress levels:** stress is a very real part of daily life and it has both physical and mental manifestations. The more resilient we are, the better able we are to manage inevitable stress. The 'science of bounceability' focuses on the ability to adapt to the challenges of work and life (Martin: website).
- **Get organised and plan your day:** having a sense of purpose to your day, no matter how big or small, can give a feeling of achievement.
- **Advocate:** social care workers are generally great in advocating for others but sometimes not for themselves. Remember, it is okay to say No and to ask for help when needed.
- **Time out:** time is precious and it is important to make it for yourself as well as others.
- **Take notice:** be present in the moment using your five senses to acknowledge and appreciate your surroundings.

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Chapter 21 – Jennifer Mc Garr

Domain 1   Standard of Proficiency 21

Be able to maintain professional boundaries with service users within a variety of social care settings and be able to identify and manage any associated challenges

KEY TERMS

Professional boundaries

Social care settings

Associated challenges

Social care is … a profession concerned with meeting the needs of individuals, groups and communities through evidence-informed and strengths-based approaches to practice.

Social care work is grounded in building capacity, in empowering service users and in recognising the individual as the expert of their own experience (Byrne-Lancaster 2014; Branfield & Beresford 2006; Lalor & Share 2013). Much of the work happens in the life space of the individual, where everyday opportunities and events are used to maximise growth and development (Ward 2002). This work is relational; the relationship between the worker and service user is the key ingredient in mobilising change, and the social care worker must draw on the 'self' in creating a relationship which is authentic and meaningful (Ingram & Smith 2018; Lyons 2013; McHugh & Meenan 2013). In the delivery of this work, social care workers are mindful of the context in which such work occurs and are attuned to the wider social and political structures within society, which privilege some but exclude others (Byrne-Lancaster 2014; Thompson 2012). This means that social care workers walk a tightrope between adopting an individualised approach to practice while also recognising the wider social and cultural context in which the individual in embedded (McGarr & Fingleton 2020).

Professional Boundaries

Relationships are at the core of social care work (SCWRB 2019; Ruch, Turney & Ward 2018). However, relationships can be complex and messy. Building meaningful and authentic connections with service users requires an awareness of boundaries and a constant renegotiation of our personal and professional selves (Ingram & Smith 2018). Boundaries are not an exact science. They are "nebulous, elusive and difficult to define" (McCann James *et al.* 2009: 108) and change according to the context and the relationship (O'Leary *et al.* 2012). At a most basic level, boundaries are "the parameters of the self" (Fewster 2011: 9) and we navigate personal and professional relationships through these parameters. We all occupy different roles in our lives, for example father, sister, partner, mother, worker, child. Each role has its own unique boundaries and expectations which determine how we engage with that relationship. The boundaries of what we might share, our use of touch, how we interpret the actions of the other, are unique to that individual relationship (Davidson 2009; Fewster 2011).

When we refer to **professional boundaries**, in essence we refer to the parameters of our professional selves**.** Cooper (2012: 11) defines professional boundaries as "a set of guidelines, expectations and rules which set the ethical and technical standards in the social care environment … (setting) limits for safe, acceptable and effective practice by workers". However, personal and professional boundaries are not unrelated. Gender, culture, family background or religion shape our 'limit-lines' and how we engage in our personal and professional worlds (Cooper 2012). Furthermore, how we navigate relationships, including professional ones, can be a reflection of our internal working model (Bowlby 1969). How we engage and how we respond, particularly during times of stress, can be shaped by our own relational histories and the messages that we have received about what relationships are and how they function (Howe 2011). Therefore, the personal and professional selves are interrelated and boundaries can be dynamic and shifting. Workers are tasked with engaging in ongoing reflection to understand how values, attitudes, beliefs and personal histories shape their work, as the self is "the principal tool of the social care worker" (Kinnefick 2006, cited in Lyons 2013: 102).

In a professional context, boundaries provide ethical parameters to work that is often dynamic, contested and unpredictable. Inherent within any professional relationship is a power imbalance between the worker and the service user (Cooper 2012; Davidson 2009). Professional titles, access to information or funding, the ability to provide or deny access to a service, all confer authority and can position the worker as the 'expert' in the situation (Cooper 2012) despite commitments to co-produced, participatory practice. Boundaries reduce the risk of abuse, exploitation and discrimination, and provide a sense of certainty for both workers and service users in relation to role and expectations (Cooper 2012). In addition, with relationship based practice at the core of social care work (Brown, Winter & Carr 2018; SCWRB 2019), boundaries provide "a safe framework for this relationship to exist in" (Cooper 2012: 32).

Professional boundaries protect both staff members and service users in the following ways:

- Boundaries help service users to feel safe (Cooper 2012). Consistent, trustworthy relationships create feelings of safety (SAMHSA 2014) and contribute to what Winnicott (1960: 591) termed the "holding environment". Service users often test these boundaries. Their behaviour may be communicating a need to feel safe, and they may be testing you to see if you can meet that safety need. Furthermore, some service users may struggle with interpersonal relationships. Through role modelling appropriate boundaries we provide relational safety while also supporting service users to work on their own boundaries and to navigate personal and professional relationships (Cooper 2012).

- Boundaries ensure the needs of the service user remain at the forefront of practice (McCann James *et al.* 2009). We all have our own needs, wants and desires, which can play out at a subconscious level. Understanding our motives, reactions and behaviours are key to practising in a reflexive way and ensuring that the care we give is person-centred and responsive to the service user's needs (Cooper 2012).

- Boundaries can reduce the risk of burnout (Cooper 2012). Through managing our responses and maintaining controlled emotional involvement we protect against compassion fatigue and minimise the processes of transference[3] and counter-transference[4] (McCann James *et al.* 2009). See Chapter 70 D5 SOP9 for a more detailed discussion of these processes.

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3   Transference occurs when the service user projects feelings about a significant person on to a worker, for example a service user who reacts aggressively to a worker because (s)he reminds them of someone from their past (Cooper 2012).

4   Counter-transference occurs when workers project feelings about a person or experience in the past onto something that is happening in the present, for example a worker who lacked parental attunement in childhood and feels rejected by a service user who will not engage (Cooper 2012).

- We work to support autonomy, minimise dependency and build capacity (Cooper 2012). Relationships in which workers are over-involved or are uninterested and detached can diminish resilience and undermine strengths-based practice (Davidson 2009).

Therefore, poor or mismanaged boundaries can contribute to both service user and worker stress and undermine the therapeutic potential of the relationship.

The Davidson Model

Social care practice is complex and nuanced, and knowing where to draw the boundary lines can prove challenging at times for even the most experienced worker. Davidson (2009) offers a framework for thinking critically about behaviour and understanding boundaries within professional relationships. Based along a continuum, she identifies three categories or boundary ranges: (a) entangled, (b) balanced and (c) rigid (see Figure 1) (Davidson 2009). Where boundaries have become compromised, workers may engage in boundary breaches or boundary violations (located at either end of the continuum). Boundary breaches refer to actions that have "transgressed a commonly accepted standard of behaviour for reasons that may be understandable", whereas violations are actions whereby "a professional uses the relationship with the client to meet their personal need at the expense of the client" (Davidson 2009: n.p). According to Cooper (2012), boundary violations lead to the exploitation and abuse of service users.

Workers who display **balanced boundaries** adopt an authentic manner centred on meeting the service user's needs (Davidson 2009). They are respectful, reflective in their practice, are aware of their feelings and motivations, and use their professional judgement accordingly (Davidson 2009; Cooper 2012). With **entangled boundaries,** the worker often subconsciously meets their own needs through the professional relationship (Davidson 2005). Boundaries become entangled when workers are over-involved in service users' lives or when workers give too much of themselves to the detriment of their other relationships. For example, the worker who becomes upset or personally affronted when the service user does not attain a particular goal, or the worker who 'gives it their all' to the detriment of their own self-care and emotional and physical well-being (Davidson 2009). Commitment, passion and empathy are admirable traits for those working in helping professions, however over-involvement can sometimes stem from a need to "fix things for people, to make things right or undo the impact of injustices…in the world" (Cooper 2012: 176) or a tendency towards co-dependence within relationships (Cooper 2012). Workers who have **rigid boundaries** deliver care which is inflexible and unresponsive to the needs of the client, often ploughing ahead with their own agenda (Davidson 2009), for example the worker who cannot use discretion when implementing the organisational rules, who gives nothing of themselves or struggles to create meaningful connections. Rigid boundaries "create substantial distance within the relationship" (Davidson 2005: 518) and amplify the power imbalance between worker and service user.

Boundary ranges are not fixed. Some social care workers may operate within the same boundary range for all their professional relationships; others may find themselves falling within a particular boundary range around a certain personality type, issue or situation (Davidson 2005). This is where reflective practice and supervision come into play, to create a space to identify triggers, unconscious motivations and patterns of behaviour.

Figure 1: (Davidson 2005, 2009)
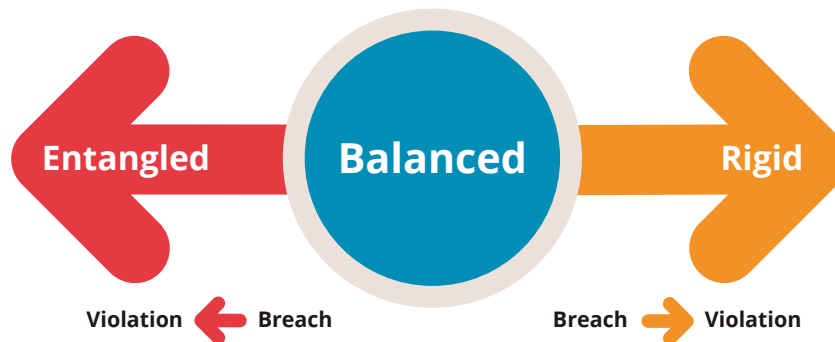
Reflective Task

TASK 1

- Using Davidson's model outlined above, where do you place yourself on the continuum in relation to your work relationships? Consider your relationships with service users, members of your staff team and management. Why have you placed yourself there?
- What impact might your behaviour have on the service user?
- If required, what changes can you make to your practice in order to achieve balanced boundaries?

Social Care Settings

Social care workers work in a multitude of settings, from addiction services to disability services, residential childcare, mental health services, homeless services and family support, to name but a few (Lalor & Share 2013). Prescriptive rules do not easily translate, as each setting is unique. Boundaries are contextual and dynamic; the profile and needs of the service user, along with the organisational policy, physical setting and wider societal and cultural context, will shape what is acceptable within each particular setting (Davidson 2005; O'Leary *et al.* 2012). Therefore, it is important to tune in to where your boundaries lie, to understand what you view to be acceptable, and to be open to revising these as you reflect on and grow in your everyday practice.

Associated Challenges

There are some behaviours that are clearly unacceptable, and are in complete contravention of CORU's *Code of Professional Conduct and Ethics for Social Care Workers* (SCWRB 2019). While major boundary violations are easily identifiable (for example, having an intimate relationship with a service user), they rarely occur in isolation and have generally been preceded by minor boundary crossings (Cooper 2012). We all have a responsibility to safeguard service users and hold ourselves and our colleagues to safe and accountable practice. Students will have explored ethical parameters of practice in Chapter 1 D1 SOP 1, where the discussion centred on ethical practice being the balance between professional autonomy and accountability. Boundaries are also discussed in Chapter 7 D1 SOP7, where graduates are expected to "be familiar with the provisions of the current Code of Professional Conduct and Ethics for the profession" (SCWRB 2017: 4). Chapters 1 and 7 contribute to our understanding of the nuanced nature of boundaries which, in day-to-day practice, can pose challenges for social care students and seasoned workers alike.

Boundaries can be "difficult to identify but easy to cross" (Davidson 2005, p. 511) and "grey zones" are frequently present in the work (Davidson 2009: n.p). According to O'Leary *et al.* (2012) boundaries are about connection, *not* separation; therefore boundaries are fluid, not fixed. Students preparing for placement often find this fluidity frustrating, and lament the lack of a clear rule book.

Boundary Grey Zones

In social care work it is common to encounter "grey zones", "circumstances where pre-scribed answers do not easily apply" (Davidson 2009: n.p). For example, physical contact is often a contested issue in social care settings: When is touch appropriate? What level of touch should I use? Should I wait for the service user to initiate this? Cooper cautions against the use of physical contact, suggesting that this should be kept "to a minimum and to a level appropriate to your role and your relationship" (2012: 45). He suggests that touching the hand or the lower arm may be safe way of using touch in the work. Byrne questions whether our current care context has led to a sanitised version of care that is devoid of love. He argues that, particularly in relation to working with children in state care, "the withdrawal of physical affection is arguably an abuse in itself" (2016: 154). This is an example of two valid yet conflicting messages, which can prove confusing for the social care student.

Sharing personal information is another area that often causes discomfort: What do I share? How much do I share? Could this information come back to haunt me at a later date? Relationships are fundamental to the work of the social care worker. Yet it is only through sharing something of ourselves that genuine and authentic connections are made. A student of mine offered this advice:

> "*For me it was important to carefully select which parts of myself that I wanted to share with both service users and the management team. I learned to use common conversation such as sport or TV programmes as a way to form a relationship and to gather an understanding of the person's lifestyle*" (3rd-year student).[5]

Social care workers may be drawn to the work as a result of personal experience, for example a worker in a homeless service who had previously experienced homelessness, or a person who had struggled with addiction now working in an addiction service (Cooper 2012). Workers in these contexts sometimes share something of their own experience to connect with the service user, to encourage change and to create hope. In circumstances like this it is crucial to reflect on our motivation for sharing the information by asking: (a) What am I planning to share?; (b) Why am I sharing this information?; and, most important, (c) How will it *help* my service user? (Cooper 2012).

Cooper (2012) cautions against favourable treatment of some service users over others and that the giving and receiving of gifts can signify the marking of a special relationship. Yet key-working, a cornerstone of person-centered and relationship-based practice, could be considered a special relationship therefore definitive rules can be difficult to apply here. Through an attachment lens, one of the functions of the key working intervention is to provide consistency, continuity and relationship security (Payne 2009), and key workers sometimes give small gifts at birthdays or Christmas as part of this role. Aside from the key working relationship, in some organisations small tokens of appreciation are accepted but valuable gifts are not. In others, gifts are not accepted or are shared amongst the staff team. One might need to ask: What is the nature of the gift? Why was the gift given? What monetary value is attached to the gift? What is the organisational policy on giving and receiving gifts? A student recently shared this experience with me:

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5   Reproduced with permission from student reflective assignments.

"On one occasion a service user brought me a gift. I was unsure about how to approach the situation and felt uncomfortable declining the gift. I explained to them that I was not allowed to accept gifts within the organisation. The relationship was not affected and I was able to maintain the trust and respect of the service user as I was honest" (3rd-year social care student).[6]

Other grey zones include bumping into a service user outside the service and knowing how to respond, or beginning and ending the relationship appropriately. These scenarios are not always straightforward and require an individualised response based on the needs of the service user. A student shared how she supported a positive ending:

"During my last week of placement in a disability service, a service user asked if they could have my phone number as he was not going to be there on my last day. I explained that it is not appropriate to give out my personal number. After being asked multiple times, I agreed to give my email to the staff and the staff could help them to type up an email to me. In other circumstances, I would have explained that maintaining contact after my placement was not appropriate. However, this service user was especially attached to me and found endings difficult. It aided in preventing feelings of abandonment by providing a sense of closure, while still ensuring any contact made was formal and regulated through staff" (3rd-year social care student).[7]

Much of the work happens *in the grey* and working interpersonally with service users can present challenges. When working within these grey-zones, one must:

1. Pay attention to the power differential that exists within the professional relationship;

2. Engage in ongoing self-reflection to understand our own motivations, feelings and behaviours;

3. Remember that the relationship with each service user is different; and

4. Work within the parameters of ethical practice and sound professional judgement, including paying attention to organisation policy and context.

Maintaining Balanced Boundaries

If relationships are the pie, then boundaries must be the crust.
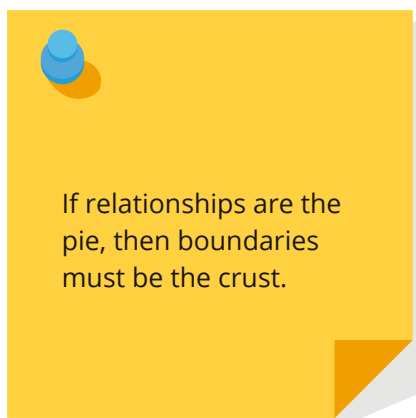
Boundaries shape the type of relationship that is forged and the expectations and interactions attached to that relationship (Davidson 2009; O'Leary *et al.* 2012). Each pie might have different ingredients or look slightly different – for example, workers may have the same title or job description, but how they go about the work is unique to their working style. However, a crust that is too rigid holds the relationship in a way that is inflexible. Conversely, a crust that is too soft lacks solidity and reassurance. Both compromise the "live adaptation to the [service user's] needs" (Winnicott 1960:563), which is the essence of the holding environment.

There is no doubt that we all experience times where our boundaries are not well managed. Perhaps we overshared or became too invested in our service user's goals or choices. Or the opposite; we experienced disconnection and apathy, or shared nothing of ourselves. According to Davidson (2005), this is most likely to happen when the worker is feeling vulnerable or is not maintaining good physical and emotional self-care. We cannot care for others if we do not care first for ourselves.

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6 Reproduced with permission from student reflective assignments.

7 Reproduced with permission from student reflective assignments.

What should you do if your boundaries are no longer balanced?

- Talk to someone you trust
- Practice self-care. Take time off, spend time with family and friends, do things that you enjoy, try to achieve balance between work and home
- Discuss it in supervision
- Reflect on your relationships – how might unresolved relational issues be affecting your work?
- Seek external support such as counselling or psychotherapy

Case Study 1

Mary has been working in social care for approximately 10 years and is currently working in a family support service. Mary has recently been allocated a case; a mother, Joyce, who is parenting alone, and her two children, aged six and eight.

Joyce has mental health issues and is struggling to cope. Her situation is compounded by social disadvantage, poor housing and the absence of support. Joyce had come to the attention of Tusla, the Child and Family Agency, due to concerns around alcohol, and the level of supervision and basic care received by the children. Following an assessment completed by the Social Work Department, Mary had been assigned to work with Joyce to support her around parenting. As part of the Child Protection Plan, Joyce had agreed to start a rehabilitation programme to tackle her alcohol misuse, had been attending her appointments and keeping to her plan.

Mary has personally found this case very draining. Growing up with a parent who had problems with alcohol, Mary knows first-hand the impact this can have on young children. Mary is worried that Joyce has started to slip. When Mary rang the clinic for an update on Joyce's progress (with Joyce's consent), the clinic informed Mary that Joyce had missed a couple of her appointments. This left Mary feeling very frustrated. The most recent conversation with Joyce about this became quite heated and Mary felt she lost control. This resulted in Joyce yelling at her to 'Get out of my house and leave me alone.'

What is happening in this scenario?

Why did Mary react to Joyce missing her appointments?

What does Mary need to do next?

To conclude …

Boundaries are not an exact science (McCann James *et al.* 2009) and due to the diverse nature of social care settings, prescriptive rules cannot apply. Each setting has its own unique expectations and requirements, while working within the bounds of ethical, safe and quality practice. Social care work is relational, therefore the role of self cannot be underestimated (Ingram & Smith 2018). However, we must consider what 'self' we are bringing to practice. The first step towards building meaningful relationships with others is to start building a meaningful connection with oneself. Tuning into our own emotional world is key, along with practising self-care and using opportunities to reflect, question and grow. This is no doubt a lifelong endeavour; however, in the words of Aristotle, "Knowing yourself is the beginning of all wisdom".

TASK 2

Activities

Cooper (2012) 'How Tight Are Your Boundaries'. A self-assessment questionnaire to think about how you respond' in Professional Boundaries in Social Work and Social Care: A Practical Guide to Understanding, Maintaining and Managing Your Professional Boundaries.

Tips for Practice Educators

Pre-placement

Students often feel anxious before going on placement about maintaining appropriate boundaries. They worry about making a mistake, not 'getting it right', or worst of all, not making it through their placement. Creating a safe space within the classroom to explore these concerns and tease out the nuances of boundaries is very important. Activities such as case studies based on ethical and boundary concerns can be a useful starting point, as can role plays based around common placement experiences, such as:

- a service user asks to add you as a friend on Facebook or for your telephone number
- a service user asks you out on a date
- a service user confides something of concern to you 'as a friend' and asks you not to tell anyone
- a member of your local community/neighbourhood accesses the service.
- you meet a service user on the bus on the way into town

Furthermore, individual reflective activities based around the student's own experience and personal journey, for example listing what they feel comfortable sharing versus what they don't feel comfortable sharing, can be valuable. These activities allow students to explore some of these issues within the confines of the classroom and to practise the skills that they will draw on in the placement setting.

During Placement

Students on placement should be able to provide their practice teacher with an example of boundaries within the workplace. Students could be asked to reflect on a time when they encountered a boundary challenge and how they resolved or addressed this. Practice educators do not expect students to 'get it right' all the time. However, it is important that the student has demonstrated some awareness of self, has engaged in critical reflection and can demonstrate the learning. My practice teacher used to say, "Once you stop learning, it is time to retire" and these words continue to ring true to me today.

Students should also display a knowledge of whistleblowing and the Protected Disclosure Act 2014. Students may not have observed major boundary violations while on placement, however practice educators could present the student with a hypothetical scenario and ask them to identify the appropriate response.

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Chapter 22 – Danielle Douglas

Domain 1   Standard of Proficiency 22

Be able to evaluate the effect of their own characteristics, values and practice on interactions with service users and be able to critically reflect on this to improve practice

KEY TERMS	
Self and social care **Values** **Critical reflection** **Relationship**	**Social care is … about working in partnership to support and empower individuals and groups at a vulnerable time in their lives through relationship-building and the delivery of personalised programmes and interventions**

Self and Social Care

This proficiency requires social care workers to engage in continuous critical reflection to evaluate possible impacts of their own characteristics, values and practice on their interactions with service users. Reflecting on personal values and characteristics is an area of the human personality that has become known as the 'self' or sometimes the 'self-image' (Kidd & Teagle 2012: 65). This chapter has the dual objectives of conceptualising 'self' and suggesting ways of critically reflecting on the 'self'.

Social care is a relationship-based profession in which the social care worker and service user work in partnership to identify needs, achieve goals and enhance quality of life. Social care workers strive to support and empower their service users and facilitate their voices at every opportunity. People who avail of social care services often have certain vulnerabilities or aspects of their life they are struggling with and require either short- or long-term interventions. Social care workers must always be acutely aware of the role they play in the lives of their service users and the possible impacts their values, characteristics and interventions have. To be able to evaluate the possible effects your 'self' have on the people you work with, you must first understand who the 'self' is and how it develops. Integral to this process is being aware of the values and characteristics that make up this self and the factors that contribute to the construction of self.

As a species capable of reflection and development, we having been asking 'Who am I?' for aeons, and despite the hundreds of thousands of academic articles and texts, and pop psychology self-help books, that attempt to address this question, a conclusive answer is yet to be determined. Rose (2012) offers four key characteristics that are useful for exploring the factors associated with self.

1. Self as Open to Change

It is important to understand that 'self' is not something that develops and remains static for the rest of your life. When we meet new people or experience new situations, we change and develop different ways of thinking, feeling and working. An awareness of this as a social care worker is necessary because you may find the relationship between you and your service user has the capacity to change how you both think about yourselves and each other. This is a two-way process and can lead to positive changes, but it can also raise some difficult questions about aspects of the self that have not previously been explored. This does not mean that all aspects of your self will inevitably change, but it acknowledges that personality is not something that is rigid and resistant to external influences. It is also important for service users to be aware of this in order to understand that they have agency and control over their lives. Reminding service users that people have the capacity to grow and, with the right supports in place, become the version of themselves they want to be is often related to the strengths-based approach that is used in social care work.

Practice Example 1

Self as open to change

Each year, as first-year students are deciding where to go on placement, I invite them to engage in a reflective exercise. I read the following statement: 'I'm sure they're grand, but I wouldn't like to live next door to them', and ask the students to think about the first person or group of people who popped into their head. Rather than share their answers, students are invited to reflect on where these thoughts come from and the possible impacts they may have on their practice and/or potential service users. Most students acknowledge that the view originates from preconceived ideas from family/friends or the media rather than personal experience or fact. Once we have discussed the possible consequences for their service users of such attitudes and/or biases, I encourage the students to challenge themselves to try at least one placement where they know people with similar issues or from those communities attend. The student should keep a journal to carefully monitor their views and/or values in relation to this person/people and observe if and how they change over time as the relationship develops. Students are also encouraged to reflect regularly and meaningfully on the possible impacts their values and beliefs may be having on their service users. (Lynda Monk has written a useful article to help students get started with journalling and highlights how it contributes to professional wellbeing (Monk 2011).) The majority of the time, students report being surprised by how fundamentally different they feel at the end of the placement and how their values have shifted through a combination of journalling/reflecting and the power of connection with service users. This proves that our selves are always changing and influenced by those we work with. The saying 'If nothing changes, then nothing changes' is pertinent here. Challenging assumptions and negative stereotypes will help students to develop healthier and more inclusive attitudes to those they work with.

2. Self as Contextual

According to González *et al.* (2004), identities can be enacted, constructed and/or ascribed by others and therefore are transient and develop within households, schools and communities. When addressing questions such as 'Who are you?' and 'What are your values?' people usually seek additional information in order to shape their answer. The context in which the question is asked is integral to the reflection that follows. Further questions must be considered, such as 'Who is asking the question?', 'What is my relationship with them?', 'What impact will my answer have on the situation I am in or the people I am with?' Having this contextual information is vital to the reflection and

communication process. So too is the knowledge that it is impossible to separate ourselves from the communities, cultures, societies and times that we live in. Rose (2012) argues that if we are to reflect properly and learn about ourselves, it must be done within these contexts. At a macro level, this involves thinking about political systems, historical movements, physical environments, and cultural and economic contexts that shape our experiences. At a micro level, it is much more personal and requires reflection on the different relationships we share and the role we play within those. 'The bigger and smaller picture are intimately interwoven in ways that are not always readily recognised, and this forms part of the exploration ahead' (Rose 2012: 5).

Practice Example 2

Self as contextual

Imagine you are a student who holds strong religious beliefs and regularly practises your faith. You begin a practice placement where there is a service user who holds different and/or opposing beliefs to you but with the same conviction. Part of their care plan involves addressing their spiritual needs, which requires you to accompany them to their place of worship. How do you think you would feel about that? What would happen if you refused to do it because of your values? How do you think the service user would feel? Knowing that this is a scenario you are likely to come across in this context will help prepare you to examine your values in relation to it and explore possible impacts it may have on your relationship with the service user. Thus, when preparing for practice placement, it is vital to find out as much as possible about the agency before you begin. Who are the service users? What are the key issues they face? What are their needs and the interventions used to address these? What are the values associated with the agency? What is the funding situation? Where is the agency located in the wider context of care? These are all questions that it would be beneficial to have the answers to either prior to beginning or certainly within the first couple of weeks of starting. Having contextual information from a range of sources (perhaps agency websites, agency literature, e.g., annual reports/leaflets, up-to-date research) places the student in a position where they can already identify how they might think, feel and act on their placement. Of course, there is no way of knowing for certain how you will react in different situations, but identifying aspects of the work that may be challenging or rewarding through reflecting on this material will provide a better sense of your 'self' in the context of your placement. 'The more we can grasp of the context, the better our understanding of ourselves' (Rose 2012: 5).

3. Self as Multiple

Many people believe that individuals have a 'true' or 'core' self that is associated with a consistent pattern of behaviours, thoughts and emotions. Relationships are valued because we value the consistency of knowing how someone will act based on previous encounters with them. From this viewpoint, when we encounter new people or situations, especially if there is a conflict of values, it can destabilise our sense of self because it requires us to figure out who we are when we are with them. Others believe we should end the quest to find our 'true' selves and instead embrace the multiplicity of selves and the richness and complexity it brings to the human experience (Schaffer 2006). The term 'role' is often used as a way of making sense of this concept. We draw upon these different selves or roles depending on the context we are in and the interactions we have. Katsiaficas *et al.* (2011) expand upon this notion and introduce the term 'hyphenated selves' by way of explaining identity construction in young people in shifting social and political contexts and in everyday interactions. For example, if I ask a person sitting before me in the classroom 'Who are you?', they might answer 'A student' because that is the identity they most associate with in that particular setting. If a stranger

asked them the same question they might say 'I am a parent' or 'I am captain of the football team.' Each role will have certain characteristics and behaviours that are consistent with what is generally expected of that position. Esteban-Guitart and Moll (2014) put forward the idea of *identity funds* as a way of understanding how we can draw from the different selves we need in order to behave and/or communicate effectively and appropriately in different situations. Think about the language you use when you talk to your friends versus when you talk to your parents, grandparents, a boss or small child. In general, it is unlikely the same words are used because we deem some language to be inappropriate or disrespectful to certain people, or at least that it might be interpreted that way. Regardless of the reason for not using that language, the awareness that it is not conducive to a positive outcome in an interaction requires the individual to draw on an alternative more appropriate self.

Practice Example 3

Self as multiple

It is essential to consider the multiplicity of self when establishing and maintaining boundaries in practice. Knowing that it is not only probable but necessary to display different aspects of ourselves when in a professional setting helps establish clear boundaries and appropriate ways of being. Consider the following scenario: You are a nineteen-year-old student on practice placement in a youth setting. It is Friday and you are stacking away chairs after the last session of the day. One of the young people, who is eighteen, asks if you have plans for the weekend. You reply that your favourite band is playing that evening, but you cannot go as all your friends have plans. The young person says that they also like that band and will go with you if you like. If you viewed the self as a unitary concept you might agree to go along with the service user as the facts are: (a) the person is over 18; (b) you like the band; and (c) you want to go – which all satisfy your personal self. However, through your training in college and awareness of policies relating to the agency, you should also be developing a 'professional social care worker self' or 'social care identity' and it is this self who will guide you in situations where your boundaries are tested. Drawing from this professional self and acting accordingly will also have a ripple effect on the service user, who will be influenced by your behaviour. Reminding the young person of professional boundaries will also help them to develop a suitable self for the youth club (a self who knows it is not appropriate to ask a worker out for a drink or to a concert).

Labels Stick

It is important not to define service users according to the needs and to recognise the multiple other roles they play in both their own and other's lives.

Viewing the self as a unitary concept is particularly problematic in terms of the risks associated with service users internalising the labels assigned to them. In a study I conducted on the link between resilience, outcomes and children in foster care, I asked some of the care-leavers to comment on their identity. One young person replied, 'growing up I was just a foster kid I guess (Douglas 2012). This description of himself was despite the fact he was also someone's son, brother, friend, uncle, a hockey player and a good student, but his memories of the time did not reflect these multiple roles. The potential to label individuals and have their identity solely associated with that label is a risk that social care workers must be aware of. Labels such as 'foster child', 'addict', 'homeless person' and 'autistic child' can be internalised by the service user and can play an integral role in the construction of their identity or sense of self.

4. No Self without Other

The proficiency that this chapter is focusing on is proficiency 22 (Domain 1): 'be able to evaluate the effect of their own characteristics, values and practice on interactions with service users and be able to critically reflect on this to improve practice'. The final characteristic in Rose's (2012) typology that is useful to consider in order to be competent in this area is that there can be no self without other. Rose uses the example that every single baby is born into particular social groupings based on their family, class, society, race and culture. All these factors contribute to the individual's value system and understanding of who they are and who they ought to be according to a learned set of norms and rules. When we encounter individuals or groups with different values or priorities from our own, we can sometimes view them as less developed or less important. This is where the significance of critical reflection becomes apparent. If a social care worker is working with an individual from a different culture or with different priorities, they must ensure they are actively reflecting on what impact any conflict of values may be having on the service user, on themselves and, most important, on the practice. Although reflection on the self is often a personal exercise it relies on thinking about others too. To become self-aware requires the individual to be aware of others who are and have been instrumental in their lives. It is through reflecting on these interactions and relationships with others that a greater sense of self emerges. Giddens (1 991) notes this as 'the reflexive nature of self-identity' which is consistently revised according to life events, circumstances and interactions. Reflecting critically on who we are through our own and other people's eyes is one of the key principles of the Johari window method. This is a simple yet effective tool that incorporates similar concepts of self as laid out thus far in this chapter. Fisher-Yoshida (2003) offers an interesting discussion on the use of the Johari window in becoming self-aware and attuned to the role individuals (influenced by their values) play in the co-construction of conflict. It also explores other methods useful for the critically reflective social care worker.
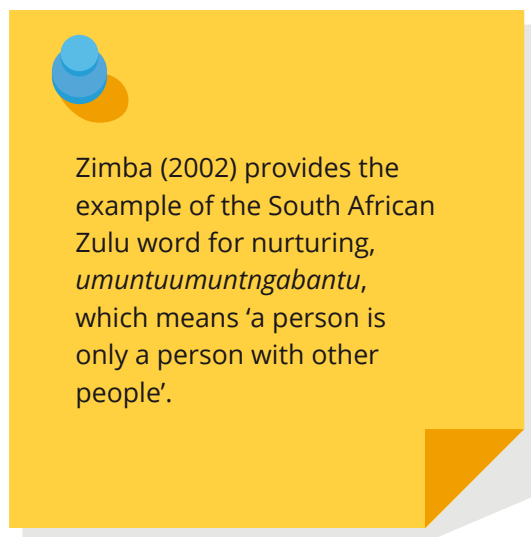
Zimba (2002) provides the example of the South African Zulu word for nurturing, *umuntuumuntngabantu*, which means 'a person is only a person with other people'.

Figure 1 Johari window method of reflection (Included with permission from Alan Chapman)

Open Self Information about yourself that you and others know.	**Blind Self** Information you don't know but others know about you.
Hidden Self Information you know about yourself but others don't.	**Unknown Self** Information about yourself that neither you and others know.

Practice Example 4

No self without other

The pyramid below highlights how our personal and professional values often influence the interventions we use, how we approach our practice and how this in turn impacts on the relationship with the service user.

- **Relationship with Service User**
- **Practice, Interventions, Approaches**
- **Values, Characteristics, Principles**
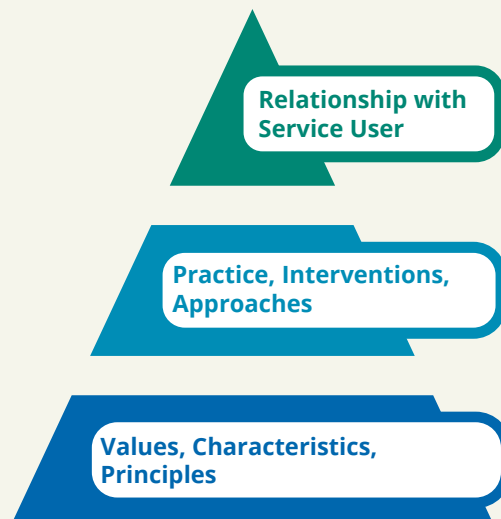
As you have undoubtedly read in many other chapters of this book, the foundations of social care work are based on the relationship between service user and social care worker. It is important then to engage in self-reflection regarding values and their possible impacts on the relationship. Accurately interpreting and assessing the values of service users is an equally important activity that is central to social care work, but it is something that we don't always get right. One example of this comes from my 2011 research on outcomes and foster care. Young people (in and from foster care) and professional stakeholders (foster carers and social workers) were asked to list what they felt were indicators of successful outcomes for young people in foster care.

All the young people (n=8) referred in some way to feeling 'happy' in their answers. Contrastingly, all the professionals (n=87) listed 'doing well in education' as their number one or number two indicator of a successful outcome. The implication here is that the professionals placed a strong value on education and therefore interventions designed were often associated with improving educational engagement and attainment. The young people also mentioned education as an indicator of success, but given the traumatic background many of them had lived through, they felt that interventions should also be aimed at celebrating other definitions of success, such as a young person feeling genuinely happy. During the follow-up interviews with young people, I asked them about this and the consensus was not that they did not value education or wish to attain certain levels of education but the majority felt that if they were happy then it would increase their confidence and therefore the likelihood of wanting to further their education.

TASK 1

Interpretation of values

This exercise will help you to assess your own value system and to examine how your values compare with others'. It will also highlight the importance of language, interpretation and experience when reflecting on the possible impact values can have on practice.

Values for discussion: *Achievement, Fame, Family, Freedom to Express Opinions, Friendships, Helping other People, Intellectual Status, Keeping Ireland Irish, Looking out for Number One, Religion, Truth, Wealth.*

(Note to Facilitator: some of these values have been deliberately phrased in ways that are open to interpretation and to prompt discussion. The facilitator should change or adapt the particular set of values according to needs. This exercise works best as a visual piece, so I recommend printing each value on an A4 page and getting students/ members of the group to lay out the different lists. Halfway through the exercise the groups can walk around and look at how other groups are doing. If they decide to change the order of their list as a result of this, a discussion on how easily influenced we can be by others might be useful.)

Instructions

1. Look at the list of values and think about how important each one is to you. List the values in order of importance. Think about what each one might mean and why you are putting it in a particular place. How influential are your previous experiences and/or relationships to this process?

2. In groups of four or five, agree on the overall order of the list and place in a way that is visual to all (on the floor or desks depending on space available). Everyone must agree on the order, and values cannot be placed side by side. Generate discussion on what the different value statements might mean and how easy or difficult it is to come to an agreement on where the different statements should go.

3. As a group, reflect on how decisions were made. Were there any disagreements? If so, what were the reasons for this? What were the statements that groups found easy to place? Why? What were the statements that groups struggled to agree on? Why?

4. Think about how these values might apply to social care practice. What impact might the value you put on any particular statement have on your relationship with service users? What would happen if you and the service user had conflicting values about certain issues?

Personal Values

Now that you have an understanding of how presentations of the self emerge through relationships, interactions and values, let's take a look at how you can analyse your own values. In my years as a personal and professional development lecturer and, more recently, a Year 1 tutor, I have had many opportunities to chat with students regarding their motivations for doing the course and ultimately becoming a social care worker. What is apparent is that most of these students' decisions come from a place of personal experience that is now rooted in their personal value system. The values of wanting to help vulnerable people, celebrate diversity, reduce inequality and be part of a team that supports individuals and groups to reach their full potential are often cited as being central to the decision-making process. These values are valid and in line with the professional values we strive to promote in social care work.

However, what students sometimes struggle with are the more personal values that can influence how we think and feel about certain situations. Once we start to peel back the layers of meaning and interpretations associated with aspects of life that hold varying degrees of importance to different people, the impact of personal experience in shaping those values becomes clearer. Let's look at the example of family. Most students cite family as being the most important factor in their lives and the thing they most value or hold dear. The reasons for this are often related to the feelings of belonging, security and support that being part of a family often affords. However, if we look at the family situations of some of the vulnerable people who avail of social care services, this definition often does not apply to the same degree. For some individuals, the mention of family conjures up feelings of stress, loss or rejection. It is important for students to reflect on how their value on family may differ from that of their service users and any impact this may have. If a social care worker has a strong connection to their family and believes that 'family should stick together' there might be a temptation to allow this belief to impact on their relationship with a service user. Someone who holds this belief may, for example, struggle when working with a parent whose child is in the care of the state because of neglect or inability to cope.

Non-judgemental practice requires individuals to consistently examine any preconceived ideas, biases or past experiences that may be affecting the relationship and approach taken with the service user.

TASK 2

- Using the template provided at https://wehavekids.com/family-relationships/find-create-family-crest-coat-of-arms-heraldry or https://www.therapistaid.com/therapy-worksheet/coat-of-arms-family-crest.
- Design a crest that identifies the people, beliefs, attitudes and things that are most important to you in your life, now and in the past, and that contribute to your sense of self.
- You can use words, quotes/lyrics, draw pictures, use collage or other creative methods. This is a personal exercise for you so you should use methods that make most sense to you.
- Reflect on why these things are important to you and where they come from. What have been the influences/experiences in your life to bring you to this point?
- Think about the following social care settings: homeless services; intellectual disabilities; residential care for young people; and members of the Traveller community. Do you think your values would be similar or different? What positive points/challenges might this have on your relationship with that person/people?

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Chapter 23 – Lynn Leggett

Domain 1   Standard of Proficiency 23

Be able to see the world as others see it; be able to practice in a non judgemental manner and be able to understand another's feelings and be able to communicate that understanding

KEY TERMS

Perception and empathy

Non-judgement

Active listening

Advocacy

Social care is ... supporting people to live their best lives and reach their full potential through meaningful, person-centred interaction; supporting people to empower themselves through non-judgement and advocacy; encouraging and respecting the choices people make; and ensuring respect and dignity for the people we support at all times.

TASK 1

"Where would you sit?"

You board a bus and look for a seat. There are three empty seats, each next to a person. One seat is next to a male teenager. He's listening to loud music and is wearing a hood over his head. One seat is next to a well-dressed middle-aged woman carrying several shopping bags and looking at her mobile phone. The final seat is next to an older man who looks dishevelled and appears to be talking to himself. Where do you sit, and why?

This short task may help you to gain an insight into how you see the world, find out if you harbour any unconscious prejudices and prompt you to be aware of others' feelings

Perception and Empathy

Social care workers rely on perception and empathy every day in all sectors of social care practice. How we respond to service users is key to forming therapeutic relationships and having the ability to understand an individual's needs. Two factors are important here: emotional intelligence (EI) and social competence.

The study of emotional intelligence is complex, with many theorists applying different meanings to and ways of measuring intelligence. However, it appears that there are 'both genetic and social determinants of EI' (Carthy & Jameson 2016: 20). Salovey and Mayer (1990) define EI as 'the ability to recognise and monitor one's emotions and to use this information *'to guide one's thinking and actions'* (in Carthy & Jameson 2016: 13). Bar-On *et al.* (2000) define EI as 'an array of emotional, personal and social abilities and skills that influence an individual's ability to cope effectively with environmental demands and pressures' (cited in Zijlmans *et al.* 2015). Both definitions suggest that our emotions are strongly linked to our behaviours. Therefore, our own emotions and subsequent behaviours alongside the emotions and subsequent behaviours of service users are undoubtedly going to affect any interactions we have with those people we engage with and support in our social care roles. Interestingly, Rose *et al.* (1998) found that within residential settings 'where staff reported low levels

of stress, higher levels of support and more positive staff-client interactions were found' (cited in Zijlmans *et al.* 2015). This suggests that people, i.e., staff, when managing their own stress levels well, are better able to focus on and empathise with others. Here, wellbeing matters. The National Economic and Social Council (NESC) says that wellbeing relates in part to 'having a sense of purpose in life' and is enhanced by 'meaningful and rewarding work' (2009:4). It also says that 'the importance of care, both unpaid and paid, and its impact on the well-being of individuals and society is now coming into sharper focus' (2009:17). Self-care is also a crucial component of wellbeing and self-awareness and is therefore a key component of effective social care. For more on self-care see Chapter 18. In her excellent TEDx Genova event, Louise Evans details how to become more conscious of our own behaviours, how they can directly shape our world and how they impact on those around us. Here, self-awareness is key. Louise details how she brought her partner's daughter to a jazz club in Milan to help build a relationship with her.

Louise was enjoying the music, but when she glanced over to see her partner's daughter looking at her phone, she was faced with a choice in how she could interpret and react to the situation. She attributes animals' personalities to five human traits in order to cleverly demonstrate the possible reactions and outcomes she could have to the situation. Louise says that 'our choices make a direct impact on the relationships we form', and that 'work can be a place where we make some of our most questionable and sometimes toxic behaviours' (2017).

Social competence is an important concept in social care as it is a skill which, if underdeveloped, can make it difficult for service users to make sense of their emotional world. Seemingly small things we may take for granted, such as social cues, can have quite a negative impact on their lives. For example, if service users lack the capacity to understand and regulate their own emotions, it may be fair to assume that they may have difficulties interpreting the emotions of others. In their study, Owen and Maratos (2016) investigate the importance of social competence, stating that 'understanding the facial expressions of others is critical, as emotion recognition is a prerequisite to empathetic responding and an essential factor in social functioning' (2016: 344). Adults with intellectual disability (ID) have difficulty discerning the facial expressions of others, which is a crucial point to consider when trying to convey empathy or concern (Owen & Maratos 2016:352-3). People with ID also have difficulty communicating their emotions, and as social care workers we use our observation skills to note changes in the emotions of the service users we support. In other words, we need to use as many means as are necessary and relevant to the individual to show service users we empathise with them. This again highlights the importance of person-centredness. For example, staff might use a tool such as the disability distress assessment tool (DisDAT) (East Sussex NHS Trust 2017) to guide them in supporting the individual in relation to pain management. Here the person's appearance, vocal signs, habits and mannerisms, posture and observations would be monitored over a period of time in order to draw up a summary of signs of when the person is content versus distressed so that the most likely cause of distress can be managed for the person. In order to develop meaningful relationships, it is vital to be able to see the world as others see it, to practice in a non-judgemental manner, to understand another's feelings and to be able to communicate that understanding. Relationship-based care is an important concept here as it is based on the power of relationships. In her book Relationship-Based Care, Koloroutis acknowledges that '[w]ithin health care organizations, profound human experiences happen every single day' (2004:1), and the book gives more information on the benefits, healing and transformative power of building relationships with the service users we support. It is also worthwhile acknowledging that at times, 'health care staff often feel demoralised when they find themselves in the middle of a health care delivery system that seems to have lost touch with the very reasons they've chosen health care as their profession (Koloroutis 2004:2). However, showing that we care doesn't have to be complicated and can be achieved by the simplest of means.

The Hanging Out Program (HOP), developed by Sheridan Forster (2008), is an excellent example of this. It highlights the importance of interaction and focuses on looking at the environment from the service users' point of view. 'The approach is to spend 10 minutes with a person giving them 100% of your attention' (Forster 2008:1). In my experience, spending time with people over a cup of tea while having a meaningful and conscious conversation has proved invaluable in developing relationships and helping to identify necessary supports.

Many problems have been shared and solved over a cup of tea!

Aoibhinn Leggett

Non-Judgement

A non-judgemental attitude is arguably one of the first principles of social care practice as judgement has the potential to violate equality.

In his article 'Valuing equality in Irish social care', Hanlon presents 'an equality perspective on practice', stating that 'emancipatory practices, that is, ways of helping that provide egalitarian solutions and outcomes … begins with an appreciation of the nature and relevance of inequalities on the lives of diverse social care users' (2009:6). Hanlon asserts that social care workers 'who do not have at least an implicit appreciation of the nature of inequalities, and of how they impact on the lives on social care users, are lacking a basic knowledge required to do this work' (p. 9). Therefore, working toward equality is two-fold – it is vital that social care workers work on building respectful relationships while also challenging prejudice and judgement (pp. 10-11).

Case Study 1

An example of non-judgement and respect in practice:

In terms of equality within the area of disability, the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) has provided 'legislative structures' that protect the rights and dignity of people with disabilities. Article 23 of the UNCRPD states that people with disabilities have the same rights as anyone else in the areas of marriage, family, parenthood and relationships (UN 2006). An example of where staff should work on shedding their own misconceptions and maintaining a non-judgemental and respectful approach would be when supporting two service users who have decided to have an intimate relationship. Here, both service users should be respected and offered supports in relation to initiating and/or maintaining a relationship. Remember, in practice we should always work towards questioning our preconceived notions about the lives of people we support.

What kind of supports might you offer two service users in this situation?

Some examples might include contacting a psychologist to meet with the service users in order to determine what each person is seeking within the relationship or perhaps asking an advocate to meet with the service users to clarify issues in relation to consent.

TASK 2

Reflect on your own values and how they impact on your practice.

Case Study 2

While working in a residential service for people with disabilities, social care worker Tom encountered the following situation. The service users living in the house Tom worked in had decided that they would like to go to the circus. Circus tickets were booked and paid for on an evening that suited the residents who wished to go. The staff on duty on the evening of the circus outing refused to accompany the residents to the circus as she felt the circus conflicted with her values. The residents didn't have the ability to go to the circus on their own and were reliant on the support of staff. The person in charge (PIC) contacted Tom at short notice to ask him if he would work for the evening and take the residents to the circus. Tom agreed to do so. The PIC met with the staff member who refused to go to the circus to resolve the issue and ensure that a similar situation didn't occur in the future.

Often times we may be faced with situations which challenge our values; however, the service users' needs and choices should always be at the forefront of decision-making.

Case Study 3

The following case study outlines the difference between our expectations and those of the people we support and the importance of non-judgement and respect in relation to those expectations.

Joanne* was a service user attending a day service. She had a mild learning disability. She was a very sociable lady and loved to spend time with her partner and friends in the day service she attended. She volunteered three days a week in a charity shop and spent two days a week attending the day service and participating in her preferred activities, which included a craft group and cookery class. Joanne was always quite an active lady; however, as she aged, and her mobility naturally began to decline, she began to put on an increasing amount of weight. At her annual medical check-up with her GP she was advised to lose weight. Having received this news, Joanne confided in her key worker, Rose,* that she felt embarrassed and upset in relation to her appearance. She said that she had realised that she had put on weight but didn't feel that anybody had noticed until the GP mentioned it to her. Rose reassured Joanne and together they began to implement measures in order to assist with weight loss, such as having Joanne assessed by the physiotherapist so that she could use the exercise equipment in her day service. A volunteer began going for walks with Joanne once a week and Joanne also decided that on the days she did cookery she would have some of the meal prepared in class instead of bringing in her lunch as well. Joanne's wellbeing meeting was scheduled and her mother and sister attended. During the course of the meeting Joanne's weight was discussed. Her mother began by saying 'You're getting awful fat altogether … look, those clothes don't even fit you any more … what am I going to do with you?' Rose could see the colour rise in Joanne's cheeks and the tears begin to prick her eyes. Joanne's sister said, 'Yes, we'll have to sort you out before you have a heart attack.'

Question: How do you think Joanne might feel? How would you support Joanne at this stage of the meeting?

Rose passed Joanne a tissue and reminded her of all of the great work that she has been doing and asked her if she would like to tell her family about her healthy eating choices and use of the exercise equipment. Joanne and Rose had prepared some visual support plans, which Joanne showed to her family. Rose made the decision to steer the conversation in a more positive direction so that Joanne might enjoy the remainder of her wellbeing meeting as she had worked so hard to prepare the agenda and content of the meeting. Rose decided that she would chat to Joanne later about how she felt the meeting went. It may have felt like the right thing to do to jump to Joanne's defence directly after the comments in relation to her weight were made; however, Joanne's family didn't visit the day service often, and family relations were already strained. It's important that we don't make judgements or assumptions about how families interact, or care for their loved ones, as they too may have things going on in their lives that we are unaware of.

* Names have been changed to protect identities.

> If you judge people, you have no time to love them – **Mother Teresa**
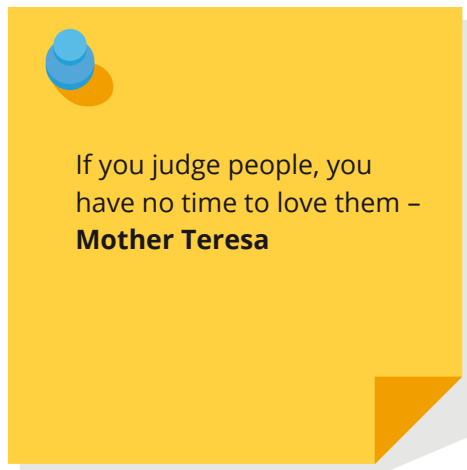
Thus, judgement has no place in social care and only serves to hinder relationships with those who are already marginalised. Social care workers have many opportunities, especially when accessing the community, liaising with families and multi-disciplinary teams, to help to change people's attitudes towards marginalised groups within society. As social care workers it is crucial that we don't judge a service user based first on their disability and second on the decisions they choose to make.

Active Listening

Being present with people is a core concept which stems from our ability to be self-aware and practice in a mindful manner. It means continually looking for subtle cues in relation to how an individual presents themselves on any given day. One of the most valuable lessons I have learnt throughout my social care career is the importance of active listening.

Rogers and Farson first coined the term 'active listening', claiming it to be a 'growth experience which can [build] deep, positive relationships and tends to alter constructively the attitudes of the listener' (1987:1). Two components are important here: 'the content of the message and the feeling or attitude underlying this content' (p.3). As social care practitioners we aim to understand both components in order to understand the total meaning the person is trying to convey. Rogers and Farson also argue that '[in] some instances, the content is far less important than the feeling which underlies it' (p.3). This is perhaps even more important in social care as often times the service user won't have the skills to clearly articulate how they might be feeling. It is therefore crucial that we develop relationships with the service users we support and begin to recognise the non-verbal cues that may indicate how the person is feeling. This can help to offset any emotional upset or episodes of behaviours that challenge. It's important to know how the people you support communicate and helping a person to develop a communication passport or support plan can be very useful here.

Rogers and Farson (1987:3-4) outline the following important cues to be mindful of when listening to a person:
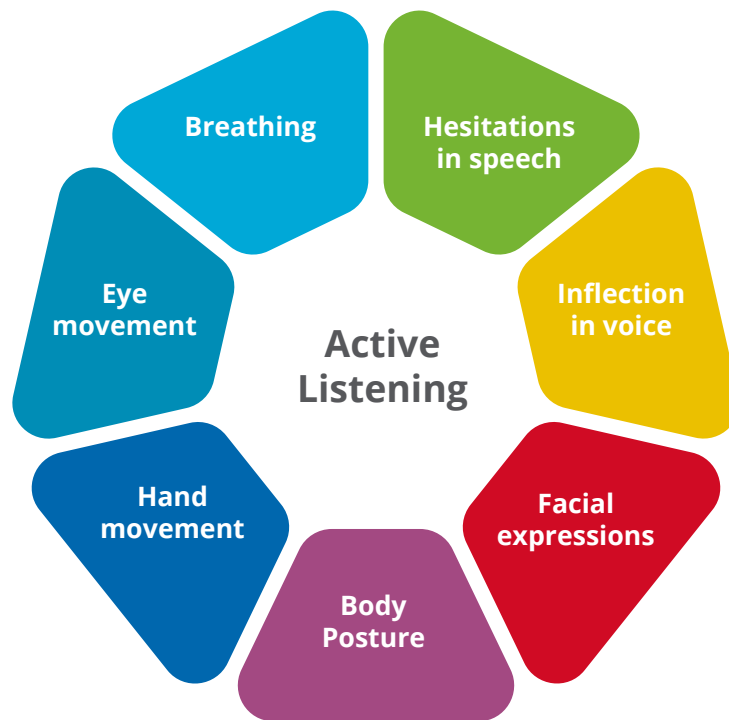
Rogers and Farson also note that 'Active listening carries a strong element of personal risk [as] we risk being changed ourselves', for example, we run the risk of seeing the world from another person's point of view (p. 5). They claim that 'It is threatening to give up, even momentarily, what we believe and start thinking in someone else's terms. It takes a great deal of inner security and courage to be able to risk one's self in understanding another' (p. 5).

It is vital to have a genuine interest in the speaker. Any pretence of interest will be picked up by the person and as a result they may 'no longer express [themselves] freely' (p. 5). This is so important in the area of social care, in particular; being willing to invest yourself emotionally will undoubtedly come as a result of actively listening to a person. If you chat with somebody you support for longer than a minute or two you are no longer engaging in idle conversation. Instead you should see this time as a valuable opportunity, one in which you can actively seek ways of gaining information which might translate into future goal-setting, problem-solving or advocating on behalf of the person.

TASK 3 Research positive behaviour support to better understand the link between non-verbal cues and behaviour and supporting the person in an individualised way.

Case Study 4

All About Me

The organisation I work for has an excellent person-centred planning system, part of which facilitates a service user and member of staff to embark on a process of discovering the person. Together, the service user and staff member compile meaningful information which the service user would like to share with those he/she chooses and in a format which is accessible to the person. For example, the All About Me could take the form of a photo album, memory book, video recordings or a combination of visual and audio. The finished product is a document entitled 'All About Me'. It's the journey and not just the finished product which makes this process so special. An All About Me offers an invaluable insight into the person's world – everything meaningful to them. The All About Me process is an example of active listening in action and the resulting actions and positive outcomes that can result from the process in order to better the lives of those whom we support.

TASK 4

In social care we talk about 'what is important **to** and **for** the person'. In your place of work, how is 'what is important **to** the person' recorded and communicated to others?

Advocacy

According to Mind (2018), advocacy can be described simply as '"getting support from another person to help you express your views and wishes, and help you to stand up for your rights. Someone who helps you in this way is called your advocate."'.

One of the key roles of social care workers is advocating on behalf of those whom they are supporting.

- Judith Snow is an example of an advocate. In particular, she was an advocate for inclusion and has also been described as a 'remarkable leader, philosopher, teacher, artist, creator' (Inclusion). She believed not in disability, but in 'giftedness and capacity' (Inclusion). Inclusion provides many resources to gain a deeper insight into Snow's work and life.

- The Wellness Recovery Action Plan (WRAP) is an example of a mental health recovery tool which allows a person to advocate for themselves. The self-designed plan is created when a person feels well and documents exactly how the person would like to be supported should they become unwell (AHP online).

- The HSE provides details of nationwide advocacy services for many groups in society (HSE online)

- The Citizens Information Board (www.citizensinformationboard.ie) is also a great resource for information, advice and advocacy.

TASK 5

Think about how you would like to be supported if you needed somebody to advocate on your behalf.

To conclude, social care is based on the development of inter-personal relationships with vulnerable people. It requires empathy, strong communication skills, self- awareness and an ability to use self- reflection.

Finally, never be afraid to invest yourself in another person in the pursuit of truly understanding the world of another. Snow's writing is testament to the notion that if we can try to understand an individual who has been marginalised or needs to be supported in some way, we may be gifted with a deep connection to the individual, whereby our lives are enriched with a better understanding of the meaning of life. She said, 'Walk into the daily activities and environments of life with this person as dream and reality interact in a creative dance that expresses the meaning of life. Try this and may you rejoice in all that you create together' (Snow 2015:63).

Tips for Practice Educators

It is important for the student to really try to place themselves into the shoes of the service user. A few key aspects are important here.

Respect an individual's life choices and lived experiences. Enter into a relationship with the individual, not solely in a caring capacity, but one based on acceptance that the service user is the expert. For too long in the caring professions the service user and their families were disempowered and handed control of their loved one over to professionals who, it was assumed, knew best. The person-centred planning process, including the All About Me, is invaluable in this respect. The time spent on this process is always well worth the investment.

All too often service users are labelled and treated in a certain manner in line with whatever attributes they are deemed to possess. For students entering placement it is vital that they invest the time in getting to really know an individual instead of treating the service user as perhaps others do. In this way the service user will be at a greater advantage in relation to having their needs accurately communicated.

Advise the student to complete relevant recognised online courses that may enhance their skills and learning; for example, the online learning and development site HSELanD (www.hseland.ie) provides online learning courses including Communication with Consideration and Putting New Directions into Practice.

Finally, don't make the fundamental attribution error and presume a student isn't capable of engaging in tasks, projects or interventions. The new perspectives that students bring are often invaluable. The learning gained through placement and the opportunities given to students during this time will help to shape their future practice. Guiding students through placement allows social care workers a considerable opportunity to impart their knowledge and skills so that the students learn to become competent social care workers.

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