

9 Values and planning in social care

This unit looks at how social care services need to acknowledge the uniqueness of each individual, and plan and deliver support services in a holistic way to ensure that all the individual's needs are met. By completing a range of activities you will develop an understanding of the diverse nature of the people who are receiving care and some of the ethical issues that can arise in health and social care settings. This will involve recognising the rights and responsibilities of both the individual and the social care practitioner. Sometimes these rights can appear to be in conflict. This unit enables you to explore the different issues and ethical dilemmas that could occur and discuss ways of resolving them.

By undertaking placements in care settings, you can link the theory you have been taught in the classroom to professional practice. As you progress through the unit, you will start to recognise good social care practice, develop your reflective practice skills and understand the importance of ensuring that you have professional boundaries in place. You will also gain an understanding of the importance of principles and values, which inform all health and social care practice. A vital part of principles and values is support planning, which means ensuring that individual needs are planned for and resources are put in place. As part of the support planning process, you will also gain an understanding of some of the ethical and legal boundaries that are involved when caring for vulnerable people.

Learning outcomes

After completing this unit you should:

- 1 understand principles and values which underpin the planning of support for individuals
- 2 know processes involved in planning support for individuals
- 3 understand legislation, policies and codes of practice related to the planning of support for individuals
- 4 understand ethical principles in relation to providing support for individuals.

Assessment and grading criteria

This table shows you what you must do in order to achieve a pass, merit or distinction grade, and where you can find activities in this book to help you.

To achieve a pass grade, the evidence must show that you are able to:	To achieve a merit grade, the evidence must show that, in addition to the pass criteria, you are able to:	To achieve a distinction grade, the evidence must show that, in addition to the pass and merit criteria, you are able to:
<p>P1 Explain how the application of relevant principles and values will enable professionals to provide holistic support for individuals who use social services. See Assessment activity 9.1, page 11</p>	<p>M1 Review the benefit to individuals and professional staff of taking a holistic approach to planning support. See Assessment activity 9.1, page 11</p>	<p>D1 Analyse reasons for working with professionals from more than one agency when planning support for individuals. See Assessment activity 9.1, page 11</p>
<p>P2 Identify the processes and assessment tools involved in planning support for individuals with different needs who use social services. See Assessment activity 9.2, page 18</p>	<p>M2 Describe how three key professionals could be involved in planning support for individuals. See Assessment activity 9.2, page 18</p>	<p>D2 Assess potential issues which could arise from the involvement of several professionals in the planning of support for individuals. See Assessment activity 9.2, page 18</p>
<p>P3 Explain how one piece of legislation, one policy and one code of practice could be applied to planning support for individuals. See Assessment activity 9.3, page 23</p>		
<p>P4 Explain how to incorporate ethical principles into the provision of support for individuals. See Assessment activity 9.4, page 30</p>	<p>M3 Justify how an ethical approach to providing support would benefit the individuals. See Assessment activity 9.4, page 30</p>	
<p>P5 Explain why an ethical approach may provide workers with dilemmas. See Assessment activity 9.4, page 30</p>		

How you will be assessed

Your tutor will provide you with assignment briefs, which are designed to ensure that you meet the requirements of the grading criteria. You will find your placement experience very useful, as this will enable you to observe the way in which ethics, principles and values are incorporated into the practical delivery of support for individuals. You must complete all work set to a minimum of the pass criteria in order to pass this unit.



Jessica, 17 years old

At first I found it a little difficult to understand what values and principles meant, and it was hard to see how they worked in practice. But then I went to my first placement at The Elizabethan Nursing Home and met Anna, the officer in charge, who explained the importance of policies and procedures and showed me the code of practice, which she has to follow to ensure that she can remain a registered nurse. Anna told me the importance of treating everyone with respect and making sure that they have privacy, even if they have little mobility or have difficulty talking. This was really useful for my first assignment, as I had to understand all the needs that people have, whatever age they are. My experience on placement also helped me to understand all the jobs there are in health and social care and how the different staff members have to work together to support each individual. For my third assignment, I had to do some research on the law and how different pieces of legislation can support different people. Anna spent some time with me, explaining how this can make Mary and all the other residents safe and happy. I found the last part of the unit challenging. We worked in groups to organise a class debate about ethical issues – this made me think about the importance of having control over my own life and what is involved when I am making decisions. I have enjoyed this unit and my placement experience and I am now determined to become a social worker.

Over to you!

- 1 What qualities and skills do you think Jessica has that make her good at health and social care work?
- 2 Why is this unit so important?
- 3 What do you think you will find most interesting and most difficult in this unit?

1 Understand principles and values which underpin the planning of support for individuals



Get started

Where do you stand?

Individually decide whether you agree or disagree with the following statements:

- Smacking children should be made illegal.
- Divorces should not be so easy.
- Gay men should be able to foster and adopt children.
- Murderers should be executed.
- Abortions should be banned.

Now get into groups of four and compare your individual responses. Were there any different opinions? Were you able to accept others' attitudes to these issues? Justify your own view to others and discuss the various views. How difficult was this for you personally? Were you able to change anyone's attitude?

1.1 Principles and values

When any discussion about **principles** and **values** takes place there can be a lot of disagreement, as our awareness of right and wrong is influenced by our upbringing. The influence of our parents or carers helps to form our attitudes to situations and scenarios at an early age and this process is known as **socialisation**. Values can be political, social, moral and spiritual; and the values derived from our individual experience affect our behaviour.

Individual attitudes are inextricably linked to values. Our personal attitudes affect the way in which we relate to others and our general behaviour towards them. Our attitudes are part of our individual identity but it is very important that it does not stop us accepting and valuing others. You probably find that you are most at ease with people who have similar attitudes to yours.

When people work together they may develop a group identity that involves shared values or norms. Norms are a general standard of expected behaviour, which is reflected in how social care settings set up their policies and procedures. By following policies and procedures correctly, social care workers can learn to work in a professional way to support individuals within their care.

It is very important that health and social care practitioners promote tolerance and understanding, and make sure that diversity is valued.

Sometimes your attitudes will be very obvious to those around you, even though you are not aware of it yourself. For instance, if you are not comfortable with someone you may show this through negative non-verbal communication (e.g. crossing your arms,

Key terms

Principles – Based on values, principles are basic guidelines about the right way to behave, i.e. your own personal code of conduct. For example, you treat people with respect because you believe that is the right thing to do.

Values – Beliefs about what is important to you as an individual, and what you believe about what is morally right and wrong. Values are usually learned from your parents/carers and tend to change throughout your life.

Socialisation – The way in which an individual learns to conform to the accepted standards of behaviour within the culture/society in which they live. There are two forms of socialisation – primary and secondary. The primary process occurs when a child is influenced by primary carers' values attitudes and beliefs. The secondary process involves the way in which education, media, religion and legislation reinforce accepted modes of behaviour.

looking away or not smiling at him/her). Because of this, it will be difficult for you to establish a good relationship with that person; they will sense that you feel uncomfortable with them. However, you need to develop a non-judgemental attitude when working in a health or social care environment.

Activity 1: Non-judgemental values and attitudes

Identify four ways of ensuring that as a social care practitioner you send positive signals to both children and adults that will make them feel welcome.

Now imagine that you are on a placement at a nursery and consider how you would deal with the following situations in a way that is fair, effective and non-judgemental:

- A mum who comes into the nursery is constantly late and always swears in front of her children.
- An extremely well dressed dad with a briefcase arrives to collect his son and completely ignores him, refusing to look at his paintings and craft activities, which he has produced for Diwali.
- A smartly dressed little girl comes to nursery, and makes fun of two little boys who are wearing hand-me-down clothes. You have heard her mother also making negative comments about the two little boys, calling them 'trouble-makers' and saying that they should not have a place in the nursery.

PLTS

Creative thinker: This activity will enable you to demonstrate that you can recognise situations where an ethical approach to support may present workers with dilemmas.



A care practitioner working with children in an early years setting. Looking at this photo, how do you think the care worker relates to the children?

Empowerment of individuals and the care value base

Empowerment means giving individuals enough information to enable them to make informed decisions and make choices about their life. It lies at the heart of the care value base, devised by the Care Sector Consortium in 1992 in order to provide a common set of ethical principles and values for health and social care workers. The care value base is now more commonly known as 'principles and

Key term

Empowerment – Enabling individuals to take responsibility for their own lives by making informed decisions.

Case study: Matt's placement experience

On his first placement, at a Sure Start Centre, Matt is faced with a series of challenges, which he finds difficult to deal with, as they are in conflict with his own attitudes and values. Although Matt is enjoying his placement experience he is becoming aware that not all children within the setting are valued and he is worried about the feelings of a four-year-old girl called Josie.

Josie comes from a travelling family. They have been in town for three weeks but the workers at the placement

have not yet taken the opportunity to have a proper conversation with Josie's parents. When she starts talking about her caravan and horses, the staff do not really listen. Their attitude is that children should not be moved around all the time, and should not be living in a caravan.

- 1 Why do the staff treat Josie's parents differently?
- 2 How might this affect Josie?
- 3 If you were in Matt's position, what would you do?

values'. Principles and values describe the kind of attitude towards care you would appreciate if you were being cared for yourself. Creating a positive care environment requires health and social care workers to adopt principles and values, which become a 'way of being and working'. Principles and values include recognising and acknowledging the following points:

- empowerment of individuals
- promotion of choice
- promotion of **rights** (to dignity and privacy, safety and security)
- recognition of preferences
- involvement of individuals in planning their support
- respect for diversity, including individual identity, cultural beliefs, moral beliefs and values
- anti-discriminatory practice
- maintaining confidentiality.

Key term

Rights – Things that everyone is entitled to receive. These are usually explained in legislation.

Activity 2: Care values in practice

In small groups, research principles and values and design a role-play that incorporates all the care values. Perform your role-play to your teaching group and then produce a reflective account of the activity.

Reflect

Think about an occasion or occasions when you felt completely disempowered, too frightened to speak up for yourself and had no control of the situation. How did you feel at the time? How did you feel after the event? If it happened again, what would you do differently?

Promotion of choice

All individuals should be encouraged to exercise choice or control over their lives – for example, by choosing which activities they participate in when they are in a residential care setting. All individuals using social care services have a right to select,

either independently or with assistance, a range of options and activities which are specific to them. An advocate can help to ensure that choice is promoted by representing the individual and explaining what is important to them (not what other workers think is important). For instance, a young woman with learning disabilities might be prevented from having a boyfriend of her choice, as care workers may feel that they are protecting her, even though she is over eighteen and should be able to make the choice herself.

Promotion of rights

All individuals in a health and social care environment have rights to confidentiality, choice and to have their individuality acknowledged and respected. In addition, they have a fundamental right not to be discriminated against, to practise their cultural and religious beliefs, and to receive equal and fair treatment at all times. All individuals have a right to voice their opinions and receive effective communication. They must have access to the policies and procedures of the organisation that is providing their care, and know how to make a complaint if they feel that their needs are not being met.

Reflect

Think about any rights that you have at home, in college and in the workplace. Make a list of these rights and comment on how they are taken into account. Has there been an occasion when your rights have not been taken into account? If so, describe how you felt?



What rights do children have in care settings? Are these different to those of adults?

Table 9.1: Rights of children and adults in care settings

Children in care settings	Adults in residential care, day care or nursing homes
Have the right to: <ul style="list-style-type: none"> • be heard • safety and security • enjoy and achieve • make a positive contribution • have their wishes considered • confidentiality • be provided with stimulating activities. 	Have the right to: <ul style="list-style-type: none"> • choose own GP • equal and fair treatment • consultation • protection • make a complaint • advocacy • empowerment • sense of identity.

Case study: Individual rights

Margaret has been diagnosed with the early symptoms of breast cancer. She has empowered herself and has found a revolutionary treatment, which she believes can give her a better prognosis. Margaret has approached her local primary care trust to request the treatment. After consideration, Margaret's request has been denied on the grounds that the treatment is still being tested and it is very expensive. Margaret has decided to take her battle to court to try to win the 'right' to treatment.

- 1 What conflicts of interest are there in this case?
- 2 What do you think the court ruling should be?
- 3 Why?

Recognition of preferences

When providing social care support for vulnerable people, it is important to find out and recognise their preferences. This will ensure that they are able to live independently and allow them to stay in control of their daily lives. For example, individuals should be able to state their preference as to the type of support they wish to receive. For example, an older man being provided with care in the community might prefer to have a male social care worker to help with washing and dressing. If individual preferences are acknowledged it makes it easier to work effectively in partnership.

Involvement of individuals in planning their support

Care should be person-centred, meaning that care is focused on the individual to ensure that independence and autonomy are promoted. When planning support the social care practitioner should use a variety of different methods to collect information about an individual's unique qualities, abilities, interests and preferences as well as their needs. This means asking the individual what support or service they would like to meet their needs. The social care worker should not make any decisions or start delivering a service without discussion and consultation with the individual involved.

Respect for religious beliefs, moral beliefs, values and culture

Britain is a multicultural society and this has an impact on health and social care delivery. Not only do health and social care professionals come from a diverse range of backgrounds but so do the people who are receiving health and social care services. This means that there is a wide range of behaviours and beliefs which should be recognised and valued.

Living and working in a culturally and socially diverse society can provide experiences of a wide range of skills and expertise from different traditions and cultures. For those working in health and social care this can create exciting opportunities, such as new forms of treatment, different ways to deliver social care and, most importantly, learning opportunities for professional practitioners, individuals who are receiving care and individuals in the wider society.

The value of diversity should be obvious but, unfortunately, many people lack knowledge and understanding of different cultures, races or religions, and may therefore become fearful of something or someone who is different. This can be especially true of some people who are feeling vulnerable when they are in need of health or social care services. It is a legal requirement for all health and social care organisations to respect and value all individuals, irrespective of their religious or cultural beliefs or attitudes. Therefore, all health and social care organisations should recognise and value difference. A social care setting that embraces diversity demonstrates to care workers and individuals how valuing each other in our day-to-day behaviour can have a positive impact on

working practices and the culture of the organisation. In practice, this means that that all organisations should have policies and resources that reflect our multicultural society.

Anti-discriminatory practice

Essentially, discrimination is caused by **prejudice**, which in turn leads to negative behaviour. Giddens (2001) described discrimination as 'activities or actions that deny to the members of the group resources or rewards which can be obtained by others'.

Therefore, to **discriminate** is to distinguish between people on the basis of class or background without regard to individual merit. Examples include social, racial, religious, sexual, disability, ethnic, and age-related discrimination.

Discriminatory actions or behaviour can lead to some people not having their needs met. Negative behaviour can damage a person physically and psychologically and can cause stress. Discriminatory practice can prevent people gaining access to support services and the financial aid they need in order to maintain their health and well-being. In some cases this can lead to malpractice and abuse, putting individuals at risk of significant harm. Care workers need to understand the importance of avoiding discriminatory language and behaviour in order to employ anti-discriminatory practices in their own work. There is also a danger of **stereotyping** or making assumptions about people just because they are from a different background.

Key terms

Prejudice – Preconceived opinion that is not based on reason or actual experience..

Discriminate – Distinguish between people on the basis of class or background without regard to individual merit. Examples include social, racial, religious, sexual, disability, ethnic and age-related discrimination.

Stereotype – To make assumptions (often negative) about certain groups of people, attributing the same characteristics to every individual in a particular group.

There are three main types of discrimination:

- 1 Direct discrimination (overt) is when individuals openly discriminate against others. Words or actions are used deliberately to disadvantage another person or group of people. For example, a social care practitioner may give preferential treatment to some of the people in their care, and withhold the treatment from some of the other individuals within the same care setting.
- 2 Indirect discrimination (covert) is when certain conditions are in place that show a preference for some people over others. For example, rules and regulations may make it impossible for a person belonging to a specific group to fully participate in society. This can be difficult to prove because it is not obvious that this is what is happening.

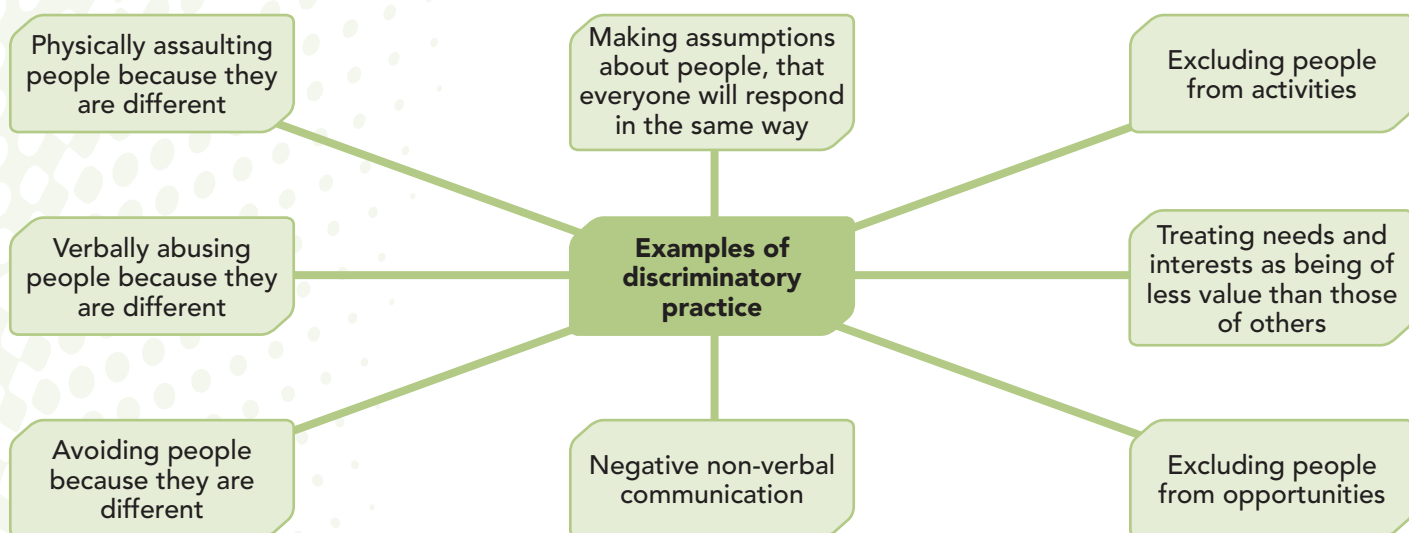


Fig 9.1: Some examples of discriminatory practice

- 3 Institutional discrimination is where anti-discriminatory policies and procedures are not in place, and there is a lack of multiculturalism within the setting or no inclusive practice.

Activity 3: Discriminatory practice



In groups, produce a social care scenario that includes examples of direct, indirect and institutional discrimination. Then discuss how an organisation can promote an anti-discriminatory culture.

Holistic approach

All care work is about improving an individual's quality of life by taking a holistic approach to providing care. Holistic care means looking at all of a person's needs (physical, intellectual, emotional, social, cultural and spiritual) and providing opportunities for these needs to be met.

Working in partnership

Since the introduction of the Care and Community Act 2000 there has been an increased emphasis on different health and social care agencies working together in partnership. This includes sharing good practice and contributing to the support of vulnerable individuals. For example, when supporting children and families the social worker and the health visitor need to work together, using their different qualities and skills to develop a support plan.

A multi-disciplinary/inter-agency approach

Multi-disciplinary working is about teams of workers from different specialist professions and services working together in order to prevent problems from occurring in the support planning process. Effective multi-disciplinary working can mean that the individual who is receiving care can get a better service and a better outcome from service providers. Working well with other agencies allows for all the different options to be considered and resources can be offered to be included in a support plan. In this way, realistic expectations and the limits of what can be offered can be discussed by all the different agencies, the support plan manager and the individual who is going to receive care services.

A well-organised multi-disciplinary team can help avoid duplication of roles and conflicts of responsibilities. However, working with different professionals and organisations can prove challenging, as each professional may have different priorities, which can involve allocation of financial and other resources. Key staff within the team may have different approaches to the targets and goals that have been set. For example, the community support worker could have a task-centred approach, just focusing on the specific task they have been asked to undertake and ignoring the wider picture. The social worker may have very different priorities, which could be linked to funding of services. The funding might not be adequate to meet all the needs of the individual named in the support plan. There could also be problems with acknowledging differences in opinions about how the rights and needs of the individual should be met, which could add to conflicts within the team.

It is extremely important for the service provider to be fully aware of the power they have in their professional capacity and not misuse this power. This means being aware of the conflicts that can emerge in relation to the individual's rights and needs. For example, if the social worker feels that regular respite care should be included in the support plan but the individual does not want this, the individual's wishes must be acknowledged in a supportive way. The relationship must be built on mutual trust and understanding. This is very important when difficult decisions are being



Why is a multi-disciplinary approach effective?

Case study: Multi-disciplinary working with Jim



Jim was diagnosed with bipolar illness during his first year at university. Now in his mid-fifties, he has stayed with his parents in the same house all his life. Jim's parents have not had access to any support and they are increasingly worried about their ability to cope with Jim when he is at his most withdrawn and what will happen to him once they are no longer able to look after him. While they have tried to treat Jim as an adult, the reality is that he is the 'child' in the relationship. Jim's GP is well aware of this and she is concerned that Jim's parents are becoming increasingly frail and have difficulty in coping with Jim's mood changes and meeting his needs. Jim doesn't cook, clean or do his own laundry and his parents' friends are also his friends. After discussion with Jim and his parents, Jim's GP decides to refer him to the Community Psychiatric Team for a needs assessment. It is decided that Jim will move into supported tenancy and work with a support worker who will be his key worker.

There are several key people involved in supporting both Jim and his family. The first point of contact is the family's GP. A GP has extensive knowledge of

medical conditions and has skills to assess a problem and decide on a course of action, which can be a combination of treatment, prevention and education. In Jim's case his GP will monitor his condition and review his medication. Jim also has access to an approved social worker (ASW) who has completed additional specialised training regarding mental health issues/legislation. Jim's ASW will be able to assess whether Jim has the capacity to make his own decisions. If Jim is unable to make independent choices the social worker could act as his advocate or refer Jim to an advocacy service.

- 1 What is bipolar illness?
- 2 Identify the professionals who would be part of the multi-disciplinary and inter-agency team working with both Jim and his parents.
- 3 Devise a support plan that would support Jim in his transition.
- 4 Whose rights, wishes and needs must be paramount? How can the professionals in the multi-agency team ensure that both Jim's and his parents' rights are protected?

made, such as when an individual should move out of their home.

In the case study above, Jim's parents will also require support in their role as Jim's informal carers, which can be very tiring and emotionally taxing. There are carers' support groups in all local authorities, and voluntary organisations (such as Age Concern and the British Red Cross), which the social worker should refer them to, can also provide support. However, Jim's parents might prefer to empower themselves further by making use of online support, which they could access at their local library with the help of the librarian.

Confidentiality

Individuals have a basic right to privacy and control over their personal details. Maintaining confidentiality has become a specific issue in principles and values. It is vital to successful care-giving to keep information provided by all individuals confidential. It is a legal and moral requirement and it also demonstrates that a trusting relationship has developed; it shows that the organisation values and respects the individuals who are receiving care. If in doubt a care worker should ask, 'How do I know it's confidential? Do I know the

information because of my professional role? Does the person I am supporting trust me to keep the information secret?'

However there may be times when this information has to be shared on a 'need to know' basis. For instance, there could be occasions when an individual discloses some information to a care worker and this information has to be passed on to another agency. The individual must be informed if any information is to be passed on.

Fulfilling responsibilities

Health and social care workers have a clear responsibility to follow the policies and procedures of the organisation in which they are employed. These are outlined in a contract of employment and the professional code of practice. By following organisational policies, professional practitioners will ensure that they are safeguarding individuals within their care as well as being positive role models. In addition, practitioners have to meet the requirements of relevant legislation (such as The Health and Safety at Work Act), which is in place to protect individuals and care workers. Social care workers also have a

duty to work with other professionals to ensure that a person-centred approach to the delivery of care is taken and monitored and is based on assessed needs.

Care workers have a responsibility to understand the importance of communication and handle all information in a sensitive and professional way.

Activity 4: Confidentiality dilemmas

Working in small groups, discuss the scenarios listed below and consider what you would do and what would be 'best practice'.

Think about how you would refer to the confidentiality care value guidelines to help you make a decision in the following situations:

- 1 You work with an older person, Mary, who tells you 'My son-in-law takes my pension every week, but don't tell anyone. He might stop my daughter from visiting me and I couldn't bear that.'
- 2 You are working in a children's centre and Jack, aged seven, discloses to you that Mum gets very angry with him, calls him names and quite often leaves him alone all weekend when she goes out with friends.
- 3 While changing Mr B's sheets a care worker suggests that he might like to go to talk to Mrs X in the day room because she is a bit upset, as she 'had an accident on the way to the toilet'.
- 4 Frank, a resident of a care home, tells his carer that he hasn't been taking his pills. He has pains but he 'doesn't want to go on'. He is saving them to take an overdose. He makes the carer promise not to tell.
- 5 You are updating computer records on screen. You receive a telephone call from a relative who asks about his aunt. The details are on the screen and clearly visible. However, you have not met the nephew, although he is named as his aunt's next of kin.

Assessment activity 9.1

P1 M1 D1

BTEC

- 1 Using the example of one individual who uses services, write a description, in essay form, of how you would apply relevant principles and values when planning a package of holistic support for that person.
- 2 Extend your essay to include an analysis of the benefits to the individual, and also to the staff involved in delivery, of taking a holistic approach to planning.
- 3 Extend your essay to include a review of the reasons for working with professionals from more than one agency when planning support.

Grading tips

- P1** For P1, you need to use your placement experience and produce a case study of an individual who is supported by the setting.

Identify how the key worker has assessed them and is meeting their holistic needs. Identify which professionals are involved in supporting the individual. Remember to ensure that confidentiality is maintained when undertaking this task.

- M1** Interview the individual's key worker and find out the advantages for both the individual and key worker of working in a holistic way when planning support.
- D1** When interviewing the key worker, ask 'what are the benefits of using different professionals in providing holistic care for your chosen individual?' Consider at least three reasons and justify each one.

PLTS

Independent enquirer: You will show your independent enquiry skills when relating principles and values to the support of individuals who use services.

Functional skills

English: When writing your essay you will show that you can communicate information, ideas and opinions.

2 Know processes involved in planning support for individuals

2.1 Processes

We all think about and plan our lives in different ways. Some people have very clear ideas about what they want and how to achieve it; others take opportunities as they arise. Some people dream and then see how they can match their dreams to reality. Sometimes it is useful to plan in a structured way and this is very important when recognising and planning care provision for vulnerable people.

Since the introduction of the NHS Care and Community Act 1990, all local authorities are required to carry out needs-led assessments, which should take into consideration individual preferences and choices. Needs-led assessments are person-centred; whereas resource-led assessments are driven by the availability of resources from a particular service or area. This is often referred to as a 'postcode lottery'. For example, an older person who has become frail and is losing their confidence might be offered a cheaper place in a day centre that would meet their social needs, but a sitting service might be more appropriate for both the individual and their informal carer.

When a support plan is produced for an individual they decide what is important to them and what they would like to change in their life. During the assessment process the social worker will discuss with the individual what is working and not working to ensure that they have a good quality of life. This will make it easier to identify what support or resources are needed to make their life easier. A support plan does not have to be complicated; it can be as detailed or as simple as required, as long as both carer and individual discuss, understand and agree the desired outcomes of the assessment.

The cycle of assessment and planning

When producing a support plan it is very important to consider how to meet all of the individual's needs, while also considering the role of the informal carer. When the first assessment takes place the extent of all the individual's support needs might not be apparent. This makes it difficult to identify all the relevant support services that could be useful. Therefore it is important that dates are set for reviewing the plan with the person requiring care, their informal carer and any

relevant professionals, to see if all needs are being catered for. This process is often referred to as the support planning cycle.

The support planning and delivery process can be viewed as a cycle:

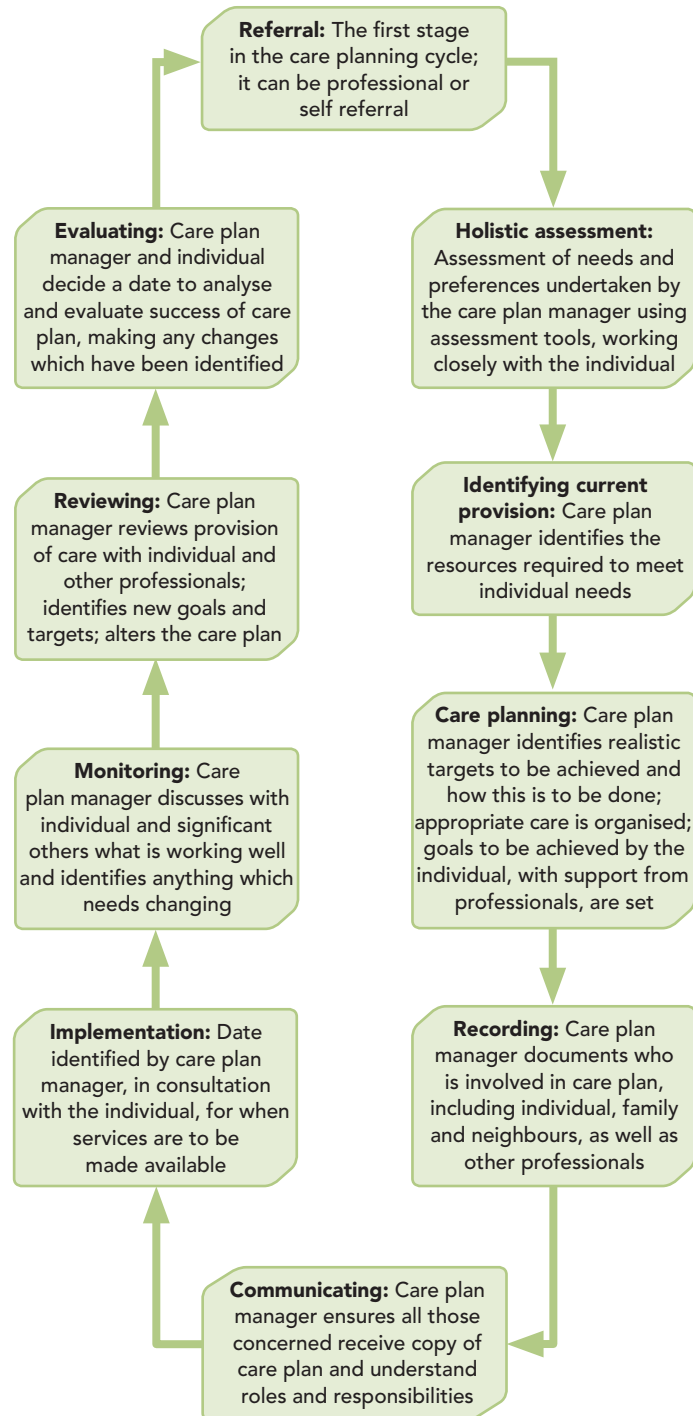



Fig 9.2: The sequence of steps in a support plan

Person responsible for implementing, monitoring and reviewing care plan:				Ms Eileen Walters: Community psychiatric nurse	
Today's date:		01.06.2010			
Date of next review:		01.09.2010			
	What is the problem?	How the problem is going to be solved?	Who is involved?	Time span?	Outcome?
Physical	To ensure Jim takes his medication.	Organise a medication routine..	Community psychiatric nurse	Immediately and ongoing	To stabilise Jim's condition.
	To develop his self caring skills.	Establish a routine for daily living skills.	Key worker Jim	Ongoing	To establish independence.
	To improve his health and fitness.	To have a health and fitness plan.	A support group	Ongoing	To develop health and fitness.
Intellectual	Jim to be supported in joining the local library.	To provide intellectual stimulation.	Key worker and Jim	Ongoing	To develop intellectual skills.
	To enrol at local college, providing discrete courses for people who have mental health issues.	To provide a routine to encourage learning and intellectual development.	Key worker and Jim College tutor and Jim	Ongoing	To develop his life skills.
Emotional	Jim to be supported in his transition to supported tenancy.	To be provided with emotional support, leaving his parents home.	Community psychiatric nurse Key worker	Immediately	To deal with negative emotions linked to the transition.
	Jim to be supported with his mental health issues.	To be provided with psychological support.	Community psychiatric nurse	Ongoing	To stabilise his condition.
Social	Jim to develop a social network and widen his hobbies and interests.	To be supported in identifying support groups and individuals which are of interest him .	Key worker and Jim Librarian, college tutor and Jim	Ongoing	To develop Jim's communication and interpersonal skills.
Cultural Spiritual	Jim's cultural and spiritual needs to be identified.	To be supported in identifying his cultural and spiritual interests, could involve attending local church or Buddhist group.	Key worker and Jim	Ongoing	To ensure that Jim's holistic needs are met.

Fig 9.3: A sample support plan. Can you think of anything to add or change?

Activity 5: Support planning



Visit the following websites and compare the support (care) plan examples:

- www.nhs.uk/planners/yourhealth/pages/careplan.aspx
- www.ncb.org.uk/careplanning/pdf/Complex-careplan-adam.pdf

Functional skills



ICT: This research activity will demonstrate your ability to find and select information on the Internet.

Involvement of key professionals

Key professionals working with individuals in need and their families could include the following people.

Social worker

The social worker's role is to ensure that the individual's rights are met. The social worker has a statutory responsibility to assess the level of support required to meet the needs of the individual and family they are working with. Social workers work with people to enable them to deal with or solve problems, such as child protection issues, gaining self-help skills or accessing various other support services.

Health visitor

A health visitor is a qualified nurse who has undertaken additional training. The health visitor works closely with children and families, providing advice and guidance in relation to children's growth and development. The health visitor may also identify other health and/or social care issues that the family is experiencing. Offering advice and guidance, they play a role in the areas of safeguarding and child protection.

Family support worker

Family support workers work in partnership with the social worker. Once the social worker has completed the assessment of need, the family support worker will work closely with families, providing direct support with a variety of problems, which can include parenting skills, domestic skills and financial management.

Probation officer

A probation officer is a qualified professional whose role is to supervise offenders within the community. (In Scotland they are referred to as criminal justice workers.) The probation officer will operate within the statutory framework, ensuring that offenders are meeting the requirements of their court orders. The probation officer will work closely with the offender on behaviour issues, and work with other agencies to ensure that the rehabilitation process takes place.

GP

A General Practitioner (GP) is a medical doctor with a general all-round knowledge of acute and chronic illnesses. The GP can provide preventative care and treatment for a wide variety of illnesses, and will refer the patient to a specialist if required.

Involvement of family

Individuals needing support will often require the involvement of members of their wider family. The support that family members can provide varies according to both the needs of the individual and the capabilities of the family members.

Advocates, interpreters and translators

Individuals who need support from health and social care services are not always able to state their needs clearly. There can be lots of reasons for this. It could be that they do not understand what their needs are, they could have an illness or condition that prevents them from expressing their needs, or they may have difficulties with their communication skills. It is very important that health and social care agencies provide a fair and effective service to people with whom they cannot communicate. Any barriers to communication can lead to the build-up of frustration, anger and misunderstanding. Misdiagnosis may occur and the individual's rights may be ignored.

Advocates

An advocate could be a family member or someone from a statutory or voluntary organisation. An advocate's role is to speak on behalf of, not for, individuals. The advocate's main role is to empower and protect people by ensuring that their wishes are identified and met, where possible, and that their rights and entitlements are protected.

The importance of using an advocate was initially identified in Section 2 of the Bristol Inquiry report

(2001). Although primarily aimed at the NHS, this recommendation has effectively meant that health and social care providers should have links to advocacy services that represent the interests of care users. An advocacy service should provide:

- confidential guidance and support to individuals, their families and carers
- information on health and social care related issues
- confidential assistance in resolving problems and concerns
- opportunities to negotiate solutions, speak on behalf of, and express the wishes and choices of individuals who receive care services.

Interpreters

Interpreters are professionals who communicate meaning from one language to another; this includes British Sign Language.

It is also important to train health and social care staff in how to work effectively with interpreters, as three-way communication can be extremely confusing. Other difficulties can arise when using an interpreter (such as social class, regional dialects, religion or geography), all of which may interrupt the process of interpreting and communication. It is therefore important to recognise that speaking the same language may not necessarily mean that the same understanding will follow.

Sometimes people are reluctant to use interpreters who are from the same community for fear that personal information will not be kept confidential, or that they will be judgemental. This is unlikely to happen with trained professional interpreters, who do not know the individual they are working with.

Translators

Translators are people who change recorded material from one language to another.

It is important that health and social care organisations provide information in a range of languages to reflect the ethnic profile of the community. For example, leaflets and posters in hospitals or day centres should be printed in Urdu, Punjabi and Chinese as well as Braille. Organisations should also provide welcome signs in other languages, and translated signs. These help people from different ethnic groups find their way around buildings and help to provide a welcoming and reassuring environment. However, verbal messages need to be catered for (as well as written ones), and

this can be provided through interpretation and translator services.

Activity 6: Enabling communication



Produce a poster identifying reasons why a person may not be able to communicate their needs to a professional practitioner. Include the ways and type of resources that can be used to enable individuals to express themselves more clearly. You should explain the role of an advocate, interpreter and translator.

Case study: Sylvia, the informal carer



Angela has been working with Les and Sylvia for several years; Les has advanced Alzheimer's disease (a degenerative form of dementia) and has become increasingly violent towards Sylvia. Sylvia has a hearing impairment and can only communicate by using sign language. Les has also lost the ability to distinguish between night and day and spends most nights awake and walking around the house. Angela, the care worker, has noticed that caring for Les is increasingly exhausting Sylvia, Les's informal carer. Angela discusses the situation with her manager and they decide to amend Les's support plan and recommend that Les has regular visits to the day centre and respite care to give Sylvia a break from her caring role. Sylvia is very upset when told of this and feels that she has not been consulted. She feels that she can no longer trust Angela and believes that she is undermining her role in caring for Les.

- 1 Think about principles and values and identify the issues that have arisen in this case.
- 2 What are the potential problems that may arise in Les, Sylvia and Angela's relationship and how can they be resolved?
- 3 Age UK could provide an advocacy service. What role could an advocate play in supporting Sylvia and Les?

2.2 Assessment

Assessment tools are resources that are used in the support planning process to help build up a holistic picture of an individual's needs and related circumstances. Once all the details are recorded, an assessment can be made, and suitable care and support can be identified.

Table 9.2: Examples of assessment tools

Assessment tool	Description
Checklists	The social worker has a list of criteria, which is helpful during the initial assessment process to ensure that each criterion is covered.
Forms	It is essential that all relevant forms are completed to provide evidence of this information.
Diary of the professional	This should be used to record minutes of any meetings that take place, all the decisions that have been made, and who attended each meeting.
Diary of the individual using the service	By keeping a diary, the individual can express their choices and preferences and can also evaluate the social care that they are receiving.
Questions	At the initial meeting with the individual, it is important to ensure that the process is fully understood. This requires skilful use of questioning, including a combination of open and closed questions. The support plan manager must avoid using leading questions, as this could lead to a misuse of power.
Records of incidents and accidents	To make sure that monitoring and reviewing is undertaken, the key worker is advised to keep a record of incidents and accidents. This can indicate when support needs should be changed or adapted.
Observations	Observations can help to describe behaviour patterns, self-care skills or the medical situation of the individual.
Personal histories	A holistic view needs to be undertaken. This means making reference to previous medical history and personal status (i.e. relationships, carers, etc.), as this becomes central to their current assessed needs.
Flowcharts	A flowchart can be used to summarise other forms of assistance that may be appropriate to the individual.
Discussions	Effective communication and the sharing of information within a multi-agency team are very important when meeting individual needs. The assessment process relies on a series of discussions involving everyone in the support planning process.

Case study: Benjamin

Benjamin is 76 and moved to England from Jamaica in 1950. He lives alone in a housing association maisonette. He was referred to a charity for older people by the hospital social worker because of his increasingly frequent visits to the Accident and Emergency Department at his local hospital

Belinda, from Age UK, is dealing with his case. Belinda observed that Benjamin was looking neglected and he explained that his maisonette had cardboard at the windows, no hot water and poor heating. Benjamin misses his friends in his old community, which is 48 km (30 miles) away.

After taking details of his personal history Belinda arranged a series of meetings with Benjamin and other professionals and recorded a brief summary of each meeting. Belinda also arranged an appointment with Benjamin's doctor, who diagnosed gout in his feet and early signs of cataracts in both eyes. Next, Belinda asked Samuel, a volunteer from the local day centre, if he would support Benjamin, act as an advocate for him at meetings, and help him to deal with any forms and documents.

Belinda arranged a meeting with the social worker to discuss Benjamin's issues. She also produced a support plan, which would offer Benjamin holistic support. Belinda, Benjamin's GP, the manager of the housing association, Samuel and Benjamin attended a meeting. All the professionals brought their records with them, which recorded incidents that had involved Benjamin. During the meeting the professionals and Benjamin (with Samuel's help), discussed his needs, how they were to be met, each professional's role and responsibilities, and the outcomes they expected. Benjamin was happy with the outcome and Belinda explained that they would meet again to check progress in two months' time. In the meantime Samuel would continue to support Benjamin, arrange for him to attend the local day centre, and act as his advocate whenever necessary.

- 1 Identify which assessment tools Belinda used with Benjamin, and explain how useful each tool was.
- 2 Using the example of the support plan shown on page 13, produce a support plan for Benjamin.



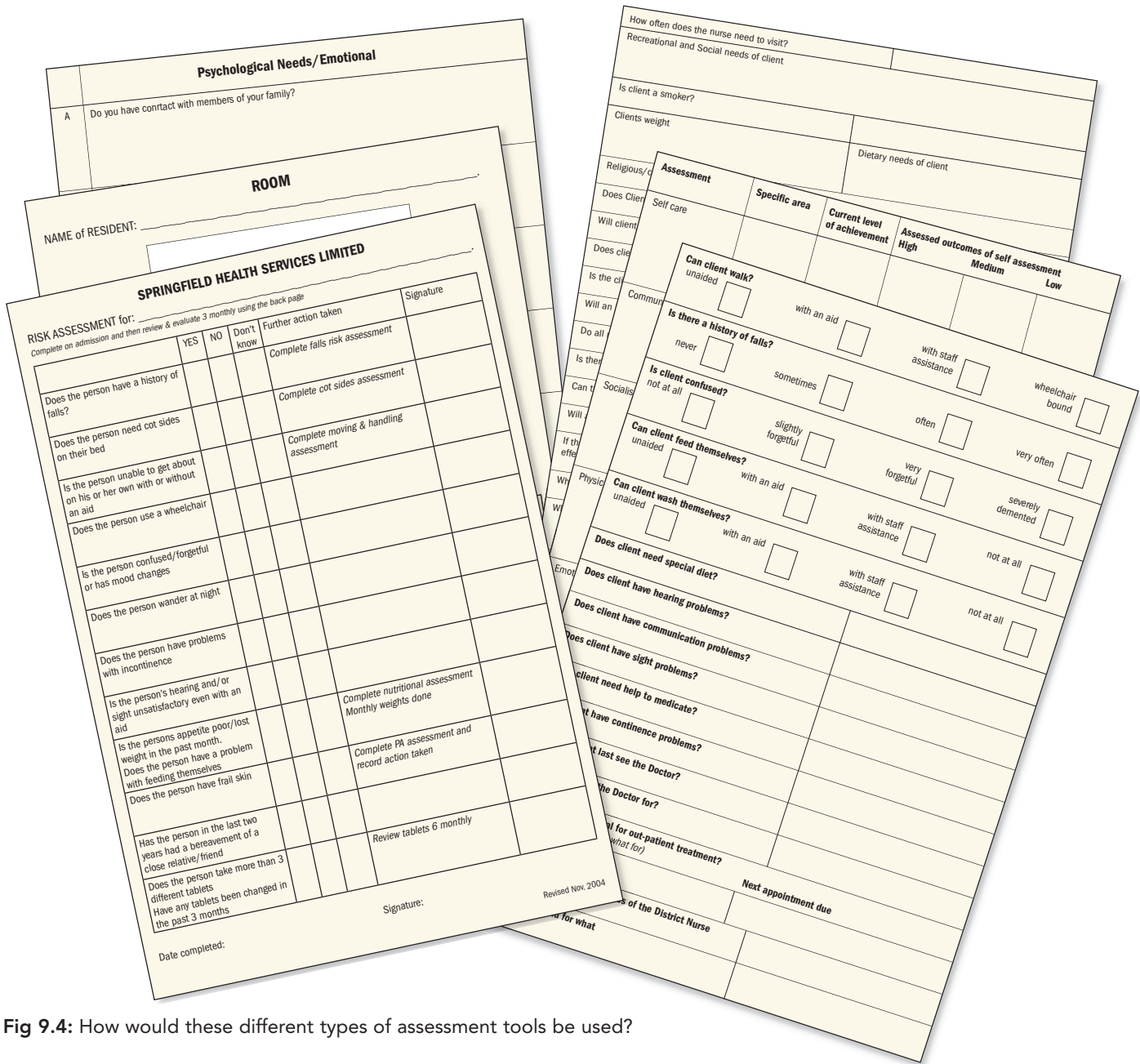


Fig 9.4: How would these different types of assessment tools be used?

PLTS

Independent enquirer: Answering these case study questions will help you to show that you can identify the processes and tools involved in assessing individuals and planning their support.



Functional skills

English: Writing your own support plan will demonstrate your English writing skills.



2.3 Implementing support plans

Once a support plan has been produced, it should be viewed as a working document, which can be changed and adapted according to the changing needs of the individual. Careful thought is required as to how care is to be delivered.

Approaches to implementing support plans

There are several different approaches that can be considered when implementing support plans, and the choice of approach partly depends on the particular goals that have been set. The key members of staff,

who play a part in delivering care, will each have a different approach to implementing support plans, according to their role, responsibilities and skills.

Behavioural

This approach involves identifying behaviour that needs to be changed and the desired behaviour that the individual is hoping to achieve. It is based on behavioural psychology (see Book 1, Unit 8) and will often involve praising or rewarding the individual for any behaviour that is in line with the desired outcome. This way the desired behaviour is reinforced and becomes a natural way of behaving for that individual.

Task-centred

This approach involves identifying particular tasks or skills that the individual needs to achieve. The task-centred approach centres on supporting the individual to achieve the task for themselves and therefore develop independence in that particular area.

Therapeutic groups

These are often used when a number of individuals require similar support in a particular area. Groups

can be for general support (e.g. to improve self-confidence) or for more specific areas such as overcoming alcohol addiction or learning anger management skills.

Whatever approach is used, it is important for the individual to be involved in the decision-making process and not disempowered. Professional social carers can often unintentionally misuse their powers. For example, when caring for vulnerable people it is quite easy to speak or act for them, which would be a misuse of power. This not only disempowers the individual but also keeps them dependent on the worker and stops them developing autonomy.

Activity 7: Implementing the support plan



Using the case study on page 16, consider which approach or approaches were being used to support Benjamin. Can you think of any other approaches that could be used to provide further support for Benjamin?

Assessment activity 9.2

P2 M2 D2



Produce an information booklet for new social work assistants that:

- 1 identifies the processes and assessment tools that would be involved when planning support for two individuals
- 2 describes how three key professionals could be involved with this planning
- 3 assesses two potential issues that could arise from professionals working together.

Grading tips

P2 For this grade, you need to clearly identify the processes and assessment tools that would be

involved. Include a range of assessment tools, stating how and when they would be used in each case.

- M2** Describe three different key professionals from both health and social care and the role they would play in the process. You should also state how these professionals would work together to support each of the two individuals.
- D2** Assess potential issues, consider possible difficulties, discuss them and then evaluate these in relation to one of the two individuals.

PLTS

Creative thinker: You can show your creative thinking skills by considering how processes and assessment tools are involved in the assessment of individuals and planning their support.



Functional skills

ICT: This task will enable you to use ICT systems and develop, present and communicate information via the information booklet you create.



3 Understand legislation, policies and codes of practice related to the planning of support for individuals

3.1 Legislation

Legislation refers to the laws that Parliament makes; these laws reflect the statutory right of organisations, groups and individuals. All social care settings should

understand the importance of adhering to legal guidance, as this can protect against poor practice. Legislation also ensures that everyone is clear about their rights and responsibilities within the care environment.

Table 9.3: Examples of laws affecting health and social care

Legislation	Description
Care Standards Act 2000	<ul style="list-style-type: none"> Established a National Care Standards Commission (the NCSC no longer exists; its functions are now the responsibility of the Care Quality Commission). Ensures registration of health and social care establishments, including statutory, voluntary and private organisation. Established the General Social Care Council and the Care Council for Wales. Established Children's Commissioners for England and Wales. Safeguards children and vulnerable adults in a variety of health, social care and educational environments. Ensures that health and social care providers are legally and morally obliged to keep the details of all individuals using their care service confidential.
National Minimum Standards	<ul style="list-style-type: none"> The principles of care are delivered through the National Minimum Standards. The Care Standards Act identified the minimum standards of social care practice for a range of social care services, which all organisations must meet. The standards cover issues like staff levels, different types of health and social care expertise, qualifications and licence to practice, and ensure that the right standards of care are met.
Disability Discrimination Act 1995; extended 2005	<ul style="list-style-type: none"> The Equality and Human Rights Commission assists individuals to uphold their rights as set out in the Disability Discrimination Act (DDA). The Act covers four main areas: employment, housing, transport and education. It is unlawful under the DDA for an employer to treat a person with disabilities less favourably than someone else because of a disability.
Data Protection Act 1998	<ul style="list-style-type: none"> Gives individuals certain rights regarding information held about them. (Personal information covers both facts and opinions about the individual.) Places obligations on those who process information while giving rights to those who are the subject of that data. Clearly states that each individual should have their wishes considered and that organisations have a duty to protect individuals from harm, including self-harm. Outlines when confidentiality can legitimately be breached, especially if it is in the public interest or if there is a risk, either to the individual or another person, or a court order has been issued. In such cases, the individual must be informed if information is being disclosed to a third party. It is also essential to follow principles and values procedures and the organisation's policies and procedures for reporting and reacting to confidential information.
Freedom of Information Act 2000	<ul style="list-style-type: none"> Gives the public a general right to request information held by public authorities. Also means that public authorities have to provide access to information that is held in the public's interest.

continued

Table 9.3: continued

Legislation	Description
Nursing and Residential Care Homes Regulations 2002	<ul style="list-style-type: none"> • Introduced after the Care Standards Act. • Regulations outline the statutory and regulatory requirements regarding roles and responsibilities in nursing and residential homes.
Race Relations Act 1976	<ul style="list-style-type: none"> • Introduced to promote equality within society. • However, failed to tackle the inequalities that existed within public organisations; intolerance and lack of understanding of cultural issues was very apparent. • The 1999 Macpherson Inquiry into the death of Stephen Lawrence identified institutional racism within the London Metropolitan police force. The report highlighted the fact that policies and procedures within public organisations should not be used to discriminate against people of different races, cultures or religions.
Race Relations Amendment Act 2000	<ul style="list-style-type: none"> • Macpherson Inquiry led to the Race Relations Amendment Act, which requires named public authorities to review their policies and procedures; to remove discrimination and the possibility of discrimination and to actively promote race equality. • It amends the Race Relations Act 1976, which makes it unlawful to discriminate against anyone on grounds of race, colour, nationality (including citizenship), or ethnic or national origin. • All public organisations have a legal responsibility to ensure that policies and procedures are in place to make sure that the organisation reflects inclusive practice. • In addition all staff are required to be culturally competent, value diversity and promote tolerance and understanding.

3.2 Policies

All health and social care settings should value the diversity of all individuals receiving care and those in the wider community.

Organisational policies

Organisations should have policies and procedures that promote equal opportunities and reinforce the codes of practice of specific professional bodies. Organisational policies are the mechanism by which legislation is delivered and implemented. Policies in organisations are likely to include:

- Health and Safety
- Confidentiality
- Harm Minimisation
- Bullying and Harassment
- Risk Assessment
- Conflict of Interests.
- Equal Opportunities

Reflect

When on placement ask your supervisor for copies of the organisation's policies and procedures and produce a short reflective account, explaining how one of the policies is used to support the individuals in the setting.



3.3 Codes of practice

Since 2000, health and social care services have become strictly regulated and it has become essential for all settings to have a **professional code of practice**. Codes of practice are put in place in order to guide and inform practitioners of their rights and, most importantly, their responsibilities. All health and social care workers are expected to undertake an induction period, which includes the right training leading to relevant qualifications. This will enable them to perform their roles efficiently and professionally.

Key term

Professional code of practice – A set of guidelines and regulations, which explain the way members of a profession have to behave.

General Social Care Council Codes of Practice

The General Social Care Council/Care Councils for England, Scotland, Wales and Northern Ireland all follow the same codes of practice. All four bodies were set up on 1 October 2001 under legislation to regulate the social care profession.

The General Social Care Council (GSCC) is responsible for increasing the protection of people who are receiving care, their carers and the general public by making sure that the social care workforce puts into practice codes of behaviour that meet professional codes of conduct. The codes of practice for everyone working within the social care sector include information on protecting the rights, and promoting the interests, of individuals who are receiving care and their professional carers. Most importantly, professional codes of practice are intended to raise standards of practice and to increase confidence in the social care sector.

Organisational codes of practice and codes of practice specific to professional bodies

The Social Care Register was launched in April 2003, and all UK qualified social workers have to register and abide by the code of practice. When applying for registration, individuals have their qualifications, health and character checked, including an enhanced check by the Criminal Records Bureau. This will be changed in July 2010, when vetting and barring legislation will be introduced. Once this is completed, individuals will have a licence to practise. Social workers will have to renew their registration on a three-yearly basis, and this will be subject to proof of continuing professional development. In health, the Nursing and Midwifery Council is the regulatory body, and manages the registration and regulation of qualified nurses, midwives and health visitors. The GSCC code

for social care has similar principles to the Nursing and Midwifery Council's code.

The Vetting and Barring Scheme

In October 2009, the system for checking the suitability of potential employees and volunteers started to change. The new Vetting and Barring Scheme requires all paid employees and volunteers who work with children or vulnerable adults to be registered with the Independent Safeguarding Authority (ISA) before commencing work. From November 2010, it will be a legal requirement for individuals to register with the ISA if they intend to work, or currently work, with children and/or vulnerable adults in England, Wales and Northern Ireland.

Activity 8: Evaluating codes of practice

Go to the websites of The General Social Care Council (www.gsc.org.uk) and The Nursing and Midwifery Council (www.nmc-uk.org/) and download copies of both codes of practice. Read through both codes of practice and produce a leaflet identifying any similarities and any differences between the two.

Functional skills

ICT: This search will demonstrate your ability to access relevant websites, and use your ICT skills to present information.

Case study: The importance of codes of practice

Geraint has arrived for his first day at Great Days Residential Centre, working with adults who have profound disabilities and complex needs. During his induction training, his manager, Kirsteen, introduces Geraint to the centre's code of practice, which he must follow. It states that Geraint must:

- respect the rights of all the residents, while making sure that their behaviour does not harm themselves or other people who are living in the residential setting
- make sure that he establishes and maintains the trust and confidence of everyone who is in his care
- be a positive role model, not only in the setting, but while on trips and visits out in the community
- know that when he is supporting Jack, he is a professional carer, not a 'friend'.

Geraint is introduced to Jack and Kirsteen explains

to Geraint that he will be Jack's key worker and will be responsible for planning support for Jack, which includes social activities as well as his physical, intellectual and emotional support. Geraint reads through Jack's support plan and discovers that Jack likes to play wheelchair rugby, visit the local pub and go to watch his favourite football team. Geraint is delighted, as they support the same team and visit the same local pub on a regular basis. Geraint is looking forward to planning the trips with Jack.

- 1 Identify what Geraint should do before any outing with Jack is undertaken.
- 2 Can you think of any possible conflicts of interests with which Geraint might be faced?
- 3 How can a code of practice support Geraint's professional practice?

Lizzy Spencer

Rehabilitation unit manager



Lizzy Spencer has recently been appointed as a unit manager on a rehabilitation unit. She leads a team of 20 staff, which consists of both trained and untrained health and social care staff. Currently she is very concerned about the attitude of some of the staff members towards Mr Farooq, who came to the unit two weeks ago. Mr Farooq is a 64-year-old professional man who had a serious road accident. His acute injuries have been treated. However, he must now receive specialist care. Mr Farooq is a practising Muslim.

Ms Spencer has noted that some staff avoid chatting to Mr Farooq and has even noticed some staff ridiculing him when he asks for assistance to access the prayer room.

Ms Spencer has also noted that many of the other individuals in the unit object to Mr Farooq having a different choice of meals.

In an attempt to resolve some of the issues, Lizzy and her line manager rewrite the unit policies that relate to equal opportunities. All staff are given training to make sure they understand the new policies and are given a copy of the recent legislation and the UKCC Code of Conduct. The policies are also made available to everyone in the unit and their families. Ms Spencer also encourages all the untrained staff to begin training and asks their assessor to focus initially on the unit that tackles the principle of non-discriminatory practice.

As a result of the new policies, many day-to-day procedures are put into place. For example, each individual now has the same wide choice when ordering meals.

Think about it!

- 1 Obtain a copy of the code of conduct of the General Social Care Council and explain how the code protects Mr Farooq's rights and interests.
- 2 Give two reasons to explain how the unit's new policies would be used to promote the rights of Mr Farooq and other individuals within the unit.
- 3 Analyse how Ms Spencer has supported the staff in promoting individuals' rights and how effective this is in supporting Mr Farooq's rights.

Assessment activity 9.3

P3

BTEC

Produce support plans for two individuals within a residential setting for older people. Your plans should include an explanation of how one piece of legislation, one service policy and one code of practice can be applied to support your chosen individuals.

Grading tip

P3 Identify how the legislation, policy and code of practice influence the way each of your support plans is constructed, as well as how these regulations are incorporated within the delivery of each support plan.

PLTS

Creative thinker: In identifying and describing how to apply legislation, policies and codes of practice to support plans, you will show creative thinking skills.



Functional skills

English: Presenting and communicating information via support plans will demonstrate your writing skills.



4 Understand ethical principles in relation to providing support for individuals

4.1 Ethical principles

When working in a health or social care environment, professional practitioners are quite often faced with situations involving moral dilemmas. Therefore, it is very important for health and social care workers to have a clear understanding of **morality** and the meaning of moral decisions and how they are linked to health and social practice.

This section introduces some of the key **ethical principles** that influence health and social care practice.

Health and social care workers also need to have a good understanding of their legal position, and the morals and ethics that form the basis of their professional code of practice. This is very important when a person refuses medical treatment or decides to take a course of action that might not be in their best interests. In such situations legislation and professional codes of practice can provide valuable guidance for the health and social care worker.

The care worker also needs to consider the following ethical points when dealing with moral dilemmas:

Duty

When working with vulnerable individuals, all health and social care practitioners have a duty of care to protect their rights. If a proposed course of action or a proposed treatment could be harmful to the individual, practitioners have to weigh up the advantages and disadvantages. For example, cancer patients are quite often advised to undergo a course of chemotherapy or radiotherapy. Both treatments involve some harmful side effects, but the benefits should outweigh the harm caused by the treatment.

Safeguarding individuals

Social care providers should ensure that environments safeguard vulnerable individuals. This involves recruiting new staff and providing resources to ensure that individuals' needs are met. However, there are times when the behaviour or actions of one individual could harm other people within the organisation. This could be an individual with mental health problems who might become violent towards other people. If

this is the case then the social care professional must follow the organisation's policies and procedures and if the behaviour of an individual is likely to result in significant harm to themselves or other people then the individual has to be restrained. Section 5 of the Mental Capacity Act 2005 provides guidelines for the social care professional, relating to the degree of harm that is likely to be suffered by a person if he or she is not restrained.

Beneficence

Beneficence refers to actions that promote the well-being of others. In the medical context, this means taking actions that serve the best interests of patients. Social care professionals have a duty to act in an individual's best interest at all times. This can involve balancing the benefits of medical treatment against the risks and costs. Health care professionals quite often have to weigh up arguments over cost, the effectiveness of treatment and the benefit that patients gain from the proposed course of action. For example, the cancer drug Herceptin could cost £30,000 for one person – would this money be better spent on saving multiple heart attack victims?



Fig 9.5: Think about these ethical principles, which lie at the heart of health and social care

Social justice

All individuals should have equal access to medical treatment and be fully aware of their legal rights. Practitioners have to make sure that relevant legislation is put into practice. The Children Act 1989, for instance, states that local authorities must act in the 'best interests' of all children, and that each child has a fundamental right to housing, health care and education. However, there are times when social justice is not available to all individuals – for example, asylum seekers' children who are being detained at Yarl's Wood Detention Centre without access to adequate medical care.

Empowerment and autonomy of the individual

Empowering an individual means ensuring that they know enough to make an informed choice about decisions that could affect the quality of their life. This helps individuals to have control over their own lives.

Vulnerable people who receive health and social care services rely on professional carers to ensure their independence. It is important that care workers empower individuals and don't use **benevolent oppression** to make decisions for individuals in their care, especially when it might seem that risky behaviour is involved. While staff might appear to be acting in 'the best interest' of individuals, they could in fact be denying a person's right to act as an independent individual and control their own life.

Examples of benevolent oppression include:

- not allowing relationships to develop between consenting adults
- limiting alcohol intake of individuals
- leaving the bathroom door open; not 'allowing' an individual to take a bath/shower in private
- preventing individuals with physical/learning disabilities from going out alone
- choosing activities that are thought to be suitable, but are not the choice of the individual
- not providing resources to encourage independence and autonomy.

Promotion of dignity, independence and rights of the individual

It is very important when working with vulnerable people, especially when undertaking personal care

activities, that dignity, independence and the rights of individuals are taken into consideration. For example, when supporting an older woman to bathe and dress, make sure that the task is undertaken in a way that protects her dignity. This involves letting her choose the toiletries she wants to use and providing ways in which her independence can be encouraged and her rights recognised.

Moral status of the individual

When working in health and social care, professionals will meet a diverse range of people who hold a variety of different values and attitudes. These can quite often be in conflict with those of other people. For example, people hold very different views on abortion and euthanasia. Professional practitioners have to be sensitive to the moral status of the people they are working with, and not cause offence by making comments that undermine the views of other people.

All principles are equal – one is not more important than another. In recent years there has been a closer focus on individual autonomy and it has become essential to offer choice and empower individuals. However, does respect for autonomy mean that a patient can request treatment that a health care practitioner does not think is in his/her best interests, or that they think will not work? If this occurs, respect for autonomy can come into conflict with **nonmaleficence** or justice.

Key terms

Morality – Refers to social conventions about the right and wrong behaviour expected of each individual. These rules are linked to the moral values of society.

Ethical principles – Guidelines for appropriate behaviour, focusing on actions, attitudes and values. The health and social care professional must always behave in an anti-discriminatory and anti-biased way.

Benevolent oppression – When well-meaning social carers make decisions on behalf of the individuals in their care, or prevent them from behaving in an apparently risky way, in the interests of their safety.

Nonmaleficence – To 'do no harm'.

Activity 9: Class debate

Identify and research some medical practices that provoke controversy and debate, such as informed consent in mental health, euthanasia, pain relief using cannabis, and organ transplantation.

You need to produce a list of arguments for and against your chosen topic and debate the issue with your group.

Think about the ethical principles you have covered in this section when putting your arguments together.

Functional skills

English: This activity will develop your speaking and listening skills. You will also improve your skills in presenting arguments and listening to others. Recording your conclusions will develop your written skills.

4.2 Ethical dilemmas

Potential conflicts

When working with vulnerable groups of people in health and social care settings there are times when care workers are faced with a conflict of interests. Often ethical dilemmas will not have a 'correct' answer and will depend upon a number of considerations. Nevertheless the care worker is faced with a dilemma and is expected to make a decision. Before making a decision, the care worker must consider:

- 1 What are the risks to the individual and any other people?
- 2 What are the professional and legal responsibilities?
- 3 What are the policies of the organisation?
- 4 Have I got all the facts of the case?

Examples of possible dilemmas include being asked to prescribe the contraceptive pill to under-16s without parental consent, having to involve social services when parents have drug addictions, having to decide on allocation of scarce resources, and deciding whether to pass information on to other agencies. One of the most controversial dilemmas involves the treatment of terminally ill patients, who are very close to death and may be in a great deal of pain. In such

cases, a doctor may not wish to prolong the situation and may therefore resort to withholding treatment, known as an **act of omission**.

Rights, responsibilities and duties

Legislation, policies and codes of practice provide clear guidelines as to the rights and responsibilities of care workers and these should be adhered to at all times. The duties of the care worker are clearly laid out in such documents, as well as in their contract of employment. In most situations a care worker's duties are clear and there is no conflict of interest. However, at times there can be a conflict of rights and ethical principles to consider.

For example, the rights of one person may clash with the rights of others. For instance, in a supported housing project there may be a resident who likes to play music late into the evening, while another resident likes to retire early and get up early.

In other cases, one person may have two rights that conflict with each other. For example, in certain situations an individual's right to privacy and confidentiality may clash with the right to be protected from harm.

Cultural or religious values may also conflict with the right to be protected from harm. For example, a Jehovah's Witness (who does not agree with blood transfusions) may find themselves in hospital with a medical condition where a blood transfusion offers the only means of saving their life.

In these situations the rights and duties of the care workers may also conflict with those of the individual using the service, and a decision will have to be taken as to which is the best course of action.

Key term

Act of omission – Failure to act in a way that a person would usually act. In health and social care, a professional may sometimes fail to provide care in order to save someone from the greater harm of a prolonged and painful death. In other words, in a medical context doctors cannot give lethal injections, but they can withhold treatment when someone is in the final stages of life.

Activity 10: Conflicts of rights



Consider the following scenarios:

- 1 Fred has become increasingly confused and wanders at night, repeatedly waking his neighbours. The neighbours demand action. Social workers offer Fred residential care but the offer is refused. Whose rights should take precedence?
- 2 Sam discloses to his key worker that his father and older brother have been abusing him. Sam pleads with his key worker not to tell anyone else. The right of confidentiality conflicts with the right to be protected from harm. Which right is more important in this situation?
- 3 Mary and Jack are Jehovah's Witnesses and have refused permission for Jenny, their five-year-old daughter, to have a blood transfusion. Doctors would have to overrule the parent's right to choice and religious beliefs if they want to treat Jenny. Would it ever be acceptable to agree with Mary and Jack's wishes?

Balancing services and resources

There has been a lot of discussion about the way in which health and social care services should be provided, especially when there is limited funding and almost unlimited demand. Practical decisions on how resources should be allocated are often difficult to make. Should children and young people get priority, as they have their whole lives ahead of them? Or should consideration be given to the ageing population, as they have paid their national insurance contributions and taxes for longer? Should the focus be on people living in poverty or people who have disabilities?

For example, Mark is a critically ill child who needs very expensive surgical treatment and has low survival expectancy. Should the NHS do the operation or should the money be allocated to hundreds of tonsillectomy operations? Which is the most important?

Conflicts of interest between individuals and organisations, individuals and relatives and groups of users of services

When working with vulnerable people who are receiving social care services, there can quite often be a conflict of interest between the individual and the organisation. For example, an older person who is a wheelchair user and is living in a residential home might be a smoker and be unable to give up his habit;

PLTS

Independent enquirer: This activity will help you demonstrate that you can work out how to incorporate ethical principles into support for individuals.



Case study: Assisted suicide of a paralysed rugby player

Daniel James, a 23-year-old rugby player, was paralysed from the chest down during a training session. Daniel felt his body had 'become a prison' and he tried to commit suicide on several occasions. With his parents' support, Daniel travelled to the Dignitas Centre in Switzerland in April 2008, where he was assisted to end his life. Unlike other people who have travelled to the Dignitas Centre, Daniel was not terminally ill, and this case has led to debate about whether Daniel was right to take his own life or whether, with support, he could have come to terms with his disability and lived a fulfilling life.

Making reference to ethical principles, answer the following questions:

- 1 Did Mr and Mrs James have a moral and legal obligation to assist Daniel to commit suicide?
- 2 Was Daniel suitably empowered to take the decision to go to Switzerland?
- 3 What rights did Daniel have in making the decision to travel to Switzerland?



yet the legal requirements and policies and procedures of the organisation state that the environment does not permit smoking. Should the older person have to go outside the building or should the officer in charge provide a space for the person to smoke inside?

Other conflicts could involve the way in which an older person chooses to spend their money – for example, they may decide to leave money in their will to people other than their immediate family. For people with learning disabilities, the conflict of interests could be related to who they form close relationships with, which could include an intimate relationship. In situations like these, policies and procedures have to be followed closely and a risk assessment could be undertaken to assess the level of potential harm to the individual concerned and other people. It is important that the individual is able to express what they would like; in these situations an advocate is very useful.

Choices with regard to support regimes

When providing social care support, it is very important to ensure that individuals are listened to and that their choices are acknowledged. In supported tenancy environments this could mean a choice of menu, choice of hobbies and interests and deciding who they would like as their key worker. The choice of support could also involve Direct Payments, which means that the individual who is receiving care in the community is enabled to arrange and pay for their own care and

support services instead of receiving them directly from local authority social care services.

Harm minimisation

One of the most important aspects of providing effective health and social care services is ensuring that the general environment is safe for individuals who are receiving a particular service. For example, within an early years setting, it is important to undertake a risk assessment of the environment and any set activities before children enter the setting. However, it is also important that, while playing, children learn to take responsibility and make independent decisions for themselves and learn how to avoid or deal with potential risks. By taking the appropriate action after completing a risk assessment, not only will the environment be safe and secure but harm minimisation will have been considered.

Individuals may sometimes take part in particular types of behaviour that can be viewed by professionals as harmful, but the individual is unable or unwilling to stop the particular behaviour. This is highlighted by social care services working with vulnerable young people who self-harm, perhaps through alcohol or drug misuse or having an eating disorder. Traditionally, any support offered would focus on interventions to stop people from harming themselves. These interventions usually focus on the habit and not the holistic needs of

Case study: Conflict of interest

Will is a 28-year-old man with meningitis, who is brought into Accident and Emergency by his partner Patti. He is unconscious, has low blood pressure and there is evidence of renal failure. He is seriously ill and requires intensive care support to help him make a full recovery. The intensive care unit (ICU) is full, with some patients who are critically ill, but some are in a stable condition. There is evidence that moving a patient too soon out of ICU increases their chances of complications. There is an intensive care bed in another hospital 160 km (100 miles) away, but Will might not survive the journey. The consultant has to decide what to do.

Consider the following points and discuss in groups your answers to the questions:

1 Maximising benefit: what is the benefit to Will – he might not survive even with treatment? What

would be the benefit of moving another patient out of the ICU?

- 2 Responding to need:** Will is in urgent need of intensive care; does the hospital have a moral responsibility to respond to such an urgent need even if his chance of survival is small and it involves potential risks to other patients?
- 3 Respecting autonomy** is an important ethical principle in health and social care: what about the wishes of the patients in the ICU? What about Will's wish to have appropriate care?
- 4 Duty of care:** the health professionals in the ICU have a duty of care to all the patients in the unit. Does the intensive care team have a duty of care to other patients in other areas of the hospital?



Case study: Alan and Jane



Alan and Jane both have learning disabilities and live in a supported tenancy in the community with eight other people. Both have their own rooms and during the past six months have become very close. They both enjoy music, going to the local pub for a drink and going to the cinema. They have started to spend more time alone in Jane's bedroom, listening to music.

Alan has revealed to Sam, his support worker, that while listening to music they both enjoy holding hands and 'giving each other a hug'. Even though Alan and Jane are in their mid-twenties, Sam is very concerned and discusses the situation with his supervisor Claire.

Without consulting Alan and Jane, Claire decides that they are not to be left alone and their outings are to be restricted. Alan becomes very angry and Jane begins to cry. When Jane's sister visits, Claire explains

that she is protecting Jane and Alan. But Jane's sister is concerned that Jane is not being allowed her independence, and her quality of life is being affected.

Claire's behaviour is an example of benevolent oppression, but she would argue that she has to consider the importance of Alan and Jane's needs and balance them with their rights. It is obvious that Claire and her staff need to be aware of the ethical principles to follow when faced with such dilemmas.

- 1 Identify the ethical dilemma that Claire and her team face.**
- 2 How could Claire and Sam encourage Alan and Jane to become empowered and achieve autonomy?**

the person. However, working in this way can be counter-productive, resulting in individuals ignoring the guidance and support that would enable them to stop self-harming. Effective social care practice now focuses on harm minimisation, which means accepting and respecting the individual's right to make decisions about their own health and well-being, which could include using food or alcohol to deal with emotional or psychological issues.

For example, in a hostel for young people with alcohol or drug misuse problems, there would be consideration of the environment, which should be organised to reduce opportunities for self-harm. This would include having a 'Harm Minimisation Policy', which included clear guidance about drugs and alcohol that would apply to everyone at the setting – staff and visitors, as well as the young people. The success of a risk recognition/minimisation policy is

likely to depend upon a consistent approach being taken to the management of the physical environment, the gathering and reviewing of information relating to who attends the setting, and individual risk assessments being applied to everyone within the setting.

It is very important that the setting provides good-quality service and the staff remain non-judgemental in their approach. This helps avoid reinforcing feelings of hopelessness and despair. Settings should also make provision for any relapse that could occur and make plans for how relapses can be prevented. These provisions could include one-to-one sessions with a key worker and the individual concerned and, after discussion, identifying a plan of action. In contrast, group work, relaxation sessions, counselling with trained staff and other useful strategies can ensure that harm is minimised.

Activity 11: Ethical dilemmas

In small groups, read the following scenarios, and highlight the ethical dilemmas that are presented. Making reference to principles and values, explain what action the care worker should take in each case:

Rezwana is 15. She arrives at a young women's hostel bruised and tearful. She tells the staff that her father and brothers have arranged a marriage for her with a distant relative, aged 52, in Pakistan. She has been told that she will be 'forced' to marry if she does not obey her family. She begs the staff not to contact her family or her social worker Trisha, as she does not trust her – she believes that Trisha does not respect her wishes and breached her confidentiality. Rezwana disclosed to Trisha that her father and brothers were physically and emotionally abusing her. Trisha told the police, and Rezwana's father and brothers were arrested, then released without charges. This made Rezwana's home life very difficult.

Alfie is 12. He goes to the school nurse with bruising and panic attacks. He discloses to the nurse that he has got involved with some of his brother's 'friends', and that he is bringing drugs into school for 'customers' of his brother. He asks the nurse not to say anything.

Miriam has been married to Yosef for 12 months and has just given birth to her first son. Before she met Yosef, Miriam had a long-term relationship, which ended in pregnancy and a termination. She

notices that a member of staff, Laura, was the nurse who cared for her during her last stay in hospital. Laura is also a member of the same synagogue as Miriam and Yosef. Miriam is worried that Laura will tell Yosef of her past.

Danny, aged 19, has been going to a counsellor, Amanda, for several months. On his last visit, Amanda asks Danny if he would like to go for a drink to celebrate the end of his therapy. Danny is flattered, as Amanda is an attractive 'older' woman and they get on well. While in the wine bar, Amanda's supervisor Jane, sees the couple together and is concerned that professional boundaries may have been crossed.

Points to consider:

- 1 The principle of respect for autonomy means that personal information should not be disclosed without consent. However, in some cases the autonomy of another person might be an issue.
- 2 Although keeping personal information confidential is important, there has to be a balancing of the benefits and harms of disclosure and non-disclosure.
- 3 What would the harm of non-disclosure be, compared to the harm that might result from disclosing information without consent, essentially a breach of confidentiality?

Assessment activity 9.4

P4 P5 M3

BTEC

- 1 Write an essay explaining how you would incorporate ethical principles into provision of support for individuals, using three examples.
- 2 Justify how an ethical approach to support would benefit your chosen individuals.
- 3 Using examples from placement or the media, examine two situations where an ethical approach may provide workers with a dilemma.

Grading tips

- P4** Think about the examples you have come across in your placement, to generate three specific examples on which to base your answer.

Remember that it is important to maintain confidentiality if you are using specific examples. Always seek permission from your placement supervisor and avoid naming individuals.

- P5** Use the three examples in P4 as a starting point to identify two possible ethical dilemmas that workers may encounter.
- M3** Think about how an ethical approach would improve the support and services received by each of the individuals you described in the first part of the question.

PLTS

Creative thinker: Recognising where an ethical approach to support may present workers with a dilemma shows creative thinking skills.

Resources and further reading

Butt, J. & Mirza, K. (1996) *Social Care and Black Communities* London: HMSO

Cutherbert, S. & Qualington, I. (2006 Values for Social Care Practice) *Health and Social Care: Theory and Practice* Maidenhead: Open University

Giddens, A. (2001) *Sociology*, fourth ed, Oxford: Polity Press, John Wiley Ltd

Lloyd, M. (2010) *A Practical Guide to Support Planning in Health and Social Care* Maidenhead: Open University

Senior, M. & Viveash, B. (1998) *Health and Illness. Skills Based Sociology* London: Palgrave Macmillan

Journals

Community Care

Guardian (Wednesday edition)

Children and Young People Now

Useful websites

Age UK www.ageuk.org.uk

Children's Workforce Development Council
www.cwdc.org.uk

Community Care Magazine
www.communitycare.co.uk

Department of Health www.dh.gov.uk

Equality and Human Rights Commission
www.equalityhumanrights.com

General Social Care Council www.gsccl.org.uk

Public Guardian's Office www.publicguardian.gov.uk

Skills for Care and Development
www.skillsforcareanddevelopment.org.uk

Guardian Newspaper www.guardian.co.uk/society

Independent Safeguarding Authority
www.isa.gov.org

Just checking

- 1 Explain what is involved in a holistic approach to care work.
- 2 Why is empowerment important when working with individuals in health and social care?
- 3 What does 'multi-disciplinary team working' mean?
- 4 Explain the different types of referral methods.
- 5 Identify the different types of tools that are used in the assessment process.
- 6 What is a code of practice?
- 7 Name two policies that are used in organisations.
- 8 What do ethical principles consist of?
- 9 Explain what an ethical dilemma is.

Assignment tips

- 1 When explaining how principles and values are applied by social care workers, it is important to consider how these professional values can at times conflict with the values of the individual who requires support. Therefore, you need to consider how practitioners can promote choice and rights, and recognise individual preferences, while respecting religious, cultural and moral beliefs.
- 2 It is important to understand the importance of working holistically to make sure that every individual has a good quality of life.
- 3 You may find examples from your vocational placement of the benefits for both individuals and professional staff of working in a multi-disciplinary way, ensuring that all needs are catered for. You might choose to interview your placement supervisor to help you with your research, which will help you to construct case studies.
- 4 It is important to maintain confidentiality if you are using specific examples. Always seek permission from your placement supervisor, avoid naming individuals and your placement and do not use photographic evidence.
- 5 Support plans are working documents, which contain private and confidential information; your supervisor will be a good source of information, and can explain how the referral assessment and planning process take place.
- 6 You may see an example of a blank support plan, which will give you some idea of who is involved in the assessment of individual needs and how support is identified.
- 7 Always remember to include individual choices and preferences when constructing a support plan, and identify realistic goals and tasks to be achieved.
- 8 Your placement experience will be extremely useful in terms of seeing how legislation impacts on the way policies and procedures and codes of professional practice are applied.