

Example of a situation from the Key Situation platform

Status of situation

- **Stage of development:** completed reflection on situation, please comment
- **Quality:** all reflection steps are completed, please comment
- **Author:** Newly qualified social worker

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1 Title

Discussing concerns with a service user or carer / Concerns about carer

2 Characteristics of situation

The overarching characteristics agreed by the group:

1. The relationship is characterised by a power dynamic between the social worker and the service user.
2. The service user/carers is resistant to fully engage with the social worker.
3. There are conflicting expectations between the service user/carers and the social worker.
4. The social worker has to be able to work with diverging expectations and resistance.

3 Description of situation: context

A safeguarding concern raised by the district nurse to the Community Mental Health Team highlighted a potential risk of neglect to a service user (SU) who lives at home with her son; he is also her carer. It was alleged that there was no food in the house for the service user. All the food was clearly marked with 'do not eat' and other items were marked with the carer's name. The social worker (SW) arranged a meeting to discuss the allegations with the carer. The conversation took place in the living room. The SU was in the bedroom away from the conversation.

4 Description of situation with Reflection in Action in action sequences

First sequence: Arriving at the home of SU

The social worker arrived at the service user's home. The front door was left slightly opened, however the social worker decided to ring the doorbell, announcing her arrival. The carer was welcoming and yet there was a sense of anticipation and nervousness in his demeanour. The carer directed the social worker toward the living room. The living room itself was filled with boxes, books and CD's, which became apparent to the social worker belonged to the carer and not the service user. It was clear this was his room, his work space, his domain. The carer went on to explain that he is working on a project which takes up a lot of his time.

Reflection in Action

- Emotion service user/carer: shock, surprise and denial
- Emotion professional social worker (SW): anxiety at having to pose the question
- Cognition professional social worker (SW): The social worker became aware of a shift in the power dynamic when entering the carer's work space. The SW thought that her visit seemed to disrupt the carer's working day and this could be the reason for the sense of anxiety the social worker has detected. Despite the sense of anxiety and tension on behalf of both SW and carer, the SW thought that the question of whether there was enough food for the mother (SU) must remain at the forefront of the social worker's mind and must still be asked.

Second sequence: Conversation with Carer

Once the social worker entered the living room and the carer requested the social worker "take a seat", the conversation began in quite an open manner. The social worker went on to ask, "how everything was at home and if there was any concerns the carer would like to mention".

The carer answered in a considered, cheerful matter of fact type manner. Finally, the SW asked of whether he was buying enough food for his mother.

Reflection in Action

- Emotion of the carer: feeling apprehensive and slightly defensive.
- Emotion of the SW: Feeling confident the questions were delivered in a level and considered manner, nervous about asking about whether there was enough food for his mother.
- Cognition of the SW: The overall thought was not to respond to the defensiveness of the carer but to instead remain professional and remember the compulsory nature of the questions. The social worker purposely chose to start with quite general questions to alleviate any nerves; acknowledging the value of her own nerves in the situation. Yes, the social worker detected an element of defensiveness and a level of apprehension in the tone of his voice. The generalised questions appeared to have lightened the atmosphere as the carer appeared at ease with each question being asked. However, the social worker decided to continue with the point of questioning as to stop at this point would not have been appropriate in this instance.

Third sequence: Carer response/reaction to question

The carer responded to the accusation with surprise and disbelief and said that the nurse was mistaken. The carer demanded to know which district nurse had made the complaint and was insistent that he needed to know. The SW told him repeatedly that she could not tell him. The carer's facial expression was one of complete disbelief. He continued to express shock and disbelief. The SW requested him to show her the kitchen area to have a look in the cupboards and the carer continued to express shock and disbelief. The carer guided her to the kitchen.

Reflection in Action

- Emotion of the carer: feeling of surprise and disbelief
- Emotion of the SW: The social worker felt placed in an awkward situation. She felt slightly awkward to be questioning the carer's behaviour, sense of morality, beliefs and, values and to ask to look through/inspect someone's home.
- Cognition of the SW: The SW understood the necessity to ask such questions. She thought the carer's behaviour was extremely defiant and that in order to contain the situation, she should remain calm and professional. She thought it was important to remain indignant and consistent in her response.

Fourth sequence: Ending the conversation

After looking through the kitchen and having found that there was no concern about whether there was enough food for the carer's mother, the social worker highlighted the benefits of

partnership working and that it is important to safeguard the wellbeing of the service user. The carer agreed and said although disappointed with the initial accusation, understood the reasoning behind it. The social worker concluded the meeting by thanking the carer for their honesty and participation in partnership working.

Reflection in Action

- Emotion service carer: Possible feelings of embarrassment, denial and defensiveness
- Emotion professional (SW): A sense of relief the question was answered, confident in her professional approach
- Cognition professional (SW): The SW thought that the situation was dealt with as best as it could be, given the circumstances. She thought that despite the discomfort of the scenario and the questions posed, it was apparent there was an understanding of the situation from the carer's point of view. The SW intended to end the situation on a positive note.

5 Resources

5.1 Explanatory scholarly knowledge – Why do the people in this situation act in this way?

Defensive: 'All human beings have defences some of which are unconscious, that is, reactions that for the most part lie beyond our immediate awareness and control.' (Trevithick, 2013) In this particular situation, the social worker was not defensive but yet reacted to the carer's defensiveness. The carer displayed an immediate awareness of disagreement and conflict and the social worker responded to this. Perhaps this reaction by the carer was purely unconscious and yet the social worker was aware of this emotion immediately.

'Other defences are unconscious, that is, they lie beyond our immediate awareness and control and have two key features. On the one hand, their purpose is to guard us from further harm – protect us from thoughts, feelings, actions or events that are felt to be threatening, anxiety-provoking and painful – or that signal danger in some way'. (Jacobs, 2010, p. 110 in Trevithick, 2013). Self-Protection: Social workers must look after themselves and recognise their limits. In this situation, the social worker protected themselves by remaining calm and by responding in a practical, 'matter of fact' manner. Emotion was removed from the situation and the practicalities of the matter remained in the forefront of the social worker's mind. It could be argued resilience played a part in this scenario. The situation had meaning; there was an element of self-reliance and perseverance on the part of the social worker and thus the social worker had to rely on instinct and diplomacy to complete the visit.

Boundaries: 'It can be a fine line between befriending a client and getting too close but there are ways of making sure you stay on the right side' (McPherson, 2011). Being open about your actions is good advice and it gives colleagues the opportunity to point out how your actions could be misconstrued by the client or others. If you don't feel comfortable sharing what you are doing then you probably shouldn't be doing it. In this situation, the carer became defensive and boundary. He immediately went into self-protection mode. However, the social worker did the same. The social worker maintained a boundary professional manner and the careful choice of questions became a form of self-protection.

5.2 Scholarly intervention knowledge – How can I as a professional act in this situation?

Professional boundaries act as guidance and allows for a social worker's professionalism to grow (Dewane, 2010). In this situation, the social worker and carer dynamic boundary is apparent. Relationship based theory can therefore be applied and allows for an understanding of the power dynamic in this scenario. The social worker must always remain professional. This however is not exclusive to service users and their carers but to fellow colleagues also.

Moreover, organisational procedures act as guidance and could be described as a major method in which to aid good practice. The social worker's tool kit and by the term 'toolkit' meaning a proficiency in observation skills, self-awareness, critical thinking and both verbal and written communication. Moreover, the use of theories along with the social worker's tool kit is vital to professional conduct. Social work is a profession that prides itself on the use of self, the person in the process (Mattison, 2000). Ultimately by remaining professional, by remaining calm and emotionally self-managed and by actively listening is appropriate this situation.

Carl Rogers (1961) however, in his person-centred approach recognised the benefits of building rapport and trust. The idea of 'unconditional positive regard' allows the individual to reach a level of self-actualisation. By this the social worker gains the ability to embrace the situation for what it is, accepts their responsibility in the situation and to trust their own judgement. This approach emphasises the individual and not the issue therefore it allows the individual to better cope with the situation and if necessary any future issues they may face. The primary technique involved in person-centred therapy is reflection, therefore when practiced appropriately will present an understanding of the individual's situation and thus promote empathy. In this situation, the social worker put herself in the position of the carer, no judgements made and therefore allowing the carer to express their opinion from their point of view.

5.3 Practice wisdom – What does this situation remind me of, what do I remember from similar situations?

This situation resembles many in life. However, through diplomacy, active listening and an ability to remain calm help to reduce the potential for conflict. I can recall many an incident where the potential for conflict has been high. Living in an inner city or any highly populated and built up area will always have this potential. It is in effect how you manage and avoid the conflict which is important. I can recall incidents while waiting for public transport or simply being in the queue at the local post office where the potential for a confrontational situation has been high. Again, it is the way in which you approach and manage a difficult situation and the methods of resolution which are key. The use of diplomatic language and maintaining a calm disposition, a non-threatening but firm approach is a skill developed over time. However, maintaining an understanding that not all outcomes will prove successful is realistic.

5.4 Organisational- and contextual knowledge – Which underlying conditions and frameworks impact on my actions?

The Care Act 2014 sets out a clear legal framework for assessing, planning and safeguarding individuals and it allows individuals a voice. In this particular situation, the carer's voice is heard in the sense that under the new safeguarding rules the social worker was able to speak directly to the carer and find out in his own words an explanation. The Act protects adults at risk from abuse and neglect and in this scenario the carer is the accused. The social worker is therefore being transparent and direct in their approach to the situation.

Furthermore, the Making Safeguarding Personal agenda focuses on the individuals view point. By ensuring this view remains the focal point from the start of the process and thus allows working towards individual or personal outcomes. The Making Safeguarding Personal Toolkit (Local Government Association, 2015) addresses the Signs of Safety practice. Highlighting 'the direct experience of effective practice by social workers and the experiences of families'.

'The framework encourages a person-centred approach by involving the service user, their networks – social and professional – in developing intervention plans that aim to improve wellbeing. Signs of Wellbeing & Safety are an integrated practice framework for how to do adult social care work – it contains the principles to guide practice; tools for assessment and person centred planning, decision making and engaging adults and their families/ networks, including community and third sector partners. Goals of empowerment, person centred assessment and planning, and an improvement to wellbeing through a rigorous analysis process, is supported by an appreciative inquiry approach. By mapping out the case situation, the social worker and service user can see how wellbeing is defined and signs of improvement are found through a range of informal and formalised methods'. (Local Government Association, 2015).

Moreover, in this situation, consideration should also be given to The Mental Capacity Act (2005) and The Mental Health Act (2007). Naturally as professionals we must assume a person has capacity to make specific decisions. If this is not the case then the appropriate capacity assessments should be carried out to distinguish otherwise. In this particular case, the service user has capacity therefore by law is allowed to make what we as professional may believe to be an unwise decision. In this situation, it appears detrimental for the service user's son, her carer to remain living in the same household, however the service user wishes her son to remain in the family home therefore this must be respected.

5.5 Skills – What Do I as a professional need to be able to do?

- It is important for the social worker to be, in the first instance calm and controlled.
- The social worker should also be non-judgmental and professionally bounded as well as diplomatic and empathic.
- The social worker should also be approachable rather than intimidating in manner. However, the 'power dynamic' between social worker and service user (in this instance the carer) may well create unavoidable tension and thus be seen as intimidating; especially if a service user refuses to engage.
- The relationship based approach emphasises this as a key issue within social work. Therefore, importance should be placed on good communication skills as well as the ability to self-reflect and be self-critical.
- Fundamentally rapport is the key to good social work practice. The ability to be able to adapt your approach to any given situation is vital.
- On a practical level, it is also vital to have good organisational skills and to be able to prioritise appropriately.
- Task centred or solution focused approaches are beneficial in the practical sense.

5.6 Organisational, infrastructural, time, material requirements – With what can I act?

The time constraints and limited resources do not go unnoticed in the day to day life of a social worker. The organisational responsibilities take precedent and there is a need to carry out operational procedures in a timely manner. Therefore, it is vital for a social worker to understand these 'constraints' and to work with them rather than try to fight them. This includes when the materials a social worker requires doing, the job fails, e.g. computer systems. The expectation is to continue no matter what. The social worker must therefore be creative in their use of time and to not see such system failures as a 'problem' but to work around them. The skill is to keep this at the forefront of your mind and therefore your frustration with the systems will be low.

5.7 Ethical and value knowledge – Whereupon do I align my actions? Which are the central values in this situation that I as professional need to consider?

In this instance, the social worker would apply the principles of The Care Act (2014) to this situation. The carers voice is an important part of this piece of legislation, 'putting carers on an equal legal footing to those they care for and putting their needs at the centre of the legislation' (The Care Act 2014) Clause 10 (3) of the Care Act defines a carer as 'an adult who provides or intends to provide care for another adult ("adult needing care") The implications are that carers' have a right to achieve their day to day outcomes. The emphasis on prevention means that carers should receive support early on and before reaching crisis point and services now have a duty to make it easier for individuals to access support and plan for their future needs. The carer in this instance, although being the one investigated is eligible to an assessment of his own needs. Needs which may impact his relationship with his mother, the service user.

Furthermore, in terms of The Making Safeguarding Personal agenda, the focus is on getting the views of the adult at risk at the beginning of the process and working towards the outcomes they want. Again, in this instance the carers mother disagreed with the investigation however as a best interest decision the social worker decided it necessary to ask the potentially difficult questions. The outcome remained person centred, being in the best interest of the service user and

6 Quality standards

1. Person-centred approach: The social worker is congruent and empathic.
2. There is a rapport and trust in the relationship between the social worker and the service user/carer.
3. Conflicting expectations and values and legal obligations are made transparent.
4. Empowerment: The service user and the carer voice is actively sought and heard.
5. Communication skills: To ensure the use of both verbal and nonverbal communication at all times. Verbal and nonverbal communication is professional
6. Resistance is recognised and discussed.

7 Reflection based on quality standards

Person-centred approach: I believe I was congruent and developed a rapport with the carer. My communication remained professional throughout the interaction; although in hind sight I could have improved on my delivery of some of the questioning.

Rapport: At all times, it was apparent the situation was tense but necessary and the carer understood the importance of the visit and ultimately the seriousness of the overall safeguarding concern. The situation ended in a way that kept the communication open.

Empowerment: I considered the notion of empowerment. I believe the carer was empowered and was given the space needed to voice his opinion clearly, for example in the third sequence where he continued to express shock and disbelief. He was able to speak openly and frankly.

Communication skills: My verbal and nonverbal communication was open and congruent.

Transparency: Time was spent informing the carer that this was a necessary process and I remained transparent in my delivery of the information. With regards to my legal obligation, this was made clear from the start of the interaction and therefore the carer was also able to be clear in his responses.

Working with resistance: The carer's autonomy was also promoted however resistance was acknowledged, perhaps due to the nature of the safeguarding concern. The carer could not help but feel the conversation was perhaps deemed interrogatory. With hindsight, I could have considered motivational interviewing's perspective of "rolling with resistance".

8 Alternative courses of action

On reflection, I was not fully prepared to have to question the carer as much as I did and I found it awkward and uncomfortable doing so. I expected a certain amount of defensiveness from the carer; however, felt I should have prepared more in advance. However, how much more preparation was needed, I cannot say. Moreover, I believe in this type of situation you have to be adaptable, transparent and prepared for any number of reactions. As an alternative course of action, I would be inclined to continue to stick to the context of the situation and let that be your guide.

9 Literature

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