

Introducing social care and social work



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Introduction

Introduction

This free course, *Introducing social care and social work*, will introduce you to different social care and social work practitioner roles. It will develop your understanding of the context in which social care and social work take place in the United Kingdom (UK). Social work and social care practitioners have a vital role in supporting and protecting people in society. There are many services that work with people of all ages and for varied reasons. This includes children, young people, and their families; older people; people experiencing mental health distress; and people with learning or physical disabilities.

The course is designed for people who are interested in and curious about social care or social work practice, or who might be thinking about working in these professions in the future. The activities within the course will help you think about practitioner roles, your own and other people's identities, skills of reflection, and the legal framework that guides practice.

The course is made up of four sessions and should take you around twelve hours to study. The four sessions are:

1. Understanding social care and social work: roles and services
2. Understanding yourself and others: how identities shape and develop
3. Supporting and protecting people in social care and social work
4. The law in social care and social work

This OpenLearn course is an adapted extract from the Open University course [*K123 Foundations for Social Care and Social Work Practice*](#).

Learning outcomes

After studying this course, you should be able to:

- identify the roles of social care practitioners and social workers
- understand what shapes people's identities and why this is important in social care and social work
- recognise the importance of care and protection in social care and social work
- explain why knowing about the law is important to social care and social work practice.

Moving around the course

In the 'Summary' at the end of each session, you will find a link to the next session. If at any time you want to return to the start of the course, click on 'Full course description'. From here you can navigate to any part of the course.

It's also good practice, if you access a link from within a course page (including links to the quizzes), to open it in a new window or tab. That way you can easily return to where you've come from without having to use the back button on your browser.

You can now go to [Session 1](#).

Session 1: Understanding social care and social work: roles and services

Introduction



This first session is about understanding social care and social work: two areas of practice which offer support and services to different groups of people. There are many different types of social care and social work jobs and services. While every aspect of social care cannot be explored in this course, here are some broad ideas to help you begin to think about this.

Social workers and social care practitioners often choose this type of work because they are motivated by life experiences and want to help people. Working with people in social care and social work can be extremely rewarding.

Increasingly, the term 'social care' is used as the umbrella term to encompass both social care functions and social work functions, and both include a wide range of roles within the care sector.

Throughout this session, 'social care practitioners/professionals' will be referred to, when talking about both social work *and* social care. However, where it is appropriate, distinctions are drawn between the roles of social care workers and social workers, and it will be explained why this is important. The umbrella term 'social care' is also used to describe types of caring services that differ from health care as they respond to people's social needs.

When you have studied this session, you should be able to:

- identify the range of social care services in the UK
- explain the distinction between social care and social work
- describe the roles of social care practitioners and social workers.

1 What are social work and social care?

What do you think about when you hear the terms social care and social work? You may have experience of one or both, either through work or in your personal life. You, or someone you know, may have had experience of receiving services or working in social care/work. However, social care and social work are not always understood in society, because they are not used by everyone. In contrast, most people will have knowledge about health care, usually because they have attended a doctor, dentist or hospital appointment.

There are many reasons why someone might receive support from social care services. For example, social care practitioners/professionals often help people who are experiencing difficulties due to life circumstances such as mental or physical ill health, disability, poverty, family breakdown, addictions, homelessness, abuse and neglect.

Social care practitioners/professionals also often work with other professions (such as nurses, teachers, occupational therapists, psychologists) and other organisations to provide a network of services to people in need of support.

Social care practitioners/professionals provide services to people across the life course, for example helping new parents to look after their children, assisting people with disabilities to access social activities, providing respite to carers, or supporting older people with meals or personal/intimate care. The type of support will vary depending on what the individual, family or community needs, the role that the worker does, and the type of services provided. This will be explored in more detail in the next sections.

Both social care and social work encompass a very wide variety of roles in diverse contexts, and there are some similarities alongside important differences between them.

We know that social work jobs (like social care jobs) encompass a wide set of responsibilities and different roles according to the needs of the people they work with. Social workers assess people's circumstances and arrange packages of care, often implementing and co-coordinating a care plan. Social care workers may be part of this plan, by providing personal care or support to service users, but they are not responsible for making decisions about the type or level of care that is needed. In addition, social workers have statutory (legal) powers and are able to undertake activities such as application for detention of people in psychiatric care, or applying to the courts for orders to protect children or adults. Social workers also undertake child protection or adult safeguarding investigations while social care workers do not, although they may be involved.

In the following activity, you will consider these similarities and differences by exploring service provision. You will see that social care professionals provide services within a range of roles, to people with different needs and in a variety of settings.

Activity 1 The diverse roles in social care and social work



Allow 30 minutes for this activity

The following short case study illustrates the diversity found within the social care profession, in the context of a family with a daughter who has cerebral palsy. Read through the case study a couple of times, then try to identify the people who support Anabelle, where they work and what they do, noting your responses in the table below. You should be able to find up to seven people/groups of people in total.

Case study: Caring for Anabelle

My daughter is 14 years old, and she has cerebral palsy. She has her own social worker who is based in the local authority 'Children with Disabilities' Team. The social worker coordinates all of Anabelle's assessments and reviews and ensures that everyone knows of any changing needs. She keeps in touch with staff at Anabelle's school and with the specialist medical team based at the hospital. Anabelle's social worker also supports us as carers. She assesses our needs so that we can support our daughter, and helps us claim any benefits we are entitled to, such as the carer's allowance.

We have social care workers who come into our home twice a week to assist with personal care and to provide some respite for me in my role as informal carer. Anabelle also has transport to and from school, and a carer will accompany her every day.

We have a regular appointment with Anabelle's physiotherapist and a speech therapist, and see them at the clinic. Anabelle also has a holiday club, which is run by a local charity, and there she is cared for by the social care professionals working on the project, who are fabulous. It gives us a break, and she loves the activities they provide.

The people supporting Anabelle

[illegible]

Discussion

You may have identified the following people involved in Anabelle's care.

Role/job title	What they do	Where they work
Social worker	Assessments and reviews of Anabelle's needs, carer's assessments, liaison with other services, financial assessments and assistance with claiming benefits	At the local authority office
Respite care worker	Looks after Anabelle in her home twice a week to give her parents a break	In the home
Supervisor of transport	Supervises Anabelle when travelling to and from school	Transport to and from school
Holiday care worker	Provides care and supervises play during the holidays	At the holiday play project
Speech therapist	Helps Anabelle's speech development	At the clinic
Physiotherapist	Helps Anabelle develop her physical mobility and independence	At the clinic
Medical team	Assesses, monitors and meets Anabelle's medical needs	At the hospital

Could you identify all of them, and were you surprised by how many people there were? You may have thought of other services that all children would have access to, such as Anabelle's teachers and her GP, who would also be part of the network of support. You may also have noticed that, while Anabelle only has one social worker, she has many social care workers supporting her care, and that their roles and locations of work vary.

This case study is based on services provided to a child with a disability, but social care professionals also support adults, and you will learn more about adult social care as you work through this session. You may have experience yourself as a care provider or as someone who has received care services. The next section will explore in a little more detail your own personal experiences and understanding of care roles.

2 The work of social care professionals

Having explored some kinds of social care/social work roles, you can now look in a little more detail at your own experience and understanding of these. It can be confusing reading about practitioners with similar sounding roles or tasks or learning about different practitioners working with the same people. However, they work together to ensure the needs of service users and carers are met.

Practitioners and professionals may approach their work in a similar way because social care and social work practice is relationship-based work. This requires social care practitioners/professionals to have caring relationships with service users and uphold good standards of practice. They need to be caring, reliable, honest, trustworthy and respectful towards service users. In the following activity you will identify the similarities and differences in some aspects of social care and social work practice.

Activity 2 Comparing the roles of social work and social care

 Allow 45 minutes for this activity

Listen to the following audio featuring Natalie and Robyn. Natalie is a senior social worker based in an adult team; Robyn is a care worker based in a nursing home but working in the community with service users receiving palliative care.

When you have listened to the recording, identify what you think are the differences and similarities between these roles.



Natalie (left) and Robyn (right)

Audio content is not available in this format.



Similarities

Differences

Provide your answer...

Provide your answer...

Discussion

There are many similarities between Natalie's and Robyn's roles. They both support older people and their families, and both are concerned with promoting people's welfare, independence and choices. Both work with a wide range of other professionals and services, and both are required to undertake training for their roles. However, there are some important differences. As a registered social worker, Natalie has undertaken training and registered as a social worker with Social Care Wales. 'Social worker' is a protected title and so, in all nations of the UK, there is a requirement to meet the professional standards of training and practice in order to maintain the registration that allows you to call yourself a 'social worker'. While Robyn has also undertaken training in her role, this is not essential to work as a care worker and there is no registration requirement. There is a legal obligation to undertake a Disclosure and Barring Service (DBS) check, but beyond this, the training is optional. Robyn describes the in-house training required within her own agency and the training she has done to develop her career, but this is not a national requirement. Within social care there are lots of different job titles such as social care worker, care assistant, family support worker.

Both Natalie and Robyn mention undertaking assessments, but the assessments they do will be different. Robyn's will only inform services provided by the Garth team, while Natalie's will recommend the provision of services from a wide range of potential providers. In summary a key distinction is that social workers tend to organise and monitor care services to make sure they meet peoples' needs. Social care practitioners deliver care, undertaking more practical task and working more directly with service users.

Natalie and Robyn work in different 'sectors'. Natalie is employed by the local authority and so works for a 'statutory' employer wholly funded by the government. This gives her both powers and duties arising from legislation. Social workers carry more responsibility for safeguarding and protection work, to keep children and adults safe from harm.

Robyn works for a small 'private family-owned' service, the Garth, which provides residential and community services. It is approved and registered with the local authority but is run independently. This means that, while some of its funding comes from the NHS or local authority, some services are paid for privately by people who use the service.

Natalie and Robyn work in different locations. The Garth, where Robyn is based, is a residential unit with outreach services in a community in Herefordshire, England. Meanwhile, Natalie works in a local authority office offering services across Powys in Wales.

The interview with Natalie and Robyn provide a good insight into two individual social care professionals, both supporting older people and people nearing the end of their lives. They also illustrate the diversity that exists within the professions of social work and social care, and that the concept of care is a very broad one.

In the first two activities of this session, you have explored similarities and differences in social care practitioners/professionals through the context of service provision. You have seen that both social care and social work professionals provide services with a range of roles, to people who have a wide range of needs, including those with disabilities, mental

or physical health needs, and people in need or at risk. They also work in a variety of settings. You will now move on to consider the contexts in which social care takes place.

3 The contexts for care

The contexts in which social care is provided are very diverse. The ways in which social care services are provided will depend on a number of elements contributing to the context, as illustrated in Figure 1.

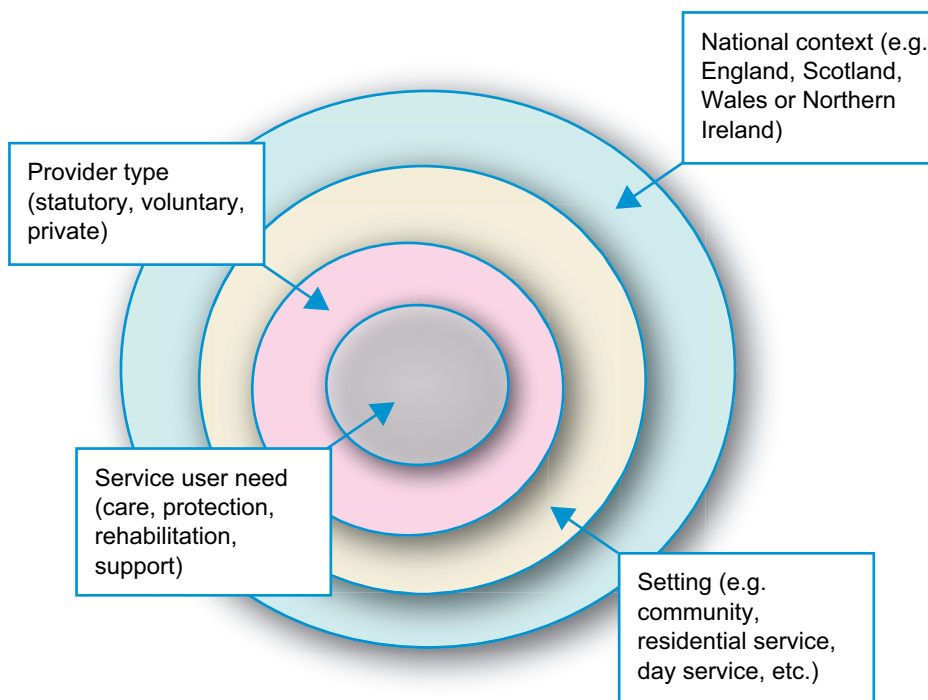


Figure 1 The contexts of social care

From Figure 1, you can see the different contexts for social care provision. This varies depending on service users' needs, the setting in which services are provided, the provider type and country they are living in.

The delivery of any service depends on the nation where it is delivered. While each of the four nations of the United Kingdom share some fundamental aspects, there are also differences in legislation and policy. Services are provided in many different settings, ranging from people's own homes or community locations through to residential and day services. The same social care professionals may work across more than one of these settings. Social care services are provided within what is sometimes referred to as a 'mixed economy of care', defined by the Social Care Institute for Excellence (SCIE) as 'provision of services from a variety of sources including the statutory agencies and the private and voluntary sectors' (SCIE, 2021).

The statutory sector comprises government organisations such as Local Authorities, Health and Social Care Partnerships or Trusts. Voluntary sector are non-governmental organisations such as charities or social enterprises. This sector is also known as the community or third sector and services are based on social purpose, community impact and are not-for-profit. Not-for-profit organisations reinvest income into the organisation, to benefit people in the community. The private sector is also non-governmental but is for-profit, like a business. Many care homes and domiciliary care providers are in the private sector, and there are different patterns of this across the UK. Together the voluntary and private sectors are sometimes described as the independent sector.

Within any setting, services are provided to people based on different needs for care, protection, rehabilitation or support, and these can arise for people for many reasons, including disability, age or family difficulties.

In the next activity, you will hear once more from Natalie and Robyn, and explore further the contexts in which they work.

Activity 3 Social work and social care in context

 Allow 45 minutes for this activity

Look back at the similarities and differences in Natalie's and Robyn's roles which were noted in the discussion to Activity 2. Then listen to the following audio in which Natalie and Robyn talk about the context of their work. Both work with older people who are near the end of their lives; however, depending on their roles, their work takes place within different contexts. Note down your answers to the questions that follow.



Natalie (left) and Robyn (right)

Audio content is not available in this format.



1. Natalie is based in Wales, and Robyn works in England. How does the national context in which each of them works affect registration and funding of the services they provide? How does the national context impact on the work for Natalie and Robyn?

Provide your answer...

2. Accountability is an important part of both Natalie's and Robyn's work. What does each of them say about the meaning of accountability in their roles?

Provide your answer...

3. Robyn and Natalie both work with a large range of other services and professionals. How many can you identify?

Provide your answer...

Discussion

National context

Natalie's professional registration as a social worker is with the Welsh Government, through Social Care Wales. As a social care worker in England, Robyn does not need to be registered; however, the Garth is registered with the Quality Care Commission for Herefordshire as a nursing home and provider of home care services.

Funding

The funding of services at the Garth, where Robyn works, is offered to people who live on both sides of the Welsh/English border. Some funding is private – in other words, the people receiving the service pay for themselves – but some services are funded by the NHS or by social services. For people living in Wales, health funding would be from the Hereford and Worcester Clinical Commissioning Group, while people living in neighbouring Powys would be funded by the Powys Teaching Health Board. Robyn also mentions that some funding comes from St Michael's Hospice, which is a third-sector provider. 'Third-sector' refers to services that are sometimes described as 'voluntary', 'not-for-profit' or 'charitable' provision.

Accountability

Robyn's response captures her understanding of accountability as making sure that people who use the Garth receive 'the best possible outcomes of their care with us'. For Natalie, social worker accountability is about seeking and responding to feedback on providing 'support and protection' for people.

Robyn talks about her role as a carer but also as a manager, and so she both receives and provides line manager appraisals to ensure that the quality of care offered is maintained. She has a responsibility to implement the values statement of the service and to implement quality assurance processes such as spot checks, audits and responding to complaints. Natalie, as a registered social worker, must abide by the codes of practice, legislation and policies applicable to her role. To maintain her registration, she has to continue her professional development through training and supervision. Natalie also talks about the need to be able to justify the decisions she makes that inform her practice.

Other services

Below is a list of the people mentioned by Robyn and Natalie. There may be more, but this gives you an idea of how important building and maintaining networks is in social care work.

- Social workers
- Occupational therapists
- Physiotherapists
- General practitioners
- District nurses
- Domiciliary workers

- Third-sector workers
- Private carers
- Family members/informal carers
- Care home managers
- Speech therapists
- Carers in care homes

Don't worry if the contexts in which Robyn and Natalie work seem confusing just now. The reality is that the contexts for social care are complex. The roles of social workers and social care workers have much in common, but there are important differences. Differences also arise from the nation in which people work, and these become even more complex when services cross national boundaries, as they do for the Garth.

Robyn and Natalie both support older people and those nearing the end of their lives. As you work through this course, you will become more familiar with specific services that are offered to people with other needs.

While thinking about the challenges of professional accountability, Robyn describes an instance of when she needed to balance risk and the right of a man for whom they were providing services to make his own decisions. This tricky balancing of risk and rights is one way in which practice is guided by professional codes of practice, which you will learn more about in the next section.

4 Professional regulation

Many different professions and trades across the UK are regulated occupations, including gas engineers, barristers, architects and train drivers. Social work is also a regulated profession, and social workers must also be registered in order to work.

Regulation is undertaken to ensure good standards are protected and maintained in social work and the social care workforce. Regulation is important to uphold public confidence. This means that people can trust that social care practitioners/professionals will work to a good standard that protects the human rights of people who use social care services.

There are four regulators in the UK for social care practitioners/professionals. These are Social Care Wales, Northern Ireland Social Care Council, Scottish Social Services Council and Social Care England.

These regulators are responsible for:

- setting standards for entry to and delivery of professional education
- maintaining a register and ensuring that registrants demonstrate that they continue to meet relevant standards
- investigating and responding to complaints.

'Social worker' is a protected title applied to people who hold their nation's recognised and regulated professional social work qualification, currently at honours degree level across the UK. In 2022, there were 98,000 registered social workers in England, 11,000 in Scotland, 6,600 in Northern Ireland and 4,000 in Wales. These workers are registered by their national regulatory body, and registration needs to be renewed regularly depending on the local regulator, to meet certain conditions.

'Social care', however, is a broader term, and the ways in which the social care workforce is regulated vary across the four nations. Social care workers and social care managers are registered in Scotland, Northern Ireland and Wales, but they are not registered in England. Furthermore, in Wales and Scotland a qualification is required to work in social care. You can read more about social care and social work regulation across the UK by searching for the regulator in the country that you live or work in.

Being registered means that social care practitioners/professionals need to keep up to date on practice development. They must also comply with standards of conduct and professional values. These are set out for workers in professional codes of practice, so workers know what they need to abide by. The public and people who use social care services can also see the codes so they know the behaviours they can expect from social care practitioners and professionals.

5 Summary of Session 1

In this session, you have been introduced to social care and social work – two areas of social care practice. Through listening to Natalie and Robyn, you have heard about some of the similarities and differences between working as a social worker and a social care practitioner.

Social care professionals address a range of needs through their various roles, activities and the services that they deliver. You may have thought of more examples of the kinds of roles that are undertaken, particularly in more specialised areas of provision such as drug and alcohol services, services for offenders, or provision within health or educational contexts such as hospitals or residential schools.

Generally, social workers have a greater responsibility for assessing, reviewing and organising the delivery of services, which involves liaising with a wide range of other professionals. Social care workers are usually more focused on direct provision of care within a single setting, such as a residential, day or community service.

You have also learned about the role of professional regulation of social work and social care, considering how regulation differs not only between the professions but also across the nations of the UK.

In the next session you will explore how people's experiences and environments shape their identities, and how this relates to social care and social work. You will learn about why it is important for social care practitioners and professionals to understand their own identities, and how this can influence their practice.

You can now go to [Session 2](#).

Session 2: Understanding yourself and others: how identities shape and develop

Introduction



We all live in environments that have shaped our lives and our identities. An essential part of working in social care and social work is to understand people, their experiences and identities. It is also important for practitioners to understand themselves and how this might influence their work. This session will introduce you to what is meant by identity and why this is relevant for social care and social work. It will explore ideas about power and consider stereotypes that might result in discriminatory practice.

When you have studied this session, you should be able to:

- understand what shapes people's identities
- describe why understanding identities is important in social care and social work.

1 Understanding yourself and others

What do we mean by identity? A useful definition might start with that of 'self-identity' as 'the way in which I see, describe or define myself' (OpenLearn, 2014). However, there is more to the concept than this definition suggests. One of the first steps you can take in developing your practice is to begin to understand your unique identity. This will help you to recognise that you see and interpret the world in a particular way. Understanding identity, both your own and that of others, involves recognising the aspects of identity that have meaning for the individual and the effects of these on their lives. Our identities include many aspects of who we are and who/what we identify with, and these will change over time.

Maybe you have previously thought about your own identity and how you would describe yourself to others. It might be important to you that your age, race, gender, where you live, occupation or educational status is part of how you see yourself. Your interests, personal characteristics or traits and sense of belonging to any groups or communities might also form part of your overall identity.

Aspects of your lived experience might also have had an influence in shaping and describing your identity. Do you think of yourself as essentially the same person, having a fairly constant idea of yourself that changes little, whatever the situation? Or do you see your identity as complex and changing, transformed by the way in which you respond to similarities and differences between yourself and those around you?

Whatever comprises your identity, it is unique to you and likely to have changed over time. Other people might describe you differently or fail to recognise hugely important aspects of your identity. In many ways, parts of our identities weave together in complex ways, and they shift according to what happens to us in our lives.

2 Identities in social care

Many people see their identities as being in a process of transformation as they make new relationships and are subject to pressures, challenges and changes in how they see themselves in the world. The same is true of people who use social care services. Social care professionals can only really understand the identity of someone if they give that person opportunities to talk about themselves, if they ask open questions and listen attentively without making assumptions.

This can be more challenging than it sounds. Social care professionals are frequently limited in the time they can spend with the people they provide services to, and, in some situations, may be under pressure to complete specific tasks or ask specific questions in order, for example, to complete paperwork for assessments. However, allowing time and space to build relationships, listen and value other people's experiences or perspectives, is a skill that is at the core of social care and social work practice.

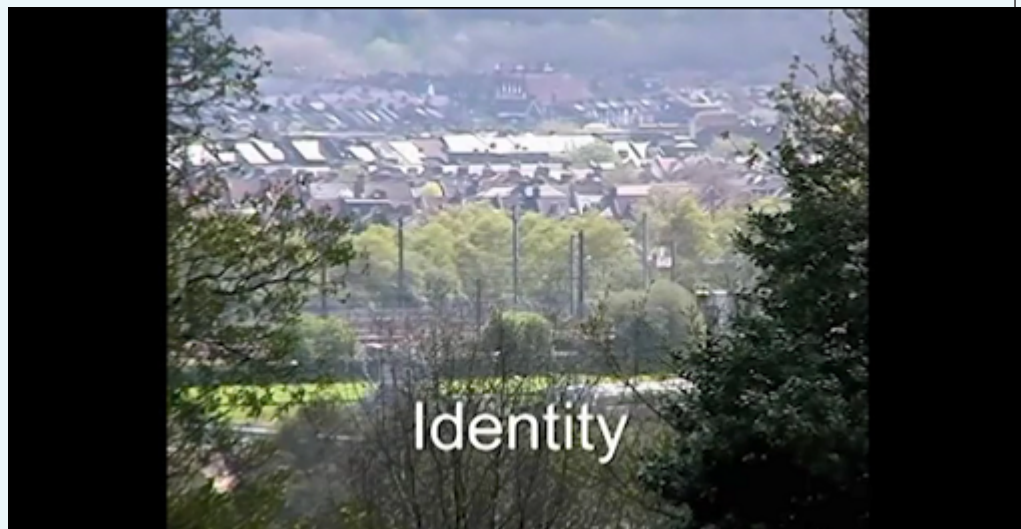
Activity 1 Identities of young people leaving care

 Allow 20 minutes for this activity

The participants in the following video are all young adults who have experienced being in care as children. Here they talk about the impact that their experiences of care have had on their identities.

Watch the video through a couple of times and then note down your thoughts in response to the questions that follow.

Video content is not available in this format.
Being in care



1. How do these care leavers suggest their identities are shaped by the concepts of home, family and place?

Provide your answer...

2. In what ways do these young people suggest their identities are shaped by how other people see them?

Provide your answer...

Discussion

These young people talk openly about their individual experiences of spending time growing up in care. They have had a variety of experiences and their identities have been shaped in very different ways. One young person reflects on the impact of being moved around and how sense of self can be affected and even lost along the way. Another young person notes that her social workers have undertaken the role of family, while another states that he has learned to depend only on himself. One young person observes how young people in care are often viewed negatively and that the expectation can be that they will cause trouble. It is important to remember that everyone's circumstances are different and that we are all impacted by our lived experiences. How we view ourselves and how others view us can significantly influence our identity in both positive and negative ways.

You will now consider more about how (or why?) understanding the whole person is essential in social care and social work.

3 Understanding the whole person

A more complex perspective on identity was explored by Stuart Hall, a highly influential cultural theorist writing in the 1990s in the UK. Hall argued that identity is not simply given or fixed but 'a matter of "becoming" as well as of being' (Hall, 1990). He suggested that identity is something that is never complete, and that it is more helpful to think about 'identification' as a process rather than 'identity' as a fixed state (Hall, 1990, p. 51). Hall's ideas suggest that 'who we are' is strongly determined by feeling an affinity with 'people like us' or people with whom we share ideas, values, beliefs or experiences.

Many people will share these affinities with people who surrounded them as they grew up (family, friends and communities), but Hall's ideas of identity allow for individuals being strongly influenced by experiences and relationships later in life. This can have equally profound influences on how we see ourselves. For example, in the context of social care and social work, it may involve a person becoming familiar with their birth heritage as an adult, developing new spiritual beliefs, or engaging with higher education and professional training, which for some may provide a strong sense of identification but for others may feel alienating. Equally, for some people, their 'professional' life is not central to how they identify themselves but rather is secondary to other aspects of their identity, such as their gender, marital status, language, ethnicity, religion, disability, sexuality or parenthood status.

4 Identity and culture

One of the first steps you can take is to begin to understand your own unique identity. This will enable you to recognise that you see and interpret the world in a particular way. The next activity will help you reflect on yourself from a cultural perspective.

Gender	Appearance	Spirituality
Gender identity	Class	Sexuality
Geography	Culture	Sexual orientation
Race	Caste	
Religion	Education	
Age	Ethnicity	
Ability	Economics	

Activity 2 Social GRACES

 Allow 30 minutes for this activity

The following video was developed by Camden Social Services and the Tavistock and Portman NHS Trust. While it is aimed at social workers, it is equally relevant to all social care professionals. Watch the video, then answer the questions below.

Video content is not available in this format.

The GRACES

Systemic Concepts.
The Social GGRRRAACCCEEESSS

1. How do you identify yourself in relation to the GRACES outlined in the video?

Provide your answer...

2. Do you think other people would associate with the same GRACES as you? Would there be a difference between people who know you well such as your family, and those who know you less well such as work colleagues?

Provide your answer...

3. How might a social care practitioner use the concept of the GRACES when working with service users?

Provide your answer...

Discussion

The GRACES approach can be a very helpful way to start thinking about and naming your identity, and recognising the complexity and shifting nature of who you are. Reflecting on your life, there will be times when important aspects of your identity change – for example, you grow older, your geography, ability or economics may change, as might your religion or sexual orientation. If you are a student right now, you are in the process of developing your education and this could have an impact on how you see yourself. With many aspects of the GRACES, there is the potential for a mismatch between how you would identify yourself and how others may, at least initially, identify you.

In social care and social work, you need to understand what is important to a service user in terms of their identity in order to provide them with care and support. The information about them that is most easily available to you could be misleading, as could written records and the outward appearance of the person you are working with. Making an assumption or making mistakes about someone's identity can be distressing and risks the delivery of inappropriate services. It can also result in discriminatory practice, as you will see in the next section.

5 'My name is Why': stolen identities

In this section, the experience of being disempowered through receiving discriminatory social care is poignantly illustrated in extracts from an autobiography, *My name is Why*, by poet Lemn Sissay (2019).

Below is a copy of a letter written by an educational psychologist to the local authority responsible for Lemn's care in his youth. It followed an assessment of him as a 17-year-old who had been in care for most of his childhood.

Lemn was initially placed with a family as a foster child, with the intention that he should remain with the family permanently. However, the foster carers rejected Lemn and he was removed from their care after 12 years and spent the next four years moving between children's homes and other residential care.

When he was fostered, Lemn was renamed Norman. He did not find out his real name until he was 15 and given access to some of his files.

Schools Psychological Service,
Orrell Lodge,
Orrell Mount,
Orrell,
Wigan 12th July 1984

Dear Mr. Mackey,

Lemn Sissay (D.O.B. 21.5.67)

Thank you for asking me to see this young man whose behaviour at Oaklands and general hostility have led to a placement at Wood End.

I have chosen to write to you rather than to do a conventional report as I have no psychological test results to comment upon or interpret and, in view of my limited acquaintance with Lemn, would feel unable to offer more than an impression of his personality and problems.

As you know Lemn answered some of the questionnaires and completed most of the tests in a non-serious way. He also rejected the idea of completing an individual intelligence test for me. The reason he gave for this rejection of the tests was that such tests could not give a true picture of him as an individual and might be used to make decisions for him which he preferred to make for himself. I think that he was casting doubt on the validity of the tests and the psychometric process and although not a point of view that I personally subscribe to, it is certainly not untenable nor is it unreasonable for an intelligent person to adopt. However the motivation for rejecting assessment is not intellectual but part of a growing (?) rejection of the 'care' concept, i.e. of other people making decisions for him.

Lemn is very much into self-identification. He is interested in his Ethiopian roots (familial and historical) and in some of the concepts and attitudes of Rastafarianism which offer black consciousness and black pride in a cultural context.

When he was asked to write about himself he commented that 'life ... seems like a documentary on television' – which appears to me to be an expression of alienation. He decided to write a poem to, as he says, 'capture a piece of emotion'. The poem reads as follows:-

'They told me
This was me, my family, my home
But i still ended up, alone

Once again i packed my smaller suitcase
Another loss of trust on a wild goose chase
Like a knot in a shoe lace,
They thought they did it best

But the more they pulled the harder the case
And who ended up with less

And now through the jungle of paper theory and pen
I just only find out my name is Lemn
An i bin cheated beated pushed and hit
Now mi name a Lemn and de fire bin lit
Now after i learnt dem say i mus' learn
Throw water on the fire but the fire still burn.'

The spirit of Bob Marley lives on! I applaud Lemn's courage but am not convinced that the choices he makes will be very sensible. He is better off making his own mistakes, given some degree of support, than having decisions made on his behalf.

Yours sincerely,

J. Yates

Principal Educational Psychologist

(from Sissay, 2019, pp. 186–7)

It is interesting that Lemn resisted the psychological and intelligence tests because they would not give 'a true picture of him as an individual and might be used to make decisions for him which he preferred to make for himself'. This comment suggests that Lemn had experience of social care professionals failing to consult or involve him in decision-making, but that decisions had been made by others who had failed to understand his identity.

The psychologist highlights Lemn's sense of alienation and the importance of his 'Black consciousness'. Lemn's moving poem captures the emotion of a child who has had his name, family and culture denied to him, who has experienced the powerlessness of being moved from place to place and having no control over his own destiny. Finding his real name through reading his files exposed both his anger about the removal of a core part of his identity and a hunger to reclaim who he really was.

My name is Why powerfully illustrates the ways in which the identities of service users can be devalued or even lost. It is a reminder of why social care professionals need to remain sensitive to individual identities and aware of the potential damage that can arise from discrimination and stereotypes.

6 Power, powerlessness and stigma

So far, you have explored the nature of identity and have seen how it is both complex and shifting. Identity is also closely associated with the concept of power, as different aspects of a person's identity can result in each individual being relatively more or less powerful in the context in which they live and work. Assumptions that are made about people can lead to misunderstanding and discrimination.



The ways in which other people perceive us may not align with how we see ourselves. Identities are also closely associated with context, where we live, where we work and our own personal histories. As a social care professional and a representative of the agency you work for, you are in a position of relative power compared with the people that social care practitioners are working with. This power can take many forms but includes the power to:

- provide and withhold a service
- share or withhold information about a person's needs, assessment or services
- provide or withhold physical care and support needed to participate in everyday life.

In his classic book *Stigma* (1963), the sociologist Erving Goffman argues that stigma is a relationship of devaluation in which an individual is disqualified from full social acceptance. Society establishes ways of categorising people and what are felt to be the 'natural' or 'normal' attributes for each category. Stigma, then, is essentially a belittling label that sticks, one that is applied to an individual's 'differentness', their perceived non-conformity, deviance or simply difference in appearance or behaviour. That individual is then discredited. Stigma can result from physical or mental impairment, from known biographical records (such as a prison sentence or hospital stay) or from context (keeping 'bad company'). It can be ascribed (for example, their father is a criminal, so they must be one too) or achieved (for example, becoming a delinquent). This means that the label may or may not be accurate, regardless of the meaning attached to it.

Goffman argues that society tends to regard the person with a stigma as different, and this leads to a form of discrimination that reduces their life chances. Of course, stigmatised individuals are likely to be very aware that others do not accept them and are not prepared to deal with them on an equal basis. Their own sensitivity to the perception of them by society may also lead to some incorporation of that judgement into their view of themselves.

7 The negative impact of labelling

The way we see ourselves, self-identity and the ways that identity can be ascribed to us by other people, are rarely separate from each other. They interact and affect each other. In other words, our views of ourselves are necessarily formed by how we think that other people see/view/judge us.

Think back to the educational psychologist's report on Lemn Sissay which you read earlier in this session. The report identified how Lemn was fighting to establish and maintain his self-identity despite the care system having given him a very negative ascribed identity. Lemn refused to cooperate with psychological testing as he feared the results would be used to reinforce negative views about him. Lemn saw himself as an intelligent, creative, Black young man, capable of making his own decisions and taking control of his life. He was fighting against the ascribed identity of a troubled 'coloured' youth who posed a risk of, as a minimum, being disruptive and, at worst, of offending. He was not seen as being capable of making rational, informed choices about his life, and his refusal to cooperate was perceived as evidence of being a troublemaker.

Elsewhere in *My name is Why*, Lemn describes the dehumanising institutionalisation and abuse he experienced in care, which were not uncommon at the time. For example, stripping people of their individual characteristics by dressing them in an institution's uniform and treating them all the same: these are powerful assaults on an individual's identity, and even more so on a child's. Residential care, like all living environments, can be a powerful influence in determining residents' identities, for good or ill.

These processes were vividly described by Goffman in another classic study, *Asylums* (1968), in which he analysed the implications for identity of 'total institutions' – such as psychiatric hospitals, prisons and other residential institutions to which people are compulsorily admitted – which provide an all-encompassing world for inmates, forming a barrier between them and outside society:

The recruit comes into the establishment with a conception of himself made possible by certain stable social arrangements in his home world. Upon entrance, he is immediately stripped of the support provided by these arrangements ... he begins a series of abasements, degradations, humiliations and profanations of self. His self is systematically, if often unintentionally, mortified. He begins some radical shifts in his moral career, a career composed of the progressive changes that occur in the beliefs that he has concerning himself and significant others.

(Goffman, 1968, p. 24)

The impact of stereotyping, labelling and stigma can have a long-term impact on mental health. In social care and social work, trying to understand individual identities can be painful and challenging when the experiences that contribute to workers' own identity involve prejudice and discrimination. Everything involved with social care and social work roles are about people. Being aware not only of difference but also of the impact of power and discrimination on people's lives are key components of practice.

8 Summary of Session 2

This session has introduced you to the important concept of identity, beginning with your own identity and moving on to understanding the identities of others.

Elements of people's identities can have a strong influence on how they develop through life opportunities and the attitudes that they encounter. Lemn Sissay's experiences provide a powerful example of how the development of a child's identity can be damaged as a result of prejudice and discrimination. This highlights the importance of listening carefully, recognising the impact of stereotypes and understanding how power can be abused.

Session 3 will explore the role of social care and social work in protecting children and adults.

You can now go to [Session 3](#).

Session 3: Supporting and protecting people in social care and social work

Introduction

Some people may need support and assistance with life activities, while others may need protection from neglect or harm. In this session, you will consider different types of social care and social work services, identifying how they provide care and protection to service users.

In Session 1 you explored different types of roles in social care and social work. Just as these are varied and diverse, so too are the reasons why people need to engage with these services. In Session 2 you examined identities and life experiences that may lead people to needing care and protection services.

You'll now examine the types of care and protection services in more detail. You will also look at important concepts that inform and underpin social care and social work services.

When you have studied this session, you should be able to:

- identify why 'care and protection' is important in social care and social work
- explain the diversity of people, roles and services
- recognise the core concepts that underpin social care and social work practice.

1 Who needs social care or social work and why?

At some point over the course of our lifetime, many of us will have contact with social care or social work services, either for ourselves or for a family member, because they need extra help with everyday life. This could be for a variety of reasons, perhaps the impact of disability, family pressures, illness, or ageing. Social care workers provide that extra help. Social care is about providing practical and emotional support for people to enable them to realise their potential and live as independently as possible. While social workers provide less of the 'hands on' work, they do organise social care and undertake more specialist interventions.

Social care practitioners and social workers work with people across the life course. They support children, young people and parents, adults and children with physical disabilities, learning disabilities, sensory impairment, people with acute or terminal illness, older people, carers, people with mental ill health; people who are homeless and people with alcohol and/or drugs dependency. This variety of people and their needs creates a wide range of roles and requiring social care practitioners/professionals to work in people's homes and communities.

Watch the video below featuring Ruth, Karen, Peter, Carolyn and Hameed, where you will hear about their lived experiences of using social care and social work services.

Video content is not available in this format.

Contextualising social care and social work: perspectives of people with lived experience



CONTEXTUALISING SOCIAL CARE AND SOCIAL WORK

The video provides an insight into the different types of social care and social work, and explores what Hameed, Peter, Carolyn and Karen felt was good or not so good about the professional practice they engaged with. The video also illustrates the impact of the social care or social work intervention on them and their family members' lives.

In the next activity, you will look at some more groups of people who may receive social care or social work services and consider the role that social care workers and social workers may have with them. As you do the activity, keep in mind that the kinds of intervention provided by social care practitioners and professionals can include any of the following:

Protection or safeguarding: This type of intervention is undertaken to keep children and adults safe from harm, by protecting them from maltreatment from abuse or neglect. Safeguarding work involves undertaking an assessment of risks (and strengths within families) and putting together a plan to keep people safe. It occurs when parents/carers are unable to take care of their children due to circumstances of mental health, disability, addictions or domestic abuse. It can require a crisis response, particularly if children are left unsupervised or for very young children who cannot take care of themselves. Safeguarding is also undertaken with adults 'in need of care and protection'. Some adults are dependent on others for care and support due to disability, illness or age, and may experience harm from family members. Abuse can be physical, emotional, sexual or financial. Safeguarding work can also involve protecting people who may be a risk to themselves through self-harm and can involve restrictive practices such as detention in hospital and removal of people's liberties and freedoms.

Personal care: Also known as intimate care, this is a range of activities associated with support and supervision of daily personal living tasks. This can involve assisting people with personal hygiene and toileting, helping people to get up or go to bed, helping people to wash in the shower or bath, dressing, styling hair, shaving, brushing teeth and nail care. It can involve food preparation and assisting people to eat. For people with additional needs, it can involve support with catheter and stoma care, skin care, incontinence laundry and bed changing, reminders to take medications, and support with mobility. Social care practitioners are often trained in the use of hoists, manual handling, food hygiene and first aid, where these are part of the care required. The care provided is tailored to meet the person's needs and may involve different interactions over the course of the day by a team of staff.

Promoting independence and self-care: This type of social care work is related to the personal care activities listed above. However, promoting independence means the social care practitioner encouraging or assisting a service user to do what they can for themselves. For example, an older person can be assisted to get in and out of the shower and provided with support to ensure they do not fall, however the service user can wash their body. So, it is about doing things 'with' people, not doing things 'to' them. Self-care activities can also be about more than just personal care. For example, encouraging or helping service users to make a meal for themselves, or accompanying them to an event in their local community to help them stay connected to family and friends, feel included and reduce isolation.

Rehabilitation: This is related to promoting independence by improving a person's functioning. It recognises that if a service user temporarily cannot do something, that they are given the skills and support to regain a good quality of life following an illness, injury or addiction. Rehabilitation is also a form of support provided by prison and probation services, to help people not re-offend, or adjust to life in the community if they have spent a long time in prison and have little support from family and friends.

Support for carers: A lot of care is undertaken by family members (and sometimes friends and neighbours). This is known as informal care, which is unpaid and often intensive for family members. Many carers are older, and may be looking after their partner, or an adult child with disabilities, and many are women. Informal care can be very stressful, especially for family members who live with service users, and provide care every day, with little time for rest or breaks. Support for carers can involve respite care, where the social care practitioner spends time with the service user, enabling the carer to get a break from caring responsibilities. For example, they can go out of the home to visit friends, go shopping, or do hobbies. Overnight sitting services also enable carers to get some sleep, while social care practitioners attend to service users' needs through the night. There are also support group and advice services for carers.

Financial/benefits advice: This involves helping service users and carers access financial support to help with additional costs associated with their needs. It can be challenging as navigating the welfare benefits systems can be complex. Lack of the right information about eligibility and access can mean some people lose out on financial support that they could be entitled to. People can use additional financial support to access additional services. Some people use 'direct payments' which means money is paid directly to them and they buy in their own services, rather than asking for services from organisations in the statutory, private or charity sector – some of which have a limited menu or strict criteria about who can access their services. Carers are also entitled to a carers assessment which may result in accessing services to meet their own needs.

Activity 1 The needs of service users

 Allow 30 minutes for this activity

The images below represent some of the different needs of people who use social care services. Think about the needs that the people in each image may have. Then, in the boxes below each image, note down your thoughts about the roles, activities and services that might be provided by a social worker and a social care worker.



Children at risk or in need

Social worker

Social care worker

Provide your answer...

Provide your answer...



Adults with learning disabilities and their families

Social worker

Social care worker

Provide your answer...

Provide your answer...

Discussion

You may have noted the following points regarding the types of service provision that each of these groups might need.

Children at risk or in need

Social worker

Social care worker

Assessment of need and risk Identification of preventative or support services; these might be residential, day or community services Financial assessment and advice Reviews and monitoring of care/protection plans Liaison with other agencies Ensuring that legal duties and rights are fulfilled, for example in relation to education needs, health needs and support for parents/carers Writing reports and attending court Acting on emergency interventions where a child is at risk Assessments, reviews and support for substitute carers such as in the context of fostering and adoption	Support within a range of settings including day services, residential provision, transport, education or health settings In any of these settings, the role of a social care worker would be to meet social needs including personal care (washing, dressing, feeding), play or supervision of parental contact
--	--

Adults with a learning disability and their families

Social worker	Social care worker
Assessment of need and risk; assessment of support needs of carers Identification and referral to other services; these might be employment, educational, residential, day or community services Financial assessment and advice Reviews and monitoring of care plans Liaison with other agencies Ensuring that legal duties and rights are fulfilled, for example in relation to education, employment, health needs and support for parents/carers	Social care in day, community and residential settings. This can include helping with personal care (washing, dressing, eating) and/or supporting social development (helping with budgeting, travel, employment, social interaction, communication) Respite care Support with transport

This activity should highlight two important points about difference: that it affects how people interact with others, and that difference is often superficial. Your notes will probably have noted the differences in both physical attributes and personal values.

On first meeting, everyone makes assumptions about 'others' and, consciously or subconsciously, categorises them according to how similar to or different from themselves they are. Attributes such as age, size, sex, ethnicity, class, dress, and so on, are used as indicators of identity, and influence how people see and relate to others whether they like it or not. While some characteristics may be crucial to someone's identity, qualities they wish to be recognised and respected for, they might regard other features as irrelevant or misleading.

Social care and social workers will often be working with the same people, but with a different focus in their roles – although there are, of course, some overlaps in the skills

and responsibilities that they have. In the next section, you will explore some of the core concepts that are important for all social care professionals to understand.

2 Core concepts underpinning professional practice

The practice of social care professionals in all contexts is underpinned by some core concepts, many of which are associated with the values and ethical codes of the professions. Many of the core concepts are common across the professional standards for social care professionals.

Some of the concepts relate to tasks or responsibilities that apply to all of the workforce, although the nature, level of responsibility or statutory duties may vary. For example, all in the social care workforce have responsibilities relating to managing risk and harm, but social workers have specific statutory duties to investigate and assess where there is a concern about an adult or child being at risk. Other elements of practice, such as maintaining public trust and confidentiality, apply in the same way to all social care professionals. You will now explore some of these underpinning concepts in more detail.

2.1 Equality and diversity

The concept of equality is an important one to understand, and it can be confused with the idea of treating everyone the same. When thinking about access to services, for example, treating people 'the same' would only result in equality if everyone had the same opportunities available to them. There are, however, inequalities in society arising from attitudes as well as differences in, for example, wealth, education and influence.

What is equality? Equality does not mean treating people the same but is rather about valuing difference. Difference should not result in people having less value or worth. Equality can be understood as an absence of discrimination.

We often hear the words 'equality' and 'equity' used. They sound similar and sometimes people use them to mean the same thing, however they are different.

Figure 1 explains this by making a distinction between 'equality' and 'equity'. In the first part of the illustration, each person is treated the same, or equally, but the result is not equity as their characteristics are not the same. Treating them the same results in inequity. In the second part of the illustration, each person is treated differently, but the result is equity – they all have the same access and so none are disadvantaged.

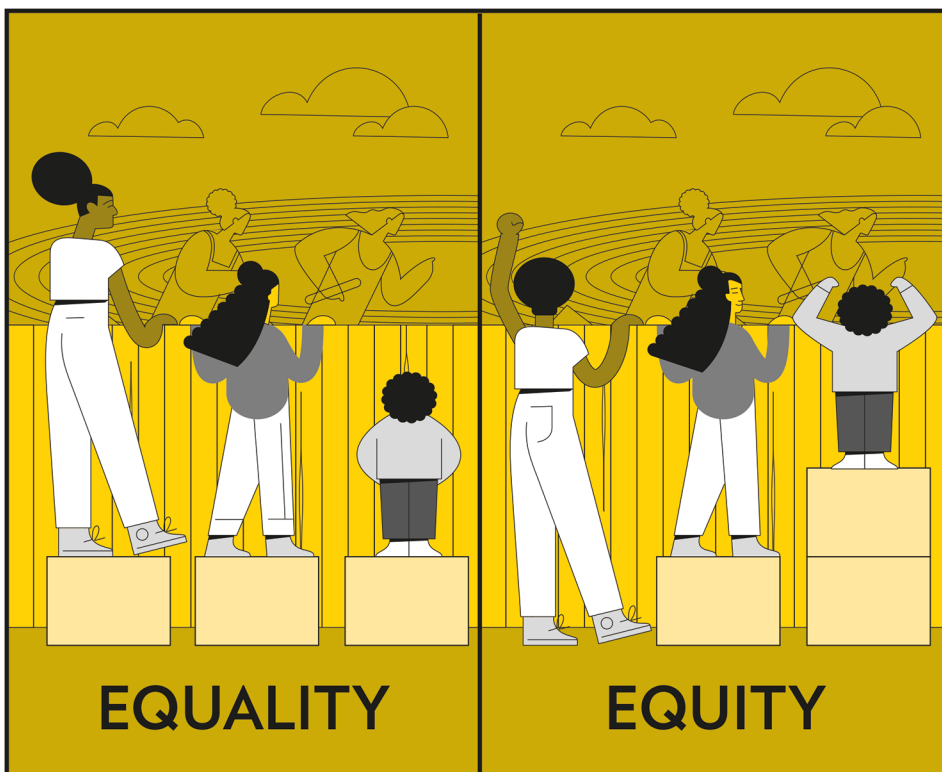


Figure 1 Equality vs Equity

Treating people differently in order to achieve a fairer outcome is sometimes referred to as 'positive discrimination' – or, in other words, treating people differently in order to balance or compensate for inherent inequality.

Social care practitioners/professionals, therefore, need to be aware not only of diversity, or the differences between people, but also of the ways in which such differences may result in disadvantage. British Association of Social Workers (BASW) (2015) describes diversity as being multidimensional and suggests that it includes race, disability, class, economic status, age, sexuality, gender (including transgender identity), faith and belief.

Some aspects of people's identity are known as 'protected characteristics' which are covered by law in the Equality Act 2010 (for England, Wales and Scotland) and In Section 75 of the Northern Ireland Act 1998 (for Northern Ireland). This means that someone cannot be treated less favourably, subject to unfair disadvantage or discriminated against because of:

- age
- disability
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- race including colour, nationality, ethnic or national origin
- religion, beliefs or political opinion
- sex
- sexual orientation

Social care practitioners/professionals should have an awareness of the ways in which such characteristics can result in differences in power, which can lead to people being marginalised, or indeed privileged, in their access to services.

2.2 Social disadvantage and discrimination

So far in this session, you have considered the roles, contexts and different people who may use social care services. This final section turns to the impact of social disadvantage. 'Social disadvantage' is a term used here to refer broadly to the factors in society which result in people being at a higher chance of needing support from social care professionals. Social disadvantage is not the only reason a person may need support, but it is an important factor which professionals need to understand, as it can contribute both to why someone needs support and their experience of accessing and receiving services. Power and social exclusion are important ideas as they relate to the ways in which some people are socially disadvantaged. 'Discrimination' means treating someone less favourably as a result of their being different. Difference is a relational concept – in other words, differences only exist in relation to others around you. Often discrimination takes place at a societal level, and 'difference' should be understood as arising from someone having a characteristic that places them in a minority (so, for example, people who are speakers of English as a second language living in the United Kingdom) or a characteristic that results in them having less power (such as being a woman).

Diversity in society may result in certain people being viewed or treated differently, particularly if they belong to a minority group. Discrimination often arises from stereotypical attitudes associated with a particular characteristic – for example, that Black people 'look after their own', or that people with mental health needs are dangerous or incapable of participating fully in society. It is important to understand these key concepts, because people who need care and protection can experience inequalities and discrimination. For example, a service user can experience racism because of their skin colour, or an older person may not be asked about their views because of their age. A young person may lack access to opportunities because of poverty. Adults with learning disabilities can be faced with barriers to employment, meaning they are excluded from the workforce. Social care workers and social workers need to understand how such disadvantage and discrimination can have an effect on people and work with service users to address social disadvantage.

3 Summary of Session 3

In this session you have explored some of the different care and protection needs met by social care professionals.

This session also introduced you to concepts such as equality, diversity and discrimination, which are included in social care and social work codes of practice for each nation of the UK.

Session 4 will explore why it is important for social care professionals to know about the law and the ways that this relates to their practice.

You can now go to [Session 4](#), the final session of this course.

Session 4: The law in social care and social work

Introduction



In this session, you will consider what informs social care and social work and why knowledge of the law is essential. It is not all that social care workers and social workers need to know, but it is an important element in effective professional practice. Workers have special responsibilities towards people they work with as well as their colleagues and employers. Knowing what powers and duties workers have in a particular situation, where a person may be in need or at risk, can be critical, both for the worker and the person involved.

When you have studied this session, you should be able to:

- recognise why it is important for social care professionals to know about the law
- identify some duties and powers that social care workers and social workers have
- describe how the law can support human rights.

1 What is law?

When you think about the law, you might have a mental image of a barrister in court wearing a wig, or a prisoner in the dock. Words and phrases associated with the law might include 'complicated', 'out of touch', 'justice', 'rights' and 'rules'. Some might view the law and the legal system as maintaining order, protecting our homes and property, and preventing social chaos. However, others might see it as upholding a socially unjust status quo.

The next activity provides you with a brief opportunity to think further about what the law means to you.

Activity 1 Images of law

 Allow 10 minutes for this activity

Consider the eight images below. In the table, rank them according to which you associate most with the law (from 1, most associated, to 8, least associated).



1.

2.

3.

4.

5.

6.

7.

Provide your answer...

8.

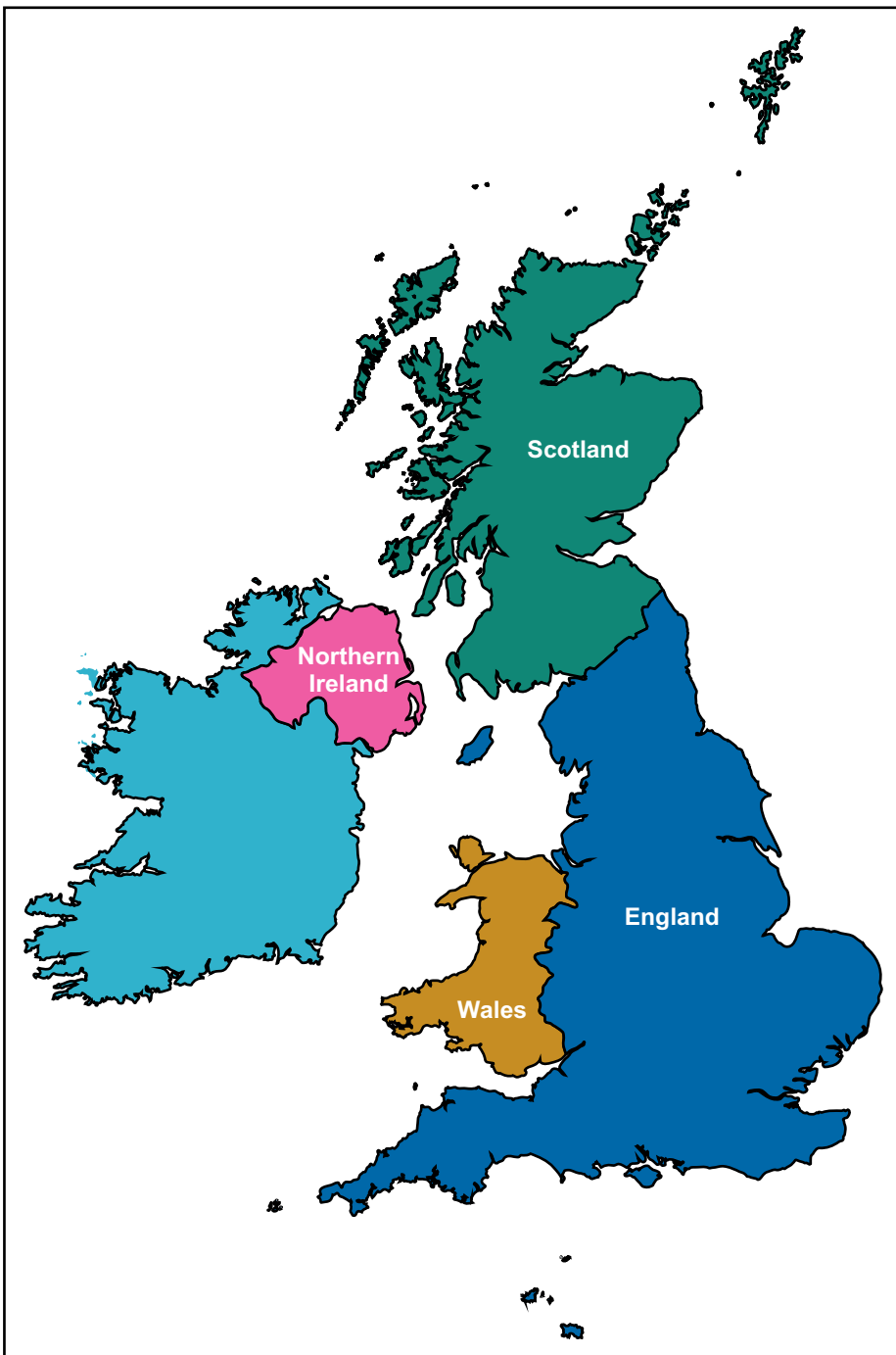
Provide your answer...

Discussion

There is no single right answer to this activity. We all have pre-existing knowledge and perhaps personal experience of the law which affect our feelings about the law and legal institutions. The idea of law might have conjured up images of the police, courts and prisons. The law, however, is much more than this – it is a fundamental part of our everyday lives. So, the law is not just about police powers, punishment and prisons; it is also about our rights and responsibilities as parents or carers, the safety of our homes, being safe at work and protecting our interests as consumers and citizens. There is almost no area of our lives that is untouched by law. For some people, the law is something they use – for example, when making a will, buying a house or hiring a car. The experience of others may be quite different; the law is something that is used against them – for example, to evict them from their home.

It is important to note that, whatever our personal feelings about the law, it shapes all of our lives. Social care professionals working with people who have different needs will be empowered, and at times required, to take action to address those needs. Through its allocation of powers and duties, the law provides the basis on which social care professionals can meet their responsibilities.

1.1 Sources of law in the UK



In this introductory course you will consider some important aspects of the law, but social care professionals will learn more detailed information when they undertake training of qualifications for their jobs. This can be an area of knowledge and skills that is often associated with very complex work, but the law informs how social care and social work services can support and protect people.

There are a number of sources of law in the United Kingdom (UK):

- **Common law:** Over the centuries, the judges hearing cases have developed a body of legal principles and decisions known as 'common law', and this body of law is still

important today. The Scottish legal system has a different history and is a mixture of the common law and the European civil law tradition.

- **Statute law:** This is the result of the law-making activities of the four legislatures of the four nations of the UK. Judges can be called on to interpret the meaning and scope of a statute in relation to a particular dispute or disagreement, giving rise to further case law.
- **Case law:** This can be very important in determining the current legal situation. For example, the meaning of 'significant harm' in different legislation across the UK is not defined in precise detail and is left to interpretation. When having to decide whether or not to seek a care or supervision or protection order for a child, social workers need to be able to provide evidence to the court, or hearing, that the child is in danger of suffering significant harm if the order is not made. The court then must determine whether the evidence of harm that is presented does in their view amount to 'significant harm'.
- While judges have a critical role in interpreting statutes and developing case law, this does not mean that they are free to do as they wish when it comes to interpreting them. The **doctrine of precedent** limits and shapes the decisions that judges can make. 'Precedent' means that the decisions of higher courts are binding on lower courts, and, in the UK, the Supreme Court is the highest court. The doctrine of judicial precedent means that judges must follow the decisions in previously decided cases where the facts are similar. In practice, this means that inferior courts apply the legal principles set down by superior courts in cases that they decided earlier. This provides a degree of consistency and predictability in the law. Only the Supreme Court is not bound by its previous decisions.

In the UK, it has been the Houses of Parliament in Westminster, London, which makes law (statute). In recent decades, however, the power to make law in some areas has been devolved from the UK Parliament to new law-making bodies in Scotland, Wales and Northern Ireland, with some law-making powers now resting with the Scottish Parliament, the Welsh Senedd and the Northern Ireland Assembly. Nations have developed clear and distinct approaches to care and this remains an evolving area of law and policy across the UK.

1.2 Changes in recent legislation in the UK

You'll now learn about changes in legislation for Wales, Scotland and Northern Ireland.

Wales

Recent legislation before the Senedd which impacts on social care professionals includes the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

It is important to note the provisions of the Welsh Language Act 1993, which gives the Welsh and English languages equal status in public life in Wales. The Act requires specified public bodies providing services to the public in Wales to prepare a Welsh Language Scheme, setting out how it provides services in Welsh; this includes social care services across Wales.

This was strengthened in the Welsh Language Measures 2011, and by the Social Services and Well-being (Wales) Act 2014, which requires local authorities to provide services bilingually. This Act requires Welsh language services to be built into planning and delivery and to be offered to Welsh speakers without them having to request it.

The Welsh Language Strategic Framework strengthens Welsh language services within health, social services and social care, recognising that ‘many people can only communicate and participate effectively in their care as equal partners through the medium of Welsh’ (Welsh Government, 2016, p. 6).

Scotland

The Scottish Parliament can pass laws on education and training, health and social services, housing, justice and policing and local government. Health and social services legislation is critically important for social care professionals. Housing legislation can also be key in addressing the needs of service users and carers.

Northern Ireland

Recent legislation to affect the work of social care professionals includes the Domestic Abuse and Civil Proceedings Act 2021, the Health and Social Care Act (Northern Ireland) 2022, and the Adoption and Children Act (Northern Ireland) 2022. It is important to note that Section 75 of the Northern Ireland Act 1998 requires local authorities to have ‘due regard to the need to promote equality of opportunity “between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation”’. It also places a duty on local authorities to have ‘regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group’.

The fact that there are variations across the UK in terms of policy and legislation and the regulatory framework does not mean that there are fundamental differences of approach to how social care professionals should engage with service users and their carers. There are often similarities in approach to the provision of social care services across the UK, with developments in one nation having an influence on policy and practice in another.

It is important to note that, alongside the requirement on social care professionals to act within the law, there are other sources of advice to assist them in practice and decision-making. Social workers and care workers need to have regard to the advice and guidance issued by the respective governments and professional bodies across the four nations. Such guidance complements the law and is concerned with promoting best practice, and this is often quite detailed

1.3 International law and conventions



The European Convention on Human Rights 1950 (ECHR) is an international agreement, setting out the human rights that the signatory states agreed to protect in the aftermath of the Second World War. As a signatory to the ECHR, the UK agreed to be bound by the rulings of the European Court of Human Rights (ECtHR) (which was established in 1959). Since 1966, it has been possible for individuals to apply directly to the ECtHR if they believe their human rights under the ECHR have been violated. The Human Rights Act 1998 (HRA) gave further effect to the ECHR by allowing cases involving breaches of human rights to be heard and decided by courts in the UK.

2 Duties and powers in social care and social work

It is important to understand when there is a duty to act and when there is a power to act. Social workers' duties and powers are generally placed on the local authority, but it is the social worker who is given the responsibility of taking the relevant action. The words 'must' or 'shall' indicate that there is a duty imposed on the local authority to carry out certain functions. A duty is something that social services departments are required by law to do. This means that they must act in a particular way or offer a certain service. In contrast, the presence of the word 'may' indicates that there is a power to take a particular action – in which case, there will be a discretion as to whether to act or not.

The responsibilities of care workers are to be found in legislation as well as in their contractual obligations to their employer – for example, a care-home owner. This would include following the agreed policies and procedures such as those relating to the safeguarding of children and adults at risk.

The following activity provides an opportunity for you to identify and consider some of the different legal powers and duties which impact on social care and social work professional practice.

Activity 2 Powers or duties?

 Allow 20 minutes for this activity

The list of provisions below is drawn from a range of UK statutes. Look at the list and indicate whether the provision creates a power or a duty.

1. 'Where a child is in the care of a local authority, the authority ... shall allow the child reasonable contact with – (a) his parents ...' (s.34, Children Act 1989)

- ☐ Power
- ☐ Duty

2. A person who is determining another person's best interests 'must, so far as practicable, encourage and help [that person] to participate as fully as possible in the determination of what would be in [their] best interests'. (s.7(5), Mental Capacity (Northern Ireland) Act 2016)

- ☐ Power
- ☐ Duty

3. 'The services provided by a local authority in the exercise of functions conferred on them by this section may include providing accommodation and giving assistance in kind or in cash.' (s.176, Children Act 1989)

- ☐ Power
- ☐ Duty

4. 'A person exercising functions under the Act [must] seek to promote the well-being of ... (a) people who need care and support; and (b) carers who need support.' (s.5, Social Services and Well-being (Wales) Act 2014)

- ☐ Power

○ Duty

5. 'It shall be the duty of every local authority to promote social welfare by making available advice, guidance and assistance on such a scale as may be appropriate for their area, and in that behalf to make arrangements and to provide or secure the provision of such facilities (including the provision or arranging for the provision of residential and other establishments) as they may consider suitable and adequate ...' (s.12(1) Social Work (Scotland) Act 1968)

○ Power

○ Duty

Feedback

Section 34 of the Children Act 2004 imposes a 'duty' on the local authority to allow a child in care contact with his or her parents. Likewise, the Social Services and Well-being (Wales) Act 2014 imposes a duty on local authorities to promote the well-being of persons in need of care. Social workers across the UK have a duty to investigate and assess in a range of situations, including where there are concerns regarding the welfare of children and where an adult may have needs for care and support.

Sometimes, however, the duty might be qualified – for example, by the phrase 'as they [the local authority] consider appropriate'. This means that there is discretion built into the duty and that the local authority has a duty to act only so far as it considers it appropriate to do so. This is the case under Section 12 of the Social Work (Scotland) Act 1968 where the local authority is under a duty 'to promote social welfare by making available advice, guidance and assistance on such a scale *as may be appropriate* for their area' (s.12(1)). As noted above, it is the contract with the employer and the employer's policies and procedures that will impose duties on the care worker, for example, to respect patient confidentiality and to keep proper records. This is in addition to the general duty of care that care workers have to individuals they care for.

In contrast, a 'power' is where a person has a decision-making discretion as to whether to take a particular course of action. So, s.17 of the Children Act provides that assistance to children in need

The next section considers another key aspect of the law that can affect social care professionals.

2.1 Civil and criminal law

There are two branches of the justice system: civil and criminal. Each branch has distinct procedures and terminology.

- **Civil** proceedings are generally concerned with disputes between what are termed 'legal persons' (which includes citizens as well as companies and other organisations).
- **Criminal** law normally involves a proceeding brought by the state (the prosecution) against one of its citizens.

Although there are two systems, there is not always a clear dividing line between civil and criminal matters, and the same facts can give rise to proceedings in either or both systems, as the case in the next activity illustrates.

Activity 3 Civil or criminal?

 Allow 20 minutes for this activity

Read Jakub's story below and see if you can identify the matters that fall under criminal law and those that fall under civil law.

Case study: Jakub

Jakub is 92 and lives in the flat he rents. He has been cared for by his children, Antoni and Jan, who do not live with him. A neighbour contacts social services; he is concerned because he has not seen Jakub for a while. On visiting the flat, the social worker finds that Jakub has been living in very unhealthy conditions. He has also been hoarding and the social worker feels that the conditions at the property are dangerous.

Jakub explains that he lent Antoni a large sum of money to enable him to start a business, and that Antoni has failed to pay it back. In addition, there is a significant amount of money missing from Jakub's bank account; Jakub does not know what has happened to it but says that Jan has his bank card so that he can pay his bills for him.

Matters for civil law

Matters for criminal law

Provide your answer...

Provide your answer...

Discussion

Jakub could issue a civil claim against Antoni to get him to repay the money he lent to him. There may be further civil proceedings issued by the housing authority to ensure that the property is made safe. In addition, criminal proceedings may be brought against Jan if he has been using Jakub's bank account fraudulently.

One important distinction is that the rules and consequences of the two justice systems are different. In civil proceedings, the outcome would be in the form of an order that the court ultimately decided to make. If there were a criminal prosecution, the outcome on conviction would be punishment of some kind, such as a fine or imprisonment.

It is not only in terms of the possible outcomes that there are differences. One important distinction, for example, is that the standard of proof is not the same. The 'standard of proof' refers to the criteria for making judgments in legal proceedings,

and concerns the degree of certainty that magistrates, judges, sheriffs or juries have to consider in making their decisions.

In civil proceedings, the person who initiates the court action has to prove their case 'on the balance of probabilities' – that is, it is more likely than not that the events alleged to have occurred did in fact occur. The standard of proof in a criminal trial, however, is much stricter: the case against the accused must be proved 'beyond reasonable doubt'. This means that if there remains any real doubt in the minds of the jury, for example, they must acquit the accused. Therefore, in relation to Jakub's case above, the standard of proof in respect of the loan would be on the balance of probabilities, while any allegations in criminal proceedings against Jan would have to be proved beyond reasonable doubt.

While social care professionals have a number of powers and duties to allow them to fulfil their function of meeting need and safeguarding, they are also subject to special criminal law provisions. The following activity allows you to consider some of the criminal law offences that are directly relevant to social care practice.

Activity 4 Criminal law in practice

 Allow 20 minutes for this activity

Read the scenario below, then answer the questions that follow.

Case study: Shahnaz

Shahnaz has a heart condition, is incontinent and can no longer look after herself. As a result, she is now living in a care home. Her only daughter Naima, who lives over 100 miles away, visits her once a fortnight.

During a recent visit, Shahnaz was unusually very quiet and Naima asked if there was anything wrong. Shahnaz then told her that she was frightened of Sandra, one of the new care workers, and that she had complained to other care workers but nothing seemed to have been done – and that was ten days ago. When Naima pressed Shahnaz as to why she was frightened of Sandra, Shahnaz said she shouted at her repeatedly, often ignored her requests for help, and made fun of her. Then, just two days ago, Sandra had slapped Shahnaz when she had wet her bed again.

Naima complained to the manager of the care home, who apologised and assured her that it wouldn't happen again. At Naima's next visit, Shahnaz is very distressed and tells her that Sandra has recently slapped her again and is still shouting at her and humiliating her. Naima is furious and confronts the manager who apologises again but blames staffing problems for the failure to have sorted this out.

1. Do you think that any criminal offence has been committed? Give reasons for your decision.

Provide your answer...

Discussion

You may feel that Sandra's behaviour is not acceptable, but has a crime been committed? It could be argued that, in slapping Shahnaz, Sandra has assaulted her and could be prosecuted.

However, special criminal offences have been created as a result of earlier scandals that involved care workers abusing residents in care homes. In England and Wales, Section 20 of the Criminal Justice and Courts Act 2015 (CJCA 2015) provides that 'it is an offence for an individual who has the care of another individual by virtue of being a care worker to ill-treat or wilfully to neglect that individual'. There is an equivalent provision in Scotland (in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016). At the time of writing, there is no equivalent in Northern Ireland, although the Northern Ireland Human Rights Commission (2021) is supporting the introduction of the new 'care worker' offence of ill-treatment and wilful neglect to address this gap in the law.

2. Do you think Sandra's behaviour is acceptable?

Provide your answer...

Discussion

Irrespective of whether or not you think Sandra's behaviour should be punished by the criminal law, it is still the case that her behaviour is unacceptable. If this was in Scotland, it is clear that her behaviour would be seen as falling short of the expectations set out in the Scottish Social Services guidance. This states that social service workers must uphold public trust and confidence in social services and must not 'abuse, neglect or harm people who use services' (SSSC/CI, 2020, p. 9). This guidance also refers to the need for social service workers 'to promote the independence of people who use services while protecting them, as far as possible, from danger and harm'.

There is similar guidance across the UK: for example, in England, the workforce development and planning body Skills for Care states in its Code of Conduct that adult social care workers must 'promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times', and 'must never abuse, neglect, harm or exploit those who use health and care services, their carers or your colleagues' (Skills for Care, 2013, p. 5).

In Northern Ireland, the Social Care Council's Standards of Conduct and Practice state that social workers and social care workers must promote the autonomy of service users while safeguarding them as far as possible from danger or harm. They must also respect the rights of service users while seeking to ensure that their behaviour does not harm either themselves or other people. In such a case, the

service user (and any relatives) must, of necessity, put their trust in the carer and the care home.

Social Care Wales (2017) Codes of Professional Practice for Social Care state that social care workers must: respect the views and wishes, and promote the rights and interests, of individuals and carers; strive to establish and maintain the trust and confidence of individuals and carers; promote the well-being, voice and control of individuals and carers while supporting them to stay safe; respect the rights of individuals while seeking to ensure that their behaviour does not harm themselves or other people; act with integrity and uphold public trust and confidence in the social care profession; and finally, be accountable for the quality of their work, taking responsibility for maintaining and developing their knowledge and skills.

3. Do you think the response of the care home manager is acceptable?

Provide your answer...

Discussion

The failure of the management of the care home to take timely and appropriate action in response to Naima's initial complaint is clearly an issue. The excuse of staff shortage is no excuse for not making further enquiries and taking action – for example, terminating Sandra's employment, requiring her to undergo further training or perhaps giving her a formal warning. It is also possible, depending on the severity of the case, for the care home to be charged with a criminal offence.

The care home commits an offence if an individual is wilfully neglected or ill-treated by someone providing social care on its behalf, and the care home's management is organised in such a way as to be a gross breach of the duty of care owed to the individual. In other words, the conduct falls far below what would reasonably be expected and, if not for that gross breach, the wilful neglect would not have occurred (Section 21, CJCA, 2015 – see similar provision in Section 26 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act (2016)).

These activities show how connected the issue of law is to social care and social work. The next section looks at the importance of knowing the law for social care and social work practice.

3 The importance of knowing the law

In society generally, it is important that all citizens know their rights and how they can be upheld, particularly when situations of potential conflict arise. Can you get your money back if you are not satisfied with the quality of goods you bought? Can you get your deposit back from your landlord at the end of your tenancy? What can you do if the landlord refuses to return all of it because, they claim, you have caused damage to the property's fixtures and fittings? It is, however, arguably more important for social care professionals to know the law. This is because they have a responsibility for the wellbeing of other people, who may have complex and serious needs that must be addressed. The following activity provides an opportunity to reflect further on why knowledge of the law in your jurisdiction is central to social care professional practice.

Activity 5 Law in professional practice

 Allow 30 minutes for this activity

You will already have heard Natalie and Robyn speak in the audios you listened to in Session 1. Now listen to them again where they continue their discussion, then answer the questions that follow.



Natalie (left) and Robyn (right)

Audio content is not available in this format.



1. Having listened to the audio, can you pick out a couple of examples that show why it is important for social care professionals to know the law?

Provide your answer...

Discussion

Natalie, the social worker, talks about the law underpinning social workers' practice, giving as an example the impact of the Social Services and Well-being (Wales) Act. She refers to the importance of human rights in terms of the need to respect people's autonomy – and that, if you do need to take action and intervene, you are able to justify the decision. She also talks of the need to follow the principles outlined in the Mental Capacity Act when making a decision in the person's 'best interests'.

Robyn, the social care coordinator, refers to how compliance with the law is important to protect the company she works for as well as for individual workers and clients. She cites the example of the General Data Protection Regulation (GDPR), which protects an individual's right to confidentiality as far as their personal data is concerned. She also refers to the QCS (an online system) containing all the policies and procedures which are used in their company and which she follows all the time. She then gives the example of how she recently had to access this system to look at the company's racism policy, prompted by her concern for the well-being of a colleague. Ultimately, this was resolved and she was clear that, while she had the best interests of the client in mind, she was not going to expose her staff to racist abuse.

2. In what ways did the social care professionals in the audio promote the rights and interests of service users?

Provide your answer...

Discussion

Natalie tells of her experience in advocating on behalf of a couple in hospital who, no matter what else happened to them, wanted to remain together. While in the end they were not able to return home together, she ensured that their voices were heard and that they stayed together in a care home. Robyn tells a similar story of advocating on behalf of a client whose family wanted her to return home when the client was clear that she wanted to stay in the nursing home. Again, drawing on her advocacy skills to effectively represent the views of the client was seen by Robyn as part of her professional responsibility as a social care worker.

3. In your view, how can social care professionals respect individual rights while also making sure that people do not harm themselves or others?

Provide your answer...

Discussion

In the audio, Natalie is clear that respect for human rights is central to her practice. It is important to be open and honest with people, making sure that they have all the facts so that they understand fully the consequences of the choices in front of them. Natalie acknowledges that this can be a challenge and that at times you need to be persistent about the need for intervention. She reminds us of the importance of

seeking advice and following procedures, and of the need for proposed actions to be based on evidence and to be justifiable.

The above activity highlights the importance of law to social care professional practice. It also makes clear that social care professional practice is linked with a commitment to human rights in that both emphasise the importance of respect, empowerment and self-determination.

4 Human rights

The HRA 1998 provided that courts in the UK must take into account in their decision-making any relevant decisions of the ECHR (this is unaffected by the Brexit vote and the decision of the UK government to leave the European Union). Any legislation must be interpreted in a way that is compatible with the rights contained in the ECHR: if the UK court cannot do this it may issue a 'declaration of incompatibility'. The HRA 1998 also provided that it is unlawful for a public authority (which includes local authorities, health authorities and the police) to act in a way that is incompatible with the rights set out in the ECHR.

The HRA 1998 gives effect to the rights contained in the ECHR by:

- making it unlawful for any public authority to act, or fail to act, in any way that is incompatible with the rights contained in the ECHR; the term 'public authority' includes courts, tribunals, the police, immigration authorities, and local and central government
- requiring courts to interpret existing and future legislation in a way that is compatible with the rights contained in the ECHR
- requiring courts to take cases decided under the ECHR into account when deciding a question that has arisen in connection with the ECHR
- giving the higher courts (e.g. the Supreme Court, the High Court of Justiciary and the Court of Session) the power to make a 'declaration of incompatibility' and to award a remedy where they decide that a statute is incompatible with the ECHR
- requiring legislatures (such as the UK Parliament and the devolved legislatures) to scrutinise proposed legislation to ensure that it complies with the HRA 1998 and the ECHR.

With the enactment of the HRA 1998, most rights set out in the ECHR (e.g. the right to family life) are now part of UK law. This is important for social care professionals and local authorities, since it means they have to ensure that, in all aspects of their practice, decision-making and policy-making, they are acting in a way that is compatible with a service user's human rights. This is why knowing about human rights and the provisions of the ECHR is important for social care professionals.

The next section considers the impact of the ECHR and the HRA 1998 on the provision of services.

4.1 Human rights in social service provision



The HRA 1998 can be seen as an attempt to improve accountability by setting clear requirements for decision-making by public authorities. It has wide implications for the provision of social services: for example, it could be argued that closure of a care home and the transfer of residents to alternative accommodation may endanger their lives, particularly if they are old and frail. Such action could place the local authority in breach of the rights contained in the ECHR.

The following activity considers the importance of human rights in the context of working with older people.

Activity 6 Older people's human rights

 Allow 30 minutes for this activity

Follow the link to Age UK's web page [Human Rights](#) (open the link in a new tab or window so that you can easily navigate your way back to the course). Study the web page and fill in the words that are missing from the summary below.

Interactive content is not available in this format.



Discussion

Age UK sees the right to life, the prohibition of torture, inhuman and degrading treatment, the right to liberty, the right to respect for private and family life, and the right not to be discriminated against as being of particular importance for older people.

Among the reasons they give for the importance of the right to life is that people should not be refused life-saving medical treatment because of their age and that they should not have a 'do not resuscitate' order placed on their file without their or, if they cannot express their own view, their family's consent.

Deprivation of Liberty Safeguards (DoLS) (SCIE, 2015) set out a procedure for care homes and hospitals to obtain authorisation to deprive someone of their liberty. Without that authorisation the deprivation of liberty will be unlawful. In Scotland an assessment is required as to whether guardianship might be needed if an adult is to be placed in a care home where there is deprivation of liberty. These safeguards are intended to stop individuals from being deprived of their liberty unless it is in their best interests to protect them from harm and there is no other less restrictive alternative.

Age UK gives a number of reasons why Article 14 is important, including that it means that a person should not be refused medical treatment simply because of their age and that if a person does not speak English they should be provided with an interpreter, so that they can make choices about their health or social care.

4.2 Human rights and professional practice

You are now going to consider the implications of human rights for professional practice. Social care professionals have key responsibilities for the welfare of service users and carers and are also required to respect their rights. These responsibilities may coincide where individuals actively seek services or consent to their protection, but they can also conflict where the individual's interpretation of their own interests does not coincide with the professional's view. It is in these situations that the discretion and power of the social care professional are most apparent, and the rights of service users must be considered. Working with service users in a way that promotes partnership and empowers them is, therefore, a crucial aspect of social care professional practice:

A human rights based approach is about empowering people to know and claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights. This means giving people greater opportunities to participate in shaping the decisions that impact on their human rights. It also means increasing the ability of those with responsibility for fulfilling rights to recognise and know how to respect those rights, and make sure they can be held to account.

(BASW, 2015, p. 7)

Empowerment and education are important parts of a human-rights-based approach to social care professional practice. It is also clear that social care professional practice, if it is to satisfy value requirements and respect principles of human rights and social justice, must not stigmatise or disadvantage individuals, groups or communities. As part of a human-rights-based approach to social care professional practice, social care professionals have an important role in helping service users to understand their legal rights, identifying when those rights may have been breached, and helping service users to seek legal help or advice or take the first steps towards challenging those breaches.

The next section explores the responsibilities of social care professionals and how they can be held accountable.

4.3 Accountability: care professionals' powers and

responsibilities

You considered accountability earlier in the audio when Robyn talked about being accountable not only for the quality of her own work but also for all the junior staff whom she manages, ensuring that they are providing high standards of care. Accountability can be defined as a commitment to working in an open way so that actions taken can be explained and justified to others. Social care professionals have to act within the law and the policies and procedures derived from it by their employers. They can be called upon to justify their actions to courts, as well as to service users and carers, their employer and their regulator.

Local authorities, voluntary bodies and social care professionals are all responsible for their actions and may be required to account for them. In addition, they have specific responsibilities imposed on them by statute or through contract, and must carry out their duties and exercise their powers in accordance with the law.

Social care professionals have the responsibility of ensuring that the service users they are working with are safe and well. To that end, they may need to make use of powers given to them by legislation, and at times may be required to take particular action.

5 Summary of Session 4

Social care professionals have significant powers, rights and responsibilities in their professional role which can profoundly affect people's lives (e.g. when intervening in family life to protect children and adults from abuse). They have a duty to act in the best interests of service users. They are also accountable for the exercise of their judgement.

The law provides the mandate for social care professional practice and the framework within which professional judgement can be exercised. Good practice, however, involves more than knowing and applying the law; it also involves social care professional skills and values. While the law does not provide an answer to all the complex problems and dilemmas that social care professionals often face, it does provide them with powers to engage with the people they work with in order to best address their needs.

This session has emphasised the importance of human rights to social care and social work practice, which is reflected not just in the law but also in the commitment to respect the human rights of service users and carers. This commitment is what frames the more detailed advice and guidance that social care professionals are given in the various codes of conduct, professional standards, codes of practice and general guidance that apply to their area of practice.

6 End-of-course quiz

Test your learning of this course by completing the following quiz. Please note that you'll need to be enrolled on the course in order to access the quiz.

[End-of-course quiz](#)

Open the quiz in a new tab or window and come back here when you have finished.

7 Course summary

This free course, *Introducing social care and social work*, has introduced you to different social care and social work practitioner roles. You have been able to explore the context of social care and social work and the diverse services that have an important role in supporting and protecting people in the UK. You have considered the ways that people's identities shape and develop, and why this matters in social care and social work.

We are all unique, with individual needs and preferences and it is important that this is considered in providing and receiving social care services. You considered the importance of care and protection in social care and social work before exploring how the law informs this practice. Social work and social care practitioners have a vital role in supporting and protecting people in society. Learning to work in these roles is rewarding for people who are committed to making a positive difference in the lives of others.

This OpenLearn course is an adapted extract from the Open University course [K123 Foundations for Social Care and Social Work Practice](#).

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