

# Putting the Person First

Service users' views on the introduction of codes of conduct and practice for social care workers by the four national care councils

## Background

The General Social Care Council, and parallel councils in Scotland, Wales and Northern Ireland, have been set up to regulate standards of conduct and practice for social care staff. They will set standards, maintain registers of social workers and other staff, and issue codes of practice for all staff and employers in social care. In early 2000 Shaping Our Lives (SOL) was commissioned to undertake focus group research with service user groups as part of a Department of Health contract to develop draft codes of conduct and practice for social care workers.

The original brief specified four different care user groups:

- users living in residential homes
- older people using domiciliary care services
- people with learning difficulties
- mental health users/survivors

with two meetings in England, one in Scotland and one in Wales.

Meetings were run using a semi-structured interview which allowed people to discuss a range of relevant topics: the content of the codes, the benefits of having them and how they will work. The full report on which this briefing paper is based was produced on the basis of grounded theory, using what people said to develop the issues covered in the report, and built up directly from tapes of the meetings. Meetings were conducted on a confidential basis.

## 1. Reaction to the codes and how they will work

Reactions were generally very favourable, but balanced by a range of concerns about how the codes will work in practice, especially in relation to the difficulty users have about **making complaints** about services they depend upon. This is a major obstacle for the councils to overcome. People in all the groups thought it would be important for there to be independent support, such as an advocacy service.

*'If a user makes a complaint about a professional, it's generally going to come down to one person's word against the other. Whose word will they take? The user or the professional? The answer's obvious.'*

Such concerns about bias make it crucial for the councils to get the message across about their **independence and the involvement of service users and lay people**. Furthermore, people in the domiciliary care group wanted assurance that the councils will cover all social care workers, since there was very high satisfaction with services provided directly by council staff and very low satisfaction with services provided through agencies. Finally, many highlighted the importance of providing **information** on the codes and the way the councils will work.

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*'It's about people having the information and knowing that the code of conduct is the normal thing. It should not be seen as complaining and people should be encouraged to use it.'*

The suggestion that there may be a need to vary the codes of conduct and practice in the different countries that the councils operate in drew considerable surprise. People could see no basis for this and thought consistency was more important. Users clearly believed the **codes should be the same throughout the UK**.

*'I think the codes might help stop the way services vary from area to area... You should be able to get the same support you are getting in one area if you go to another...'*

## 2. The code of conduct

*'A lot of it is about attitude. If you get the right attitude everything else will follow.'*

'Putting the person first' was the key phrase that summed up how people want social care staff to work. The diversity of issues covered in their comments – respecting users' views, being supportive, not judging people, not making assumptions about what assistance people need – clearly shows how 'putting the person first' can form a firm foundation for the whole of the code of conduct. Evidence of the importance of this can be seen in what happens when workers fail to do so.

*'Two care workers used to come to look after me sometimes. They just talked to each other all the time. Sometimes I talked to them and they didn't even look at me.'*

**Timings of meetings and visits** and time keeping were seen as basic indicators of respect from staff. People who arrive too early can be as much of a problem as those who are too late. Lateness was also a problem and one group identified a problem in terms of workers spending the full time they should.

*'My lunch is supposed to be at one o'clock but they come to cook it for me at ten past eleven... who's going to have lunch at ten past eleven?'*

Respect for users should extend not just to ensuring a user has the right support and assistance, but for the person 'as a whole' and showing good will. One of the potential problems with this is that it can be extended to some users and not

others. **Equal treatment for all users** should be a key issue in the code and the ideal to aim for is to promote good will to all service users.

*'There's too much favouritism. Staff have their favourites and as soon as they ask for help staff go to them... People who aren't favourites have to wait.'*

Respect also involves **accessibility of staff**. Inaccessibility and unapproachable staff can make it difficult for users to get the support they need. Staff also have an important role in ensuring users have the **information** they need, particularly basic information about the service itself and the tasks staff are and are not allowed to do.

*'There are times when I need help to have a bath, but I'm frightened to ask. It's like they're always in a hurry and rushing, they don't have the time.'*

**Giving users control** over their lives is another key aspect of 'putting the person first'. Leaving people in control should not mean leaving them without adequate support, but the more common experience was of workers taking too much control. This type of controlling attitude can also lead to service users being patronised. In contrast, treating people like adults and not taking over their lives leads to supporting people in a way that supports their independence.

*'They think that they are the professionals and you are not even a normal person. They believe that they have the authority to tell you how to run your life.'*

Respect for **privacy and confidentiality** was also key. Some people had negative experiences and reported that they do not have locks on the doors to their rooms or on toilet doors. Mental health service users were primarily concerned with confidentiality but recognised that at times professionals do need to share personal information. Breaking confidence can be very counter-productive as it can lead to people not sharing important information with workers because they do not trust them.

*'There are times, like when I am experiencing a crisis, when the social worker needs to let a number of people know what's happening.'*

The code of conduct should clearly state what types of conduct are not acceptable. **Abuse** in any form in any circumstances is clearly unacceptable and in defining what constitutes abuse the code should go beyond the obvious examples of physical, sexual and verbal abuse. Abuse in its broadest sense is about

the relationship between service user and service provider, where there is an assumption of superiority by the worker and devaluation of the user as a person – the very opposite of ‘putting the person first’.

*‘There is verbal and emotional abuse. They undermine people in the way that they speak to them... and brainwash them to the point where people will never think for themselves.’*

**Staff trustworthiness** also needs to be incorporated into the code, and people had concerns particularly about letting workers into their homes and **security**. But breeches of trust will often be one person’s word against another’s and implementation of this section of the code may be problematic.

*‘I’ve had things go missing from my house... I have two or three workers coming in and I shouldn’t have to be walking behind them to watch what they’re doing.’*

### 3. The code of practice

Many of the participants felt that **full user involvement** should be a key part of the code of practice but there was concern about how this could be achieved, given previous experiences. Achieving full involvement would go beyond users participating in case conferences and having access to files, to meet the general need for **support** for users to make the whole process accessible. Many participants had experienced user involvement as inadequate and tokenistic.

*‘It’s about making sure that people understand why they are being asked... having independent advocacy in a meeting, holding the meeting in an accessible venue at a time that will suit you.’*

There was a general view that many workers have not been adequately trained, and particular concern about the training of agency staff. In addition to basic training, staff need disability equality training to improve their knowledge of the people they are working with. **User involvement in training** can provide a firm basis for making training relevant and ensuring improvements in practice.

*‘Some of them just don’t have a clue of what to do, they have no relevant experience. All care staff should have induction training.’*

People valued **consistency** and were happiest when they had been able to develop their relationship with a member of staff over time. **Response times**, whether in relation to

adaptations to homes or staff coming to assist, would need to be addressed in the code of practice. Practice also needs to recognise **holistic needs** of service users and address the situation of people who need support from different departments/service providers to ensure people do not fall between two stools.

*‘It’s always assumed that if you have a mental health problem you couldn’t possibly have a physical problem as well. I would need access to two different services covered in the code and there needs to be communication between different service providers.’*

### Conclusions

Users can see a great deal of potential for the care councils and the codes of conduct and practice to improve the standards of quality in the services that they receive. The phrase **putting the person first** emerged as a way of summing up virtually all of the comments about the positive ways services treat users and how users want to be treated. Failure to put the person first also summed up many people’s negative experiences and the conduct and practice that users would like to be deemed unacceptable by the codes. It is to be hoped that the principle of **putting the person first** will prove to be a core element, if not *the* core element, of the codes. In addition, the councils will also need to address a range of issues if they are going to fully take on the role that users believe that they should serve.

There are also issues that enter the **wider political arena** and rest with the political decision-makers rather than the proposed councils. Users questioned how the efforts to raise standards and quality through the care councils is actually going to happen, with local authorities continually cutting back on services, introducing new eligibility criteria and increasing charges for services like domiciliary care. People could not see how quality is going to be improved without addressing fundamental issues like **resources**.

*‘What we really need is more care workers so that we can have more support each week but it’s not going to happen. There are going to be more cuts and more of the services will be put out to agencies.’*

*‘If the code says you are entitled to a member of care staff of the same sex, that’s great, but what happens when the local authority doesn’t have someone of the same sex available? How much weight will the code carry if the authorities don’t have the resources to deliver it?’*

## Recommendations

1. Respecting users as people needs to be at the centre of the codes of conduct and practice.
2. The code of conduct needs to reflect the particular points made by users in terms of timing and time keeping; holistic support; information provision; accessibility; equal treatment; control; and privacy and confidentiality.
3. The code of conduct should specifically set out conduct which is unacceptable in terms of abuse, breaches of trust and neglect of duty.
4. The code of practice needs to set out good practice in relation to full user involvement, including access to files and meetings; basic training for all staff; the maintenance of care plans and meeting of needs identified at assessment, with particular attention to people with multiple needs; response times; and providing information to users, particularly on issues relating to consistency of the service.
5. There should be no variation in the codes between England, Scotland, Wales and Northern Ireland.
6. The future process of developing, implementing and monitoring the codes should include full and ongoing user involvement to ensure the maximum effectiveness of the codes and the councils.

## The standards we expect: What service users and carers want from social services workers

*'We need professionals to be our allies and advocates, not our enemies. In doing this they are part of the positive process of empowerment in enabling disabled people to take control of their own lives...'*

The 1996 NISW report *The standards we expect* brought together the views of a wide range of service users and carers organisations, to define quality in social services practice and identify a set of practical proposals for setting standards and what these standards might include. At that time the involvement of service users in setting standards of practice for social care workers was a new and significant development, and the report set out important points about making involvement possible, making standards stick and making standards consistent. It also emphasised what people who use services value in their contacts with social care workers:

*'They value courtesy and respect, being treated as equals, as individuals, and as people who make their own decisions; they value workers who are experienced, well informed and reliable, able to explain things clearly and without condescension, and who 'really listen'; and they value workers who are able to act effectively and make practical things happen... The way workers behave, and what they do or not do, makes a big difference to how people feel about themselves and the quality of their lives...'*

The similarity between these points and those in the SOL study show the continuing consistency in the qualities that service users value in service delivery. The fact that the SOL study still needed to underline essentially the same message is also a measure of how little has really changed in the intervening years.

## Shaping Our Lives

Shaping Our Lives (SOL) started as a user-led project looking at outcomes for service users in 1996. After carrying out its initial research with service users and developing a users' perspective on outcomes, the project is now running four development projects with local service user groups to examine how users can define and achieve the outcomes that they want in practice.

Details of SOL's work on outcomes are given in a free leaflet, *The outcomes we want and how we can achieve them*, available from the address below.

SOL has also become involved in facilitating user involvement in a number of other national issues since it started, most notably around the development of the General Social Care Councils. It is currently investigating the feasibility of establishing itself as a national network of organisations controlled by service users in order to carry out such work as effectively as possible.

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