

Ethics and values essay sample

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“ Consciously or unconsciously, social work thinking is, for the most part, sympathetic with the utilitarian modes of thought in that the work of a policy or action is measured against its tendency to produce ‘ good’ results.”

(Wilkes 1981, p. 63) In this essay I will be discussing the ethical dilemmas that may occur in a social work setting, as a student social worker. I will look at the implications they may hold with regards to deliverance of services, and co-working relationships. Social work is about direction it’s based on social care professionals being advocates for individuals or groups of whom they work with in society, whilst providing services and promoting independence.

As with any job social work has strict policies, protocols, guidelines, and procedures that the worker has to adhere to. In theory this is a logical investment for ensuring good working practice, however in reality these procedures often go against the views, opinions and rights of the service user. This can cause conflict between the worker’s personal values and professional commitment, as a worker you are bound to your work by legal duties failure to comply with legal frameworks can have severe implications that can affect the service being provided. Whereas personally you will address duties on a morality level dictating or altering your decision because of reasons such as common ground furthermore creating restrictions or barriers for the service user and organisation.

During research for this case study I have identified numerous legislative documents that can be used within this scenario however I will mainly be referring to the Human Rights Act 1998 as this act it states that there should be no discrimination with regards to obtaining access to services on grounds

of disability, the right to marry or have a family, and that cultural and linguistic differences should be taken into account in the provision and delivery of services. This could be used in conjunction with the safeguarding of vulnerable groups act 2006 and the children's act 1989. Government guidelines suggest that individuals with disabilities should be given assistance to support their families and parental roles. In this case the service user is CS of a Black British nationality, 36 years old and has a young family with children aged 4, 10 and 14, her partner CB is 38.

CS has an illness known as hydrocephalus which is fluid on the brain, henceforth the cause for concern and possible need for intervention. Recently it has come to light that CS has been losing ability in her cognitive and physical functions, although she needs assistance she is refusing intervention due to fear of losing her children. The GSCC Personal Cultural Social model should be used to determine any external issues or contributing factors warranting further need. Personal factors identified are the loss of responsible duties to her children, loss of bodily functions and her overall physical, emotional and mental state. Options such Person Centred Planning or family mediation should be made available to CS as a means of treatment and recovery. Social differences will be an area that CS and her family may need support with as there is an inconsistency of social interaction.

Power dynamics between the dominant and dominated social groups within our communities might be influencing the children's or even CS's perception this may be why CS is becoming isolated. Research suggests the major causes for divisions area associated in terms of race, gender, class, sexual preference, disability and age. Within the family there are various obstacles

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that can be speculated as being the crucial factor in CS deterioration in health, since the illness on her brain has not been classified as a mental illness as yet further investigation is required to determine whether CS has any legal rights under the Mental Health Act 2007.

In respect to cultural views CS could be feeling apprehensive due to the fact that authoritative figures like the social services are frowned upon within ethnic minority groups, it is deemed as a dishonor to have involvement as the stigma attached to these services are that the mother or the family cannot cope.

“ Ethnic identity fosters pride in one’s group, creating a sense of humanity, dignity, self-respect and proper status.” (Lum 2004 pg. 79)

This however identifies an ethical dilemma for me as the student social worker because looking at the overall facts of the case it is clear that CS is in priority need of being assessed and receiving support, effectively this is beneficial for the whole family despite it being opposite to what CS wants. However it could also be questioned that the referral process could have been delayed until clarification on CS basic needs were made known, as she is now feels betrayed and is not in agreement with the entire assessment process.

It is essential for me to involve CS and encourage her to be proactive in decision making, whilst keeping her aware of any consequences for all action taken. If CS loses complete confidence in the services this could have implications on the response and rapport between service provider and CS. In this retrospect I can see how social work values coincide with utilitarian

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principles, for instance according to rule of utilitarianism “ The right action is that which produces the greatest balance of good over evil (the principle of utility)” Banks: 2006, pg. 36

(The Greatest Happiness Principle)

“ We ought to do that which produces the greatest amount of happiness for the greatest number of people.” This signifies the need to reinforce interventional methods to support CS and her family as it would benefit the majority, supporting the social workers action of going ahead with the referral. According to Banks (2006), Kantian perspectives of rights refers to the “ ends not means” theory, (absolute universal) or qualified universal which refers to all individuals having human rights with exceptions. Although I feel that there should be methods or strategies in place to help support her wish it could be argued that a Utilitarian approach would not be the best suggestion or method to use, as it would mean potentially putting everyone else at risk just to comply with what CS requested however service providers use part of Kantians qualified universal theory which is why her views are being overlooked to a degree. Overall it would appear that social work values stem from both Kantian and Utilitarian theories. Article 8 of the Human Rights Act states that a person has the right to respect for private family life – the state can only interfere in the family life if it is necessary for the protection of others, e. g. children. When looking at rights I understand them as being exercised as a legal obligation or an entitlement to have or do something, these are implemented by the HRA 1998 which is a legal bound policy that stipulates each individual’s right to an ideological balanced lifestyle.

According to Banks (2006 pg. 104): rights are a broad term that refers “ to a range of claims, liberties, powers and relationships.”

I would rely on the British Association Social Work and General Social Care Council to find the best strategies to suit the needs of the family on a whole, the children may not be in absolute danger as CB is proactive in ensuring they attend school likewise bringing them home from school at the end of the day. This is not to suggest however that he is as proactive outside of these duties, or even that the children are progressing well enough in their studies. These unknown areas may be of concern and should be addressed using the common assessment framework; this is used under the Every Child Matters- children act 2004.

The CAF is used to assess possible risk or need it aims to identify the needs and strengths of a child from a holistic viewpoint whilst as social work practitioners, we have a moral, ethical and legal duty to challenge inequality and promote opportunities henceforth opting for the most effective method for meeting any needs identified. The children’s well-being is a priority however being that CS has a partner who contributes, her well-being is paramount as without assistance her illness may deteriorate which on the whole could put greater strain on the family and cause the children more distress than they may already be experiencing. “ According to Symonides (2008) “ The state can provide support to assist parents with their duties where necessary.” Section 18 of the Convention of the Rights of Children Activities such as after school clubs or play schemes can keep the children stimulated and free up some lone quality time for CB, if he is the sole

primary care giver for CS, they can both benefit from some time apart to part-take in some individual preferential activities. Since the social worker I confided in appeared to show no empathy or interest for CS's overall well-being I found myself facing yet another dilemma, unlike before this issue is a professional conflict with regards to how I go about taking the next step, do I "go over her head" or make an attempt to reason with her again, my concerns about her unsympathetic attitude was also an issue I feel strongly needs to be addressed.

This social work professional was not promoting any life chances and opportunities for CS which is in fact oppressive practice, in the sense that she was not respecting CS individual's rights or her wishes because the care support she felt she needed were being disregarded these can addressed under The General Social Care Council, in exercise of its powers under sections 59(1), 59(2), 59(3), and 71(1) of the Care Standards Act 2000, and of all other powers enabling the Council in that behalf, and with the consent of the Secretary of State, hereby makes the following Rules: <http://www.gsc.org.uk>. The key and fundamental principles to challenging oppressive practice and promoting AOP (Anti Oppressive Practice) is to have not only self-awareness but an awareness of others, having the willingness to learn and a continuous desire to achieve greater self-improvement.

On a personal level I truly feel that CS needs are paramount and that she should be put forward for some social care support, and that the case should be approached and addressed in a holistic view to ensure an appropriate outcome is achieved. Professionally the legal aspects of the workplace are creating restrictions, on one hand HRA 1998 and DDA 2005 it stipulates she <https://assignbuster.com/ethics-and-values-essay-sample/>

has a right to have a family despite her disability, yet on the other because she now needs support the children's needs have become paramount over hers. These guidelines have been set in place by BASW and it is fair to suggest that in this case the codes of ethics are not applicable for the overall protection and rights of the service user.

I decide to push for an assessment to be made so that CS can receive her care package, this is purely because she is aware of her inabilities at present and she has taken precautions to ensure that the children are safe and healthy. As the cause for CS illness is not concrete it will be complex to decipher what disability act it may come under, although the Disability Rights Commission act 1999 is a legal frame that can apply to CS and her situation. Alternatively this is where interagency involvement is paramount, lack of both information and communication can further delay the application process. I will support my application for the request of a care package by advocating for CS, this is my justified right or individual duty as a social work professional.

Each individual life has genuine worth therefore everyone should have the right to well-being, self-fulfillment and independence of control over their own choices in life. As an advocate I should provide CS and her family with all the information needed to assist them with finding solutions to meet their needs, this includes making sure they are aware of the complaints procedure and making it accessible for them if they wish to use it. Ensuring to make referrals to relevant services that can assist the family with their needs where my organisation is unable to provide resources as well as build CS's confidence in the department.

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Although from the agencies perspective my inexperience within the profession could be seen as invalid or misleading, whereas the appointed social worker for the family is acting upon the information given whilst upholding safeguarding issues concerning the children. Section 17 of the Children's Act (1989) stipulates that " A child will be offered support if a child's health and development may suffer, or if they are likely to come to harm without services". [www. cpsi. gov. uk](http://www.cpsi.gov.uk) (17/3/2011)

It is fair to agree that that social work theory derives from psychological and sociological perspectives, which mainly reverts back to social relationships and learning how others within society think and live. This in my opinion is the basis and foundation of empathy towards others which is a fundamental key element in social work practice, identifying how the service user is feeling within their situation will dictate how you choose to address and support their needs. Legislative documents however can always counteract and alter or restrict the level of assistance that is provided to a service user at any given time. Article 8 of the Human Rights Act (1998) the right to respect for family and private life, it states that local authorities should try to ensure that any actions taken does not affect this right (unless to protect the rights of others.) [http://www. hms0. gov. uk/acts/acts1998/19980042. htm](http://www.hms0.gov.uk/acts/acts1998/19980042.htm) (15/4/2011)

To summarise Social work practice requires the worker to hold a level of awareness about their own values, prejudices, ethical issues or dilemmas and any conflicts of interest that may have an impact or severe repercussions on the way they carry out their practice. The GSCC 2002 stipulates that in order to promote good working practice you must value, <https://assignbuster.com/ethics-and-values-essay-sample/>

respect and recognise the diversity of others whilst challenging any forms of discrimination resulting in inequality or injustice.

Anti-Oppressive Practice is linked to ADP but focuses on the power dynamics and imbalances between the service user and the worker. The social worker must be aware of these imbalances before, during and after practice, and should use all resources, knowledge and skills available to share the power and level out the dynamics to an equal balance. This again links back to reflection and being a reflective learner as the thought process of how to provide a full service in a manner that the service user is satisfied with will already be apparent, an outline of the service users needs dislikes and experiences will be fundamental in ensuring the implementation of accurate resources.

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