

Effect of values and principles in social care



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This essay gives an explanation in what way social care values and principles effect practice. Social care is a career where people partner with others who are disadvantaged, have special needs or marginalized. Interventions to the needy are given and funded by independent agencies, or statutory organizations that support young adults, older people and children in their day to day services (Payne 2008). These agencies provide services that the disadvantaged are not able to provide for themselves. Social caregivers may work for example, with people with physical disabilities, homeless, children in residential care, people with drug dependency, older people, and families in the society. Social care is achieved through the planning of individualized and group programs of care based on certain needs. All the interventions and involvements are based on established thorough knowledge and understanding of lifespan development. There are certain values which are vital when giving social care to the needy (Payne 2008). Social care values strengthen all the skills, training and competences that caregivers have (Gergen 2001). They are the values which make a difference in the delivery of care services. It is important that people chosen to give the services are the right people with the values needed to deliver care and support.

My value base and its relationship to the social care values encompasses the principles and standards which enhance my work when giving care. I regard dignity and respect for other people very highly. I derived all these moral cultures from my parent and also based on my Christianity belief. Individuals of personality are courteous. In my culture, respect among children and parents are reciprocal. It is a traditional goal that all parents should educate

their children how to respect people, also parent give their children similar respect due to them.

Similarly, in my belief, it is a special obligations to achieve this in the Biblical commandments. According to the book of Exodus 20: 12 "Honor thy father and thy mother. This identical word is treated to say that individual dignity is enormously significant. Preserving parents dressed and nourished when they could no longer act for themselves certainly maintains their dignity.

Similarly, aiding parents to and fro of their home conserves their dignity.

With respect and dignity in mind, I will be able to treat all people respectfully regardless of their ethnicity, age, and other factors that could be prejudicial.

I recognize and support the people's individual needs and give the needy the care and support they deserve without prejudice.

Every human being has a right to choose how they live. Every person has equal opportunity and choice for life. Giving social care should not reap them off their choice and control in their lives. Making sure that individual are completely participating in any choice that touches their care, as well as their own choices (like whatever to eat, whatever attire and whatever hour to go their bed) and open decisions around the facility (like menu design or employing new employees). Caregivers should not assume that individuals cannot make choices. Caregivers are to have the necessary skills to embrace individual with cognitive problems in choice making.

Politely conversing with clients to understand his/her needs are crucial in enhancing quick recovery and satisfaction (Moonie & Windsor 2005). The service providers need to acknowledge their clients' personal beliefs and

identities by availing effective services to their independent of the nature and diversity of the same. The client would not feel separated from the environment he/she is in. Lastly, the service providers should uphold confidentiality. Service users and patients entrust staff in various organizations with sensitive information relating to their health issues and other personal matters. This is done as part of seeking advice, treatment and support. The service users do this in confidence with expectations that the health workers will value their privacy and act appropriately. In some cases such as mental sickness, patients may be unaware of their rights in regard to confidential information. This, however, does not mean that the duty of confidence should be diminished. It is vital that patients' trust between caregivers and users is maintained.

All social workers have their own set of morals and internal value systems. Sometimes, social workers are faced with circumstances in which their morals and values conflict with their clients. The principles of social care values must be derived from a person's human rights (Fisher, Blackmore, Snaith & Seamons, 2005, p. 84). Client confidentiality is a vital component of a client-health worker relationship. It ensures that personal and private information divulged by the client will be kept out of reach and safe from unauthorized people, both inside the workplace and out of it (Fisher, Blackmore, Snaith & Seamons 2005, p. 85). It is an unspoken rule that a client's permission must be asked before any sharing of information to unauthorized people. Although confidentiality should be practiced at all times, it can have limitations. A health worker can breach confidentiality if a client becomes a threat to himself or to others. Health workers can reveal

client information to unauthorized personnel when a client verbalizes that he was involved in a crime or if he will be committing a crime.

An example of a real life confidentiality dilemma is, I was confronted with a scenario when I was taking care of a teenage girl who was pregnant. I was involved in activities to assist her go through the pregnancy and so we created a good relationship. The girl confided in me and would share her sentiments with me boldly. I was, however, faced with a dilemma. As the pregnancy advanced, the girl started changing her attitude. She was no longer open with her feelings and many times preferred to be alone and depressed. Communication became difficult because my patient was not willing to open up. After a while she attempted an abortion which was not successful. Instead, the girl ailed and I had to be with her until she recovered. I uphold values which are against abortion. I believe in other alternatives to abortion and totally against the practice. Yet I had to care for a patient who had gone through an abortion without judging or despising her. At one time, I wanted to change course and seek another patient to engage with, which, according to social care ethics is wrong as it is discrimination based on my moral beliefs which denies the patient her right to choose what is best for her.

Sociological concepts examine the nature, causes, effects and experiences of the marginalized groups within the society. Discrimination is a prejudicial handling of people on the basis with the group or class they belong to.

Discrimination can be direct, indirect, unconscious and institutional. Direct discrimination happens when the caregiver or somebody is regarded less positively than another individual for the reason that protected attribute they

ought to or are supposed to have or since they partner with somebody who has a secure quality. Indirect discrimination on its own, is a situation, decree, procedure or even a manner concerns to everybody, but has an unbalanced influence on an individual with a safeguarded quality. It can be within one right if one can show that one actually proceeded sensibly for a comprehensive occupational aim. The unconscious discrimination is that manner of attitudes which involved without thought or aim, but extremely throughout practice or prejudiced ideas. Individuals discerning unconsciously will regularly respond with shock when their conduct is indicated. The last one which is the Institutional discrimination, it refers to the strategies of the domineering race/culture/gender organizations and the manners of the characters who dominate these institutions and apply rules that are meant to a disparity and / or damaging influence on marginal race/culture/gender parties. Discrimination, formulating support against others for the reason of race or ethnicity (Hellman & Deborah 2008).

Discrimination leads to the formation of the marginalized groups, which are the specific classes of people who are socially excluded or blocked from accessing rights, opportunities, and resources such as employment, housing, health care, etc. Such socially excluded people are blocked from participating in the community's social, economic, and political life (Sakomoto & Pitner 2005). Consequently, they suffer psychologically and emotionally, and this may threaten their health with diseases and sometimes cause death. Examples of marginalized groups include: people living in poverty, disabled people, drug addicts, old people, uneducated, homeless people, and the young careers (Sakomoto & Pitner 2005). Using the social

construct of employment, employers have a notion that the disabled persons are less productive and are more prone to accidents (Sakomoto & Pitner 2005). Thus, they end up being discriminated, and yet they can perform the duties if assigned the job responsibilities. The effects of discrimination on Disabled, according to Payne (2008), disabled people with enough intelligence and capability to work are denied chances by employers assuming that they are more of burdens than employees within a company. Such people lose chances of employment in favor of non-disabled people.

Social justice and social welfare values also promote the anti-discriminatory practice. This implies that all the people within the society are treated fairly by ensuring legal rights and optimization of well being. This value also ensures that the service providers balance the client's individual rights and those of others. This is achieved by offering all the service users equal chances without making compromises. Lastly, empowerment is another value that underpins ant-discriminatory practices. Empowerment allows all the individuals opportunities to take responsibilities without the fear of intimidation. Moreover, empowerment allows individuals to make individual decisions and judgments freely in a social care setting, as long as they comply with the set social standards (Gergen 2001).

Anti-discriminatory practice is an action taken to prevent discrimination against people on the basis of class, race, gender, or disability. This practice promotes equality at the workplaces, including the care setting (Thompson 2011). The three pieces of Legislation that underpin anti-discriminatory practice are;

Firstly, Human Rights Act 1998, it is an Act of the European Convention on Human Rights, which allows individuals to impose 16 of the important moralities and options covered in a UK court of law. It obliges parliament and community organizations more responsible to UK people across the courts. The Act addresses the major rights that influence honestly on service delivery in the social care sectors and health care. The Act involves mostly important to dignity in care, involve the right to life, the right not to be endangered to unfeeling or humiliating therapy and the right to a personal life.

Secondly, Health and Safety at Work Act 1974, it is an Act that coverings an extensive choice of subjects connecting to place of work, health, welfare and well-being through various sectors. It makes employees understand that , they have a general duty under the Act to look after one another also collaborate with establishments' health and safety obligations. Also, it provides a safe procedure in the support of dignity in care.

Thirdly, The Equality Act 2010, it is an Act that is used instead of anti-discrimination legislation. it brings collectively, balances and in several respects, covers the present equality rule. It objectives is to compose more harmonious, stronger and stress-free to go along in direction to make the social order better. The Equality Act guards individuals collecting care and the workers that deliver it from remaining nursed unlawfully because of some personalities that are safeguarded below the law. The ' safeguarded personalities' are: race, disability, gender relocation, maternity and pregnancy, religion or belief and age, and sex.

In conclusion, it is very important that caregivers follow the rules and procedure so as to provide quality care service. Delivering care, in an approach that expresses esteem for a person's right and individualism is central to the profession. However, to sustain this objective can be challenging due to different influences such as mental injury and official issues such as the outcomes of ageism and short prospects of care. Effective social care profession will simply be achievable when all memberships of the interdisciplinary group communicate a collective conventional value.