**Communication and relationships for social service workers**



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<http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=40>

Care and support take place through communication and the helping relationships that are developed with people. There are many aspects of a helping relationship but to build a good one requires lots and lots of communication, including listening, empathy (putting yourself in the other person’s shoes) and being genuine. This resource is intended to help workers understand the importance of communications and helping relationships within their practice.

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**Introduction**

“I don’t think there’s anyone you can’t communicate with. Sometimes people don’t have speech or hearing or they just don’t day anything. I try to find ways round this. I don’t give up. People have different ways to tell you what they like and don’t like and how they like things done. You have to start where they are and adapt.” (Student quote, SCA 2009)

Of all the areas of care and support practice, communication and the development of relationships determine how the job is done, as well as what is done. Care and support take place through communication and the helping relationships that are developed with people. There are many aspects of a helping relationship that are developed with people. There are many aspects of a helping relationship but to build a good one requires lots and lots of communication, including listening, empathy (putting yourself in the other person’s shoes), and being genuine. This aspect of care and support is underpinned by the values and principles of care.

In this learning resource, we will explore various aspects of the knowledge and skills you will need in order to be an effective social service worker:

* communication and relationship skills
* barriers to communication
* recording and report writing
* useful websites and further reading.

You can work through each of these topics in turn, or you can jump straight to the topic you want to work through by tapping the topic title above.

Although this learning resource has been designed to enable you to develop knowledge to promote good practice in all your work, you may find it particularly helpful if you are undertaking, or about to undertake, a Scottish Vocational Qualification (SVQ) in Social Services and Health. In conjunction with the other apps in this series, it contributes to knowledge that you will require to complete SVQ’s.

Each topic combines providing knowledge with some activities for you to carry out. Please take the time to do all of the activities. Remember, what you get out of this depends on what you put in!

It’s been proven time and again, that the most effective learning is that which we apply in the real world as soon as possible. So, in this resource, most of the activities will ask you to carry out tasks in your workplace and discuss the outcomes with your supervisor/assessor/mentor and/or line manager.

We will provide the resources you’ll need and you will have the option to do some of the work on your tablet, or you will be able to print the resources out and complete the activity without the tablet. We’ll provide help with this along the way.

We hope you find this resource interesting, challenging and enjoyable. But, above all else, we hope you learn something you didn’t know before you started reading.

**Communication and relationship skills**

**Communication and Relationships in Care Practice**

At the heart of good care practice are genuine, warm, helping relationships. But what do these consist of?

Fundamental to a helping relationship is communication. Communication is commonly defined as ‘the imparting or interchange of thoughts, opinions or information by speech, writing or signs’.

**Communication** can be verbal (words, spoken, written or signed) or non-verbal (body language, eye contact, tone of voice, etc). Non-verbal communication also includes symbolic communication referring to aspects of presentation and behaviour. For example you can convey messages through the way you dress or your punctuality or the kind of environment you help to create. Aspects of non-verbal communication enter verbal communication, so that it is not so much what is communicated but how something is communicated that is important. Showing interest and enthusiasm through what you say combine both verbal and non-verbal aspects of communication.

**Listening** is an extremely important part of communication. Among the main reasons for misunderstanding someone is not listening effectively to what that person is communicating. Listening goes beyond interpreting what is communicated verbally and includes noticing the way information is communicated. It requires concentration, an open mind and a lack of any kind of prejudice.

Underpinning communication and relationships in care practice is the Code of Practice for Social Service Workers (SSSC 2002). The code of Practice states that as a social worker you must:

* Protect the rights and promote the interests of service users and carers.
* Strive to establish and maintain the trust and confidence of service users and carers.
* Promote the independence of service users while protecting them as far as possible from danger and harm.
* Respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people.
* Uphold public trust and confidence in social care services.
* Be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skill.

Especially important in communication and relationships are protecting the rights and promoting the interests of service users and carers, the maintenance of trust, confidence and accountability, and promoting independence while also protecting people from danger and harm.

**Establishing communication and building a relationship**

When you are meeting a service user and/or carer for the first time what do you think it is important to do? Think about what you want the outcome to be. You want that person to feel valued, to have a say, to feel included, to feel that they can trust you that you care about them. What helps you to achieve that? Here are a few suggestions.

* Use a tone of voice that is welcoming and use the person’s name. Find out what this person likes to be called.
* Find out how this person communicates best e.g. through speech, singing, in English or another language. Adapt your communication to their needs. Find a way of communicating with them.
* Find out whether there are any obstacles to communication. These may be physical e.g. a lack of hearing or speech, emotional e.g. depression may make a person reluctant or unable to communicate very much, cultural etc there may be a difference of language or meaning attached to language. Do what you can to overcome these obstacles. You may for example need a signer, you may need a lot of patience to listen and interpret what someone is saying.
* Be genuine. Say what you mean and do what you say you will do.
* Use empathy. This means trying to put you in the other person’s shoes and imagining what is may be like to be them. How would you like someone to treat you if you were in this situation?
* Show warmth, what Carl Rogers (Rogers 1991) calls ‘unconditional positive regard’. Here the person is accepted and their worth is unquestioned.
* Listen. Don’t do all the talking.
* Ask open questions that give people an opportunity to say more than ‘yes’ or ‘no’. For example, instead of saying ‘are you well?’ you may ask someone to tell you about a typical day or how they feel when they are doing a particular activity. If you are going to assist someone at meal time you may ask ‘perhaps you can tell me how and when you like to have your lunch and what you would like to eat’.
* Also use closed questions sometimes. For example, if a person is under great stress it may be easier for them to have a choice of only a yes or no answer.
* Devote as much time to communicate as you can. Even if you have a lot to do, you can still enable a person to feel valued through the way you talk to them and explaining gently if you really don’t have time to stay for very long.
* Communicate when you are doing activities and always explain why you are doing what you are doing.
* Personalise your communication; ensure that it is appropriate for this person in these circumstances.
* Ensure your communication gives optimum power, choice and control to the service user.

**Developing and maintaining a helping relationship**

Communication, whilst at the heart of a helping relationship, is not its only component. What does a relationship need in order to optimise the service user’s quality of life, ensure maximum independence and choice, and also safeguard the service user from possible danger or harm? There are many ways of looking at relationships, but here it is considered under three main headings which cover main components of a helping relationship:

* acceptance and respect
* confidentiality
* personalisation
* empathy
* being genuine
* showing warmth
* oomph.

**Acceptance and respect**

Acceptance means taking people as they are without judging them, it requires an absence of prejudice and being active in terms of anti-discriminatory and anti-oppressive practice. It forms the basis for respect, which means unconditional regard for this person as a worthwhile human being.

Service users have said that the following about these qualities:

“A good care worker is someone who respects you as a person”.

“I felt worth something and that I could make a difference”.

“They listen to me and are non-judgemental”.

**Confidentiality**

Another aspect of respect is respect for the confidentiality of what the service user says. Confidentiality in a caring relationship is an extension of the principle of privacy, relating to promoting the service user’s right to the privacy of information. It means protecting information from misuse, and only passing on information where it needs to be passed on, only to those who need to know it, and with the consent of the service user wherever possible. It does not mean total secrecy. In fact, sometimes keeping secrets is not helpful to good practice. Although personal information should be regarded as confidential, there are occasions when information must be shared e.g. in relation to the disclosure of child abuse, or where information is required as evidence in court proceedings. There are other occasions when information should be shared in the interests of good practice. Agency policy regarding confidentiality should be explained to the service user. There should be a negotiated agreement about its limits and boundaries, so that the service user understands how information will be used, as well as what is confidential and what is not.

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| **Suggested Activity**  Write five guidelines on confidentiality that could be used in a social services organisation.  You could have suggested the following:   * Information supplied for one purpose should not be used for another. * Information supplied should not be disclosed without the person’s consent other than in exceptional circumstances. There should be an explanation when exceptional circumstances apply. * All records should be kept under lock and key, or on a computer protected through secure systems and passwords. * Access to records should be limited to the service user and ‘approved’ others. * Service users and carers should not be talked about behind their backs or to others who are not members of the care team. |

**Personalisation, Enablement, Outcomes and Self-directed support**

**Personalisation**

In the past 20 years, there has been a significant shift in approach to the way that care is planned and delivered. Previous thinking was that the people planning and providing the services were the ‘expert’, who knew better than the people receiving care how this should be delivered. Often this meant that supported people had to use services that were already in place but did not meet their particular needs and choices well.

The concept of Personalisation is now the basis of how care is planned and delivered, with the focus on identifying and addressing the individual needs and wishes of the supported person as far as possible. Central to this approach is the understanding that the supported person should be an equal partner, and will work together with social care and health workers in the planning and delivery of their support.

**Self-directed Support**

While the option to take an active role in planning their own care and choosing the provider has been available for many years (previously called direct payments), relatively few service users were either aware that they could do this, or chose to do so.

The Scottish Government wanted to change this to make it possible for all service users to be more actively involved in the planning and to offer a wider choice of providers, this is known as “Self-directed Support” and the Scottish Parliament passed legislation to make this the approach that must be taken, unless there are specific reasons why it is not appropriate.

The Social Care (Self-directed Support) (Scotland) Act 2013 states that a ‘supported person’ must be offered four options for how he would like his care and support delivered. These are as follows:

People will be offered 4 choices on how they can receive their social care:

1. Person has a direct payment
2. Person directs the available support
3. Local authority arranges support for the person
4. A mix of option 1 to 3

Source: Pilot light (http://pilotlight.iriss.org.uk/self-directed-support)

**Enablement**

Another significant change in how people have been supported is the use of the ‘enablement’ approach (this is also sometimes referred to “re-ablement”).

Using this approach, you will enable supported people to take an active rather than passive role in their care by encouraging them to do as much as they can for themselves.

This includes supporting people to maintain their involvement in social activities and relationships. Research has shown that this can help to maintain a good quality of life for supported people and, in turn, reduce the overall support required.

**Why measuring Outcomes is important**

In the past, when evaluating how effectively they were meeting the needs of supported people, organisations usually focused on how budgets were managed, and the number of people that were supported (you may hear this referred to as “Outputs”). However, it has been recognised that simply measuring these outputs does not show the impact that services have for individual supported people.

For example, an organisation could decide to change its criteria to enable it to offer personal care to a greater number of service users. On the surface, this might be seen positively, as more people were being supported. However, if you looked at the effects that this had on the supported people, you might see a different picture. There could be an overall reduction in the quality of care and support provided. Another possibility could be that people who had previously not needed support were now offered this, creating dependency rather than enabling people

For this reason, it has been agreed that measuring the “Outcomes” of care and support give a better indication of how effectively services meet the needs and choices of supported people. It is important to note that measuring outcomes can be more challenging than measuring outputs as you also need to consider subjective aspects such as the quality of life of a supported person. Also, while it would be outputs also need to be measured. All services have to work within budgets, so outputs also need to be measured. Therefore, when you are reviewing a service given to individuals, and across the whole organisation, you need to consider both.

**Empathy**

Empathy is part of personalisation. Through empathy the care and support worker is trying to see the world through the service user’s eyes. Empathy needs the worker to listen to what the service user is saying and to be aware of non-verbal communication, and then to respond in such a way as to demonstrate that what has been heard and observed is done from the user’s point of view, not the worker’s. Here’s an example of empathy. A service user, Jessie Reid, says to you in a stressed and concerned way: ‘I’m worried about my daughter. I haven’t heard from her for three weeks’. If you say something like ‘Don’t be silly. I’m sure she’ll be fine’, the opportunity for discussion is lost and so, probably, is the basis for a useful helping relationship. If on the other hand you respond to Jessie’s concern, saying something like ‘I can see you’re worried about your daughter. Would you like to tell me about her’ this opens the way for further discussion and shows that you are trying to understand the situation from Jessie’s viewpoint. You are showing empathy

**Being Genuine**

Being genuine is about being yourself and not pretending: not pretending you have skills you don’t have, not pretending you can solve a problem when you’re not sure you can, and not pretending to be something other than what you are.

Here’s the example of Jo, a care and support worker in a day centre for older adults. He enjoys his job and the people he works with. He usually arrives at work with a smile on his face, askes people how they are feeling and waits for their replies, is upset with everyone else when a service user is ill, admits that there are aspects of the job that he doesn’t like much, like dealing with incontinence, but is able to imagine what it must feel like to be incontinent.

He is genuine because:

* he behaves consistently so that people feel they can rely on him
* he doesn’t pretend and is confident enough not to need to
* he is generally spontaneous and when he smiles he means it
* he is honest about what he doesn’t like but has empathy with what it must feel like to be the other person.

**Showing warmth**

Warmth is conveyed mainly through non-verbal communication and indicates that the worth of the service user is unquestioned and the person is accepted without conditions attached.

**Case Study**

Read the case study below and identify the main skills of the care worker in communicating and relating to Ben.

Ben is a young man in his early 20s who is deaf, partially sighted and who has a degree of learning disabilities. He has no speech, though he can make signs and uses his own limited adaptation of British Sign Language (BSL) as a form of communication. He lives in a small residential unit run by voluntary organisations.

Ben’s key worker has been very concerned to improve his quality of life and has through communicating in every possible way (signing, touch, giving encouragement, time, company, sharing meals and activities), built up a trusting and beneficial relationship with Ben. One thing which it has been difficult to establish with Ben has been any kind of continuity or structure to his life. In order to enable Ben to participate fully in his own timetable of activities and to empower him to exercise a degree of control over and choice about daily living, his keyworker suggested the idea of a day planner which they could work on together. This would enable Ben to shape his plans for each day and subsequently have some idea of what to expect from it. Since he only possesses a short memory span he can go to his planner to remind him about what he is doing next or at any particular time during the day.

What has emerged after a long, slow process of working together is an absolutely enormous, colourful day planner which is a magnetic board on the wall of Ben’s room. There are symbols with words next to them for Ben to put on the planner to show all the things which he might do in a day, ranging from taking a shower or going to the day centre, to a trip to MacDonald’s. If something crops up which Ben has not done before, a new sign is made and introduced just below the activity.

A good deal of communication has already taken place: communication used in forming a relationship, communication to establish what Ben likes doing and the creation of a tool which communicates to Ben his plans for the day. But the tool is also being used as a further tool to enhance Ben’s communication skills. He can say what he is going to be doing by indicating it on his day planner. The symbols for different activities are accompanied by words. Gradually, symbols are becoming smaller and the words are becoming bigger so that eventually Ben will be able to recognise an activity by the word for it rather than a symbol.

Question - what are the main skills for the care worker in communicating and relating to Ben?

**Oomph**

Ellen Lancaster developed this concept (see Miller & Gibb 2007, p64) and defined it as ‘that bit extra’. The ingredients necessary to form relationships are good communications, all the above components, the values and principles underpinning practice, knowledge of human behaviour, a knowledge of the person… and also that bit extra – the oomph factor.

The ingredients which bind together the oomph factor are as follows:

* Enthusiasm is ardent interest, eagerness and includes encouraging and having a great faith in others. Care workers need to be energetic and possess inspiration is what they are practising. It there is a day when the carer does not feel 100% then it is best to apologise and explain this to the service user without going into too many details. The service user will then realise that any reserve is not because of them
* Dedication is consistent support and commitment to the well-being of the service user. As far as possible try to be reliable and let your service users know where you will be. When you do have to be away, always explain that you will not be there and state when you will be back.
* Vocation emphasises the professionalism of care work and that it is ‘not just a job’.
* Your heart has to be in caring for other people. If you work ‘by the clock’ then you should not be in care.
* Genuine interest includes being interested in all people, knowing people’s likes and dislikes, frustrations, expectations and also being truthful.
* Enjoyment and humour involve the worker in showing and feeling genuine pleasure in what they are doing and sharing successes or even failures, however great or small. What a difference a smile makes, and that pleasantness needs to be evident from the minute you start work until you finish. A real challenge!
* Positive self-disposition emphasises that the care worker should be confident and happy with him or herself in what he or she is doing, and striving to share this confidence and happiness with the service user, if the care worker does not feel this way then the service user sill sense it. There may be a time when the care worker does not feel happy. He should then reflect on and evaluate his own life to decide whether there are changes that need to be made.

**Barriers to Communication**

Learning about barriers to communication is very similar to learning about anti-discriminatory practice. Most of the barriers exist because ‘society’ discriminates in favour of people for whom communication presents little or no difficulty. People who can see, hear, speak, learn and communicate easily find that the institutions to which they belong and the people with whom they network often assume that speech and associated non-verbal signs are sufficient for everyone. But, of course, this is not the case. Care and support workers frequently work with people who have difficulties of one kind or another that may affect how communications are given and received. Some of the reasons for this include sensory impairment, learning difficulty, a health condition such as dementia or depression, or a cultural or language difference. In these circumstances there are measures that can be taken to assist and enhance communication so that people can participate in society on a fairer and more equal playing field.

West Dunbartonshire Council has put together some very clear and accessible information about communication and communicating with people. This has sections on:

* using plain language
* communicating using e-mail.

Communicating with:

* people from black and minority ethnic groups
* people who have a hearing impairment
* people who have a visual impairment
* people who have both a hearing and a visual impairment
* people who have learning disabilities.

**Alternative and Augmentative Communication (AAC)**

Alternative and Augmentative communication (AAC) is the term for methods and techniques to support or replace spoken or written communication. This includes the use of electronic technology. In 2012, the Scottish Government published, “A Right to Speak” its vision for supporting people who use AAC. It is important that whenever you are supporting someone to communicate using AAC, you must consider methods and techniques that maximise the opportunities for that person. In the same way that you have a responsibility to maintain and develop other communication skills, you must ensure that you know and understand how to use AAC when required to do so.

**Communication Boards**

Communication boards are used to help people who have difficulty with communication to communicate better.

One example of a system based on the communication board idea is ‘Talking Mats’. Talking mats are discussed below.

**Talking Mats**

The talking mats system helps people organise and express their thoughts using visual symbols. This system has been used successfully with people with hearing impairment, people with learning difficulty and older adults with dementia.

This low-tech communication framework was developed by Joan Murphy at the University of Stirling.

It comprises a textured mat and visual symbols to help people express their views on a range of topics. Once the topic for discussion has been identified using visual supports, option symbols are presented one at a time. The participant is asked open questions about their views on each option and places the symbol on the mat beneath a scale. Gradually a picture emerges on the mat, representing the person’s views. This gives evidence of consultation, is easy to record and can be used to support decision-making and ongoing discussion.

The development of communication and relationships can often be assisted by adjustments to peoples’ environments and the ways in which communication takes place. The use of ICT (Information and Communication Technology/Computers) and sign language are examples of this.

Make a list of questions you might ask if you are considering using a computer with someone who experiences difficulties with communication.

**Recording and Reporting**

Recording and report writing are important aspects of your work with service users and carers. They should not be regarded as detracting from direct work since they are an integral part of good practice. Recording sets down on-going work in a systematic and structured way, whilst report writing is usually a more formal account for a specific purpose e.g. a transition report when there is to be a change of worker, or a report requested by a social worker or another organisation.

Recording and report writing are important because they set down in writing evidence of your work to meet service user’s needs, implement care plans and meet organisational requirements. They assist continuity when workers are unavailable or change.

Good records and reports can help you to reflect on and improve the work you do with service users and carers and can support effective partnership with service users, other people, team members and other organisations.

They ensure there is a documented account of your work and are an essential tool for supervisors and managers in developing your learning and monitoring your work.

Finally, they meet legal and organisation requirements and can be used in promoting evidence-based practice, within the limits of confidentiality and the law.

**Legal Requirements**

Legal requirements cover the areas of access to information, confidentiality and security, and individual rights.

“A real commitment to confidentiality and privacy is evidenced by an understanding of what the issues are about and a recognition that clients and patients need to be informed of their rights and need help to enforce them”

(Baillie et al 2003, p.85)

There are three major pieces of legislation that govern recording and report writing in Scotland. These are:

1. Data Protection Act 1998 (DPA)
2. The Human Rights Act 1998
3. Freedom of Information (Scotland) Act 2002 (FOISA)

**The Human Rights Act**

The Human Rights Act makes it unlawful for a public authority to act or fail to act, in a way that is not consistent with the ECHR (European Convention on Human Rights).

Article 8 states that:

Everyone has the right to respect for his private and family life, his home and his correspondence.

There shall be no interference by a public authority with the exercise of the right except such as is in accordance with the law and necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals or for the protection of the rights and freedoms of others.

In public authorities and agencies acting on their behalf all workers must consider Article 8 when considering privacy and confidentiality. If privacy or confidentiality are to be breached the reasons for doing so must outweigh the reasons for not doing so.

Julie is 32 years old and lives in a small care home for people with learning disabilities. She is hoping to move into independent living accommodation. Her parents ask the Social Work Department if they can see her case record. Would this be a breach of Julie’s confidentiality? Is it against the law?

**The Freedom of Information (Scotland) Act 2002 (FOISA)**

The FOISA reverses the premise that everything is secret unless otherwise stated to a position where everything is public unless it falls into specified excepted cases. This legislation allows access, as far as public authorities are concerned, to all the types of information held, whether personal or impersonal, though the public authority will have to take account of the Data Protection Act 1998 before releasing any personal information.

The FOISA gives two related rights:

1. The right to be told whether the information exists
2. The right to receive the information, but taking account of the Data Protection Act

The right to access the information held by public authorities can be exercised by anyone, worldwide. The Act is also retrospective. The right to access information came into effect on 1 January 2005.

**Learning from Government Enquiries and Reports**

There have, since the 1970’s been many government inquiries and reports relating to social workers, social services, health care and other agency practice. These usually take place following the death of, or serious harm to, service users, especially to children and young people and adults with a learning disability. Many lessons can be learned from these reports and almost all of them indicate shortcomings in communication, especially poor communication and co-ordination between agencies, poor recording and poor report writing.

It is worth going to the original versions of these reports since they have a lot to say about how communication and recording can be improved. One of the most detailed is the Inquiry into the death of Victoria Climbie by Lord Laming. Victoria died in the Intensive Care Unit of St. Mary’s Hospital, Paddington on February 25th 2000. She died as a result of appalling ill-treatment at the hands of two individuals, her great aunt and partner, who were supposed to be caring for her. Many opportunities to help Victoria were missed by professionals of many disciplines, including social work and health. Lord laming stressed the importance of clear communication and information.

Staff must be held accountable for the quality of information they provide.

Information systems that depend on the random passing of slips of paper have no place in modern services. Each agency must accept responsibility for making sure that information passed to another agency is clear, and the recipients should query any points of uncertainty. In the words of the two hospital consultants who had care of Victoria:

“I cannot account for the way other people interpreted what I said. It was not the way I would have liked it to have been interpreted”.

“I do not think it was until I have read and re-read this letter that I appreciated quite the depth of misunderstanding”.

**Facts, Judgement and Opinions**

As a social service worker, you need to understand the difference between facts, judgements and opinions.

In several inquiries into serious harm and abuse, it was found using their professional judgements, workers often had concerns but were reluctant to report these due to lack of evidence. It is very important that you feel able to use your own professional judgement to pass on information, knowing that you may be asked to justify what you have said or written. Remember that including personal opinions is not appropriate when reporting and recording information about your work.

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| **Fact** | A thing that is known or proved to be true – “Mrs Smith declined any support today” |
| **Judgement** | The ability to make considered decisions or come to sensible conclusions – “Mrs Smith has never declined support before, perhaps this indicates a change in her needs” |
| **Opinion** | A view or judgement formed about something, not necessarily based on fact or knowledge – “Mrs Smith should not have declined support as she clearly needs it” |

Further resources to consider:

* Examples of influential inquiries into and reports about social work services.
* The Kennedy McFarlane Inquiry Report.
* The Scottish report published in 2002m ‘It’s everyone’s job to make sure I’m alright’.
* The Report of the Caleb Ness Enquiry (Executive Summary and Recommendations).
* The Inquiry into the death of Victoria Climbie.
* Investigation into the care and treatment of Mrs V.
* “The keys to life” report.
* Further reading: add “Social Care and the Law in Scotland (8th edition)” (2011); Kirwin MacLean Associates.

**Involving service users and carers in recording and report writing**

If communication in Social Services is to be meaningful, inclusive and participatory, it follows that Service Users and Carers should be as involved in recording processes and reports concerning them as in other aspects of their care and support. This should occur whenever possible and feasible in the interests of good and safe practice. Service Users and Carers should be held to understand the purpose and intention of records and reports and invited to contribute to them. When their views are included, this should be made clear, and distinguished from the contributions and views of others, including the professionals responsible and accountable for undertaking the recording and report writing process.

There are likely to be many additional advantages to including service users and carers. It has, for example, the potential for improving communication, partnership and a joint approach to achieving the aims set in care planning. Separately stating the views of carers may give a different perspective from that of both the worker and the service user. Whilst service users are the focus of work, it should be emphasised that carers have a right to their own assessment to identify their needs. This can uncover unmet need and a need for separate support to carers as well as service users.

The table below indicates what it is useful to take account of in moving towards greater inclusion of service users and carers in recording and report writing.

|  |  |
| --- | --- |
| Moving From | Moving Towards |
| Workers writing records and reports without consultation | Service users and carers contributing to developing records and reports in collaboration with workers. |
| Workers maintaining power over records and reports | Workers sharing power with service users and carers through asking for a recording their views, through ultimate accountability remains with workers. |
| Only workers receiving training in recording and report writing | Service users and carers offered learning opportunities to optimise their contribution to records and reports |
| All records and reports written using ‘professional’ language | Records and reports in plain language and using a variety of formats e.g. visual and audio material, as well as the written word. |
| Recording and report writing seen as a professional chore and organisational requirement | Working together with service and carers at their pace to learn how to optimise the use of recording and report writing to meet need. This can be an exciting and creative process. |

**Useful links and further reading**

This learning resource is only intended to introduce you to the issues around communication and relationships. You’ll find additional related information/materials in the other resources listed here:

British Sign Language: [www.britishsignlanguage.com](http://www.britishsignlanguage.com)

Children in Scotland: [www.childreninscotland.org.uk](http://www.childreninscotland.org.uk)

Deaf Action: [www.deafaction.org](http://www.deafaction.org)

ICAN – Helping children communicate: [www.ican.org.uk](http://www.ican.org.uk)

Institute for Research and Innovation in Social Services: [www.iris.org.uk](http://www.iris.org.uk)

Joseph Rowntree Foundation: [www.jrf.org.uk](http://www.jrf.org.uk)

Social Service Knowledge Scotland: [www.sssks.org.uk](http://www.sssks.org.uk)

National Autistic Society: [www.nas.org.uk](http://www.nas.org.uk)

Scottish Government: [www.scotland.gov.uk](http://www.scotland.gov.uk)

Scottish Consortium for learning disabilities: [www.scld.org.uk](http://www.scld.org.uk)

Scottish Social Services Council: [www.sssc.uk..com](http://www.sssc.uk..com)

Scottish Social Services Council Learning Zone: <http://learn.sssc.uk.com>

Scottish Society for Autism (SSA): [www.autism-in-scotland.org.uk](http://www.autism-in-scotland.org.uk)

Social Care Association: [www.socialcareassociation.co.uk](http://www.socialcareassociation.co.uk)

Social Care Institute for Excellence: [www.scie.or.uk](http://www.scie.or.uk)

Talking Mats: [www.talkingmats.com](http://www.talkingmats.com)

Update: Scotland’s National Disability Information Service: [www.update.org.uk](http://www.update.org.uk)

Who Cares Scotland: [www.whocaresscotland.org](http://www.whocaresscotland.org)

**Further reading**

Baillie, D. et al (2003), Social Work and the Law in Scotland. Basingstoke: Palgrave Macmillan in association with The Open University.

Miller, J. and Gibb, S. (2007) Care in Practice for Higher. Second Edition. Paisley: Hodder Gibson

Social care and the law in Scotland (8th edition), (2011), Kirwin MacLean Associates.