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Safeguarding older people from mistreatment. Social work's ethical dilemmas and an ethic of care

Introduction

The right of older people to be free from mistreatment is fundamental to 'active and dignified ageing', a global precept for social work practice. Social workers have a prime role to play in the prevention of and response to abuse of older people. In the UK, national policy guidance on the protection of vulnerable adults from abuse was issued by the governments of Wales and England in 2000. This gave the lead coordinating role in adult protection work to social services authorities. This paper reports on research that set out to identify what influenced decision-making when social workers dealt with potential abuse of an older person, and in particular what constraints and dilemmas social workers faced when deciding what action to take. None of the dilemmas social workers and their managers described in their work to protect older people from abuse were constructed as ethical dilemmas or matters of morality. The paper maps out some ways in which Joan Tronto's delineation of four elements of an ethic of care can throw light on the ethical dimensions of the constraints and dilemmas social workers and their managers grappled with when protecting an older person from abuse.

The mixed-methods research was carried out in an adult social services department ('The Department') in Wales, UK. The research methods used included semi-structured interviews and focus groups with every social worker and manager working with older people and in adult safeguarding in The Department; direct observation of adult safeguarding management meetings (these usually included

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representatives from the police and health services); and documentary and statistical analysis of adult safeguarding data collected by The Department over a two-year period. (See Ash, 2009; 2013, for detail of this research and the methods used).

Ethical constraints and dilemmas

The research findings illustrated the constraints and dilemmas social workers faced when dealing with potential abuse of an older person. In care planning, social workers factored into their decision-making what they knew, tacitly, about the poor quality of some nursing care homes, and the poor care an older person might receive if they were admitted to hospital. Social workers appeared to trade-off one least bad care service option against another. They accepted, without demur, the failure of the early 21st century health service in Wales to provide appropriate continence pads for older people who needed them (older people had to accept whatever unsuitable alternative they were offered). Social workers tolerated, without challenge, the dearth of services to older people living with dementia or for their carers, and the lack of provision for older people living with domestic abuse at the hands of a life partner or other family member. Social workers turned a blind eye to dismal, yet regulatorily compliant, care homes, where social workers had witnessed paid staff swearing in front of older people, or ignoring requests for a drink or attention to other basic needs (Ash, 2011; 2012).

As reported elsewhere (Ash, 2010), the design and execution of this research had not originally considered an ethic of care to be its concern. Neither did social workers in the research regard the everyday constraints and dilemmas they described as ethical dilemmas. None of the trade-offs they made in minimising the impact on elders of poor quality nursing care in a care home or a hospital were conceptualised by social workers as *ethical* dilemmas. Instead these were regarded

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as everyday, unremarkable facts of professional life: problems to juggle, not ethical crusades to wage.

Sarah Banks (2008) has observed that the way practitioners such as social workers construe 'the ethical' influences their perceptions of their ability to act. In social work, 'ethical issues' are often regarded as arising in thorny cases involving hard choices and tough decisions. Matters, in other words, for the courts, lawyers or ethicists, and outside the day-to-day life of frontline workers. To understand the constraints described in this research as rather more than mundane exigencies of modern-day social work with older people, Joan Tronto's work on an ethic of care offered a way in.

An ethic of care

Tronto (1993, p 103) defined care very widely as 'a species activity that includes everything that we do to maintain, continue and repair our world so we can live in it as well as possible'. Tronto marked out four elements of an ethic of care. These are both delightfully simple to comprehend (this author has run successful workshops on these with care staff on minimum wage) yet fiendishly tricky, it would seem, for bureaucratic care delivery systems, to grasp.

The first of Tronto's four elements of an ethic of care is *attentiveness*. Noticing needs is a primary human task. The result of inattentiveness is an unwillingness of one party to recognise the needs of others. Hence within Tronto's ethic of care, failing to see, to attend, to notice needs, are moral failings. In social work to protect older people from abuse, turning a blind eye to the poor care an older person received in a care home, for example, would be a lack of attentiveness, and hence a moral failing.

Secondly, *responsibility* is central to a care ethic; in moral theory this is often understood as obligation. For Tronto, responsibility came out of recognising need: without this recognition, a need can not be met. Tronto suggested responsibility is

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embedded in cultural practices, rather than rules, obligations and duties. In the research described here, the social workers' ability to respond to situations of potential mistreatment was tempered by systemic constraints, such as the known poor quality of some care homes, and the ever-present limits on care budgets (Ash, 2011).

Tronto identified *competence* as the third element of an ethic of care. Competence counterbalances 'taking care of' with 'care-giving'. Tronto (1993, p 133) commented that 'intending to provide care ... but then failing to provide good care, means that in the end the need for care is not met'. Professionals such as social workers, have a duty to provide competent care. Yet systemic constraints – these may include a lack of resources as mundane as fresh drinking water in a care home easily to hand for example – compromise, and ultimately invalidate, that intention.

Finally, the fourth element of Tronto's ethic of care was *responsiveness* of the care giver to the care receiver. Tronto (1993) argued that needing care placed a person in some vulnerability; hence there is a need to stay alert to the risk of mistreatment that increases with vulnerability. Ethical care-giving, which safeguards the wellbeing of the elder and is vigilant to the risk of mistreatment, cannot be demarcated out of day-to-day practice. That practice is located in a wider context that includes the resourcing of services, organisational cultures, and more widely, the social, economic and political institutions that frame day-to-day care and support to older people.

Those contexts to care can be viewed at three broad levels. Firstly, at the *macro* level is the social, economic and political context to care of an older person. This includes how 'old age' and 'older people' are regarded, and what value is put – or is not put – on caring. This might manifest in a societal and political willingness to pay higher direct taxes as the fairest means of providing for the care needs of any citizen, irrespective of age. Secondly, the *meso* context includes the organisational

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structures, systems and processes, and professional cultures social workers practise in, and the extent to which those organisational systems passively condone poor practice, rather than actively and visibly challenge poor care. Thirdly, a *micro* level is where the individual social worker directly provides care to the older person.

Tronto's four elements of an ethic of care provide a lens to examine the ethical dimensions of those three contextual levels. (See Ash, 2014 for a fuller discussion of this).

To sketch some of this out, the *macro* level, social, economic and institutional systems supporting ethical care-giving would demonstrate *attentiveness* to the potential impact on older people of structural factors such as poverty, inequality, isolation or ageism. Such ethically-driven systems would manifest *responsibility* embedded in cultural practices which, for example, challenged ageism and a hegemonic distaste for public expenditure on care. These ethically-driven systems would resource *competence* to deliver competent support and care to older people. They would demonstrate *responsiveness* to the potential vulnerability of older people needing care.

At the *meso*, or organisational level, the four elements of an ethic of care might be apparent where there was *attentiveness* to creating and sustaining working cultures intolerant of poor, disrespectful care of older people. Such organisational cultures would demonstrate *responsibility*, with social workers expected to do the right thing by the older person, not only do things right by the rule-book. Ethically-driven organisations would resource and reward *competence* in social workers. Such cultures would exhibit *responsiveness* to the needs of the older person; managers would expect and require social workers to challenge and to report shortfalls in the quality of care.

At the *micro*, or direct care level, where the individual social worker works with the older person, ethical social work practice would display *attentiveness* to the needs of

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the elder, as a person, and would be alert to the risks of mistreatment that can accompany vulnerability. Social workers would demonstrate *responsibility* in their response to needs; care would be delivered with *competence* and *responsiveness* that was sensitive to that risk of mistreatment that arose with infirmity.

None of this is a manifesto of fantasy or the absurd. In the UK, much of it is written into professional codes of social work practice (for example: CCW, 2002). Giving an older person the right to be free from abuse, for example, is morally vacuous if the means to secure those rights – to good care, to protection from mistreatment – are compromised, or just not there. If, as they do, professionals such as social workers have a duty to protect older people from abuse, then discharging that ethical duty demands the wider contexts to social work practice themselves manifest an ethic of care. If those contexts mitigate any of Tronto's four elements of an ethic of care, the capacity of social workers safeguarding an older person from abuse is compromised. However, social workers themselves can, and should, support and empower the older person in ways that embrace Tronto's four elements of an ethic of care: *attentiveness, responsibility, competence* and *responsiveness*.

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