

Ethics case study

Principle 7: Duty of care – to clients, colleagues, organisations and self

1. Identify the problem

You are a career development practitioner working for a small organisation who bid for funding year on year. The current contract is measured and therefore paid, on outcomes relating to help clients secure education, training and employment.

One of your clients is a teenage mother with a 15 week old baby. The client lives at home with her mother and is currently receiving benefits. She left school without any qualifications.

Together you have considered the options available. There is funding available for childcare if she returns to education. Her local college has a crèche attached although it didn't receive a positive rating from a recent inspection. Your client says that she is not sending her baby there. She also firmly states that she does not want to undertake training, education or work – she wants to stay at home with her baby, at least for the next couple of years.

What type of problem is it?

- a) It is organisational: your manager is concerned about contractual requirements/ meeting targets in order to have the contract renewed.
- b) It is professional: there is a clash of professional ethics regarding meeting contractual requirements and acting in the best interests of the client (see next section)

You recognise that there is also a personal element with regard to your own values. You believe that it is important for a child to spend as much time with the mother as possible in the first two years of their life so that a strong attachment can be formed. When you had your own child you took longer than the statutory paid leave. You think it is unfair that, because you are in a better financial position than this young girl, you had such a choice. You notice the strength of your personal reaction and commit to managing this and remain as objective as possible.

2. Apply the code of ethics

Principle 7 of the CDI code of ethics (Duty of Care) states that:

Members have a duty of care and are expected always to act in the best interests of their clients.

Members must fulfil their obligations and duties to their employer (where applicable) except where to do so would compromise the best interests of clients

Members have a duty of care to themselves ... in terms of their personal integrity

Principle 3, Autonomy, states that:

Members must encourage individual autonomy in making decisions and always act in the individual's best interests.

Therefore there are a number of questions to address: is it in the best interest of the client, from her perspective, to stay at home and look after her baby, to not engage in education, training or work at this stage? Would influencing her to engage in education etc. be in tension with encouraging client autonomy in decision making? The adviser's personal integrity may also be tested through this case – are the practitioner's personal values valid/ in line with the values of the profession?

Ethical situations often involve more than one principle. This overlap demonstrates the complexity of the work in which you are involved.

3. Review of relevant professional literature

In addition to reading information on funding and local provision, the professional literature relevant to this case includes:

- Definitions of "career" – current policy may recognise paid employment and formal education and training as viable options, whereas some professional definitions allow for a broader interpretation that includes informal education, work experience, community participation and roles such as parenthood.
- Theories of motivation such as Prochaska and DiClemente which explore the nature of resistance and how to work with ambivalence. Allied motivational approaches such as motivational interviewing, Cognitive Behavioural and Solution focused coaching.
- Attachment theory may fall outside what is considered career theory, but could support decision making and conversations with the client and other partners

4. Consult with experienced professional colleagues and/ or supervisors and/or relevant professional bodies

You do not have the option of off-line supervision and therefore discuss the matter with your line manager. She says that, although she understands the dilemma, the contractual obligations are important – if targets are not met (and numbers are down at the moment) then the contract will not be renewed and that your job, alongside those of your colleagues will be at stake. She also queries whether in the long term the client will suffer from being isolated from her peers, from having no qualifications, and whether she might just become trapped in a cycle of benefits. She questions whether allowing the client to stay at home, on benefits, is actually in the client's best interest long term.

Your colleagues say they can see both your and the manager's point of view and so can't offer any advice.

You go online to a professional discussion forum and ask whether any other members of the forum can offer suggestions as to the best way forward.

You receive a reply from someone who used to work as a teenage pregnancy adviser. She outlines a few options that you have not yet considered:

- to make the whole process less scary for the client, breaking it down into small steps and encouraging her to attend local playgroups where she can mix with other mothers who may be engaged in study/ training.
- that you ensure that the Health Visitor is fully engaged in supporting your client to address any anxieties that she may have about motherhood.
- that the client considers the option of home tutoring.

5. Potential courses of action

- a) Use motivational interviewing to attempt to develop intrinsic motivation, to fully explore and understand her reasons for not wanting to engage in study/ training/ work and see if the ambivalence can be resolved. For example:
 - enable her to weigh up the short and long term benefits of 1) staying at home full time with the baby and 2) engaging in some form of study/ training/ work.
 - use Cognitive behavioural questioning such as “what’s the worst that can happen if ...”
 - use the solution focused technique of scaling around motivation and confidence
- b) In spite of the client’s reluctance, arrange for the client to visit training providers and colleges to discuss possible options including childcare
- c) Part time courses that would still count as an outcome
- d) Alternatives to the local college crèche such as private nurseries which would have funded places or close family who may be willing to have the baby if she was studying part time
- e) Home education to do GCSEs

6. Select the most appropriate course of action

Professionally the motivational techniques would be an important starting point to ensure that any decisions are the clients and are a result of intrinsic motivation rather than external pressure that would negate client autonomy.

Decision making techniques would be used to enable the client to select the course of action most appropriate to her.

In this case, the client chooses to attend mother and baby groups to ensure that she does not become isolated, and also try home tutoring for enough hours that will ensure that a) her benefits are not reduced and b) the outcome for your organisation is recognised (you have been transparent with her about that aspect of your funding)

7. Evaluate the selected course of action

The test of justice: you feel that this is a course of action you would feel happy with for someone you cared about. You would not feel the same about the option of sending her to a provider when she is ambivalent

The test of accountability: you feel that you would be happy if this course of action were reported to your professional colleagues. You are aware that some sections of the press/ public would see your action as too soft/ liberal, but you would be comfortable defending the decision

The test of universality: you would be comfortable recommending this course of action as a valid option to other professionals. You would not be comfortable with the option of sending her to a provider when she is ambivalent.

8 Implement the course of action

With the client's permission, you contact the health visitor who suggests a multi-agency meeting. The client had previously refused as she thought it was all about social services and judging her as a bad mother. You explain that it involves people like yourself who have her interests at heart as well as the child's. She agrees to attend.

You refer to the body that organises home tutoring.

You ask who in her network can help her find mother and parent groups – she says that her mum will help with that action point. You add that the Health Visitor may also be able to help.

9. Monitor and evaluate the outcome

What lessons emerged?

- To seek advice from peers outside your organisation where necessary
- To engage the support of other professionals
- To monitor and effectively manage one's own values and reactions, to stay as objective as possible

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