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## **First Do No Harm**

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## **First Do No Harm**

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### **Abstract**

Social work has for some considerable time professed a commitment to empowerment as a fundamental value. However, professing a value and making it a reality as a genuine underpinning of practice can be two different things. As Preston-Shoot (1996: 31) so aptly put it: “values are only as good as the actions they prompt”. This paper presents an account of a case in which aspects of practice were far from empowering. By describing and analysing the actions taken, the paper shows how a lack of genuine commitment to empowerment can have extremely detrimental effects. In doing so, it exposes the dangers of forms of practice that are not person-centred or based on partnership.

### **Keywords**

failure to assess; complaints; unresponsiveness, defensive practice, bureaucracy vs professionalism

### **Introduction**

“*Primum non nocere*” or “first do no harm” is a well-established central principle of health care. While, within the human services more broadly, we cannot guarantee that our efforts to help will be effective, it is a widely accepted ethical principle that we should at the very least do everything we reasonably can to seek to ensure that our interventions do no harm – that is, do not make the situation worse or introduce new problems. This principle, while rarely if ever mentioned explicitly in a social work context, is none the less clearly fully applicable to the actions of social workers and others involved in the personal social services in a context of democratically constituted public service.

Where the actions or inactions of social work staff leave people feeling not only distressed and disempowered, but also traumatised, there is clearly something fundamentally wrong in how that particular situation has been handled – it is an example of what Hugman (2005) refers to as “maleficence”. This paper describes one such case, with the aim of identifying what can be learned from the professional mistakes made in this situation, so that they can be avoided by others

in future, so that the significant harm caused by professional actions can be prevented from re-occurring.

The case came to my attention when I was asked to write an independent report in connection with an appeal against a decision made in response to an earlier complaint. Following the completion of my report, based on reading extensive documentation, I also met with Mr West (the names have been changed in order to maintain confidentiality), one of the two people adversely affected by this case, to discuss not only what happened, but also what negative impact such events had.

The circumstances of the case are laid out, with occasional commentary. This is followed by a discussion of the key issues arising from my understanding of the situation. Finally, there is a discussion of the lessons to be learned from the extremely poor practice involved.

My role in this case has been twofold. First, I was approached by Mr and Mrs West with a request to provide an independent social work report to assist them in trying to have a far from adequately investigated complaint reviewed. From what I found out in preparing that report I became highly concerned about the extremely poor practice I came across and the detrimental and traumatising effects this practice had had on Mr and Mrs West. My second role has therefore been a broader one of trying to make sure that the mistakes made in this case – and the significant harm done – are not repeated in other contexts. This paper is a central part of this second role.

### **The case background**

This unfortunate story began when Mrs Andrews, aged 80, who had earlier been diagnosed as suffering from terminal cancer, was admitted to a nursing home for respite care. At that time she was being cared for by her daughter, Mrs West, with whom she had been living for some seven or eight months. Shortly after admission to the nursing home, Mrs Andrews expressed an intention to return to her former home which by now had been unoccupied for several months. The involvement of a social worker subsequently led to arrangements being made for Mrs Andrews to be cared for by her elderly sisters (who lived in the vicinity of her former home) some two weeks after her initial admission. After a matter of only a few days with her sisters, the placement broke down and Mrs Andrews was admitted to a hospice. She was there for three months before being discharged to a nursing home where she died, less than eight months after initially being placed with her sisters in the first instance.

### **The basis of the complaint**

Mr and Mrs West's dissatisfaction arose from:

- i: a lack of liaison and a lack of a thorough assessment in making care arrangements for Mrs Andrews and, as a result of this, an inappropriate placement for her with her elderly sisters that quickly broke down;
- ii: the failure of the relevant authorities to respond adequately to complaints made about (i) and, linked to this, the insensitive way Mr and Mrs West were dealt with in attempting to resolve this matter.

I shall comment on each of these aspects in turn.

#### *The initial stages*

Although working with older people can at times be very challenging and emotionally demanding work in many ways, making basic arrangements for the care of an elderly, terminally ill woman can be relatively straightforward work in a social services context. Apart from a minority of exceptional cases where significant complications can arise, at root there are relatively simple processes involved in determining how best to proceed. One of these processes would, of course, be liaison with the person who has been the primary caregiver in recent times. This would be an essential and fundamental part of a broader process of assessment. To act without having carried out this basic task is to risk failing to take account of potentially very significant information – it is to move forward in the dark, rather than cast light on the situation by liaising with a key individual.

It is also a clear example of how not to work in partnership, despite partnership being recognised these days as a fundamental social work value (Carnwell and Buchanan, 2005; Thompson, 2005). I was therefore very surprised to learn that the social worker had not liaised with Mrs West, the primary caregiver, in making the arrangements for discharge from a nursing home following a period of respite care. The apparent lack of liaison with the GP or the palliative care nurse also adds to the impression that steps were taken without first adequately weighing up the situation. As Mrs West put it in a letter to the authority:

A very vulnerable and dependent elderly woman (80 years old), suffering from terminal cancer, incapable of looking after herself, had just moved into a nursing home from the security of her only child's home. She was naturally in a distressed state. She suddenly expresses to social services a desire to make a radical change, and does so without discussing same with her only child. Is that not sufficient reason to cause a prudent professional

to be alert and cautious? Is that not sufficient reason to cause a prudent professional to carefully investigate before taking action?

Despite having not contacted Mrs West, the notes of the social worker refer to an alleged conflict of wishes between Mrs Andrews and her daughter, Mrs West. I have had sight of these notes and I found them to be of a very poor standard. They were very vague and unfocused. It was not clear what the key issues were and why particular actions were being taken. For example, the “Purpose” section of the report record format was left blank in almost every case. The impression given was of unfocused work, with no clear assessment or plan of action, as if the worker were proceeding without any clarity about what she was doing or why she was doing it. This is not only poor practice at a pragmatic level, it also raises broader ethical issues about civil liberties, in terms of involvement in family life without any clarity about the justification and rationale for doing so.

If there had indeed been a conflict between Mrs Andrews and Mrs West, then clearly it would have been wise for efforts to have been made to explore and deal with this conflict. When challenged as to why care arrangements were made without consultation, the social services replied that they were responding to the expressed need of the service user. It would be a gross distortion of the notion of partnership to assume that it is an appropriate social work response to address only the expressed wishes of the service user – that is, to return to her home – without taking account of the wider circumstances. Given that the social work role is concerned with assessing need and seeking the most satisfactory way forward, while the service user’s views are clearly central, it is not simply a matter of uncritically following expressed wishes – especially when those expressed wishes could lead to a heightening of risk and thus to unnecessary harm.

If social work is to fulfil its potential for promoting empowerment and addressing social needs and problems, then where there are conflicts that may have a significant bearing on the situation, these will need to be addressed, rather than brushed under the carpet. Where, as in this case, one of the parties denies that there is any conflict, it is especially dangerous not to engage with this aspect of the situation. The important issue of handling conflict is one to which I shall return below.

If, after full consultation about the exploration of the possible options, Mrs Andrews had insisted on returning to her home area (whether to her own home or to stay with her sisters), then it is clearly acceptable that the social worker should make the necessary arrangements to facilitate this – despite any possible objection from Mrs West or anyone else, and in spite of the increased risk of harm to Mrs Andrews. Of course, Mrs Andrews had the right to make such a choice and the social worker would have been correct in acting on these wishes. However, in line with the community care legislation, the decision to act on Mrs Andrews’ wishes should have been taken after an assessment that takes into account her best interests as well as her expressed wishes (Thompson and Thompson, 2005). A

person who is distressed or otherwise unsettled may well make a decision that is, in the medium to longer term, contrary to their own interests. While it would not be appropriate for a social work professional to act in a paternalistic way in such circumstances (for example, by somehow trying to overrule or sabotage the decision made), it would also be professionally inappropriate not to raise it as an issue and an area of concern. Again, this is an aspect of partnership: working *with* people in a collaborative way – neither adopting a “we know best” attitude, nor simply responding to expressed need in an uncritical way.

Mrs Andrews’ request to return home was made at a time when she had asked to be taken there by taxi from her respite placement in a nursing home. As indicated in Mrs West’s letter, referred to above, this sudden action should have indicated that the decision was taken at a time when she was upset or otherwise unsettled. The records of intervention show no reference to a consideration of this aspect of the situation. Her request to return home appears to have been taken at face value – with little or no consideration of the circumstances, as if social work were simply a matter of responding directly to expressed wishes, rather than holistically assessing how best to respond (Lloyd, 2002; Milner and O’Byrne, 2002).

At a later stage in the process, insult was then added to injury by social work staff failing to provide an adequate explanation as to what had happened and why the particular course of action had been taken without consultation with the primary caregiver or indeed significant others. This failure to communicate effectively and assuage Mr and Mrs West’s concerns can be seen to represent another failure of partnership (Harrison *et al.*, 2003).

An additional factor and point of professional concern in the case was that Mr and Mrs West had expressed concern about the personal friendship between Mrs Andrews’s niece and one of the social work staff involved in the case. The clear conflict of interests in this matter does not appear to have been addressed. If a professional involved in a case is receiving information from an interested – and therefore potentially biased – party (that is, Mrs Andrews’ niece) who was also a personal friend of the professional concerned, then it raises questions about the appropriateness of this in respect of the boundaries between personal and professional relationships. The fact that much of Mr and Mrs West’s dissatisfaction arose from the lack of consultation, the question mark about the appropriateness of a member of the social work staff dealing professionally with her friend, who also happens to be a relative of the service user, is thrown into sharp relief.

This situation raises the following two questions. First, did the social worker attempt to address the claimed conflict between Mrs Andrews and Mrs West or did she uncritically act on the wishes of Mrs Andrews without considering the wider issues? It appears from the case records that insufficient efforts were made to address the alleged conflict and that a superficial approach was adopted that did not adequately assess the complexities of the situation. This

has understandably left Mr and Mrs West feeling aggrieved and not listened to. Given the importance of “voice” as part of empowerment (Hirschman, 1978; Thompson, 2007), the fact that Mr and Mrs West were denied any such voice means that they were significantly disempowered. This was to become a theme of how they were treated by social services.

These problems could have been prevented by a broader-based approach that embraced principles of partnership and empowerment. It is, of course, a long-standing central principle of good practice in social work that individual service users should not be seen in isolation and should be considered in their wider family and social context. The fact that the family situation was alleged to have been conflictual would make it all the more important to address these issues if justice were to be done to the complexities involved.

As indicated above, it may well have been the case that, despite Mrs West’s wishes and the higher risk involved in returning to her home area, it would have been appropriate for the social worker to make the necessary arrangements for this return. However, to do this without first carrying out a sufficiently thorough assessment (including seeking to address the alleged family conflict issues) is clearly poor practice. It is, as stated earlier, contrary to the social work value of working in partnership.

In sum, it is not necessarily the case that a return to her home area was the wrong course of action for Mrs Andrews, but it does seem that the decision was made without adequate consultation or assessment. For example, Mr and Mrs West informed me that there was no conflict of interest and that the claims made by Mrs Andrews’ niece to the effect that such a conflict existed were not true and, significantly, these do not appear to have been checked out.

Second, in acting against the wishes of Mrs West, did the social worker show sufficient sensitivity in explaining the situation to Mr and Mrs West? The strong sense of being aggrieved expressed to me by Mr and Mrs West, together with their persistent attempts to obtain answers and explanations, clearly suggests that the situation was handled in a far from satisfactory manner from their point of view. Social work is in many ways a family enterprise (in the sense that there are clear dangers in focusing on individuals without taking account of the family context), and so to leave the main carers of Mrs Andrews feeling so in the dark about what had happened and why clearly shows a failure on the part of the professionals involved. It is therefore not the slightest bit surprising that, as we shall note in more detail below, they have persisted in trying to obtain answers and understanding.

### *Responding to complaints*

The poor practice described above is concerning enough in its own right. However, it is unfortunately the case that the poor practice at this stage in the case

pales into relative insignificance when compared with the harm and distress caused by the extremely poor practice in connection with the handling of complaints from Mr and Mrs West. I was left with major concerns about this aspect of the situation. I gained a very distinct impression that, in some ways, the complaints that were subsequently raised were dealt with in a bureaucratic and defensive fashion and certainly not in keeping with social work ethics and values (Beckett and Maynard, 2005). The situation appears to have been conceptualised as an organisation defending itself from attack, rather than as a public service responding to the legitimate concerns of a distressed citizen. Voice and empowerment were certainly not in evidence.

It is quite clear that Mr and Mrs West felt very aggrieved by what had happened (the failure to consult about care plans and the subsequent failure to provide a coherent rationale for the actions taken). It is also clear that their initial complaints arose at a time when they were grieving – initially due to the breakdown in the relationship with Mrs Andrews and subsequently due to her death (Curren, 2001). I have found no substantive evidence that the professionals involved in responding to these complaints were at all sensitive to these issues in offering a human response to distress, rather than a bureaucratic and defensive response to criticism. Mr West refers to his wife being “traumatised” by her experiences in connection with how her mother’s care needs were handled, and, in the circumstances, I regard this as a reasonable, and indeed highly insightful, comment to make. I would not find it at all surprising for somebody’s grieving to be adversely affected by the strong sense of injustice Mr and Mrs West have clearly felt as a result of the way their concerns have not been satisfactorily addressed (Neimeyer, 2000).

I have had sight of extensive correspondence and a clear pattern emerges from this. In trying to make sense of the stressful and distressing circumstances they found themselves in, Mr and Mrs West asked a lot of detailed questions, many of which went unanswered. Each time this happened, it would understandably produce a further request for the missing information expressed in a slightly more insistent manner which, in turn, would lead to further information being provided, but still not all that was requested. In my view, this was very poor practice indeed. In dealing with aggrieved and grieving members of the public, this tactic of persistently providing only partial information – even when it was explicitly pointed out that there was considerable dissatisfaction about requests for information never being adequately answered – was highly insensitive and clearly very unprofessional (Thompson, 2003). While responding to detailed requests can be time consuming for already busy staff, it is short-sighted and potentially very harmful to “fob people off” with an incomplete response to requests. This is especially the case when the correspondence had shown quite clearly that Mr and Mrs West would not be fobbed off: if the information they quite reasonably requested had not been provided, they would ask for it again (and also ask why it was withheld the previous time(s) they asked for it).

The problems arising from such a highly unhelpful and inappropriate approach are summed up by Mrs West in a letter sent to the senior officer responsible for social services, when she states: “I find it particularly demeaning that you can choose to ignore me in this manner. It has added very considerably to my distress”.

Here was a heartfelt letter saying quite clearly that, by ignoring a legitimate request for information and clarification of the reasons for actions taken, members of a caring profession were in effect treating a citizen in a degrading and thus oppressive way, and thus adding significantly to the already considerable distress experienced as a result of the death of her mother and the poor handling of her care arrangements in the months leading up to her death. Despite this, the professionals involved continued to withhold information. In the circumstances, the subsequent letter of this senior officer to Mrs West can be seen as outrageously inappropriate. To simply state in response “I am satisfied that your complaint has been fully and properly addressed” when so many issues raised by Mr and Mrs West had not been given proper attention was very dismissive and insensitive in the extreme. If he was satisfied with the actions of social services in this matter, why, I wonder, were the precise details of this not conveyed to Mr and Mrs West? It should have been perfectly clear by this stage that it was extremely important to Mr and Mrs West to have clarity so that they could understand what had happened and thus be in a better position to deal with their grief. Mr and Mrs West were asking detailed, specific questions, and so to receive only broad, general replies was clearly not going to be acceptable to them. The response of the authorities can therefore be seen as extremely insensitive and potentially inflammatory – and therefore unwise in the extreme.

For this senior officer then to go on to define the complaint as “habitual or vexatious” was really to add insult to injury. Given the way in which Mr and Mrs West’s legitimate and reasonable requests for information and clarification have not been responded to in anything approaching an adequate way, defining the complaint as “habitual or vexatious” (and thus refusing to respond further) was an incredibly insensitive step to take. Adopting a bureaucratic “fobbing off” approach was clearly a significant mistake and served only to add to the distress being experienced. For a public authority to treat its citizens in this way clearly raises major ethical concerns.

It is particularly disappointing that such poor practice should happen in a social work context, where the importance of adopting a non-judgemental approach is a central part of the value base of the profession (Banks, 2006). The process appears to have gone something like this: two citizens legitimately ask for detailed information about a situation that they find very worrying and distressing; they receive only partial and therefore unsatisfactory answers to their questions and therefore request further information; they again receive only partial and therefore unsatisfactory answers; they remain calm and reasonable about this, but understandably ask again for the full information. Eventually, they are officially

disregarded by the authority concerned because the judgemental label “habitual or vexatious” is applied to them. They were certainly persistent, but only because the officials concerned consistently failed to answer the reasonable questions they were being asked, but “vexatious” can be seen as an entirely inappropriate term. A vexatious complaint would be one that was unjustified and intended to harass. Mr and Mrs West’s attempts to get through the blanket of obscurity that had been thrown over the circumstances they needed to know about were entirely appropriate in the circumstances, and, having reviewed the situation carefully, I can confirm that there was certainly no intent to harass – only a desire to *understand*, to be able to deal with their own distress by fully understanding what had happened.

What makes the situation significantly worse is that it was later discovered that significant documents had been withheld, and parts of other documents that had not initially been fully disclosed stated that Mr and Mrs West were, in effect, “gunning for” the department, when yet again they were simply trying to get answers to questions that were distressing them. This unwarranted defensiveness on the part of the authority and its failure to respond sensitively and supportively to grieving relatives who were legitimately trying to make sense of the situation (so that they could deal with it emotionally) were major factors in adding to the stress and distress. It makes sense to argue, of course, that professionals should be sensitive and supportive in dealing with grieving relatives, and *not* preventing them from moving on in their grieving process by withholding important information that clearly meant a lot to them.

## **Analysis**

This is a complicated case scenario, with wide-ranging implications. Below I sketch out what I see as some of the important lessons that can be learned from the ways in which this situation was mishandled by a number of professionals over an extended period of time. First, though, I wish to highlight some recurring themes that I regard as crucial to an understanding of why this situation went so terribly wrong.

### *Partnership*

Throughout this case there was a consistent theme of failing to work in partnership. The original assessment, if it can be called that, did not involve consultation with the primary carer. The reason given for this was that the staff concerned were responding to the expressed wishes of the service user. This indicates a failure to understand the nature and significance of partnership. The

failure to respond adequately to reasonable and appropriate requests for information and clarification was a further failure of partnership (Morris, 1997).

### *Citizenship*

What has struck me from my involvement in trying to make sense of this case is that the situation was strongly characterised by bureaucratic defensiveness, rather than a professional commitment to public service and citizenship (Brechin, 2000). Mr and Mrs West were made to feel that they were nuisances, a fly in the ointment, rather than concerned citizens who had a right to information and clarification.

### *Empowerment*

Mr and Mrs West were consistently denied a voice (in terms of both the initial lack of consultation concerning Mrs Andrews' care arrangements and the subsequent persistent failure to respond appropriately to their concerns). A professed commitment to empowerment without giving people voice is clearly quite a hollow and meaningless commitment.

What these three themes have in common is that they are identified by Thompson (2005) as emancipatory professional values. The actions (and inactions) that have caused problems in this case would therefore appear to stem from a lack of a commitment to such values.

### **The lessons to be learned**

I strongly suspect that the initial mistakes made by social work staff led to a situation where an unwillingness to acknowledge the mistakes made and apologise for the distress caused led to a vicious circle. In that vicious circle the distress was increased significantly by a reluctance on the part of the authorities to “grasp the nettle”, leading to further anger, frustration and distress, in turn leading to more persistent and insistent efforts to get the matter resolved (on the part of Mr and Mrs West) and then an even more entrenched attitude to the situation on the part of the authorities, and so on.

This situation saddens me greatly for two reasons. First, I could see from the paperwork I had sight of that a distressed, grieving couple were treated very badly by a social work agency. Second, I am aware that social workers and their employers are frequently vilified in the press, often unfairly (Franklin, 1998; Franklin and Parton, 1991). Criticising the social work profession is considered by many to be fair game. Mr and Mrs West lodged what, as far as I can see, were

entirely legitimate complaints. In so doing they appear to have been entirely reasonable (nowhere in the extensive paperwork I reviewed in detail could I see any example of an unwarranted or over-generalised attack on the social work profession in general or of any practitioners in particular – they have fairly and reasonably concentrated on the specifics of their situation). Despite this, their concerns have clearly not been satisfactorily addressed. Ethical, value-driven practice appears to have been lost in all of this, obscured by a major concentration on defensiveness and bureaucracy (Moss, 2007).

The great irony of this set of circumstances is that I regard the initial mistakes made to be the least problematic aspect. It was the way in which the aftermath of those mistakes was handled that led to far greater distress than the original source of concern. Mr and Mrs West have made it quite clear that, if the authorities had acknowledged the mistakes and apologised for them, the subsequent distress and complications could have been largely if not entirely avoided. If information requested had been supplied fully and openly, in a spirit of trying to be constructive and supportive in helping Mr and Mrs West make sense of the situation, the traumatic consequences of this litany of bad practice could have been avoided, and therefore an immense amount of distress and suffering prevented.

It is extremely disappointing that a social work agency, with its roots in dealing with human problems in a sensitive, holistic way, should have dealt with this situation in such an insensitive, non-holistic way. There is therefore clearly much to be learned from this situation. In particular, I feel it is important to concentrate on the following key areas:

### *Record keeping*

Case records are, of course, intended as a formal record of work done, plans made and so on. However, records should also show a rationale for the decisions made and actions taken. They should therefore convey a sense of what the social worker was doing and why she was doing it. In this case, such a sense was noticeably absent. After over ten years' experience of providing independent social work reports for courts, inquiries, organisations or individuals, I have come to realise that it is not at all uncommon for case records to omit potentially crucial information about the work being undertaken and, in particular, about the *purpose* of the work – that is, about what aims are being pursued.

The evidence from this particular case therefore reinforces the need for clarity about the nature and purposes of record keeping. This seems a very basic point to have to make, but my experience in this area makes it clear that it is one that does need to be made.

The poor quality of so many records could in large part be explained by the development of a culture of seeing records as a bureaucratic chore (“boring

records”, as Prince, 1996, puts it), rather than an essential part of professional communication and an important element of public accountability.

### *Assessment*

It would seem that the actions of the social work staff were based on a superficial assessment of the situation, with inadequate attention paid to the wider context. However, in the context of a very busy social services authority, with high levels of demand for scarce social care resources, it is perhaps understandable that some staff may spend relatively little time on assessment and try to focus more on actual service provision. Despite the superficial appeal of such a time-saving strategy in pressurised times, a more careful analysis will reveal that it is counterproductive. As Jackson (2000: 20) puts it: “Assessment is the process that controls the nature, direction and scope of social work interventions”.

If our actions are not guided by a clear assessment of the situation, there is a very real danger that practice will be governed less by professional knowledge, principles and values and more by bureaucratic considerations, ingrained habits and notions of “just get through the day”. As well as being ethically unsound, a strategy of skimping on assessment is also counterproductive. This is because it is likely in very many cases that inadequate assessments will lead to even greater time pressures on staff in terms of a failure to promote positive change and the consequences of this in relation to:

- the need for additional resources to be drawn upon in addressing the problems that could otherwise have been solved or the needs that could have been met; and
- of particular significance in this case, the time taken to deal with complaints and the other detrimental outcomes associated with failing to make a positive contribution to promoting social well-being.

### *Managing conflict*

A significant factor in the early stages of this case was an alleged family conflict, although any such conflict appears not to have been addressed. This may well be in part as a result of the apparent general failure to assess the situation adequately. Later developments in the case also appear to have been conceptualised in conflict terms, but again with little or no apparent attempt to engage positively and constructively with such conflict. However, this pattern of failing to engage proactively with conflict is one that I have also encountered in many of the situations I have been asked to comment upon in an independent capacity.

While conflict situations arise, it is understandable that a degree of anxiety will be experienced and perhaps therefore a reluctance to become involved. However, given the importance of partnership as a social work value, being prepared to engage constructively with conflict situations can be seen as part of the skills needed for effective partnership working. This is because it would be naïve to assume that partnership can be achieved in all cases without encountering some degree of conflict. The failure to explore the alleged conflict issues in this case is therefore not only an example of limited and limiting practice in its own right, but also a reflection of a broader “fault line” in social work practice in terms of managing conflict as part of a commitment to partnership.

#### *Personal/professional boundaries*

I would see the apparent failure to avoid the conflict of interest between personal and professional relationships to be a significant error of judgement, and one that perhaps identifies a significant training and development need. In some respects such a failure can be seen as a misuse of professional power, in so far as the needs of service users and/or carers can be relegated to the personal interests of the member(s) of staff concerned. In terms of a commitment to empowerment not only in social work, but also in social and public policy more broadly, such a misuse of power is clearly highly inappropriate. Again we have an example of a bureaucratic *modus operandi* rather than a professional one of public service (Payne, 2000).

#### *Recognising, and responding to, grief*

When Mr and Mrs West sought an explanation for events, they were dissatisfied with the response they received and, having seen the correspondence concerned, I can fully appreciate why they were not only dissatisfied, but also distressed by the response. Any qualified social worker should have a sufficient understanding of grief to know that anger and distress can be complicating factors that prevent people from dealing with their grief and from being able to “move on”. It was therefore dangerous and potentially very harmful not to respond satisfactorily to grieving relatives who understandably felt aggrieved by having been less than fully involved in a matter that was of great concern to them. Such insensitivity meant that their grief was, in effect, “disenfranchised” – that is, not recognised or validated (Doka, 2000).

### *Providing information*

Much of the distress arising in this case relates to the persistent failure of the social services authority concerned to provide the information requested of it. This had a very disempowering effect, leaving Mr and Mrs West feeling ignored, excluded and demeaned. As indicated earlier, this meant they were denied a voice and thus disempowered. Care therefore needs to be taken to ensure that reasonable and legitimate requests for information and clarification are taken seriously and not dismissed. Knowledge is indeed power, and so it follows that denying people information they are entitled to is a form of disempowerment.

### **Conclusion**

The response of a social services authority to two of its concerned citizens in the case described in this paper is one that shows that there is still much that we need to learn when it comes to making empowerment more than an empty buzzword. It raises a number of issues and, as we have seen, there are several important lessons to be learned from this worrying case.

What I have done in this paper is to link the specifics of practice to the wider values and policy issues of bureaucracy vs professionalism, being defensively organisation centred vs being positively person centred and, centrally, demeaning and disempowering actions vs empowerment and voice. My aim in doing so has been (i) to highlight how poor practice, divorced from emancipatory values, can do more harm than good and thus make a nonsense of the idea of “*primum non nocere*”; and (ii) to sketch out some of the key lessons to be learned from this unfortunate affair, to help us move in the direction of what Brechin (2000: xi) so tellingly calls: “practice which is defensible rather than defensive”.

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