RESEARCH, EDUCATION & SOCIAL CARE

Using Insights from Research To Develop Holistic Education and Ultimately Social Care Practice
Paper Outline

- Introduction
- The Social Care Profession: Ideological Contestation
- The Current Research
- Research Case Study: Fostering Learning for Educators & Practitioners
Introduction

- Introduction:
- New Social Care Profession
- Multiple Professionalisms
- Incoherent Overall Professional Identity
- Bias Towards Individual Care
- Neglect of Structure
- Porter: ‘Why Should Nurses Bother with Sociology (1997)
"The unique message of sociology, i.e. the influence of social structure on human behaviour, must be subordinated to the ideological consensus of...[new nursing], which will be concerned with individualised care of patients. Thus the unique message of sociology will be lost”

Similarly with New Social Care Profession?
Three target groups: Young Offenders; homeless; drug abusers

Partner with Fr. Peter Mc Verry Trust

Appraisal of a total care response (TCR)

Design Priorities for Care Plan:

- Holistically include Structural factors & Individual Care Needs

Build to a Care Workbook for Educators
Towards Holistic Care Practice

- Some case study work done already
- Deconstruct this to inform a TCR- 5 Steps:
  Research: Access case studies from research to inform their practice
  Appraisal: In doing so, in a multidisciplinary learning environment all educators must design inputs that they would use to solve the problem
Towards Holistic Care Practice

- Design: a care plan should be designed with reference to Sociological solutions and individualised care solutions. Learning and Research: students need to learn from this case study and research case studies from their own practice, while applying both sociological and therapeutic care appraisals in to the design of their own care plan.

- Implementation in Practice: Ultimately when students are engaged in ongoing practical care work and when they leave college, their practice should then reflect the totality of inputs as provided.
Case Study

“Jim, aged 18, has been using drugs for the past five years. He blames his father, who sexually abused him during his pre teenage years. Jim left home when he was sixteen because of the abuse and has been living in homeless hostels ever since. He accessed drug treatment services, and was put on a methadone maintenance programme with his local GP. He started attending a FAS course. Everything was going fine for him. But then Jim’s mother died, and he was heartbroken. He began using heroin again. He stopped going to his FAS course. The welfare refused to pay him, as he was deemed to have voluntarily left the FAS course ‘of his own choice’. He started robbing to get enough to eat and to pay for his heroin. He was arrested and had to attend court. After a few weeks, Jim’s GP stopped his methadone maintenance because of his continued heroin use. The hostel he was in threw him out because it did not tolerate heroin use. When his mother died, he stopped attending the counsellor for his childhood sexual abuse. Jim took an overdose and was brought unconscious to hospital where his life was saved.” (Mc Verry 2008:2).
Appraisal

How did the social care system respond to Jim’s needs?

- Jim was sent to his local GP who put him on a methadone programme.
- He was sent to a voluntary organisation for counselling for sexual abuse.
- He was sent to a drug counsellor to address his problem drug use.
- He was sent to FAS to secure a training course.
- He was sent to the Homeless Person’s Unit to access accommodation.
- He was sent to a bereavement counsellor when his mother died.
- He was sent to the social welfare when he had no income.
- He was sent to the courts when he was caught robbing.
- He was sent to a psychiatrist when he overdosed.
Appraisal

“Each individual service targeted a particular need. Each service had its own definitions and labels, which established strict boundaries for the work that they undertook. Each service focused on one of Jim’s problems separate from the rest of his life. There is no question that each did an excellent job within their remit. However, the inability of the social care system to provide Jim with an integrated or sustained pathway of care resulted in him accessing a range of uncoordinated services, at different points in time, each one operating in isolation”. (Mc Verry 2008)
Appraisal

- Totally Un-coordinated and lacking Holism
- Some elements of a ‘structural response’ in theory but not in practice: Organisational, Professionally + Resource Constrained
- However Jim like ‘John’ (Case Study) finds:
  - Waiting list for detox + treatment centre
  - Not a housing priority
  - He is a ‘low priority’ & ‘hard to place’ (Fás)
  - Waiting list for Counselling
  - No overall care plan: Nobody responsible
Appraisal

Structurally:

- the economy + the state have not responded to providing adequate services.
- The embedded professionalisms just do ‘the best they can’ on a singular intervention basis
- The Social Care Profession has not advocated or campaigned for John or Jim
- Most of their problems result from Societal Failure.
These case studies to be used in social care practice manual

Shows what factors are necessary for a Total Care Response

It attempts to redress the Separate way Sociology is taught from Therapeutic Care

Manual provides exercises which can be used in a team educator learning environment
Elements for Care Plan: Educators & Students

- Designated Key worker- Co-ordinate with senior manager and other agencies
- Key worker involve Jim as a user engaging in empowerment + anti-oppressive practice
- Key worker adovates for Jim: tries to prevent Jim’s needs being de-prioritised due to resource and organisational priorities
- Will liaise with other agencies in areas of: housing; training and other structural issues
Elements of Care Plan: Educators & Students

- Will liaise with other agencies in obtaining individual care: counselling; treatment centre
- Will advocate in partnership with Jim and communities of interest representing him with a focus on social change. May take lead from disability movement.
- Key worker utilises her advocacy training from college, gleaned from holistic case study manual
Conclusion

- This response rebalances social care away from individual care bias
- It injects social responsibility and accountability into the system
- It results in a more effective and efficient use of state resources
- It links social care to social change
- It promotes anti-oppressive practice and increases life chances for societal reintegration