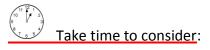
Help or Harm. Consider the actual or potential benefit to, or abuse of, the

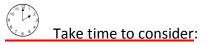
person in the here and now



- 1.05 How will the intervention help the person right here and now? Is there any way in which this intervention may harm the person right now? Can help in the present cause the person harm in the future? Can denial of help to this person in the present be helpful to them now or in the future?
- 1.10 What extra safeguards do you build in for the most vulnerable people?
- 1.15 How does your approach change as people get more involved in the community?

Person-centred. Adapt your conduct to the people involved and their

context



- 2.05 Particular services or disciplines are allowed to do things that others are not. Physiotherapists touch their patients, family placement workers invite people into their own home, peer support workers disclose their own personal story of distress and care staff help people use the toilet. Does your job title or role make the action you propose acceptable?
- 2.10 How will your response change if you are off duty or at work in the evening or weekend rather than office hours? Should arrangements be different for volunteers or students who are involved in the service? What if you worked in the administration department? How should things change if the person is in crisis, discharged, living in a residential or secure setting, or potentially violent?
- 2.15 How would your idea of acceptable conduct change if you were working with young children, very elderly people or those from different ethnic or cultural groups?

Community. Make the most of the person's informal community

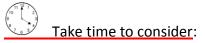
relationships

Take time to consider:

- 3.05 People in communities who are lonely and isolated are more vulnerable and at high risk of abuse, while large, diverse and interlinked networks improve quality of life and protect people through information exchange, mutual support and advocacy. How does your plan help the person to build informal connections and friendships in their community?
- 3.10 Apart from your role as a worker, you have many connections with community groups and friendships with individuals that you have built up in your leisure life. If you choose to do so, is it OK to harness these connections to assist the person develop their life in the community? In other words, can your friends become their friends? It would be wrong to use your power as a worker to further your own business, political, religious or social interests.
- 3.15 When you are off duty, you occupy the same community as the person. How do you manage the accidental community contacts that take place whilst off duty? What about intentional community contacts that will occur if you deliberately choose to attend a social setting that is also used by someone supported by your service?

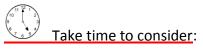
Person. Focus on the person and their unique resources, relationships and

needs



- 4.05 Paid relationships should be principally for the person's benefit not to meet the worker's needs so how much do your appointment times and so on have to fit around your organisational needs?
- 4.10 Some workers have a role that is all about helping the person gain specific skills and solve named problems, while others spend time helping the person have a good time by focusing on pleasure, interest, social interaction and shared interests. Which aspects of the person's life should you be involved in and which are none of your business?
- 4.15 Review a typical care record. Make a list of all the person's gifts, strengths and talents you find there compared with all the difficulties, needs and problems that are written about. How could you work even more positively with people's strengths?

Privacy. Support the person's right to run their own life, participate in the community and build a home free from surveillance or interference



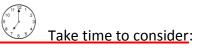
- 5.05 Do you have a clear idea of the kind of life that the person wants to live that is separate from and free of services? How do you support the person to identify what kind of life they want to live and what risks they want to take in order to get it? What are you doing to support the person to get that life?
- 5.10 Would a less intrusive approach achieve the same result?
- 5.15 If you find out things about the person through your informal, personal community participation, do you have a duty to pass it on, record it or to keep it private from your employer?

Artificial and Single. Keep the relationship between the worker and the person distinctive by following special rules and inhibiting all other kinds of contact.

Take time to consider:

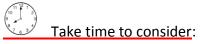
- 6.05 Has anyone been referred to your service that you already know from another part of your life? Perhaps you are neighbours, work colleagues or went to the same school and are still friends. Should these other kinds of contact be suspended while the person is using your service?
- 6.10 Does your proposed action help to create the right kind of professional distance and detachment so that your intervention has the best prospect of success?
- 6.15 Does this aloofness and professional distance help you to be more objective, understand the person better and keep things fair between people who use the service? Does detachment reduce conflicts of interest or do the rules just make the conflict that staff experience feel more extreme?

Role. Watch out for setting a precedent and keep a consistent sense of what counts as an appropriate working relationship



- 7.05 How would you respond to the idea that your work with the person could be transferred to a colleague? Why?
- 7.10 What does your manager, your employer and your professional body say is an appropriate role for you to occupy?
- 7.15 Off-duty doctor James Beecham saved a stranger's life by administering cardio pulmonary resuscitation and was praised for his prompt action, while off-duty care worker Linda Coote acceded to a request from a terminally ill client (she swabbed his mouth two days before he died) and was sacked. Can your employer or professional body direct your off-duty time and are they legally responsible if things go wrong?

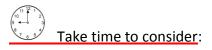
Rules. Apply law and regulation to all people and all relationships at all times to keep things fair



- 8.05 How are rules changing as more people take direct payments and arrange their own support?
- 8.10 What does guidance from your employer and relevant professional bodies actually say about your situation? Does it use vague terms like 'friendship' or 'inappropriate personal relationships'? Are the rules known, understood, practical and supported? Are the values behind them explained, and is it acceptable to discuss and explore them?
- 8.15 Does your agency have rules that guide practice in relation to non-sexual relationships such as friendship or co-participation in leisure activities when off duty? For example, are there particular rules such as a ban on drinking alcohol with the person at any time? How do these rules actually work?

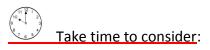
Intervention. Make the most of the relationship between the worker and

the person



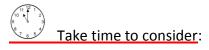
- 9.05 You are paid to provide a structured relationship in which you are accountable to others or you are contracted by the person to deliver a planned, negotiated and recorded service. Set out clearly the goal of your intervention and how you will know it is finished. How will you promote independence, wellbeing and inclusion?
- 9.10 What kind of relationship with this person will create the best prospect for a successful intervention? Do you need to remain distant, somewhat anonymous and neutral?
- 9.15 What distinct skills do you bring to the intervention, such as person-centred approaches and inclusion support?

Worker. Value the worker and their unique resources, relationships and needs



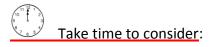
- 10.05 How will you model community participation in a way that is helpful to the person?
- 10.10 Do team, organisational and professional policies and codes of conduct acknowledge your right to be off duty and keep your personal life private from the people you support?
- 10.15 Under what circumstances would staff be criticised or disciplined in connection with activities in their private life?

Duty of Care. Take action, and sometimes even over-ride the person's preferences in order to keep everyone safe



- 11.05 Who is obliged to undergo a CRB check? As you move into informal community relationships, when is it right to stop asking for a CRB check?
- 11.10 Will you ask informal community members to share surveillance and alert responsibilities so that you are notified if things go wrong or anyone is at risk?
- 11.15 Workers often take on full responsibility to be the boundary maker and boundary keeper. What does the person identify as an appropriate boundary between your roles and how can they be engaged in setting, keeping and repairing the boundary?

Natural and Multiple. Use the worker's ordinary humanity, citizenship and experience of life to engage with the person.



- 12.05 If you have multiple roles and connections with the person, decide which comes first and what action to take if they conflict.
- 12.10 What systems do you have in place for eliminating jargon in your discussions with the people you support? Do clothes, furniture, equipment or meeting places reinforce the differences or common ground between the worker and the person?
- 12.15 Are there any banned venues or times? Can staff visit or meet with people in each other's homes and in any kind of leisure venue?