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The Challenges of Promoting Self Advocacy for an Individual with a Learning Disability in a Residential Setting

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an individual with a learning disability in a residential setting

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<u>Abstract</u>

This dissertation will address the research question of "what are the challenges of promoting self advocacy for an individual with a learning disability in a residential setting". This area is important as individuals in a residential setting should be empowered to speak up and make their own decisions. Key themes identified in the literature review as challenges for social care workers to encourage this process can be role uncertainty, professional conflicts, the person centred plan and the skills and components needed to facilitate this process.

Through qualitative research, a sample group of six participants from two different residential settings where chosen for semi structure interviews. It was found this self advocacy process was hindered through factors such as institutionalisation, funding, lack of staff and time constraints to name a few. Staff cannot fully implement the self advocacy process to empower individuals due to these factors and would welcome the concept of an outside advocate to assist with the self advocacy process.

It was identified these outside advocates can bring other challenges to the self advocacy process. Even though social care workers wish to have an outside advocate to lesson their workload, it can create dilemmas of role uncertainty with a smaller role or create continuation of the challenges experienced if staff are constantly involved.

Overall, it was identified that self advocacy will benefit the service user's quality of life with correct implementation of the person centred plan. It is a process that should be offered to all with a learning disability with the correct support.

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List of Abbreviations

The following table describes abbreviations used throughout the thesis. The page number given shows where the abbreviation is defined.

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1.0 Chapter 1: Introduction

The over arching aim of this dissertation is to address the challenges of promoting self advocacy for an individual with a learning disability in a residential setting. This will focus on a social care workers perspective on different challenges which may arise when promoting self advocacy for an individual with a learning disability in a residential setting. The following objectives will be addressed to identify these challenges:

- To identify the role of care management and the person centred planning approach and how useful this is in the promotion of self advocacy.
- To identify the skills/competencies required by a social care worker to promote and facilitate self advocacy.
- To ascertain the types of challenges that face social care workers in promoting self advocacy.
- To establish if social care workers feel that advocacy is the role of the social care worker or an external person/agency

This research was prompted as a response to personal experiences of the care setting for a college work placement. The researcher noted many conflicting challenges for the social care worker when trying to facilitate self advocacy. It was noted that reports such as the Guidelines of National Standards for adults with disabilities in Residential homes needs to be strictly implemented and is monitored regularly by the Health and Information Quality Authority however this is not the case for many organisations. This was recently seen in various reports such as Stewarts Care LTD (10-12-13), St Hilda's Services (3-12-13) and Sunbeam House Services LTD (13-02-14) (HIQA 2013).

It was identified under article 3 of the United Nations conventions of people with disabilities individuals with disabilities are entitled to the right to be supported and informed throughout the self advocacy process (United Nations 2006, para 4). However the findings in the dissertation would support that the person centred plan is the main component of the self advocacy process however its implementation is hindered by time constraints and lack of staff.

Chapter 2 is an extensive literature review which helped establish themes to identify the main challenges for social care workers to facilitate self advocacy. These themes link with the

main objectives to answer the research question. Chapter 3 is methodology which will discuss the qualitative method used to inform how the information was gathered and processed. This method was chosen as its good for answering the research question on what is happening in a particular setting or how the realities of everyday life are accomplished. The sample group chosen for this dissertation where six individuals who met the criteria needed to answer the research question through semi structured interviews. Chapter 4 will discuss the findings of these semi structured interviews under the main objectives. Chapter 5 is the discussion chapter which will compare and contrast these findings and establish what are the challenges identified and if they match what the literature states or whether there is new data emerging. Finally chapter 6 is an overall conclusion of what the researcher has found and a set of recommendations.

2.0 Chapter 2: Literature Review

2.1 Introduction

The literature review will present an overview of the various themes that are involved in promoting self advocacy for individuals with a learning disability. These themes will address the research question as they are the core elements identified that creates challenges in the self advocacy process. The theme on the role of the social care worker in self advocacy along with a discussion on role uncertainty will help address the research question to discover if challenges for self advocacy are a result of staff uncertainty in their role. The theme of conflict for professions will be addressed as the literature identifies five key conflicts that a worker may encounter and the best principle guidelines they should follow to help avoid these challenges. This will address the research question as these five conflicts may result in challenges for the self advocacy process. The theme of the person centre plan (PCP) and how useful it is to promote self advocacy will be discussed to answer the research question. This will address whether the PCP hinder the self advocacy process and identify various barriers which can result in challenges. A theme addressing the skills and competencies needed by a social care worker to facilitate the self advocacy process will be addressed to identify whether lack of these skills can create challenges and hinder the self advocacy process. These skills will be presented along with the six stages of the advocacy process to identify challenges which may occur for the social care worker if they are not developed. Each theme identified will be analysed in detail and relayed back to the over arching aim of the research.

2.2 Social context for Advocacy for people with an intellectual disability

Advocacy is defined as "speaking or acting on behalf of an individual or group of services in order to ensure their needs are met" (Byrne 2009, p. 232). Advocacy is about power and is required when individuals feel powerless or vulnerable so this shows the importance for social care workers to become more effective in representing the views of service users which reduce the risks and challenges involved with advocacy (Teasdale 1998, p. 27) There are three main forms of advocacy which are: self advocacy, citizen advocacy and legal advocacy, however this research will focus solely on self advocacy.

Self advocacy requires the advocate to give empowerment to individual such as providing information or support to help them speak up for themselves so they develop the skill of self

empowerment rather than rely on an advocate to speak up for them (Gates 1994, p.4). It enables disempowered people to regain control over their own lives, express their own needs and represent their own interests (Dunning, 1995: 20). This type of advocacy encourages individuals to speak up, speak out and take responsibility for themselves to know what choices they have by being involved in the decision making process by agreeing and disagreeing with people without fear of been misheard or seen as a trouble maker by being confident and assertive (Dawson & Palmer 1991 cited in Teasdale 1998, p.27

Advocacy has an important role in the development of anti discrimination legislation, policies and procedures for people with disabilities to have greater involvement in the planning and running of services to ensure they are seen as an equal citizen (Brandon et al 1995, p.5). The rights of people with disabilities are now protected under United Nations and Irish Law as each person is entitled to be, under Article 3, facilitated in accessing advocacy services, receive information about their rights and are supported (United Nations 2006).

However, there is greater vulnerability and isolation for those living in residential services than those living in the community so the individual may have become institutionalised and afraid to question any aspect of their lives (Citizens Information Board 2010, p. 81).The National Standards for residential services for adults and children with learning disabilities will help implement an individuals right and provide them with support and information to help prevent isolation for them and encourage them to be involved in the decision making process. These standards, under the Health Act 2007, regulate the quality of services provided in residential homes for people with learning disabilities. It is outlined under these standards that an individual in a residential service is entitled to access to the citizens information and advocacy services when making decisions about their life as each person should be listened to by staff when making decisions that affect them (HIQA, 2013, p. 70). This highlights the importance for professionals in residential services to be aware of the creation of the national advocacy service for people with disabilities who help provide support independent information, advice and advocacy on public and social services through the citizen's information board. The national advocacy services main aim is to ensure that people with learning disabilities are heard and their rights protected, however they found the most vulnerable people do not have the ability to self refer and heavily rely on service providers (Citizen's Information Board 2012, p.5). It is noted however that there is still a lack of understanding of advocacy from services and is often met with a level of resistance as staff

questioned their role in a residential institution for supporting a particular individual but yet notice other service users not availing of same services (Citizen Information Board 2012, p. 5).

This lack of understanding can create challenges for professionals on their role as advocates. This complication can occur for the professional when the central aim of advocacy is independence and if this is missing from the advocacy relationship, it leads to question where this leaves professionals who act as advocates (Forbat & Atkinson 2005, p. 331). Advocacy can cause conflicts between various professionals on a managerial, professional, competition, personal and organisational level which can create ethical dilemma for professions (Brandon et al 1995, p.31: Gobal 2001, p.73-74). Research shows staff has spoken with other agencies about their abilities to provide advocacy support and their responsibility developing this service, which has lead to them questioning other professionals responsibilities to support people when it is not an essential aspect of the case (Citizens Information Board 2012, p. 13).

The guidelines for advocates are highly important as the practice of advocacy depends on the competence and integrity of the people it employs (Citizens Information Board 2010, p. 84). Dedication, skills, knowledge and competence are skills needed by professionals in the advocacy process (Bateman 2000, p. 170). These skills can help professionals develop opportunities to learn new skills but also help service users learn and develop new skills to help obtain the needed services and support development of the person centred plan for the individual (Sang & O'Brien 1984, p.9). .

The person centred plan (PCP) from a service provider is the commitment they have to facilitating the what the person and their family wants and believes to be of importance to their life (Health Service Executive 2012 ,p. 71). All residential services under the National Standards, must develop a comprehensive plan with the service user and their family which outlines the services and supports they can use to achieve a good quality of life and achieve their goals (HIQA 2013, p.73). The challenges for staff of the PCP can be ensuring that each individual is given the opportunity to participate in the development of their own plan and ensure this is properly implemented (Health Service Executive 2012, p.64). There are barriers which can occur during the planning process, but this will be discussed in the dissertation in further depth under the PCP theme.

2.3 Self advocacy and role uncertainty

This section will define self advocacy and present the challenges which occur with this process. The topic of role uncertainty for social care worker when engaging in the role of an advocate will also be presented.

It is important to consider the implications of uncertainty over one's role as an advocator. It is outlined in that the role of the advocator is to inform the client and support them in whatever decision they make, whether they agree with it or not and to reassure service users that they do not have to change their decisions if others do not agree (Kohnke 1982, p. 2). Advocacy has roots in power imbalance, so there can be a pressure on service users to withhold their wants needs, doubts, fears and place unquestioning trust in service professionals which could result in the professionals who hold the power making decisions on their behalf having no regard to empower them to self advocate which could infringe the rights outlined above (Teasdale 1998, p.10). Previous literature has identified controversies associated with the status of advisors as staff members use their descriptions, assessments, evaluations and knowledge of previous opportunities to determine a disabled person's life (Goodley 2000, p.20; Clare 1990, p. 24.). This recognised that staff members are put in a seemingly impossible role however clarification over an advocators role can help with this (Hanna 1978, p. 31).This is summarised as "approving of patients decisions is not required by the advocators role; you are only required to accept their right to make them" (Kohnke 1982, p.28). It is important that social care workers are aware that information is the basis for empowering interventions in self advocacy, however this information has to allow an individual to exercise meaningful control over their situation and not just information given to reassure individuals into accepting the norm (Teasdale 1998, p.60). Professionals need to be aware of strengths and weaknesses of the challenges of self advocacy so they are aware of the limits to their advocacy role and find an appropriate means to handle the situation.

Self advocacy strengths can challenge professional expertise to promote positive self identity and abilities for advocating for oneself which shows professionals should focus on their availability, relationship with service users and knowledge of the health care system (Goodley& Ramcharan 2010, p. 89; Teasdale 1988, p. 23). An argument against self advocacy outlines professionals lack the time and objectivity for long term relationships with vulnerable people and are more concerned with been paid by the employing organisation to

meet the status quo (Goodley& Ramcharan 2010, p. 89; Teasdale 1988, p. 25). Despite these two arguments, it is important to consider that as professionals care for a large amount of service users, especially in a residential setting in social care, service users may be reluctant to allow a close relationship as the staff attention is already been shared by so many other service users (Teasdale 1988, p. 25).

A criticism that self advocacy is not part of a social care workers role is argued as it is not seen as specific enough as it does not distinguish between bounded problems and unbounded problems, stating that only been assertive and having good negotiation skills is the only way of resolving any issues that may arise when self advocating (Bateman 2000, p. 35).Social care workers need to be aware of the difference between a bounded and unbounded problems to handle their role more effectively and deliver best practice. A bounded problem is a problem with structure compared to an unbounded problem which has no clear structure. Unbounded problems can be hard recognise and requires different skills to involve whereas bounded problems will be easy to recognise due to characterised by rules and procedures and will have clear outlines for resolving any disputes (Bateman 2000, p. 36). This shows with an understanding of these problems any procedures necessary for the advocate will form the basis for any action. A lack of understanding could result in challenges for the professional to give best duty and care and best practice for the individual.

2.4 Professional conflicts in self advocacy

This section will provide an overview of the various professional conflicts which occur during the advocacy process. It will explore the various challenges a residential social care worker encounters in the advocacy process.

The self advocacy process can create challenges for professionals if they have a clash of interests due to their core professional obligations and also the conflicts of responsibilities which emerge from their roles as advocators from their employers (Brandon 1995, p. 31). There is an acknowledgement that there is conflict between the service user and the professional in terms of the meaning, purpose and practice of self advocacy which can challenge services and professionals in their role and place in peoples lives and have a consequence that they are embedded in the systems and agencies (Goble, 2001, p.72-73). When discussing professional conflicts it is important to include the principles of advocacy as these help create a structure for advocates to follow and help clarify their ethical obligations

when faced with conflicting situations this approach in a social care setting (Bateman 2000, p. 46). There are five different conflicts a professional may encounter: organisational, professional, managerial, personal and competition (Brandon 1995, p. 31).

Organisational conflict is when advocacy is compromised by the survival interests of the service which may be strong enough to indicate that exploitation abuse or neglect has possibility of occurring (Brandon 1995, p. 31; Gobal 2001, p. 73). The first principle of advocacy outlines to act in the client's best interest however, it is argued that this principle can be over looked by the advocate due to pressures of organisational conflict (Bateman 2000, p.48). Professionals in health care regularly advocate on behalf of individuals however this is often destroyed by the bias arising from conflict from employers which highlights that there is little point to having a right to advocacy if the services are deemed inadequate (National Disability Authority 2003; Comhairle 2003,p. 62. If individuals are to have a independent voice it is argued that been advised by professionals whose loyalties are split may undermine the development of self advocacy and result in the service user feeling intimidated by the advisors which hinders the service user complaining about the service they are receiving (Goodley 2000, p. 20). This can create ethical dilemmas where a professional can question if the clients best interests are not best interests of society or service, however this solution will depend on advocates own judgements and values but can be minimised by application of the second principle of advocacy (Bateman 2000, p. 49-50).

Professional conflict occurs when staff may discourage promotion of service users interests and not adhere to the principle of acting in accordance with the client's wishes and instructions (Brandon 1995, p. 31: Gobal 2001, p. 73-74). An example would be when a professional hinders an individual by applying the "we know best" logic by speaking for the other person (Gobal 2001, p.74: Oliver 1996,p. 34). These actions of a professional can deter motivation for the individual to speak up for themselves, which is one of the main goals of self advocacy, which creates a situation where those with power override the voices of the powerless (Barnes 2000 cited in Goodley 2000, p. 184). This power may be used to discourage service users to confine decision making to relatively safe issues and a response to the service user requests can be met with 'don't worry I will sort your problem' (Bachrach& Baratz 1970, p.6: Goodley 2000,p.178). It is important that advocates address their own ethics with their duty to act in the clients best interest, however as previously outlined the

conflict between the professionals own values and the instructions from the service user will be undermined by the pressure of the expectation from the employer (Bateman 2000,p.51).

Managerial conflict occurs when the interests of managers differ from what staff interests usually are which relate to human services such as issues of financial constraint and control (Brandon 1995, p.31: Gobal 2001, p. 74). A recommendation to avoid such conflict is to ensure there is ongoing supervision between managers and staff helping prevent any miscommunications for staff and service users, have ongoing best practice and duty of care implemented towards service user (Comhairle 2003, p. 64). The principal of keeping the client properly informed outlines the advocate needs to inform the service user of everything that is occurring to provide accountability for professionals and managers to avoid a conflicting and challenging situation where the service user will not be discriminated against (Bateman 2000, p. 53-54).

Personal conflicts occurs when professionals are advocating for their own personal needs and create conflict when professional's values and interests compete with the service user's values and needs (Brandon 1995, p.31: Gobal 2001, p. 74). Social care practice can be about making decisions for or on behalf of others based on personal attributes about values, views and beliefs and professionals may have selfish reasons for implementing their beliefs such as fulfilling their own needs by focusing on the service user's problem (Lyons 2009, p, 124: Thompson 2002, p. 4). It is necessary for the professional to be self aware of their own behaviour as this conflict can be of harm to the service user. It is important to recognise these boundaries of imposing the professionals values, beliefs and views on a service user as a social care worker needs to act in a non discriminatory way to treat everyone fairly, not make assumptions and meet the clients needs while making the client feel safe and trusting to avoid any conflict (Cooper 2012, p. 103). A positive statement about this conflict are not all needs are negative as they are necessary for social care workers to remain motivated and committed to the helping profession (Hawkins & Shohet 2000 cited in Lyons 2009, p. 125).

Competition can cause conflict as one single professional can have competing demands from various service users for time and attention which can make the self advocacy process, which should be constructive, enjoyable and individualised, virtually impossible (Brandon 1995, p.31: Gobal 2001, p. 74). The principle of carry out instructions with diligence and competence is acknowledged with this conflict as advocates need to know their limits and

recognise when outside help is required to manage case load, but also to act diligently and have effective self management. This is a weakness displayed by advocates where the advocate does not act at all or empower the individual and in turn creates conflict (Bateman 2000, p. 56-57). Lack of financial support can cause services to create plans based on assumptions about needs of groups instead of needs and wants of individuals which can place emotional and psychological strain on service users and staff as service is thinking at an organisational level to reduce cost (Teasdale 1998, p. 86).

2.5 Person centred plan

This section will help identify the role of the person centred plan (PCP) in the self advocacy process and how useful this is to implementing the service user in decision making process.

The PCP is an approach to planning services that recognises that each individual is unique and requires all planning to be based on supporting the individual to live their own life as and how they wish (National Disability Authority 2004, p. 11). When the PCP approach is used consistently with self- determination, this can emphasise empowerment, personal preferences, choice, learning and growth (Nolan 2005, p.242). Research has shown the PCP can have a positive influence on the lives of people with learning difficulties as it implements benefits in the areas of community inclusion, contact with friends and family and involvement in the decision making process in life choices (Institute Health Research 2005, cited in Finnerty 2009, p. 345). This concept of self advocacy and the PCP is important for professionals in the disability services to recognise and accept that people with a learning disability are to be treated the same as everyone else and are entitled to self determination, participation and empowerment (Finnerty 2009, p. 346). However the PCP has a certain power over how a social care worker advocates on behalf of a service user as an argument discusses how services have become more focused on providing services rather than services for the individual (Osgood 2005, p. 51-66).

Barriers can occur for professionals which can hinder the effective implementation of the PCP. These barriers are identified as limited time for planning, limited communication on the part of the advocate, opposing views and opinions of supporters and others, failure of advocate to address ambitious goal which then remain largely unmet and choices limited to options already available to service users (Health Service Executive 2012, p. 65).This shows

the importance of linking the PCP with the challenges of professional conflict to assess what the individuals want as opposed to the thought of what they need. This could form a judgement based on the professional own experiences to decide what the service user needs or wants without empowering the individual to undertake self advocacy (Teasdale 1998, p. 39-51).

2.6 Competencies and skills required by advocates

This section will identify what skills professional needs to implement the advocacy process and how these skills link with the person centred plan (PCP). It will discuss the importance of these skills as without these it can create challenges for both the process and all involved.

It is important for a social care worker to have developed a range of skills to complement this planning process to help avoid any challenges which may occur and hinder the advocacy process. It is noted effective advocacy must have an efficient structure and failure to implement this and the type of skills needed could result in challenges or failure (Bateman 2000, p. 170).

The first stage to this process is presentation of the problem when the advocate either discovers or is presented with a problem. Professionals should have good interviewing and listening skills to ensure they uncover if a problem needs advocacy which can be hidden under other issues (Bateman 2000, p. 172). As a service user may not always be forthcoming about their problem it is vital listening and communication skills are developed to be capable of holding a conversation and interpreting the person's body language to help both parties understand each other and develop a professional working relationship (Moonie & Windsor 2000, p.34). Without these skills staff can create challenges to occur between themselves and the service user. This can result in the service user feeling intimidated as what they are expressing is not been understood, use of idiomatic phrases by staff where service user doesn't not comprehend or has lack of tools to communicate such as pictures or photos can seriously hinder the communication process and create a breakdown in the relationship (Collins 2009, p.34-38). It is important at this stage to have a skill of technical knowledge to determine if this needs advocacy or is it another issue which can be best solved in other ways (Bateman 2000, p. 172).

Assertive behaviour is an important skill to help the information gathering stage. This skill obtains the information needed but not in an aggressive or forceful manner which helps

communicate what is wanted and needed by expressing views and listening to other person without disregarding the rights and needs of the service user (Sussex & Scourfield 2004, p.276-277). This shows the importance of effective time and self management to ensure the service user gets a fast and effective response to any problems that they may approach.

To avoid time wasting when advocating, a person should have technical skills at the legal research stage by having good knowledge to gather facts and compile information of all policies, procedure and legislation (Bateman 2000, p.174: O'Connor et al, 2003, p.173).

 In any PCP, it is vital to provide the next stage of feedback and interpretation to the service user when judgement has been reached and their views need to be obtained on how to proceed (Bateman 2000, p. 174). The importance of interpersonal skills such as empathy are needed to understand how outcomes can make a person feel disempowered so clear communication helps achieve an understanding so everyone is clear what the next step in the process should be (Clarke et al 2000, p.77). Without acknowledging these skills it can result in conflict when the worker understands what the client wants but do not agree with it so they do not communicate it effectively just to meet their own personal needs (Teasdale 1998, p. 11: Gobal 2001, p. 74).

In any planning process negotiation will need to be addressed as it is an important stage and skill for the worker. Negotiation is not trying to meet a compromise or find middle ground between the other sides, but focused on obtaining the best possible result for the service user (Bateman 2000, p. 114). Negotiation skills should have an agreement if possible, be efficient and not damage any relationships however challenges can occur through negotiation which a professional should be aware of (Fisher & Ury 2012, p. 4). These challenges are the other side been too powerful, refusing to negotiate meaningfully or acting unreasonably (Fisher & Ury 1981, cited in Bateman 2000, p. 119). Professionals should have skills to be flexible and compromise to ensure best practice is met to help discuss these challenges and to avoid any unnecessary stress so the clients see they are been confident and assertive and not troublemaking (Trevithick 2012, p.257: Teasdale 1998, p. 22).

The final process to any plan involves litigation which is a key skill to be able to identify people who can undertake this role (Bateman 2000, p.177). Research shows a trend of the fear of litigation which has been occurring over the past decade which show staff have a lack of confidence to do this and have fear of been judged by their colleagues (Zugar 2004, para

17: Lyons 2009, p. 124).This situation highlights the importance of self management and the ability of an advocate to recognise their weaknesses and refer to outside help as self advocacy is concerned with empowering the individual and without these necessary skills the self advocacy process is impossible (Bateman 2000, 56-57: Gobal 2001, p.74).

3.0 Chapter 3: Methodology

3.1 Introduction

The purpose of a methodology chapter is to help address the research question by explaining to the reader how the information was gathered and processed. This chapter will explain how the research was designed, planned and processed. It will include an explanation of the methods used before data collection, the sample group, limitations, ethical considerations and difficulties experienced.

This approach addressed the overarching aim which is to identify the challenges which arise for a social care worker when promoting self-advocacy for individuals with a learning disability in a residential setting.

The method of this research assisted in generating data under the research objectives:

- To identify the role of care management and the person centred planning approach and how useful this is in the promotion of self advocacy.
- To identify the skills/competencies required by a social care worker to promote and facilitate self advocacy.
- To ascertain the types of challenges that face social care workers in promoting self advocacy.
- To establish if social care workers feel that advocacy is the role of the social care worker or an external person/agency

3.2 Justification of Method

The researcher analysed both quantitative and qualitative methods relevant to the proposed question. Quantitative research is comprised of collection of data from representative samples from a large population to give a various variables (Glesne & Peshkin 1992, p. 6).

In comparison, qualitative research focuses on behaviour, beliefs, values or views which are meaningful to the participant who helps the researcher understand individuals, cultures or phenomena (Baden & Major 2013, p. 12-13). It is less intrusive than quantitative research as it aims to study people in their natural setting to collect naturally occurring data (Bowling 2002, p. 352.). This method is most appropriate when the main purpose is of this research is to understand how people make sense of their lives(Merriam 2009, p.23: King & Horrocks 2010, p. 6)

The chosen method is qualitative research as its good for answering the research question on what is happening in a particular setting or how the realities of everyday life are accomplished (Seale 1999, p. 3). This helps identify the overall aim of discovering challenges which arise for a social care worker when promoting self advocacy for individuals with a learning disability in a residential setting. An advantage to using this method is the researcher can get close to the research material and can obtain in depth information which can be placed into meaningful social contexts (Bowling 2002, p. 352).A disadvantage would be this method is over simplistic as once data is gathered it is seen to answer the research question however this can be seen as an advantage as it can minimise issues such as the questions posed or researcher bias (Grbich 1999, p.7).

The chosen method of obtaining data is through an interview. There are three different types of interviews: structured, semi structured and unstructured. The chosen process are semi structured interviews which require a face to face interviews with specific open ended questions carried out in depth (Bowling 2002, p. 378). These interviews are a good method of gathering information as 'if you want to know how people understand their world and their life, why not talk to them?' (Kvale 1996, cited in King& Horrocks 2010, p.6). Semi structured interview aims to see the research topic from the interviewee's perspective and to understand why they have come to this opinion (King 2004, p.11). This will allow the researcher to meet the objectives of the study by discovering a social care workers experience

and perspectives of the challenges of self advocacy, the role of the person centred plan, if there is role uncertainty for a social care worker and discuss the skills needed to promote self advocacy. This will encourage participants to speak in their own words to give a first hand account and allows them to describe their experiences in detail to give their interpretations and perceptions of these experiences (Packer 2011, p. 43: Taylor 2005, p.40).

There are the strengths and weakness of interviewing participants. Advantages of this approach allows the researcher to decide to use the limited time available for the interview by keeping the interaction focused allowing interviewees to discuss their work and reflect on their experiences which helps clarify their thoughts on certain topics (King 2004, p. 21: Bowling 2002, p. 359). This method allows studying group identities in large organisations where there can be a complex pattern of organisational, work-group, professional and interpersonal loyalties exist (King 2004, p.21). Weaknesses can be the interview relies on the honesty of participant and quality of the questions, so the participant may provide information the researcher wants to hear or to show themselves in a good regard instead of providing accurate information (Yin 2009 cited in Baden & Major 2013, p. 371). The sample size of the interview group is small due to the complexity of the data so this would only provide insights to understand social phenomena instead of statistical information (Bowling 2002, p. 380).

3.3 Sample group

This sample group, which consisted of six people, was chosen as they represent the criteria needed to answer the research question:

- Qualified social care workers.

- Various ages between 25-55 years of age.

- Work in a residential setting for individuals with a learning disability.

3.4 Identifying the sample

The researcher used the 'snowballing' technique for the sample group. This technique uses word of mouth and networks to help locate people who fit the research criteria and can be seen as a good way to help find an invisible group (Grbich 1999, p.70). This provided the researcher with a purposive sample who can find people to interview who will provide important insights to the research (Maykut & Morehouse 2002, p.52). This technique has been outlined to economical, effective and efficient and has been recognised to give in depth results which can be produced quickly (Miller & Brewer 2003, p.276).

Contact was made with a residential organisation for individuals with a learning disability were a gate keeper was appointed to help gain access to participants. Initially six interviewees from the same organisation where to be interviewed who were sourced by the gate keeper. It is important to consider as this research is voluntary participants do not have to take part despite authority of the gatekeeper (Costley et al 2010, p. 54). One of the original participants decided not to take part so the researcher used the 'snowballing' technique by using networks and word of mouth to source another organisation for individuals with a learning disability in a residential setting to source the final sample member.

3.5 Data Analysis

The data collected from the interviews has been recorded on an audio recording device called a Dictaphone. Interviewees often see the value of a recoding device as it shows the researchers concerns to take their perspectives seriously and record them accurately (Rubin & Rubin 1994 cited in Sim & Wright 2000, p.144). This method allowed the researcher to give full attention and listening to interviewee while capturing an accurate account of the interview in a less intrusive and neutral manner (Ward et al 2003, p. 166). Once all interviews where collected the researcher began transcribing the data. This involved listening to the interviews played back and writing word for word what the interviewee was discussing to help make links to the research study themes and create findings. Transcription is seen as necessary in qualitative research even though it can be time consuming as it reflects on whether the interview worked as expected and help measure how appropriate the material collected relates to the identified themes (Flick 2014,p.389: Bryman 2012,p.482).

After transcription, the coding process was undertaken to help analysis data into themes manually. Coding is a necessary skill for qualitative research and aims to manage, locate, sort and query collected data and place these codes into themes, topics, phrases, ideas and keywords which may be based on theoretical framework which are called inductive codes (Bazeley 2013, p.125). The researcher used axial coding to help analysis the data from the transcripts. Axial coding follows the method of open coding to filter and differentiate categories (Klenke 2008, p. 94). These categories are the objectives of the research which are the core concepts of the study (Babbie 2013, p. 398: Baden & Major 2013,p. 424).

Axial coding was used in conjunction with the process of data analysis as this helps breaking down the data into important sections to help examine them to make sense out of the data to answer the research question (Baden & Major 2013, p. 434: Merriam 2009, p. 203). The method of analytic induction was used in conjunction as this helps shows familiarities between events to develop a basic concept of understanding to sort them into sub categories (Baden & Major 2013, p. 441). This method was of benefit as it is outlined that this can identify the multiple realities found in the data which shows the researcher and interviewee interaction more clearly which gives a better description of the context to give better transferability to other settings (Potter 1996, p.156).

3.6 Ethical Considerations:

Ethics are defined as obligations that show themselves as necessary to be fulfilled but are not forced upon a person or are enforceable (Hoy 2004, p.184). It is important for researchers to be conscious of and respond to ethical issues and honour these obligations as an individuals choice (Baden & Major 2013, p. 320).

With this considered, the researcher gained access to six residential setting workers aged between 25-55 years. It must be noted from an ethical perspective that gate keepers can exercise power over who participates in the research as they have a position of allowing who the researcher interviews (Bell & Miller, p.62). An information sheet and a consent form was produced and given to the participants explaining what the research involved and how they could withdraw from the process (Bowling 2002, p. 157). This informed consent is an ongoing process through the research. (Baden & Major 2013,p. 325: Bowling 2002, p. 157).

Confidentially is another ethical principal that has been considered for this research. The participants have signed the consent forms and have been ensured their organisations name will not be identifiable in any way. This safe guard's anonymity as any identifiable information obtained will not be disclosed and participants will be protected through various processes to help keep confidentiality by referring to them as respondent A respondent B etc (Wiles 2013, p.42).

There is an ethical dilemma of divided loyalties between the participant and the organisation. This occurs when the participant has perceived responsibilities towards the organisation and service users but wants to also contribute to the researcher's agenda (Bell & Nutt 2007, p. 76). This was a sensitivity that the researcher is aware of and through consultation with dissertation supervisor, the semi structure interview focused on open ended questions relating to participants experience instead of their experience in the organisation. The method discussed participants experience based on knowledge, value or feelings as it maintains sensitivity while staying neutral and clear which can then lead to more in depth information discussed (Pope & Mays 2006, para2.1).

3.7 Disadvantages experienced during research

Accessing the sample group gave a difficulty, however this has already been discussed above in the section 'sample group'. It was also stated by the organisation with five participants they had service users with a mild to moderate intellectual disability however on the day of interviews the researcher was informed service users are mostly non verbal. This research study did not originally include non verbal disability, but will now incorporate this into the findings and discussion as a feature of the experiences of promoting self advocacy.

Three of the interviews where asked to be undertook with staff who were on shift so this gave a considerable amount of time constraint. This can be a common feature of interviews in qualitative research which can make the interviewee give short monosyllabic answers and give an appearance that they want the interview over quickly (King & Horrocks 2010, p. 59). This was experienced with one staff member and was handled by frequent probes to tell the interviewer more by using delayed response to encourage the participant it is their turn to talk to tell the researcher more (King & Horrocks 2010, p. 59).

3.8 Limitations:

The study relates to only a certain criteria of individuals. These are individuals in a residential setting and the challenges of promoting self advocacy for this group by social care workers. This indicates that results obtained cannot be generalised to a vast population (Pitney & Parker 2009, p.110).

There is only a small sample size so this can create a limitation of sampling bias. This bias creates a sampling procedure which results in a sample which does not represent the population of interest as the study only focuses on a specific type of service user with a small percentage of social care workers in a particular setting under two organisations only (Bowling 2002, p. 156).

If the researcher had more time and resources, more than two organisations would have been sourced to gain insight through other social care workers to what these challenges of promoting self advocacy are. The researcher would have also sourced service user's opinions on this issue if there was more time to do a more contrasting and varied response.

The presumption of the understanding of self advocacy gave a limitation as the researcher sought to find out what the literature said whereas the respondents gave experience so it gave a slight miscommunication due to a barrier of jargon in interviews.

3.9 Summary

Qualitative research was used to answer the research question as it is good for finding out on what is happening in a particular setting or how the realities of everyday life are accomplished. Through six semi structured interviews, data was gathered to construct findings to address and answer the research question. These findings will be discussed in the next chapter.

4.0 Chapter 4: Findings

4.1 Introduction

This chapter will discuss the various findings of the interviews under the research objective headings as identified in chapter 1:

- To identify the role of care management and the person centred planning approach and how useful this is in the promotion of self advocacy.
- To identify the skills/competencies required by a social care worker to promote and facilitate self advocacy.
- To ascertain the types of challenges that face social care workers in promoting self advocacy.
- To establish if social care workers feel that advocacy is the role of the social care worker or an external person/agency

This will address the over arching aim which is to identify the challenges which arise for a social care worker of promoting self advocacy for individuals with an intellectual disability in a residential setting.

The sample group consisted of six residential social care workers. For the purpose of this chapter the sample group will be referred to as Respondent A-F.

A separate section named "other" has been included as these are unexpected findings identified from the data collected which are of relevance to the overarching aim of the research.

4.2 Objective 1: To identify the role of care management and the person centred planning approach and how useful this is in the promotion of self advocacy.

All respondents engaged in a person centred planning approach (PCP) and were able to discuss the value, family involvement, mechanism for review and limitations of how useful it is in self advocacy for staff.

Valuable for promoting self advocacy

All respondents noted the values of the PCP and recognised it as a useful and important tool to engage the service user in self advocacy. The PCP was also hailed as an overall positive process which develops skills for the service user. *"Gives the service user the chance to voice their own wishes and use and develop their own ability of communication what ever that may be as its in writing and they have goals they can work towards" (*Respondent F) . Notably one respondent stated the impact this PCP has on the self advocacy process. *"You can't do self advocacy without the person centred plan"* (Respondent B).

Mechanism for Review

Only two respondents identified the PCP as a mechanism for review or evaluation. However, there are constraints such as time and funding which hinder the correct implementation of this process. *"Time constraints with staffing and not having enough time to implement the goals of the person centred plan and not having the staff to actually review it as we are meant to review it quarterly and sometimes it just gets forgotten about"* (Respondent F).

Facilitates family involvement

Four respondents discussed the importance of family involvement in the PCP. *"We all work together with the parents and multi disciplinary team it can only benefit the service user in the long run so it is defiantly wanted in a residential setting"* (Respondent D).However it is highlighted that the family may hinder the self advocacy process for the service user by voicing their goals for the service user and no want the service user may want. *"Challenges with family members are they might put person centred plan goals in place for the service user when the service user hasn't come up with these goals themselves"* (Respondent F)

Limitations

However, half of the respondents highlighted the limitations of the service users within the PCP process and the potential need to 'over ride' a wish or a decision if it is not practical or if it is unsafe, *"we can't always allow the choice as it could be seen as unsafe. So it does limit how much we can encourage a person to self advocate"* (Respondent B). It was also stated service users may be limited in the understanding of the self advocacy process so this can restrict the social care worker implementing the PCP. *"The person goals may be "unrealistic". (Respondent F).*

4.3 Objective 2: To identify the skills/competencies required by a social care worker to promote and facilitate self advocacy.

All respondents stated the same or similar skills needed to facilitate the self advocacy process.

Communication

Over half of the respondents discussed how communication and listening skills where of extreme importance not only for self advocacy but in all aspects of a social care workers job. It was outlined by one of these respondents that a social care worker should be skilled in non verbal and verbal communication skills to aid the self advocacy process. *"Good communication skills would be very important. Verbal and non verbal communication skills would also be important as someone may not be able to verbally tell you what they want so it's about taking the time and effort to go through with it"* (Respondent F). These communication and listening skills can be of benefit to the service user when they wish to express a problem as it gives the worker the *skills "to be able to ask non leading yet guided questions to answer the questions"* (Respondent C).

People skills

It is noted by three respondents that with a learning disability a social care worker should have people skills or be a "people person" and should have "empathy and "patience". (Respondent A: Respondent E: Respondent F).

Teaching Skills

Over half of the respondents outlined teaching skills to be of importance to help facilitate the self advocacy process. This shows the individual how they can accomplish the task themselves through guidance and not though the social care worker completing the task for them. *"Guidance and promoting skills to show the service user how to do something, not leading them or doing it for them but showing them"* (Respondent E). One respondent highlights this skills helps inform the decision making process for the service user to help them choose what is *"best for them not what they think they need or what they want at the time"* (Respondent D).

Confidence

Notably, only one respondent highlighted the importance of confidence and assertiveness for the social care worker to promote self advocacy and the successful interaction with service users. It was discussed that once a social care worker has *"confidence in your own ability, everything else will flow from that as you can develop time management skills, personality interaction with service users"* (Respondent C). This assertiveness would also involve the skill of being able to *"gather and relay information to the service user"* (Respondent F).

Conscience

Only one respondent outlined the importance of "having a conscience" and being "a good role model" to guide a social care worker through ethics and morality. *"Conscience gives ethics which in turn is going to feed morality which will show how you how to handle your work"* (Respondent C). This highlighted how a social care worker should have a "good sense of direction to guide them" through all aspects of working with an individual with a learning disability.

4.4 Objective 3: To ascertain the types of challenges that face social care workers in promoting self advocacy.

All respondents identified firstly the challenges for the service user to undertake self advocacy and secondly the challenges for the staff to assist the self advocacy process.

Decision making

Half of the respondents noted service users can be "used to someone making decisions for them". It was discussed this can be due to "lack of confidence" and "poor social skills" on the service user behalf and hinder the self advocacy process (Respondent A). One respondent outlined the more choice given to service users the more it was found to become a struggle. *"They heavily rely on staff for back up and support and will always look for your approval on what should they get"*. (Respondent D).

Poor communication

Notably, only two respondents outlined poor communication as a challenge for self advocacy for a service user. If a service user has difficultly communicating, it was highlighted that a service user can become "frustrated", "loose interest" and try *"to back out of the process due to difficulty to express themselves"* (Respondent A).

Funding/lack of staff/time constraints

Over half of the respondents discussed time constraints as a huge difficulty in the "working shift". It was highlighted that these time constraints can cause a "struggle" for a social care worker to encourage the self advocacy process due to difficulty *"advocating and linking in with other person while caring for every other service user in the home"*. (Respondent A). Embargos on funding and staff currently enforced through Health Service Executive residential homes where outlined to have a negative effect for service users, *"You have less time if a service user comes to you and tells you they want to do something"*. (Respondent F). This was identified to restrict the self advocacy process and result in "organisational issues" which was outlined to cause inconsistencies for service users such as *"relief staff or normal staff constantly changing"* (Respondent C). This "struggle" was outlined by half of the respondents that funding and lack of staff are a challenge to seek adequate resources and time to allow staff to properly facilitate self advocacy.

Staff personal beliefs

Notably only two respondents discussed the importance of staff not imposing their personal beliefs on service users for the self advocacy process. It was discussed that all staff will have a different view on what's important but choice must always be given to a service user and was highlighted that *"staff can become too familiar with an individual and think they know what's best for them"*. (Respondent F).

4.5 Objective 4: To establish if social care workers feel that advocacy is the role of the social care worker or an external person/agency

All respondents had engaged in experience with working with an external advocate and where able to identify the benefits and challenges of linking in with this external person.

Benefits of external advocate

Five of the respondents noted that an external advocate is good for a service user and discussed the various benefits which they brought to the self advocacy process. It was outlined an outside person would have less "bias" and is important for the service user as they do no have to see them everyday and are there solely to listen and solve problems expressed. This stated the social care worker can divide their time better for service users if they "have a smaller role" in the self advocacy process. It was highlighted that an external advocate would have a better skill set than a social care worker and may *"see certain things and pick up on something different than a social care worker"*. (Respondent E).

Challenges of external advocate

Notably only one respondent stated an external advocate was "a bad thing" as self advocating was only a social care workers role and individuals with a learning disability *"need consistency with familiar faces"*, (Respondent B). However, half of the respondents stated challenges do occur with an external advocate such as time constraints for the social care worker to "link in and go through a plan" (Respondent A). Also it was stated advocates have a tendency to *"respond to the person as they would a textbook instead as a person"*, (Respondent C).Only one respondent discussed the potential stress going between two people

would have on a service user and may make the service user *"not want to make decisions due to intimidation"*, (Respondent B).

4.6 Other

Unexpected findings where discovered through analysis and have been included in this section. They include benefits of self advocacy for a service user and role uncertainty for social care workers.

Benefits of self advocacy

All respondents outlined the importance of the benefits self advocacy can bring to a service user. The main one discussed was the "ability to speak up for themselves" to empower them to avail of all the opportunities available. This was stated to give control over their life to *"say their rights, wishes and wants and reduce the dependence on a staff team"* (Respondent C).

Role Uncertainty

Notably only two respondent's discussed self advocacy can lead to role uncertainty and make a social care worker question *"how much support do you give a person if you are trying to develop skills"* (Respondent B). This uncertainty was outlined to give a feeling of "redundancy" if a social care worker was not consistently involved throughout the self advocacy process. However, three of the respondents discussed using "professional judgement" when they where unsure of their role to make an "informed decision".

4.7 Summary

The above findings address and answer the research question that there are many challenges for promoting self advocacy for an individual with an learning disability in a residential setting. The PCP, time constraints, funding and lack of staff appear to main challenges which are re-occurring throughout each objective. In the next chapter, each objective will discuss each of these findings in conjunction with various literatures to address the research question.

5.0 Chapter 5: Discussion chapter

5.1 Introduction

The previous chapter answered the research question throughout the various findings. This chapter will discuss those findings under the following research objective headings:

- To identify the role of care management and the person centred planning approach and how useful this is in the promotion of self advocacy.
- To identify the skills/competencies required by a social care worker to promote and facilitate self advocacy.
- To ascertain the types of challenges that face social care workers in promoting self advocacy.
- To establish if social care workers feel that advocacy is the role of the social care worker or an external person/agency
- Other - unexpected findings identified from the data collected which are of relevance to the overarching aim of the research.

Each objective will discuss a summary of the findings which will link with various literatures to compare and contrast to address the research question "what are the challenges when promoting self advocacy for an individual with a learning disability in a residential setting?"

5.2 Objective 1: Identify the role of care management and the person centred planning approach (PCP) and how useful this is in the promotion of self advocacy.

As identified in the previous chapter the PCP was identified as valuable for promoting self advocacy. It was seen as an important mechanism to engage a service user in the self advocacy process while developing their skills. This compliments the literature as it is outlined that if this PCP is used it can emphasise empowerment, choice, learning, growth and encourage personal choice (Nolan 2005, p.242).

Identified issues such as time constraints and lack of staff available can hinder the correct implementation of the PCP. These findings are similar to what is outlined in the literature as the PCP is identified as a comprehensive plan which must be developed and reviewed, however, one of the barriers for staff to implement this is limited time for planning (HIQA 2013, p.73: Health Service Executive 2012, p. 65). The researcher observed one respondent stated "it just gets forgotten about" which indicates it is not reviewed regularly in comparison to quarterly which is what is outlined in the National Standards for People with Disabilities in Residential Homes.

Family involvement was important in facilitating the PCP, however it was also recognised that family can also bring implications. It was discussed family may put goals in place for the service user when they have not come up with these goals themselves. The researcher noted an interesting contrast that family should have an important input in the development of the PCP, however, one of the main challenges for staff was the opposing views and opinions of family which hindered the service user getting the opportunity to participate and voice their own opinions (HIQA 2013, p.73: Health Service Executive 2012, p.64-65).

Limitations where discussed in the previous chapter which included over-riding a decision if it was deemed "unsafe" or "unrealistic". The researcher observed this differences of opinions in a practice setting compared to the literature as it states controversies associated with staff are they use their descriptions, assessments, evaluations and knowledge of previous opportunities to determine a disabled person's life (Goodley 2000, p.20; Clare 1990, p. 24). This contrast shows staff are not required to approve of service user decision only support the person's right making them (Kohnke 1982, p.28).

5.3 Objective 2: To identify the skills/competencies required by a social care worker to promote and facilitate self advocacy.

The previous chapter identifies the skills and competencies needed to facilitate the self advocacy process where similar to the literature. Communication and listening skills where identified of high importance as it can help to identify a problem through "guided yet non leading questions". A service user may not be forthcoming about a problem so these skills can help a service user participate in conversation to help both parties understand each other to solve the problem (Moonie & Windsor 2000, p.34).

The previous chapter outlines people skills which are important to have are empathy and patience. The literature in comparison identifies these skills as interpersonal skills and discusses these of importance for a social care worker as to give feedback about any decision made they must understand an outcome can make an individual feel disempowered (Clarke et al 2000, p.77).The researcher observed this links with the listening and communication skills as clear communication can decide what the next step will be in the self advocacy process while respecting a service users feelings.

Teaching skills where identified to facilitate the self advocacy process to help a service user complete a task or make an informed decision. The literature in contrast only regarded negotiation as a teaching skill to help the service user develop the best possible outcome for themselves (Bateman 2000, p. 114).

Assertiveness and confidence where identified as a key skill for the social care worker in the previous chapter. To have assertiveness one must have confidence to undertake tasks as "once you confidence in your own ability, everything else will flow from that as you can develop time management skills, personality interaction with service users". In comparison, the researcher observed that literature discusses assertiveness as an important skill to obtain information quickly and effectively while communicating what is wanted and needed by expressing views and listening to other person without disregarding the rights and needs of the service user (Sussex & Scourfield 2004, p.276-277). The literature does not discuss the importance of confidence to develop this assertiveness skill.

An interesting finding in the previous chapter was the skill of "having a conscience". This was discussed as important to guide a social care worker throughout their work and develop ethics and morality. The researcher observed that literature did not identify "having a conscience" as important although agreed with the findings that social care workers need to be good role models. Social care workers are "mentors" who facilitate evidence based

practice, uses appropriate professional values and behaviours and guides the service user through their knowledge (Bailey- McHale & Hart 2013, p.23)

5.3 Objective 3: To ascertain the types of challenges that face social care workers in promoting self advocacy.

 The previous chapter identified service users can struggle with decision making and will look to staff for approval when the choice is entirely theirs to make. It is outlined that this is a common feature in residential settings and this has resulted in service users becoming institutionalised and afraid to question any aspect of their lives (Citizens Information Board 2010, p. 81).

Poor communication on the service user's behalf was identified as a challenge in the previous chapter. This can result in the service user becoming frustrated with the self advocacy process and "try to back out of it". The literature does not mention this challenge although the researcher has observed through linking this challenge with communication and listening skills on a social care worker behalf this situation can be dealt with appropriately.

Organisational issues identified where funding and lack of staff. It was outlined that there was issues "to seek adequate resources to properly facilitate self advocacy" due to inconsistencies for service users such as "relief staff or normal staff constantly changing". The literature also highlighted these issues as an everyday reality and can place emotional and psychological strain on service users and staff as service is thinking at an organisational level to reduce cost (Teasdale 1998, p. 86).

An important finding was staff not imposing their personal beliefs or values on a service user and taking the "they know best" route instead of respecting the service user decision. The literature identifies this is a main conflict which occurs and professionals must be aware of this behaviour as it could cause harm the service user. Social care is about making decisions for others based on personal attributes about values, views and beliefs it is important to recognise these boundaries so a social care worker can act in a non discriminatory way to treat everyone fairly, not make assumptions and meet the clients needs while making the client feel safe and trusting to avoid any conflict (Cooper 2012, p. 103).

5.4 Objective 4: To establish if social care workers feel that advocacy is the role of the social care worker or an external person/agency

The previous chapter identified the majority of respondents considered an outside advocate positive for the service user and brought benefits to the self advocacy process. This outside person's have less "bias", a better skill set than the social care worker as "they may see something different" and the service user does not have to see them everyday and they are there solely to listen to their problems. The literature agrees that there are benefits, but they are different in comparison to the ones stated in a practice setting. It is outlined an outside advocate can develop an external network of supports, have an understanding of the law to promote service users rights, act as a whistle blower and be separate from self and the agency (O 'Connor et al 2006, p.148).   The researcher observed that it was a general consensus that an outside advocate would allow the social care worker to have a smaller role in the advocacy process and give more time for other tasks.

Challenges identified in the previous chapter which do occur with outside advocates are finding the time to "link in and go through a plan" and how certain advocates have been observed to respond to a service user as they would a textbook instead of as a person. The researcher observed a contrast in the literature as there was no mention of these challenges but they are evidently a re-occurring issue in a residential practice setting.

5.5 Other

It was observed by the researcher that all respondents noted the benefits of self advocacy. The main benefit was the service user can "speak up for themselves" and have "less dependency on a staff team". The literature compliments this finding as it states self advocacy enables disempowered people to regain control over their own lives, express their own needs and represent their own interests (Dunning, 1995: 20). The researcher observed that both findings and literature encouraged self empowerment rather than rely on the advocate to speak for the service user (Gates 1994, p.4).

An interesting finding which occurred was role uncertainty due to the self advocacy process. It was discussed that there was experiences of how much support do you give a person when developing skills and feelings of "redundancy" if a social care worker is not involved consistently throughout the entire process. The literature addresses these feelings as it is outlined that self advocacy is not seen as specific enough to be part of a social care workers role and it has been recognised that staff members are put in a seemingly impossible role (Hanna 1978, p. 31: Bateman 2000, p. 35). The researcher has observed through the

interviews this is more evident and common in practice based opinions rather than evident in the literature.

5.6 Summary

The above discussion addresses that challenges do occur when promoting self advocacy for an individual with a learning disability in a residential setting. The discussion highlights there is a significance difference of the challenges occurring in a practice based setting compared to what is outlined in literature. This difference shows an interesting comparison to what the literature states. However there is a common agreement of the overall benefits of self advocacy for a service user to enhance their quality of life and with correct implementation should be offered to all service users. The next chapter will conclude on this discussion and make a set of recommendations based on the conclusion.

6.0 Chapter 6: Conclusion/Recommendations

6.1 Introduction

The overarching aim of this dissertation was to identify the challenges which arise for a social care worker when promoting self-advocacy for individuals with a learning disability in

a residential setting. This was achieved through examining the literature and interviewing experienced social care workers under the outlined objectives.

It will also discuss any interesting points the researcher has discovered. It will also highlight any unexpected data found by the researcher.

The chapter will also include recommendations any additional research which will need to happen and the implications for practice.

6.2 Discussion

<u>Person Centred Plan (PCP)</u>

It was identified through the findings chapter that the role of care management and the PCP where the main components for promoting self advocacy. It was interesting to find that this

main mechanism to promote advocacy is regularly hindered by time constraints and lack of staff so can result in incorrect implementation. This shows the comparison between a practice setting reality and the struggle to follow policies and procedures. An unexpected discovery was the comparison between the literature stating a social care worker must respect any decision made by a service user and the opinions of staff who stated they have often "overridden" a decision as it was deemed unsafe or unrealistic. This identifies a conflict between providing best practice and following the appropriate policies and procedures outlined in the guidelines of the national standards for adults with disabilities in residential homes.

Skills/competencies

There is an identified gap with skills and competencies between practice setting and the literature. This can bring implications for staff if they do not regularly keep updated on the development of their skills as it is clear that the staff are the main role models for service users to help guide them through the process.

Various Challenges

The challenges of self advocacy for a social care worker differ slightly in comparison to what is stated in the literature. Organisational conflict and not imposing personal views, values and beliefs on a service user was addressed by both respondents and literature as the main components of challenges. The researcher identified an unexpected find of a clear link of service users still displaying behaviours of institutionalisation. The literature states this is a challenge in residential settings however the researcher found through the staff interviews many of adults in residential settings are still afraid to make decisions and look to staff for approval. This identified institutionalisation is hindering the facilitation of self advocacy.

Social care worker role as an advocate

It was identified that social care workers do feel that the self advocacy role can be undertook by an outside person. An interesting find was the general consensus for an outside person was positive and welcomed by the social care staff so they would have more time to focus on

other tasks and have a smaller role in self advocacy. However an unexpected find was the re occurrence of challenges for the social care staff such as time constraints to link in with this outside person. The literature does not address any challenges of an outside advocate and can be seen as a gap.

<u>Other</u>

There were unexpected findings identified through the previous chapter. The benefits of self advocacy where highlighted by both respondents and literature. These benefits show how overall this self advocacy process will benefit the service user's quality of life with correct implementation of the person centred plan. It is a process that should be offered to all with a learning/intellectual disability with the correct support.

Role uncertainty was another unexpected find as it was highlighted that social care workers struggle with how much support a service user should be given during the self advocacy process. There is notable gap in the literature as the researcher identified this challenge is more evident in practice based settings as respondents discussed feelings of redundancy if not constantly involved throughout the self advocacy process despite stating a preference to have an outside person taking this role over. The researcher identified an interesting dilemma for a social care worker to be constantly involved and have challenges or have a smaller role and have role uncertainty.

6.3 Recommendations

The role of the PCP and care management show the that challenges of funding and lack of staff have given implications for staff to correctly implement this process. It is important that

the National Standards for adults with disabilities in residential homes are strictly followed to prevent any service user not receiving the best possible care to have a fulfilled quality of life.

An identified gap in the components and skills needed to facilitate self advocacy shows it is important that all staff have continuous professional development to keep updated on their skills.

As an outside person is seen as a benefit for social care workers, the identified gap in the literature should be addressed to include what challenges these outside advocates could bring to the self advocacy process. This is already discussed by staff in a practice setting as role uncertainty. These role uncertainties has brought implications for staff such as the dilemma of being constantly involved and have the challenges previously discussed or have a smaller role and have role uncertainty. This indicates further research should be undertaken to define specifically the role of the social care worker in the self advocacy process.

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8.0 Appendix

8.1 consent form

I _____ agree to participate in the research and I understand the following;

This research is being conducted by _____ an undergraduate student in the Department of Applied Social Studies and Social Care: Institute of Technology Blanchardstown, Dublin. It is the above-named student's responsibility to adhere to ethical guidelines in their dealing with participants and the collection and handling of data.

I have been informed and understand the study *'the challenges of promoting self advocacy in the lives of people with learning disabilities'* and I have been informed of the nature for this study. I understand it is a voluntary study and I may cease participation in the study at any stage. I understand any information I provide to the study will be treated in confidence. All information provided by participants will be complied, analysed and submitted to the Department of Humanities Applied Social Studies and Social Care. No data will be used to identify any participants in any stage of the study or the final report.

I understand I do not have to answer any questions I do not like and can withdraw any of my data if I have concerns.

Interviewee Signature:

_____

Researcher Signature:

_____

Date:

_____

8.2 Information sheet

<u>Title of Research Study:</u>

'The challenges of promoting self advocacy in the lives of people with learning disabilities'

<u>Information sheet for participants</u>

Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. Please take time to read the following information and discuss it with myself/others if you wish. It is up to you to decide whether or not to take part.

You are invited to take part in a research study to examine *'the challenges of promoting self advocacy in the lives of people with learning disabilities'*. I would like to interview you to find out what your experiences are of these challenges in a residential service setting. This research is part of an under-graduate honours degree dissertation at the Institute of Technology Blanchardstown.

The purpose of the research is to explore your experiences of the different challenges that may arise while supporting self advocacy. I would like to ask questions about your experience as a social care worker of these challenges and ask your professional opinion on different criticisms and situations which may arise when supporting self advocacy. The information gained from this research will help conduct findings and conclusion of what best practice may be for these challenges and also give a professional insight into a first hand account of how to manage these situations.

You have been chosen as you are working in a residential service for individuals with a learning disability and this is central to the research. The study will involve 6 participants who will all be interviewed separately. The interview will take approximately 30 minutes.

The interview will be recorded on audio tape and then transcribed onto a computer. The audio tapes will be stored in a locked secure place at all times. The audio tapes will be destroyed at the end of the study. Your response will be treated with full confidentiality and anyone who takes part in the research will be identified only by code numbers or false names. No research participant will be identifiable from any publications.

 If you decide to take part you will be given this information sheet to keep and you will also be asked to sign a consent form. You can change your mind at any time and withdraw from the study without giving a reason. You are welcome to phone me if you would like any further information.

Please do not hesitate to contact me if you need further information.

Yours sincerely,

Jennifer Lowe

Email: lowejenny@ymail.com

Phone: 085-7058805

8.3 Interview questions

Question 1:

Self advocacy is seen as empowering individuals by providing information or supporting them to speak up for themselves so they develop the skill of self empowerment rather than rely on an advocate to speak up for them.

What are the benefits and challenges of promoting self advocacy in your opinion?

Question 2:

In your opinion, can promoting self advocacy create a role uncertainty for staff?

Question 3:

Skills such as active listening, assertiveness, information gathering and interview skills are outlined to help the self advocacy process.

In your opinion, what skills should a social care worker have to encourage the promotion of self advocacy?

Question 4:

Challenges for social care workers which may occur when wishing to promote self advocacy could be time constraints due to workload or attending to other service users.

What would your experience of this be?

Question 5:

What is your opinion on having an outside person employed as an advocate instead of this role been undertaken by a social care worker?

Question 6:

It is outlined in research that there are 5 different types of conflict a person may professional encounter through out the advocacy process. These are: organisational, professional, managerial, personal and competition. What would your personal experiences be in regards to conflicts when promoting advocacy?

Question 7:

Have you ever encountered a challenge with negotiating with an individual when what they wanted/needed was conflicting with providing best practice and duty of care towards them?

Question 8:

If a service user has lack of interest in the self advocacy process, has it ever been a challenge for you to use your own professional judgement to decide what a person wants or needs?

Question 9:

As research shows on occasion, the person centred plan can unintentionally restrict how social care workers can promote self advocacy for an individual.

What would your experience of this be?

Question 9 (a):

The person centred plan helps involve the service user with staff and family in the decision making process in their life choices. How important is use of this plan in promoting self advocacy and have you witnessed any challenges?