UWS UNIVERSITY OF THE WEST of SCOTLAND

SCHOOL OF EDUCATION AND SOCIAL SCIENCES

POSTGRADUATE DISSERTATION 2019/2020

There are two pages to this form, please ensure that both pages are attached in with your dissertation before submitting.

Banner ID:	**B00339248**
Surname:	Miller
First Name & Initials:	Jaclyn L
Programme Code:	SWPG11003
Degree Title:	MSc Social Work
Supervisor:	Dr Lawrence Nuttall
Submission Date:	10/08/2020

UNIVERSITY PLAGIARISM STATEMENT – Regulation 7.11

Cheating is defined by the University as the attempt to gain an unfair advantage in an assessment by gaining credit for work of another person or by accessing unauthorised material relating to assessment.

This includes the following:

- communication with or copying from another student during an examination or assessment (except in so far as assessment regulations specifically permit communication, for instance for group assessments);
- knowingly introducing any unauthorised materials (written, printed or blank) on or near an examination desk unless expressly permitted by the assessment regulations;
- knowingly introducing any electronically stored information into an examination hall unless expressly permitted by the assessment regulations;
- obtaining a copy of an 'unseen' written examination paper prior to the date and time of its authorised release;
- gaining access to unauthorised material relating to an assessment during or before the assessment;
- colluding with another person by submitting work done with another person as entirely one's own work;
- collaborating with another student in the completion of work which is intended to be submitted as that other student's own work;
- knowingly allowing another student to copy one's own work to be submitted as that student's own work;
- falsifying data by presenting data of laboratory reports, projects or other assessments as one's own when these data are based on experimental work conducted by another party or obtained by unfair means;
- assuming the identity of another person with intent to deceive or to gain unfair advantage;
- allowing another person to assume one's own identity with the intention of deceiving or gaining unfair advantage to oneself;
- the use of any other form of dishonest practice not identified above.

As Plagiarism is a type of cheating it is also defined by the University as the attempt to gain an unfair advantage in an assessment by gaining credit for work of another person or by accessing unauthorised material relating to assessment. For Plagiarism this includes the use of the work of other students, past or present, or substantial and unacknowledged use of published material presented as the student’s own work.

It includes the following:

- the extensive use of another person’s material without reference or acknowledgement;
- the summarising of another person’s material by changing a few words or altering the order of presentation without reference or acknowledgement;
- the substantial and unauthorised use of the ideas of another person without acknowledgement;
- copying the work of another student with or without the student’s knowledge or agreement;
- deliberate use of commissioned material which is presented as one’s own;
- the unacknowledged quotation of phrases from another’s work.

STUDENT DECLARATION

Dissertation Title: Deconstructing Self-Efficacy: Implications for social work practice with adults and older
people____

This Dissertation is solely my own work and all sources are appropriately referenced.

Signed: _J.Miller_______________________________________

Date: _10/08/2020____________________________

Contents

Acknowledgements

Completing this dissertation throughout such challenging and unprecedented times would not have been the same without the continuously humble laughs and bleary-eyed late nights with my cohort; and for Dina and Lawrence who have both shown kind enthusiasm and belief in my capability to conduct the research. I would also like to thank 'Joseph' for the continuous encouragement all the way from DTX, for which I am extremely grateful.

I must also thank Colin and my incredible family for the emotional and practical support when I needed it, mainly their commitment to offering childcare since the easing of COVID-19 lockdown permitted this. Without this backing, I would never have been able to complete this dissertation, therefore I am indebted to you.

And lastly, to Oscar: for such a small boy you have shown immense patience and acceptance towards me undertaking this work that ultimately demanded most my time, energy and focus during a time that has not been easy for you. Thank you.

Deconstructing Self-Efficacy:

Implications for social work practice with adults and older people.

Abstract

The phenomenon of self-efficacy is recognised by various disciplines. However, there is a gap in the research pertaining to the enabling role of Social Work in the supporting development of service users' self-efficacy beliefs. Whereas there is a wide range of literature that informs social development and anti-oppressive practice, there appears to be a specific dynamic relationship worthy of further exploration into how self-efficacy is both achieved and sustained within risk assessment and service provision, underpinned by relationship-based practice.

My limited personal experiences within Adult and Older People (AOP) Social Care have highlighted the priority that should be given to enabling adults and older people to live as independently as possible. However, there has been limited discussion and agreement on how practitioners can support service users by nurturing the personal efficacy beliefs necessary for strengthening autonomy and self-determination. This points to the need for further investigation into the 'care vs control' dichotomy within the lived experiences of service users; i.e., how to better support maintaining independence through social work intervention.

Drawing on conceptual, theoretical and systemic issues, this dissertation mobilises a reflexive tone to acknowledge some of the existing tensions for practice. Bandura's (1977) self-efficacy model is deconstructed to focus on *mastery experience*, since this was proposed as the prevailing source for developing self-efficacy. By exploring the reciprocal roles of self-efficacy, risk and service provision, this paper presents a thematic exploration, which aims to address some of the gaps in the existing literature for relationship-based practice with adults and older people.

Keywords: self-efficacy, mastery experience, risk, care provision, relationship-based practice, social work with adults, older adults, disability

Introduction: “What is wrong with us?”

Promoting individuals’ rights to self-determination and participation are amongst the global ethical principles of social work practice (International Federation of Social Workers, 2018). However, contemporary research into social work’s contribution to service user self-efficacy remains largely under-critiqued. Self-efficacy can be related to Rotter’s (1975) theory of an internal/external locus of control: a person's self-belief; or disbelief, respectively; that the power to influence or alter personal life’s events resides within the individual. This locus of control can be linked with the extent to where individuals experience control over their lives (Ackerman, 2020). Undoubtedly, there are varied possible factors that could affect a person’s sense of control: personal; social; economic, etc. This research is specifically concerned with the role of ‘empowerment’ in service provision, and where the *enabling* role may blur with *rescuing*, therefore risking pathologising service users as ‘victims’ (Karpman, 1968; 1971; Jonge, 2019).

At the peak of several civil rights movements in the United Kingdom (UK), specifically those focusing on social awareness and recognition, the Union of the Physically Impaired Against Segregation (UPIAS, 1976, p.14) claimed that it was “society” which disabled people:

“Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society.”

The UPIAS claim became known as the social interpretation, or social definition, of disability (Oliver, 1983; 1990; Barnes, 2016). Some of the ideologies underpinning UPIAS have received critique for being outdated and requiring further development: the emphasis placed on physical disabilities has arguably suppressed the needs of other impairments (Owens, 2015). There remains a credible perception that disability is imposed on individuals within the built environment, which, likewise pertains to cognitive impairments and co-morbidities associated with an ageing population. The underpinning concern regards autonomy and self-determination, whereby an interesting and important discussion is launched; how Social Workers, as professionals and members of society, develop their conceptual and theoretical awareness to challenge inequalities and social exclusion. The underlying aim of this discussion concerns independent living for service users, and their self-belief that this is both attainable and promoted by social work services.

Whereas it is important to avoid undervaluing structural oppression of marginalised groups, by compressing issues as linear, a similar rhetoric is currently unfolding with the *Black Lives Matter* movement, a globally recognised intervention instigated by racial profiling and police brutality against, primarily, young Black men (BlackLivesMatter, n.d.). Contemporary civil rights activists have utilised social media platforms to share lived experiences of institutional and societal racism (@UKBLM, 2020): common themes are trending which aim to discourage the focus from problems faced by Black people, in favour of urging global reflection on the marginalisation of race, by prompting the rest of society to ask instead, ‘W*hat is wrong with us*?’

This paper considers the meaningful value of an urge for wider societal reflection, which similarly urges introspective reflection within the practice of Adult and Older People (AOP) services. For practitioners, this may evoke a critical analysis on how AOP service users are truly acknowledged as adults, while empowering and enabling their independent living as much as possible. In contrast with a medical model, which highlights what challenges a disabled person has, the reasoning of a social model aligns with systemic social work values (British Association of Social Workers (BASW), 2014; Scottish Social Services Council (SSSC), 2016) by acknowledging challenges with impairments as a 'social problem' requiring 'social change'. Systemically informed practice recognises the interdependent and reciprocal roles of relationships at micro, meso, and macro levels (Andreae, 2011), while outcomes for individuals are embedded within their social and wider subsystem contexts (Hardy, 2018). Thereby, this reasoning removes blame from already marginalised individuals, which otherwise, may risk subjecting them to further inequalities and stigmatisation in an environment that has failed to adapt progressively (Goering, 2015).

Amongst the challenges commonly faced by AOP service users are co-morbidities, lack of resources, social isolation and other societal impacts (Lymbery, 2008; 2014). More prevalent now are inequalities that have been exacerbated by current circumstances surrounding the global pandemic of Coronavirus (COVID-19), highlighting a new conscience of issues facing not only adults and older people, but all individuals and families who rely on the support of social work services (Golightley and Holloway, 2020). Children and family-based themes remain traditionally at the heart of social work research; however, with a changing national and local demographic (National Records of Scotland, 2019), an ageing population emphasises the need for further reflection and exploration into the lives of adults and older people. Herein, this research endeavour aims to develop an awareness of structural issues for practice, human behaviour and social theory in both a tangible and accessible way, to both promote independent living and enhance personal fulfilment for AOP service users.

The British Association of Social Workers (BASW) 2020 publication; *Mind the Gap: Coronavirus and Inequality*; explores many examples where we are *not* "in this together". BASW highlights that the most vulnerable and socially disadvantaged, particularly the elderly, are those most likely to die from the virus (Naqvi, 2020). Cognisant of the multi-faceted harm inflicted by COVID-19, the Scottish Government (2020) have reported their commitment to investing in public services; however, at a local level, budgets for public spending have been reported as an ongoing challenge for service providers, projecting a significant decrease for the future five years (South Lanarkshire Council, 2019). Economically, the vast government expenditure on treating COVID-19 places an unprecedented strain on the available resources for those depending on them. Undoubtedly, this challenge will be present from the outset of my professional career, requiring the balance for assessments of need with limited resources. This uncertainty has generated the need for lateral thinking and creative practice, which this dissertation aims to develop through a juxtaposition of contemporary practice issues, past perspectives and applicable theories.

The issues surrounding independent living, risk and self-efficacy are complex and, in addition to government policies, require ethical consideration of the wider social, environmental and structural factors. Additionally, effective relationship-based practice that is rights-based, anti-discriminatory and anti-oppressive remains central to the services that both safeguard and promote the independent living of adults and older people (Trevithick, 2003; 2005; Dominelli; 2002; Adams, Dominelli and Payne, 2009; The Scottish Government, 2011; 2016; 2018; 2019a; 2019b).

In my personal experiences of working within AOP Social Care there has been a commonly agreed perception amongst practitioners, that the level of control experienced by service users has a tangible impact on their self-efficacy beliefs. For instance, operational time constraints can often result in practitioners doing tasks *for* service users, not *with,* which can develop multi-faceted and unnecessary service dependencies that coexist with limited self-belief and self-determination to accomplish everyday tasks and personal care. Additionally, concerns have been raised regarding risk averse practice, which may suggest a service-led focus on risk liability rather than organic person-centred care that should work through challenges to promote service user growth and development. Amongst practitioners, these issues have been expressed as problematic for support work in empowering social development and self-determination towards both short and long-term goals. Cognisant of this, an objective has been raised for social service workers, to develop critical awareness of the potential tensions within care provision that can impact on self-efficacy beliefs, with the principle aim to better support independent living for service users.

As a Newly Qualified Social Worker (NQSW) preparing to begin employment within AOP Social Work, I am attentive to the future procedural challenges that are beyond my control: constraints within time management; lack of resources; and substantial caseloads. Therefore, I am earnestly seeking to develop a critical understanding of the conceptual framework that underpins social work practice. I look forward to using this research opportunity to revisit a psychosocial understanding of human behaviour, with the aim to contextualise its complexities through an accessible understanding of systemic relationship-based practice. This approach recognises the embedment of service users in their wider social and environmental context. Ultimately, the tone for this paper should be sufficiently translucent in resembling that of key policies — to aid supporting and empowering adult service users to lead quality and fulfilling lives, with maximum independence for as long as possible (The Scottish Government, 2018a; 2018c; 2019a).

Chapter One revisits Bandura's model of self-efficacy (1977; 1997), from which he proposed *mastery experiences* as the prevailing source for developing self-efficacy. Through a process of discursive reflection, I concluded that focussing on this area would allow for a deeper level of analysis, while remaining within the scope of this dissertation. This decision recognises that it is essential for qualitative social work research to provide depth, rather than breadth, which otherwise may risk generalising parts of the discussion. Considering opportunities for mastery experiences and self-efficacy within the context of key social work issues: risk; assessment; and service provision; forms the basis of Chapter One.

Chapter Two follows the previous exploration of themes, and with a reflexive approach, restructures the focus of discussion to the balance of *autonomy* and *protection* within relationship-based practice, which is argued to underpin Social Work as a profession. Drawing on the dynamic interplay between independence, autonomy, self-efficacy and mastery experiences, Chapter Two explores further some of the reciprocal constructs within social work practice.

Chapter Three concludes the discussion with some of the implications for policy and practice, based on the findings from analysing the literature, with the emphasis on service users' outcomes.

Methods of Investigation

Research Questions

Facilitating a thematic exploration of service users' self-efficacy, the concept of risk and service provision required using four research questions on specific areas. The research questions posed in this dissertation are:

- **What is the significance of self-efficacy beliefs for adults and older people who use social work services?**
- **To what extent does risk-averse practice enable/disable service users' opportunities for mastery experiences?**
- **How does the care vs control dichotomy of social work practice impact on service users' independence?**
- **What are the statutory or legislative restrictions that may impact on service users' developing self-efficacy?**

Objectives

The objective of this dissertation was to address some of the gaps in the existing literature for AOP social work, relating to the development of service users' self-efficacy. By revisiting Bandura's (1977; 1986; 1997; 2006) self-efficacy model, alongside a range contemporary literature, this discussion aimed to highlight the reciprocal relationships between self-efficacy and other constructs, and their implications for practice. With a focus on *mastery experiences*, the paper reviewed some of the connections between promoting service users' self-belief towards independence, while simultaneously retaining choice and control over their lives.

Using a deductive analysis to examine and deconstruct the concept of self-efficacy within AOP social services (Eberle, 2014), this research presents an epistemological endeavour. Whereas the self-efficacy phenomenon is most commonly researched across the fields of psychology and education, there appears to be a gap in the published social work literature pertaining to the development of service users' self-efficacy in practice. Promoting independence is a key practice focus for AOP Social Work, and thus merited further exploration on how to promote a service users' personal belief in their capacity to achieve independence, while maintaining their right to autonomy.

The research aimed to provide a contribution to the awareness of systemic challenges that AOP service users encounter, with the specific interest on enabling, rather than disabling, self-belief in their autonomy for sustaining independent living. By reframing critical analysis on the self-efficacy phenomenon within prevalent issues for practice, this research should be viewed through the lens of a reflexive practitioner: this lens should aid a deeper understanding of how practice issues can impact on service users' self-efficacy and overall sense of independence.

Methods

The format of this dissertation was based on Knoblauch's (2004) method, which represents the following processes of conceptualisation, representation, analysis and evaluation:

- Conceptualisation (introducing the themes and positionality for the research);
- Representation (a thematic and critical review of literature concerning self-efficacy, risk, and service provision);
- Analysis (developing critical awareness of the underpinning themes for relationship-based practice and balancing service users' right to autonomy with the practitioner's duty to safeguard), and;
- Evaluation (implications for practice/policy and conclusion).

Knoblauch (2004) highlighted this as an effective method for qualitative research. The method prompted the in-depth analysis necessary for analysis on lived experiences (Given, 2008; Polit and Beck, 2012), that may have been difficult to encapsulate within a purely quantitive inquiry. Additionally, this accessible structure allowed my research to present as a thematic literature review, with elements of phenomenology approaching the research questions from a humanistic perspective, within the realistic scope of the dissertation.

Quantitive statistical data has been incorporated, since this was perceived to enhance subjective perceptions of phenomena. Therefore, a mixed method approach has been taken, which hoped to capitalise the benefits of both qualitative and quantitative, and therefore enhance my research, analysis and conclusions. Using a mixed method such as this highlighted that there remains rich value, worthy of contemporary analysis, using both the "tried and tested" (Reichertz, 2014, p.124) theory base and evidence-based literature that provides the foundation for social work practice.

Social work services have been discussed inclusively of both adults with disabilities and older adults. This represents the typically merged services provided in Scotland, with a similar assessment focus concerning relationships, housing, health and wellbeing and service provision. To retain the focus on AOP Social Work, the research primarily omitted literature relating specifically to children; although in the context of adverse experiences, it is often best understood by revisiting early childhood experiences. Omitting children in this way aided the research's focus on adults and older people, since this group can be perceived as underrepresented in research, comparative to children and family-based themes. It is however recognised that some of the discussion, relating to risk and service provisions, may be applicable to children's services, particularly those that support children transitioning from child to adult care.

This dissertation has abbreviated 'Adult and Older People' for 'AOP' when discussing AOP services. In health and social care practice, using acronyms can be contested since the terms can become procedural therefore lose value of meaning. However, this was a purposeful decision for clarity and ease of reading, although simultaneously, fully acknowledges the importance of accessible, not 'woolly', service user-friendly language (Coulter and Ellins, 2006).

For the purpose of this paper, singular gender-neutral they/their pronouns have been used. While this use of grammar can often be criticised within academic writing, a contemporary intersectionality awareness of gender identity, and others, has formed this judgement: thereby, using the power of language as a tool to embrace social inclusivity and diversity.

Limitations

Most qualitative research methods have limitations: within a principally qualitative method, this dissertation recognises the possibility of biases within original sources and that the conclusions from secondary sources may lack sufficient information to answer specific research questions. On this basis, the research questions were not approached seeking systematic answers; instead, a tentative approach was used throughout the paper, which aimed to guide discussion and reflection on the concepts of self-efficacy, risk and service provision.

There are extensive possible areas for critical research on how to adjust the supporting development of self-efficacy using various scenarios of cognitive and physical impairments. However, detailed analysis of this broad range of sources falls beyond the scope of this dissertation. Omitting this material has limited the capacity to fully encapsulate the potential complexities for developing self-efficacy with cognitive and/or physical impairments. The purposeful decision to focus on the area of *mastery experiences* has been highlighted, and Bandura's supplementarily proposed source, *emotional and physiological states*, is therefore highlighted as recommended future research to incorporate these prevalent issues with a person-centred approach.

Arising from this year's Scottish Government-imposed lockdown measures for COVID-19, unprecedented personal challenges emerged following the closure of childcare services, universities and libraries: mainly for private study and accessing literature resources. To mitigate this, I focussed on research questions that aimed to identify, evaluate and summarise the secondary data relating to the key themes. Additionally, it was critical to maximise the benefit of online resources and e-books: mainly the University of the West of Scotland (UWS) journal database; and *Google Scholar;* to maintain the integrity and the academic reliability of the resources necessary to successfully complete this dissertation.

Initially, I hoped to support my qualitative research by conducting a small empirical study at an AOP supported accommodation service. This proposed study involved an adapted model of the Generalised Self-Efficacy Scale (GSE) (Schwarzer and Jerusalem, 1995). However, this option was not feasible due to the ongoing COVID-19 restrictions on social gatherings and the barriers to obtaining ethical clearance. This empirical research may have provided an effective observational analysis of lived experience, thus, revealing a contemporary understanding of self-efficacy in this context, albeit arising from a small population study. Given the logistical challenges arising from COVID-19, my alternative plan involved analysis of secondary data, since this provided a more economical and realistic method of research.

Chapter One: Deconstructing Self-Efficacy, Risk and Service Provision

What is Self-Efficacy?

While potentially complex in its entirety, Bandura's (1977; 1982; 1994; 1997; 2008) concept of self-efficacy can be simplified into a person's self-belief in their ability to meet a challenge and succeed. This self-belief refers to the expectation of success before any effort is expended (Wood and Bandura, 1989 in Collins, 2020), and is considered to influence how people think, feel, behave and motivate themselves when approaching a specific task (Allan, 2018). Therefore, it is considered that *self-efficacy* can have a greater impact on the outcome than the challenges presented by the task itself. This emphasises the importance of practitioners nurturing a sense of self-belief with service users while, at the same, time identifying realistic, yet optimistic, person-centred outcomes.

Earlier origins of self-efficacy's core ideas can be found in the works of Aristotle, who recognised the close connection between emotions (pathos) and action (Schmitter, nd.), and the Roman poet Virgil 70BC; '*They can conquer who believe they can'* (Pajares and Schunk, 2002). Contemporarily, the overarching principles of self-efficacy are drawn from Social Cognitive Theory (SCT). SCT provides a triadic framework comprising 'personal', 'environmental', and 'behavioural' factors when theorising human behaviour; thereby predicting how a person may acquire competencies, values and styles of behaviour (Pajares, 2002). Additionally, SCT seeks to explain how individuals may motivate and regulate their behaviour, while concurrently emphasising the role of observational learning, social experience, and reciprocal determinism, in developing personality assets (Bandura, 1977; 2008).

The self-efficacy phenomenon has been widely studied across the field of psychology and is particularly applicable to behaviours such as smoking cessation, alcohol and drug use, exercise, and academic learning. Educational research shows that a higher level of self-efficacy can be associated with greater persistence, effort and an intrinsic interest in academic performance (Stajkovic and Luthans, 1998; Pajares and Schunk, 2001; Ansong, et al., 2019). As Morrow (2019) articulates, low levels of self-efficacy result in a tendency to surrender ,or to avoid tasks altogether, due to lacking the belief for accomplishment; conversely, high levels of self-efficacy influence a person's motivation to attempt something new and persevere through all of its challenges. Therefore, self-efficacy can be categorised as the "fuel that drives change" (Morrow, 2019, non-paginated).

The SSSC (2017) looks upon self-efficacy as an essential skill for NQSW. There is much literature highlighting self-efficacy as an important skill for practitioners (Grant, Sheridan and Webb, 2014; SSSC, 2018; Collins, 2020); however, there is a gap in the discussion on how services can support service users with developing this same skill. Nourishing a person's self-beliefs holds clear links with practice, such as providing positive affirmations and motivational interviewing (Miller and Rollnick, 2013). Additionally, adopting a rights-based approach to the assessment and management of risks thereby embraces opportunities for personal reflection, growth and development (Faulkner, 2012). Positive relationship-based practice using this approach recognises the assets and strengths of individuals; whereby, services and service users can work in partnership through clarification of their roles and expectations (Trotter, 2006). This reciprocal anti-oppressive approach reflects the existing guidance to ensure that individuals' choices remain central to the decision-making processes, regarding care assessment and support planning (Care Information Scotland, 2019). Additionally, this approach identifies service users as the expert of their own needs, through which service providers can support when identifying opportunities for holistic assessment, intervention and outcomes (Bolger and Walker, 2018).

Bandura (1997) highlights self-efficacy as an essential part of the *self system*, which comprises a person's attitudes, beliefs and cognitive skills. These assets all play a key role in how an individual perceives and responds to various situations. However, there remains questions concerning the nativism/empiricism debate (Colombo, 2017); i.e., whether personality assets are our nature, or the extent to which our social/environmental conditioning, impacts those assets (Waaktaar and Torgersen, 2013). Considering self-efficacy as natural or personal characteristics can be seen to blur the lines between terminology involving self-efficacy, self-esteem and self-confidence. Collins (2020) highlights that often 'self-confidence' and 'self-efficacy' are used interchangeably within social work, whereas Bandura (1997) considered 'confidence' as conceptually subordinate to 'self-efficacy' due to self-confidence presenting in two parts: firstly, a trait of personality; and secondly, from a particular knowledge of a subject. However, conceptual understandings of both self-confidence and self-efficacy have key similarities concerning how a person perceives and mobilises other constructs: motivation; emotion; and cognition; to undertake the demands of specific tasks (Morony et al., 2013).

When discussing personal efficacy within the context of AOP Social Work, it is important to remain mindful of the variable capacities, abilities, strengths and needs of service users that require careful planning with a person-centred approach. Developing a critical awareness of self-efficacy can provide opportunities to practice anti-oppressively; i.e., balancing individuals' strengths and needs towards positive outcomes, while they retain a sense of control over the decisions in their lives. This control arguably cultivates a person's self-belief, that the power to master personal change resides within themselves. For many, self-belief and positive attitudes towards achieving goals begins with early life nurturing of themes that are recognised in children's literature (see Dr Seuss' (1990) *Oh, the Places You'll Go!* and Watty Piper's (1930) *The Little Engine That Could*):

"You can steer yourself any direction you choose (…) and you are the [one] who'll decide where to go." (Dr Seuss, 1990, p.2).

This core message, which was later developed by Bandura (1977) as the concept of self-efficacy, maintains that irrespective of the task, it is the perception of self and belief in an individual's capacity that helps to overcome the challenges. It is however important to divert from a Utopian perspective of positive early life development, through ritual experiences such as storytelling, since there are many potential barriers to securing such self-belief: for example, within adverse childhood experiences. Generally, new situations and challenges will foster a degree of uncertainty and anxiety, which has to be expected within the 'normal' stressors of everyday life (Howe, 2008). Nevertheless, early adverse experiences can impact on healthy brain development and the formation of secure/insecure attachment styles from childhood into adulthood (Ainsworth and Bell, 1970; Baumrind, 1995; Bowlby, 1988; Perry, 2014). Additional to the challenges associated with mental capacity, learning disabilities and cognitive impairments, such experiences undoubtedly impact on how individuals meet a challenge when presented to them. While not exclusive, the probabilities range between Piper's (1930, p.8) Little Engine's mantra, '*I think I can—I think I* *can',* or conscious avoidance (Allan, 2018), based on a person's self-efficacy belief regarding the task at hand.

Alternatively, as Bandura (1977) considers self-efficacy to be context-specific, this means that self-efficacy has the potential to fluctuate over time, including fluctuating within relatively short periods (Ouweneel, Schaufeli and Le Blanc, 2013). This therefore demands a reflexive and empathic approach led directly by the needs of the individual, rather than the service. Thus, there remains an important role within social work to motivate and nurture the self-belief of service users throughout relationship-based practice, while concurrently promoting experiences which embrace personal choice, risks and diversity.

Bandura (1997) also suggested that humans make sense of experience by generating internal cognitive constructs, with language and thought processes becoming representations of experience (Allan, 2018). The concept of internal dialogue has its origins in Plato's philosophy of thought being the communication of the soul with itself (Gacea, 2019). Additionally, the concept of *egocentric speech* (Piaget, 1959; Vygotsky, 1962): whereby children talk to themselves through an activity as a form of self-guidance (Gillen, 2000). The phenomenon of self-talk remains important when considering how positive internal dialogues can influence self-belief when approaching a specific task (Geurts, 2018). It has also been suggested that using our own names and external pronouns during self-talk can help enhance performance in stressful situations more than using the first person "I" (Kross, 2020; Karlgaard, 2019).

Mastery Experiences

Bandura (1977) proposed that people form their self-efficacy beliefs by interpreting information primarily from four key sources: mastery experiences; vicarious experiences; social persuasion; and emotional and physiological states (Pajares and Schunk, 2002). Of all four sources, Bandura postulated that the most effective ways to build self-efficacy beliefs were through mastery experiences, i.e., performance accomplishments. This is when an individual outlines a goal, persists through its challenges, and ultimately reflects on, and grows from, the achievement. Considering *mastery experiences* in this way can be linked to outcome-focussed practice, whereby service providers focus their attention on the *aspirations* of service users, rather than explicitly focussing on their *needs* (Miller, 2010).

Experiencing success, such as accomplishing a task, or controlling an environment, raises mastery expectations (Akhtar, 2008). Conversely, repeated failures lower expectations, which thereby undermines a person's self-efficacy for successfully completing a task or controlling an environment. Collins (2020) identifies that one way to achieve confidence through *mastery experiences* is to be placed in situations where there is a high probability of achieving success. This highlights an opportunity for outcome-focussed practice with adults and older people, and where an exchange model may support in identifying realistic person-centred outcomes, to ultimately enhance service users' self-efficacy and the sense of control experienced in their lives.

Social workers can however encounter cases whereby promoting self-efficacy beliefs may not be the optimum approach. For instance, addressing harmful behaviours would require careful consideration and assessment of what specific tasks and outcomes were to be achieved in a safe and positive way. It would be unethical to promote self-efficacy beliefs regarding specific behaviours that harmed, or significantly risked harming, any person. However, while discussing general outcomes for independent living, for AOP service users, it would be imprudent not to fully acknowledge the ethical and statutory duty of promoting the individual's own choice and sense of control over their lives (The Scottish Government, 2016; 2019). In particular, promoting service users' own choices and control is important through a practice that can, counterintuitively, often be oppressive by nature (Dalrymple and Burke, 2006): for instance, when statutory intervention may not have been instigated by the individual themselves. Arguably, there are limitless possibilities to explore mastery experiences, since Bandura (1977) proposed four modes of induction: participant modelling; performance desensitisation; performance exposure; and self-instructed performance.

Additionally, there are complex nuances involving what specific practice may better support specific cognitive and/or physical impairments when considering the possibilities of mastery experiences. This consideration may require discussion for Bandura's (1977) proposed fourth source of self efficacy, emotional and physiological states. However, an exhaustive account such as this would merit further research beyond the realistic parameters of this paper. Alternatively, this paper seeks to provide a broader summary for contemporary practice using some of the key issues pertinent to AOP Social Work, which I have identified as themes within *risk* and *care provision*.

Firstly, the local authority's duty for assessing and managing risks underpins social work intervention to safeguard vulnerable adults while upholding individuals' human rights to not be "subjected to inhumane or degrading treatment" (Council of Europe, 1950). However, it can be also argued that practitioners' preoccupation with risk assessment can result in risk-averse practice. Conversely, this can overpower human rights-based approaches (McLean, 2017): therefore, stifling opportunities for developing mastery experiences.

Secondly, since the introduction of Self-Directed Support (SDS) (Scotland) Act 2013), its widespread implementation has been of a low level, which has received critique for not achieving policy expectations (Audit Scotland, 2017). This legislation embodies the theme for care and support services working '*with,* not *for*' service users, drawing on aspects of democratisation and participation (Pearson, Watson and Manji, 2017). This relates back to the underlying concept of autonomy and self-determination, and how these can be empowered within AOP practice; the choice and control over how care is received should theoretically enhance the likelihood of person-centred *mastery experiences*.

Risk

In the current climate, following what Beck (1992) coined a *risk society*, there are several environmental and systemic ways that the assessment of risk becomes a preoccupation of social work and government policies (Wimmer and Quandt, 2007). 'Risk' can be defined as the *probability* of harm occurring (Gigerenzer, 2014), although in social work practice, the assessment of risk is concerned with the *severity* of harm as well as its likelihood (Whittaker and Taylor, 2017). Webb (2006) has suggested that this fixation with risk can supersede the handling of social need, whereby the levels of significant of risk can be used to determine service eligibility criteria and allocation of resources. Webb (2006) further postulates that how systems are constructed, to manage and predict risks, symbolises the risk society in which we live. Serious

Case Reviews reporting on tragic events of significant harm or death of service users highlight a blaming culture through front-line practitioners, who are often held accountable. In an evolving process, this fear of risk and repercussion can be argued to impact on how risk is approached in social work practice; alternatively, how the inevitable concerns of risk are balanced within the emancipatory practices, which promote choice and control over a person's environment and life planning.

While risk assessment is typically individualised within person-centred care, consequently, this focus; although important and useful; can fail to adequately recognise some of the structural factors imposed by an environment which fails to adapt to the needs of some adults older people (Lymbery, 2005; 2008; Beech and Ray, 2009). For instance, the Understanding Society, the UK Household Longitudinal Study (University of Essex et al., 2019) reports that wider social determinants account for much of the poorer health of adults with disabilities. Additionally, the relative poverty of many older people is closely linked with ‘fuel-poverty’: meaning older people are more likely than other groups to have unheated homes, which increases the risks of adverse health: for example, hypothermia. This therefore prompts the need for practitioners to reflect on what extent service users should be supported to adapt with the challenges of their environment; alternatively, practitioners could dismiss this concept of adaptation in favour of radical approaches that aim for wider structural change (Ferguson and Lavalette, 2013).

The focus on risk has become a dominant theme across all areas of social work practice (Titterton, 2005; Adams, Dominelli and Payne, 2009; Parkes and Shepherd, 2018) and typically involves defining and constructing individuals as being ‘at risk’ (Beech and Ray, 2009). Social workers have a particular role in complex and uncertain circumstances: when there is a high degree of risk, a social worker’s approach for managing this is at the core of their practice. Arguably, whereas most other professions primarily focus on minimisation or removal of risk, social workers are frequently confronted with dilemmas where the act of intervening could actually worsen matters (Kerr et al., 2005). As Milner and O’Byrne (2009) argue, attempting to remove risk in its entirety can have a devastating impact on an individual’s quality of life.

Thereby, the role of the social worker is complex in such potentially risk-fuelled situations. This raises difficult questions about how to balance empowerment for autonomy with protection. The conceptual relationship between autonomy and self-efficacy merits its own critical discussion, which, falls beyond the scope of this dissertation. However, there are clear links between supporting service users to embrace situations which allow for *mastery* to build autonomy and self-determination. These values are crucial for social work practice in promoting choice and control for service users; however, “should not absolve practitioners from finding ways to protect vulnerable [individuals]” (Preston-Shoot, 2001 in Kerr, Gordon, MacDonald and Stalker, 2005).

Following an investigation into the extreme abuse suffered by a woman using social and health care services in the Scottish Borders, the Social Work Services Inspectorate (SWSI) (2004, p.11) published a report of an inspection of services for people with learning disabilities. The report concluded that social work with vulnerable adults is:

“(…) a constant balance between promoting independence and self-determination, and providing appropriate levels of protection.’”

The SWSI (2004, p.3) report also provides several examples of responses by social workers that do not reflect the professional consideration for this “complex” and “fragile” balance. These responses were publicised as a significant failing on the part of agencies, whose fundamental responsibility resides with the protection and promotion of the health and well-being of vulnerable adults. This balance between independence and safeguarding is articulated in the SSSC’s Codes of Practice (2016, non-paginated) for social service workers, which governs them to:

- “4.1 — Recognise that people who use services have the right to take risks and support them to work positively with potential and actual risks to themselves and others;
- 4.2 — Follow risk assessment policies and procedures to assess whether the behaviour of people who use services presents a risk of harm to themselves or others;
- 4.3 — Take necessary steps to reduce the risks of people who use services harming themselves or other people, and;
- 4.4 — Make sure that relevant colleagues and agencies are informed about the outcomes and implications of risk assessments.”

The SISEW (2004) report highlights these values as the duty to understand and effectively manage risk while aspiring for a truly inclusive society.

A core criticism of the focus on risk is that it is considered “inherently reductive” (Lymbery, 2005; 2008, p.138). This concept acknowledges that life itself is a risky process, as is social work a risky field (Webb, 2006). Additionally, that eradicating all aspects of life that carry risk is neither feasible nor advantageous. Effective risk assessment and management are therefore essential practice elements for AOP Social Work, involving critical thinking and action required specifically for complex ethical and moral dilemmas (Payne, Adams and Dominelli, 2009). However, it must also be recognised that risk-taking is a normal part of a free life (Milner and O’Byrne, 2009). Nonetheless, risk must also be placed in a context that is characterised by uncertainty (Lymbery, 2005; 2008). Glaister (2008, p.8) indicated that the ability to remain critical in practice is a decisive factor in managing uncertainty, using:

> “open-minded, reflective approaches that take account of different perspectives, experiences, and assumptions”.

Practising social work during times of uncertainty is an unavoidable factor. This is particularly evident during the evolving tensions of the global pandemic, COVID-19. For example, concerns over safe working conditions, remote working, reduced services, disruption to student placements, and reduced face-to-face contact are results of the spreading virus and subsequent government lockdown procedures (Banks, 2020). Such extensive operational challenges undoubtedly impact on effective the relationship-based practice, which was once not so ‘socially distanced’; additionally, what this means for how ‘risk’ is both perceived, assessed, and managed.

Principally, the Scottish legislative framework places a statutory duty on social services to safeguard vulnerable adults who are identified as ‘at risk of harm’. The Adult Support and Protection (ASP) (Scotland) Act 2007 outlines adults ‘at risk’ as those aged sixteen and over, who:

- Are unable to safeguard their own wellbeing, property, rights, or other interests; and
- Are at risk of harm; and
- Because they are affected by disability, mental disorder, illness, or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

Safeguarding vulnerable adults should not be at the expense of their autonomy; but an essential element within this duty (Brown, 2009). Legislative exceptions occur regarding compulsory hospital detentions: whereby an individual poses a significant risk of harm to themselves or others, and, due to a 'mental disorder', are unable to make decisions regarding treatment for themselves (Mental Health (Care and Treatment) (Scotland) Act 2003; 2015). The revised Mental Health (Care and Treatment) (Scotland) Act 2015, provides greater protection regarding autonomy: for instance, the 2015 Act has removed appointment of a named person by default unless the individual chooses to have one. Following the landmark Bournewood case in 1997, deprivation of liberty safeguards were introduced in England and Wales (Social Care Institution for Excellence, 2015), since adults who lacked the capacity to consent to being detained were not adequately protected within Article 5 (1950) European Court of Human Rights. Subsequently, this raised concerns in Scotland that the Adults with Incapacity (AWI) (Scotland) Act 2000 provisions were not adequate to meet Article 5's requirements. Herein, as can occur with any statutory social work intervention, there are contentions within the intrinsic practice of human rights: a contested balance of the right to life; safeguarding; and protection; with the freedom of structural discrimination based on socially divided themes regarding the tolerance and perception of individualised risk, amongst others (Harms-Smith et al., 2019).

Dominelli (2002) highlighted the concept of *identity politics*, whereby marginalised groups: women; people with disabilities; older adults; people with mental ill health; amongst others; face the challenge of mobilising around particular social divisions based on 'dominant' and 'inferior' statuses. This echoes the aforementioned thoughts of Foucalt (1961; 1982; 1990) on the 'social norm': who are the 'social controllers' and who exist to be controlled? This division can occur within the family, such as the involvement of unpaid carers in the care planning process. Whereas the 1997 Bournewood case highlighted harmful implications associated with not seeking the views or consent of carers, risks can also occur when carers' views may conflict with service users'. For example, while with the best intentions, there can be an intrinsic focus within families and carers on the safety of their loved one. This can also mean an unwillingness to accept the level of risks that may accompany the wishes of the individual service user; for example, rehabilitation from hospital discharge to the community, rather than to care homes (Lymbery, 2005; 2008).

In England, the Department of Health (2007) published a supported decision-making tool listing guided conversation questions for service users when identifying risks. When accompanied by agency procedures, this form of exchange aimed to enable individuals to exercise choice and control over the decisions in their lives. Thus, this process of reciprocal reflection with practitioners can be suggested to promote a balanced and safe decision (Milner and O'Byrne, 2009). However, the more individuals exercise their own choice, there is arguably higher prevalences of risk (Milner and O'Byrne, 2009), for which service providers may be liable. Herein, there is an argument for balancing service users' rights to take risks while accepting this as an opportunity to find positive and creative solutions (Faulkner, 2012).

The AWI Act (2000) provides a framework for local authorities to safeguard adults who have been assessed as lacking the capacity to safeguard themselves. The Act defines 'incapacity' as a person aged sixteen and over who is ‘incapable’ of: acting; making decisions; communicating decisions; understanding conditions; or retaining the memory of decisions. However, the Act also outlines that a person should not fall within this definition by reason only of a ‘lack’ or ‘deficiency’ in communication due to a mental disorder or physical disability.

Morris (2010, p.427) has suggested that the “disabling attitudes” of social services professionals concerning *risk* and *capacity* can be clear barriers to the independent living of service users. Undoubtedly, there are cases whereby lack of capacity to make decisions demands protective action from social services, when there is a risk of harm that could not be mitigated without statuary intervention. Capacity does not always exist as a fixed state but can vary depending on various factors, and throughout the course of a day: for example, caused by the effects of medication. AWI (2000) commands that capacity should be assumed until assessed otherwise by the relevant health professionals. Therefore, in the absence of a formal diagnosis, a key area for the assessment of adults is that of enablement for them to make their own decisions, while measuring the likelihood and severity of harm, with attempts to mitigate this through effective relationships.

Respecting service users’ rights to make decisions requires social workers to treat them as capable and relatively autonomous individuals. Dominelli (2002) highlights that a strengths-based approach does not pathologise an individual’s circumstances, thereby does not undermine the decisions that the service user chooses to make. This, it can be argued, enhances individuals’ self-efficacy beliefs by acknowledging their capacity for personal agency; that is, people’s belief in their ability to exercise a level of control over their own functioning and environmental situations (Bandura, 1997). This approach therefore prompts the need for service providers to prepare and respond effectively to the agendas set out by service users within the possible risks and limitations (Dominelli, 2002). Herein, there is an expectation for practitioners to serve client-defined needs while approaching risk; not enforce their own personal views on what ‘should' be done. This perspective has been particularly evident through the disability movement whereby disabled people demanded the right to speak for themselves, make decisions regarding what they want to do, and take action for and on their own behalf.

Contrarily, it can be argued that a needs-led assessment is often superseded by the pressing issues of risk assessment and risk management (Lymbery 2005; 2008). For example, due to limited resources, services are often targeted to those identified as most at risk, which means that a wider range of needs remain unmet due to being assessed as not meeting the threshold (Clark, Dyer and Horwood, 1998). It is also important to note that the concepts of 'risk' and 'need' are not always conflicted. In Western society, the concept of ‘need' can be perceived as both objective and relative, and therefore difficult to define in explicit terms (Godfrey and Callaghan, 2000). However, assessing for both risks and needs demands an awareness of their reciprocal, ever-evolving relationship: for example, significant risks can arise, or be exacerbated, by unmet needs (Ashokkumar, Chacko and Munuswamy, 2012).

Key learning from the disability movement highlights that the concepts of independence relate more to a person’s control over the decisions that affect their life, rather than the physical capacity to undertake all daily tasks of everyday living (Mercer, 2004; Lymbery, 2008). Lymbery (2008) emphasises the conceptual interrelatedness of risk, uncertainty, protection and independence; that any assessment of risk carries consequences for a person’s autonomy. It is therefore inevitable that the intervention to safeguard service users from potential risks will compromise their independence or autonomy, in some way. Focusing primarily on risk can increase the tendency of practitioners to make decisions and engage in behaviours and interventions that are excessively preventative (Whittaker and Taylor, 2017), which assumes that the individual is incapable of making judgements about the level of risk that they themselves are prepared to tolerate.

Service users with ‘capacity’; i.e., not assessed under AWI (2000) legislation as having ‘incapacity’; can ultimately engage in behaviours that practitioners may perceive as ‘risky’. For example, the sexuality of adults with learning disabilities is still considered a taboo (National Development Team for Inclusion, 2019): a similar prejudice is also prevalent for older adults in later life (Inelmen et al., 2012). Whereas some adults with learning disabilities may not have the capacity to consent to having a sexual relationship, research has shown that this is the minority (Mencap, n.d.; Bates et al., 2017a; 2017b). Therefore, what could be a natural desire for a service user to engage in intimate or sexual relationships may evoke a sense of unease in practitioners, with a tendency to redirect the service user from seeking or engaging in sexual or intimate experiences. Undoubtedly, there is a need to safeguard adults who are particularly vulnerable to exploitation and abuse: for example, due to difficulties with communication or not having received sufficient guidance and support for sexual awareness with regard to keeping safe (BASW, n.d.).

For adults with disabilities, risk-averse practices can question the extent to which contemporary social work has embraced the social model of disability values, which focus on social and environmental change to enable service users to live equally and inclusively in society. In this context, ‘risk’ is not perceived as an act involving purposefully self-destructive harm, although this can be . Instead, risk is the very act of a balance of probabilities within decision-making, between both the value and likelihood, of potential gains and potential harms (Whittaker and Taylor, 2017). The nature of risk can be perceived both objectively and subjectively. Alternatively, it could be argued that the ‘paternalistic' service provision that prompted the Independent Living Movement in the 1970s remains evident with its implications on service user autonomy. Assessments on capacity are adopted to examine risk in the context of older people; if an individual has full capacity to make decisions about their own life with the inevitable risks involved, then there will be greater professional toleration of the possibility of harm. Ultimately, this perspective is informed by the philosophy for utilitarianism; articulated by Mill (1861) as actions being morally justified in proportion as they tend to promote overall human happiness.

However, current practice guidance from BASW (n.d.), human rights-based practice would show and develop commitment to promoting the right to service users’ family lives, respect their sexuality, and acknowledge their rights to choose their friendships, make ‘unwise decisions’, and ultimately choose their own lifestyles, when they have the capacity to do so (BASW, n.d.)

Provision of Care and Support

The provision of social care and support in Western society has undoubtedly improved over recent years. Historically, physical and cognitive impairments often coincided with extreme inequalities including institutional confinement and discriminatory labelling, which in present times are regarded as oppressive and deeply offensive (Rothman, 2018). Foucalt (1961; 1982; 1990) explained this as a way that society expressed power to objectivise people (Bruce, 2019) who, due to various levels of impairment, did not comply within the 'social norm'. According to Foucalt, this 'social norm' comprised self-titled 'social controllers' and 'social leaders. Therefore, this can be seen to suggest that those who did not comply with the 'social norm'; because of mental or physical impairments; existed to be controlled, lead, or even excluded by those self-declared as 'in power'. Furthermore, the 'social controllers' were argued as being the people who had the least issues with their mental or cognitive health and wellbeing, coinciding with a sense of purpose, belonging, and self-awareness in comparison to those who were marginalised. More recently, Dominelli (2002, p.38) has argued that this politicisation of difference continues to create a societal division, which further marginalises people who lack the "desired" and "superior" characteristics. These characteristics are defined as conflicting with what society consider mainstream: therefore, those who do not belong are considered "deviant" or "abnormal". Dominelli (2002) concludes that this manner of objectivity is the dynamic that underpins the social construction of oppression.

Wolfensberger's et al. (1972), *T*he Principle of Normalisation in Human Services, highlighted that the historical systematic design and running of institutional care was stifling service users. He considered that the institutional care being provided deprived individuals of culturally 'normal' opportunities, due to its restricted range of learning opportunities as this arguably fostered non-normative dependency for service users (Wolfensberger et al., 1972, p.33). As an alternative to institutionalisation, Wolfensberger proposed promoting a support system based on community care that would promote social inclusion by supporting individuals with the opportunities to encounter and live everyday experiences, in a way that was not 'subordinate' to the rest of society. Through the concept of 'social role valorisation' (SRV), Wolfensberger et al. argued that such inclusion would counter the prevalent discriminatory societal attitude towards people with learning disabilities. Additionally, SRV would create opportunities for adopting the commonly valued social roles, which would help to retract the societal notion that people with learning disabilities were fundamentally and unequivocally different.

Historically, oppressive and segregated institutional confinement was the prevailing source of 'care' for people who, for various different reasons, did not comply with 'the social norm' (Foucalt, 1961). Thankfully, much of the derogatory labelling of that time has since been abolished. For instance, it is no longer socially, or morally, acceptable to describe those who are disabled, or those suffering with mental ill-health issues, as a 'burden' or a 'threat' to society (Walmsley, 2008), although it must be noted that some harmful prejudices remain. Since the 1970s, a rigorous process of deinstitutionalisation has taken place, which aimed at recognising the devastating effects of institutional 'care' on people's health and outcomes. During that period, community-based supports were virtually absent (Long, 2017), as institutions were purposefully disconnected from communities. In retrospect, the institutions were less a form of treatment for mental ill-health and more a form of containment for those society regarded as a 'threat' or a 'burden'; often people were confined for futile reasons. In 2002, Glasgow's Lennox Castle finally closed its doors following a 1989 report that highlighted extremely poor living conditions and subsequently poor health of the patients (The Scotsman, 2017).

The process of deinstitutionalisation has progressively accounted for the significant harm this type of 'care' has caused (Dalrymple, 1999; Hamlin and Oakes, 2008; Yohanna, 2013). This shift in care provision acknowledges service users as human beings, with an equal need for social inclusion, dignity and autonomy, as equal members of society. Currently, Scottish legislation places a statutory requirement on local authorities to offer eligible service users the option of self-directed support (SDS), or ‘Personalisation’, choosing what support they receive and how they receive it (Social Care (Self-Directed Support) Scotland Act 2013). This requirement follows guidance from the European Convention on Human Rights (1950) and the United Nations Convention on the rights of Persons with Disabilities (2007) for individual autonomy including the freedom to make one's own choices. Likewise, the Community Care and Health (Scotland) Act 2002 demands a shift from institutionalised era of confined care to the provision of services in the community and preferably in people’s own homes when possible (SPICe, 2011).

Following the Changing Lives (2006) report, the public goal was to shift service user status from ‘passive recipient’ to 'active partners', with the concept of services making decisions ‘with' not 'on behalf of’ service users (Dominelli, 2002; Clark and Smith, 2012). Thereby, this notion would seek to enhance personal agency; an internal locus of control; and the self-belief that the power to alter their life events lies within the individual, not external agencies. Five years on, the Christie (2011) report published vast socio-economic inequalities and concern for the future delivery of public services, based on intense pressures on local authority budgets. Amongst what the report highlighted to be a problem was services having a "top-down" approach that failed to respond effectively to the real needs of individuals and communities (SPICe, 2011b, p.7). Amongst the objectives for the projected programme of reform was to build services effectively around not only the needs, but the “aspirations”, "capacities", and "skills" of service users, with the aim to build their autonomy and resilience. While government policies continue to highlight similar guidance, the reality of this in practice can be scrutinised. Austerity measures have resulted in increasing cuts to local authority budgets, meaning the closure of many of the public services required to support and build upon the autonomy, resilience, aspirations, and skills of individuals.

Freire (1970) advanced the philosophy of critical pedagogy and argued that disadvantaged individuals must enhance their own critical consciousness of ‘personal agency’ for self-determination towards their own development. Bandura (1997) defined ’personal agency’ as a person’s belief in their ability to exercise choice and control over their own functioning and environmental situations. Due to the various possible challenges for adults and older people who use social work services, Freire’s philosophy cannot always be assumed as achievable. The purpose of enabling *mastery experiences* is to identify realistic, person-centred outcomes, which evokes both self-determination and the likelihood of success; i.e., avoidance of unnecessarily setting service users up to ‘fail’. As Bandura (1977, p.195) postulated, experiencing “successes” raises the mastery expectations; repeated “failures” lower them, “particularly if the mishaps occur early in the course of events”. Therefore, a crucial role exists for practitioners of empowerment and enablement, for identifying person-centred outcomes, supporting personal agency; that their capacity to make decisions that impact on their lives is, not only possible, but encouraged by systemic practices; including the self-belief that achieving *mastery* is possible.

Systemic socio-economic disadvantage remains a prevalent issue for adults with cognitive and/or physical disabilities. For example, there are disparities in employment opportunities between disabled and non-disabled adults. In its report, Disabled People and the Labour Market, the Scottish Government (2018c) highlighted that, ‘economically inactive’ disabled people *wanted* to work, at a higher rate than ‘economically inactive' non-disabled people. However, the report identified disabled young adults aged 16-24 as having the highest unemployment rate of any age group and more than twice as likely to be unemployed than non-disabled 16-24 year olds (The Scottish Government, 2018a; 2018c). Concurrently, the report also stated that disabled adults aged 35-49 had the highest employment rate of any disabled age group, although statistically still exceedingly lower than non-disabled people in this same age group (The Scottish Government, 2018a; 2018c). This analysis helps to explain the structural disadvantage that disables adults with cognitive and/or physical impairments, as a result of the systemic failings that seemingly fail to recognise and respond to the aspirations of society in an equal and inclusive way.

This concern is similarly prevalent among older adults regarding particular issues such as deteriorating cognitive and physical health, which, with inadequate support can have a profound impact on social isolation and exclusion (Sacker et al., 2017). In contrast to adults living without impairments, there exists many potential barriers that prevent AOP service users from experiencing the 'norms' of everyday life in a simplistic and straightforward way; the 'normal' patterns and activities of everyday life, should this be what the service user wants (Wolfensberger et al., 1972). Herein, the goal is not to seek solutions for how to adapt the individual for society, but rather to adapt the systems of society in which all individuals can function and thrive. This urges reflection on the quality of opportunities for mastery experiences being offered, not because of individual impairments, but the systemic barriers of an environment that too often is designed to enhance inequalities and disable a vast proportion of society (The Scottish Government, 2016). Thus, the opportunity for gaining *mastery experiences* must begin to reflect on the extent that empowers individuals to experience a sense of control over their own lives and the environment in which they live: autonomy is not an exclusive trait, but a transactional relationship between the individual and their lived experiences in wider society.

In 2014, The Scottish Government implemented SDS as its flagship policy, promising greater personalisation of social care by shifting the balance of power and decision-making from statutory services to the individuals who depend on social care. Following the initial SDS test sites in 2011, Ridley's et al. (2011) evaluation report illustrated that in spite of the challenges with its implementation, high levels of satisfaction were experienced by those who did receive SDS. Ultimately this illustrated that, given adequate time and resources, SDS effectively equipped service users and carers with a greater level of choice, control and flexibility. However, whereas improvements as a direct result of SDS have taken place, there remains limited evidence of its widespread implementation (Audit Scotland, 2017). The audit found that people over aged 85, with poor mental health and few social supports, were among those the system had failed by not receiving the support and advice necessary to regain control over their own care (Clarke, n.d.).

The Scottish Government's (2018) report, Transforming Social Care, did however highlight that between 2016-2017, 70% of all eligible social care clients accessed social care through SDS. The report did not identify what proportion of this figure involved 'Option 3'; this option means that the service users choose for the local authority to determine and arrange services on their behalf. A subsequent report highlighted the figure for Option 3 as 75% (The Scottish Government, 2015). Possible benefits of this option for service users include avoidance of administrative tasks sourcing the care and support, should this be what the service user wants. Further, service users may entrust their care needs within the parameters of their local authority's knowledge on local resources to suit their needs, through experience of multi-agency working in the field. However, whereas this option obtains possible benefits, there remains speculation that this method of service provision is not considerably progressive to earlier practice, nor does it truly encapsulate the then radical reforms following deinstitutionalisation and the Changing Lives (2006) report. Slorach (2016) identified that those least likely to take-up the direct payment option (meaning greater personal control over their care), were the elderly and people with learning or mental health challenges, where advocacy, or additional support services, may have been required.

SDS is an outcome-focussed approach, recognising what matters most to the individual and how to achieve these outcomes, whereas the budget can be utilised in creative ways that either directly, or indirectly, provide the financial and practical support necessary for a service user to meet their outcomes. Kettle (2015) reported that whereas some of the issues around personalisation can be contentious, the research indicates many factors about which there should be optimism. For example, Kettle reported a commitment from professionals towards creativity and learning despite lacking the conditions for effectively and efficiently sharing that learning. This highlights concern around the operationally systemic implications for individual outcomes. This, in turn, opens discussion on the impact these implications may have on there self-efficacy of professionals in practice. This follows Bandura's (1977) proposed theory involving how repeated failed attempts and control for situations, that reside in external forces, restricts the development of efficacy beliefs.

The Scottish Government (2018c) has reported revolutionary changes in the evolution of social care in Scotland. The report stated that self-directed approaches would remain at the centre of the then current practice and future thinking. Key issues were of 'choice' and 'control', to which policy, research and literature concerned with AOP Social Work should continue (Evans, 2003; Morris, 2004; Lymbery, 2014; The Scottish Government, 2018c; Mladenov, 2020). Cognisant of this, the existing Standards in Social Work Education (SiSWE) (SSSC, 2019) were revised to provide greater emphasis on ethical practice, necessary for balancing care and control, when assessing and managing risk.

Arguably, SDS is considered the pinnacle of community care provision in Scotland. For instance, SDS provides individuals with the option to utilise their budget in creative ways, covering a vast proportion of areas such as personal care, home care, social support and mobility aids. This means that providers can personalise care services to an individual's needs and choices. For those who are assessed as eligible, SDS aims to ensure that the supported individuals control their own care to the extent that they choose, while being personalised to their specific outcomes, and respecting the person's right to participate in society (The Scottish Government, 2018). Participation is a common theme of Personalisation across the UK, with Lymbery (2014, p.295) highlighting the association of *social citizenship* as a dominant theme in the rhetoric of the government and the disability movement — whereby;

"previously disadvantaged people will be enabled to enjoy the full benefits of society, which had previously been denied to them"

There is however ongoing debate as to what extent this enablement to enjoy the full benefits of society is worth. Personalisation continues to be promoted as key for independent living. However, as Lymbery (2014) highlights, practice that aims for 'empowering' service users with managing their own budgets for support can be considered counterintuitive, since many of the support services have been cut back or closed down.

Arising from the Disability Movement, was the UK's Independent Living Movement of the 1970s. This movement formed as a result of disabled people perceiving services as:

"(…) paternalistic, institutional, second class, too medically orientated, and out of touch with their real needs" (Evans, 2002, p.1).

There is however an argument that, despite systematic progression since historical institutional confinement, independent living and community care remain a "disempowering" framework (Morris, 2010, p. 1). Morris (2010) outlined the barriers imposed by the social care system; issues that conflict with the Scottish Government's longstanding vision that social care is at its best when it helps people to feel independent and safe, while they themselves control the support they may need (The Scottish Government, 2010).

For example, a recent European survey on personal assistance (PA) for disabled people postulated that the greatest enabler of choice and control was the opportunity to choose one's personal assistant; whereas lacking this opportunity was recognised as the greatest barrier. Other enablers included having both autonomy in the outcome of needs assessment, and a sense of control over logistical factors, such as the time and place of the support (Mladenov, 2020). Alternatively, the barriers incorporated a bureaucratic administrative approach to service provision, which lacked insight into the needs of the user. Interestingly, provision of good working conditions for the assistants also featured prominently among the top enablers for the users' sense of choice and control.

Social Care has long been regarded a profession that is undervalued, underpaid, and overworked (Garner and Fawcett Society, 1998; Fawcett Society, 2020). These issues have become more pertinent for front-line essential workers during the global pandemic of COVID-19 (Kinder, 2020; Swerling, 2020), practicing in risky and uncertain conditions during a government-imposed 'lockdown'. In addition to social care, this has been highlighted as a key issue for the National Health Service (NHS) employees who have cared for vulnerable patients through the COVID-19 pandemic, while simultaneously risking their own and their families lives. NHS staff and others are directing social and mainstream media to demand urgent government attention on the lack of recognition for NHS working and pay conditions, highlighting that in England 63% of the first 100 health worker deaths from COVID-19 were from Black and Minority Ethnic (BAME) backgrounds (Cook, Kursumovic and Lennane, 2020), while BAME workers are reported to account for, approximately, only 20% of the NHS workforce (NHS Workforce Statistics, 2019. This has seized a growing, contemporary societal awareness of some of the structural and systemic inequalities experienced by people. In light of these unprecedented working conditions, The UK Government (Her Majesty's Treasure, 2020) announced an 'above inflation' pay rise for the public sector: doctors, police, teachers, and others. However, many of the front-line workers have been excluded from this recognition: nurses, health care assistants, social workers, for example. Support-based roles were also excluded from this recognition, since much of the social care sector has been privatised, which in this sense falls beyond the reach of the government (Robertson, 2020). Slorach (2016, p.221) mirrors "inferior" care services with the "inferior" pay and conditions for their staff, highlighting that:

"Decades after the adoption of the social model by public sector services, the treatment of disabled people in social care often continues to undermine dignity and autonomy."

Therefore, while taking care to avoid promoting a ‘blaming culture’, there is now a real emphasis on improving the conditions under which social care is provided, and recognition and acceptance of the systemic and social value placed on the profession. That is, practitioners must be given the adequate tools, training and support in their role that ultimately aims to deliver social justice and support the lives of individuals and communities. Otherwise, as the European PA study suggests, there is a real risk of projecting feelings of oppression experienced by service workers to service users.

Chapter Two: Analysis on Balancing Autonomy with Protection

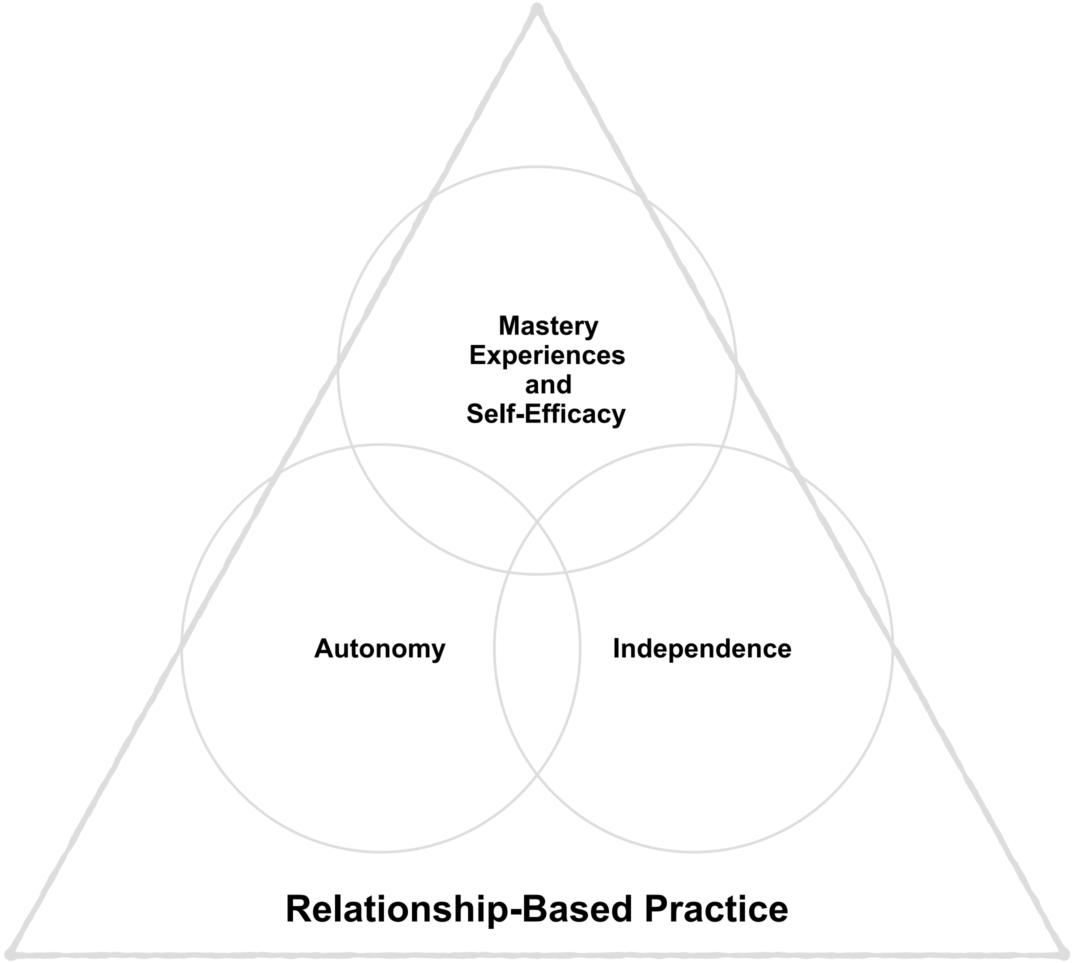
This dissertation was a research endeavour aimed at developing awareness of what social service practitioners may encounter in practice and thus find useful to better support the development of self-efficacy in service users. A critical analysis of the existing literature concerning ‘risk’ and service provision with adults and older people has highlighted the dynamic interplay that exists between self-efficacy, autonomy, and independence. Whereas the dissertation’s initial focus was to consider the enabling role of social work practice for developing service users’ self-efficacy, the reciprocal roles of these three constructs (self-efficacy, autonomy and independence) have emerged as also requiring further attention. Therefore, while retaining an interest in the overall systemic opportunities for mastery experiences, it is important to place this within the wider analysis of how service providers balance their duty to protect vulnerable adults from harm, while simultaneously maintaining service users’ rights for autonomy.

This shift in analysis aims to manifest the pressing needs within AOP Social Work, recognising and promoting service users’ independence, while simultaneously safeguarding them from harm (The Scottish Government, 2011; 2012; 2016; 2018c; 2019a). Hopefully, by identifying and reflecting on this shift, it also demonstrates the importance of practitioners and service providers having a willingness to adapt and to reflect on pre-existing bias or assumptions; flexibility which is crucial for effective learning and reflexive practice (BASW, 2020).

In discussing the individualisation processes of social work, Ferguson (2001) argued that social work education and practice must embrace reflexivity when responding to the choices available to service users. This acknowledges service users as active *social citizens* who have autonomous opportunities to enhance their lives (Lymbery, 2014; The Scottish Government, 2018b). Ferguson (2001) approached *mastery* as a concept underpinning all social work practice with service users towards self-actualisation and emancipatory life-planning. Ferguson (2001) argued that it is indeed possible for service users to retain this level of autonomy and control over their lives through social work intervention. (Ferguson, 2001, p.52) argued that the balance, i.e., between autonomy and protection, helps to constitute “what social work actually is”; that social work is “not linear” or simply “top-down” but a “dynamic, ongoing, reflexive process”.

Social Work is a profession that ultimately carries substantial legislative and social control over people's lives; often those people who have already been marginalised by means of poverty, disability, age, etc. Ethical understanding of this therefore demands reflexive practice, which balances *autonomy* with *protection*, within evolving circumstances. This approach helps to mitigate anti-oppressive practices through which the service user can exist seemingly to be 'controlled' by what could be the subjective reasoning of practitioners, within a perceived ‘dominant’/‘inferior’ social division (Foucalt,1961; 1982; 1990; Dominelli, 2002).

Analysis of the selected literature has augmented the discussion around self-efficacy within the existing evident issues for social work with adults and older people; i.e., that relationship based practice underpins the assessment and management of risk, and service provision. Whereas the dissertation’s initial aim was to approach these issues tentatively within the concept of self-efficacy and mastery experience, other prevalent and unavoidable issues have emerged that required further exploration. Specifically, the tensions that exist between balancing *autonomy* with *protection*. While the dissertation's underlying objective to consider mastery experiences remains, it is clear that self-efficacy is not one-dimensional, nor does self-efficacy exist in isolation from other theoretical constructs. For example, as Garrin (2014) highlights, there is an interrelated nature between self-efficacy, self-determination and self-regulation. Consequently, this chapter aims to decipher the reciprocal roles of some of the constructs that have emerged with importance from Chapter One: independence; autonomy; mastery experiences; and self-efficacy; which, as illustrated below, have been considered as underpinned by effective relationship-based practice.



A comprehensive review of these interrelated concepts, within the theoretical and practical perspectives of social work practice, would provide an interesting and important topic for further discussion in their own right. The role of professionals in social change, or personal agency, is particularly complex. Developing an understanding of this involves consideration of other behavioural concepts such as having a *transtheoretical framework* (Prochaska and DiClimente, 1983), which aids in identifying and understanding a collective or individual motivation and belief in achieving outcomes. While being careful to avoid a generalisation of what could be particularly complex debate as highlighted by Garrin (2014), I have summarised the findings and analysis from an individualist perspective of relationship-based practice underpinning these constructs:

1. *Independence* — the outcome of choice and control.
2. *Autonomy* — the right to self-govern.
3. *Mastery Experiences and Self-efficacy* — opportunities to enhance self-efficacy and the self-belief in achieving outcomes.

It is worth noting that although each of these constructs can exist alone, collectively they bear particular interrelated relevance for promoting dignity while working with adults and older people. As discussed, mastering a task does not necessarily pre-determine a person's future perceptions on their ability to repeat this on another task, although repeated *mastery experiences* can increase a person's sense of self-efficacy (Bandura, 1977). Additionally, whereas *autonomy* is closely linked to a goal for independence, this does not mean than an autonomous person must be independent of others (Deci and Vansteenkiste, 2008). Thus, care provision, independence, and autonomy, can, and sometimes do, co-exist, although from an ecological perspective may fluctuate depending on their interaction within a particular environment (Teater, 2014).

Achieving and maintaining homeostasis of these constructs for service users holds accountability for practitioners establishing effective working relationships. Thereby, the service user is not oppressed, but empowered, to believe that they are capable, autonomous, and self-determined to successfully overcome obstacles, achieve outcomes, and live as independently as possible. Likewise, that any additional support from service providers should not stifle service users' independence; although one caveat for this involves a legislative duty for appropriate safeguarding intervention. For instance, although having 'incapacity' does not exclusively warrant statutory intervention, the AWI Act (2000) does provide a framework for safeguarding adults who are unable to safeguard themselves, through Guardianship Orders, Power of Attorney, etc. Within AWI legislation however, there remains a human rights-based requirement to retain focus on the service users' best interests; to seek both their present and past wishes and feelings, and act on them whenever possible (The Scottish Government, 2018).

Relationship-Based Practice

In social work, relationship-based practice helps to counteract a 'reductionist' approach often associated with behavioural theory (Hantula, 2018). From a psychological perspective, a reductionist approach simplifies complex phenomena to their most basic parts. On the one hand, this may be useful for social work practitioners while recognising their limited capacity for professional knowledge and practice, different to that of psychologists who could decipher, diagnose and treat complex psychological issues for service users. On the other hand, behavioural approaches can be critiqued for assessing behaviour based on what is 'normal': i.e. 'dominant'/'inferior' (Dominelli, 2002). Building relationships organically, connecting with service users through reciprocal transactions, empathy, empowerment, promoting self-efficacy beliefs, while not an exhaustive account, can build trust and connection with service users, on an adult to adult; human to human; level. Against the often procedural, duty-bound, time-restricted profession of Social Work, the importance of maintaining human connections are crucial.

The political-economic policies currently in place that aim to reduce government spending, including public services, presents service providers with many challenges. Specifically, contributing to the challenges are austerity related welfare reforms, evolving closure and privatisation of public services, and more recently, a new method of practice involving ‘socially distanced’ relationships, as a result of the ongoing COVID-19 pandemic.

While operating on a person-centred level, social workers must be mindful of their practice within the wider socio-political context. As Wilson et al. (2001, p.5) illustrated, within the encompassing social, cultural, political, and economic system, there are social workers within an organisational context; service users within a social and family context; and bridging the gap between these two contexts is the construct of a “reflective relationship”.

Therefore, the practitioner’s role in facilitating the mastery experiences to empower an individual’s self-efficacy can be ambiguous. Social workers’ practice governs the wider political society that informs interventions, and ultimately resides within the legislative and procedural framework within which practitioners operate (Dominelli, 2002). Thus, adopting a person-centred approach can cause a conflict between the views of service users and their carers, the views of the practitioner, and the socio-political context within which they reside. For example, as Dominelli (2002) states, the concept of 'risk-taking’ is therefore transferrable to practitioner, while considering their professional accountability for intervening in ethical or moral dilemmas.

Notwithstanding the above, evidence consistently shows that effective relationship-based practices positively impact service users’ wellbeing and outcomes (Bauld et al., 2000) as service users attach significant importance to their relationships with practitioners (Barnes, 1992; Qureshi, 1999). Whereas working relationships alone will not mitigate the complex structural issues imposed on individuals, personal and professional relationships have historically been, and continue to be, at the heart of social work (Trevithick, 2003; Ingram and Smith, 2018). Across all domains of practice, there is an increasing awareness of the need for organic and effective relationships: fundamentally with service users; but also, with colleagues and other social work, health, and third sector professionals involved in the multi-agency working process.

As Trevithick (2003) highlighted, social work encompasses the ability to *relate*. By its very nature and purpose, social work intervention can influence the spirit and quality of relationships being both established and maintained (Wilson et al., 2011). Alternatively, the consequences of failed or unsustained relationships can result in severely negative outcomes for those individuals who depend on them (Kennedy, 2019). When viewed from a psychosocial perspective, a person’s capacity to effectively manage relationships, social situations, and ‘emotional demand’ are influenced by the quality of their “relationship history” and “social environment” (Howe, 1998, p. 175). This is further articulated through the theory of attachment *(*Ainsworth and Bell, 1970; Bowlby, 1988), whereby early relationship experiences in childhood can impact on the way individuals express themselves and interpret their relationships within a social and environmental perspective, into adulthood (Fraley, 2019).

Social work as ‘capacity building’ is one of the four key perspectives that inform Trevithick’s (2003) literature on social work practice skills, in which capacity building is emphasised from a relationship perspective. Herein, ‘capacity’ can be defined bilaterally as tangible abilities that exist presently, and potential abilities that can exist in the future. While ‘capacity’ in a legislative context (AWI (Scotland) Act 2000) involves the safeguarding duty of a practitioner to protect individuals from significant harm, this understanding presents a clear perspective for social work with adults and older people to promote autonomy, independent living and the self-efficacy beliefs that these two outcomes are achievable.

Berne’s (1959) Parent, Adult, Child (PAC) model of ‘transactional analysis’ (TA) theory can aid understanding the reciprocal transactions, communications, and relationships between practitioners and service users. Berne’s (1959) model provides a method to identify ego states as persistent patterns of feeling and experience that directly relate to a corresponding pattern of behaviour. Although contemporary literature on TA in social work practice is sparse, Berne’s PAC model offers a framework to inform reflective practice on the reciprocal communications between social workers and service users (Pitman, 1982). This is particularly useful when approaching risk-taking or safeguarding duties with adults and older people, where practitioners are obliged to remain consistent within adult-to-adult ego states. During efforts to protect, practitioners may adopt a ‘parental’ state; “a set of feelings, attitudes and behaviours, which resemble those of a parental figure” (Berne, 1966, p.220) with an authoritative perspective that risks thwarting the views of service users. Berne’s theory argues that this ‘parental’ stimulus can ultimately evoke ‘child’ responses from the recipient. If allowed to fester, this transaction risks potentially harmful and oppressive practice, through which the service user is misplaced in their identity as an equal adult. This bears a conceptual relationship to what Dominelli (2002) illustrated as the conscious, or subconscious, perception of ‘inferior’/‘dominant’ social divisions, which, if not sufficiently acknowledged can percolate such ‘parent’ to ‘child’ transactions in the practitioner/service user relationships.

As Dominelli (2002, p.82) emphasised, many of the issues service users face can be perceived as the result of “macro-level trends” that concern large-scale social processes, which are ultimately beyond the control of both service users and practitioners. Trevithick (2003, p.168) however, suggested that practitioners are able to form a “solid foundation” for supporting service users to identify challenges, including the ways to work through them. This notion is of use, since it can be argued that many of the challenges within social work arise from the result of relationships in some sense: social relationships; or relationships within an environment that has not been adequately adapted to a person's needs.

Howe (2009. p.137) presents an argument for social work as “psychosocial work”; i.e., practice within the area of human experience, which is influenced by the interplay between a person’s psychological condition and social environment. From this perspective, practitioners must adopt an awareness of the ‘use of self’, which, according to Howe (2008), is a key aspect of relationship-based practice (Howe, 2008). As indicated below, Howe (2008, p.185) aligns “knowledge of the self” with *emotional intelligence*:

> “(…) the more emotionally aware is the social worker, the more connected [they] will be with those who use [their] services and the more open and accurate will be [their] responses and communications”.

Independence

The National Institute for Health and Care Excellence (NICE) (2015) defines independence as a person's ability to make choices and to exercise control over their life; therefore, conceptually relating to autonomy. This includes independent living with or without additional support.

Personalisation and SDS embody this concept of offering service users 'choice and control'; however, the implementation of SDS has not met the UK Government's policy expectations of being fully embedded in practice (The Scottish Government, 2019d). Critics have argued that the government's rhetoric on 'independence' and 'choice' is a means of justifying the privatisation and cuts of public services (Slorach, 2016) and produce austerity measures that hit hardest the most vulnerable and marginalised members of society. Thus, the argument remains — questioning to what useful purpose is the provision of choice and control over personal social care budgets, when many of the community services and resources to offer this support have diminished.

The United Nations' Convention on the Rights of Persons with Disabilities (2007) recognised 'independent living' and 'social inclusion' as basic human rights. Additionally, 'promoting independence' and 'social inclusion' feature clearly in the SSSC Codes of Practice (2016) governing social service workers; as they relate closely with the principle of *social citizenship* that overarches many of the policies for working with adults and older people. For example, the Keys to Life strategy uses: a "whole systems; whole population; and whole person approach" for enabling adults with learning disabilities to live independently in the community, with equal access to all aspects of society (The Scottish Government, 2019b). Thus, Keys to Life recognises individuals as active citizens with ambition and talent, and empowers them through the choice of opportunities to maximise their potential. Additionally, the Scottish Government's (2011) 2011-2021 housing strategy outlines a range of initiatives with the shared goal to better support older adults with what they have been reported to have consistently been asking. Namely, to live independently at home for as long as they choose and are able to do so. The strategy's mid-way progress report highlights that this goal for personal independence remains an intrinsic focus of older adults and outlines efforts already implemented such as Technology Enabled Care and Care Repair Services (The Scottish Government, 2017). While comparative studies are lacking; on how 'independent' adults and older actually feel; the repetition of this as a 'future want' of service users may imply that it is something society still strives to attain.

Autonomy

The roots of *autonomy* can be traced back to ancient Greek philosophy; autos (meaning 'self') and nomos (meaning 'rule'). Kantian perspectives of autonomy suggest that a person is only autonomous if their choices and actions are unaffected by external factors (Taylor, 2017). However, more recent studies of autonomy suggest that both intrinsic and extrinsic factors can influence an individual's autonomy (Deci and Ryan, 2000; 2008), since no-one is free of such influences. Similar to independence, the concept of autonomy concerns a person's choice and control over their lives; although, 'independence' arguably relates more to a function, whereas 'autonomy' can be better referred to as a sense of free will (Piaget, 1986-1980), best understood within a bioethical political and moral framework.

As has already been identified, independence can involve the acceptance of additional support. That is, a person can maintain his/her independence while being dependent on the care or support of others. However, whereas ‘promoting independence’ and ‘living independently’ translate to more like a measurable outcome, ‘autonomy’ is often thought of more as an intrinsic human need.

Self-determination theory (SDT) recognises autonomy as an innate psychological need, which must be habitually satisfied for people to maintain optimal wellbeing and growth (Deci and Ryan, 2008). Within this theory for motivation and personality, the two other reciprocal needs identified in this way are:

- Competence — seeking to control outcomes and gain mastery experiences; and
- Relatedness — a universal want to interact, be connected, and experience reciprocal caring for others (friendships, intimate relationships, belonging to social groups).

The principles attached to self-determination hold strong and well-defined links with the concepts of self-efficacy; that is, how individuals are empowered to believe in their capabilities while seeking experiences to fulfil a sense of self-actualisation. Maslow (1954) identifies this as the highest order human need.

A person’s autonomy can be put at risk when receiving care with their basic needs. The fragile balance between ‘autonomy’ and ‘protection’ can perpetuate critical dilemmas while working with adults and older people and highlights nuances for further discussion within the service-user/professional relationship. Howe (2008) likens a similar discussion to the balance between *autonomy* and *intimacy*; a skill he identifies as a measure of a person’s *emotional intelligence*. Howe (2008, p.38) explains that it is this fragile balance that helps service users to feel they are in control, whereas it is our awareness of emotional states which “propels” us into relationships with others. Within the pressurised demands of social work practice, the need for “maintenance” and “support” of practitioners’ emotional state has been crucially identified (Howe, 2008, p. 186). Empowerment for autonomy, as with any form of empowerment, cannot be done “*to”* an individual (Dominelli, 2002), although practitioners can “negotiate” or “provide an environment in which self-empowerment can flourish” (Dominelli and Gollins, 1997 in Domninelli, 2002).

It has been suggested that Western societal disparities in equality mitigate the possibility for individually equal measures of autonomy (Wilson and Picket, 2010; Slorach, 2016): for example, the concept of ‘social division’ based on hierarchal statuses. Slorach (2016, p. 222) argues that the very concept of *autonomy* educated through government policies is a “carefully nurtured illusion” and that:

“(…) every human being depends on a complex network of services over which individuals have little or no control. The planning of these services (…) is increasingly driven by commercial and not public interest”.

The concept of ‘social division’ according to Slorach (2016), demands social and economic change: it also opens up a similar reflection to the perceived autonomy of professionals. As Dominelli (2002, p.145) highlighted, the “commodification” of service users’ choices is “paralleled by the commodification of professional labour”. Thereby, taking such a client-centred approach ultimately requires preparation for possible strains between what the service user hopes for and what the professional can feasibly support within the legislative and procedural constraints of the wider systemic agencies. This revisits Parson's (1902-1979)—concept of *social control* (Janowitz, 1975) i.e. the notion of social workers acting between 'agents of change' and 'agents of the state' (Foucalt, 1961; Cady and Wingfield, 2017).

Self-Efficacy and Mastery Experiences

Re-visiting the concept, it has become clear that self-efficacy beliefs are not static, nor do they exist in isolation. Rather, the empowerment for service user self-efficacy is embedded within other personal, environmental, and systemic constructs. Oppressive practice, which discounts the rights of individuals to take risks and thus retain control over their lives, can be seen to diminish the opportunity for mastery experiences. This diminishment of opportunity ultimately impacts on the service user's self-efficacy expectations.

As the overarching principle for social work with adults and older people is to promote independent and autonomous living, it is therefore crucial for practitioners to remain critically reflective as to the ways in which their involvement may act as a barrier; as opposed to a tool of empowerment, for service users sustaining self-efficacy.

Combining the constructs of autonomy and independence for practice with adults and older people, it is worth noting Ferguson's (2001, p.53) assertions that:

"Social Workers need to be as skilled in how to develop nurturing relationships with clients which promote self-actualisation, mastery and healing as they are in practising emancipatory politics through an anti-oppressive approach." and;

"Advancing social work and life politics means developing an approach to practice which goes to the heart of people's lived realities and attachments, which promotes effective life planning, enhances their mastery, and ultimately, their happiness."

'Life politics' involves life choices and perceiving power "generative rather than hierarchal" (Ferguson, 2001, p.47). Giddens (1991) differentiated this from 'emancipatory politics'; characterised as social change and societal revolution (Ferguson, 2001). Giddens further defines *emancipatory politics* as a construct to enhance the autonomy of action, through the freedom from oppressive socially divided power, material poverty, and deprivation. Both concepts act as reminders that, *the personal is political* (Hanish, 1969) — an understanding rooted from the women's liberation movement to explain that what goes on in an individual's personal life is ultimately not a private issue but a wider public concern, embedded within political and/or systemic affairs. Therefore, when considering the self-belief in one's ability towards positive change and growth there must also be reflection on the feasible autonomous constraints within what Slorach (2016) identified as 'a carefully nurtured illusion*,'* of which, ultimately, individuals may have no control.

Arguably, the key to social work intervention into life politics that aims to enable service users in controlling their life experiences and planning their future, is by promoting opportunities to gain *mastery*

(Giddens, 2001). With a person-centred approach, this may involve multi-faceted and creative practices whereby risk-taking can be embraced alongside the duty to safeguard and ultimately promote the wellbeing and self-fulfilment of service users and disengaging from fear of repercussion as an ‘agent of social control’.

Maslow (1954) recognised *self-fulfilment*, or, *self-actualisation*, as the highest order of human need that clearly has significant and positive effects on self-efficacy. On the one hand, self-fulfilment is about striving to reach and fulfil one's potential. On the other hand, Ordun and Akun, 2017 define self-actualisation as using one’s capabilities in the most creative and effective way. These revert back to Deci and Ryan’s theory of self-determination, which stipulates that, for people to actualise their inherent potential, the social environment must nurture the following three psychological human needs:

- ‘Competence’ (seeking to control outcomes and gain mastery)
- ‘Autonomy’ (urging to be an agent of one’s own life) and
- Relatedness (the desire for a sense of belonging and connectedness).

Chapter Three: Conclusions

Implications for Practice

Implications for social work policy and practice have been identified and reflected upon throughout this research. With the often complex and multi-faceted nature of AOP social work practice, there are extensive possibilities for how the concerns between risk, care, autonomy and self-efficacy can implicate present and future practice.

For the purpose of this dissertation, two key findings have been evoked through critical analysis, which are outlined below:

1. The emotional and practical demands of practitioners must be supported to enable effective relationship-based practice through the care vs control tensions within social work.

The findings from research have identified that social service practitioners operate within a fragile balance between providing services, managing risks and their duty to safeguard vulnerable adults. Howe (2008, p.186) identified “maintenance” and “support” of practitioners’ emotions as crucial for their self-regulation and wellbeing. From my limited experience thus far within statutory Social Work, the regular use of ‘supervision’ can often be superseded by the timeframe pressures and stresses of working towards deadlines for substantial caseloads. It is however acknowledged that, omitting ‘supervision’ due to caseload commitment stresses, is counterintuitive: supervision with departmental team leaders can provide a space to reflect on the *use of self*, and the complex ethical tensions that can arise within practice.

From the findings in this research, practitioners’ *use of self* has been identified as a core component of relationship-based practice. Linked with ‘emotional intelligence’, Howe (2008, p.185) identifies an effective *use of self* as enhancing a practitioner’s capacity to connect with service users, which ultimately helps to evoke a reciprocal trust and organic mutual responses. This conclusion can be argued to not only strengthen the accuracy of assessments for appropriate person-centred intervention, but also for practitioners to seek the support when required, in identifying and reflecting on both their statutory powers and limitations within interventions that risk being ‘risk-averse’. Therefore, it is proposed that the regular use of ‘supervision’ can provide emotional and practical support for practitioners, as well as a space for reflection the lived experiences for service users; for instance, the balancing of ‘risks’ with ‘protection’.

2. The implementation of SDS requires further review with recommendations for practice.

This research has acknowledged that SDS has not met its policy expectations for being embedded within practice (The Scottish Government, 2019d). While this is not a radically new insight for practice, it bears particular relevance for the issues concerning choice and control and *mastery experiences*, therefore is stressed as requiring further attention.

Comparatively with historical service provision, the principles of self-directed-support are a wholly systemic reformation of former oppressive practices. By enabling AOP service users to retain choice and control over the support they receive and how they receive it, individuals are finally granted 'social citizenship', included, and empowered to live their lives how they choose, enjoying aspects of society from which they were previously excluded (Lymbery, 2014), if they so choose. Enabling service users with choice and control over their care and support reinforces the hope for diminishing a socially divided, Eurocentric ideologies, based on the harmful assumptions of what is understood as 'right' or 'wrong'; 'dominant' or 'inferior' (Dominelli, 2002). Further, this choice expands the opportunities for *mastery experiences*, on a person-centred level.

Conclusion

The Scottish Government's socio-economical 'lockdown' measures have instigated an invaluable perspective for my research on self-efficacy beliefs. While balancing childcare, personal, academic learning and career commitments against existing global adversity and temporary service closures, I have experienced introspectively that the impact of external factors can overwhelm the self-belief for the necessary emotional, cognitive, and practical resources to accomplish a task, and experience *mastery*.

Under 'ordinary' circumstances I consider myself as having a strong internal locus of control for the execution and accountability of my own actions. However, the prevalent powerlessness to omit specific obstacles to completing this dissertation has aided a subjective relatedness between feeling not 'in control' and experiencing perceived low self-efficacy. This has provided a personally insightful, yet limited, critical awareness into the lived experiences of many AOP service users within the care vs control tensions of social work practice.

Analysis of this research suggests a significant importance of self-efficacy belief for adults and older people, although it is appreciated that this may be relative and not absolute. Ultimately, exercising choice and control towards achievable person-centred outcomes can provide opportunities over service users achieving *mastery* over their life planning.

Through a process of reflection, I have considered possibilities for the gaps in existing the literature on service user-self efficacy: this conceptual language may risk the presupposition that service users should be wholly 'self-efficacious' or 'self-sufficient'. Thus, this presupposition would conflict the research's findings that self-efficacy, autonomy and independence can co-exist with the provision of statutory care and support. The understanding of service user self-efficacy has accentuated its conceptual relationship with 'personal agency': enhancing this capability to exercise control over one's environment has been highlighted by a strengths-based approach that respects individual's rights to autonomy, where possible within the limitations of legislative safeguarding duties.

The nature of this dissertation has advocated for the development of service user self-efficacy, although limitations within legislative safeguarding duties have been acknowledged. Whereas a person-centred; rather than service-led; approach is directed by the service users' views and wishes and bears associations with positive outcomes, tensions can arise within the parameters of the local authority's duty to safeguard those who have 'incapacity' to safeguard themselves.

Therefore, the development of self-efficacy beliefs, as in Piper's (1930, p.8) "I think I can (…) I think I can" does not represent the actualities of service users' experiences in absolute terms. Nevertheless, as the analysis has concluded, within a practitioner's statutory duty to safeguard is the paralleled duty to actively pursue the past and present wishes of both service users' and carers', wherever possible.

'Risk' in AOP Social Work has been identified as both a multi-faceted and complex structure at the core of assessments and interventions. The conclusions from this research have not identified the extent of which any existing 'risk-averse' practice enables or disables opportunities for service users developing mastery experiences. However, the analysis has suggested the need for creative practice, whereby risk-taking can be embraced in conjunction with the practitioner's duty to safeguard, ultimately promoting service users' wellbeing and self-fulfilment through rich opportunities gaining *mastery* experiences.

This approach to risk can be understood by practitioners maintaining *rights-based* working relationships with service users: self-determination is the right of service users, which social workers must promote. The tone of this dissertation has urged introspective reflection for wider society, proposing a shift in the perceptions of marginalised groups. For example, the extrinsic focus on *safeguarding* as protecting vulnerable adults and older people from harm, rather than upholding their human right against degrading treatment, in a society that arguably has not adequately adapted to their needs.

This dissertation has highlighted that promoting independent living for adults and older people continues to be a key focus of Scottish Government policy and social work practice. Independence has been defined as the *outcome* of choice and control: clear links to practice concerning self-directed care and supports have been identified.

Experiencing mastery, with the associated risks, has been suggested through analysis as a fragile balance for practitioners in promoting the independence of service users while simultaneously providing an appropriate level of protection, for which service providers can be accountable. There is a pressing need for practitioners to acknowledge and empower both the existing and potential capacities for adults and older people towards independent living. This need is inclusive of *adult-to-adult* transactions, which take care to avoid authoritative approaches which can thwart the views and wishes of AOP service users.

Otherwise, this would remain as one of the many care vs control dichotomies within social work practice; practitioners' *care* for, or *control* of service users' independence; which, as highlighted through the analysis of this research, pertains a dynamic interplay of the autonomy, opportunities for mastery, and ultimately the self-efficacy beliefs of adults and older people.

Word Count: 16389

References

@UKBLM. (2020) UK Black Lives Matter. [Twitter Account] Available: https://twitter.com/ukblm?lang=en [Accessed 31 July 2020].

Ackerman, C. E. (2020) What is Self-Efficacy Theory in Psychology? [Online] Available: https://positivepsychology.com/self-efficacy/ [Accessed 11 July 2020].

Adult Support and Protection (Scotland) Act 2007. [Online] Available: https://www.legislation.gov.uk/asp/2007/10/contents [Accessee 21 July 2020].

Adults Wirth Incapacity (Scotland) Act 2000. [Online] Available: https://www.legislation.gov.uk/asp/2000/4/contents [Accessed 21 July 2020].

Ainger, J. (2017) Nudge theory, the Nobel Prize — and social care. [Online] Available: https://www.impower.co.uk/insights/nudge-theory-the-nobel-prize-and-social-care [Accessed 21 June, 2020].

Ainsworth, M. D. S. and Bell, S. M. (1970) Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. Child Development Vol. *41*, pp.49-67. [Online] Available: <https://www.jstor.org/stable/1127388?seq=1#page_scan_tab_contents> [Accessed 31 July 2020].

Akhtar, A. (2008) What is self-efficacy? Bandura's 4 sources of efficacy beliefs. [Online] Available: https://positivepsychology.com/self-efficacy/ [Accessed 26 May 2020].

Allan, G. (2018) Cognitive Behavioural Therapy: Its practice and its place in social work. In: Lishman, J., Yuill. C., Brannan, J., Gibson, A. (eds.) Social Work: An Introduction 2nd ed. London: Sage Publications Ltd. pp. 296-310.

Ansgong, D., Eisensmith, S. R., Okumu, M. And Chowa, G. A. (2019) The Importance of self-efficacy and educational aspirations for academic achievement in resource-limited countries: Evidence from Ghana. Journal of Adolescence. Vol. 70 (1), pp. 13-23. [Online] Available: https://doi.org/10.1016/j.adolescence.2018.11.003 [Accessed 21 July 2020].

Ashokkumar, T., Chacko, T. V. and Munuswamy, S. (2012) Physical disabilities among the rural elderly: identifying surrogate markers of unmet disability care needs. International Journal of Tropical Medicine. Vol. 7 (1), pp. 38-41. [Online] Available: 10.3923/ijtmed.2012.38.41 [Accessed 31 July 2020].

Audit Scotland (2017) Self-directed support: 2017 Progress report. Edinburgh: Audit Scotland. [Online] Available: https://www.audit-scotland.gov.uk/uploads/docs/report/2017/nr_170824_self_directed_support.pdf [Accessed 31 July 2020].

Dominelli, L. (2002) Anti-Oppressive Social Work: Theory and Practice. Basingstoke: Palgrave Macmillan.

Bandura, A. (1977) Self-efficacy: Toward a Unifying Theory of Behavioural Change. Psychological Review, Vol. 84 (2), pp.191-215.

Bandura, A. (1982) Self-efficacy mechanism in human agency. American Psychologist. Vol. 37 (2), pp. 122-147. [Online] Available: https://doi.org/10.1037/0003-066X.37.2.122 [Accessed 26 May 2020].

Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (1994) Self-efficacy. In: V. S. Ramachaudran (ed.) Encyclopedia of Human Behaviour. Vol. 4, pp. 77-81. New York: Academic Press. Reprinted in H. Friedman (ed.), Encyclopedia of mental health. San Diego: Academic Press, 1998). [Online] Available: https://www.uky.edu/~eushe2/Bandura/Bandura1994EHB.pdf [Accessed 26 May 2020].

Bandura, A. (1997). Self-Efficacy: The exercise of control. New York, NY: W. H. Freeman.

Bandura, A. (2006) Autobiography. In: Lindzey, M.G. , and Runyan, W. M. (eds.) A history of psychology in autobiography. Washington, DC: American Psychological Association. pp. 42-75. [Online] Available: https://albertbandura.com/pdfs/Albert-Bandura-Autobiography.pdf [Accessed 21 July 2020].

Bandura, A. (2008) Self-efficacy in Changing Societies. Cambridge: University Press.

Banks, S. (2020) Rethinking social work ethics during COVID-19 and beyond: a BASW ‘think piece’. British Association of Social Work (BASW): The professional association for social work and social workers. [Online] Available: http://dro.dur.ac.uk/31392/1/31392.pdf [Accessed 32 July 2020].

Barnes, J. (1984) Complete Works of Aristotle. New Jersey: Princeton University Press.

Barnes, C. (1992) Disabling Imagery and the Media: An Exploration of the Principles for Media Representations of Disabled People. Halifax: The British Council of Organisations of Disabled People and Ryburn Publishing. [Online] Available: https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/Barnes-disabling-imagery.pdf [Accessed 28 May 2020].

Barnes, C. (2016) History: Disability Activism and the Social Model of Disability. [Online] Available: https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/History%2022-11-16.pdf [Accessed 21 June 2020].

Bates, C., Terry, L. and Popple, K. (2017a) The importance of romantic love to people with learning disabilities. British Journal of Learning Disabilities. Vol. 45 (1), pp. 64-72. [Online] Available: https://doi.org/10.1111/bld.12177 [Accessed 31 July 2020].

Bates, C., Terry, L. and Popple, K. (2017b) Partner selection for people with intellectual disabilities. Journal of Applied Research in Intellectual Disabilities. Vol. 30 (4), pp. 602-611. [Online] Available: https://pubmed.ncbi.nlm.nih.gov/26996512/ [Accessed 31 July 2020].

Beech, C. and Ray, M. Older People. (2009) In: Adams, R., Dominelli, L., Payne, M. (eds.) Critical Practice in Social Work. 2nd ed. Basingstoke: Palgrave MacMillan, pp. 356-366.

Beck, U. (1992) Risk Society: Towards a New Modernity. London: Sage Publications Ltd.

Berne, E. (1959) Principles of Transactional Analysis. Indian Journal of Psychiatry. Vol. 1. Reprinted (1996) Vol. 38 (3), pp. 154-159. [Online] Available: <https://www.ncbi.nlm.nih.gov/pubmed/21709849> [Accessed 6th April 2020.

Berne, E. (1961) Transactional Analysis in Psychotherapy. Reprint. (1996) London: Profile Books, Ltd.

Berne, E. (1966) Principles of Group Treatment. Oxford: University Press.

Baumrind, D. (1995) Child Maltreatment and Optimal Caregiving in Social Contexts. New York: Garland.

BlackLivesMatter. (n.d.) Black Lives Matter [Online] Available: https://blacklivesmatter.com [Accessed 31 July 2020].

Bolger, J. and Walker, P. (2018) Models of Assessment. In: Lishman, J., Yull, C., Brannan, J. and Gibson, A. (eds.) Social Work: An Introduction. 2nd ed. London: Sage Publications Ltd., pp. 190-205.

Bowlby, J. (1988) A Secure Base: Parent-Child Attachment and Healthy Human Development. New York: Routledge.

British Association of Social Workers (BASW). (2014) The Code of Ethics for Social Work. Birmingham: BASW. [Online] Available: https://www.basw.co.uk/system/files/resources/Code%20of%20Ethics%20Aug18.pdf [Accessed 21 June 2020].

British Association of Social Workers (BASW). (2020) Social workers vital role must be urgently recognised and resourced throughout COVID-19 crisis. [Online] Available: https://www.basw.co.uk/media/news/2020/mar/social-workers-vital-role-must-be-urgently-recognised-and-resourced-throughout [Accessed 31 July 2020].

British Association of Social Workers (BASW). (n.d.) The Capabilities for Social Work with Adults who have a Learning Disability. Birmingham: BASW. [Online] Available: https://www.basw.co.uk/system/files/resources/181064%20Learning%20Disability%20Capability%20Statement%2019.06.19.pdf [Accessed 31 July 2020].

Brown, H. (2009) Safeguarding Adults. In: Adams, R., Dominelli, L. and Payne, M. (eds.) Critical Practice in Social Work. 2nd ed. Basingstoke: Palgrave MacMillan, pp. 303-314.

Bruce, T. A. (2019) Analysis of Foucalt’s Madness and Civilization. [Online] Available: DOI: 10.13140/RG.2.2.28672.99841 [Accessed 21 June 2020].

Cady, C. E. And Wingfield, T. T. (2017) Social Workers: agents of change or agents of oppression? Social Work Education. Vol. 36 (4), pp. 430-442. [Online] Available: https://www.tandfonline.com/doi/abs/10.1080/02615479.2017.1291802 [Accessed 28 July 2020].

Care Information Scotland. (2019) Self-Directed Support. [Online] Available: https://www.careinfoscotland.scot/topics/how-to-get-care-services/self-directed-support/access-to-self-directed-support/ [Accessed 11 July 2020].

Changing Lives. (2006) Report of the 21st Century Social Work Review. Edinburgh: Scottish Executive. [Online] Available: https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2006/02/changing-lives-report-21st-century-social-work-review/documents/0021949-pdf/0021949-pdf/govscot%3Adocument/0021949.pdf [Accessed 11 July 2020].

Christie, Dr C. (2011) Commission on the future delivery of public services. Edinburgh: APS Group. [Online] Available: https://www.gov.scot/publications/commission-future-delivery-public-services/ [Accessed 31 July 2020].

Clark, H., Dyer, S., and Horwood, J. (1998) That Bit of Help: The High Value of Low Level Preventative Services for Older People. Bristol: Policy Press/Community Care.

Clark, C. and Smith, M. (2012) Changing Lives: What is really changing for Scottish social work? European Journal of Social Work. Vol. 14 (3). [Online] Available: https://www.researchgate.net/publication/263337185_Changing_Lives_What_is_really_changing_for_Scottish_social_work [Accessed 11 July 2020].
Collins, S. (2020) The Positive Social Worker. London: Routledge.

Colombo, M. (2017) Bayesian cognitive science, predictive brains, and the nativism debate. Synthese. Vol. 195 (11), pp. 4817-4838. [Online] Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6404666/ [Accessed 16 July 2020].

Community Care and Health (Scotland) Act 2002. [Online]. Available: http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_11-43.pdf [Accessed 11 July 2020].

Cook, T., Kursumovic, E. and Lennane, S. (2020) Exclusive: deaths of NHS staff from Covid-19 analysed. Health Service Journal (HSJ). [Online] Available: https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article [Accessed 31 July 2020].

Coulter, A. and Ellins, J. (2006) Patient-Focussed interventions: A review of the evidence. London: The Health Foundation. [Online] Available: https://www.health.org.uk/sites/default/files/PatientFocusedInterventions_ReviewOfTheEvidence.pdf [Accessed 31 July 2020].

Council of Europe. (1950) European Convention for the Protection of Human rights and Fundamental Freedoms, as amended by Protocols Nos. 11 and 14. [Online] Available: https://www.echr.coe.int/Documents/Convention_ENG.pdf [Accessed 31 July 2020].

Dalrymple, J. (1999) Deinstitutionalisation and Community Services in Greater Glasgow. Tizard Learning Disability Review. Vol. 14 (1), pp. 13-23. [Online] Available: http://dx.doi.org/10.1108/13595474199900004 [Accessed 31 July 2020].

Dan, V. (2017) Empirical and Non-Empirical Methods. In: J. Matthes (ed.) The International Encyclopedia of Communication Research Methods

Deci, E. L. And Ryan, R. M. (2000) Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being. American Psychologists. Vol. 55 (1), pp. 68-78. [Online] Available: https://selfdeterminationtheory.org/SDT/documents/2000_RyanDeci_SDT.pdf [Accessed 21 July 2020].

Deci, E. L. And Ryan, R. M. (2008) Self-determination theory: A macro theory of human motivation, development, and health. Canadian Psychology. Vol. 49 (3), pp. 182-185. [Online] Available: https://psycnet.apa.org/record/2008-10897-002 [Accessed 21 July 2020].

Dr. Seuss. (1990) Oh, the Places You'll Go! London: HarperCollins Publishers, Ltd.

Eberle, T.S. (2014) Phenomenology as a Research Method. In: K. Metzler (ed.) The Sage Handbook of Qualitative Data Analysis. London: Sage Publications Ltd., pp.184-202.

Evans, J. (2002) Independent Living Movement in the UK. Leeds: The Disability Archive UK. [Online] Available: https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/evans-Version-2-Independent-Living-Movement-in-the-UK.pdf [Accessed 15 July 2020].

Faulker, A. (2012) The Right to Take Risks: Service Users Views of Risk in Adult Social Care. Joseph Rowntree Foundation Programme Paper: Risk, trust and relationships in an ageing society. [Online] Accessed 21 July 2020].

Fawcett Society. (2020) Public think care workers are underpaid. [Online] Available: https://www.fawcettsociety.org.uk/news/vast-majority-of-the-public-think-care-workers-are-underpaid [Accessed 16 July 2020].

Ferguson, I. and Lavalette, M. (2013) Critical and radical social work: an introduction. Critical and Radical Social Work. Vol. 1 (1), pp. 3-14. [Online] Available: https://www.researchgate.net/publication/270480542_Critical_and_radical_social_work_an_introduction [Accessed 31 July 2020].

Foucalt, M. (1961) Madness and Civilisation. A History of Insanity in the Age of Reason. (Reprint) 1967, 1989. London: Tavistock Publications Limited.

Foucalt, M. (1982) The Subject and Power. Chicago: University of Chicago Press.

Foucalt, M. (1990) Politics, Philosophy, Culture: Interviews and Other Writings. London: Routledge.

Fraley, R. C. (2019) Attachment in Adulthood: Recent Developments, Emerging Debates, and Future Directions. Annual Review of Psychology. Vol. 70 (1), pp. 401-422. [Online] Available: https://www.annualreviews.org/doi/pdf/10.1146/annurev-psych-010418-102813 [Accessed 31 July 2020].

Freire, P. (1970) Pedagogy of the oppressed. New York: Herder and Herder.

Gacea, A. O. (2019) Plato and the “Internal Dialogue”: An Ancient Answer for a New Model of the Self. In: Pitteloud, L. and Keeling, E. (eds.) Psychology and Ontology in Plato: Philosophiocal Study Series. Vol. 139. Switzerland: Springer International Publishing. [Online] Available: https://doi.org/10.1007/978-3-030-04654-5_4 [Accessed 21 July 2020].

Galtung, J. (1969) Violence, Peace, and Peace Research. Journal of Peace Research. Vol. 6 (3), pp. 167-191. [Online] Available: http://www.jstor.org/stable/422690 [Accessed 21 June 2020].

Garner, H. and Fawcett Society. (1998) Undervalued work, underpaid women: Women’s employment in care homes. London: The Fawcett Society. [Online] Available: http://hdl.handle.net/10068/546600 [Accessed 16 July 2020].

Garrin, J. M. (2014) Self-Efficacy, Self-Determination, and Self-Regulation: The Roel of the Fitness Professional in Social Change Agency. Journal of Social Change. Vol. 6. (1), pp. 41-54. [Online] Available: https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=1065&context=jsc [Accessed 21 July 2020].

General Systems Theory: Contributions to Social Work Theory and Practice. In: Turner, F. J. (ed.) Social Work Treatment: Interlocking Theoretical Approaches. 5th ed. New York: Oxford University Press Inc., pp. 242-254.

Geurts, B. (2018) Making Sense of Self Talk. Review of Philosophy in Psychology. Vol. 8 (1), pp. 271-285. [Online] Available: https://doi.org/10.1007/s13164-017-0375-y [Accessed 21 July 2020].

Giddens, A. (1991) Modernity and Self-identity: Self and Society in the Late Modern Age. California: Stanford University Press.

Gillens, J. (2000) Listening to Young Children Talking on the Telephone: a reassessment of Vygotsky’s notion of ‘ecocentric speech’. Contemporary Issues in Early Childhood. Vol. 1 (2), pp. 171-184. [Online] Available: https://journals.sagepub.com/doi/pdf/10.2304/ciec.2000.1.2.5 [Accessed 21 July 2020].

Gigerenzer, G. (2014) Risk savvy: How to make good decisions. New York: Penguin.

Given, L. (2008) The SAGE encyclopaedia of qualitative research methods. Vols. 1-10. Thousand Oaks: Sage Publications. [Online] Available: https://dx.doi.org/10.4135/9781412963909.n250 [Accessed 31 July 2020].

Glaister, A. (2008) Introducing critical practice. In: Fraser, S. and Matthews. S. (eds.) The Critical Practitioner in Social Work and Health Care. London: Sage Publications Ltd., pp. 8-26.

Godfrey, M. and Callaghan, G. (2000)| Exploring unmet needs: The challenge of a user-centred response. York: York Publishing Services Ltd for the Joseph Rowantree Foundation. [Online] Available: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/1842631500.pdf [Accessed 21 July 2020].

Goering, S. (2015) Rethinking disability: the social model of disability and chronic disease. Current Reviews in Musculoskeletal Medicine. Vol. 8 (2), pp. 133-138. [Online] Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4596173/citedby/ [Accessed 21 June 2020].

Golightly, M. and Holloway, M. (2020) Editorial: Social Work in the Time of the COVID-19 Pandemic: All in this together? British Association of Social Work. Vol. 50 (3), pp. 637-641.

Grant, S., Sheridan, L. and Webb, S. A. Readiness for Practice of Newly Qualified Social Workers: Evaluation Study for the Scottish Social Services Council (SSSC). [Online] Available: https://www.basw.co.uk/system/files/resources/basw_115855-1_0.pdf [Accessed 1 July 2020].

Haaken, J. (2016) A Critical Analysis of the Co-dependence Construct. Psychiatry. Vol. 53 (4), pp. 396-406. [Online] Available: 10.1080/00332747.1990.11024522 [Accessed 6th April 2020].

Hamlin, A. and Oakes, P. (2008) Reflections on Deinstitutionalization in the United Kingdom. Journal of Policy and Practice. Vol. 5 (1), pp. 47-55. [Online] Available: https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1741-1130.2007.00139.x [Accessed 31 July 2020].

Harms-Smith, L., Martinez-Herrero, M. I,. Arnell, P., Bolger, J., Butler-Warke, A., Cook, W., Downie, M., Farmer, M., Nicholls, J. and MacDermott, D. (2019) Social Work and Human Rights: A Practice Guide. Birmingham: British Association of Social Workers. [Online] Available: https://www.basw.co.uk/system/files/resources/Social%20Work%20and%20Human%20Rights%20A%20Practice%20Guide.%20DEC%202019.pdf [Accessed 31 July 2020].

Hanish, C. (1969) The Personal is Political. In: Firestone, S. And Koedt, A. (eds.) Note from the Second Year: Women’s Liberation, Major Writings of the Radical Feminists. New York: Radical Feminism.

Hantula, D. A. (2018) Editorial: Reductionism and Holism in Behaviour Science and Art. Perspectives in Behavioural Science. Vol. 41 (1), pp.325-333. [Online] Available: https://doi.org/10.1007/s40614-018-00184-w [Accessed 31 July 2020].

Her Majesty’s (HM) Treasury (2020) Pay rises for doctors, police and more in the public sector. London: UK Government. [Online] Available: https://www.gov.uk/government/news/pay-rises-for-doctors-police-and-more-in-the-public-sector [Accessed 31 July 2020].

Howe, D. (2008) The Emotionally Intelligent Social Worker. Basingstoke: Palgrave Macmillan.

Howe, D. (2009) Psychosocial work: an attachment perspective. In: Adams, R., Dominelli, L. and Payne, M. Critical Practice in Social Work. 2nd ed. Basingstoke: Palgrave Macmillan, pp. 137-146.

Hardy, R. (2018) What is systemic practice? [Online] Available: https://www.communitycare.co.uk/2018/04/30/systemic-practice/ [Accessed 31 July 2020].

Hudson, B. L. and Macdonald, G. M. (1986) Behavioural Social Work: An Introduction. Hampshire: Macmillan Education LTD.

Ingram, R. and Smith, M. (2018) Relationship-based practice: emergency themes in social work literature. Glasgow: The Institute for Research and Innovation in Social Services (IRISS). [Online] Available: https://www.iriss.org.uk/sites/default/files/2018-02/insights-41.pdf [Accessed 31 July 2020].

Inelmen, E. M., Sergi, G., Girardi, A., Coin, A., Toffanello, E. D., Cardin, F. and Manzato, E. (2012) The importance of sexual health in the elderly: breaking down barriers and taboos. Ageing — Clinical and Experimental Research. Vol. 24 (3), pp. 31-34. [Online] Available: https://pubmed.ncbi.nlm.nih.gov/23160504/ [Accessed 31 July 2020].

International Federation of Social Workers (IFSW), 2018. Global Social Work Statement of Ethical Principles. [Online] Available: <https://www.ifsw.org/global-social-work-statement-of-ethical-principles/> [Accessed 6th April 2020].

Janowitz, M. (1975) Sociological Theory and Social Control. American Journal of Sociology. Vol. 81 (1), pp. 82-108. [Online] Available: http://www.jstor.org/stable/2777055 [Accessed 28 July 2020].

Jonge, E. (2019) Developing an Ideal-Typical Approach to Social Work as a Profession. Journal of Social Intervention: Theory and Practice. Vol. 28 (1), pp. 3-19. [Online] Available: https://journalsi.org/articles/10.18352/jsi.580/galley/570/download/ [Accessed 21 July 2020].

Karpman, S. B. (1971) Options. Transactional Analysis Journal. Vol. 1 (1), pp. 79-87. [Online] Available: https://www.tandfonline.com/doi/abs/10.1177/036215377100100115?journalCode=rtaj20 [Accessed 6th April 2020].

Kennedy, J. (2019) The Importance of Relationships in Social Work. East Sussex: Care Knowledge. [Online] Available: https://www.careknowledge.com/media/44813/sw-and-relationships.pdf [Accessed 31 July 2020].

Kerr, B., Gordon, J., MacDonald, C. and Stalker, K. (2005) Effective Social Work with Older People. Edinburgh: Scottish Executive. [Online] Available: https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2005/12/effective-social-work-older-people/documents/0020809-pdf/0020809-pdf/govscot%3Adocument/0020809.pdf [Accessed 32 July 2020].

Kettle, M. (2015) Self-directed Support - an exploration of Option 2 in practice. Glasgow: Caledonian University. [Online] Available: http://www.ccpscotland.org/pp/wp-content/uploads/sites/3/2015/08/Self-directed-Support-exploring-Option-2-in-Practice-2015.pdf [Accessed 15 July 2020].

Kinder, M. (2020) Essential but undervalued: Millions of health care workers aren't getting the pay or respect they deserve in the COVID-19 pandemic. Brookings. [Online] Available: https://www.brookings.edu/research/essential-but-undervalued-millions-of-health-care-workers-arent-getting-the-pay-or-respect-they-deserve-in-the-covid-19-pandemic/ [Accessed 16 July 2020].

Knoblauch, H. (2004) The future prospects of qualitative research. In: Flick, U., Kardoff, E. V. and Steinke, I. (eds.) A Companion to Qualitative Research. London: Sage Publications Ltd, pp. 354-358.

Long, V. (2017) 'Heading up a blind alley'? Scottish psychiatric hospitals in the era of deinstitutionalisation. History of Psychiatry. Vol. 28 (1), pp. 115-128. [Online] Available: https://doi.org/10.1177/0957154X16673025 [Accessed 31 July 2020].

Lymbery, M. (2005) Social Work with Older People: Context, Policy and Practice. Reprint. (2008) London: Sage Publications Ltd.

Lymbery, M (2014) Understanding personalisation: Implications for social work. Journal of Social Work. Vol. 14 (13), pp. 295-312. [Online} Available: https://journals.sagepub.com/doi/pdf/10.1177/1468017313477326 [Accessed: 21 June 2020].

Maddux, J. (2005) Self-efficacy: The power of believing you can. In: Snyder, C. R. and Lopesz, S. J. (eds.) Handbook of positive psychology. New York: Oxford University Press, pp. 227-287.

Maslow, A. H. (1954) Motivation and Personality. New York: Harper and Row.,

McLean, R. (2017) Risk. Iriss On… [Online] Available: https://www.iriss.org.uk/resources/irisson/risk [Accessed 21 July 2020].

Mental Health (Care and Treatment) (Scotland) Act 2003. [Online] Available: https://www.legislation.gov.uk/asp/2003/13/contents [Accessed 21 July 2020].

Mencap. (n.d.) Relationships are very important to people with a learning disability. [Online] Available: https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/sexuality-research-and-statistics [Accessed 31 July 2020].

Mercer, G. (2004) User led organisations: facilitating independent living. In: Swain, J., French, S., Barnes, C. and Thomas, C. (eds.) Disabling Barriers — Enabling Environments. (2nd ed), London: Sage Publications Ltd., pp. 176-182.

Miller, E. (2010) Can the shift from needs-led to outcomes-focused assessment in health and social care delivery on policy priorities? Research, Policy and Planning. Vol. 28 (2), pp. 1-13. [Online] Available: https://www.researchgate.net/publication/233916731_Can_the_shift_from_needs-led_to_outcomes-focused_assessment_in_health_and_social_care_deliver_on_policy_priorities [Accessed 21 July 2020].

Miller, W. R. and Rollnick, S. (2013) Motivational Interviewing. 3rd ed. New York: The Guilford Press.

Milner, J. and O'Byrne, P. (2009) Assessment in Social Work. 3rd ed. Basingstoke: Palgrave Macmillan.

Mission: Impossible. (2017) How to save £3 billion and promote independence in adult social care. [Online] Available: https://www.impower.co.uk/wp-content/uploads/IMPOWER_Mission_Possible_report.pdf [Accessed 21 June 2020].

Mladenov, T. (2020) What is good personal assistance made of? Results from a European Survey. Disability & Society. Vol. 35 (1), pp. 1-24. [Online] Available: https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/evans-Version-2-Independent-Living-Movement-in-the-UK.pdf [Accessed 15 July 2020].

Morony, S., Kleitman, S., Lee, Y. P. and Stankov, L. (2013) Predicting achievement: Confidence vs self-efficacy, anxiety, and self-concept in Confucian and European countries. International Journal of Educational Research. Vol. 58 (1), pp. 79-96. [Online] Available: https://doi.org/10.1016/j.ijer.2012.11.002 [Accessed 21 July 2020].

Morris, J. (2010) Independent living and community care: a disempowering framework. Disability & Society. Vol. 19 (5), pp. 427-442. [Online] Available: https://www.tandfonline.com/doi/abs/10.1080/0968759042000235280 [Accessed 15 July 2020].

Morrow, M. (2019). Why Self-efficacy Matters. TEDx Talks. [Online] Available: https://www.youtube.com/watch?v=agwsjYg9hJ8 [Accessed 1 July 2020].

Murray, C. (2006) A Plan to Replace the Welfare State. University of Wisconsin - Madison Institute for Research on Poverty. Vol.24 (2), pp.1-4. [Online] Available: https://www.irp.wisc.edu/publications/focus/pdfs/foc242a.pdf [Accessed 16 May 2020].

National Development Team for Inclusion. (2019) The Right to a Relationship: Addressing the barriers that people with learning disabilities face in developing and sustaining intimate and sexual relationships. [Online] Available: https://www.ndti.org.uk/uploads/files/The_Right_to_a_Relationship_final_July_2019.pdf [Accessed 31 July 2020].

National Health Service (NHS) Workforce Statistics. (2019) NHS Workforce Statistics - March 2019 (Including supplementary analysis on pay by ethnicity). [Online] Available: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/nhs-workforce-statistics---march-2019-provisional-statistics [Accessed 31 July 2020].

National Records of Scotland (2019) Projected Population of Scotland 2018-based. [Online] Available: https://www.nrscotland.gov.uk/files//statistics/population-projections/2018-based/pop-proj-2018-scot-nat-pub.pdf [Accessed 21 June 2020].

Navqi, A. (2020) Mind the gap: Coronavirus and inequality. Professional Social Work. Birmingham: British Association of Social Workers.

Oliver, M. (1983) Social Work with Disabled People. Basingstoke: Macmillan.

Oliver, M. (1990) The Politics of Disablement. Basingstoke: Macmillan.

Ordun, G. and Akun, A. (2017) Self Actualization, Self Efficacy and Emotional Intelligence of Undergraduate Students. Journal of Advanced Management Science. Vol. 5 (1), pp. 1-6. [Online] Available: https://www.researchgate.net/publication/322574121_Self_Actualization_Self_Efficacy_and_Emotional_Intelligence_of_Undergraduate_Students/citation/download [Accessed 29 July 2020].

Ouweneel, E., Schaufeli, W. B. and Le Blanc, P. M. (2013) Believe, and You Will Achieve: Changes over Time in Self-Efficacy, Engagement, and Performance. Applied Psychology: Health and Wellbeing. Vol. 5 (2), pp. 255-247. [Online] Available: https://www.wilmarschaufeli.nl/publications/Schaufeli/403.pdf [Accessed 1 July 2020].

Owens, J, (2015) Exploring the critiques of the social model of disability: the transformative possibility of Arendt's notion of power. Sociology of Health and Illness. Vol. 37 (3), pp, 385-403. [Online] Available: https://onlinelibrary.wiley.com/doi/pdf/10.1111/1467-9566.12199 [Accessed 21 June 2020].

Pajares, F. (2002) Overview of social cognitive theory and of self-efficacy. [Online] Available: https://www.uky.edu/~eushe2/Pajares/eff.html [Accessed 1 July 2020].

Pajares, F. and Schunk, D. H. (2001) Self-beliefs and school success: Self-efficacy, self-concept, and school achievement. In Riding, R. and Rayner, S. (eds.) Self-perception. London: Ablex Publishing, pp. 239-266.

Parkes, K. And Shepherd, M. (2018) Risk Assessment. In: Lishman, J,. Yull, C., Brannan, J. And Gibson, A. (eds.) Social Work: An Introduction. 2nd ed. London: Sage Publications Ltd.

Payne, M., Adams, R. and Dominelli, L. (2009) On being critical in social work. In: Adams, R., Dominelli, L. and Payne, M. (eds.). Critical Practice in Social Work. 2nd ed. Basingstoke: Palgrave MacMillan, pp. 1-13.

Pearson, C., Watson, N. and Manji, K. (2017) Changing the culture of social care in Scotland: Has a shift to personalisation brought about transformative change? Social Policy and Administration. Vol. 52 (3), pp. 662-676. [Online] Available: https://dspace.stir.ac.uk/handle/1893/25680#.XyhHNS3MwkU [Accessed 21 July 2020].

Perry, B. (2014) Helping Traumatised Children: A Brief Overview for Caregivers. London: The Margaret McCain Lecture Series. [Online] Available: http://www.lfcc.on.ca/mccain/perry.pdf [Accessed 21 July 2020].

Piaget, J. (1959) The Language and Thought of the Child. 3rd ed. Reprint (2001) London: Routledge.

Pitman, E. (1982) Transactional Analysis: An Introduction to its Theory and Practice. British Journal of Social Work. Vol. 12 (1), pp. 47-63. [Online] Available: https://doi.org/10.1093/oxfordjournals.bjsw.a054773 [Accessed 31 July 2020].

Piper, W. (1930) The Little Engine That Could. New York: Platt & Munk Co.

Polit, D. F. and Beck, C. T. (2012) Nursing Research Generating and Assessing Evidence for Nursing Practice. 9th ed. Philadelphia: Williams and Wilkins. [Online] Available: https://www.scirp.org/(S(i43dyn45teexjx455qlt3d2q))/reference/ReferencesPapers.aspx?ReferenceID=1596228 [Accessed 31 July 2020].

Prochaska, J. and DiClimente, C. (1982) Trans-Theoretical Therapy: Toward a more integrative model of change. Psychotherapy Theory Research and Practice. Vol. 19 (3), pp. 269-288. [Online] Available: https://doi.org/10.1037/h0088437 [Accessed 31 July 2020].

Reichertz, J. (2014) Induction, Deduction, Abduction. In: Metzler, K. (ed.) The Sage Handbook of Qualitative Data Analysis. London: Sage Publications, Ltd. pp. 123-135.

Robertson, M. (2020) The public sector pay rise is long overdue — but many workers are still left out. Trades Union Congress. [Online] Available: https://www.tuc.org.uk/blogs/public-sector-pay-rise-long-overdue-many-workers-are-still-left-out [Accessed 31 July 2020].

Rothman, J. (2018) Social Work Practice Across Disability. 2nd ed. London: Routledge.

Rotter, J. B. (1975). Some problems and misconceptions related to the construct of internal versus external control of reinforcement. Journal of Consulting and Clinical Psychology. Vol. 43, pp. 56-67. [Online} Available: doi: 10.1037/h0076301 [Accessed 6th April 2020].

Sacker, A., Ross, A., MacLeod, C., Netuveli, G. and Windle, G. (2017) Health and social exclusionn in older age: evidence from 'Understanding Society', the UK household longitudinal study. Epidemiol Community Health. Vol. 71 (7), pp. 681-690. [Online] Available: https://jech.bmj.com/content/jech/71/7/681.full.pdf [Accessed 16 July 2020].

Social Care Institution for Excellence. (2015) Deprivation of Liberty Safeguards (DoLS) at a glance. [Online] Available: https://www.scie.org.uk/mca/dols/at-a-glance [Accessed 31 July 2020].

Scottish Social Services Council (SSSC). 2016 Codes of Practice for Social Service Workers and Employers. Dundee: Scottish Social Services Council. [Online] Available: https://www.sssc.uk.com/knowledgebase/article/KA-02412/en-us [Accessed 21 June 2020].

Scottish Social Services Council (SSSC, 2017). Scottish Social Services Council Learning Strategy 2017-2020. [Online] Available: https://webcache.googleusercontent.com/search?q=cache:CUjhOnlRuSkJ:https://www.sssc.uk.com/_entity/annotation/4ed1bb71-e370-a3e5-baa6-b44e13e7d54a+&cd=3&hl=en&ct=clnk&gl=uk&client=safari [Accessed 1 July 2020].

Scottish Social Services Council (SSSC). (2018) Newly qualified social workers in Scotland: A five-year longitudinal study. Grant, S., McMulloch, T., Daly, M., Kettle, M. and Sheridan, L. (eds.) [Online] Available: https://webcache.googleusercontent.com/search?q=cache:UMkANSdiAfMJ:https://www.sssc.uk.com/_entity/annotation/ace98833-304b-ade7-b7a2-6cbbd9cb598e+&cd=3&hl=en&ct=clnk&gl=uk&client=safari [Accessed 1 July 2020].

Scottish Social Services Council (SSSC). (2019) Standards in Social Work Education in Scotland. Dundee: Scottish Social Services Council. [Online] Available: https://learn.sssc.uk.com/siswe/uploads/files/SiSWE-and-Ethical-Principles.pdf [Accessed 31 July 2020].

Schmitter, A. (n.d.) Ancient, Medieval, and Renaissance Theories of the Emotions. [Online] Available: https://plato.stanford.edu/entries/emotions-17th18th/LD1Background.html [Accessed: 1 July 2020].

Schwarzer, R. and Jerusalem, M. (1995). Generalized Self-Efficacy scale. In Weinman, J., Wright, S. and Johnston, M. (eds.) Measures in health psychology: A user's portfolio. Causal and control beliefs. London: NFER-NELSON, pp. 35-37. [Online] Available: https://www.researchgate.net/publication/284672098_Measures_in_Health_Psychology_A_User%27s_Portfolio_Causal_and_Control_Beliefs [Accessed 21 July 2020].

Slorach, R. (2016) A Very Capitalist Condition: A history and politics of disability. London: Bookmarks Publications.

Stajkovic, A. D. and Luthans, F. (1998) Self-efficacy and work-related performances: A meta-analysis. Psychological Bulletin. Vol. 124 (2), pp. 240-261. [Online] Available: https://psycnet.apa.org/record/1998-10661-005 [Accessed 1 July 2020].

Scottish Parliament Information Centre (SPICe). (2011a) Briefing: Adult Community Care — Key Issues. [Online] Available: http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_11-43.pdf [Accessed 11 July 2020].

Scottish Parliament Information Centre (SPICe). (2011b) Financial Scrutiny Unit Briefing: The Commission on the Future Delivery of Public Services. [Online] Available: http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_11-52.pdf [Accessed 31 July 2020].

Social Care (Self-Directed Support) (Scotland) Act 2013. [Online] Available: http://www.legislation.gov.uk/asp/2013/1/contents/enacted [Accessed 11 July 2020].

Social Work Scotland (SWS). (2018) Personalisation: Back to the Future? Reflections on the 1968 Act. [Online] Available: https://strathprints.strath.ac.uk/65978/ [Accessed 31 July 2020].

Social Work Services Inspectorate. (2004) Report of the Inspection of Scottish Borders Council Social Work Services for People Affected by Learning Disabilities. Edinburgh: Scottish Executive. [Online] Available: https://blogs.glowscotland.org.uk/fa/public/GirfecFalkirk/uploads/sites/2017/2019/08/14092849/Report-of-the-Inspection-of-Scottish-Borders-Council-SWS-Borders-Report-2004.pdf [Accessed 21 July 2020].

South Lanarkshire Council. (2019) Strategic Commissioning Plan 2019-2022. South Lanarkshire: Social Work Resources.

Swerling, G. (2020) Care workers feel 'undervalued' compared to NHS staff, MPs told. The Telegraph. [Online] Available: https://www.telegraph.co.uk/news/2020/06/23/home-care-workers-left-feeling-undervalued-society/ [Accessed 16 July 2020].

Taylor, J. S. (2017) Autonomy: ethics and political philosophy. Encyclopædia Britannica Online: Encyclopædia Britannica, inc. [Online] Available: https://www.britannica.com/topic/autonomy [Accessed 21 July 2020].

The Scotsman. (2017) The sad secrets of Glasgow's abandoned mental hospital. [Online] Available: https://www.scotsman.com/whats-on/arts-and-entertainment/sad-secrets-glasgows-abandoned-mental-hospital-1439724 [Accessed 31 July 2020].*s*

The Scottish Government. (2010) Self-Directed Support: A National Strategy for Scotland. Edinburgh: The Scottish Government. [Online] Available: https://www2.gov.scot/resource/doc/329971/0106962.pdf [Accessed 15 July 2020].

The Scottish Government. (2011) National Strategy for Older People: Age, Home, and Community: a strategy for housing for Scotland's older people 2012-2012. Edinburgh: The Scottish Government. [Online]

Available: https://www.gov.scot/policies/independent-living/national-strategy-for-older-people/ [Accessed 21 June 2020].

The Scottish Government. (2012) Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/maximising-recovery-promoting-independence-intermediate-care-framework-scotland/ [Accessed 21 July 2020].

The Scottish Government. (2015) Self-directed Support, Scotland, 2014-2016. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/self-directed-support-scotland-2014-15/ [Accessed 15 July 2020].

The Scottish Government. (2016) A Fairer Scotland for Disabled People. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/fairer-scotland-disabled-people-delivery-plan-2021-united-nations-convention/ [Accessed 15 July 2020].

The Scottish Government. (2017) Age, Home and Community strategy: progress report. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/age-home-community-first-five-years/ [Accessed 21 July 2020].

The Scottish Government. (2018a) A Fairer Scotland for Disabled People: employment action plan. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/fairer-scotland-disabled-people-employment-action-plan/pages/6/ [Accessed 31 July 2020].

The Scottish Government. (2018b) Adults with Incapacity (Scotland) Act 2000: proposals for reform. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/adults-incapacity-scotland-act-2000-proposals-reform/pages/2/ [Accessed 31 July 2020].

The Scottish Government. (2018c) Disabled People and the Labour Market in Scotland: 2018. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2020/02/disabled-people-labour-market-scotland-2018/documents/disabled-people-and-the-labour-market-in-scotland-2018/disabled-people-and-the-labour-market-in-scotland-2018/govscot%3Adocument/Disability%2BInfographic%2B16-64%2BFinal%2BVersion%2B-%2BPDF.pdf [Accessed 31 July 2020].

The Scottish Government. (2018c) Transforming Social Care: Scotland's progress towards implementing self-directed support 2011-2018. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/transforming-social-care-scotlands-progress-towards-implementing-self-directed-support/pages/4/ [Accessed 15 July 2020].

The Scottish Government. (2019a) A Fairer Scotland for Older People: A Framework for Action. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/fairer-scotland-older-people-framework-action/ [Accessed 15 July 2020].

The Scottish Government. (2019b) Keys to life: implementation framework and priorities 2019-2021. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/keys-life-unlocking-futures-implementation-framework-priorities-2019-21/ [Accessed 21 July 2020].

The Scottish Government. (2019c) National falls and fracture prevention strategy 2019-2024: Consultation Version. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/national-falls-fracture-prevention-strategy-scotland-2019-2024/pages/7/ [Accessed 21 July 2020].

The Scottish Government. (2019d) Self-Directed Support Implementation Study 2018: report 4. Edinburgh: The Scottish Government. [Online] Available: https://www.gov.scot/publications/self-directed-support-implementation-study-2018-report-4-summary-study-findings-implications/ [Accessed 31 July 2020].

Titterton, M. (2005) Risk and Risk Taking in Health and Social Welfare. London and Philadelphia: Jessica Kingsley Publishers.

Trevithick, P. (2003) Effective relationship-based practice: A theoretical exploration. Journal of Social Work Practice. Vol. 17 (2), pp. 163-176. [Online] Available: https://doi.org/10.1080/026505302000145699 [Accessed 31 July 2020].

Trevithick, P. (2005) Social Work Skills: A Practice Handbook. 2nd ed. Berkshire: Open University Press.

United Nations. (2007) Convention on the Rights of the Persons with Disabilities: resolution/adopted by the General Assembly. [Online] Available: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html [Accessed 21 July 2020].

University of Essex, Institute for Social and Economic Research, NatCen Social Research, and Kantar Public. (2019) Understanding Society: Waves 1-90, 2009-2018 and Harmonised BHPS: Waves 1-18, 1991-2009. [data collection]. 12th Ed. UK Data Service. SN: 6614. [Online] Available: https://www.understandingsociety.ac.uk/documentation/citation [Accessed 21 July 2020].

Urdan, T. and Pajares, F. (2006) Self-Efficacy Beliefs of Adolescents. North Carolina: Information Age Publishing.

Vorobej, M. (2008) Structural Violence. Peace Research. Vol. 40 (2), pp. 84-98. [Online] Available: https://www.jstor.org/stable/23607799?seq=1] [Accessed 21 June 2020].

Vygotsky, L. S. (1962) Thought and Language. Cambridge: MIT Press.

Waaktaar, T. and Torgersen, S. (2013) Self-efficacy is mainly genetic, not learned: a multiple-rater twin study on the casual structure of general self-efficacy in young people. Twin Research and human Genetics. Vol. 16 (3), pp. 651-60. [Online] Available: https://pubmed.ncbi.nlm.nih.gov/23601253/ [Accessed 16 July 2020].

Walmsley, J. (2008) Institutionalisation: A historical perspective. In: Johnson, K. And Traustadottir, R. (eds.) Deinstitutionalization and People with Intellectual Disabilities: In and Out of Institutions. pp. 60-65. London: Jessica Kingsley Publishers.

Webb, S. (2006) Social Work in a Risk Society: Social and Political Perspectives. London: Palgrave.

Whittaker, A. and Taylor, B. (2017) Understanding Risk in Social Work. Journal of Social Work Practice. Vol. 34 (4), pp. 375-378. [Online] Available: https://doi.org/10.1080/02650533.2017.1397612 [Accessed 16 May 2020].

Wilson, K., Ruch, G., Lymbery, M. and Cooper, A. (2011) Social Work: An Introduction to Contemporary Practice. 2nd ed. Longman

Wimmer, J. and Quandt, T. (2007) Living in the Risk Socety: An interview with Ulrich Beck. Journalism Studies. Vol. 7 (2), pp. 336-347. [Online] Available: https://www.tandfonline.com/doi/full/10.1080/14616700600645461 [Accessed 31 July 2020].

Wolfensberger, W. P., Nirje, B., Olshansky, S., Perske, R. and Roos, P. (1972) The Principle of Normalisation in Human Services. Toronto: National Institute on Mental Retardation [Online] Available: https://digitalcommons.unmc.edu/cgi/viewcontent.cgi?article=1000&context=wolf_books [Accessed 16 May 2020].

Yohanna, D. (2013) Deinstitutionalization of People with Mental Illness: Causes and Consequences. American Medical Association Journal of Ethics. Vol. 15 (10), pp. 886-891. [Online] Available: https://journalofethics.ama-assn.org/sites/journalofethics.ama-assn.org/files/2018-05/mhst1-1310.pdf [Accessed 31 July 2020]