Promoting good social work with older people and their families

www.researchinpractice.org.uk

Acknowledgements

Introduction

Although people over 65 constitute the largest group of people who draw on social care (NHS Digital, 2023), the impact of social work with older people and their families can be invisible outside of the sector and the contributions of social workers can go unrecognised.

This resource uses insights and evidence from a recent research project exploring Social Work with Older People (SWOP) The project aimed to support practitioners to develop and apply the values, knowledge and skills that are important to older people, carers and families, to raise awareness and understanding of what social workers do with older people, and to promote older people's health and wellbeing.

The tool is designed to be used by a range of practitioners involved in providing care and support to older adults and their families, including:

> Social workers who are working with older people and their families.
> Social care workers who work alongside social workers.
> Other professions in the social and health care system who work with social workers.
> Supervisors and managers who support social workers/social care workers.
> Educators supporting social work students and apprentices to develop their understanding of this area of practice.

Context: why social work with older people matters

In the context of constrained access to health and social care resources and growing numbers of older people with complex needs who require support, the role of social workers is increasingly important.

Older people who see a social worker tend to be facing a particular set of intersecting issues. These are often a mixture of health conditions and 'social issues' and may involve, living alone and/or living in poverty or poor housing. Older people may also be supported by a family carer who may be an older person themselves with their own health concerns (Milne and Larkin, 2023). Risk of harm is also often a key focus of social work with older people (Montgomery & Carney, 2022). The family carer may also be exposed to risk as a consequence of their caring role, for example through overwork or stress.

It is important to note that older people's needs are rarely a product of age-related risks alone. They are more likely to be an outcome of life course inequalities (e.g. long term exposure to poverty, poor housing or domestic abuse) combined with age related health challenges (e.g. frailty, or living with dementia). Inequalities persist and deepen across the life course; they tend to be cumulative and are amplified by age-related issues (Milne, 2020). Age discrimination impacts on older people's wellbeing and erodes equitable access to appropriate care and support, compounded by experiences of discrimination on the basis of gender and/or ethnicity (Milne, 2020). A review of international evidence found **that social workers are uniquely placed to respond to the complex intersecting needs of older people** (Milne et al., 2014; see also Ray et al., 2015).

....

Further reading

> Social Work with Older People Main findings report
> Social Work with Older People Policy Briefing

About this research

The Social Work with Older People (SWOP) research project used ethnographic research methods to capture social work with older people as practised in real time, in diverse settings and situations, in two areas of England. In addition to shadowing social workers' daily practice, the research team interviewed four groups of participants: the social workers who were shadowed, older people who were receiving a social work service, their family carer(s) and other professionals who routinely work with social workers. The team also analysed case records.

This rich mixture of sources of evidence offers a multi-layered perspective on three key questions:

> What elements of the Professional Capabilities Framework do social workers use in their practice with older people?

> What impact do social workers have on the wellbeing of older people, family carers and wider networks?

> How does the context of practice impact on social workers' ability to make a positive difference?

The fieldwork took place between autumn 2022 and spring 2023. This period encompassed a time of acute resource and workforce pressure in the health and social care sector (Skills for Care, 2022).

During this period, the team collected data about a wide range of different elements of practice across different settings, including: the provision of information and advice, crisis, new assessments of need, reviews, transitions between settings, hospital discharge, carer support, safeguarding, and issues relating to Deprivation of Liberty Safeguards.

Overall findings

The SWOP project found that **social workers have a particular combination of knowledge, skills and expertise underpinned by a commitment to upholding human and legal rights and promoting agency, autonomy and dignity.** The researchers also found that the unique combination of support and skills that social workers offer makes a positive difference to the lives and wellbeing of older people and their families. Social workers are therefore well placed to ensure that the voice, wishes and rights of older people and their carers are promoted.

All capabilities in the PCF were evidenced in social work practice with older people. Specifically, the findings highlighted that social workers have:

> sophisticated communication and relationship skills, particularly in situations of change, crisis and conflict.

> specialist knowledge of the law and people's entitlements to social care, health and other public services and benefits.

> knowledge of the local 'care system' and of services that are available.

> the ability to work collaboratively with the older person, family members and colleagues to achieve desired outcomes.

> an ability and willingness to advocate for older people and/or their carers.

The findings also identified that **social workers are aware of common experiences people face as they age**. Loss is a prominent issue, for example loss of a partner, or of good health and mobility, or employment and status. The SWOP project findings confirmed that losing a long-term spouse can have a profound emotional and psychological impact on an older person's wellbeing.

Knowledge of age-related health problems was also found to be part of the social work skill set. For example, social workers within the study had good levels of knowledge about dementia, alongside frailty and mobility and sensory issues. Social workers also uniquely bring a social perspective to bear on understandings of 'health' issues and of 'need'. This is particularly important where health difficulties intersect with social issues – for example, where housing is not suitable for an older person who relies on mobility aids. This is explored in more detail in Tool 2 which looks at the social model.

The study highlighted older people's **experiences of ageism and exclusion,** and the key role that social workers play in helping to address this. Ageism can also intersect with other types of discrimination, such as racism and sexism, amplifying its damaging impact on wellbeing, quality of life and access to rights and services. Older people from minoritised ethnic groups and older disabled people can face further barriers to accessing equitable care and support. Older people whose first language is not English and/or who have hearing or sight impairment may need to be provided with interpreters and information in different languages or formats.
Another important finding was that **social workers often act as leaders and coordinators in multi-agency teams and integrated systems**; they are central to delivering adult social care (DHSC, 2023). They also support other social care staff, providing advice and mentoring. This is discussed further in Tool 2.

Social workers were described by some as the '**last resort',** offering direction in multiagency teams when it is not clear how to help an older person or what to do next in a 'stuck' or complex situation. They are required to be creative and to balance competing demands, for example, when an older person and their carer want different outcomes. Their roles span the organisational, legal, therapeutic, and practical domains.

Please visit the SWOP research project site **Social Work with Older People Research – Exploring the contribution of social workers to older people's well-being (swopresearch.wordpress.com)** to find further information about the project, the findings and resources. These include an animation about social work with older people, a policy briefing and a capabilities resource.

Tool 1

Social work as a therapeutic intervention for older people, carers & families

Aim of the tool

To encourage social workers to think about social work, and the social work process, **as an important and effective intervention (or service) in its own right**

Background

Although Section 8 of the *Care Act 2014* lists 'counselling and other types of social work' as a service that may be provided to meet a person's needs, a survey of 'knowledge about the 2014 Care Act' (Community Care, 2021) identified that most social workers do not recognise that what they provide is an intervention or service per se.

The Social Work with Older People study identified many examples of the social work process at work and how it made a positive difference to the older person's wellbeing and/or improved their situation. Older people, families and carers valued the relationship of trust, communication and reassurance that social workers provided.

In this tool, five key dimensions of practice that were described by social workers, older people and carers in the study are outlined. They are accompanied by tasks and questions for practitioners to reflect on and apply to their own practice.

1. Building up a trust relationship and conducting an individualised assessment of need

Developing a **trust relationship** is the foundation stone of good social work (Kennedy, 2019). The importance of this as a 'way into' understanding an older person's wishes and needs, and how these link to their life experiences, was widely recognised by social workers in the study:

> *'I think it's important to give people that time because the last thing you'd want is for anybody to feel rushed through their assessment…they're talking about their life and their experiences, and we have to be receptive and understanding to that'*
> (Social worker)

Appreciation of some of the **losses associated with becoming much older and experiencing frailty** are also relevant in forming a trusting relationship:

> *'I think quite a lot about the ageing process and what that means, that loss of freedom and that loss of independence, and what that might mean to the individual'*
> (Social worker)

A key element of nuanced assessment is ensuring that a response to meeting the older person's needs is **individualised and person-centred**:

> *'[Support] can look different for different people…it's about fitting it in with their life and their routine and not causing sort of further aggravations for them on top of what they're already going through'*
> (Social worker)

✓ Task for practitioners:

Think about a time when you have built up a trust relationship with an older person who was mistrusting of social workers. What were the challenges? How did you overcome them? What factors about that person, and the way they were living their life, were important for you to take account of in terms of thinking about an individualised response to their needs?

2. Empathy and listening

Part of the relationship building process is **active listening**:

> *'When I first speak to them (an older person) I give them an opportunity to offload the journey so far and to share that and to share some of their life…there's a relationship that's able to be built up there'*
> (Social worker)

Older people who come to the attention of a social worker have had long and maybe difficult lives. An underpinning element of the response is always **empathy**. This core social work value was emphasised as pivotal by a number of social workers:

> *'There's empathy and deep-rooted respect for people that lends you to approaching people in a particular way. That's the really difficult thing about the value-base of social work. Actually, it's about really liking people, really respecting people, really wanting to understand what makes them tick, what they want to do with their life'*
> (Social worker)

Task for practitioners:

Think about a time when you were listening to a very distressing 'journey' (including, for example, abuse, neglect, war experiences, loss of many kinds). How did this therapeutic listening contribute to your understanding of the older person?
What would be lost in your practice if you did not feel empathy towards the older people you serve?

Further reading

Chapter 2 (written by Rogers, 2020) explores 'Active Listening Skills' in Developing Skills and Knowledge for Social Work Practice (Rogers et al., 2020).

3. Working collaboratively and with honesty

Working in a **collaborative way** with older people and being open about what is possible and how to move forward was identified as very important by social workers. A part of this is being **transparent** and **honest**:

> *'We need to be singing from the same hymn sheet… we're moving in the same direction. That thing about transparency, for me, is a really core thing. Yes, transparency and honesty'*
> (Social worker)

For this to be meaningful it often requires **power to be shared** between the social worker and the person they are working with:

> *'I see it as sharing power. It's really difficult to do because of course we have statutory roles as social workers but sharing power as much as is possible and enabling the person to say, 'What does a good life look like?' What's a meaningful life?' or possibly even, 'What would a good death look like? How can we support that person…enable that person to have the best outcome for themselves?'*
> (Social worker)

Task for practitioners:

Think of a time when being open and honest with an older person has been in tension with a statutory role (such as safeguarding)? What form did those tensions take? How did you resolve them (if you did)?
Have there been situations where you have struggled to honour an older person's wishes? What has that struggle been about?

Further reading:

> The Social Care Institute for Excellence has some useful resources exploring co-production and what this means in terms of power sharing between professionals and people who use care and support services

> Research in Practice collaborated with Social Care Futures to produce an evidence review on 5 key changes needed in social care in order to unlock an equal life. The section Sharing power as equals contains evidence and resources for practitioners and leaders to consider how to work collaboratively with people accessing services.

4. Therapeutic support during a time of change

Social workers working with older people are often involved at a **time of crisis or change**. These situations often generate strong emotions that need to be acknowledged and addressed; they may be experienced as traumatic too.

This quote relates to the discharge of an older man from hospital:

> *'The patient's wife looked anxious and stressed but as the social worker talked with her and explained the situation, she became visibly relieved and more relaxed. She seemed astonished at the practical help that was being offered by the social worker with regard to her husband's discharge. ... She seemed very relieved to have found that someone was going to – as she put it – 'be her safety net'.'*
> *(Observation notes, social work in a hospital setting)*
>
> *Another carer noted: 'She was a professional.... and she always came back to us. If we had a problem or something we wanted to know, she was straight back, email or phone me. So she was always there to be someone I could talk to or if we had a problem.'*
> *(Carer talking about a social worker)*

Working with families and carers is an intrinsic element of social work with older people. Crises often affect both older people and their carers.

Task for practitioners:

What challenges might a carer be facing at a time of crisis and/or change for their older relative?

Thinking about a specific crisis situation you have been involved in, what social work skills did you deploy to help support a family carer(s)?

Further reading:

Community Care Inform has published A trauma-informed approach to social work: practice tips

5. Keeping the older person at the centre

As social workers are often working with an older person *and* their family, conflicts can arise. It is an erroneous assumption that they necessarily share views on what needs to be done about a problem or situation:

> *'[I'm regularly] having conversations around making sure that the person's wishes are kept at the centre and making sure that those values and those principles of the Mental Capacity Act are upheld. Sometimes, I think, families can find it difficult to separate their personal views about what should happen to mum or dad from what mum or dad may or may actually want. Yes, that can be quite tricky sometimes'*
> (Social worker)

Keeping the older person at the centre may be a particular challenge when they are considered to lack capacity to make a key decision, for example if they are living with more advanced dementia. Scourfield (2022) suggests that social workers need to be attentive to how the needs of people living with dementia are framed. He warns that medicalised language is often used to describe the person's needs, for example 'his challenging behaviour is getting worse', or to focus on deficits and/or risks, for example, 'he can't be left alone as he won't remember to eat and is likely to neglect himself'. The person themselves may not even be consulted about decisions and plans that are about them. This undermines the key social work principles of engaging with the older person, understanding their needs and views and advocating for them (see Social Work England, 2020).

Task for practitioners:

What particular skills are needed to work in a person-centred way with someone living with dementia?

> Are there any models or frameworks that you find helpful in promoting person-centred practice with people living with dementia?

Reflecting on working with people living with advanced dementia and their carers, what are the challenges you face in trying to promote the wishes of the older person, especially when they are at odds with the views of their relative(s)?

Further reading:

> Department of Health (2015) A Manual for Good Social Work Practice Supporting Adults who have Dementia contains a relatively brief set of guidelines: the chapters include, 'person-centred approach', 'working with carers', 'advocating', 'challenging' as well as links to other resources

> Skills for Care (2015, updated in 2018) Dementia Core Skills Education and Training Framework.
>
> Primarily aimed at educators, this is a useful document for practitioners in the social care workforce because it contains a wide range of references on the skills and knowledge required to practise 'good dementia care'.

> Scourfield, P (2022) Social Work Practice with People with Dementia, Routledge, particularly
>
> Chapter 5 'The Social Work Role, Knowledge, skills and values'. Available via Routledge.

Tool 2

Promoting the social model and upholding older people's rights in an integrated health and care environment

Aim of the tool
To support social workers to **uphold the social model** and **promote human rights in integrated settings**

Background
Section 15 of the **2014 Care Act guidance** refers specially to the need **for local authorities to work in an integrated and cooperative way with partner agencies** (DHSC, 2023). Social workers have a long history of working in integrated settings and multidisciplinary teams. This is particularly the case in relation to social work with older people, for example in multidisciplinary teams based in hospitals and community mental health teams (See definitions of key terms below; Willis et al., 2022). Evidence from the project suggests that **social workers bring a distinctive set of skills and values to integrated settings** and **contribute specific types of knowledge to multidisciplinary discussions and decisions**.

Integrated care is about joint working across different health and care service providers to provide joined up person-centred care (Skills for Care, 2023)

An **integrated workforce** can be defined as health and social care professionals working in a coordinated way to provide care and support to individuals with care and support needs and their families. It often features a culture of collaboration and multidisciplinary team working (SCIE, 2023)

Multidisciplinary teams are teams consisting of professionals and workers drawn from the health and social care fields who come together to achieve a common goal: to plan, co-ordinate and deliver person centred care (SCIE, 2023)

SCIE has a number of resources relating to integrated care and multidisciplinary teams available **on its website**.

The Social Work with Older People (SWOP) study captured social workers' unique contribution to integrated care. Two particular dimensions of this contribution are the social model of understanding health and care needs, and knowledge about, and advocacy for, older people and carers' legal and human rights.

The Social Model

Social workers bring a social perspective to bear on understandings of 'health problems' and 'needs' in multidisciplinary teams. The social model of disability is particularly important in contexts where the medical model may be dominant, such as in hospital settings. When a person's care and support needs are understood as primarily biomedical, broader contextual needs relating to wider social and structural issues such as poor housing, self-neglect, isolation and/or discrimination may be misunderstood or neglected. There is also a greater risk of the older person's perspective not being given priority (Whitaker, 2020).

What is the social model of disability?

The social model of disability states that people with care and support needs are disabled by society rather than by physical or mental impairments (Oliver, 1990; 2013). Barriers may include things like limited access to buildings for people with mobility issues, or stereotyped attitudes. Using the social model in practice means considering how a broad range of factors influence a person's health and wellbeing, including their environment, their income and financial resources, psychosocial factors such as family and social networks, and religious and cultural issues (such as food related practices and/or dietary needs).

Most health-related interventions focus on the consequences of illness - symptoms and treatments - rather than the causes. As one social worker interviewed in the SWOP project put it,

> 'We want to be more in-depth, we want to look at the roots of the issues, the causes. We want to work *with* the person.'

The social model aligns with other ecological and person-in-context models that underpin effective social work practice. The ecological model considers the complex interplay between individual, relationship, community, and societal factors. The person-in-environment perspective highlights the importance of taking account of the environment in understanding an individual's needs (Rogers and Cooper, 2020).

Using a social model when working with older people also takes account of how a person's care and support needs may develop and / or deepen over their life course (Milne, 2022). Long term domestic abuse and inequalities such as poverty are two examples of life course risks that can contribute to support needs later in life. These issues intersect with age-related risks such as bereavement and ill health. Social workers can also take account of how ageism and discrimination may lead to reluctance to ask for help (Milne, 2020).

The SWOP project found that a combined approach works best for older people whose needs are in part medical (e.g. they have symptoms that need to be treated), and part social (e.g. they cannot afford to keep their home warm, or they are lonely and have little social support).

Although it was developed in the early 1990s, Dahlgren and Whitehead's **Social Model of Health,** remains a useful way to think about the issues that influence health and wellbeing.

Social Model of Health
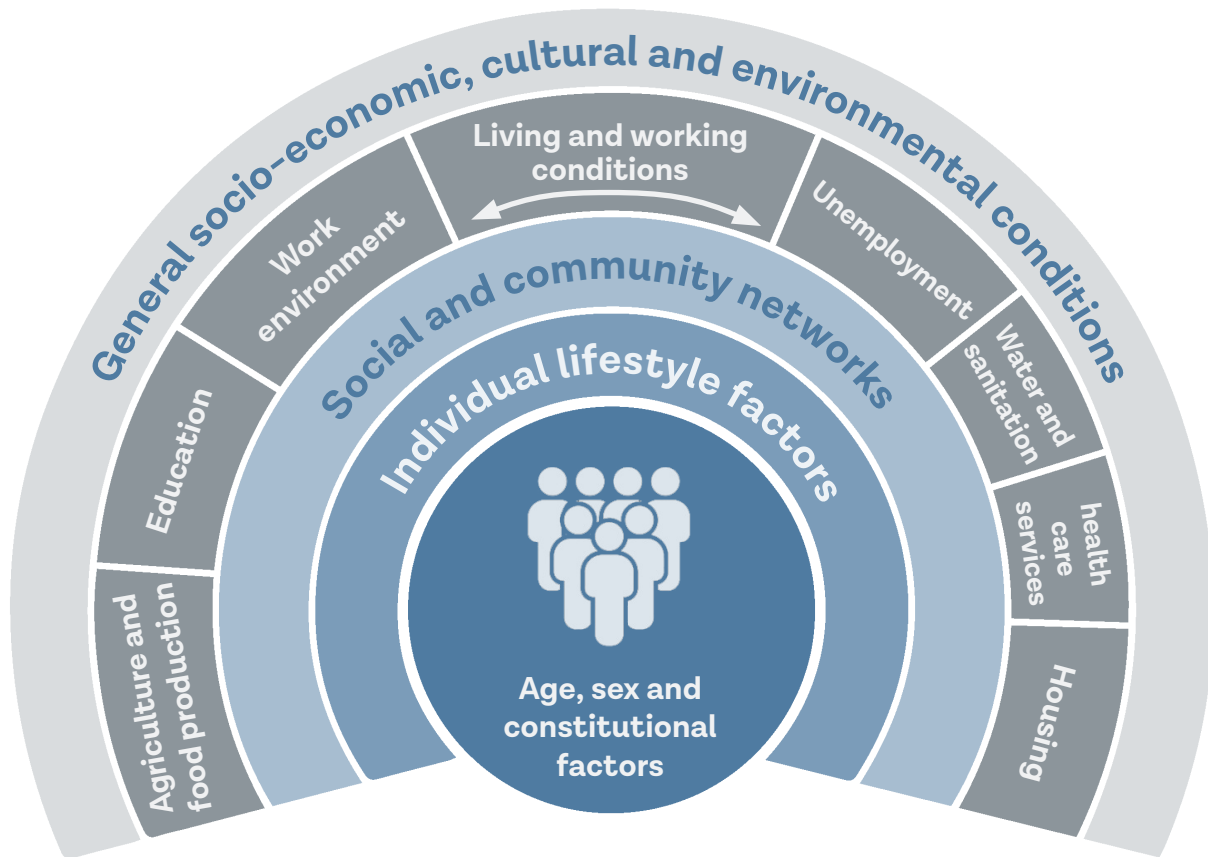
(adapted from Dahlgren and Whitehead, 1991)

A Principal Social Worker in the SWOP project noted that 'Social workers really add value because they think holistically…they're very much thinking about the context that somebody lives in. They're thinking about support networks and about social isolation and the impact of that, not (just) about a 'diagnosis' and a 'treatment plan'.'

Task for practitioners:

Thinking about the key dimensions of the social model, reflect on the prompts in the table on the following page.

Consider an older person you have worked with and reflect on the value of the social model in addressing their care and support needs.

Practice issue	Social model	Questions for reflection
Thinking about the older person's 'needs' in the round	Considering the person in their wider context: their family and social networks(s), their accommodation/housing; income and resources; and/or how they are managing activities of daily living	What skills do you use to find out about the person's situation and social circumstances?
Thinking about needs that may be hidden and/ or difficult to explore	Appreciating that some 'health issues' have social causes. For example, is the older person drinking too much alcohol because they are lonely? Is this linked to 'masking' the trauma of abuse earlier in their life course?	How do you engage the older person's trust and find out about the hidden (or less visible) issues? If they have dementia what are the additional challenges?
The relevance of location	Taking account of where the older person lives in addressing needs and thinking about care and support	What knowledge about the area the person lives in may be relevant to developing a care and support plan for the older person? What community resources may be available?
Exploring what the older person wants to happen	Listening to the older person's preferences and wishes and - where appropriate - the wishes of their carer	How might active listening skills help you to explore and understand the older person's perspective on their needs, life and future?
Challenging a medically driven decision	Appreciating the intersection of 'social' issues with 'health' issues	What skills do you bring to bear on working with health colleagues to ensure that 'diagnosis and treatment' do not become the only issue considered important in planning care and support

In terms of the contribution social workers make to multidisciplinary working, evidence from the SWOP project suggests that: 'the medical team focussed on getting people out; whereas [the social worker] is concerned that the older person goes into suitable accommodation rather than just *any* available accommodation outside the hospital… [they] focus on considering options to suit the patient themselves' (Observation notes, social work in a hospital setting).

Social workers focussing on the individual older person and taking account of their wishes was also observed: '

> *Social workers come from a particular value base that is quite different to some of their colleagues. Having been the only social worker in those multidisciplinary teams, I think …. your values are different in that you are looking at people as individuals and you're wanting to understand what their wishes and feelings are.'*
> (Principal Social Worker)

Task for practitioners:

As a social worker what do you think the benefits and challenges are of working in a multi-disciplinary team, especially with health colleagues?

Further reading

The Social Care Futures evidence review considers the social model of disability in regards to housing in the chapter **Living in the place we call home**.

Advocating for and upholding older people's rights

Advocating for older people and upholding their rights was identified in the SWOP study as important in multiple ways:

> It is one of the core roles of social workers in multidisciplinary teams

> It is linked to ensuring that the older person's voice and wishes are at the centre of discussion and planning care and support

> At times, advocating involves the social worker challenging the views of health colleagues and/or the Integrated Care Board, and

> Advocacy is particularly important in contexts where the older person is at risk of being excluded from decision-making, for example when they are considered not to 'have capacity' due to advanced dementia.

One social worker reported a situation where both family members and other professionals were surprised at the extent of an older woman's ability to be involved in a meeting:

> *'Well, (they said) mum would never sit through that. You couldn't have her in a meeting. She won't be able to express a view at all but I (the social worker) encouraged her (the older person) to come along to the meeting, I sat next to her, slowed the meeting down and I ensured that questions were directed at her. She was able to participate, and the relatives said "we were amazed at how articulate she was".'*
> (Social worker)

A carer felt that that she could rely on her social worker to advocate for her:

> *'I hope she's always going to be in the background, in case she's needed. If there's a reason that I need to raise a point of view, that I feel that I can't go to the care staff for, then I would go to her.'*
> (Carer talking about a social worker)

Advocating for the older person - and their carer - is a key social work principle; it is closely aligned to the values of social justice and rights (see below).

✓ Task for practitioners:

Think about a time when health colleagues in a multidisciplinary team you were working in have wanted to take a course of action that the older person was unhappy with:

> How did you advocate for the older person's needs and wishes?

> How did that contribute to the decision taken?

Which social work skills work are needed to:

a) Help team colleagues to listen to the older person's perspective?

b) Help the older person feel able to 'speak up' and be honest about what they want to happen?

How does advocating for an older person contribute to their wellbeing? Think of at least two examples including (if possible) an older person living with dementia and/or an older person at risk of abuse or self-neglect?
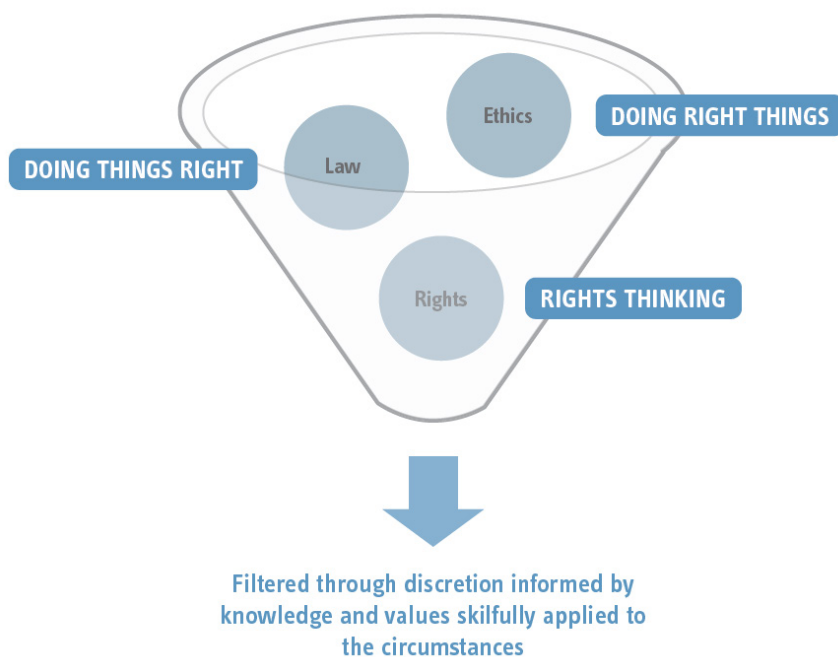

Promoting Legal and Human Rights

Social work with older people requires sound knowledge of relevant law and legal guidance particularly those that relate to the care and support, and rights, of older people and family carers.

Legal literacy is about the skilled application of legal knowledge alongside consideration of other key factors that influence decision-making, such as human rights, social justice and professional ethics (Cahill, 2022; Harbison, 2022; Research in Practice, 2021). These need to be weighed in the balance as practitioners consider different courses of action (Braye and Preston-Shoot, 2016b).

Legal literacy has three core components:

1. Sound knowledge of the legal rules and understanding of their relevance to practice - this enables people to '**do things right**'.

2. Strong engagement with professional ethics - this enables people to '**do right things**'.

3. Respect for principles of human rights, equality and social justice - this enables people to bring '**rights thinking**' to decision-making

DOING THINGS RIGHT
Law
Ethics
DOING RIGHT THINGS
Rights
RIGHTS THINKING

Filtered through discretion informed by knowledge and values skilfully applied to the circumstances

(Preston-Shoot and Braye, 2021).

These core components need to be integrated and applied in the context of each set of circumstances that social workers are faced with; this requires the skilled exercise of professional judgement and discretion (Braye and Preston-Shoot, 2016b).

SWOP findings identified legal literacy as important in the **multidisciplinary team context**:

> "I think social workers are really legally literate…working in multidisciplinary settings, often, you're the 'go to' person around the Mental Capacity Act, the Mental Health Act and the Care Act"
> (Principal Social Worker).

A related issue is older people's and carer's **entitlements to publicly funded care services**:

> 'the social worker reminds the doctor of the law and enlightens her about what care options are available and fundable.'
> (Observation notes, social work in a hospital setting).

Positive risk taking is linked to both advocacy and to rights. It is an approach to care which focuses on what people *can* do and have a *right* to do. It is an important part of enabling older people to do the activities they want to do and live as full a life as possible (Blood and Wardle, 2019; Parkes and Shepherd, 2018).

One social worker commented: 'Health [services] are quite risk-averse, whereas social workers, coming from the social work perspective, I think we are positive risk takers and, you know, we offer positive risk solutions.'

Task for practitioners:

Thinking about an older person living with dementia you have worked with, reflect on positive risk taking:
> - What were the key 'risks' the older person - and their carer if they had one - were facing?
> - Which social work values and rights were you considering in your decision?
> - Which legal frameworks did you employ to promote the older person's right to live the life they wanted to?
>   - Which legal frameworks did you employ to protect the carer (if there was one)?
> - How was the older person's well being enhanced by positive risk taking?
>   - How were the carer's needs taken account of/met (if there was one)?

Further reading:

> - New partnerships and integration models between health and social work | SCIE
> - Integrated care research and practice: Multidisciplinary teams | SCIE
> - Research in Practice has a range of resources to support legal literacy. These include:
>   - Extensive resources from a two-year Legal Literacy Change Project.
>   - A video by Suzy Braye on the importance of legal literacy in adult social care.
>   - A video presentation on a legally literate decision-making model.
>   - A podcast on the use of case law in social care practice.
>   - Monthly Case Law and Legal Summaries give practitioners easy-to-understand summaries of recent court cases to aid understanding of the application of legal principles. (Subscriber only)

Tool 3

Strengths-based approaches in social work with older people

Aim of the tool
To help social workers think about applying strengths-based approaches in work with older people

Background
In contrast to deficit-based approaches that are focused on 'problems' and 'pathologies', a strengths-based approach places emphasis on empowerment, capacity, and capability (Edwards and Parkinson, 2023; Nelson-Becker et al., 2020). One of the architects of the strengths-based approach, Saleeby (2002), described it as an attempt to reduce this imbalance and instead focus on **hope**, **resilience** and **strengths**. The approach promotes collaborative working, engaging with people with care and support needs as co-producers of support rather than solely as 'consumers' of services.

Care Act 2014 guidance refers to strengths-based approaches explicitly, requiring local authorities to 'consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' (paras 6.63-6.64, DHSC, 2023). A number of key principles underpin a strengths-based approach:

> Every individual has strengths and can make a contribution
> Trauma, abuse, illness and struggle may be challenging and difficult but may also be sources of strengths and opportunity
> Relationships are core to a strengths based approach
> Collaboration leads to better outcomes
> Every environment has resources
> People are experts in their own situations and lives
> Positive risk taking
> Building resilience

(Department for Health and Social Care, 2019)

Person-centred practice that focuses on an individual's situation and wishes resonates with the principles of strengths-based approaches.

Strengths-based working: "A collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing support and those being supported, as well as the elements that the person seeking support brings to the process" (SCIE, 2015, p2).

SCIE defines the following as 'essential skills' for strengths-based practitioners:

- > Ability to advocate
- > Effective communication and relationship building
- > Ability to ask open questions, listen and empathise
- > Be creative and think 'outside the box'
- > Work collaboratively
- > Professional curiosity (Department for Health and Social Care, 2019, p.58-59)

There is also a well-developed critique of strengths-based approaches. Most older people who come to the attention of a social worker have complex needs and multiple health conditions. Whilst they may well retain strengths, what older people usually want from services is support to manage their health conditions and perform activities of daily living. There is a risk that by focusing on 'strengths' actual 'needs' are eclipsed (Daly and Westwood, 2018). Strengths-based approaches can also be ill-defined as the term spans a range of concepts and methods in social care, potentially leading to uneven or inappropriate application in practice when poorly understood (Moore, 2022)

The political and economic context that adults' services operate in affects their ability to enact strengths-based approaches (Slasberg and Beresford, 2017). Budgetary cuts to NHS providers and local authorities are a specific threat to maximising the benefits of adopting a strengths-based approach. 'Needs' tend only to be met if they are deemed to be 'eligible' by the local authority. Eligibility criteria tend to be narrow and focused only on those in 'greatest need'.

Despite criticisms, recent research identifies strengths-based approaches as being very popular amongst social workers working with older people (mainly) in England (Caiels et al., 2023). Key benefits of the approach reported by social workers include:

- > A (re)focus on the centrality of relationships and relationship-based practice
- > Encouragement to explore and develop people's strengths, resilience and potential
- > Enriched interactions with older people and with families/carers; this includes greater levels of empathy, higher levels of trust, and better rapport
- > Collaboration with older people and carers in relationship to a shared understanding of what may be needed to move forward
- > Higher levels of reported wellbeing and satisfaction with social work services

Many social workers feel that the principles and values of strengths-based approaches are consistent with those of providing high quality social work; engagement with this model has offered them permission to practice in ways that they wish to (Caiels et al., 2023).

Further reading

Research in Practice (2020) Strengths-based practice: brief guide is a resource designed to introduce strengths-based approaches to people accessing services.

Supporting older people using attachment-informed and strengths-based approaches (Guthrie and Blood, 2018)

The **Social Work with Older People** project highlight the value of strengths-based approaches in two ways.

> > **Evidence relating to Tools 1 and 2,** highlights the extent to which social workers: advocate for older service users; work empathically; work collaboratively; work in an engaged and personalised way; build up a trust relationship with, effectively communicate with, and gain understanding of, the older person's views and experiences; and make the case for positive risk taking where appropriate. These roles and skills are consistent with those of a strength-based practitioner.

> > There is also **direct evidence** of engagement with older people's strengths from the project:

> > *'As a social worker…. we have to look at the person's strengths, how can we start to develop on the strengths of the person, how can we sort of bring the family into the fold'*
> > (Social worker).

> > *'Quite often, I'll do far more work in terms of helping people understand what they can do themselves'*
> > (Social worker)

Task for Practitioners: case study

Victoria is a social worker working with older people and their families. She is based in an adults' team in a busy urban setting. The team is encouraged to employ strengths-based approaches and they are enthusiastic about its potential.

Below are three quotes from Victoria based on the SWOP data. They reflect different dimensions of the strengths-based way of working. Thinking about the background material in this Tool - and wider literature - consider how strengths related dimensions are in evidence in her work.

Here Victoria is describing her work with Viv who is being discharged from hospital:

'I'm sure you've heard this lots of times, 'Oh I'll be fine at home, it'll be different at home'. Actually, it often is because people have adapted over the years. And although they might not be living like we think they should, or doing the things that we think they should, they are managing. They haven't got to 90 years old by not managing.'

Q   Which strengths-based principles underpin Victoria's work with Viv?

Q   How might a strengths-based perspective help identify a course for action in this context?

Q   What might be the next steps in your work with Viv?

In this quote Victoria is reflecting on the adoption of a strengths-based approach in social work with older people:

'I think sometimes strengths-based approaches minimise the person's needs. There is a fine line because you have to be careful not to be patronising. So, if somebody says to me, 'I can make a cup of tea', I'm like, 'oh that's a good idea let's have one shall we?' and then I'll watch…. I'm not just going to assume they can't make a cup of tea. Then I'll talk to them and I always explain, 'tell me about your bad days, let's plan for your bad days'. It's not that I'm trying to disable them at all. Yes, she could make a cup of tea but she needed a hell of a lot of help to get there.'

Q   Some issues may be overlooked if a strengths-based approach is adopted uncritically. What might these be?

Q   This extract showcases skilled work around achieving a balance: how would you define or characterise this balance? Which elements are being balanced?

Q   How might a strengths-based perspective help in this context?

Here, Victoria is describing an intervention in her work with a person living with dementia:

'I've been working with somebody who's got dementia and she's getting quite confused to be honest, but she's spent her whole life walking, all her life, that's her thing. Now the family are jumping up and down saying 'She can't go out, she's gonna get lost'. Yes, I know she's going to get lost but what's the alternative? Leave her locked in the house? Isolate her from everyone? Make her depressed? Make her not eat, make her not drink? Make her more vulnerable to infections? So, I did a risk assessment and basically got her a tracker. So, she's obviously going out now but she can be tracked by her family. And obviously I put her in touch with some walking groups too.'

Q   Reflecting on this example, identify some of the specific challenges inherent in adopting a strengths-based approach in social work with a person living with advanced dementia.

Q   There are often tensions between the social worker's role to promote the older person's rights to live as they wish and family members who may be more inclined to a risk averse approach. What skills and values do you think Victoria employed here to ensure she achieved the former whilst addressing the latter?

Q   In this quote Victoria was able to manage some of the risks inherent in the older person walking regularly. How can you use a strengths-based approach to identify and ameliorate any risks in activities that older people you work with enjoy?

Conclusion

It is important to recognise that although we're talking about specific skills in these tools, they interleave with one another – as well as with the social workers' knowledge and expertise –into a single social work process. This process fuses together skills, knowledge and expertise building on the foundation stone of the relationship between the older person and the social worker. The SWOP project concluded that it is the *combination* of skills, relationships and expertise that contributes to the achievement of good outcomes for older people and their families. This echoes, and builds on, findings from earlier research on social work with older people (Moriarty & Manthorpe, 2016; Ray et al., 2015). As the proportion of older people living in the UK grows over time, so does the complexity of issues facing them and their carers. It is critical to invest in and develop the social work with older people workforce.

References

Blood, I and Wardle, S. (2019) *Positive risk and shared decision-making.* Social Care Wales. https://socialcare.wales/cms-assets/documents/Positive-risk-and-shared-decision-making.pdf

Braye, S., and Preston-Shoot, M. (2016a). *Legal literacy in adult social care: Strategic Briefing.* Dartington: Research in Practice for Adults.

Braye, S., & Preston-Shoot, M. (2016b). *Practising Social Work Law, 4th Edition.* London: Palgrave Macmillan.

British Association of Social Workers (2018) Capabilities Statement for social workers in England who work with older people, accessed online at Capabilities Statement for social workers in England who work with older people | www.basw.co.uk

Cahill, S. (2022) Dementia: a disability and a human rights concern, in S. Torres and S, Donnelly (eds) *Critical Gerontology for Social Workers,* Policy Press

Caiels, J., Milne, A and Beadle-Brown, J. (2021) Strengths-based approaches in social care and social work: Scoping the literature, Journal of Long Term Care, 401-422 https://journal.ilpnetwork.org/articles/10.31389/jltc.102

Caiels, J., Salarova, B., Milne, A and Beadle-Brown, J. (earlycite, 2023) Strengths-based approaches - perspectives from practitioners, British Journal of Social Work

Care Act 2014 enacted, accessed online at Care Act 2014 (legislation.gov.uk)

Daly, M., and Westwood, S. (2018). Asset-based approaches, older people and social care: An analysis and critique. *Ageing and Society, 38*(6), 1087-1099.

Department for Health and Social Care (2019) Strengths-Based Approach: Practice Framework and Practice Handbook, www.gov.uk/government/publications/strengths-based-social-work-practice-framework-and-handbook

Department for Health and Social Care (2023) Care and Support Statutory Guidance, accessed online at Care and support statutory guidance - GOV.UK (www.gov.uk)

Edwards, D and Parkinson, K. (2023) Applying Strengths-Based Approaches in Social Work, Bristol, Policy Press

Harbison, J. R. (2022) Human rights and older people, in S. Torres and S, Donnelly (eds) *Critical Gerontology for Social Workers,* Policy Press

Kennedy, J (2019) *The Importance of Relationships in Social Work, Special Report,* Care Knowledge www.careknowledge.com/media/44813/sw-and-relationships.pdf

Milne, A (2020) Mental Health in Later Life, taking a lifecourse approach, Policy Press, Bristol

Milne, A (2022) The Lifecourse and 'Old Age', in S. Torres and S, Donnelly (eds) *Critical Gerontology for Social Workers*, Bristol, Policy Press

Milne, A and Larkin, M (2023) *Family Carers and Caring: What it's All About*, Society Now series, Emerald Publishing

Milne A, Sullivan M, Tanner D, Richards S, Ray M, Lloyd L, Beech C and Phillips J (2014) *Social work with older people: a vision for the future*, The College of Social Work. Socialworkwitholderpeople-avisionforthefuture.pdf (cpa.org.uk)

Montgomery, L and Carney, G. (2022) Elder abuse, in S. Torres and S, Donnelly (eds) Critical Gerontology for Social Workers, Bristol, Policy Press

Moore, T. *(2022) Relationships and reciprocity; where next for strengths-based social work in adult social care?, Journal of Social Work Practice, 36*(4), 451-463, DOI: 10.1080/02650533.2022.211994

Moriarty, J and Manthorpe, J. (2016) The effectiveness of social work with adults: a systematic review, London, Social Care Workforce Unit

Nelson-Becker, H., Lloyd, L., Milne, A., Perry, E., Ray, M., Richards, S., Sullivan, MP., Tanner, D and Willis, P. (2020) Strengths-Based Social Work with Older People: A UK Perspective in Amy Mendenhall and Michelle Mohr Carney (Eds) *Strengths-based Social Work with Older People: A UK Perspective.* pp. 327-346

Ray, M., Milne, A., Beech, C., Phillips, J., Richards, S., Sullivan, M.P., Tanner, D., and Lloyd, L (2015) Gerontological Social Work: Reflections on its Role, Purpose and Value, British Journal of Social Work 45(4), 1296-1312

Preston-Shoot, M. and Braye, S. (2021) *Legal Literacy Change Project: Setting the context: Introducing legal literacy,* www.researchinpractice.org.uk/media/egcfr1uy/1-setting-the-context-introducing-legal-literacy_proofed_final.pdf

Rogers, M and Cooper, J (2020) Systems Theory and an Ecological Approach, in M. Rogers., D. Whitaker., D. Edmondson and D. Peach, *Developing Skills and Knowledge for Social Work Practice,* Sage

Rogers, M., Whitaker, D., Edmondson, D and Peach, D. (2020) *Developing Skills and Knowledge for Social Work Practice,* Sage.

Saleeby, D. (2002) *The Strengths Perspective in Social Work Practice*, Boston, MA: Allyn and Bacon

Scourfield, P (2022) *Social Work Practice with People with Dementia,* Routledge

Slasberg, C., and Beresford, P. (2017). Strengths-based practice: Social care's latest elixir or the next false dawn? Disability & Society, 32(2), 269-273.

Skills for Care (2022) The state of the adult social care sector and workforce in England, accessed online at The state of the adult social care sector and workforce in England (skillsforcare.org.uk)

Social Work England (2019). *Professional Standards.* London: Social Work England.

Whitaker, D. (2020) The Social Models of Disability and Distress, in M. Rogers., D. Whitaker., D. Edmondson and D. Peach, *Developing Skills and Knowledge for Social Work Practice,* Sage

Willis P, Lloyd L, Hammond J, Milne A, Nelson-Becker H, Perry E, Ray M, Richards S and Tanner D (2022) Casting Light on the Distinctive Contribution of Social Work in Multidisciplinary Teams for Older People British Journal of Social Work, 52 (1), Pages 480–497