



SCOTTISH EXECUTIVE

Effective Social Work with Older People

Education



social
research

EFFECTIVE SOCIAL WORK WITH OLDER PEOPLE

Brian Kerr, Jean Gordon, Charlotte MacDonald and Kirsten Stalker

**A PAPER PREPARED FOR THE SCOTTISH EXECUTIVE BY THE
SOCIAL WORK RESEARCH CENTRE, UNIVERSITY OF STIRLING
AS PART OF THE 21ST CENTURY SOCIAL WORK REVIEW**

Scottish Executive Social Research
(2005)

The views expressed in the report are those of the author(s) and do not necessarily reflect those of the Scottish Executive or any other organisation(s) by which the author(s) is/are employed.

The Scottish Executive is making this research report available on-line in order to provide access to its contents for those interested in the subject. The Executive commissioned the research but has not exercised editorial control over the report.

This web only report is accompanied by "Research Findings No 11 Effective Social Work With Older People " also in web only format. Both reports are published by Information and Analytical Services Division, Scottish Executive Education Department, Victoria Quay, Edinburgh, EH6 6QQ. If you have any enquiries about these reports please contact the Dissemination Officer on 0131-244-0316.

These reports were commissioned by the 21st Century Social Work Review Group to inform their work. Copies of this document had already been released on the 21st Century Social Work Review website (<http://www.21csocialwork.org.uk/>).

Both reports were published on The Scottish Executive website in December 2005.

CONTENTS

EXECUTIVE SUMMARY	1
CHAPTER ONE: INTRODUCTION	
Aims and objectives of this review	6
Scope	6
Structure of this paper	6
Methods	7
Limitations	7
CHAPTER TWO: EFFECTIVENESS - DEFINING QUALITY OUTCOMES FOR OLDER PEOPLE	
Older people's views about effective social work	8
Another approach to effectiveness - what works?	11
Performance information	13
Conclusions	13
CHAPTER THREE: THE SOCIAL AND POLICY CONTEXT FOR EFFECTIVE SOCIAL WORK WITH OLDER PEOPLE	
Introduction	15
Poverty in old age	15
Ageism	17
Integrated Services – A Joint Future	19
Conclusions	21
CHAPTER FOUR: OLDER PEOPLE: THEIR NEEDS FOR SOCIAL WORK	
Introduction	22
Demography	22
People with learning disabilities	23
People with dementia	24
People with other mental health needs	25
Addictions and substance misuse	26
People with physical illness, impairment or frailty	26
Older carers	27
Palliative care – the need for a holistic approach	28
Conclusions	29
CHAPTER FIVE: ROLES, TASKS AND SKILLS FOR EFFECTIVE SOCIAL WORK WITH OLDER PEOPLE	
Introduction	31
What is the social work role?	31
Assessing the needs of older people	32
Assessment and integrated working	33
Monitoring and reviewing care	34
Care management for people with complex needs	34
Balancing rights, risks and needs	35
The duty to protect	37
Loss change and transition	39
The social work role in health care settings	41
Group care settings	42
Working with family and carers	43
Conclusions	43
CHAPTER SIX: CONCLUSIONS AND IMPLICATIONS FOR EFFECTIVE SOCIAL WORK WITH OLDER PEOPLE	45
REFERENCES	50

EXECUTIVE SUMMARY

INTRODUCTION

1 As part of the 21st Century Review of Social Work, the Scottish Executive asked the Social Work Research Centre at the University of Stirling to review the evidence base for effective social work with older people. The objectives were

- to identify effective and desirable outcomes for older people, including outcomes desired and defined by older people themselves
- to identify the distinctive skills required by social workers in order to achieve desirable and effective outcomes
- to draw out and discuss the implications for future policy and practice in this field.

2 This paper looks at effective social work with older people with a range of needs and conditions and considers desirable outcomes in a variety of domains and settings.

3 The work involved a review of various key texts and recent research. In the short time available, it was not possible to conduct a systematic study nor a comprehensive literature review.

EFFECTIVENESS – DEFINING QUALITY OUTCOMES FOR OLDER PEOPLE

4 There are various drawbacks to standard satisfaction surveys, including limited validity. They may be particularly unreliable in eliciting older people's views.

5 Many older people attach great importance to their relationships with social workers and care staff. However, older people may not always identify or distinguish the contribution of particular professionals; rather, they may form a view about the overall quality of services received.

6 Recent consultation exercises with service users and carers in Scotland have identified the importance to them of being treated as individuals, of exercising choice and control and of a 'capacity' model of assessment. A holistic approach to assessment and service delivery is appreciated, along with sensitivity, flexibility and respect for personal dignity.

7 Older people value services which can support them in all aspects of their lives, as required, not just with personal care and relationships. Low level preventative help, like housework and gardening, enhances quality of life and helps maintain independence. However, these tasks do not require qualified social workers.

8 Effective social work with older people should focus on the key social work tasks of assessment, care management and review for people with complex needs, as distinct from the provision of social services to the majority of older people who have relatively straightforward needs.

9 A five year research and development programme conducted at York University examined outcomes of social care for older people, disabled people and carers. It identified three types of desirable outcome – maintaining current quality of life, facilitating positive change and impacts of the service process. The second of these may be most pertinent to effective social work with older people. ‘Change’ outcomes to aim for include improvements to physical functioning, confidence, skills and morale.

10 An alternative approach to examining effectiveness lies in performance information, although this remains a contested area. The 21st Century Review Group has set up a Performance Information Subgroup to address some of the difficulties involved.

THE SOCIAL AND POLICY CONTEXT FOR SOCIAL WORK WITH OLDER PEOPLE

11 A substantial number of older people in Scotland live in poverty or face financial hardship. Where possible, effective social work with older people will involve income maximisation, combined with a sensitive approach to discussing financial matters.

12 The evidence shows that older people routinely face discrimination, for example, through stereotyping and denial of opportunities available to other adults. Anti-ageism is an essential part of effective social work, along with consideration of issues of gender, race, disability and sexual orientation.

13 Recent policy initiatives in Scotland emphasise the importance of joint working and a ‘Joint Future’, notably through the single shared assessment first developed for older people. The Scottish Executive has not issued a framework specific to working with older people, as it has for other service user groups, but integrated services and teams have developed nationally. Critics have warned that there is little theoretical basis for this approach and research had identified a number of underlying difficulties. The Interim Report of the 21st Century Social Work Review notes that social workers in integrated teams have varied experiences of their effectiveness and that clarity of roles and responsibilities, coupled with good support, are essential.

OLDER PEOPLE: THEIR NEEDS FOR SOCIAL WORK

14 Old age is not in itself a problem, pathology or indication of need. Older people should not be seen as an homogeneous group with a single set of needs.

15 Significant demographic changes affecting projected numbers of older people must be taken into account when planning effective future deployment of social workers. The number of people of pensionable age in Scotland is set to rise significantly while the number of people in the age groups most likely to care for older people is decreasing.

16 People with learning disabilities are living considerably longer than before. Those with Downs Syndrome have an increased risk of developing dementia. Older people with learning disabilities should have access to the same health and social care facilities as anyone else. Former residents of long stay institutions may need particular support in old age, especially if a move to a care home becomes likely.

17 The incidence and impact of dementia, and the implications for effective social work practice, are much better understood today than they were just 10 years ago. People from Black and minority ethnic communities form a growing proportion of those affected. Social workers must be aware of cultural variation in perceptions of dementia. Mainstream, person centred services should be available to all.

18 There is little research evidence about the impact of mental health problems, other than dementia, on older people. Depression is the most prevalent condition, often linked to loss or poor physical health. However, depression often goes undiagnosed and untreated.

19 While alcohol consumption generally decreases with age, alcohol and substance misuse pose significant problems for some older people. Although often overlooked, substance misuse in older people responds to treatment at least as well as for younger age groups. Older people who develop alcohol related conditions such as Korsakoff's syndrome may require specialist facilities.

20 The majority of older people aged up to 85 do not report long term illness or impairment. However, certain conditions are associated with old age and can seriously affect people's ability to carry out daily living activities. Social workers may not be best placed to provide assessment and care management in every case but where major loss and change are involved, their particular skill mix will be most appropriate.

21 One in six carers is an older person, many of whom provide a very high level of weekly care. They may have to deal with disabling conditions of their own as well as the demands of supporting another person. Where breakdown or deterioration occurs, perhaps bringing relationship stress, grief and loss, social workers have much to offer in terms of assessment, care planning and counselling.

ROLES, TASKS AND SKILLS FOR EFFECTIVE SOCIAL WORK WITH OLDER PEOPLE

22 Standard social work texts contain less information about working with older people than about some other service user groups. At the same time, there are arguments against categorising older people as a separate group, as if different from other adults.

23 Effective social work with older people draws on distinctive aspects of the social work role – sensitive communication, moving at the individual's pace, starting where the client is, supporting the person through crisis, challenging poor practice, engaging with the individual's biography and promoting strengths and resilience.

24 Few studies have evaluated the effectiveness of monitoring and review or the relative outcomes of different approaches to these tasks. There are indications that insufficient attention is sometimes paid to monitoring and review.

25 In 2002, nearly 35,000 older people were resident in Scottish care homes. Standards of care are variable: social workers have a vital role in ensuring that individuals' assessed needs are met when they move into a care home and, where appropriate, in advocating for better quality of care.

26 A review of care management in Scotland reinforced an important early premise of care management - that it be directed at people with complex, fluctuating or rapidly changing needs. This requires a range of skills, including those 'traditionally' associated with social work, particularly the ability to work with complexity and uncertainty.

27 Social workers engage with older people facing various types of risk, including those who are being abused and those who, because of dementia, are no longer aware of everyday dangers. Effective social work in these situations demands a finely tuned balance between promoting independence and self determination – core social work values – while simultaneously providing adequate and sensitive protection. Here, social work tasks include building trust and support, assessing risk and vulnerability, and providing information about and opportunities to discuss different options.

28 Social workers have a number of specific legislative duties relevant to working with older people. In fulfilling these duties, for example in the role of mental health officer or when conducting assessments prior to 'significant intervention' in relation to 'incapable' adults, social workers must, again, balance individual rights with the need to protect and promote the welfare of people in need. In addition, careful mediation between the competing wishes of the older person and family relatives, or between family relatives themselves, may be required.

29 Old age may be marked by experiences of loss, change and transition. Social workers need a good understanding of the significance and impact of life course transitions and the ability to see the older person in the context of his or her life history.

30 The social work contribution to palliative care includes supporting the older person and the family through loss and bereavement, taking a 'whole system' perspective, ameliorating the practical impact of change and attending to emotional and spiritual struggles. In some cases, educating and supporting the multi-disciplinary team will be an added dimension.

31 Social workers in hospitals and other health care settings are well placed to identify and respond to the needs of older people. Research has shown that deploying social workers in Accident and Emergency wards has benefited older patients. In healthcare settings, it has been found that multi disciplinary teams led by social workers are particularly effective in matching individual needs to services.

32 Few studies of group care have looked specifically at the social work contribution. However research about care homes has identified the importance to good quality care of various tasks in which social workers can be key players – good information provision, fair and clear contract terms and, where appropriate, supporting older people to use complaints procedures.

CONCLUSIONS AND IMPLICATIONS

33 Older people do not require social work support simply because of their age. They will have largely the same range of needs for social work as any other adults. They are most

likely to seek social work help or develop needs arising from a combination of conditions and circumstances, often involving loss and change.

34 Social work with older people cannot be considered effective unless older people themselves are satisfied with it. Service users want to be listened to and respected as individuals. Many older people share traditional social work values, such as a concern for relationships, and appreciate social work skills. The social work *process* is important, as well as the outcome.

35 Social care with older people is more effective when its intended outcomes are identified at an early stage – during assessment – and built into care planning. Older people must be closely involved in the process, with outcomes based on their wishes and priorities as far as possible.

36 Older people like services which support them in various aspects of their lives, not just personal care and relationship needs. Low level preventive services are valued.

37 Effective social work with older people should focus on intensive care management with those who have complex, fluctuating and/or rapidly changing needs. Pressure to manage budgets and establish eligibility must not reduce social workers' capacity to engage with the older person and use the full repertoire of their skills in a holistic way.

38 Social workers bring a unique mix of skills and expertise to situations of complexity, uncertainty and conflict. These include a 'whole system' view, engaging with the older person's biography, supporting individuals and families through crises associated with loss or transition, helping to ameliorate the practical impact of change and challenging poor practice.

39 Social workers must work creatively with risk. They need finely tuned skills to achieve the 'right' balance between promoting self determination and independence for the older person while, at the same time, ensuring that vulnerable individuals have adequate protection.

40 There is much scope for a positive, proactive approach to social work with older people, for example through income maximisation, promoting individual strengths and capacity, and helping people rebuild confidence and networks following loss or change. Anti-ageism is an essential element, while issues of gender, race, class and ethnicity must be taken into account.

41 Recent moves towards joint working within a multi-disciplinary setting, and the introduction of single shared assessment, make it imperative for social workers to be clear and confident about their distinctive role.

42 The ongoing debate among service planners regarding the appropriate degree and nature of specialism for social workers with older people is little reflected in the literature. However research and practice experience leads us to conclude that social workers with older people require a strong foundation of core, generic social work skills and values, on which specialist knowledge and skills can build.

CHAPTER ONE INTRODUCTION

AIMS AND OBJECTIVES OF THIS REVIEW

1.1 As part of the 21st Century Review of Social Work, The Scottish Executive asked the Social Work Research Centre at the University of Stirling to review the evidence base for effective social work with older people. The aim was to explore ‘what works’ in terms of effective practice by qualified social workers and what leads to quality outcomes for older people and their carers. This review will sit alongside similar papers commissioned by the Scottish Executive on work with offenders (McNeil et al 2005) and work with children and families (Walker 2005).

1.2 The specific objectives agreed for this piece of work are as follows:

- to identify effective and desirable outcomes for older people, including outcomes desired and defined by older people themselves
- to identify the distinctive skills required by social workers in order to achieve desirable and effective outcomes
- to draw out and discuss the implications for future policy and practice in this field

SCOPE

1.3 This review will cover:

- older people who have dementia, physical/sensory impairment, mental illness and /or complex health needs
- outcomes in a variety of domains, including promotion and maintenance of independence, assessing and managing risk, assessing and managing vulnerability, personal care and work with families
- outcomes in the range of settings in which older people live, for example, care homes, with family, and at home alone

STRUCTURE OF THIS PAPER

1.4 Chapter 2 considers different understandings of effectiveness, including the views of older people themselves. It examines evidence about aspects of effectiveness in social work with this service user group. Chapter 3 looks at aspects of the wider context in which social work with older people takes place, while the following chapter discusses demographic trends and older people’s needs for social work support. Chapter 5 contains a detailed discussion of effective social work with older people, including practitioners’ statutory duties, their role in protection and risk management, and the ways in which different settings can impact on work with older people in key areas such as loss, change and grief.

1.5 The final chapter draws out the implications for the 21st Century Social Work Review, making reference to its interim report, for example, considering how the various social work roles identified in that report - such as counsellor, advocate and assessor - might apply to social work with older people.

METHODS

1.6 The main task carried out by the project team was a review of various key texts and recent research reports primarily from the UK. The team combines extensive experience in research in community care for older people with significant practice and management experience of services for older people: it is hoped that this balance is reflected in the paper.

1.7 The review draws on the recently published *Older People and Community Care – a review of recent research* (MacDonald 2004), also commissioned by the Scottish Executive. While there is a considerable amount of research and publications about the needs of older people, the impact of demographic change and social policy developments, rather less work has been conducted on evaluation of ‘what works’ and what is valued by older people themselves, still less on the effectiveness of what social workers do. Consequently, the findings and conclusions of the work presented here were discussed in a small, informal consultation exercise with a number of very experienced and skilled social workers and social work managers, to facilitate as comprehensive a review as possible.

LIMITATIONS

1.8 We were asked to present our review as a formal research report (using the standard Scottish Executive research report template). This paper is not, however, the result of systematic research nor is it a comprehensive literature review, neither of which were possible within the short timescale available of about six weeks. However, the findings are presented in a style which we hope will be helpful and accessible to the 21st Century Review group.

CHAPTER TWO EFFECTIVENESS - DEFINING QUALITY OUTCOMES FOR OLDER PEOPLE

2.1 This chapter reviews several ways in which effective social work with older people may be defined. Our starting point emphasises the importance of older people's views about what helps them to live well in later life.

OLDER PEOPLE'S VIEWS ABOUT EFFECTIVE SOCIAL WORK

2.2 A key factor in determining quality is the extent to which older people themselves are satisfied with both the assessment of their needs and the services provided. Services which provide high quality care according to economic or clinical criteria are far from ideal if, as a result of that care, the user is unhappy or dissatisfied.

2.3 A review of the literature on older people's satisfaction with services in Britain and North America (Bauld et al 2000) concluded that

“older people's responses to satisfaction questions are affected by a range of complex and interrelated factors. Disentangling the effects of user and carer characteristics from expressed opinions poses considerable challenges for those hoping to use satisfaction surveys to gauge service quality.”

2.4 The authors list nine factors or characteristics which they anticipate will influence responses or make interpretation difficult. These include:

- fear of dependency or reprisal
- reluctance to criticise individual workers
- entitlement (Users with limited resources receive services as an entitlement; this naturally may reduce their willingness to criticise or comment on quality, as they are not 'consumers' in the usual sense of the word)
- expectations (Older service users are often characterised as having low expectations of services, which may affect satisfaction ratings. Expectations often centre around interaction issues - the manner in which services are provided - rather than the nature of the services or quality of care)
- lack of knowledge
- physical and mental health (including cognitive impairment)
- life satisfaction.

Bauld et al (2000) comment:

“There is clear evidence that people who use social services attach considerable importance to the relationships they have with staff (Barnes 1992, Qureshi 1999), and that these relationships have a direct impact on their overall sense of well being. Secondly, life satisfaction or perceived well being also has a direct impact on how users judge any services they receive.”

2.5 Older people may be unlikely to identify the contribution of a particular professional, such as a social worker, preferring to focus on the quality of the overall service.

Evidence from the users and carers' panel

2.6 As part of the wide consultation process for the 21st Century Review of Social Work, a panel of users and carers was invited to describe its dreams and aspirations for how services should be provided in the future. They offered the following ideas:

- people should be valued as individuals: it is important to be an integrated part of society
- need to understand where social workers are coming from, and vice versa
- need to be aware that carers need someone to talk to too
- freedom from fear and being able to share and contribute in a valued way
- choice and control through direct payments
- services should be about choice and control as consumers
- engaged listening - social worker's skill of listening important - when practiced, much more effective-life changing
- development of a skill set, centred round issues (the manner in which services are provided) rather than the nature of the services or quality of care.

(Extract from a Minute of a users and carers' panel meeting, part of the 21st Century Review of Social Work, provided by Review staff)

2.7 This panel also made several references to the importance of assessment and review:

- often services delivered by the social work department are not what the user wants
- need for whole person assessments - not simply about ticking boxes
- more of a capacity model of assessment
- the need for regular reviews of support to determine whether the service offered is still working or if it needs to change.

(Further extract as above)

Further evidence - the care development group

2.8 Jones et al (2001), in research undertaken to inform the work of the Care Development Group about the implementation of free personal care, asked service users and carers what kinds of support they valued. A strongly expressed view emerged in focus groups that there should be

“free entitlement to packages of personal care tailored to individual need, properly assessed, and extending to whatever kinds of support were necessary to keep the individual living as independently as possible, with dignity and a good quality of life’ (p 48)”.

There was a clear consensus amongst groups of both older and younger people that they – and, they thought, older people in general – would wish to stay in their own homes as long as they could.

2.9 Of particular relevance to our review, group members emphasised that caring for an older person:

- must be individual, recognising both service users' unique needs, and the other support available to them
- changes over time, with needs often increasing
- must deal with the whole person – not separate 'nursing', 'social' and 'domestic' tasks
- requires sensitivity and flexibility – and involves a relationship
- should attend to dignity, pride and quality of life, not just maintaining life and hygiene (Jones et al., 2001:61).

2.10 Group participants in this work for the Care Development Group thought that assessment should:

- be prompt when help was needed
- take account of individual needs, circumstances, and preferences
- use information from a range of sources e.g. GP, District Nurse
- be multidisciplinary and undertaken only once, not lots of times by different people
- be reviewed regularly
- listen to the service user's view – but also not always be totally determined by this because the service user's perceptions can be at odds with what is happening
- take account of and value the family carer's contribution, recognising that carer support can prevent greater needs arising (Jones et al, 2001: 66).

2.11 There has been considerable debate about the value of user satisfaction studies, particularly in England and Wales. The Scottish Executive has commissioned research which aims to develop reliable methods of assessing user and carer satisfaction with single shared assessment (MacDonald 2004). One particular study produced results of relevance to this review, particularly in relation to the social work tasks of assessment and care management with older people (Chesterman et al 2001). This suggested that service users whose care manager was a qualified social worker were more satisfied than those whose care manager had been trained as a home help organiser. Furthermore, the greater number of social worker hours invested in setting up services, the greater the reported satisfaction with the experience of social services.

2.12 Research on satisfaction or effectiveness more often focuses on older people's perception and experience of *social services*. It is hard to find studies which focus specifically on *social work*. This may reflect the relative indifference of this client group to the qualification of the person who is offering them help, compared with their interest in staff's personal qualities, their approach and values. Studies also show that older people give great importance to services which assist them in every aspect of their lives, not just personal care or relationship needs (MacDonald 1999). Another study has suggested that 'low level' services, like help with housework, gardening, laundry and home maintenance, both enhanced quality of life for older people and helped maintain their independence (Clark et al 1998). Clearly, these are not the kind of services which social workers are, or need to be, centrally involved in arranging.

2.13 Thus our review of effective social work with older people needs to concentrate on the key social work tasks of assessment, review and care management for people with more complex needs, and it needs to maintain the distinction between this process and the provision of social services which assist the majority of older people in need, who do not require the intervention of qualified social workers.

ANOTHER APPROACH TO EFFECTIVENESS -WHAT WORKS?

2.14 Outcomes, and particularly ‘what works’, have been a key concern of policy makers in this field in Scotland since at least 1998. While the relationship between social worker and client - and the process of social work intervention - may be valued by both, it is the result, or ‘outcome’, which is considered most important within the ‘what works’ agenda.

2.15 The Social Policy Research Unit at York University has conducted a 5 year research and development programme, funded by the Department of Health (Qureshi 2001), examining outcomes of social care. The aim of the programme was to develop and test practical ways in which agencies which provide or purchase social care could collect and use information about the outcomes of services for users and carers. The programme focused on older people, carers and adults of working age who have physical and sensory impairments. User and carer involvement was a strong theme at all stages. In commissioning a five year programme, the Department of Health recognised that medium-term work was required to address the methodological, practical and conceptual questions involved. The first stage of the programme consisted of research with a range of stakeholders to clarify outcome concepts suitable for social care practice, and to identify realistic opportunities in the current social care context to use these outcome ideas in practice. The second stage involved research and development work over two years, aiming to introduce a greater outcome focus into care management along with the collection of feedback from service users and carers (Qureshi 2001).

2.16 The project identified three different kinds of outcome which social care agencies were aiming to achieve:

- maintenance of quality of life, for example, maintaining acceptable levels of personal comfort and safety, social contact, meaningful activity, control over daily life and routines
- change, for example, improving confidence or accessibility of the environment, reducing risk or regaining self care skills
- impacts of service process, for example, whether people feel treated as an individual, valued or respected, and whether services fit well with other sources of help and with individual preferences and life choices (Qureshi 2001).

2.17 It is important to state two reservations relevant to this review. First, it should be emphasised that the outcomes considered are the outcomes of social care services, not specifically or exclusively of social work. Indeed there is evidence that the outcomes classified as ‘maintenance’ may be largely achieved through the provision of services such as home care, day services and transport (Qureshi 2001). Further, while it will be readily agreed that the impact of the process is highly desirable in social work terms *‘for example, whether*

people feel treated as an individual, valued or respected' such values and qualities are not confined to social workers.

2.18 It is also important to note that the SPRU project is not an evaluation of social work practice nor of social care services. The aim was to

“introduce an outcome focus into practice, and [to use] outcome related questions in the collection of evaluative information from service users and carers.”(Qureshi 2001).

2.19 To paraphrase, the study provides a strong framework for work with older people, particularly for assessment, which helps practitioners, service users and carers to articulate more clearly what outcomes they need and want and (for practitioners) to articulate what they are intending to achieve through their assessment and intervention.

2.20 Nonetheless, the framework is important for our purposes, given that the programme is grounded in the researched views of users and carers. Indeed, it may be that the second of the three different kinds of outcome described - the ‘change’ outcome - is the one most likely to feature in effective social work intervention with older people:

“Change outcomes...generally reflect attempts to tackle problems or remove barriers which stand in the way of achieving desired levels of quality of life.” (Qureshi 2001).

2.21 In an earlier publication, the same team elaborates on this change outcome as follows:

- changes in symptoms and behaviour: this desired outcome was mentioned by people with functional mental illness. People wanted to feel less anxious and depressed, for example, to relate better to family members and to be more active and interested in life.
- improvement in physical functioning
- improving confidence and skills: these were seen as essential steps on the path back to managing without services.
- improving morale: the argument here is that improved morale is an indirect effect which flows from the achievement of other outcomes. People who used day care, particularly those who used facilities for people with mental illness, described more direct effects, saying for example “it lifts you” or “it keeps you going” (Qureshi 1998).

2.22 The SPRU project also identified a concern among older people for relationships and values, echoing the views of service users and carers in the two other consultations mentioned above.

PERFORMANCE INFORMATION

2.23 Thus far, we have concentrated on definitions of effectiveness emanating from, or influenced by, older people. An alternative approach is to look at performance information: are the goals of services and policy makers being achieved? The Interim Report of the 21st Century Social Work Review identifies the current difficulties in this approach, and the work of the Performance Improvement Sub-group will provide a range of suggestions for overcoming these limitations in the future.

2.24 The implications for our work again centre round the difficulty of disentangling the contribution of the social worker to such objectives. For example, it has long been a policy objective that older people are enabled to maintain their independence, and a good quality of life, in their own homes for as long as possible. So we could look at the number of people who receive home care services, how often, and how intensively; we could compare this with trends in admission to care. However, it would be impossible to determine how far these outcomes were dependent on the contribution of social workers.

2.25 Another example occurs in the phenomenon of delayed discharges from hospital, the majority of which affect older people. Over the last four years, there has been a gradual decline in the number of delayed discharges at national level. Social workers are the professional group most likely to be involved in the assessment of older people ready for discharge, although this may change as single shared assessment develops. We have not been able to identify any work clarifying the distinctive contribution of social workers to the reduction in delayed discharges. Indeed the 'whole system approach' analyses performance in a rather different way.

2.26 The data available at this stage is quantitative. In a later chapter, we look at effective social work in other settings such as care homes and day care. The quality standards used by the Care Commission to inspect such settings are therefore a potential source of evidence for effectiveness. Again, however, there is a difficulty in distinguishing the contribution of one group of staff from the collective quality of care.

CONCLUSIONS

2.27 Social work with older people cannot be considered effective unless older people themselves are satisfied with it. However, this may be difficult to gauge: satisfaction surveys have a number of methodological problems. In addition, older people may be unlikely to pick out the contribution of a particular professional within their care package.

2.28 Similarly, research about effectiveness tends to focus on older people's experiences of social services generally, not social workers in particular. Older people appreciate services which support them in various aspects of their lives, not just with personal care and relationship needs. Many value low level preventative services which enhance quality of life and help maintain independence. However, it is not appropriate for social workers to provide this kind of support.

2.29 This underlines the need for effective social work with older people to focus on the key tasks of assessment, review and care management for those with complex needs.

2.30 Service users want to be listened to and recognised and valued as an individual. They want support which enables them to exercise choice and control. Older people see relationships as an important part of the process. They appreciate social workers who take a holistic approach to assessment and regularly review their care to ensure needs are well met.

2.31 An important outcome goal for effective social work with older people is to bring about positive change, including improved physical functioning, increased confidence, better skills and an enhanced sense of well being.

CHAPTER THREE THE SOCIAL AND POLICY CONTEXT FOR EFFECTIVE SOCIAL WORK WITH OLDER PEOPLE

INTRODUCTION

3.1 This chapter summarises the context within which effective social work must be achieved. We consider the literature describing the environment in which effective social work takes place and the cultural background within which older people's expectations of good outcomes are formed.

3.2 In doing so, we are reflecting the comments in the Interim Report of the review, highlighting the IFSW Code of Ethics (2004) statement that

“Social workers should be concerned with the whole person, within the family, community, and societal and natural environments, and should seek to recognise all aspects of a person's life.”

3.3 The Interim Report summarises the context for all social work in Scotland, noting recent social, political and demographic shifts, legislative change, policy developments and the 'modernising agenda' as it applies to the workforce and to services. We look therefore more closely at three contextual elements

- Poverty in old age
- Ageism
- The integration of services

POVERTY IN OLD AGE

3.4 *“Poverty and social exclusion are seen to be increasing and this is seen by some commentators to make the continued provision of social work especially important.” (Clarke et al, 2003).*

3.5 The weekly basic state pension (from April 2004) is £79.60 for a single person and £127.25 for a married couple (claiming on the husband's contribution record).

3.6 To qualify for the full basic pension, an older person needs to have paid national insurance contributions for most of their working life (usually 44 years for a man). The period since the war has seen a sharp increase in the number of workers paying into occupational pension schemes. In 1999, 59% of newly retired people had occupational pensions. Nevertheless, a limited number of pensioner households at present enjoy substantial occupational pensions; most still receive the largest proportion of their income from state benefits, particularly the basic pension. Certain groups, such as single older women, are less likely to have an occupational pension and, if they do, the average amount is less.

3.7 For many older people, income is so low that they have to claim additional means tested benefits. In June 2004, the DSS reported that 259,000 Scottish pensioners claimed Pension Credit. Many thousands more who do not get Pension Credit receive some help

towards their rent and/or council tax. The government also estimates that between a quarter and a third of pensioners eligible for means tested benefits do not claim them (National Audit Office 2002).

3.8 Poverty is not limited to cash income. Older people, particularly if they have a disability, are likely to spend more time at home. Therefore warmth will be very important. Age Concern Scotland (2004) believes that people over 60 account for over half of the fuel poor, although they account for less than one quarter of the population. Twenty-one per cent of older, smaller households (66,000 households) and 37% of single pensioner households (128,000 households) are classed as fuel poor. The Scottish Executive, which has committed itself to abolishing fuel poverty by 2015, is implementing a programme to install free central heating in all older people's households. Meantime, an additional fuel payment (£200 for those between 60 and 80 years old and £300 for those over 80) is being paid each year.

3.9 Poverty will also affect the condition of the home. Communities Scotland reported in 2002 that 58% of pensioners are owner-occupiers, 28% rent from the public sector, 6% from housing associations and 5% from a private landlord (Scottish Household Condition Survey 2002). Older homeowners can find it difficult to maintain their houses, and the need for more expensive repairs increases, the older they become (Age Concern 2004).

Free personal care

3.10 In 2002, The Scottish Executive introduced free personal care for women over 60 and men over 65. The state pays the cost of personal and nursing care for anyone of pensionable age who is assessed as needing it. The benefit is payable irrespective of where the older person lives (at home or in a care home). Payment is dependent on a needs assessment, generally carried out by a social worker.

3.11 Personal care for those at home is tightly defined. By no means all the services needed by older people at home are eligible. Practical care services – such as cleaning, meal preparation and shopping - are not covered. Ironically, these 'preventive' services may be most valued by older people. For provision of 'non-personal' services, all local authorities will make a charge, the level of which will depend on a means test.

3.12 Although a non-means tested universal benefit, free personal care has mainly benefited better off older people in care homes. A government regulated means test meant that care in care homes was already free to those who had less than £10,000 in capital before its introduction.

3.13 The benefit consists of a fixed rate (£210 per week) intended to meet the care costs of a resident. The resident must meet the full cost of their accommodation and subsistence (subject to a government regulated means test). These charges are set by the care home provider. Charges (in all sectors) have risen sharply since the introduction of free personal care, thus reducing the value of the benefit to those eligible to receive it.

3.14 This brief summary of the financial disadvantage - and in many cases, poverty – faced by older people is relevant to this essay for two reasons. First, to reiterate the conclusion of other work done for the 21st Century Review Group, social work has a distinctive role amongst the poor and socially excluded sections of our society. Secondly, it highlights

another conclusion in the interim report- *‘the important area of income maximisation, often triggered by social work assessment’*. Effective social work with older people will ensure that income is maximised through assistance with benefit claims and other financial advice. Indeed, the introduction of free personal care relies on a needs assessment by a social worker; it is social workers who apply the eligibility test for this cash benefit. In many authorities social workers will also apply the means test for any charge for other services, immediately after a needs assessment, and as part of the process of arranging a care package. For the older person, the different aspects of the process will not be experienced as separate. Apart from the administrative efficiency required, the social worker’s sensitivity in approaching the subject of financial assessment will be important, particularly if the older person prefers not to disclose, or refuses to accept the services they need because of fears about being able to meet the charge.

3.15 The introduction of single shared assessment was an important initiative designed to streamline needs assessment, reducing duplication by enabling health and housing staff to play a much greater role in the process. For health staff (district nurses, community based CPNs and so on), working within a culture where health care is always ‘free at the point of delivery’, the expectation that this will include discussions about charging and involvement in financial assessments, has been a real difficulty and may have slowed the implementation significantly.

AGEISM

3.16 Social justice and equity are generic Scottish Executive policy aims.

“Anti-ageism’ is a dimension of social justice and community care services have a particular role to play in increasing the number of older people who enjoy active and independent lives” (MacDonald 2004).

3.17 Hughes and Mtejuka, quoted by Thompson (1997), define ageism as

“the social process through which negative images of and attitudes towards older people, based solely on the characteristics of old age itself, result in discrimination”.

3.18 Taking a similar approach as to gender and race, Thompson identifies personal, structural and cultural dimensions to ageism, and develops Phillipson’s (1989) ‘political economy’ approach. He identifies one manifestation of institutional ageism as the ‘tendency for social work with older people to be seen as routine and uninteresting, more suited to unqualified workers and social work assistants than to qualified social workers’.

3.19 Thompson (2001:12) goes on to identify a number of implications for social work assessment. Quoting Marshall (1989) and Fennel (1988), he first argues that assessment should address not only simple notions of need and service availability, but also wider issues which form part of a comprehensive assessment. The second relates directly to ageism and can be divided into two parts. Assessment should include consideration of the impact of ageism on older people’s lives, including low self esteem, feelings of being a nuisance and so on. On the other hand, care must be taken to ensure that ageist assumptions are not influencing assessment. As with racism and sexism, if we are not actively ‘swimming against

the tide of cultural and institutional ageism we shall be carried along with it, such is the strength of ageist ideology’.

3.20 Dominelli (2004) also notes the complexity of the impact of social dimensions such as gender, race, disability, mental health and sexual orientation, in work with older people. She writes:

“the negative image of the older person as dependant and in need of care portrays an ageist construction that treats every older person the same by ignoring the specific needs of older individuals and the contribution that older people as a group have made and continue to make to society” (Dominelli, 2004:137)

3.21 Thompson (2001:107-110) goes on to identify no less than ten aspects of anti-ageist practice for effective social work, including:

- challenging ageist assumptions and myths (old equals ill, old means problem, old means dependent and so on)
- sensitivity to ageist and depersonalising terms such as ‘the elderly’
- assessment must be holistic, taking account of a wide range of factors, as opposed to routinely matching service to need
- preserving dignity and self esteem, counterbalancing negative stereotypes
- ensuring that risk assessment and protection against harm is not at the expense of rights.

3.22 He concludes by arguing that anti-ageism is not a separate area of practice:

“It needs to be seen in relation to sexism (as the vast majority of older people are women) and racism (as the number of older black people is increasing significantly). These are fundamental aspects of human experience and need to be understood in relation to each other. Anti-ageism needs to be part of the wider enterprise and challenge of anti-discriminatory practice. The lessons learned from anti-racism and anti-sexism must also be applied to anti-ageism. They are not in conflict or competition but rather, part of the wider movement towards an emancipatory social work.” (Thompson, 2001:110)

3.23 Thompson’s book was first published in 1993 and it may be argued that effective social work practice has, or should by now have incorporated these ideas and concepts. However, a Joseph Rowntree Foundation publication (2004), summarising a four year research programme about the priorities which older people themselves defined as important for ‘living well in later life’, gives pause for thought. The older people involved in these projects did not commonly refer specifically to ‘ageism’ but the projects reported ‘strong’ evidence of its existence ‘in a number of spheres’. These included poverty and a denial of opportunities:

“Much policy and practice still frames older people in terms of being a burden, a problem to be solved, denied rights to the ordinary things in life because of the process of ageing’.

3.24 MacDonald (2004) summarises a range of research findings about the experience of older people from ethnic minority communities in Scotland in relation to community health and social care services. In her conclusion she notes the ‘scale’ of inequality indicated by one comparative study (Bowes and MacDonald 2000), highlighting the low uptake of home care and aids and equipment amongst older South Asian people. She concludes:

“For professional practice, the research referred to in the review can be helpful in promoting a more person-centred approach generally. It is not necessary to commission research on the specific needs of every national and ethnic group resident in Scotland to find out that people with distinct languages and cultures require sensitive treatment involving people with knowledge and understanding of the language and culture.” (MacDonald 2004).

INTEGRATED SERVICES - A JOINT FUTURE

3.25 For at least the last ten years, government policy throughout the UK has urged social services, social work, health and housing staff to work together more effectively, as a major strategy for improving community care services. In Scotland, the theme was articulated as part of the ‘modernising government’ agenda in *Modernising Community Care - An Action Plan* (Scottish Office 1998). Its vision was for ‘agencies working in partnership in localities, through better operational and strategic planning, joint budgets, joint services, and joint systems.’

3.26 A Joint Future Group was set up to explore these aims further, leading to ‘A Joint Future – The Report of the Joint Future Group’ published in December 2000. The Scottish Executive accepted, in its formal response, the group’s recommendations for:

- single shared assessments
- shared information (across health, housing, and social service agencies)
- financial and service management frameworks; and
- joint resourcing and management of services.

Initial implementation of ‘A Joint Future’ was targeted at services for older people, and thereafter rolled out to other community care services.

3.27 The same themes were picked up in a later consultative document from the Scottish Executive, *Better Outcomes for Older People* (2004), and a related *Action Plan* which provides a number of examples of joint developments across Scotland said to have improved services for older people. The Action Plan requires partnerships to review their joint services by December 2005 and to assess opportunities to extend them.

3.28 The enthusiasm for ‘joined up’ services is not universally shared, however. Dalley (2000), for example, writes

“The theory-free nature of such policy changes has been evident down the years. Little attention has been paid to research which has suggested that this may not be a problem free road, and even less to examining the fundamental reasons why this should be so.”

3.29 She goes onto identify three sets of factors affecting the attitudes of all the professionals involved, which severely inhibit the improvements hoped for. These include:

- professional ideology; the shared belief systems which are created and maintained through the development and consolidation of common knowledge bases, along with training processes to which entry is guarded and circumscribed
- the power of cultural allegiance, often associated with particular organisations and their ways of doing things, based on assumption, stereotype and long term unquestioned custom and practice
- force of circumstance, the conditions under which professionals just have to get on with the work, and do their best in trying situations.

These points will be very familiar to those who have struggled to introduce single shared assessment to health and social care services for older people.

3.30 For social workers, the introduction of what can be presented as a ‘common sense’ and eminently practical change has been a real challenge. Dalley’s analysis goes some way to helping us understand why. Of particular relevance to this essay is a suspicion, harboured by some social workers with older people, that single shared assessment and related integrated service delivery arrangements represent at best an indifference to, and at worst a severe dilution of, their particular skills and competence. Having had exclusive responsibility for comprehensive assessments since the introduction of community care, suddenly other professional groups-including housing staff – were expected to share this responsibility, after the briefest of induction and training.

Joint Teams and Specialisms

3.31 These policy initiatives coincided with and informed the development and publication of initiatives designed to improve services for other ‘client groups’, for example:

- *The Same as You* - A review of services for people with learning disabilities
- The Framework for Mental Health Services
- *Sensing Progress* - a framework for developing services for people with sensory impairments
- The Carers Strategy

3.32 As well as articulating the ‘joint working’ ethos as applied to particular service user groups, these initiatives led agencies to consider the desirability and viability of joint teams, or joint ‘specialist services’, within which social workers, community psychiatric nurses, occupational therapists and other ‘specialist’ health staff work together to meet the needs of discrete client groups. While no equivalent framework specific to older people has been produced, similar integrated teams or services have developed in many areas, bringing together services for older people. These developments themselves required consideration of such questions as ‘what is distinctive about the social work task with (for example) people with learning disabilities?’ and ‘what is the difference between the skills and knowledge of a community psychiatric nurse and those of a social worker, in meeting the needs of older people recovering from mental illness?’

3.33 The Interim Report of the 21st Century Review (Scottish Executive 2005) states:

“It is apparent that social workers working in integrated services have varied experiences of their effectiveness. Integrated services need to be clear about their goals. They need to be properly supported and developed, and in particular social workers need clarity about their roles, and the scope to actually practice their profession. In teams where a clear and valued place for social workers has been negotiated, a greater sense of partnership is discernible than in joint teams that have been set up with little explicit discussion of the social worker’s particular contribution and those of other team members.”

CONCLUSIONS

3.34 Social workers have long had a distinctive role in working with people facing poverty and social exclusion – this includes many older people. Effective social work involves a sensitive approach to carrying out financial assessments and, where appropriate, a focus on income maximisation.

3.35 In their work with older people, social workers must actively resist ageism – both in themselves and from other sources. As in social work with any other service user group, issues of gender, race, disability, mental health and sexual orientation must be taken into account.

3.36 Recent policy and practice initiatives in community care in Scotland have promoted joint working. Critics have argued that there is little theoretical basis for this approach while research has identified a number of underlying difficulties, reflected in the fact that social workers in multi-disciplinary teams have varying experience of their effectiveness. There is a need for such teams to be well supported and clear about their goals, and for social workers’ roles and responsibilities to be well understood by all team members.

CHAPTER FOUR OLDER PEOPLE – THEIR NEEDS FOR SOCIAL WORK

INTRODUCTION

4.1 Old age is not of itself a ‘problem’, pathology or statement of need. In the words of the interim report of the 21st Century Social Work Review (Scottish Executive 2005):

‘Older people are not a homogenous group, and categorisation as a distinct service user group is, arguably, contentious. People do not receive social services by virtue of being ‘older’. Rather they are in need of service, for example because of ill health, physical impairment, mental health difficulties (significantly dementia), addiction or offending.’ (p16-17)

4.2 Under the heading ‘the limitations of the client group approach’, Statham et al (2005) write on the same theme:

“Many people in the adult groups have a range and variety of physical, sensory, mental health, substance misuse and/or learning difficulties, in different mixes, which interact with each other, and with acute and chronic health conditions, to produce a wide variety of obstacles to ordinary living, social inclusion and the exercise of their human and civil rights. The same conditions and combinations affect the lives of children and people over 60 or 65’ (pp53/4.”)

4.3 This chapter looks in more detail at the incidence and consequence of these conditions in people over 65, to consider whether and how the need for social work help may be heightened by the combination with age, i.e. whether care needs are significantly different or greater than if they had occurred in earlier adulthood. This will provide a basis upon which to discuss more fully the nature of effective social work with older people who have such conditions, or find themselves in these circumstances.

DEMOGRAPHY

4.4 The results of the 2001 Census confirmed predictions about a large change in the demographic profile of Scotland over the next 23 years. The number of older people is predicted to rise by 46%, from 812,000 in 2002 to almost 1.2 million in 2027. Further analysis reveals even higher predicted rises in the very old population (aged 85 and over) from 88,000 to 174,000 over the same period (Audit Scotland 2004).

4.5 The overall increase in the older population has far reaching implications for future service provision, particularly an increase in demand for community care services. The anticipated growth in over 85s will place more pressure on these services. The rates of physical impairment and dementia are significantly higher among this group, leading to a need for more specialist care. As a percentage of the total population, the 65 and over age group will increase, while those most likely to care for them (aged 35-64 years) will decrease (Audit Scotland 2004).

4.6 We have included these figures and projections for two reasons: first, to underline the importance of defining clearly and carefully the need for social work support and help (as distinct from social care or social services) to older people with any of the needs described below, as social workers become an increasingly scarce resource. Secondly, it is important to define effective social work support as clearly as possible in order to ensure that social workers are not deployed on tasks where their particular blend of knowledge and skills are not needed, such deployment continuing only because it has always been so.

PEOPLE WITH LEARNING DISABILITIES

4.7 Improvements in health and social care mean that people with learning disabilities can now expect to live considerably longer than before. Indeed, those with milder learning disabilities now have a life expectancy similar to that of the rest of the population (Hogg et al 2000).

4.8 As increasing numbers of people with learning disabilities live to an older age, they encounter age-related illness and conditions such as dementia (Watchman 2003). There are mixed messages from the research about how many people with learning disabilities are affected by dementia. Kerr and Wilkinson (2005) emphasise that ‘people with learning difficulties for reasons *other than Down’s syndrome* have a similar or only slightly increased risk of developing the condition’. They also quote figures showing that people with Down’s syndrome have a much higher rate of Alzheimer’s disease than the general population (36% of those over 50, 54% of those over 60).

4.9 Many adults with learning disabilities now living in the community are former residents of long stay hospitals, some having lived in institutions since childhood. Although they are believed to be, in the main, well settled and with a much improved quality of life, many may have little life history to draw on as they grow older. Some will have re-established broken relationships with parents or siblings, which may face new and different tensions as the family group age, and parents and older relatives die. Their ability to remain in the community even with support may become more limited, leading to readmission to institutional care which will present a very particular set of anxieties and challenges. Such older people are less likely to be able to draw on informal care and support in their communities (compared with their long-established ‘local neighbours’). Indeed their position in the local community, and community attitudes towards them, may also change for the worse as they become older and their needs and impairments more pronounced. Just as social workers were heavily involved (as part of successful multi-agency teams) in the resettlement of patients prior to the closure of long stay hospitals, we should expect that social workers will be needed when some of these same people develop different needs, as they grow older.

4.10 *The Same as You?* (Scottish Executive 2000), the report of a comprehensive review of services to people with learning disabilities in Scotland, recommended that local authorities and health services make sure that older people with learning disabilities have the same access to health and social care support as older people generally. A range of professionals continue to be needed - including housing staff, learning disability nurses and psychologists. *The Same as You?* also identified a new role, that of Local Area Coordinator (LAC) who should be responsible for co-ordinating services and support to individuals with learning disabilities, or families with a learning disabled member. The LACs must work with the

whole person, in their whole environment, assessing and developing all the relationships that the client is part of, and that are changing. This role may be fulfilled by a social worker, although not necessarily.

PEOPLE WITH DEMENTIA

4.11 Parker and Penhale, noting that the incidence of dementia increases as people become older, nevertheless caution:

“Whilst the incidence of dementia is around 5% at age 60, 20% of those who are aged 80 and over can expect to develop dementia....Whilst this figure, and the increased risk of developing the disease with age is of concern to many, it needs to be kept in perspective: 80 percent of those aged 80 or over do not develop dementia.” (p4)

4.12 MacDonald (2004), in a chapter devoted to dementia care, quotes Moriarty’s summary of key findings from research:

- the prevalence of dementia is difficult to determine
- there is increased public awareness of dementia, as well as new drug therapies
- the need for access to counselling and support has been more clearly articulated as a result
- people from ethnic minority groups are becoming a growing proportion of people with dementia
- intensive domiciliary care, if reinforced by specialist care management, may enable people to remain in the community for longer
- people with dementia living in the community are especially likely to be reliant on the support of a single person, usually their spouse, or adult daughter
- carers’ psychological health is likely to be poorer if they are caring for a person with dementia, and providing substantial amounts of care.

4.13 Later in the same chapter, MacDonald writes ‘the confusion of dementia sufferers from minority ethnic groups has been found to be exacerbated by the lack of culturally aware services.’ Bowes and Wilkinson (2003) draw attention to cultural differences in the way people perceive dementia. These authors argue that cultural variation is such that the ‘only meaningful approach to meeting needs is to offer person centred mainstream services to all on an equal basis’. The reference to ‘person centred’ is a pointer to the need for social work skills in the provision of care and services to people with dementia and their carers.

4.14 The incidence of dementia, its various manifestations, the effects on behaviour, on quality of life, on relationships and on independence have been much better understood since publications such as Hunter (1997) and Marshall (1997), as are the particular implications for social work practice. Tibbs (2001), for example, devotes a chapter of her book to the ‘core tasks of social work’ in relation to people with dementia, discussing assessment, including risk assessment, and care planning, noting the importance of involving ‘multiple clients’ (reflecting the varying and sometimes conflicting needs of carers) and the ‘need for continuous adjustment to the care plan.’ She adds:

“Experience teaches us, however, that in the case of the person with dementia, situations can change very quickly...One is the progressive nature of the dementia, which means that changes in the person’s behaviour continue to occur. The other is that the carers also live in a situation of life change. Life for them becomes a long series of little losses, of change after change. The care plan needs to be a living, dynamic document.” (Tibbs 2001)

She concludes her chapter with a plea for specialist social work expertise for people with dementia, a subject to which we will return in chapter 5.

PEOPLE WITH OTHER MENTAL HEALTH NEEDS

4.15 Although dementia is sometimes viewed as being synonymous with mental illness in older age, older people may have a range of mental health needs. In 2000, 10% people aged 60 to 74 living in private households in Great Britain had a common mental disorder, such as anxiety, depression or phobias. Women were more likely to have such a disorder (Office of National Statistics, 2003). However, there is a lack of theoretical or empirical studies about the impact of mental illness, other than dementia, on older service users and carers (Ferguson and Keady, 2001).

4.16 Depression is the most prevalent mental health problem in older age. The Mental Health Foundation (1999) suggests about 15% of older people experience depression. However, this figure is probably an underestimate, with high rates of undiagnosed and untreated depression known to exist in both residential and community settings (Audit Commission, 2000). The literature also suggests that older people are less likely than younger people to take up mental health services (Ashton and Keady, 1999). Factors that appear to contribute to depression include loss (e.g. of status or of an intimate relationship with a spouse) and social circumstances, such as poverty, poor housing and isolation (O’Neill, 1999).

4.17 Depression also tends to be associated with physical health problems, especially acute illness, and with being in pain (Livingstone et al., 2000). New findings from a study entitled ‘Physical health and depressive symptoms in older Europeans’, published in the *British Journal of Psychiatry* in July 2005, found that the link between poor physical health and depression in older people is stronger in the UK than any other country in Western Europe (Source: Care and Health website, July 2005).

4.18 There is a tendency for both professionals and older people themselves to treat late life depression as an inevitable consequence of aging (O’Neill, 1999). However, there is evidence of the effectiveness of a range of interventions, including environmental changes, psychotherapeutic and cognitive behavioural therapies, and anti-depressant medication (Snowdon, 1998:61).

4.19 Little research has considered the needs of older people with functional mental illness, such as schizophrenia and mood disorders, whether mental health problems have been present in younger adulthood or developed with increasing age. With the closure of long stay psychiatric hospitals, increasing numbers of older people with schizophrenia are living in the community. It has been suggested that the particular care needs of this group, including physical health and social needs, have not been well addressed (Royal College of

Psychiatrists, 2002). Research in a rural area in England confirms that older individuals with schizophrenia experience high levels of social isolation (Rodriguez-Ferrara et al., 2004). McNulty et al. (2003) have also assessed the needs of older people with schizophrenia in Lanarkshire and found considerable unmet care needs in both hospital and community settings.

4.20 Long stay hospital wards for people with psychiatric disorders have been closing over the last 20 years. Many of the patients discharged were either over 65 on discharge, or are now over 65. Their background and current needs will be similar to those described above for people with learning disabilities. Again, the core tasks of assessment, planning, coordination and care management are likely to fall to a social worker, as 'lead professional'.

ADDICTION AND SUBSTANCE ABUSE

4.21 Some older adults will have abused alcohol or prescription medication when they were younger. Others may develop problems as they become older, sometimes triggered by traumatic events such as bereavement and illness. There is evidence of increasing numbers of older adults coming to the attention of services because their health, care, and sometimes safety are affected by alcohol consumption. Although generally alcohol consumption is known to decline with age, alcohol is a significant factor in self-neglect among older people, shortens life expectancy and is often associated with malnutrition (see Linnett 2001). Substance misuse among the older population is frequently overlooked but, once diagnosed, responds as least as well to treatment as abuse among younger people (McGrath et al., 2005). There are examples of older men and women appearing to have a serious alcohol dependency who have recovered a significant degree of control when they moved into a care home, with the companionship and support that brings. No 'effective' alternative may be available to them.

4.22 Service users who develop any of the range of alcohol related conditions, such as Korsakoff's syndrome, will demonstrate behaviours that may require specialist facilities beyond those available in the community (Kaplan and Hoffman, 1998). A literature review of service provision for people with alcohol-related brain damage found that most service users in the U.K are over 50 and that there is increasing prevalence of the syndrome. The need for integrated assessment and joint working, including social work intervention, to co-ordinate service provision is emphasized (MacRae and Cox, 2003).

PEOPLE WITH PHYSICAL ILLNESS, IMPAIRMENT OR FRAILITY

4.23 The majority of older people up to the age of 85 do not report having long-term illness or disability. Nevertheless, certain types of physical illness are strongly associated with old age. These include arthritis, and other muscular-skeletal conditions, heart and circulatory diseases and eye complaints (MacDonald 2004).

4.23 Many older people will be referred for the first time to social services as a result of

- a fall, or similar accident, resulting in a fracture and hospital admission
- stroke, heart attack or similar sudden onset, leading to admission for treatment or medical assessment

- the advance of a debilitating and disabling condition, such as arthritis, or Parkinson's, to the point where ability to maintain an independent lifestyle without significant support is seriously impaired
- similarly, deterioration and increase in sensory impairment.

Medical, technological and social developments mean there has also been a dramatic increase in the number of younger disabled adults who survive into old age (Priestley 2003).

4.24 The most common reason for social work referral is a decrease in the older person's capacity to carry out the activities of daily living. In some situations, treatment, including surgery, may well restore physical capacity, although significant rehabilitation, convalescence and 'intermediate care' may be required before that person's confidence and capacity are sufficiently restored to enable a return to a reasonable quality of life in their own home. Working in partnership with housing and health authorities, social services are able to support rehabilitation with equipment, adaptations, home support and care services. The process of assessment (to ensure that the services to be provided are tailored to meet individual needs) and of care management (to ensure that services remain in place so long as they are needed) is an essential part of supporting the older person.

4.25 It does not necessarily follow that social workers are always required to carry out those roles. Occupational therapists, community based nurses, or on occasion housing or hospital based nurses may be better placed, and have a more appropriate range of skills, not to mention a pre-existing relationship with the service user/patient. The location of the worker (i.e. if they are employed by the organisation which controls the resources the person needs) may be more important than the particular skill set. However, where recovery is incomplete and major change of home and loss of independence occur, social workers' particular skills in comprehensive assessment of psychosocial, spiritual and physical needs, and in managing and enabling change involving a range of factors and agencies, will be necessary.

OLDER CARERS

4.26 The term 'older people' can encompass two complete generations, as retirement takes place between 50 and 70 or more, and the numbers living into their 90s and beyond grow rapidly (Brand et al, 2005). As the Audit Commission (2004) notes 'most carers are of working age, but one in six are older people themselves.' Indeed, the Census (2001) results show that people over the age of 65 are just as likely to be providing a very high level of care (50+ hours weekly) as they are to be providing less than 20 hours of care (MacDonald 2004). It follows that older carers are more likely to experience one or more of the disabling conditions described above as occurring in the older population. Twigg (1992) notes:

"A significant proportion of older carers report some form of disability. This can often add to the difficulties of their caring role, particularly if the cared for person requires physical tending."

4.27 This will be additional to the stress of caring, perhaps for a parent, uncle or aunt, or partner. MacDonald (2004) quotes figures showing the extent to which this care may be needed away from the carer's home. Spouses over pension age provide most support with personal care tasks (Stalker 2003).

4.28 In the event of breakdown or deterioration, not only will assessment and services be required both for carer and cared-for person, but there will be additional dimensions of relationship stress, grief and loss. These factors may require the involvement of a social worker, as distinct from a health professional.

PALLIATIVE CARE - THE NEED FOR A HOLISTIC APPROACH

4.29 In chapter five, we look in greater detail at the social work role with people who are dying. Here we note simply that social work with older people is, inevitably, much more likely to involve work with people at the end of their lives. We shall see how this requires key social work skills - working with loss and dependency, engaging with families affected by death, practical tasks, attending to emotional and spiritual struggles and to the support needs of colleagues in the multidisciplinary team.

4.30 We refer to death and dying here partly as an example of direct social work with older people, but also as a further illustration of the ways in which needs and circumstances combine to present a set of challenges which social work is uniquely placed to face. Here we draw an example from Marshall (1997) concerning a social worker called Mary Dixon, described as an exceptionally skilled and experienced practitioner with older people. Dixon writes about a family with whom she worked for a number of months, describing the initial situation thus:

“Mr and Mrs Mair were referred to the community care team I work in by their daughter Marjory. Mrs Mair was experiencing problems due to her poor short term memory. She could easily be upset by changes to her routine, and was sometimes agitated with those around her. Her frail 90 year old husband was struggling to provide the care she needed. However, his own health was poor; he suffered from respiratory problems and was quite arthritic.”

4.31 Dixon goes on to describe her efforts over the next few months to meet the range and combination of needs in this one case - completing a comprehensive assessment, enabling an application for attendance allowance, arranging day care and ‘cajoling’ the GP to refer for a formal diagnosis of Mrs Mair’s condition. These ‘care management’ tasks were well received by all the family, who became confident in the social work intervention. However:

“Suddenly, at the turn of the year, Mr Mair became ill, and died within three days. The close knit family were shocked and soon torn apart by their grief. Central to their distress was the reaction of Mrs Mair to losing her partner of sixty two years. She had visited him in hospital, been with him when he died, attended his funeral, but all with no reaction, no obvious grief. At the graveside her only action was to nudge her daughter, and ask what time they would be going home to dinner.” (p222)

4.32 Dixon then explains the work needed to enable the family, Mrs Mair and other care staff come to terms with these ‘massive’ changes, including of course whether, and how, to help Mrs Mair, in her dementia, to understand or even believe and remember that her partner had died. We will look at this again more fully later. Here we emphasize the importance of

examining effective social work in the context of combinations of multiple needs - in this instance, dementia, physical impairment, grief and loss, in the client as well as the family. Complex scenarios of this kind are a particular feature of social work with older people: like all social work, it is about the whole person within their family, community and circumstance, not simply their presenting need of mental illness, learning disability or whatever. Social workers must understand the range of needs and what research tells us about incidence, changing patterns and trends. For the social worker, the task is to face the impact of those, singly or in combination, on the person, their family, and the other services which support them.

4.33 In our experience, this case example is not exceptional: rather, it is representative of the complex challenges that regularly face social workers who work with older people.

4.34 We conclude this chapter with a reference to another paper prepared for the 21st Century Social Work Review (Statham et al 2005):

“Various terms and subdivisions are in use, such as 3rd Age, and 4th Age, ‘sundowners’, and ‘frail elderly people’ to distinguish the relatively active, unimpaired, and independent, from those with often multiple physical, sensory, mental health and psychological problems, who require treatment and support from a variety of agencies and other sources. In reality the line between relative independence and complete dependency is a spectrum with a multitude of stages, and people move along it in different and highly individual patterns. Many older people are contributing to the community in various ways as carers and minding grandchildren, in paid employment, as volunteers and in voluntary organisations, as councillors in different levels of local government. The loss of a spouse, onset or discovery of severe illness, a fall and loss of confidence, or being victim of a burglary, can all produce an abrupt shift to greater dependency.”

4.35 In short, older people do not need social workers just because they are old. It is when the sudden ‘shift’, recurrence or gradual change occurs that social work comes into its own. The skills and role of the effective social worker, in the event of such severe traumas, change or loss for an older person, are explored in more detail in the following chapter.

CONCLUSIONS

4.36 People do not need social workers simply because they are old: older people are not a homogenous group who all have exactly the same needs.

4.37 Projected demographic changes indicate an increased demand for community care for older people in future. Therefore it is important to be clear about the social work role in community care – as opposed to the role of social care or social services – to ensure the most effective deployment of a scarce resource.

4.38 The range of difficulties, vulnerabilities and needs of any adult service user group may continue into old age and can be exacerbated by, or combine differently in, old age. Alternatively, many people are referred for social work support for the first time following the onset of physical illness or frailty in old age.

4.39 In either scenario, it will not be appropriate for social workers to provide all the support or services required. Rather, their skills should be targeted at people with complex and/or rapidly changing needs. For example, intensive care management can enable a person with dementia to remain in the community; comprehensive assessment of psychosocial, spiritual and physical needs is required in situations of loss and change, while the social work contribution to palliative care involves working with grief and dependency, supporting families through emotional turmoil and possibly also helping other colleagues through the process.

CHAPTER FIVE ROLES, TASKS AND SKILLS FOR EFFECTIVE SOCIAL WORK WITH OLDER PEOPLE

INTRODUCTION

5.1 Evidence about effective social work with older people arises from a number of sources - through the evaluation of policy implementation, research into social work and other related activity, and through what is written to enable a student or qualified practitioner audience develop social work skills and understanding. This chapter will start by looking at interpretations of the social work role within some standard social work texts. It will then consider the care management cycle of assessment, care planning and review before going on to look at direct work with older people. Earlier chapters have suggested that a key area for older people is that of loss and change, of managing life events such as bereavement and loss of home, health and status. The role of the social worker in the context of these changes is considered: we then examine the work required in situations where vulnerable older adults may need protection. Finally, social work in health and group care settings is discussed.

5.2 As described in Chapter 4, the social work task is supported and prescribed by legislation - in its broadest sense by the Social Work (Scotland) 1968 Act and more specifically by a range of legislation such as the NHS and Community Care Act 1990, the Community Care and Health (Scotland) Act 2002, the Mental Health (Scotland) Act 1984, and the Adults with Incapacity (Scotland) Act 2000. The relevance of this legislation to the various tasks is discussed in each section below.

WHAT IS THE SOCIAL WORK ROLE?

5.3 To provide a framework, this section takes a brief look at some standard texts, written for social workers and students, which address the role of the social worker with older people. Strikingly less has been written on this topic compared with the number of publications about social work with other service user groups, such as children and families. At the same time, there are arguments against categorising older people separately from other adults (as if older people were not 'adults') (Midwinter 1990), and, as we have seen in the previous chapter, older people do not form a homogenous group with a single set of needs. Nevertheless, there appear to be some distinctive, if overlapping, aspects to the social work role with older people, which are summarised below.

5.4 Marshall's text, *Social work with old people* (1990) is one of the few dedicated to this field. She suggests that the social work role lies in:

- communication, including sensitive listening and awareness of non-verbal communication
- taking time to assess needs, starting where the older person is
- supporting people with managing crises that arise through loss and change, e.g. bereavement, changing physical and mental health
- supporting people whose lives are constrained by illness and disability
- practical help
- generating and organising resources

- Working with other professionals
- Helping the helpers, including carers and colleagues
- Combating ageism.

5.5 In *Quality Work with Older People*, Mary Winner (1992) provides a similar list, adding ‘ability to work in an ethnically sensitive way, and combat individual and institutional racism towards older people’ and ‘capacity to work effectively as a member of a multidisciplinary team, consult with a member of another discipline, and represent the interests of an older person in the multidisciplinary context’. In a different section she writes:

“It is possible that the complexity of some social work with older people is sometimes not fully understood. The work can require fine judgements regarding:

- *acceptable risk taking*
- *the limits of self determination;*
- *family or carers conflicts;*
- *exploitation;*
- *abuse, and*
- *challenging poor practices”*

(Winner 1992)

5.6 Fourteen years later, these themes are still very much to the fore in a text written to support social work students with the new Degree in Social Work (Crawford and Walker, 2004). Community care reforms have resulted in an emphasis on the care management role, but not to the exclusion of engaging with individual service users to try to develop an understanding of their lives and needs. Crawford and Walker focus on the importance of :

- effective communication
- core tasks of assessment, planning, intervention, and review
- understanding of individual experiences and the importance of biography
- empowering and anti-discriminatory practice
- identifying and working with vulnerability and abuse
- partnership working with older people, carers and agencies.

5.7 The importance of anti-ageist practice, and the need to promote the strengths and resilience of older people are also strongly emphasised by recent writers for a social work audience (Thompson 2002, Phillipson 2002).

5.8 It is worth looking at some of these ‘core tasks’ in more detail, as they are required in work with older people.

ASSESSING THE NEEDS OF OLDER PEOPLE

5.9 One of the most important features of the NHS and Community Care Act 1990 was the introduction of the right to community care assessment. The intention was to ensure that any services or assistance offered to someone in need were tailor-made to those needs, because they were based on a comprehensive assessment. Services were to be ‘needs led’, not ‘service driven’. Anyone presenting themselves to a social services department appearing

vulnerable or in need had a right to be offered an assessment, although not necessarily a right to whatever services the assessment recommended (Scottish Office, Circulars, 11/91 and 10/98).

5.10 As community care services developed and as skills and understanding of the need for, and importance of, eligibility criteria developed, assessment developed a secondary and perhaps implicit function of creating the basis for prioritisation of allocation of resources or services - in short, a rationing device. Assessments are carried out by social workers primarily to establish the individual needs of older people before creating a package of care services designed to meet those individual needs. However, the expectation that social workers would record unmet need, when decisions were made about what services could be arranged in response to the assessment, underlines the fact that assessment has a dual function.

5.11 Social work texts emphasise the importance of holistic assessment practice which takes account of a wide range of factors and steers away from routine matching of services to needs (e.g. Thompson 2001). Richards (2000), drawing on case materials in an ethnographic study of assessment of older people's needs, suggests that where older people's perceptions are not given due weight, the risks of unwelcome or inappropriate interventions increase. The researcher proposes a user-centred approach to ensure that information-gathering and service provision are meaningful to the older person and sensitive to their own efforts to analyse and manage their situation. It is suggested that these perspectives may emerge most clearly as older people tell their own story but this can be overlooked in more agency-centred assessment processes.

ASSESSMENT AND INTEGRATED WORKING

5.12 The introduction of single shared assessment was intended to 'broaden the range of assessors to include professionals from health and housing and where relevant, other agencies and groups' (Scottish Executive, 2001). More recent guidance has distinguished between care management and care co-ordination and states that care management is 'a complex activity that should be carried out by professionally qualified staff, suitably trained, who have appropriate skills, competencies, and experience' (Scottish Executive, 2004: 9). The majority of staff undertaking care management are professionally qualified social workers in local authorities and, whilst it is anticipated that there will be an increase in the participation of other key health and social care professionals, social workers are likely to continue to play the major care management role (Scottish Executive, 2004).

5.13 Although there is an increasing emphasis on the importance of effective joint working, we have uncovered surprisingly little research into the assessment approaches of different professions in community settings. However, a qualitative study carried out in Scotland in 1998 explored assessments of 18 frail older people, undertaken by social workers and district nurses (Worth, 2002). An ethnographic approach was taken to analysing the process, involving interviews with practitioners and observation of assessment practice. Similarities and differences of approach between district nurses and social workers were explored, with a view to identifying particular areas of expertise in this crucial area of practice. The study findings suggest that there are a number of similarities but that the focus of their assessment differed in important respects. It appeared that social workers and district nurses had different, but complementary, areas of expertise which brought together the

components of a holistic needs assessment. The two groups covered similar areas of enquiry in their assessments apart from the financial assessments which only social workers were required to carry out. As might be expected, social workers tended to put greater emphasis on social, and nurses on health needs. Closer working relationships between district nurses and social workers within a care management team were found to support a more holistic assessment of service user need.

MONITORING AND REVIEWING CARE

5.14 The 21st Century Social Work Review user and carer panel emphasised ‘the need for regular reviews of support to determine whether the service offered is still working or if it needs to change.’ It is interesting to note the priority it gives to the review process. The original guidance introducing community care assessment was also clear about the importance of reviews, and this is reinforced in recent guidance relating to care management: ‘Monitoring and reviewing are essential parts of care management if services are to respond to changing needs and resources are to be used to best effect’ (Scottish Executive, 2005:11). Assessing the impact of the 1993 community care reforms, Warburton and McCracken (1999) suggest that social service departments did not pay sufficient attention to monitoring and reviewing care of older people. Often social workers are unable to maintain an active involvement in individual care management once needs are assessed and services provided, with routine monitoring and review being undertaken by care providers such as care homes (Lymbery, 1998). Although monitoring and review is clearly an important role for social work, and one that has the potential for ensuring that older people receive quality care services responsive to their changing needs, there is little other formal research evidence of the effectiveness of reviewing and monitoring, or of the outcomes of different approaches to these processes.

5.15 For some older people who are at risk (or find themselves unable to cope in their own homes), a move to a care home can be part of the solution. In 2002, nearly 35, 000 older Scottish people were living in care homes (Scottish Executive, 2002). However, as the reports of the Care Commission show, good standards of care are not always achieved. The social worker is needed to empower the older person and their relatives to raise any concerns or to advocate on behalf of an older person where the standard of care is inadequate, where it is not centred on the individual and when there is concern about neglect or even abuse. The social worker needs to ensure that the initial contract made with the home accurately specifies the services required by each older person - in other words, translates the needs identified during assessment into a comprehensive and personalised care plan, setting out how those needs will be met. Then, along with the resident and family, the social worker should regularly review the implementation of the care plan, ensuring that it is updated to meet changing needs. This may involve challenge to the managers of the home, particularly around best value and resource constraints.

CARE MANAGEMENT FOR PEOPLE WITH COMPLEX NEEDS

5.16 The process of assessment, care planning and review is encompassed within the term ‘care management’. While this term is most often associated with community care services, the concept is not markedly different from other models of social work, such as casework or the care programme approach in mental health. Social workers with older people will often

have to commission services such as home care or day care from providers in the independent sector, involving contractual arrangements and costings, and this too is included within the term 'care management'.

5.17 A comprehensive evaluation of care management in Scotland, based on telephone interviews with staff in all Scottish local authorities and a number of case study visits, considered the definitions and models of care management in use (Stalker and Campbell, 2002). Although the question of effectiveness was not a major part of the research brief, the study found that in most instances social workers were most likely to carry out the care management role.

5.18 The research also reinforces the notion of complexity in a way which is helpful to this review. Care management, it suggested, was not a task required by all clients, or even all those who share the same condition - dementia, for example. Rather, where there was a variety of needs, and perhaps competing concerns of the service user and carer, where there was likely to be frequent change, unpredictability or vulnerability, then care management skills were needed. This leads to the conclusion that the skills required for care management are not only those relating to contracting and purchasing, but are more akin to those generally associated with social work, including assessment skills, based on an holistic approach to all the person's needs, and an ability to balance or mediate between competing interests. Given our earlier point about evaluative research which does not distinguish the effectiveness of social work from the social care/social service impact, this distinction around complexity is a valuable insight.

5.19 This is given further weight by Statham et al. (2005). Considering situations where the social worker may be 'the professional of choice', these authors suggest that social workers have a particular role in complex and uncertain circumstances, thus:

- **where no one knows what the right answer is** - social workers are better than other professions at handling uncertainty and complexity
- **where relationships are complex** - for example, where there are tensions, disagreements or conflicts of interest within a family
- **where there is a high degree of risk** - social workers' approach to managing risk is at the core of their distinctiveness. Arguably, most other professions primarily focus on removing or minimising risk. Social workers frequently work with situations where there is a degree of risk, but where intervening could actually make situations worse.

The issue of risk in effective social work with older people is our next topic.

BALANCING RIGHTS, RISKS AND NEEDS

5.20 This aspect of social work is most often associated with child protection, following a number of enquiries, investigations and government reports over the last 30 years. Sadly, recent events in Scotland have also focused attention on adult groups. In April 2004, the Scottish Executive published a report of an inspection of services for people with learning disabilities in Scottish Borders (Mental Welfare Commission/ Social Work Services Inspectorate, 2004). This followed confirmation of the 'extreme' levels of abuse suffered by a woman who had been using social and health services for a number of years.

5.21 The MWC/ SWSI report made 28 recommendations for improvements, 6 of which are directed specifically at the future practice of social workers. Many of the recommendations echo similar proposals from child care enquiries, requiring improved communication and coordination, minimum standards for records, case conferences and reviews, and specific actions to be taken on home visits.

5.22 That report also argues that social work with vulnerable adults ‘is a constant balance between promoting independence and self determination, and providing appropriate levels of protection.’ This balance is articulated clearly in the Scottish Social Services Council Code of Practice for social service workers, which refers to: ‘recognising that service users have the right to take risks, and helping them to identify and manage potential and actual risks to themselves and others’ (Scottish Executive Social Work Inspectorate, 2004: 11). The emphasis here is on managing the delicate balance between independence and protection for all vulnerable adults, including some older people. This gives further weight to the complexity of successfully managing risk as a key issue in effective social work practice with older people.

5.23 The risk of abuse of older people is not a new phenomenon but it is only in the last twenty years that it has begun to be addressed in the U.K (Penhale, 2002). The major focus has been the abuse of elders by their carers in domestic settings but there is increasing awareness of abuse in institutional settings (Glendinning and Kingston, 1999). Abuse may include physical, emotional, sexual and material (both funds and property) abuse and shades into both active and passive forms of neglect. Pritchard’s (2001) study of the abuse of older women in the north of England found that it is often perpetrated by partners in the domestic setting, and frequently continues a pattern begun in earlier life. Pritchard found that women often remained in abusive situations because they did not know how or where to access practical advice and information. They also needed supportive discussion and appropriate housing.

5.24 Older people may put themselves at risk of a different kind, knowingly or otherwise. People with dementia may not realize that they have left a pan on a stove, turned the gas on and not lit it, or be eating food that is unfit to eat. They may go out to look for parents or partners who are long dead. They may have lost awareness of the risk of crossing a busy road. Above all they may agree to various arrangements to protect them against these risks, and then forget completely what has been agreed. The prospect of moving, or being moved to a safer environment such as a care home will cause considerable anxiety and fear, and is likely to exacerbate confusion and forgetfulness, which in itself will be increased by an unfamiliar environment. Such issues are not limited to older people with dementia. Older people whose capacity to sustain an independent lifestyle is reducing may exaggerate their abilities and downplay the risks, so as to remain in their own home and avoid what they fear will be an enforced move to an unfamiliar, and perhaps institutional environment.

5.25 The social work role is complex in these potential risk situations, raising difficult questions about how to balance empowerment with protection. Preston-Shoot (2001) argues that the value of self-determination is highly influential in social work practice but should not absolve practitioners from finding ways to protect vulnerable users. He finds that the literature on elder abuse emphasizes the importance of social workers:

- using communication skills e.g. building trust and support
- assessing, especially the vulnerability of the service user and circumstances of the abuse
- providing information about services and consideration of different options
- protection planning, monitoring and review
- understanding the legal mandate relating to welfare provision, incapacity, common law and criminal justice. (Preston-Shoot, 2001:12)

5.26 We look in detail below at the ‘legal mandate’ for social workers in Scotland working with older people at risk. The common themes of communication, assessment, planning, monitoring and review again emerge, although this time from a different starting point.

5.27 Pritchard’s (2001) study of older abused women highlighted the importance they attach to being able to talk to somebody about their experiences. She underlines the importance of all social workers being trained not only to identify abuse but also to understand and be equipped to work with survivors to address longer term as well as short-term practical needs. Research conducted to determine older women’s understandings of elder abuse has also emphasized the importance of looking at the quality of care-giving relationships, rather than simply analysing action or behaviour when assessing risk and vulnerability (Morbey, 2002).

THE DUTY TO PROTECT

5.28 Social workers have a statutory responsibility to intervene when action is required to protect older adults from dangerous situations, including abuse. It was noted in chapter four that older people can experience difficulties created by the onset or continuation of mental health problems. A number of specific duties are imposed on local authorities by the Mental Health (Scotland) Act 1984, including the appointment of Mental Health Officers (MHOs) (s.25(1)). Guidance states that MHOs should have a professional qualification in social work and have completed an approved training course (Scottish Office, 1996). The main functions of MHOs under the Act relate to their involvement in considering consent to compulsory detention, and the provision of social circumstance reports (SCRs) for the Responsible Medical Officer and the Mental Welfare Commission. The number of older people subject to detention under current legislation is broadly in the same proportion as for all adults (Grant, 2004).

5.29 In October 2005, the existing Mental Health Act will be replaced by the Mental Health (Care and Treatment) (Scotland) Act 2003. The Millan Review of the Mental Health (Scotland) Act 1984 took the view that social work was the only profession to combine independence from the health service with training and experience in working within a statutory framework. Accordingly, MHOs ‘play a significant role’ in many parts of the new Act:

“similar to the role they play under the 1984 Act, but greatly extended. Local authorities will be able to appoint as MHOs only those individuals who are officers of the local authority and who meet certain requirements on qualifications, training and experience.” (Scottish Executive, 2003)

Whilst the Act does not specifically refer to older people, its principles include a respect for diversity, including age, and non-discriminatory practice.

5.30 The Adults with Incapacity (Scotland) Act (2000) introduced measures to safeguard the interests of adults who are unable to make all or some decisions or to communicate those decisions about their welfare and/ or finances. This includes adults with dementia and learning disabilities as well as people who have lost communication skills, for example, as a result of a stroke. Local authorities also have a duty to investigate any circumstances made known to them in which the personal welfare of an adult appears to be at risk.

5.31 Part 6 of the Act introduces welfare and financial intervention and guardianship orders. Local authorities are under a duty to apply for intervention/guardianship orders where it appears that such an order is necessary. Local authorities discharge these responsibilities through their social work departments or equivalents; such is the complexity of issues likely to arise that qualified social workers (although not necessarily MHOs) are most likely to be required. Whilst the Act does not specifically refer to the needs of older people, figures from the Office of the Public Guardian show most applications for guardianship and intervention orders are for people over 60 (70 to 80%) and female (Grant 2004).

5.32 Research into the first two years of operation of the Adults with Incapacity (Scotland) Act 2000 suggested a dynamic situation with patterns of usage changing over time (Killeen et al., 2004). The research into the operation of Part 6 of the Act (Grant 2004) found that MHOs were most knowledgeable about the Act and had a key role in promoting awareness of it to service users, carers and other professionals. MHOs also played an important role in seeking alternatives to statutory intervention.

5.33 Interpretation and use of Part 6 has not been straightforward. The Mental Welfare Commission reported:

“Early in the implementation of Part 6 of the Adults with Incapacity Act, it became obvious that there was considerable uncertainty about the appropriate circumstances in which to use Part 6 applications for welfare interventions. It was not clear whether a significant intervention (such as a change of residence) should always require the authority of a guardianship or intervention order.” (Mental Welfare Commission, 2004)

5.34 As a result, the Commission commissioned Hilary Patrick, from the School of Law at Edinburgh University, to prepare a discussion paper on the use of Part 6 (Mental Welfare Commission 2004). She concluded that, whenever a local authority deals with a person lacking capacity, it should do so within the framework of the Act. This does not, however, mean applying for a Part 6 order for every case in which a significant intervention is proposed. An assessment for an order should be carried out, in accordance with the principles of the Act. (The implication is that such an assessment, which will include the needs of the client, as well as their capacity to understand and agree to what is proposed for them, will be carried out by a social worker).

5.35 In such circumstances, and faced with these needs, the effective social worker must be able to evaluate the risks, balance the individual’s rights (as a citizen and under the European Convention of Human Rights) with the need to protect and promote the welfare of people in need, and to mediate between the concerns of relatives and carers and the wishes of the older

person, much as described in the extracts from the SSSC code of practice and discussed by Statham (quoted above).

5.36 A vivid practice example of the potential for effective use of Part 6 of the Act also makes clear the complexity of issues that face social work staff in work with older people:

“An older man with long-standing mental health problems, and subject to a section 18 detention at the time, was determined to return to his house despite growing concern for his safety. The chronic delusional beliefs he held led to his conviction that he could not leave the property. He had become increasingly isolated, had refused to accept the support package arranged for him, and had become increasingly vulnerable to the unpredictable behaviour of a relative. Powers were sought to decide where he should live, and ensure that a range of services/professionals were able to enter his new home to provide the care he was assessed as needing. Although initially reluctant to move, he accepted that he was required to do so as part of the guardianship order. With the benefit of an improved environment, very supportive staff, and a confidently designed support package, he quickly became more confident and independent in all his activities for daily living. Staff (health and social work) who had known him for years felt that the change in the quality of his life was dramatic. The situation became so settled that it was decided that the welfare powers were no longer required.” (Scottish Executive, 2004:3)

LOSS, CHANGE AND TRANSITION

5.36 One potential outcome of the introduction of the current community care model is that health and social care practitioners’ role could be limited to a technical and administrative one of assessing need and arranging services provided by others (Hughes, 1995). Indeed, it has been suggested that an administrative model holds sway, so that ‘paradoxically, community care, as defined, evidences a migration away from direct contact between elders and practitioners’ (Biggs, 1993). Hughes instead argues for a ‘professional’ model of community care which is ‘exploratory, holistic, integrative, and therapeutic and is based on an understanding of the complex interconnected nature of needs for many older people’ (1995: 144).

5.37 Later life is a time when many people will experience multiple losses – of health, status, close friends, relations and spouses. Phillipson (2002) suggests that social work with older people in these circumstances is often inseparable from supporting older people with bereavement, helping individuals to rebuild confidence, self-esteem and social networks to manage loss. Whilst this work is clearly not exclusive to working with older people, experience of death tends to be ‘clustered towards the end of the life course’ (Phillipson, 2002:59). The notion of ‘the life course’ for work with both children and adults is significant in social work education. The life course involves a series of transitions, including the ‘developmental crises’ associated with the work of Erikson (1977). Thompson (2002: 297) suggests that ‘an understanding of the significance and impact of such transitions should be a basic part of the social worker’s repertoire of competence’.

5.38 A life course approach emphasises the importance of seeing older people in the context of their life history. Biographical approaches to work with older people stress the importance of individual life stories and include activities such as reminiscence, storytelling and life review work. This approach also takes account of people's environment and the impact of wider social issues including gender, class and race (Crawford and Walker 2004). Two studies, neither directly about social work practice, provide evidence of the effectiveness of biographical activities. McKee et al. (2002) looked at the impact of reminiscence activities on the quality of life of 142 older people living in care settings. Residents who participated in activities over a period of a month appeared to have an improved quality of life compared to those who did not take part. Reminiscing seemed to help older people convey their identities and life events to care staff and appeared to enhance inter-generational family relationships. However, care staff expressed concern that social care (talking, listening, sharing) with older people is not recognised as 'real work' within care organisations. Another study, exploring use of biographical approaches in a nursing home and NHS Hospital Unit, found that life story work helped practitioners understand the needs of service users better and form closer relationships with them and their families (Clarke et al., 2003).

Social work with people who are dying

5.39 Social workers have made a significant contribution to the development and delivery of palliative care (Clausen 2005). In a review of the literature, Small (2001) suggests four main contributions

- helping people respond to loss
- a whole system view, putting individual experience into a social context
- helping to ameliorate the practical impact of change
- education and support of other members of the multidisciplinary team and mainstream social work.

5.40 These contributions resonate with four key elements of the social work role in palliative care as identified by Sheldon (2000)

- a family focus
- influencing the environment, e.g. through advice, information giving, organising finance, liaising with colleagues
- being a team member;
- managing anxiety in the family, the professional team and oneself.

5.41 Lloyd, in a study of hospital social workers working with bereaved and dying people, found that 'social workers have the integrated approach and necessary skills to incorporate both the individual and social meanings of death'. Picking up an earlier theme in this review, Worth (1998) found that social workers are currently concerned that current care management arrangements limit their opportunities for counselling and case work, echoing Clausen et al's argument that resources and structures do not enable social workers to meet the needs of people who are dying. He speaks of the 'disadvantaging' of members of the community who most need 'the compassion, knowledge and unique intervention of a skilled social worker':

“The patients in our study had clearly expressed needs which could potentially be met by social workers, yet few if any had social work involvement. Sheldon (2000) stresses the need for a whole person approach, looking at the individual in the social context, linking past, present and future. Social workers may best be able to conduct holistic needs assessments and be case managers, with medical support, providing continuity of care, journeying with the patient and acting as a guide into the unknown.” (Clausen et al., 2005: 283-4)

THE SOCIAL WORK ROLE IN HEALTH CARE SETTINGS

5.42 Thus far, most of this review has focused on social work in community care settings or integrated specialist teams for older people. We now review briefly effective social work in other settings, beginning with health care.

5.43 Social workers in hospitals and other health care settings are often particularly well placed to identify the needs of older people and carers for support and intervention at times of crisis and change. Marshall (1990) emphasises the application of crisis intervention theory to these situations in which people may, for a short period, be more receptive than usual to support and assistance. This area of social work practice seems to have generated more research than some others. Three examples of research into social work’s role in health settings are described below.

5.44 The policy of diverting older people from admission to acute hospital care on social grounds has, in some areas, resulted in the placement of social workers in Accident and Emergency teams. McLeod et al. (2003) undertook research into the outcomes for 28 people using one such scheme in a Midlands hospital. The findings suggest that Accident and Emergency based social work can be of great benefit to service users, including assistance in negotiating the hospital environment, information about issues crucial to managing their health and help with the complexities of planning future care. Social workers in this study had the role of identifying social care needs, reducing inappropriate hospital admission and minimizing hospital stays on social grounds. They also had fast track access to social care services and had their own budget for incidental services. However, these services were not always sustained in the longer term due to service user/ service provider power imbalances and lack of resources.

5.45 A study of post-discharge needs among 456 older patients (over 75) stressed the particular importance of effective assessment for older people, because a stay in hospital often represented a ‘turning point’ (Healy et al., 1999). They found that multi-disciplinary assessment was associated with superior care assessment and that formalising assessment procedures improved communication between different professional groups. The authors concluded that teams led by social workers tended to produce more fine-tuning in matching patient needs to available services, including a wider range of services. The study has implications for health and social care professionals, since it demonstrates that the post discharge services received by older patients are influenced by the kind of professionals who assess them.

5.46 Finally, a study conducted in the U.S. suggests that the psychosocial recovery of patients (aged 40-80) after cardio-vascular surgery may be promoted by the involvement of social work in health and home care (Ai et al., 1998).

GROUP CARE SETTINGS

5.47 Social workers also work alongside social care staff within a range of group care settings, including day care facilities and care homes. Most of the research in this area relates to the perceived quality of these services rather than the social work role within the setting. Some recent research with relevance to the role of social work in residential settings is summarised below.

5.48 The Office of Fair Trading (2005) has conducted a study of how well the care homes market serves people over 65 in the UK. It notes that the process of moving into a care home can be very distressing for the older person and sometimes their families. The findings of the study emphasise the need for good information for service users about the rights of older people and the obligations of local authorities, fair and clear contract terms, and accessible complaints procedures. These are all areas in which social workers are centrally involved.

5.49 Bland (1999) also explores the transition into residential care and examines one of the main problems for older people facing admission – fear of losing their independence. Drawing on a wide range of literature relating to the development of institutional care, Bland compares two approaches to residential care provision. A case study of one private home illustrates the ‘service’ approach in which residents were treated as though they were hotel guests, their movements were not restricted and the normal conventions of privacy were observed by staff and residents alike. Staff treated residents, including those with dementia, as competent adults rather than as dependents in need of protection, and residents’ needs and preferences were respected. Based on her research and observations of care homes, Bland characterises the dominant ‘social care’ approach as more akin to the hospital than the hotel. Most care homes attach overriding importance to minimising risk, leading to residents being kept under surveillance. Bland argues that the ideology of care implicit in this approach impedes the changes necessary to allow older people to retain their dignity and independence in a care home setting.

5.50 The Accounts Commission’s (1999) evaluation of residential and nursing homes involved a self-selected sample of 39 establishments. This survey included interviews with 318 residents and 47 relatives. The report concludes that quality could be improved in some homes without incurring extra cost by measures such as paying more attention to individual needs and requirements, developing better links with local communities, and integrated team working, giving residents a smaller staff group to relate to. The report also includes many illustrations of good practice in involving residents and taking account of their individual needs.

5.51 The quality of life of older people during and after transition into institutional care was explored in an ethnographic study of 52 frail older people through observation and focus groups (Tester et al., 2003). The authors concluded that in order to promote quality of life, practitioners (as well as policy makers and providers) needed to disregard their own assumptions and focus on the priorities of the older people. The role of practitioners in enabling residents to maintain their sense of self, to communicate verbally and non-verbally, to exercise rights and control, to maintain and develop relationships and to participate in meaningful activity and interaction within the care setting was stressed.

WORKING WITH FAMILIES AND CARERS

5.52 The Community Care and Health (Scotland) Act 2002 (s.8-11) introduced the entitlement for ‘substantial and regular’ adult carers to have an assessment of their ability to care (‘carer’s assessment’), independent of any assessment of the person they support. Given the numbers of older people who are also acting as carers, already noted, this development is very relevant to this essay. In this instance, there is no restriction on who can carry out such assessments, and no systematic evaluation has yet been conducted.

5.53 Pickard (2004) has undertaken a comprehensive review of the effectiveness of services for carers in the U.K., focusing particularly on studies undertaken since the implementation of community care policies in the early nineties. Positive outcomes for carers, in terms of reduction of the negative psychological effects of caring, were found to result from the use of day care, home care, institutional respite care and social work/counselling services. She supports her evidence of the efficacy of social work intervention with data from a study of community care for 419 older people and 238 care givers in 10 local authorities in England and Wales (Davies and Fernandez 2000). This research suggested that counselling and therapeutic social work activity was effective in reducing stress on carers. The study also found that social work and counselling were highly cost-effective in reducing subjective carer ‘burden’ compared to other interventions. However, social work intervention was not effective in delaying moves to long term residential care and only a small proportion of carers (18%) were found to have access to a qualified social worker.

CONCLUSIONS

5.54 Social workers bring a unique mix of skills and expertise to situations of complexity, uncertainty, conflict and risk – all of which arise in their work with older people.

5.55 Effective social work with older people requires both practical skills, such as securing and co-ordinating resources, and ‘people’ skills, such as sensitive communication and listening skills, taking time, moving at the individual’s pace, supporting families and collaborating with colleagues in a multi disciplinary setting.

5.56 It is vital for effective social work with older people that the demands of care management are not allowed to prevent social workers from engaging meaningfully with older people and developing a good understanding of their lives, needs and wishes. There is a risk of assessment becoming bureaucratic, being used primarily to ration services rather taking a holistic, user-centred approach. Care management should not be seen as an alternative to counselling and casework, where these are needed.

5.57 It is important for social workers to take a positive and proactive approach to working with older people, for example, through anti-discriminatory work, by promoting individual strengths and resilience, and by helping rebuild confidence, self-esteem and social networks following experiences of loss or change.

5.58 A key task in social work with older people is to weigh up the promotion of independence, self determination and individual rights against the need to provide sensitive protection to vulnerable adults facing risk. Achieving what is often a fine balance between

these competing demands will involve building trust and support, careful assessment, opportunities to discuss different options, protection planning, monitoring and review – as well as a sound knowledge of relevant legal frameworks.

5.59 Little evidence is available about effective approaches to monitoring and review, yet these are critical in situations of rapidly changing or fluctuating need. Research on this topic would be helpful.

5.60 There is evidence about the effectiveness of social work in a range of settings, including health care, group care, care homes and in work with families and carers.

CHAPTER SIX CONCLUSIONS AND IMPLICATIONS FOR EFFECTIVE SOCIAL WORK WITH OLDER PEOPLE

6.1 This chapter draws out the main conclusions of the review, focusing on outcomes, skills and tasks in effective social work with older people. It also considers how the six social work roles identified by Asquith et al (2005) might be applied to work with older people.

NEEDS FOR SOCIAL WORK

6.2 First, it is important to stress that older people do not require social work support simply because of their age. Older people are not a homogeneous group with one set of needs. This paper has highlighted the potential limitations of the term 'older people' as a category or 'service user group', echoing similar reservations expressed during the course of the 21st Century Social Work Review.

6.3 Many people only come to social workers' attention when they develop illness or frailty in old age. Others may have experienced a range of difficulties, vulnerabilities or needs during adult life which can be exacerbated by, or combine differently in, old age. They are more likely to seek – or be referred to - social work help because they develop needs arising from combinations of condition and/or circumstance, for example, learning disability and dementia, depression and physical impairment, or multiple losses following bereavement.

EFFECTIVE OUTCOMES

6.4 The effectiveness of social work (like other areas of professional activity) is increasingly judged by its outcomes. However, meeting clinical or financial targets and 'measuring' performance are insufficient markers of quality (and may not always be particularly useful). Social work with older people should not be considered effective unless older people themselves are satisfied. It is not always easy to gauge satisfaction, partly for methodological reasons, partly because older people may be reluctant to voice reservations or criticism of the support they receive. In addition, they may not always pick out the contribution of a particular professional within their care package.

6.5 Research and development work has found that social care is more effective when its intended outcomes are identified at an early stage - when carrying out assessment and care planning. Older people must be closely involved in this process, with outcomes based on their wishes and priorities as far as possible. Rather than accepting maintenance of the status quo as a desired outcome, wherever possible effective social work will aim to bring about positive change, such as improved physical and emotional well being.

6.6 Service users want to be listened to and respected as individuals. Most also want to have choice and some control of their support arrangements. Many older people share traditional social work values, such as a concern for relationships, and appreciate social work skills, for example, in carrying out comprehensive assessments and regular reviews. Thus, the social work *process* is important to older people, as well as the outcome.

6.7 More evidence is available about the effectiveness of *social services* for older people than about *social work*. Research shows that older people value services which can support them in various aspects of their lives, not just with personal care and relationship needs. Preventive ‘low level’ services are very important. These need not involve social workers, even at the assessment stage.

EFFECTIVE SOCIAL WORK

6.8 Other work published by the 21st Century Review has described the context of social work. In this paper, our brief look at context is limited to issues significant to work with older people, notably ageism and poverty – poverty of income, of quality of life and indeed of expectations about services. These issues have long been highlighted in the education and training of social workers, promoting the holistic approach to the whole person in their environment which older people say they value. The other contextual issue to which we have drawn attention is the shift towards multi-agency and multi disciplinary working with older people. The single shared assessment, to quote one example, was introduced for older people in the first instance. This, and the development of multi disciplinary teams under a single manager, creates an imperative for the profession to be clear and confident about its distinctive role. Demographic changes are also important, not simply because of increasing demand, but also because of the importance of knowing where best to deploy social workers with older people, to ensure their distinctive contribution is directed to those who most need it.

6.9 Given the need for effective deployment of social workers, and the fact that other staff can deliver the low level or preventative support many older people require, it follows that the major focus for social workers should be intensive care management with people who have complex, fluctuating and/or rapidly changing needs.

6.10 In effective social work with older people, key tasks will always be underpinned and informed by a set of core skills and values. Therefore, the demands of care management must not prevent social workers from engaging meaningfully with older people and developing a sensitive understanding of their lives, needs and wishes. The core tasks and statutory duties of assessment, care planning and review have been dismissed by some writers as merely administrative and bureaucratic. Social work managers should ensure that pressure to manage resources and establish eligibility do not reduce the individual worker’s capacity to use the full repertoire of their social work skills in an holistic way with older people.

6.11 There is much scope for social workers with older people to adopt a positive and proactive approach, for example through income maximisation, promoting individual strengths and resilience, and helping people to regain their confidence or rebuild social networks after periods of transition or change.

6.12 Anti-ageist practice is an important feature of working with older people: social workers must guard against both their own and others’ ageist assumptions and stereotypes. Issues of gender, class, race, disability, mental health and sexual orientation are as important in working with older people as any other service user group.

6.13 Social workers bring a unique mix of skills and expertise to situations of complexity, uncertainty and conflict – which they work with on a daily basis. Effective social work with older people requires both practical skills - securing resources, co-coordinating care packages, negotiating contracts with service providers and so on – and ‘people’ skills – sensitive communication and listening, starting where the older person is, taking time, supporting people through crises associated with loss and change, as well as collaborating with other professionals in a multi-disciplinary context.

6.14 Social workers must work creatively with risk. Here they need finely tuned skills to achieve the ‘right’ balance between, on the one hand, promoting an older person’s independence and self determination while, on the other, ensuring that vulnerable individuals are adequately protected. This will involve establishing trusting relationships, carrying out holistic assessments, discussing a range of options, building in safeguards as appropriate and ensuring regular reviews and monitoring take place. Arguably, social workers more than other professionals support older people to live with acceptable levels of risk, rather than trying to eliminate it altogether.

6.15 There are various situations where social workers are legally required to intervene in people’s lives, for example, under the new mental health legislation, the Adults with Incapacity Act and other initiatives to improve the protection of vulnerable adults. The evidence suggests that these statutory duties are generally performed well and that social work has a particular role to play in working within, and communicating the legal context of, social care to service users, carers and other professionals.

6.16 Work with older people requires of social workers an ability to engage sensitively and effectively with people approaching the last years of their life, and who may be near to death. Social workers are more likely than other professionals to be routinely working with grief and loss.

6.17 Tibbs (2001) argues that some older people, for example, those with dementia, ‘have special needs which require specialist expertise’. She goes on to describe ‘problems’ that might occur without specialist knowledge such as

“difficulty in making the initial contact with the person, achieving the balance between the person’s right to autonomy, and their need for help, and their need for emotional support throughout the process.”

This is one of the few references found in the literature which relates to an on-going debate amongst those responsible for planning service delivery. In the terms of this review, is social work more ‘effective’ with older people if it is delivered as a specialist service? If so, should this service comprise teams of social workers, or multi-disciplinary teams who only work with people over 65 (irrespective of their particular need or condition) or – introducing a further layer of specialism – should there be teams working only with people over 65 who have mental health problems, or dementia, or learning disabilities?

6.18 We have been unable to identify research which convincingly points one way or the other. Our conclusion that older people’s need for social work may arise from a combination of needs suggests that a generic base better supports the holistic approach, particularly for assessment, that the 21st Century Review’s Interim Report appears to support. Tibbs’ argument may be best understood as a plea for specialist knowledge and expertise to be built

onto the core skills and knowledge of the generic social worker. Just as there are core values which are distinctive to social work, and form the basis for effective practice, so also there are core skills of assessment, planning, risk assessment and management, intervention and review, carried out within the multi-disciplinary and interagency context. Work with older people, whatever their presenting problem, requires these tasks to be completed, as in work with other service user groups. In some situations, for example where dementia is further advanced or is associated with other needs such as those arising from learning disability or sensory impairment, then additional 'specialist' advanced knowledge will be required, but built on a foundation of generic knowledge and skills.

6.19 This paper was commissioned as part of the 21st Century Review of Social Work and reference has been made throughout to the review's Interim Report. We conclude by looking at how the six social work roles identified by Asquith et al (2005) might be applied to work with older people.

6.20 The role of **Counsellor** is perhaps the most prominent. Social workers will often be working with older people as they try to take major life changing decisions, such as giving up their own home to move into a care home. Everyone involved may well be aware that this will be the last move for the old person, but the social worker should have the skills to articulate that and enable the older person and their family both to express the feelings associated with the change and come to terms with it. Such situations are rarely straightforward, potentially exposing feelings of anger and betrayal in an old person, guilt or resentment in relatives. The decision may have been precipitated by a crisis such as the onset of illness or impairment or the loss of a partner or main carer. The skill of a social worker in enabling such feelings to be managed and explored will be essential, if the move to a care home is to achieve a rediscovery of purpose and a degree of quality of life.

6.21 The roles of **advocate and partner** have a particular application in effective social work with older people. Most of those who experience delayed hospital discharge are older people. The pressure to 'free up' a bed, so that activity levels, waiting list targets and emergencies can be managed, can become intense, particularly in areas where the speed and resourcing of alternative community services has not matched the loss of 'continuing care' beds for older people. In these circumstances, it may be the social worker who advocates for the older person's rights - her rights to a choice of a care home, her rights to information about options and resources, her rights of appeal. While the social worker may share this responsibility with family members, it is also possible that she may need to mediate between the older person and relatives who have a different view of the risks involved in discharge home.

6.22 All the social work roles will have a particular challenge when the older person is suffering from dementia, none more so than the role of **assessor of risk and need**. In chapter three, we explored the complexity of the assessment process with older people, in a context of pervasive ageism, low expectations, poverty and resource constraints. It is hard to underestimate the challenge of conducting a comprehensive assessment of need in that context. Social workers regularly have to balance their assessment of the risk and vulnerability of an older person against the individual's rights to choose her own way of maintaining an independent lifestyle, at home, with support. The complexity is increased when neighbours or family do not share the same view of the risks involved (or of the older person's right to live with those risks).

6.23 The role of **care manager** is at times dismissed as an aspect of the new 'managerialism' required in the business of community care, one who merely 'arranges services for users in a mixed economy of care'. This ignores the complexity of situations requiring care management (as defined in the circular and in the research), that is to say, where the needs are complex and/or fluctuating, where there may be conflict between client and carer, where a complex 'care package' must be co-ordinated or where a major life change is involved, such as a permanent admission to care. In addition, complex care arrangements need regular review, to ensure that minor and major changes, or that failings in one part of the package, are properly recognised and addressed, and to ensure that the range of needs continue to be met. As Tibbs (2001) comments:

"The social worker in this field has to be able to live and work with the fact that a great deal of hard work completed one week may all have to be done again in a slightly different form in three weeks time. The whole care plan might have to be completely changed in another month. Flexibility is one of the most important attributes for a social worker who works in this field."

6.24 The role of **agent of social control**, who helps maintain the social system against the demands of individuals whose behaviour is seen as problematic, is less in evidence in social work with older people than in fields such as criminal justice. Social workers with older people are however familiar with the expectation that they will 'do something' to reduce the challenge presented by an older eccentric person whose lifestyle - perhaps hoarding, perhaps unhygienic, perhaps merely bizarre - is uncomfortable for or even unacceptable to the local community.

6.25 In conclusion, the 'core roles' of a social worker identified in the Interim Report of the 21st Century Review are highly relevant to effective social work with older people with all sorts of needs. It is the ability to address complexity of needs and assess and balance risk, combined with a holistic approach and an anti-ageist value base, which provides the foundation of the social worker's distinctive and effective contribution to work with older people - one of the most stimulating and rewarding of all the fields in which social workers practice.

REFERENCES

Accounts Commission (1999) *Care in the Balance: Evaluating the Quality and Cost of Residential and Nursing Homes for Older People*, Edinburgh: Accounts Commission for Scotland

Age Concern Scotland (2004) *Fact Sheet: Older People in Scotland*, Edinburgh: Age Concern Scotland

Ai, A, L, Dunkle, RE, Peterson, C, Saunders, DG and Bolling, SF (1998) 'Self-care and Psychosocial Adjustment of Patients following Cardiac Surgery', *Social Work in Health Care*, Vol. 27, No. 3, pp75-95

Ashton, P and Keady, J (1999) 'Mental Disorders of Older People' in (eds) Newell, R. and Gournay, K *Mental Health Nursing: An Evidence Based Approach*, Edinburgh: Churchill Livingstone

Asquith, S, Clark, C and Waterhouse, L (2005) *The Role of the Social Worker in the 21st Century: A Literature Review*, Edinburgh: The University of Edinburgh Department of Social Work

Audit Scotland (2004) *Commissioning Community Care Services for Older People*, www.audit-scot.gov.uk

Audit Commission (2000) *Forget Me Not: Mental Health Services for Older People*. London: Audit Commission.

Barnes, M (1992) Beyond Satisfaction Surveys: Involving People in Research *Generations Review*, Vol. 2, No. 4, pp15-17

Bauld, L, Chesterman, J and Judge, K (2001) 'Satisfaction with Social Care amongst Older Service Users: An Empirical Analysis', *Health and Social Care in the Community*, Vol. 8, No 5 pp316-324

Biggs, S (1993) *Understanding Ageing*, Milton Keynes: Open University Press

Bland, R (1999) 'Independence, Privacy and Risk: Two Contrasting Approaches to Residential Care for Older People', *Ageing and Society*, No. 19, pp539-560

Bowes, A and MacDonald, C (2000) *Support for Majority and Minority Ethnic Groups at Home – Older People's Perspectives*, Social Work Research Findings 26, Edinburgh: Scottish Executive Central Research Unit

Bowes, AM and Wilkinson, HA (2003) 'We Didn't Know It Would Get That Bad: South Asian Experiences of Dementia and the Service Response', *Health and Social Care in the Community*

Brand D, Reith T and Statham, D (2005) *The Need for Social Work Intervention: A Discussion Paper for the 21st Century Social Work Review*
<http://www.21csocialwork.org.uk/docDetails.php?id=267&sec=reports>

- Chesterman, J, Bauld, I, and Judge, K (2001) 'Satisfaction with the Care Managed Support of Older People: An Empirical Analysis', *Health and Social Care in the Community* Vol 9, No 1, pp31-42
- Clark, H, Dyer, C, and Hardwood, J (1998) *That Bit of Help: the High Value of Low Level Preventative Services for Older People* Bristol: Policy Press
- Clarke, A, Hanson, EJ and Ross, H (2003) 'Seeing the Person Behind the Patient: Enhancing the Care of Older People using a Biographical Approach', *Journal of Clinical Nursing*, Vol. 12, No. 5, pp697-706
- Clausen, H, Kendall, M, Murray, S, Worth, A, Boyd, K and Benton, F (2005) 'Would Palliative Care Benefit from Social Workers Retaining the Traditional 'Casework' Role rather than Acting as Care Managers? A Prospective Serial Qualitative Interview Study', *British Journal of Social Work*, 35, pp277-285
- Crawford, K and Walker, J (2004) *Social Work with Older People*, Exeter: Learning Matters
- Dalley, G (2000) 'Defining Difference: Health and Social Care for Older People' in (eds) Warnes, A, Warren, L and Nolan, M *Care Services for Later Life*, London: Jessica Kingsley
- Davies, B and Fernandez, J with Nomer, B (2000) *Equity and Efficiency Policy in Community Care: Needs, Service Productivities, Efficiencies and their Implications*, Aldershot: Ashgate
- Dewar, B, O'May, F and Walker, E (2001) 'Public Attitudes to the Provision of Free Personal Care: Older People's Focus Group Research' in (eds) Machin, D and McShane, D *Providing Free Personal Care for Older People: Research Commissioned to Inform the Work of the Care Development Group*, Edinburgh: Scottish Executive Central Research Unit.
- Dominelli, L (2004) *Social Work: Theory and Practice for a Changing Profession*, Cambridge: Polity
- Erikson E (1965) *Childhood and Society* Harmondsworth: penguin
- Fennel G, Phillipson, C and Evers, H (1988) *The Sociology of Old Age* Milton Keynes: Open University Press
- Ferguson, C. and Keady, J (2001) 'The Mental Health Needs of Older People and Their Carers: Exploring Tensions and New Directions', in (eds) Nolan, M, Davies, S and Grant, G *Working with Older People and Their Families: Key Issues in Policy and Practice*. Maidenhead: Open University Press
- General Registrar Office for Scotland, *Projected Population of Scotland (2002 based)* <http://www.gro-Scotland.gov.uk/statistics/libraray.popproj/02population-projections.hgtml> (accessed 10.8.2005)

Glendenning, F and Kingston, P (eds) (1999) *Elder Abuse and Neglect in Residential Settings: Different National Backgrounds and Similar Responses*, New York: Haworth Maltreatment and Trauma Press

Grant, S (2004) *National Mental Health Services Assessment: Towards Implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003*, Edinburgh: Scottish Executive

Healy, J, Thomas, A, Sergeant, J and Victor, C (1999) *Coming Up for Care: Assessing the Post-Hospital Needs of Older Patients*, London: Policy Studies Institute

Hogg, J, Luccino R, Wang, K and Janicki, M (2000) *Healthy Ageing- Adults with Intellectual Disabilities: Ageing and Social Policy* Geneva: World Health Organisation

Hughes, B (1995) *Older People and Community Care: Critical Theory and Practice*. Buckingham: Open University Press

Hunter, S. (1997) (ed) '*Dementia Challenges and New Directions*', Research Highlights in Social Work No 31, London: Jessica Kingsley

International Federation of Social Workers (2004) *Proposal for a New Ethical Document* http://www.ifsw.org/GM_Ethics.html

Jones, L, Ridley, J and Robson, A (2001) 'Public Attitudes to the Provision of Free Personal Care: Focus Group Research' in (eds) Machin, D and McShane, D *Providing Free Personal Care for Older People: Research Commissioned to Inform the Work of the Care Development Group*. Edinburgh: Scottish Executive Central Research Unit

Joseph Rowntree Foundation (2004) *Older People Shaping Policy and Practice*, York: Joseph Rowntree Foundation

Kaplan, M and Hoffman, S.B (1998) *Behaviours in Dementia: Best Practice for Successful Management*, Baltimore: Health professions Press Inc.

Kerr, D and Wilkinson, H (2005) *In the Know: Implementing Good Practice, Information and Tools for Anyone Supporting People with a Learning Disability and Dementia*, York: Pavilion/Joseph Rowntree Foundation

Killeen, J, Myers, F and MacDonald, F (2004) *The Adults with Incapacity (Scotland) Act 2000: Implementation, Monitoring and Research*. Edinburgh: Scottish Executive

Levenson, R, Jeyasingham, M and Joule, N (2005) *Looking Forward to Care in Old Age: Expectations of the Next Generation*, London: Kings Fund

Linnett, M (2001) 'Afore ye go! Alcohol and older people' in (ed) Pritchard, J *Good Practice with Vulnerable Adults*, London: Jessica Kingsley

Lymbery, M (1998) 'Care Management and Professional Autonomy: The Impact of Community Care Legislation on Social Work with Older People', *British Journal of Social Work*, Vol. 28, pp863-878

- Marshall, M (1997) (ed) *State of the Art in Dementia Care*, London: Centre for Policy in Ageing
- Marshall, M (1990) *Social Work with Older People, Second Edition*, Basingstoke: Macmillan
- Marshall, M (1989) 'The Sound of Silence: Who Cares about Quality of Social Work with Older People?' in (eds) C. Rojek, G Peacock and S. Collins *The Haunt of Misery: Critical Essays in Social Work and Helping*, London: Routledge
- MacDonald, C (2004) *Older People and Community Care in Scotland - a Review of Recent Research*, Edinburgh: The Stationery Office
- MacDonald, C (1999) *Support at Home - Views of Older People on Their Needs and Access to Services*, Edinburgh: The Stationery Office.
- McGrath, A, Crome, P and Crome, IB (2005) 'Substance Misuse in the Older Population', *Postgraduate Medical Journal*, Vol. 81, No. 954, pp228-231
- McKee, K, Wilson, F, Elford, H, Goudie, F, Chung, M, Bolton, G and Hinchliff, S. (2002) *Evaluating the Impact of Reminiscence on the Quality of Life of Old People*, Research Findings 8: The Growing Older Programme, Economic and Social Research Council
http://www.shef.ac.uk/uni/projects/gop/McKee_Findings8.pdf [accessed 2.8.05]
- McLeod, E, Bywaters, P, and Cooke, M (2003) 'Social Work in Accident and Emergency Departments: A Better Deal for Older Patients' Health?', *British Journal of Social Work*, Vol. 33, No. 6, pp.787-802
- McNeill, F, Batchelor, S, Burnett, R and Knox J (2005) *21st Century Social Work Review: Reducing Re-Offending: Key Practice Skills*, Edinburgh: The Scottish Executive
- McNulty, SV, Duncan, L, Semple, M, Jackson, G.A and Pelosi, AJ (2003) 'Care Needs of Elderly People with Schizophrenia: Assessment of an Epidemiologically Defined Cohort in Scotland', *British Journal of Psychiatry*, Vol. 182, pp241-6
- MacRae, R and Cox, C (2003) *Meeting the Needs of People with Alcohol Related Brain 'Damage: A Literature Review on the Existing and Recommended Service Provision and Models of Care*. Edinburgh: Scottish Executive
- Mental Welfare Commission/ Social Work Services Inspectorate, (2004) *Investigations into Scottish Borders Council and NHS Borders Services for People with Learning Disabilities: Joint Statement from the Mental Welfare Commission and the Social Work Services Inspectorate* <http://www.scotland.gov.uk/library5/social/swsisbpds-00.asp>
- Mental Health Foundation (1999) *Fundamental Facts: All the Latest Facts and Figures on Mental Illness*, London: Mental Health Foundation
- Midwinter, E (1990) 'An Ageing World: An Equivocal Response', *Ageing and Society*, Vol. 10, pp221-8

Morbey, H (2002) 'Older Women's Understanding of Elder Abuse: Quality Relationships and the Stresses of Caregiving', *The Journal of Adult Protection*, Vol. 4, No. 3, pp4-13

National Audit Office (2002) *Tackling Pensioner Poverty: Encouraging Take Up Of Entitlements* London: National Audit Office

Office for National Statistics (2003) *The Mental Health of Older People*
www.statistics.gov.uk/statbase/Product.asp?vlnk=10499 [accessed 26.7.05]

Office of Fair Trading (2005) *Care Homes for Older People in the UK: A Market Study*.
<http://www.offt.gov.uk/Business/Market+studies/Care+homes.htm> [accessed 28.7.05]

O'Neill, M (1999) 'Depression in Old Age', in (eds) Ulas, M and Connor, A *Mental Health and Social Work Research Highlights in Social Work* Vol. 28, London: Jessica Kingsley

Parker, J and Penhale, B (1998) *Forgotten People: Positive Approaches to Dementia Care*, Hants: Ashgate Publishing Ltd

Penhale, B (2002) 'Older Women, Domestic Violence, and Elder Abuse', *Conference Proceedings: The Ontario Society for the Prevention of Elder Abuse*,
<http://www.onpea.org/Strategy/Communication/conference02/penhale.pdf> [accessed 28.7.05]

Phillipson, C (2002) 'The Frailty of Old Age' in Davies, M (ed) *The Blackwell Companion to Social Work*, Oxford: Blackwell

Pickard, L (2004) *The Effectiveness and Cost-Effectiveness of Support and Services to Informal Carers of Older People*, Audit Commission/ PSSRU
<http://www.audit-commission.gov.uk/Products/NATIONAL-REPORT/E98E06A8-A0E2-4031-92A9-6EACA6513286/LitReview02final.pdf> [accessed 2.8.05]

Priestley, M (2003) *Disability: A Life Course Approach*, Oxford: Blackwell

Preston-Shoot, M (2001) 'Evaluating Self-Determination: An Adult Protection Case Study', *The Journal of Adult Protection*, Vol.3, No.1, pp4-14.

Pritchard, J (2001) 'Abuse in Earlier Life: Older Women Speak Out' in (ed.) Pritchard, J *Good Practice with Vulnerable Adults*, London: JKP.

Qureshi, H (ed) (2001) 'Outcomes in Social Care Practice', in *Outcomes in Social Care Practice No 7*, York: University of York, Social Policy Research Unit

Qureshi, H (ed) (1998) 'Overview: Outcomes in Social Care for Older People and Their Carers', *Outcomes in Community Care No 5*, York: University of York, Social Policy Research Unit

Roberts, E (2000) *Briefing Note: Age Discrimination in Health and Social Care*, London: Kings Fund.

Rodriguez-Ferrera, S, Vassilas, C and Hague, S (2004) 'Older People with Schizophrenia: A Community Study in a Rural Catchment Area', *International Journal of Geriatric Psychiatry*

Vol.19, No.12, pp1181-87

Royal College of Psychiatrists (2002) *Caring for People who Enter Old Age with Enduring or Relapsing Mental Illness ('Graduates')*, Council Report CR110 London: Royal College of Psychiatrists

Scottish Executive (2005) *Interim Report - 21stst Century Social Work Review* www.21socialwork.org.uk

Scottish Executive (2004a) *Better Outcomes for Older People - A Framework for Older People's Services in Scotland*, Edinburgh: Scottish Executive

Scottish Executive Joint Future Unit (2004b) *Guidance on Care Management in Community Care*, Edinburgh: Scottish Executive

Scottish Executive (2003) Mental Health (Care and Treatment) (Scotland) Act 2003 Edinburgh: the Scottish Executive

Scottish Executive (2002) *Statistics Release: Vacancy Monitoring in Residential Care Homes and Nursing Homes in Scotland 2002*, Edinburgh: Scottish Executive

Scottish Executive/ Communities Scotland (2002) *Scottish House Condition Survey*, Edinburgh: Communities Scotland

Scottish Executive (2001) *Report on the Review of the Mental Health (Scotland) Act 1984*, Edinburgh: Scottish Executive.

Scottish Executive (2000a) *Community Care - A Joint Future (Report of the Joint Future Group)*, Edinburgh: Scottish Executive

Scottish Executive (2000b) *The Same as You? A Review of Services for People with Learning Disabilities*, Edinburgh: Scottish Executive

Scottish Office (1991) *Care Management, Circular SWSG 11/91*, Edinburgh: The Scottish Office.

Scottish Office (1998a) *Care Management, Circular SWSG 10/98*, Edinburgh: The Scottish Office.

Scottish Office (1998b) *Modernising Community Care: An Action plan*, Edinburgh: HMSO

Sheldon B (2000) 'Dimensions of the Role of the Social Worker in Palliative Care' *Palliative Medicine*, N14, pp491-8

Small (2001) Critical Commentary: Social Work and Palliative Care, *Palliative Medicine*, 14, pp491-8

Snowdon, J (1998) 'Management of Late Life Depression', *Australasian Journal of Ageing*, Vol. 17, No. 2, pp57-62

Social Work Services Group (1996) *Mental Health (Scotland) Act 1984, Mental Health Officers – New Directions by the Secretary of State Circular 19/96.*, Edinburgh: The Scottish Office

Stalker, K (ed) (2003) *Reconceptualising Work with ‘Carers’: New Directions for Policy and Practice*, London: Jessica Kingsley

Stalker K and Campbell I (2002) *Review of Care Management in Scotland* Edinburgh: Scottish Executive Central Research Unit

Tester, S, Hubbard, G, Downs, M, MacDonald, C. and Murphy, J (2003) *Exploring Perceptions of Quality of Life of Frail Older People During and After Their Transition to Institutional Care*. Research Findings No. 24: The Growing Older Programme. ESRC.
<http://www.shef.ac.uk/uni/projects/gop/GOFindings24.pdf> [accessed 2.8.05]

Tibbs, MA (2001) *Social Work and Dementia: Good Practice and Care Management*, London: Jessica Kingsley

Thompson, N (2002) ‘Social Work with Adults’ in (eds) Adams, R, Dominelli, L and Payne, M *Social Work: Themes, Issues and Critical Debates*, Hampshire and New York: Palgrave/Open University

Thompson, N (2001) *Anti-Discriminatory Practice*, Third Edition, London: Palgrave

Twigg, J (1992) *Carers, Research and Practice*, London: HMSO

Walker, M (2005) *21st Century Review of Social Work: The Statutory Social Worker’s Role in Prevention and Early Intervention*, Stirling: The University of Stirling Social Work Research Centre

Warburton, R and McCracken J. (1999) ‘An Evidence-Based Perspective from the Department of Health on the Impact of the 1993 Reforms on the Care of Frail, Elderly People’, *Royal Commission on Long Term Care. With Respect to Old Age: Long Term Care - Rights and Responsibilities*, London: HMSO

Watchman, K (2003) ‘Critical Issues for Service Planners and Providers of Care for People with Down’s Syndrome and Dementia’, *British Journal of Learning Disabilities*, Vol. 31, No. 2, pp81-84

Winner, M (1992) *Quality Work with Older People: Developing Models of Good Practice*, London: Central Council for Social Work and Education

Worth, A (2002) ‘Health and Social Care Assessment in Action’, in Bytheway, B, Baciagalupo, V, Bornat, J, Johnson, J and Spurr, S (eds) *Understanding Care, Welfare and Community: A Reader*, London: The Open University

Worth, A (1998) ‘Community Care Assessment of Older People: Identifying the Contribution of Community Nurses and Social Workers’ *Health and Social Care in the Community*, Vol 6, No 5, pp382-6

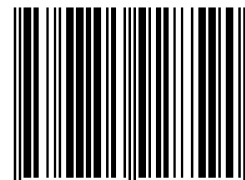
ISSN 0950 2254
ISBN 0 7559 2859 8
(web only publication)

www.scotland.gov.uk/socialresearch

The text pages of this document are produced from 100% Elemental Chlorine-Free material.
The paper carries the Nordic Ecolabel for low emissions during production, and is 100% recyclable.

Astron B44481 12/05

ISBN 0-7559-2859-8



9 780755 928590