The Role of the Social Worker with Older Persons

Prepared by: The Irish Association of Social Workers' (IASW) Special Interest Group on Ageing (SIGA)

<u>**Introduction**</u>   *Revision: August 2011*

This document has been developed to highlight the important and growing role of professional social workers working with older people in many and varied agencies. Social workers work with older people in acute hospital or rehabilitation services, in public residential facilities, in Local Authorities, in community units, in psychiatry of old age, adult learning disability services, where there are defined teams and supervision structures. Social workers are also employed in primary care settings, or psychiatry of old age and there are a small number in community care posts.

At the last count, there were over 60 social workers that work primarily with older people (not including all of the existing complement of psychiatry of old age and primary care social workers). The now defunct NSWQB identified only 18 WTE social work posts for older people, but this number excludes social workers who have classified themselves in another category, for example medical, rehabilitation, etc. In 2006, new jobs including 26 Senior Case Managers for Older People and new Primary Care senior social work posts added another 40 or so workers into the mix. This remains insufficient to meet the needs in the community, but it is a start.

<u>**Aims of this document**</u>

This document is aimed at agencies, managers, social workers in new jobs and student social workers and Irish academics. It aims to improve the college syllabi by clarifying how we social workers working with older people see our role, looking at the tasks and priorities defined by our agencies, our job descriptions and our clients, older people and their families and carers. Hopefully, it will also be of assistance to multidisciplinary teams and to service users and to voluntary groups advocating for older people. It may be of use in part to older people and to families. The professional tasks, the skills, methods and approaches will be highlighted, singling out the special needs of our clients and the similarities with other social work roles. There will be a brief review of the legislation on elder abuse.

<u>**Defining Social Work**</u>

The International Federation of Social Work (IFSW), to which the Irish Association of Social Workers, (IASW) is affiliated defines social work as follows:

> *"The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at points where people interact with their environments. Principles of human rights and social justice are fundamental to social work."(IFSW 2000 and IASW Codes of Ethics 2006)*

The IASW Code of Ethics outlines 9 Principles of Social Work Practice, stating that **the social worker's primary focus is the needs of people using the social work service**. The Code also refers to the advocacy role, the need to ensure other professionals and agencies are engaged when appropriate, and the need for social workers to promote the participation of services users to maximise the potential for self-determination. It notes the special role of social workers in (public services and other) systems having a regulatory function and the tensions arising between support and control and in providing service users with full information. Respect for client confidentiality and the limits of privacy, the need for high standards of practice and continuing professional development, and the need to ensure that social work education, training and supervision relationships are constructive and non-exploitative. (IASW Code of Ethics, 2006, p2)

The Client: people using the social work services for older people

Our primary clients are usually adults aged 65 years and over. Their access to social work services is usually associated with their referral to a health or other service where the lower age limit is predefined. They can be people living independently in the community, living with families or carers and attending day services or using other community services, living in sheltered accommodation or in supported or high dependency long stay residential units. Individual social work can include:

- Needs assessment,
- Social work assessment,
- Counselling and solution focussed brief therapy
- Stress management,
- Advocacy work (both individual and group)
- Group and
- Community development (for example in an impoverished local community or facilitating a residents' self-advocacy group in a residential or day unit.)
- Assessment of elder abuse (physical and emotional) and neglect, (including self-neglect)
- Complaints by older persons about the standard of care they are receiving
- Developing and case managing a care plan

Families, spouses, adult children, siblings, grandchildren and other carers, paid and unpaid, can also be our clients too. Social workers have always had a special role with regard to family work, helping to be a link for the multidisciplinary team in communicating with the family, in assessing the family's ability to cope with the primary client's special needs and ensuring that families and the clients are linked in to all the appropriate community services. Social work with to families can range from -

- Information and advice giving
- Counselling,
- Crisis intervention. .

- Basic social work support,
- Brief therapy,
- Crisis management,
- conflict management and mediation, (including domestic violence)
- Bereavement counselling
- Advocacy
- Assistance in navigating the bureaucracies (e.g. nursing home or homecare grants social welfare, etc.)
- Training courses and carers support groups for family and other carers.

Carers who are not relatives often avail of social work services for support and information to help them understand and help look after the primary client, the older person. There are some issues around confidentiality that can arise here, for example if an older person is suffering from a mental health problem, but often the client's permission can be easily obtained to discuss a care plan, ways of supporting the main client, and ensuring the older person gets the kind of care and service that they want.
Work with carers can also include working with the multidisciplinary team in terms of bringing back information about the special needs or circumstances of families and carers that limit what they can offer the older person.

The Needs and Rights of Older People
The rights of older people are no different to the rights of any other person. There is, however, an increasing risk to the realisation of these rights to the extent that physical or mental frailty or disability imposes limitations on some older people. The needs of such older people are for the support and services to counteract the effects of these limitations.   Discrimination on the basis of age can pose a further threat to the realisation of the rights of the older person.

Human rights and "quality of life" or "life satisfaction" are clearly related.   Any deliberate obstruction to the achievement of a satisfying and productive life represents an invasion of the rights of the individual.   Equally, the lack of reasonable support services to counteract the effects of physical or mental disability also represents a threat to the rights of older people. In all cases a primary focus is to ensure that there is no abuse or neglect of the vulnerable and frail client and that systems set up to support and care and protect such clients are all engaged and utilized to full extent where they are useful and appropriate.

The following is a list of some of the "domains" of quality of life, the threats to these domains and how these can be counteracted:

1. **Material Well-Being.** This includes a reasonable standard of accommodation (including accommodation in long stay facilities), adequate possessions and sufficient money to maintain a reasonable standard of comfort. Public provision

to ensure adequate housing and a realistic system of income support is needed to vindicate this objective.

2. **Emotional Well-Being.** Lack of function can result in depression. Bereavement, isolation and lack of access to effective transport services also represent threats. Public policies in relation to mobility, transport (particularly transport for the disabled), the provision to day care services and access to counselling services can counteract these threats.

3. **Social Inclusion.** This domain involves being accepted as part of the community and being able to make some contribution to that community. The support of both public and voluntary agencies is necessary in many cases of disability and, particularly, lack of mobility.

4. **Physical Well-Being.** This domain is often problematic for older people. Access to adequate medical care, physical and occupational therapy can counteract much of the negative effects of illness or disability.

5. **Interpersonal Relationships.** Regular and consistent contact with family and friends is essential to a good quality of life. Mobility and transport services can be important in this respect; but it is also necessary for personnel from statutory and voluntary agencies to help promote these contacts in many cases.

6. **Self Determination.** Dependence on other people and particularly in cases of older people in institutional care can result in severe limitation to the expression of self-determination. The enhancement of this essential element of quality of life requires both skill and constant awareness by caring personnel.

Social work tasks with older people

The tasks of social workers with older people are very varied and include work with their families and carers. Social work with older people focuses on the preservation or enhancement of functioning and of quality of life of our clients. Social work focuses on what people can do and maximise both opportunities and quality of life in the context of their social system, their needs and their rights.

Social Work assessment is key to all the main roles and tasks of social work. Social workers carry out **social assessments** that involve identifying practical and emotional needs and appropriate supports. This ensures the worker reacts in a reflective and planned way to intervene to assist a client and family. In social work for older people it aims to make an objective social study of the older person and their partner, carer and family, their accommodation needs, their primary needs of food, shelter and hygiene, the degree to which they are integrated with or isolated from their local community. The social worker will attempt to come to some conclusions about the client's psychosocial situation, including their emotional health, their level of self-esteem and their level of stress and cognitive ability and pre-existing level of learning ability. In addition, a similar assessment is required to clarify the abilities of carers and families and their levels of stress and their emotional state and capability. There a few tools widely accepted for this kind of multi-layered assessment, although there are tools like

the Zarit Burden scale and assessments of mental health and self-esteem, and objective measures of poverty and adequacy of accommodation and nutrition.

Social workers for older people who engage in group work or, more rarely, community development also use assessment skills to identify client need and suitability for group work, (for example, reminiscence work or stress management work with clients or carers). A social worker's approach to assessment is influenced by their use of specific theories and is based on their own professional training and experience and the needs of their client and employer and the stated mission of their agency.

Other social work tasks or types of intervention, (usually dependent on the initial and on-going social work assessment and review) include **advocating** on behalf of our clients to a range of services such as local authorities and social welfare services. Social workers **network** and liaise with community resources and **provide** clients and families **information** on a range of topics including benefits and entitlements and support services. They assist our clients to **empower** themselves, encourage and support them to act on their own behalf by providing information and support.

Social workers **listen** to our clients and **motivate** them. We assist them in developing reasons to change their lifestyle. They **assist** and support clients with **adjustment and transition** to life changes and other transitions for example, a care setting such as day-care, lunch or dinner clubs or long term placements. They problem solve and teach people problem- solving skills. We assist in finding suitable placements for clients.

Social workers provide **counselling** to clients and families encompassing **loss and bereavement**, **brief therapy, stress management, adjustment or addiction**. They focus on strengths and see the individual as unique and we promote resilience in our clients. They are also involved in group work with clients, families and carers. Examples include client advocacy groups and carers groups.

Social workers do a great deal of **work with families and carers**. They support families and are involved with conflict management and resolution. They also negotiate between family members and use mediation and conflict management and sometimes specialist, family work and therapy skills. They carry out **risk assessment and risk management** with issues such as domestic violence, financial and emotional abuse, neglect and self-neglect. Social workers have a social control role with issues such as elder abuse, domestic violence and wardship proceedings. Social workers with older people have a special and traditional role as **case managers** and in some countries are still referred to as caseworkers. Frequently, when dealing with very complex cases involving many services, social workers co-ordinate services and advocate for resources with managers for services for older persons and other high level managers in the HSE and elsewhere.

Respect and dignity

Older people have a right to independence despite any disabilities they may have. They are entitled to respect for their particular social, emotional, religious, cultural and political views and needs. They have a right to privacy, control over their own lives and environment and a right to choice, involvement in decision making and to consultation on decisions affecting their lives. This applies to all older adults, whether at home, with support from carers   or in institutional care. (HSE/Department of Health and Children, Charter of Rights for Older People, 2005)

Social Work and Elder Abuse
Professional social workers have a special responsibility and unique task and contributions in relation to the prevention of, investigation and intervention into cases of physical, emotional and sexual abuse and neglect of older people.

"The primary focus of social Work is working with individuals, families and groups within their social context, through training, knowledge and skills which support a high standard of professionalism, the social work task is to facilitate and enable clients to identify options and make decisions for themselves so that they may develop strategies to effect improvement in the quality of their live. Social work also focuses on issues of public policy, social administration and social justice and the betterment of society as a whole."
Code of Ethics, Irish Association of Social Workers, 1995

A definition of elder abuse is: *"a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights*." (Report of the Working Group on Elder Abuse, 2002).

Forms of abuse can include physical, sexual or psychological abuse, financial or material abuse, neglect or omission and discrimination (sexism, ageism, racism, and other aspects of social exclusion) Elder abuse is under reported and no statistics are currently being collected by the HSE or the Department of Health. Most areas lack a set of local procedures and no agreement pertains nationally as to what procedures should pertain. Legislation applying to abuse is limited and not focused specifically on older people. The Domestic violence act of 1996 and the Lunacy Act of 1870 which includes procedures for wardship and Enduring Power of Attorney and legislation around theft and common and sexual assault are the only protections older people have if they are abused and unable to protect themselves.

Recently the social work posts of Senior Case Managers for Elder Abuse and social work posts for some Primary Care Teams have been advertised nationally and these are welcome moves. The Case Manager Jobs may provide some new factual and statistical information. The Primary Care posts will help to begin to provide a non-stigmatising

social work service of all older adults and additional cases of abuse and neglect may be identified or prevented in this way.

Where elder abuse is suspected, the social worker will:

- Facilitate the multi-disciplinary assessment of the older person's capacity and capability in respect to their ability to care for themselves and to protect themselves.
- Assess social and financial and material and family circumstances, accommodation, and any special needs and
- Identify the extent to which neighbours, friends and other carers support the older person and
- Assess the main carers and family members capacity to care and protect for their family member.
- liaise with health care services such as hospital geriatric and psychiatry of old age teams, public health nurses, private and voluntary care services involved (if any), GP's, community and primary care teams including occupational therapists and physiotherapist and home help and home care mangers to draw in as much information as possible and develop a complete picture of all aspects of the situation.
- If crisis intervention is necessary and prioritising protection of their client, some initial or temporary action such as arranging respite care may be necessary while the complete picture of the nature and extent of any abuse is clarified. Conflict management and mediation skills needed at this point in order to come to an ultimate resolution of a situation that satisfies the older person's social needs and personal wishes while protecting them from further harm.
- Some legal action ultimately, if abuse is ascertained may be required and the HSE legal team may be involved along with the Gardai.
- A case conference and liaison meeting of workers involved and /or a family conference would be held to share and confirm information, make conclusions and draw up a realistic care plan. In many cases the older person themselves should attend the conference and /or family meeting at some point and state their own preference for action.

Actions could include: protection order, barring order, new financial arrangements, wardship, placement into appropriate long-stay care, psychiatric or medical intervention for the alleged perpetrator and/ or the victim, a new care package. The *Commission on Law Reform* has recently presented two relevant and welcome reports on both Law and the Elderly and Capacity and proposes new ways of protecting adults through special access and guardianship orders and assessments, etc.

Institutional abuse is also within the remit of the social worker to assess and act upon. Often residents and family members may approach the social worker first with complaints about the care that is being provided or the manner in which it is being provided. The social worker has to act as an advocate on behalf of the patient or resident in the same way they would in an abuse case in a community setting. The

complaint would have to go up to general management and fall under the additional remit, if the complaint is against a specific staff member, of the agreed industrial relations and human resources policies as well as the policy on abuse.

Social workers for older people assist families in helping to care for someone with special needs in the best and most appropriate way. They are also involved in crisis intervention when things are at crisis point.

On a macro level, social workers are involved in social policy, community development and research. They also are involved in training of social workers and other professions. Social Workers seek to develop services in the community with users and carers and develop structures, services and ways of working in residential, respite and day and rehabilitation and acute settings.

Theoretical Perspectives for Social Work with Older People
Social Work intervention with older people is underpinned by a range of theoretical and methodological perspectives, which guide professional practice.

Systems Theory
Social Work with older people is frequently concerned with the person's:
A. Informal or natural systems such as family, carers, friends and neighbours;
B. Formal systems such as community supports or structures which provide more specialised help than that available in informal systems;
C. Societal systems such as hospitals, health professionals, Day Care Centres, etc.

Problems can be caused not only by some issue internal to the person but by a breakdown in the interactions between the older person and any of these systems. The role of the Social Worker is to assess where the cause of the conflict arises and to mediate between the client and the resource system in question.

Strengths Perspective
The conceptual framework for the strengths model of practice with older people builds on the resilience that clients have developed from coping with previous adversity in the lives, and it strives to place self-determination as the central value. This approach recognises and promotes the worth, dignity and uniqueness of older people in the face of social attitudes that can sometimes marginalize them. Assessment is holistic and ensures older people are not viewed in terms of their functional limitations. Older people can be supported in their desire to live at home by the provision of social support without undermining the client's self-esteem and dignity. Frail or disabled older people have the right to be involved in decisions about long-term care and clients with cognitive impairment should also be afforded as many choices as possible.

Crisis Intervention

Often, the contact between Social Worker and client occurs at a stage of crisis which can be the onset of critical illness, sudden loss or other life transitions where the older person's normal coping strategies are no longer sufficient to manage the current stressors. Crisis intervention theory is based on psychodynamic ego-psychology (Payne 1994, p. 101) and its focus is on increasing the client's emotional capacity to deal with the problem.

Task-Centred

Task-centred practice is a systematic and goal-directed framework where the Social Work intervention is time limited. The focus is mainly on the "here and now" and task-centred practice deals with eight problem areas which are psychosocial in nature and can affect many older clients:

1) Interpersonal conflict
2) Dissatisfaction with social relations
3) Problems with formal organisations
4) Difficulties in role performance
5) Problems of social transition
6) Reactive emotional distress
7) Inadequate resources
8) Behavioural problems

The Social Worker looks for those factors that are contributing to maintaining the current problem. From a range of tasks, the Social Worker and older person collaboratively assess which would be the most useful employed for problem-solving. This approach encourages mastery over difficult situations and improves the person's ability to cope with future difficulties.

Brief Solution-Focused Therapy

A solution-focused approach has features in common with a task-centred approach. However, task-centred methods look at understanding problems and ways of resolving them, while solution-focused work focuses on solutions. With this approach the emphasis is on identifying the times when the problem is less acute and focusing on these problem-free times, i.e. exceptions to the problem. The "miracle question" and scaled questions are an integral part of assisting the client in identifying solutions. Solution-focused work is anti-oppressive and empowering in its application and avoids pathologising clients.

Emancipatory Practice

Emancipatory practice refers to practice which seeks to tackle discrimination, inequality and exclusion. Older people can be the subject of some forms of discrimination and can internalise ageist values, so great care needs to be taken to ensure that Social Work interventions reduce or undermine discrimination rather than reinforce or exacerbate it. Assessments and interventions should avoid stereotypes and assumptions, and as Social

Workers we need to work within a partnership and empowerment model and in an anti-oppressive framework, which enables people to engage fully in decision-making processes.

Counselling
Theories of counselling in healthcare settings stress the interaction between disease, the individual, the family, health care providers and other systems. This derives from a bio-psychosocial systems perspective. Older persons' coping can be enhanced by enabling informed decision-making and by helping people to view their situation from different perspectives.

Psychosocial Theory, based on Freudian personality, and Behavioural Social Work, based on Learning Theory, can be used in some Social Work interventions with older people, but generally with a less wide application than other models of practice.

Settings that social workers with older people work in include:
Acute Hospitals, Community Hospitals, Community Units for Older Persons, Community based, Charities, Hospices, Voluntary Hospitals, Care Homes, Long-stay Residential units, Day-Care Centres, Day Hospitals, Psychiatry of Old Age teams, Reablement Units, Rehabilitation settings, Stroke Units, Primary Care teams, Learning Disability teams, and Local Authorities.

Summary and Conclusions
Social work with older people occurs in a huge variety of settings and encompasses a wide range of methods, approaches and emphases. The focus of each social worker is influenced by the role their agency performs and by their own job description within their agency and/ or social work team or multidisciplinary team. All social work with older people rely on similar assessment approaches for casework and family work and rely on the same essential social work skills as social workers in other settings. Distinctions arise according to the specialized needs of our clients, their carers and their families. The primary difficulty for social workers with older people is the result of an imbalance in the development of social work services and other services for older people, particularly in the community services, resulting in inadequate numbers of social workers on the ground and accessible to older people with chronic difficulties or in crisis. New developments appear to be an attempt to rectify this situation and enable older people and their families to work through their difficulties and engage the relevant services to help relieve or improve their situation to their own satisfaction.

Special Interest Group on Ageing, IASW
December 11, 2006

Revised August 2011 JB

Revised April 23, 2007 PBD

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Appendix 1.

SOCIAL WORK WITH OLDER PEOPLE

SOCIAL WORK TASKS	EXAMPLES
ASSESSMENT	ex. Identifying practical and emotional needs and appropriate supports
ADVOCACY	vis a vis rent tribunal or local authority
NETWORKING	linking with community resources, day centres, active retirement, dinner clubs, etc.
COUNSELLING	bereavement, brief therapy, stress management, adjustment or loss, addictions
PLACEMENT	nursing home, sheltered accommodation
ENVIRONMENTAL CHANGE	organizing alterations to accommodate lifestyle changes
MOTIVATION	assisting older person to develop reasons to change lifestyle usually for health reasons
FACILITATING	assisting families in helping to care for someone with special needs in a different way
PROBLEM SOLVING	teaching problem solving skills, brief solution focussed therapy, providing additional information
ENHANCEMENT	new carer's skills or working on increasing self-esteem of older person or carer
SOCIAL POLICY	research and influencing local or national policy
SOCIAL CONTROL	use of authority, for example elder abuse or domestic violence situations
CONFLICT MANAGEMENT	mediation, family therapy
NEGOTIATION	mediation, intra familial
CRISIS INTERVENTION	when care is ill, housing crisis

INFORMATION GIVING   social welfare info, nursing home and care grants

RISK MANAGEMENT   domestic violence, neglect, self-neglect

FAMILY SUPPORT WORK   stressed carers, families in disagreement

COMMUNITY DEVELOPMENT   developing services in the community with users and carers, developing structures and services and ways of working in a residential or day care setting

SOCIAL AND SOCIAL WORK   using annual stats

RESEARCH   client need

EMPOWERMENT   including highlighting cases of discrimination and using anti oppressive practice

POSSIBLE MODELS AND SETTINGS OF SOCIAL WORK THE OLDER PEOPLE

SETTINGS   EXAMPLES

Hospital based   Ex. N. Ireland

Community Care   Ex. Durham (separate team)

Community Development   ex old Southern Heal Board, NWHB

Action-Research (self-determination)   Dun Laoghaire Co-ordination Project

Parish –based   ex. St Andrews Resource Centre, Crumlin Social Services
District Care Teams   interdisciplinary models

Voluntary Groups   Alzheimer's Society., Housing Assn, etc.

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