



The Liaison Social Work Role in Nursing Homes and Residential Settings: A Model for Practice

Irish Association of Social Workers



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Foreword

I am delighted to write the foreword and compliment the authors of this timely and practical document *'The Liaison Social Work Role in Nursing Homes and Residential Settings: A Model for Practice'*, published by the Irish Association of Social Workers.

People living in Nursing Homes and other residential centres have borne the brunt of the Covid-19 pandemic in Ireland with over 60% of Covid related deaths occurring in such settings. As a country we must face painful facts about what contributed to the loss of life on such a scale among older people with support needs in particular. In time there needs to be a forensic and honest examination as to why this situation arose. In the here and now we must act and do all that we can to prevent deaths in Nursing Homes and Residential settings and make dying in dignity as good as it should be for the person and their loved ones.

So I welcome this timely 'model of good practice', which draws upon the research evidence and the immense expertise and experience of social work. Everyday all over Ireland, social workers are assisting vulnerable people and those living in residential settings along with their families to navigate their way through life and death. In life and in dying this profession is on the frontline of support for vulnerable people and their families. The authors make seven sensible recommendations about ensuring equity in access to social work when people are unwell, dying or bereaved. Previous failures in health and social care delivery show the importance of sensitive, timely communication. Here, an essential plan for skilled communication with people and their loved ones as well as reviews of care post bereavement are recommended. There are proposals too for engagement with social work in formulating national responses and policy. It is essential that social work has a seat at the national table in these exceptionally challenging times for older people, when devising national responses to the pandemic. Above all they highlight the importance of acknowledging and responding to the losses and bereavements so many people have experienced.

It would be wise too to listen to the calls made by the Irish Association of Social Workers for a national network of home care, the full implementation of the Assisted Decision Making (Capacity) Act, and Adult Safeguarding law. These measures, among other reforms, could ensure that older people with support needs in Nursing Homes and people in other residential settings have the life and death each of us has a right to expect. And that from the great losses and sadness that Covid-19 has brought us, a better Ireland to grow old in emerges, guaranteeing respect and dignity for all. *'The Liaison Social Work Role in Nursing Homes and Residential Settings: A Model for Practice'* is a step along that way. It is heartening that this liaison social work role is already available in some public nursing home and residential settings. I recommend it to all public and private settings where it can be put into practice.

Colette Kelleher, former Senator. Co-Convenor of All Party Oireachtas Group on Dementia; mover of Adult Safeguarding Bill 2017; former CEO of Alzheimer Society of Ireland. Cope Foundation and Cork Simon Community; social worker by profession.
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Foreword by authors

In April 2020, social workers deeply concerned about disproportionate impact of Covid-19 on vulnerable residents in nursing homes and a wide range of residential settings, came together to share their professional expertise on how social work was adapting and responding to the needs of residents and their families. Social workers listened to the experiences of residents and families, drew upon existing and evolving messages from research and shared learning, resources and tools developed since the onset of Covid-19 across a range of Irish social work agencies and settings.

The model outlined in this document is informed by this collaborative expertise and provides a way to share learning across the profession so that social workers can provide the psychosocial supports that residents and their families urgently require. The model has been operationalised in varying forms in St Mary's Hospital in the Phoenix Park, the Navan Road Community Nursing Unit, St Clare's Community Nursing Unit, Clarehaven Community Nursing Unit, Lusk Community Nursing Unit and CHO 7 in Hollybrook Lodge Residential Care Centre. It has also been adapted for use in mental health services in CHO 9.

Social workers have particular expertise in the co-ordination and delivery of skilled communication care. Communication care is a key component of the model, ensuring that residents and families receive complex and distressing information in an empathic and sensitive way, from a consistent, supportive professional. In doing so, the model addresses lessons from previous reviews into healthcare failures which recognise distress and grief are compounded by a perceived lack of compassion from health and social care services. HIQA (2019) called for stronger safeguarding measures to be put in place to deliver care to residents. The delivery of a liaison role allows social workers advocate for individuals and families to ensure that their rights are understood, respected and reflected in the work practices of the care setting.

Through a systemic psychosocial, palliative and bereavement care approach, the model provides the practical, social and emotional support requested by residents and families and provides opportunities, to mitigate future grief. It is evidence informed and draws on the professional wisdom and experience of Irish social workers. The model delivers a holistic model of care, recognising that people living in nursing home and residential care settings have a wide range of needs. Most importantly, bereaved families have given positive feedback about the support they received through this model of care. We hope it can support all vulnerable residents and their families during the Covid-19 pandemic.

Key Recommendations

The IASW has developed key recommendations to inform a national equitable response to the unmet psychosocial needs of all unwell individuals, dying people and the bereaved.

Recommendation 1:

For the duration of the Covid-19 pandemic, all unwell and dying individuals who are receiving care in hospitals, hospices, public and private nursing homes and residential settings across all care areas should, along with their families, have access to psychosocial, palliative and bereavement social work services. This aligns with the rights of an individual to exercise self-determination, to be fully informed and supported in their own care and to be treated with dignity and respect.

Recommendation 2:

People living with a palliative diagnosis in the community are particularly vulnerable to Covid-19 and may be experiencing lower levels of formal and informal supports, due to social restrictions. They, along with their families, should have access to a local community palliative care social work service. Many community healthcare service areas continue to have specialist palliative care teams which do not offer a social work service. This inequity in access should be addressed as a matter of urgency.

Recommendation 3:

Communication with individuals in nursing home and residential settings, and their families, must be considered a core and essential component of health and social care delivery. Sensitive, timely and accurate communication should be at the heart of all service delivery.

Recommendation 4:

Social workers are key stakeholders in the provision of psychosocial, palliative and bereavement care in our health care services and communities. Direct social work representation at national level is essential to ensure that professional social work expertise contributes to the development of a holistic approach to psychosocial care delivery, one which recognises the equal importance of addressing both psychological needs and wider social needs.

Recommendation 5:

National policy responses must respond to the inequalities experienced by people as a result of the social determinants of health. Individuals may experience inequality due to disability, age, race, mental health, socio-economic status, communication difficulties, language barriers, experiences of homelessness, safeguarding risks and addiction etc. Person centred interventions, reflecting the unique needs and rights of people who may be marginalised within care settings and communities must be developed in tandem with mainstream approaches.

Recommendation 6:

All bereaved families should be offered the opportunity to have a review of care meeting

with the clinicians and relevant care staff who cared for their loved one, in order to address any outstanding concerns about the delivery of care. Given the restrictions associated with Covid-19, and the lack of opportunity to meet with clinicians prior to the death of their relative, requests by families to hold such meetings are likely to increase and a clear pathway must be agreed to facilitate this process in every care setting where deaths have occurred.

Recommendation 7:

Individuals living in nursing home and residential settings may experience multiple losses over the course of the pandemic. It is essential that the losses and bereavements experienced by residents are acknowledged and supported through access to on site psychosocial and bereavement support. Care plans should address an individual's emotional, psychological and social needs, as well as the physical.



Introduction

From the outset of the Covid-19 pandemic, the Irish Association of Social Workers (IASW) has highlighted both the unmet needs of people who are dying in acute and residential services and the immediate bereavement needs of their grieving families. Social workers deliver psychosocial, palliative and bereavement care in hospitals, hospices and community settings across Ireland. However, this care is not accessible to all and traditionally has never been delivered to people living in nursing homes or residential care settings. At present, the location of a person's care and death dictates whether an individual and family has access to social work support around their palliative and bereavement care needs. As more than half of all deaths during the pandemic have occurred in nursing home and residential settings, the levels of unmet needs of the dying and bereaved are now painfully transparent.

Social workers have, since the pandemic began, provided a Liaison Social Work service in a number of public nursing home units and have reported positive feedback from bereaved families and care staff. The IASW subsequently developed an evidence informed model of practice for the Liaison Social Work role (see figure 1, p.8), a model which reflects the scope of palliative social work services often available to individuals and families in the acute hospital or specialist palliative care settings. The IASW advocates that this comprehensive model of Liaison Social Work, which provides psychosocial, palliative and bereavement care should be accessible for all individuals who are unwell or dying and who may be separated from their families, across all public and private nursing home and residential care settings. Access to social work support is also vital for other residents in the care setting who may be distressed and bereaved as a result of deaths within their communities. This document outlines a model of practice to support the role of Liaison Social Work and accompanying practice guidelines, *'The Liaison Social Work Role in Nursing Homes and Residential Settings: Guidance for Social Workers'*, are available to support the work of social work practitioners.

The IASW will continue to advocate for the expansion of existing social work roles across hospitals, hospices and communities to ensure that all people who need to, can access social work support in these settings. Family members of these individuals are also entitled to a social work service to support them with Covid-19 visiting restrictions, separation anxiety and pre and post bereavement care.

Scope

This document provides a model of social work practice, with accompanying separate guidance for all social workers in a liaison role who provide a service to nursing home and residential settings.

This model reflects what is currently accepted as best practice in responding to the psychosocial needs of unwell individuals separated from families, the dying and the bereaved (Selman et al, 2020; Wallace et al, 2020). The accompanying guidance *The Liaison Social Work Role in Nursing Homes and Residential Settings: Guidance for Social Workers* provides practice guidelines, developed from this evidence and practice informed model.

Rationale for the Liaison Social Work Role

While social work has responded swiftly to the Covid-19 pandemic, it has done so in a measured way. There has been an urgent national effort to develop new ways of living safely as result of the pandemic. This has on occasion, been mirrored by a professional urgency to develop new responses to Covid-19.

It is important that the process of delivering psychosocial care in a society adapting to Covid-19 is not made unnecessarily complex and that we support, develop and adapt existing expertise, governance structures and services in order to respond to need in a holistic way. Services that provide psychosocial care and mental healthcare should be capable of responding to a wide range of disasters and major incidents and responses should build on the capabilities within local services (Williams et al, 2014). This reflects key principles set out in best practice guidelines (IASW, 2007), which also recommends building upon resources and capabilities within the existing psychosocial care landscape.

It is in this spirit that the IASW promotes the Liaison Social Work role. The liaison role is an adaption of the type of social work intervention available within many of our hospital and community settings. It is deliverable and aligns with the recommendations of an integrated approach to health and social care delivery across all settings, public, private, acute, community, statutory and voluntary (Committee on the Future of Healthcare, 2017) and with the model of care outlined in the National Model for Palliative Care (HSE and RCPI, 2019). Some concerning reports have appeared in Irish media during the course of the Covid-19 pandemic (Carswell and Power, 2020), highlighting the distress experienced by bereaved relatives of people who died in nursing home settings. Relatives have shared what they perceive to be a lack of appropriate or timely communication about their loved one from care staff. It is known that failures in communication cause considerable distress to individuals who are ill or bereaved (HSE, 2017; Scally, 2018). Roll out of a Liaison Social Work service clearly demonstrates a new national understanding that communication is an essential part of health and social care delivery.

The Liaison Social Work role addresses the social, emotional and practical needs of the ill, those who are dying and the bereaved. So often, research and national discourse on psychosocial care focus primarily on the counselling and therapeutic needs of people. These are key needs which make significant, meaningful and lasting changes in the lives of individuals. However, individuals with serious health concerns and their families have a wide range of social and practical needs (Selman et al, 2020; Gray et al, 2020) which are also essential to their sense of wellbeing and functioning. Bereaved people often have practical tasks that may feel overwhelming and which they may identify as their most pressing concern. The bereaved benefit from support and guidance to navigate these needs (Gray et al, 2020).

Social workers have worked with dying and bereaved people throughout the pandemic and have provided feedback to the IASW describing the emotional, practical and social supports requested by individuals and families. Social workers have shared personal family messages with isolated patients, supported people to write wills and resolve outstanding tasks. Social workers have brought relatives to car parks to wave through windows, proactively supported communication via technology (and provided emotional support after the call ended), printed out family photographs for bedside lockers, supported conversations between patients and families in relation to saying goodbye, asked families how they would like staff to care for and comfort their much loved relative at the point of death when a heartbroken family cannot be physically present, helped return deeply sentimental possessions to the newly bereaved in a sensitive way, supported with new funeral processes, organised death certificates or contacted

undertakers when distressed relatives required support and supported families in explaining painful separation and death to children and vulnerable adult members of the family unit.

These needs are practical, emotional and social in nature. They are met in the context of systemic work, supporting not just the individual, but those closest to the person, around the issues and concerns that matter to them most. This is the care the IASW believe all isolated, dying and bereaved people in nursing home and residential settings should be able to access through a Liaison Social Work service.

Key Principles and Values

Social work is rooted in an interconnected network of values, theories and practice. Fundamental to social work practice are our core values which support the value and centrality of human relationships in life, recognise the dignity and worth of each individual, uphold principles of social justice and rights to equality of all, recognising that life is not an even playing field. Some people, as a result of their socioeconomic background, age, race, culture, gender, disability and health status, may experience oppression, exclusion or discrimination.

This professional belief system is clearly stated in the Social Workers Registration Board Codes of Professional Conduct and Ethics (CORU, 2019) which requires that social workers address inequality and promote social justice through their practice. This document reflects those belief systems as the IASW seeks to address the inequity in access to psychosocial, end of life and bereavement care across hospitals, hospices, community and all care settings.

Social Work and the Psychosocial Response to COVID-19

Covid-19 has had a profound effect on the ways we support the ill and mourn our loved ones. It has introduced new and painful social distancing at times when people require a high degree of connection and emotional support. People diagnosed with Covid-19 are living with uncertainty regarding their prognosis, given the unpredictable nature of the disease. Those with pre-existing health conditions may feel unsafe, isolated in their environment and fearful of contracting Covid-19. People who may experience marginalisation due to disability, age, mental health, communication barriers, isolation, safeguarding risks, addiction and homelessness may also be increasingly vulnerable in a society with restricted access to usual health and social care supports. Older people, people with disabilities, and their families, may fear they will not receive equal access to ICU or ventilation services, given media speculation about triage decisions in pandemic healthcare. Harrowing media reports, in Ireland and abroad, offer poignant accounts of the distress experienced by the dying and their families. Many people in Ireland have and will continue to die without the loving comfort and presence of their family, often having experienced prolonged separation in the weeks prior to death. For families who may be able to visit ill relatives, the risk of exposure to infection may raise concerns.

The role for social work within this context is clear and unequivocal. The United Nations Inter Agency Steering Committee has published a set of guidelines 'Mental Health and Psychosocial support in Emergency Settings' (IASC, 2007) and briefing notes (IASC, 2020) which informs the response of both the World Health Organisation and the HSE to national emergency

situations (HSE, 2014). When explaining the purpose of the guidelines, IASC (2007) report that 'the core idea behind them is that in the early phases of an emergency, social supports are essential to protect and support mental health and psychosocial well-being.' IASC (2007) further elaborates that mental health and psychosocial problems in emergency situations are predominantly social or psychological in nature and recommends that a central group should be formed to co-ordinate mental health and psychosocial support. Social services should be included in this co-ordination group (IASC, 2007).

Links between the social determinants of health and Covid-19 are established (Abrams and Szeffler, 2020). As current research shows the high mortality rates experienced in areas of deprivation, (Iacobucci, 2020), it is clear that people who have less will suffer more in the Covid-19 pandemic. Social work, a profession concerned with achieving social justice and equity in access for all, recognises the influences and risks associated with adverse social determinants and pro-actively seek to address them to achieve change, both at national level and in direct practice with individuals and families.

Social work has a key role to play both in the development of national policy in response to Covid-19 and in the continued delivery of holistic, high quality psychosocial care.

Messages from Research

Most people are resilient in the face of trauma and devastating losses (Bonnano 2004; Lau et al, 2008; Camilleri et al 2010; Byrant et al, 2014). While the majority of bereaved people do not require professional support, a significant minority (approx. 40%) may require extra support (Aoun et al, 2015). It is clear that Covid-19 disrupts the usual ways people are supported in end of life care and bereavement (Selman et al 2020; Wallace et al 2020) and access to the social supports which have been shown to promote resilience in the wake of epidemics (Bonnano et al, 2008) is now significantly changed, given social distancing, cocooning and other pandemic related measures.

An examination of the long term psychological impact of SARs on a high risk group of health care workers (Maunder et al, 2008) found that while psychological effects were common, symptoms primarily presented as subclinical stress responses. As a result, research and guidance, (IASC, 2007; Maunder et al, 2008) recommends that thinking about pandemic related stress interventions should shift away from solely focusing on models of clinical intervention for mental health problems towards a more holistic approach, considering models of adaption and resilience in psychologically well people. This approach aligns with the skillset of social workers in the Liaison Social Work role, who by virtue of their training, proactively seek to identify, support and enhance the existing resilience and capacity of individuals and families facing adversity.

When responding to traumatic situations or major incidents, 'All aspects of psychosocial and mental healthcare should only be provided with full consideration of people's wider social environments, the cultures within which they live and especially their families and the communities in which they live and work' (Williams et al, 2014, pg. 12). Social workers work systemically, viewing the person in their environment, recognising the importance of family and social aspects of illness, death and bereavement (Reith and Payne, 2009), approaches which complement the more individual focused approaches of colleagues in psychology, psychotherapy and counselling professions. The Liaison Social Work role therefore, provide emotional, practical and social support on and across multiple levels with individuals and

families, complementing both the public health model of bereavement (Aoun et al, 2012), the loss, grief and bereavement pathway within the National Model of Palliative Care (HSE and RCPI, 2019) and the Adult Bereavement Care Pyramid (Irish Hospice Foundation, 2020). Distress is experienced by individuals as a result of separation from family due to quarantine (Brooks et al, 2020) and diagnosed illness (Abad et al, 2010). Social workers are well placed to respond, providing counselling support which has been termed very useful by service users (Foreman, 2015). Social workers have been recognised as appropriate professionals to respond to palliative and bereavement needs in nursing home settings (O Shea et al, 2008). When individuals are facing end of life, they and their families may require support around advance care planning, clear and sensitive communication, access to timely and appropriate information, access to emotional and spiritual support (College of Social Work 2014; ALLHPC, 2016) and follow up with bereavement needs (HSE and RCPI, 2019).

Social Workers in Liaison role act as a key point of contact between the care setting, the individual and the family during a Covid-19 outbreak. This ensures that the sensitive, timely and frequent communication valued by individuals and families (Ó Coimín et al, 2017; Walsh et al, 2008) is provided. A key part of the Liaison Social Work role focuses on the development of creative ways to promote a meaningful sense of connection between individuals and families despite separation and if required, to support the family in death preparedness, both approaches which may help to mitigate grief (Hovland, 2019; Mayland et al, 2020; Selman et al, 2020) and reduce the risk of prolonged grief disorder (Kentish Barnes et al, 2015). Social workers can assist families to reframe and focus on aspects of the narrative that will help them post bereavement (Finucane and Murphy, 2020).

Taking note of Aoun's (2018) caution to avoid professional overreach into the lives of bereaved people, social workers are ideally placed to assess, with consent, the bereavement needs of each family and to offer practical, emotional and social supports as required. Social workers have expertise to support people to meaningfully reframe and consider new ways to connect with their personal support systems in a changed society, as social workers use a partnership approach with people, responding to their own definition of needs, an approach which has been deemed valuable by individuals and their families (Lord and Pockett, 1998; Clausen et al, 2005; Beresford, Adshead and Croft, 2007).

The experience of social workers during the SARs epidemic in Singapore (Rowlands, 2007) and Toronto (Gearing et al, 2007) shows existing core skills and practices were, with planning, sufficient to respond to the presenting needs of individuals and families. Social workers identified that their support of colleagues from other disciplines as a key, often invisible part of their role (Gearing et al, 2007).

Finally, based on the findings from a survey of bereaved relatives, an Irish study recommended that all end of life patients and families should have timely access to practical and emotional support from a social worker. The same study reported that the majority of bereaved relatives perceived the social worker to be helpful (Ó Coimín et al, 2017). Given the positive feedback provided in response to a review of a Liaison Social Work role adopted in a Canadian nursing home during the SARS epidemic (McCleary et al, 2005), it can be reasonably extrapolated that this model of care would also be welcomed by residents and staff in residential settings in Ireland during and beyond the COVID-19 pandemic.

Key Emotional, Social and Practical Needs

The needs are profound for individuals in nursing home and residential settings, and for their families. We live and die in systems. Now, some people are dying alone, separated from those who love them. Families who are permitted to visit are making difficult decisions about whether they should do so. Others are grieving for their loved ones and are distressed by the manner in which they died. Nursing homes are reporting previously unseen staffing shortages, limiting their ability to communicate with family member's pre or post bereavement. Staff who were trained to provide end of life emotional support have had limited capacity to provide this care, given new workload demands.

| INDIVIDUAL NEEDS MAY RELATE TO: | FAMILY NEEDS MAY RELATE TO: |
|--|---|
| Uncertainty caused by diagnosis, fears for health of others | Uncertainty caused by diagnosis, fears for health of relative and others |
| Distress around visiting restrictions/impact of care and contact via PPE | Distress caused by visiting restrictions, decision making around safety if visiting is permitted and a lack of ability |
| Fears of dying or dying alone. May have wishes and preferences around this, may need support to communicate wishes and advance care plan. | May need support around communication - with care setting to ensure timely, sensitive and accurate information is received and with their relative, around advance care planning, wishes and preferences. |
| May have difficulty using phone or technology, due to communication barriers, i.e. hard of hearing, unfamiliar with use. | May have difficulty using phone or technology to communicate with relative, due to communication barriers, i.e. hard of hearing, sight loss. |
| Personal vulnerabilities (i.e. cognitive impairment, language barriers, culture, disabilities, communication barriers, mental health, age, homelessness etc, which may cause unmet need. | Personal vulnerabilities (i.e cognitive impairment, language barriers, culture, disabilities, communication barriers, mental health, age, homelessness, etc. which may cause unmet need. |
| May need emotional and practical support to feel connected to those they love but cannot currently see. | May need support around death preparedness to ensure family have opportunity to prepare and have an opportunity to prepare and feel connected to their loved ones leading up to and including the time of death if family cannot be physically present (i.e. provide words of comfort/window visits etc.) |
| Person centred care and comfort at end of life to ease distress caused by limited or no visiting. | If bereaved, emotional and practical needs around new grieving processes. |

Table A: Needs of Individuals and Families

Table A highlights some of the emotional, practical and social needs of individuals in care settings and those of their families (Finucane and Murphy, 2020; Selman et al, 2020; Wallace et al, 2020). The Liaison Social Work service proactively addresses these needs in order to provide care, comfort and mitigate future distress.

Families are unable to meet with clinicians, have difficulty accessing service providers and regardless of location of death, are struggling to cope with new funeral processes, new death registration processes, reduced levels of formal community supports, lower levels of social support, cocooning and social distancing. All of these new measures result in individuals and families facing loss and grief in an entirely new context. Traditional ways of coping have been completely challenged and the usual supports available through personal systems are severely disrupted.

Workforce Planning

All available options regarding workforce planning should be utilised in a flexible and innovative manner in order to ensure equitable roll-out and access to this model nationally. It is suggested that the following workforce planning options be drawn upon;

- Strategic use of redeployment. During the pandemic, many social workers have been requested to assist in non-social work specific tasks or activities. Social workers have a long history of adaptability, flexibility and readily providing assistance outside the remit of their role during periods of crisis. The IASW advocates for the redeployment of social workers into the liaison role/social work teams requiring staff, before consideration is given to sanctioning the redeployment of social workers into other activities (e.g. contact tracing, helpline support).
- Drawing upon the resources available through social workers returning to the workforce, for example, through the Ireland on Call campaign.
- Fast-tracked recruitment of social workers through maximising the use of available HR systems during the pandemic. This has been facilitated for other healthcare professions and should be equally facilitated for social workers.
- Fast tracking of re-registration of social workers returning to the workforce after absence from profession or living abroad, facilitated by CORU, the registration body for social workers.

It is essential that social work interventions continue to target those who are most vulnerable and most in need and that those services are delivered in an equitable and ethical manner. Governance of social work services during COVID-19 must be planned within this context to ensure those most in need of social work intervention, receive it.

Outline of the Liaison Social Work Role

Key responsibilities for the Liaison Social Work role are outlined below. Figure 1 provides an overview of the model for practice.

- Acting as key communication point between individuals, families and residential setting to ensure that despite increased work pressures associated with Covid-19 outbreaks within the residential setting, individuals and families are provided with appropriate, sensitive, timely and accurate communication and support.
- Advocating for individuals and families to ensure their rights and needs are respected and addressed within the care setting.
- Providing psychosocial support to unwell individuals separated from families or with very limited contact with families and to well residents distressed by death or infection rates within their community.
- Facilitating supported communication between individual and others (i.e. family, treating team/other) and ensuring that emotional support is provided after communication to both individual and family member if required.
- Facilitating communication between family and others (i.e. with individual, treating team, staff members, and relevant agencies).

- Responding to emotional/practical/spiritual/physical needs identified during assessment, paying attention to the vulnerabilities, risks, resilience of person and family.
- Providing palliative social work support to all dying patients, some of whom may be separated from their families.
- Providing timely information and emotional support around changing circumstances, paying attention to the need to support individuals and families to prepare for death if required to do so.
- Providing emotional, practical and social support to bereaved families as required and referring and integrating them into relevant support services.
- Ensuring that families have access to support around requesting, arranging and attending a review of care meeting.
- Providing education to other professionals as required. Contribution to local policies, building upon existing resources and skillsets.
- Ensuring that the psychosocial, grief and loss needs of other residents are identified and supported.
- In all cases, making appropriate referrals to additional services as required.



Figure 1: Model for Liaison Social Work Role in Nursing Home and Residential Settings

Summary

The model for Liaison Social Work care has been developed in response to the disproportionate impact of Covid-19 on vulnerable residents in nursing home and residential settings. This practice and evidence informed model of social work responds to the needs of individuals and families for sensitive, timely and accurate communication, understanding that communication care is an essential component of health and social care delivery.

Through a systemic psychosocial, palliative and bereavement care approach, the model provides the practical, social and emotional support requested by those who are dying and bereaved and provides opportunities to mitigate future grief. It builds on lessons from previous reviews into healthcare failures, recognising that grief is compounded by a perceived lack of compassion from health and social care services.

It can be staffed through flexible recruitment, appropriate redeployment and use of COVID-19 related campaigns such as A Call for Ireland, with careful attention to the governance structures supporting the model of practice.

The Irish Association of Social Workers advocate for equitable access to this model of care for all residents, in all nursing home and residential settings, regardless of funding model or geographical location, so that they and those who love them receive appropriate care and support.

Glossary of Terms

Psychosocial Approach: 'A way to engage with and analyse a situation, build an intervention, and provide a response, taking into account both psychological and social elements, as well as their interrelation' (Bray and Rakotomalala, 2012, pg. 7).

Residential Settings: Any setting where a person is residing for a permanent or finite length of time on the basis of their care needs.

Nursing Homes: A residential setting which is specifically designed to provide long term care for older people. In Ireland, nursing homes frequently accommodate younger adults with disabilities due to a lack of appropriate care settings for this population.

Palliative Care: As defined by the World Health Organisation (2002, p. 84) "Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

Bereavement Care: The emotional, practical and social support provided to the bereaved.

Family: Defined in the broadest sense to include anyone the person considers part of their personal support system.

Review of Care Meetings: Meetings arranged, co-ordinated and chaired by social workers, which facilitate a review of care provided to an individual, attended by family members and relevant clinicians.

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