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1 Social work with older people: changing times, changing contexts

- Social work with older people has undergone unprecedented change since the NHS and Community Care Act, 1990.
- These changes have resulted in a greater emphasis on administrative processes at the expense of valued social work skills and practice knowledge.
- There are significant tensions between policy which on the one hand seeks to manage finite resources effectively and efficiently and, on the other, aspires to provide person-centred and proactive services for older people.
- Social work with older people has not been underpinned by the developing gerontological research base.
- There is a gap between research and practice, which means that social workers may not be aware of, or informed about, the current gerontological and social work research base.
- Older people have expressed dissatisfaction with administrative approaches to social work and social care, and have articulated clear aspirations for a quality social service.

Introduction

Gerontology is a multi-disciplinary study of ageing. Adopting a critical gerontological perspective implies that research, writing and practice should make visible the social, economic and political forces that shape and influence the experience of ageing. Commentators have argued that critical gerontology should seek to change the social construction of ageing as well as to understand it (Phillipson and Walker,

1987). This emphasis on change and action will doubtless resonate with social work practitioners, and indeed any other practitioners working with older people.

As social work lecturers and practitioners, and as gerontologists, it is important first to establish the authors' own intellectual and value positions, to enable readers to know from what basis this exploration of critical gerontological social work with older people is being approached. The central argument in the two opening chapters is that building on the things the authors value about good social work with older people (but developing them into a more robust and critical approach drawing explicitly on research and theorizing from within critical gerontology) is imperative in the current context of welfare provision. The basis for this contention lies in a combination of historical, organizational and policy concerns, alongside developments in gerontological and social work practice, education and research. In developing this argument, this book aims to explore the historical, theoretical and conceptual foundations of a critical gerontological social work approach. This is premised on the authors' belief that there is a widening gap that needs to be bridged between traditional understandings and orientations of social work research and practice with older people, and the insights that can now be gleaned from more critical and gerontological approaches.

The book addresses primarily the policy and practice context of social work in England. Scotland, Wales and Northern Ireland have devolved powers in social policy and social care, and operate social work there within this framework. However, while there are differences in the ways in which social work functions in these countries, the principles and approaches encompassed by a critical gerontological social work approach can be applied across the UK. For example, principles around combating ageism, developing a healthy strategy for later life, promoting social inclusion, enabling flexible working lives and working in partnership to achieve change, are relevant regardless of the country in which one is practising. Indeed, in Wales, the strategies and aspirations outlined in *The Strategy for Older People in Wales* (Welsh Assembly Government, 2003) and *Fulfilled Lives: Supportive Communities* (Welsh Assembly Government, 2006), manifestly support the development of the approach taken in this book.

The book is organized as follows: Chapters 1 and 2 review the relationship between gerontology and social work, and set the agenda for critical gerontological social work practice. The central chapters (Chapters 3 to 7) then seek to apply this perspective to contemporary areas of practice. Here, there is a focus on risk, dementia, end-of-life issues and palliative care; key transitions around loss and bereavement and moving into a care home; and informal care giving.

Attention turns in the last two chapters to a consideration of the potential for critical gerontological social work in the future. In Chapter 8, post-traumatic stress, depression and the mistreatment of older people are examined through three case studies. Between them, they illustrate the importance of developing social work practice that challenges the conventional tendency to focus on care packages addressing physical needs. Finally, Chapter 9 draws together the discussions and arguments introduced in the preceding chapters into a re-evaluation of social work with older people, highlighting again the necessity of adopting critical perspectives in educational approaches, the research and evidence base, and in practice.

Social work in context

In outlining the current situation in social work with older people, it is necessary first to set this against an historical and policy background that has seen social work develop in three ways: as a discipline; as a profession; and as a public service activity. Despite being a contested area, we would argue that social work has developed rapidly as a profession since its inception, and has subsequently undergone profound changes, particularly over the years since the passing of the NHS and Community Care Act 1990 (Gorman and Postle, 2003). We further argue that the fundamental changes in ideology and organization associated with a managerialist model of social care (Waine and Henderson, 2003) have led to an erosion of the traditional values, skills and knowledge base of social work in which the personal and human elements have been marginalized, and the roles and identities of social workers fundamentally altered and weakened (Lymbery, 2001). In the first half of this chapter, we therefore examine what these changes have meant for social work practice with older people in the twenty-first century.

At the same time as social work in general has been undergoing profound changes, older people as a section of society have become ever more visible in simple demographic terms. Demographic data confirms that the population will never be much 'younger' than it is now, and there are currently more people aged over 65 than under 16 in the population (ONS, 2006a). Alongside this, knowledge and research about older people has flourished. Yet it has to be conceded that much of the advance in research knowledge has come from disciplines other than social work. Consequently, the second half of this chapter discusses the reasons for what we call 'the social work-gerontology research gap', and then moves on to consider issues surrounding the training and educational needs that underpin social work practice with older people. The chapter concludes by arguing that, if those things that are

valued about good social work with older people are not to be lost, then there is an urgent need to revisit its values, skills and knowledge base, and to develop a far more robust and critical gerontological social work practice (Neysmith and MacAdam, 1999).

Historically, there is also a need to be mindful of the differing policy and practice contexts of social work. While the drivers for policy change in the devolved administrations of the UK are similar, with social, health and demographic pressures fuelling the move to greater integration of health and social care, it has led to important differences in emphasis. In Scotland, for example, trusts have merged into single health systems, while in England competition and choice are seen as the way forward to provide more responsive care. A number of Scottish policy documents (Scottish Assembly, 1999, 2001, 2005) have placed a duty on Health Boards and local councils to work together at both strategic and practice levels and, importantly, have introduced free personal care for older people. In contrast to the situation in England, the emphasis in Scotland is on a single 'whole' system in which private sector provision is at the margins of activity.

In Northern Ireland too, the emphasis is on a joined-up system of organization, with acute care being delivered through hospital Trusts, and personal social services through Trusts collaborating with private and voluntary organizations. As in other areas of the UK, Northern Ireland has a strategy for older people focusing on promoting social inclusion; see *Ageing in an Inclusive Society* (Northern Ireland Assembly, 2005). This echoes the broader perspective on ageing embodied in the Welsh Assembly Government's *The Strategy for Older People in Wales* (2003) which is now in its second five-year phase. Older people have been one of the Welsh Assembly Government's priority areas for some time, but the strength of its approach is that it goes beyond traditional health and social care territory to take a more rounded view of older people, focusing on their citizenship, participation and ability to help build capacity within their local communities. The policy context in which social work operates in Wales, Northern Ireland and Scotland is therefore rather different from that in England: there is a greater emphasis on the citizen rather than on the consumer; on co-operation rather than competition; and on aligning health services with local councils to meet local needs.

Social work practice with older people

Given the changing historical and policy contexts, it is perhaps not surprising that social work with older people, in common with other areas of social work practice, has been in a state of constant flux since the early 1990s, and is now often perceived as being beleaguered and

under threat. From a national policy perspective, Butler and Drakeford (2005) have argued that it is difficult to ascertain with certainty any clear vision as to the role and purpose of social work. Furthermore, while calls have been made within the academic and practice community to re-evaluate the knowledge and skills that social work can contribute to the current practice landscape (see, for example, Lymbery, 1998; Neysmith and MacAdam, 1999), it remains the case that social work with older people has undergone unprecedented change without public debate, and with apparently little resistance from practitioners (Postle, 2002).

In attempting to understand the situation at present, we first explore some of the key practice changes that have arisen in the wake of the NHS and Community Care Act of 1990, which have fundamentally altered the nature of social work with older people. Rather than provide a long-winded historical description of how social work evolved during the twentieth century, we have chosen to look critically at developments since the 1990 Act because, in our view, this marks a crucial turning point in how services for older people have been conceived, viewed and delivered. Insightful historical accounts can be found elsewhere (see, for example, Means and Smith, 1998; Gorman and Postle, 2003; Means *et al.*, 2003), but an understanding of key issues arising from the 1990 Act, such as the management of finite resources, the nature of the interventions it is possible to offer, fundamental alterations to social work as a profession, and service-user participation and involvement, underpin our argument for the development of a critical gerontological social work practice.

The NHS and Community Care Act, care management and managerialism

The NHS and Community Care Act 1990 heralded root-and-branch change in the way that adult social care was organized in the UK. The Conservative government in power had long championed market principles as a means of managing health and social care effectively and efficiently in a climate where there were limited public finances to spend on social care. Targeting resources such as home care services on those people defined as being in the greatest need (Gorman and Postle, 2003) was also a crucial element in the developing policy. However, an over-concentration on the measurement and assessment of need has in turn led to older people being seen increasingly in terms of crisis, risk, dependency and frailty. These terms, even where appropriate, are often used in an uncritical way, and reinforce the potential for practitioners to emphasize judgements about risk in order to secure scarce resources for an older person (Pritchard, 1997),

and to focus on an older person's difficulties at the expense of his/her strengths as a means of proving eligibility for services (Saleeby, 2002).

Moreover, despite commentators such as Hughes (1995) highlighting the potential dangers of a market economy in social care, both social work and social care have moved steadily towards this type of organization. This means that, under the guise of the care management process, social work practitioners have experienced the erosion of their professional skills. The inherent complexity of work with older people has been reduced all too often to being a primarily technical exercise, as illustrated, for example, by standardized approaches to assessment. One consequence is that the social work knowledge base, never very well developed, has become even more indistinct, calling into question the role, status, direction and identity of social work with older people. To re-establish itself, social work with older people needs to re-engage with wider policy and research agendas, and employ methods and values that highlight its distinctiveness and complexity. Various authors have highlighted these key attributes of social work, including:

- Non-stigmatizing help, assistance and access to services (for example, Gilbert, 2004; Small, 2001);
- Training in social science perspectives, and an applied understanding of social perspectives and individual experience in social contexts (for example, Foster, 2005);
- Responding to loss, change and transition (Small, 2001); and
- Taking a 'whole system' view (Small, 2001).

The so-called 'reformed' managerialism of the Labour government also places greater emphasis on accountability and quality evidenced through defining the standards that agencies should achieve, and the priorities upon which they should focus (Waine and Henderson, 2003). The underpinning assumption is that robust standards – and being required to provide evidence of achievement via performance indicators – will lead to an accountable, efficient and effective organization. Systems of inspection, regulation and monitoring have also been introduced as a fundamental building block in the government's modernization agenda. Such regulatory systems have had a fundamental effect on the culture and role of councils, social care managers and front-line staff, to the extent that the language of performance measurement and audit now permeates social care organizations, and has an impact on supervision practice and on the ways in which practice dialogues are constructed (Sawdon and Sawdon, 2003).

Social work as a profession

The pervasive culture of managerialism has also had a profound effect on the way that social work is constructed and delivered, with

a growing separation between the notion of social work as a professional project, and an administrative model commonly associated with care management. While these changes have distanced social work from its professional aspirations, historically social workers have had a long-standing ambivalence about professionalizing their role. Fook (2002, p. 26) comments:

“ On the one hand it is seen as a route for better social recognition and therefore better service provision. On the other it is seen as a grab for power at the expense of service users. So it has never been clear whether it is a good thing to foster and develop a professional social work identity.

If one accepts this critique of a professional social work identity in general terms, then we would further argue that it is even more the case where social work with (older) adults is concerned. As we shall show later, this is a devalued and undervalued area of practice, with students rarely opting freely to undertake training in work with older people.

Services are also reorganizing into multi-professional teams, with the aim of improving joint working, and standards of service delivery and development. This may have a further impact on the identities, roles and tasks of different professional groups as they merge. As Davies (2003, p. 204) argues:

“ Today’s practitioner does not need to be someone with a sense of self as possessor of a clearly bounded expertise. Instead they need to be someone who can value and connect with others, using the multiplicity of experiences of the client and team members to develop adaptive and creative solutions.

Nevertheless, traditional knowledge and power hierarchies may impede the potential for developing teams based on more collaborative lines of organization and culture. Social workers need to be able to articulate the contribution they can make and added value they bring to an interprofessional team, including the fact that their knowledge, skills and values are likely to challenge and bring alternative perspectives to other established viewpoints.

A consideration of the context for practice also raises crucial questions about the ways in which social work practitioners can manage the difficulties and ambiguities of their practice environment. Typically, social work practitioners with older people continue to work in situations of great complexity, balancing conflicting needs and aspirations, working creatively with risk, seeking to preserve autonomy, and working with systems with diverse and contradictory opinions and views. The complexity inherent in the social work role is supported by the Green Paper (Department of Health, 2005, p. 27)

on the future of social care for adults, which reinforced the need for social workers to use their particular knowledge and skills in complex practice situations:

“ For too long social work has been perceived as a gatekeeper or rationer of services and has been accused, sometimes unfairly, of fostering dependence rather than independence. We want to create a different environment, which reinforces the core social work values of supporting individuals to take control of their own lives and to make the choices which matter to them.

This aspiration for the future of social care has been further reinforced in the shared statement ‘Putting People First’ (Department of Health, 2007) which suggests a need for social work practitioners to spend less time on assessment and more time on support, brokerage and advocacy. Here, the deployment of key social work skills such as exercising judgement and supporting people to make positive choices, may well come into direct conflict with the frameworks of a managerialist agenda such as performance monitoring, audit processes and standard setting. The extent to which these priorities detract from engaging with the dilemmas inherent in practice is critical.

Management of limited resources

One crucial priority for local councils is to demonstrate effective management of finite resources. The ‘Duty of Best Value’ (Department of Health, 2002a) highlights the imperative to deliver ‘quality’ services to clear standards, by the most effective, economic and efficient means available. Eligibility criteria as a means of targeting services for those people deemed most ‘in need’, is a well established feature of social care. While assessment practices highlight the importance of holistic assessment of need, financial expediency may result in what Aronson (1999, p. 51) describes as ‘thinning of need’, whereby needs are reduced to those deemed to be essential for survival. The present arrangements organized under ‘Fair Access to Care’ (Department of Health, 2002b) are most likely to result in councils responding to eligible need within the ‘critical’ band. Consequently, it is not surprising that, under these constraints, service responses are most likely to identify only a relatively small group of older women and men as being in the most acute need. Indeed, the Commission for Social Care Inspection (2006a, 2008) confirms that, increasingly, only older people identified as being in ‘critical’ or ‘substantial’ need receive any services at all. As a result, growing numbers of older people are left with unmet needs, and family members have to fill the gaps.

Paradoxically, this means that evidence highlighting the value (and

benefit) that older people place on low-intensity support services, both as contributions to quality of life and as a preventative intervention, remains substantially overlooked by social services (Tanner, 2001). This is despite the fact that, from a national policy perspective, the importance of proactive and preventative services for older people has been increasingly recognized (Department of Health, 2005). However, evidence suggests that local councils, pressed to manage limited resources, can only respond to those deemed to be the most 'in need', and struggle to respond to the prevention agenda in any significant way. Frontline social workers therefore find themselves trying to work at the interface between the aspirations of policies highlighting the importance of older people having access to services that promote their choice, control and independence, against policies that focus on managing limited resources and achieving externally set targets.

Furthermore, the effective management of restricted resources has led to the development of assessment models that typically focus on dysfunction and problems as a means of identifying priority 'need'. This approach to assessment can reinforce the tendency to consider older people who require support as being 'dependent', 'frail' or 'at risk', defined or implied as absolute states. We see this tendency as having two major consequences. First, developing a critical understanding of the use of such terms and the possible consequences is in danger of being sidelined. Second, a focus on such concepts as absolute states minimizes the potential to consider older people's strengths and resources, together with the strategies they use to manage change and transition. One implication of an 'activities of daily living' audit of 'deficiencies' is that it embraces and reinforces a loss model of ageing and contributes to constructions of older service users as 'problems', and essentially as passive recipients (Horowitz, 1999; Grenier, 2007). This may serve to reinforce the gap that has been reported between older people's narratives about what is important and what makes for lives of quality, and the differing concerns of professionals (Older People's Steering Group, 2004). Moreover, a failure to grasp the complexity of older people's lives severely limits the potential of social workers to develop interventions that are geared to individual needs and circumstances.

The nature of interventions

Even in the face of assessment that may be driven by eligibility, there is no doubt that interventions providing practical support, personal care and physical assistance offer vital help to (eligible) older women and men experiencing chronic illness and disability. Nevertheless, comprehensive and creative services focusing on assisting people

with complex needs to, for example, remain at home, have not historically been considered a high priority. It remains the case that older people with complex needs are often offered care home placements because services or a range of other housing options are simply not available (Vallely *et al.*, 2006).

An administrative model of care management, with its emphasis on care brokerage, also leaves little or no room for interventions aimed at reducing difficulties such as emotional stress. Such an omission begs the question as to how care managers are able effectively to assess, care plan and intervene in the lives of those older people troubled, for example, by personal and emotional difficulties, or who live in the context of complex family or social systems. Moreover, this omission contributes little to challenging a view that older people's needs are essentially homogeneous. As with any other part of the life course, some older people may use alcohol or substances to help them cope; may experience feelings of helplessness and depression; have long-standing and unresolved difficulties; have to come to terms with a diagnosis of a progressive condition; have difficult and unstable family relationships; live in abusive situations at times; and struggle to cope with loss. These difficulties may be life-course experiences, or have developed as a result of changing circumstances in older age. Nevertheless, whatever these difficulties, it is the older person who needs to be central to any considerations about what support is or is not needed. As such, their involvement and participation are crucial.

Service user participation and involvement

The service user movement has grown inexorably in the wake of the NHS and Community Care Act (1990) and has made ever more visible the perspectives and lived experience of both service users and carers. There is increasing acceptance that people who are effectively on the receiving end of policies and practices are in fact experts in defining their own experience and needs (CSCI, 2006a). Government policy addressing social care for older people (see, for example, Department of Health, 2005, 2007), highlights the importance of developing services that focus on maintaining independence, encouraging choice and promoting autonomy, and is underpinned by a number of important key principles:

- People should have the right to control their own lives.
- Services should be seamless, easy to access and person-centred.
- Services should have a shared agenda towards maintaining independence.
- People with the greatest/most complex needs should receive priority to ensure well-being and protection.

- The risks of independence are shared with people and balanced openly against benefits.
- Barriers to services should be challenged.
- Work with diversity.
- Emphasis on those people who are most excluded benefiting from improvements in services.

Policy further highlights the importance of user participation in risk management and risk-taking, as well as the importance of transparent practice in discussing the potential risks alongside the benefits of, for example, independent community living for older adults.

One mechanism for enhancing independent living is through the introduction of direct payments. Direct payments have been seen as a way of improving choice and autonomy for all service users, with older people being identified as a particular group who would benefit from an increase in this area of provision (Clark *et al.*, 2004). Ensuring that there are opportunities for older people with complex needs to access direct payments requires confident and comprehensive social work skills when older people face situations of considerable complexity, change and uncertainty; and there is a need to cut through complex organizational procedures and provide confident and ongoing support. Crucially too, social workers have a moral obligation to ensure that direct payments, when offered, do in fact provide a *better* opportunity for older people to meet their needs in creative ways and that this is not subverted as a means of further reduction of resources in the guise of choice and independence.

These developments in service user participation and involvement also chime with wider government agendas around social inclusion and exclusion, developing community cohesion, and the abilities of people (older people included) to take more control of their lives and exercise more choice (Department of Work and Pensions, 2005; CSIP, 2006). Here, local councils are envisaged as playing a crucial role in both challenging social exclusion and participating in the development of preventative services for older people. These strategies and developments in turn embrace key messages from research with older people and carers, which has highlighted the importance of preserving autonomy, enjoying a life of quality and continuing to be involved in one's own life, social and family networks and the wider community (Tanner, 2001; Gorman and Postle, 2003; Patmore and McNulty, 2005). Nevertheless, it is evident that there has not always been an easy or simple relationship between research and practice, nor between what we might distinguish as social work research and gerontological research. It is therefore to 'the social work-gerontology research gap' that we now turn our attention.

The social work–gerontology research gap

In reviewing the recent history of social work with older people, it is evident that a gerontological approach – and in particular a critical gerontological approach – has been significant in its absence from both practice and education (Quinn, 1999; Chambers, 2004). We would argue that the two worlds of social work and gerontology have largely developed separately, with little commonality and cross-over between disciplines. Research agendas have mirrored this, with the two disciplines developing in very different directions, and the wider gerontological research perspective being absent from the narrow concentration on health and social care issues evident in social work research on older people (Phillips, 2000). We would further argue that (critical) gerontological research has much to offer social work and social workers with older people yet, until recently, it has had only a marginal influence on the social work profession. Chapter 2 concentrates in more detail on the development of what has come to be known as critical gerontology, so here we briefly review the historically divergent pathways followed by social work research and gerontology since the Second World War.

Social work research in most areas of practice, but in particular in respect of older people, took a considerable time to become established in the post-war period. In the early years of the profession, generic social workers carried mixed caseloads, and direct social work with older people was rare. Where it did exist, it tended to be allocated to unqualified workers and was perceived by qualified staff as being low-status work (Neill, 1976). One consequence of this perception was that (social) gerontological research at the time effectively mirrored – but did not challenge – what was happening in practice arenas: where community care services were sparse and admission to residential care was seen as being the only option for older people who showed any sign that they might struggle to cope at home (Means and Smith, 1998).

By the early 1970s, evaluative research that sought to examine the effectiveness of social work practice was gaining impetus (for example, Mayer and Timms, 1970). However, these so-called ‘client opinion’ research studies of social work interventions found, for example, that users lacked an understanding of the assessment process, and were unclear when assessment was completed and what its conclusions were. There was also a lack of fit between user perspectives and social work perspectives about the nature of a problem or difficulty, and differences of opinion between user and social worker as to the most appropriate means of intervening (Mayer and

Timms, 1976). Critically, then, the results of such research tended to highlight a paucity of demonstrable outcomes linked to social work interventions (Mullen and Dumpson, 1972; Fischer, 1973).

Despite this inauspicious start, it is important to note that evaluative research studies have since demonstrated increasingly positive results from social work interventions (MacDonald and Sheldon, 1992). In addition, other social work research that appeared in the 1980s showed that older people may have emotional needs, and experience trauma and distress, that would indeed benefit from appropriate intervention (Rowlings, 1981; Marshall, 1983). However, as the principles of the market-place developed in social care through the 1980s, fundamental changes in social work practice occurred, and social work with older people got swept up in the drive towards care management. Social work research in such a climate was directed increasingly towards examining the effectiveness and efficiency of the new community care arrangements and the role of care management as the practice arm of the reforms. The focus inevitably moved away from the *needs* of older people and concentrated instead on evaluating the effectiveness (and costs) of services in health and social care (Challis and Davies, 1986), with an associated emphasis on care markets, resources, needs and outcomes in the production of welfare.

In contrast to the evaluative and service focus evident in much social work research, social gerontological research from the 1980s onwards began to adopt a more eclectic mix of methodological approaches, and to draw on a wide variety of disciplines and theoretical perspectives to explore a range of pertinent issues. For example, those working within a political economy perspective (see Chapter 2) turned their attention increasingly towards a critique of public policies and health and social services provisions, and looked instead at how the welfare system was effectively transforming ageing into a dependent status (Townsend 1981). Another crucial strand of research began to highlight the strengths and resources people bring to old age, and to move away from pathologizing older people (Reinharz, 1986; Russell, 1987; Minkler and Fadem, 2002). Drawing on both feminist and humanist foundations, there was also a growing recognition and acceptance of the importance of qualitative and biographical methods in making visible the lived experience of older people (Butler, 1963; Gearing and Dant, 1990): a recognition that has continued up to the present day (Bornat, 2000; R. E. Ray, 2007).

Over the years, these research strands have increasingly come together to inform and contribute to social work/health care research with older people. This offers a forceful critique of the limitations of a

welfare agenda characterized by the principles of the market-place and effective management (see, for example, Postle, 2002) and has been supported widely by the voice of older people (Older People's Steering Group, 2004). However, it is our contention that a clear opportunity was lost in the 1980s to underpin and inform social work practice with older people with the rapidly developing, and ever more critical, gerontological research base. Even where research was, for example, demonstrating the importance of social work interventions with older people, the results of that research still seemingly failed to reach those frontline workers and educationalists who were best placed to make a difference. As Sheldon and Chilvers (2000, p. 3) comment, social workers 'inhabiting a workplace culture favouring action over reflection, and much pre-occupied with the new commercial principles which accompanied the Community Care reforms, appear rarely to have heard of these more promising findings'. In the context of this book, it is precisely this gap between research and practice – and between research, practice and education – that we are seeking to address as we mount the case for critical gerontological social work.

Social work training, education and continuing professional development

The final and related feature of social work developments to draw attention to here has been the consistently low level of interest in social work practice with older people, and the underlying educational and training needs this raises. In recent years, American research has explored comprehensively what does and does not attract students to social work with older people. Negative views of ageing (Anderson and Wiscott, 2004); a lack of appropriate coverage in social work curricula leading to lack of competence in social work with older people (Scharlach *et al.*, 2000); and perceptions that the curriculum is too full to embrace any gerontological additions (Olson, 2002); have all been implicated. Moreover, research has also shown that negative attitudes held by students towards older people have been substantially unaffected by social work training, especially when that training failed to work specifically with students on the issue of age-based discriminatory attitudes and stereotypes (Rosen *et al.*, 2002).

A similar picture emerges in the UK context. Here, there is a danger that social work training courses will focus on 'community care' rather than on older adults *per se*, with the added danger that the specific knowledge, skills and values that social work with older

people requires, will be substantially overlooked. Quinn (1999) reported that social work students tend to perceive old age as desolation, underpinned by a fear that it constitutes a distressing vision of one's future self. However, we argue that a failure to address the whole life course adequately in social work education not only disadvantages practitioners who wish to specialize in gerontological practice, but also ultimately risks impoverishing the practice ability of *all* social work students, regardless of their area of practice. Consider, as illustration, the research summarized in Box 1.1. This focuses on the importance of grandparents in the provision of child care, support and assistance. It gives one example as to why all social work practitioners, regardless of their area of practice, should have an understanding of a life-course perspective, including ageing.

There is a need to ensure that gerontological knowledge and the theoretical basis of social work with older people has equal value to that of other service-user groups in social work education

Box 1.1 Research into practice: grandparents caring for children

It is estimated that, each week, around a quarter of families with children under 15 use grandparents to provide child care (Age Concern England, 2004). Changing family structures mean that growing numbers of children are being brought up outside traditional ideas of the nuclear family (Age Concern England, 2004; Farmer and Meyers, 2005).

In a study of four local authorities, the care arrangements for 270 looked after children were examined (Farmer and Meyers, 2005); 45 per cent of kin carers were grandparents. The sample of kin carers included 31 per cent with an identified disability or chronic illness, and 75 per cent were experiencing financial hardship, and a number of specific needs relating to older kin carers were identified:

“ older relative carers could feel socially dislocated as they did not fit with parents of the child's age or with their own friends who no longer looked after dependent children. Many found looking after children tiring when they were older, had less energy and had limited financial resources. Some too had other caring responsibilities for their own elderly parents or sick partner. (Farmer and Meyers, 2005, p. 4)

(Chambers and Ray, 2006). This aspiration must apply not only to students of social work but also to practitioners working in the field of social work, care management and health care with older people.

Moreover, we noted earlier that in addition to the gap between social work research and social gerontology research, there is also a more general research–practice gap. This gap is well documented in social work, and various authors (for example, Neysmith and MacAdam, 1999; Needham, 2000; Sheldon and Chilvers, 2000; Trinder and Reynolds, 2000) have identified reasons for its existence, including:

- Research often being presented in inaccessible ways and not user/practitioner friendly.
- Lack of commitment and strategies to develop research-mindedness and dissemination of key research in social work/social care agencies.
- Lack of fit between research and practice concerns.
- Insufficient time and resources to enable practitioners to assimilate key research findings.
- Practitioners do not have the skills to evaluate the quality of research.
- Practitioners feel threatened by the potential for research to change established and preferred patterns of practice.
- Disagreements and debates about what should constitute evidence-based practice.
- From the perspective of social work with older people, a sparse and poorly developed pool of research from which to draw.

More recently, there have been concerted efforts to draw attention to both the importance of social-work-led research and the dissemination of research relevant to social work practice, via, for example, the Social Care Institute for Excellence (SCIE) and Making Research Count (MRC). At the time of writing, the newly launched post-qualifying (PQ) award provides a framework for evidencing practice competence in ‘adult social work’, which includes older people but makes no specific reference to gerontological knowledge. Nor does it refer to the specialist skills and knowledge that might inform social work practice with older people. Established practitioners working with older people and engaged on a PQ award must, in our view, have appropriate access to gerontological research and knowledge, as well as appropriate support to consider its application to practice.

Conclusion

On the face of it, the discussions in this chapter could be seen as painting a rather bleak picture of social work with older people. However, we would argue that what it in fact shows is that there is an urgent need to rethink how we support some of the most vulnerable people in society, and how students and practitioners can best be trained and supported to carry out this vital work. As we have seen, the reality for today's social workers is that they have to work within an organizational environment geared towards a managerialist framework. At the same time, their practice can and should be grounded in a commitment to working with older people in ways that not only enhance their ability to cope with change, but also create opportunities for older people to take an active role in determining their own support needs, how these may be met, and what counts as a life 'worth living' (Older People's Steering Group, 2004). Older age is a multi-dimensional experience with multiple explanations, so that recognizing the complexity of social work with older people is essential.

Rethinking social work with older people has to address not only practice issues, but also to ensure that it is underpinned by attention to education and training, and to the knowledge that social work and social workers can derive from research and theory. Social workers have a vitally important role to play in practice with older people, and in responding to what older people value in social work relationships.

stop and think

- To what extent (as a student social worker or as a qualified practitioner) are you able to learn about key research about older people?
- What easily available resources could you access to learn more about research which focuses on ageing and older people?
- What do you think are the benefits and potential obstacles to promoting the active involvement of older people in developing appropriate services and resources?

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