Research Report –

'Analysing the support provided by social workers for older people who experience loneliness or social isolation'

1. Context

As part of a research study at the University of Chester we are investigating how social workers employed by Cheshire West and Chester Council best support older people who experience loneliness or social isolation. We are also aiming to see if social workers might be able to improve their support of older people who experience loneliness or isolation.

This research is funded by the Cheshire and Merseyside Social Work Teaching Partnership a collaboration between four universities across Cheshire and Merseyside (Hope; Liverpool John Moores; Edge Hill and Chester) and a number of local authorities, including Cheshire West and Chester.

The research proposal had been developed in January,2020 and then delayed because of the first lockdown before it was restarted in the middle of 2021. It was never intended to have a focus on the impact of Covid on practice and the questions are not Covid specific. However, as will be clear from the summary of the interviews there are interesting contrasts drawn by practitioners from the time prior to the pandemic, during Covid and their views about the future 'living with Covid'.

As one of the Social Workers interviewed remarked

"Social Work was challenging up to March,2020, since then it has been even more so, but then Social Work is at its best in the face of adversity"

Age UK states that loneliness is not the same as social isolation. They describe loneliness as 'a subjective feeling about the gap between a person's desired and actual level of social contact'. It refers to the 'quality' of this contact. Loneliness is not a 'desired' state and the ability to reduce loneliness cannot be underestimated, can take time and is not always possible.

Social isolation is described by Age UK as an 'objective measure of the number of social contacts'.

They are related concepts, but are different and the interpretation was explored with social workers interviewed as part of this research.

The Jo Cox Commission commenced a 'national conversation' and this led to the appointment of a Minister for Loneliness to take forward this work. A 'Tackling Loneliness' annual report was published in February, 2022 by the Department for Digital Culture Media and Sport.

As the proportion of older people continues to increase, feelings of loneliness and situations that result in isolation can emerge as a growing concern for some service users and their

families, carers and significant others. At present, reduced service provision, resources and direct care within social work and social care coexist along with challenges faced by policy makers and practitioners in determining efficacious means of intervening to reduce loneliness and isolation.

The World Health Organisation (WHO) in its advocacy brief describes loneliness and social isolation as widespread with some countries reporting that 1 in 3 people experience loneliness. Although there appears to be limited academic work on the subject a body of research suggests a negative impact on physical and mental health, quality of life and longevity. The effect on mortality is comparable to that of other well established risk factors such as smoking, obesity and physical inactivity. The WHO describes a number of face to face and digital interventions e.g. social skills training, community development, befriending and cognitive behavioural therapy (CBT). Law and policy developed to address discrimination and marginalisation can also foster greater connection. Creating age friendly communities by enhancing transport links (Findlay, 2017) and access, information and technological access can all play a part. Social Isolation and loneliness is a major public health issue as discussed by Phillipson, (2017). The United Nations (UN) have declared a Decade of Health Ageing and loneliness and isolation as a key theme. This is further reinforced by Age UK (2019).

These themes were drawn upon consistently by social workers during the interviews and are summarised in section 3 below.

Aims of the research:

a) To elicit how adult social workers can support older people who experience loneliness or social isolation.
b) To draw from interview data to examine and describe what practices are currently utilised by adult social workers to alleviate loneliness or isolation among older service users.
c) To appraise the current evidence base and analyse interpretive data to determine what reforms, if any, might improve social work interventions which seek to alleviate loneliness or isolation among older service users.
d) To assess the application of the findings from one exemplar to associate studies.
e) To present findings to conferences and workshops and produce a report for the local authority and an academic

2. Methodology

Social Workers were identified by leaders and managers within the local authority based on their experience of working with older people and in contrasting settings. Individual on line interviews, each one lasting up to an hour have been undertaken with eleven (11) social workers who are substantively working in either a hospital setting, Home Assessment Teams (assessing people discharged from hospital to an individual's home), Placement Assessment Teams (assessing people who are discharged elsewhere e.g. to a care or nursing home i.e. 'a

placement') or generic community teams. The specific assessment teams have been established as a specific response to Covid-19 and are referred to in this report as having an impact on organisational culture, practice and impact.

The Social Workers interviewed varied in terms of their length of experience, but also in background, knowledge, their skill sets and interests and this was also reflected in their different perspectives.

Once completed the interview findings will be presented in a report (here), summaries fed back to colleagues e.g. in the University, in the local authority, as part of teaching sessions and developed for publication in academic journals. There could be an option to further extend the scope of the research base in the future subject to additional resources becoming available.

3. Key Points from Interviews

Summary of Questions

What is your experience of working with older people?

Can you describe your experience of working with older people who experience loneliness or social isolation?

Can you describe your role in undertaking assessments?

Can you describe your experience at the point of intervention?

How would you describe your overall experience?

Is there anything further you would like to include?

All social workers interviewed had at least some experience of working with older people. Many people had a number of years in practice and some had worked in other specialist areas e.g. learning disabilities. One social worker referred to their specific experience of older people who also had learning disabilities and stressed the need to be mindful of older people who also had learning or physical disabilities and/or mental health issues.

"Although I am now working predominantly with older people (who are admitted to hospital), I draw on my experience of working with people who have learning disabilities in order to retain a personalised approach to my practice, otherwise there is a risk that we simply 'process' people"

One Social Worker was still newly qualified and had arrived on final placement at the start of the pandemic and remained as part of the hospital social work team for the duration and for a further year. They drew on this experience and that of her not inconsiderable interest

in assistive technology and the potential positive impact on older people who may experience isolation and/or loneliness.

"Some of the experience of working with and planning for older people who have had life changing experiences could be enhanced by the learning we could take from the pandemic. One of these would be greater use of assistive technology. Unfortunately, it appears that Social Work is lagging behind the technology"

This individual was not advocating replacing professional practice with AT but rather giving examples of how the risk of a sense of isolation could be reduced and practise complemented by its use.

Most of the social workers interviewed had experienced a significant change in the structure of the teams within which they work. Prior to the pandemic there had been a significant presence in the hospital and this had changed in favour of the creation of teams focused on assessing people who had been placed in care homes and those who had been discharged home. This was as a result of Covid-19 specific regulations and guidance in the form of the Covid Act.

This had also resulted in social workers feeling less influential at the point of discharge. One Social Worker described how the changes had evolved rather than being planned and that this had created tensions in both relationships with colleagues and other professionals e.g nurses and therapists. Some changes had happened within a week of initial cases of Covid being diagnosed in the hospital and the numbers on the hospital team reduced from 8 to 3 (including a student), some Social Workers joined new teams and others worked from home. This change took place over a period of a couple of weeks and did not appear to be part of a planned approach.

"There was a real sense that prior to the pandemic Social Workers had a significant place in the multi disciplinary team within the hospital playing a full and influential role in assessment, planning and discharge. The Covid regulations placed the 'power and influence' in the hands of health professionals for decision making. The element of choice for people had been diminished at the same time as valuable community services"

These changes occurred prior to the introduction of Covid regulations which provided guidance on how the Care Act should be applied. Most Social Workers described how this had 'driven the Act into the hands of health colleagues' who simply made judgements about an individual's fitness to be medically discharged. Greater use was made of vacancies in care homes which was described by a number of Social Workers as a backward step and further impactful on a person's likelihood to feel lonely and become isolated from previously existing networks of support. They also referred to Covid-19 regulations enabling many older people to be discharged from hospitals into funded placements in care homes thus exacerbating some experiences of isolation i.e. away from their previously familiar networks and creating a sense of loneliness.

"I've been working with a couple who had been married for 58 years. One of them was admitted to hospital and then discharged to a care home where the other partner was

unable to see them because of the Covid precautions. Health staff felt they would be 'safe' and couldn't understand the extreme feelings of loneliness as a result of separation They thought they'd be happy in the company of care home staff and residents. I'm working hard to get them both support to be able to live at home"

Many previously existing community support resources appeared to have been lost or paused and individuals were waiting weeks for packages of support from home care agencies and some were not available. Voluntarily organised community support was described by many as having ended completely. Health colleagues were becoming prescribers of care arrangements that weren't always relevant to the wants and needs of individuals. For example, some Social Workers described a sense of using emergency health funding to support care that was inappropriate or excessive to need and thus not alleviating risk of isolation.

Health colleagues were described by some Social Workers as even less likely to adhere to the principles of assessing or determining capacity. A number of Social workers felt that the restrictions placed on statutory advocates (e.g. Independent Mental Capacity Advocates) IMCAs not being able to undertake face to face work didn't help. Social workers were encouraged to make assumptions about capacity.

More than one social worker referred to the changing role of social work but felt that the emphasis on health during the pandemic had not necessarily diminished their roles in the eyes of other professionals. Those in rehabilitation or community settings remained the most confident in this respect.

A few social workers mentioned that they had been given greater 'freedom to practice' and hoped this creativity would be able to continue in the future. For example, using the range of Social Work 'therapeutic' skills e.g. listening, family work etc. Others cited how decisions were being made without reference to them or with little opportunity to contribute or influence outcomes. This was particularly pertinent to those who had previously worked in hospital settings assessing at the point of discharge.

"I've definitely had to utilise my Social Work skills to a greater degree than ever before. I work even more closely with individuals and with their families. I have had an increase in the need to undertake safeguarding enquiries so there are more potential risks involved, but promoting the role of families is, in my view, helping to negate the risk of feelings of loneliness"

Most of the social workers interviewed stated how they were working more closely with families and that this has become more significant over the last two years. One or two acknowledged that while this can generate additional support they also have to weigh up risk e.g. safeguarding or the individual's capacity to make decisions for themselves. Other social workers mentioned that carers assessments have not always been possible. One social worker described a specific case where an older person who may have previously been supported by community based resources was now living with a family in what they 'described' as a 'toxic' setting. This has involved the social worker in employing more social

work skills and methods, including boundary setting relationship and managing expectations.

A number of social workers mentioned that they have assumed key roles as enablers and advocates.

"Although it is not necessarily considered best practice, I do wonder if, going forward, we should promote carers assessments as something we do sooner in the process. Maybe this is something we could consider and learn from?"

"We are having to work even harder on building and sustaining relationships more quickly with families, significant others, services and colleagues. I've discovered that if I have a good relationship I can also challenge, reflect or have difficult conversations"

Through the interviews, we discussed the presenting issues at the point of referral and a number of social workers expressed concern about the losses older people have experienced. This was always an issue but further impacted by the experience of the pandemic e.g. loss of contact, bereavement, shielding and the impact of separation. This has inevitably impacted on older people's experience of a sense of loneliness. More than one social worker referred to issues of suicide and drug taking being present and believed this to be on the increase. Others were concerned for the future and an acute concern for people who could be isolated but not yet in touch with anyone or with services (informal or formal).

"Prior to the pandemic I felt that there were lots of flexible options being developed for older people and many examples of the positive impact of these. With many of these being 'lost' or 'paused' I fear for the future and as part of the 'living with Covid' context. There will be many people whose long term conditions have been exacerbated or untreated. There are also those with emerging but undiagnosed conditions and those with serious mental health difficulties. We have no real sense of what we will face as investment continues to be limited"

"I fear we are finding people whose lives will be shorter, or who will have been forgotten, or who have died prematurely"

"Discussions in relation to loss, separation and bereavement have become even more important. This will be critical in the future, too, but the experience of the last couple of years has shone a light on why this is important to Social Workers and why social work is critical. Other professionals can avoid having difficult conversations"

Many of those interviewed feared for the crisis that was looming as we 'live with the issues of the pandemic'. E.g. those with long term conditions, those with emerging but undiagnosed conditions, those with mental health difficulties etc

One Social Worker felt that this issue was not so acute in a community hospital setting away from the main hospital where discharge nurses were more inclined to collaborate. Health colleagues in this setting were praised for their understanding of issues relating to capacity and legislation whereas concern was expressed for other health staff who even prior to Covid demonstrated less understanding of the need to utilise the Care Act (2014).

Some Social Workers feared that people were being processed with a focus on health and fitness to be discharged rather than holistically which a number of social workers offered as a significant change over the 2 years since the start of the pandemic. One Social Worker highlighted the issue of people being discharged, but then readmitted. They had no data to support this concern but was aware that it was happening on a more frequent basis. She believed this was as a result of incomplete assessments and plans being undertaken.

One Social Worker expressed concern about the approach taken by paramedics.

"…. They find people living alone and because they are medically 'fit' refer them to us as someone who is 'lonely' and needs support and sometimes refer them as a 'safeguarding' risk, even if they are clearly not" (one social worker said they appeared to live up to the image presented in the TV documentary 'Inside the Ambulance' and felt it was with the best of intention but not always proportionate)

All interviews included a discussion about perceptions and observations of loneliness and isolation. A number of social workers agreed that the terms are often unhelpfully interchanged but are importantly connected, as discussed by Alden (2018). In her study she highlighted the point that people can feel lonely even when surrounded by people and can be isolated as a matter of choice.

A number of the social workers interviewed believed that significant progress had been made prior to the emergence of Covid-19 in the creation of innovative and age friendly and community based resources. They expressed concern that many of these had 'disappeared' during the course of the pandemic and had yet to reappear.

Most social workers cited their role as enablers and as collaborators with others, including innovative community developers e.g. snow angels, salvation army, community tea and coffee shops etc.

"I have to be realistic about my role as a Social Worker. I think the people I support have appreciated the time I have taken but I have to be clear about the limitations, but also the potential of my role. Prior to the pandemic I was used to promoting the use of the Care Act and Mental Capacity Act and using the strengths of policy and legislation. I believe some people saw me as an important part of their network and I believe this is important"

Most social workers described their approach to assessment in the context of the Care Act and were explicit in their pursuit of effective outcomes.

A minority referred to their application of strengths based assessments in looking for indicators of loneliness including analysis of social relationships, background, what is life like for you, what is your back story etc and felt this also led to 'wishes and feelings' outcomes in a best interest assessment. One social worker encouraged others to look beyond the Care Act. Most confirmed that in some settings e.g. hospital, interventions remained largely task centred and based on a medical model with a focus on what one social worker described as a 'deficit' model i.e. 'what is the problem and we will prescribe a solution'. The same practitioner did say that some people she was supporting are surprised that they (social workers) don't always ask what is wrong as a first question

Some social workers described their role as a 'process' rather than one that was flexible and dynamic. This approach seems to be endorsed by senior leaders in the local authority.

Most social workers described innovative practice as 'easier' in the community i.e. working alongside like minded colleagues and voluntary sector colleagues and hoped that this could be developed again.

One social worker felt that social work approaches were variable and suggested why they thought this might be :

"It seems to me (as a relatively newly qualified social worker) that there are different 'schools' of thought in the profession. Those who have been qualified longer appear not to 'challenge' or 'innovate' or apply 'new ways of working'. I know this is a generalisation but it is my experience"

One Social Worker described her involvement in a BASW working group looking at the Health and Social Care White Paper. They felt that BASW had supported the involvement of practitioners in its feed back but acknowledged the potential limitations of the proposed legislation in terms of arrangements and implications for practice. They believed that although focused on 'integration' it was unlikely to promote and profile 'best practice'.

When discussing potential 'improvements' most Social Workers hoped that some community services that were available prior to the pandemic could be recovered and built on. Most felt that there had been a real sense of a community based and dynamic support network being developed and that this had been lost. Most referred to a need to return to 'face to face' interventions with remote contact being by exception rather than rule.

Others specifically mentioned services they would like to see and befriending was mentioned more than once. Snow Angels and Well Being Coaches were also referenced.

A number of social workers mentioned the value of well being co-ordinators being based in community care teams. These roles had developed in depth knowledge of their own communities and were able to 'match' needs and 'grow' opportunities.

Community (as opposed to GP based) social prescribers were cited as a good model to develop further.

There was an evenly split opinion about where Social Work could be most effective. Arguments were made for returning to large hospital social work teams where practitioners could be close to individuals at the point of admission and where their lives had been subject to such significant change. Others believed that Social Work should be only in communities and seeing hospitals as only transient places but having a significant impact on people's lives. The argument being that 'creativity' is 'easier' in communities. That said, most also said that the strength of social work is in influencing others, including health colleagues. Some social workers hoped that the emergence of new legislation would support an equal relationship through integration.

Most felt that the system doesn't work well and one described it as 'currently a very big mess'.

4. References

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