Series 3 Episode 2

“Social work is a noble profession”: Relationships, stories, and the value of social work with older people. A conversation with Nick Andrews

[00:00:00] **Lesley:** Hello and welcome to the Portal Podcast, linking research and practice for social work. I'm your host and my name is Dr Lesley Deacon.

[00:00:13] **Sarah:** And I'm your other host and I'm Dr Sarah Lonbay. So we hope you enjoy today's episode.

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Introduction

[00:00:28] **Sarah:** Welcome everyone to this episode of the Portal Podcast. My name is Sarah Lonbay, I'm joined today by my co-host Lesley.

[00:00:36] **Lesley:** Hello.

[00:00:36] **Sarah:** And we're also joined by Nick Andrews from Swansea University.

[00:00:41] **Nick:** So, hello, I'm Nick Andrews, I'm a social worker by background, a community social worker, but I've been working in Swansea University for the past 10 years now on coordinating a programme of work called Developing Evidence Enriched Practice [DEEP], which is really around how people engage with and use evidence in practice.

[00:00:57] **Sarah:** Great, thank you. Well thank you very much for joining us today for this episode. We're going to start off with some background questions, if you like. So one of the things that I wanted to ask you to start off with is if you could tell us a little bit about your background work with and about older people and how you became interested in that area.

Social work research with older people

[00:01:17] **Nick:** Okay, so I've been in Swansea University about 10 years, so it was a decade ago now, and I was pulled over from working in social care to work on this Developing Evidence Enriched Practice programme. And we were looking at the literature of how people engage or don't engage with evidence really, and basically to cut a long story short I did a literature review and came up with some findings and we were presenting at the Institute for Longevity Studies in Westminster about our findings. And there was somebody from the Joseph Rowntree Foundation there called Ilona Haslewood (JRF), and she said, "Oh, that sounds really interesting, that sort of methodology", it was a co production methodology, and quite theoretical really, because we pulled theories together, she said if you can put a proposal together, we could perhaps fund you because we've spent five years doing a program of research about what matters most to older people with high support needs called "A Better Life". We've got seven challenges, she said, from this research, which we want the sector to engage with, and we don't want it sitting on a dusty shelf in Joseph Rowntree Foundation offices, really, so she said. So that was it, really. And so I drafted a proposal and submitted it to Joseph Rowntree, and unlike most research proposals, they said yes and gave the funding, and we were off. And basically we worked across six sites in Wales and Scotland, and we basically, it was a co-production approach so we gathered groups of older people, unpaid carers, practitioners, managers, researchers, in six little sites to look at the research evidence around what matters most to older people with high support needs. And, it was lovely because Joseph Rowntree are very generous, they funded loads of Fentimans lemonade and cakes and buffets, and so it was, it was all dialogue around food, really. So we shared the seven challenges of a better life. So, for example, we must create opportunities for older people to give, not receive, or we must see the person behind the label or diagnosis. They're very straightforward research messages, but they weren't presented to people as recommendations, like you must do this, or you must do that, they were proposed as challenges, which I thought was really good, really. We were saying there seems to be a bit of an issue about relationships, because all good support is founded in and reflects meaningful relationships, but they don't always seem to be that good in older people's social care. So each site was then invited to engage with any of the challenges they thought were interesting. Each site picked a different challenge, which was a bit serendipitous really, because they all chose different challenges, and that was the starting point. So we started with the challenges that were of interest to them, we shared research evidence with them, and we did that in two ways, really. We shared the research findings as PowerPoint presentations, and then

we crafted the research into little fictional stories too. So here's Brenda and Brenda's mother lives in a nursing home and Brenda went along and Brenda did this and... Anyway, after six weeks, we phoned everybody up and asked them whether they could remember the challenges. And of course they couldn't remember the challenges, "something about person centred care wasn't it?" But I said, can you remember Brenda? "Oh, Brenda's story. Yeah, Brenda's the one whose daughter did...". So we straight away got a tip that they were good, the stories were the things that got a hook in people's interest really.

[00:04:56] **Sarah:** Okay.

[00:04:56] **Nick:** And so basically we had these fictional narratives which illustrated the research, and then we asked people, well, what do you make of that then? What's going on there then? And have you got any similar or contrasting stories? And they were off. So what happened was the fictional research messages were the catalysts for them to share their stories and their lived experience, whether they're practitioners or managers. And we just ended up with this sort of accumulation of stories really, around the theme contextualised, and I'll give you an example if you want in a minute, yeah. But it was then through talking and thinking together about the stories and what were the implications of the stories, and we used various dialogue methods to do that. We came up with recommendations for things to change or things to do. So shall I give you an example?

[00:05:53] **Sarah:** Yeah, that would be lovely.

[00:05:54] **Lesley:** I feel like I could just sit here listening to Nick tell stories.

Relationships and professional boundaries

[00:05:57] **Nick:** Well, this is a nice story, I love this little story because one of the sites was a housing with support, third sector provider organisation, and they've got a day centre, and they've got extra care complex, and the challenge they picked was all good support is founded in and reflects meaningful and rewarding relationships. Because they said, we know relationships are important, but we have all this thing around professional boundaries, and it's all a bit, you've got to be careful, haven't you, you've got to do this, you've got to do that. So that's what we started on, and so because it's a co-production approach to using evidence, we gathered research about relationships, which

talked a lot about the importance of reciprocity, of give and take, and that the people in good, meaningful, rewarding relationships were neither over benefited nor under benefited. You know, they are not like an unpaid carer giving out all the time, or somebody on the opposite, on the receiving end all the time. And Peter Beresford had a paper on, "we don't see her as a social worker", you know, about humanity and friendship and all these sort of things. So we shared the research messages and the older people often talked about the friends, friendships they had with the staff, and there was one lovely example of, a lady called Lillian, she was a 94 year old lady, and we were talking about relationships, she said, "Oh, I love a cwtch". That's a Welsh word for like a hug. It means more than a hug, but it's a cwtch. She says, "I love a cwtch", and one of the care workers said, "oh Lillian, you've got to be careful about cwtching because we've been on safeguarding training and we've been told you're not supposed to cwtch people because it could be seen to grooming them for abuse". She said, "well, that's nonsense". She said, "when I was brought up during the war, as a child, and the German bombers were flying over Llanelli", she said "we would hide in the cwtch dan star", which in Welsh is the little cupboard under the stairs, and she said it was a safe place. So cwtch is about safety. It's not just about having a hug, it's about security. And, so anyway, it was lovely. And then we had an older person from Venezuela originally who married a Welshman, and she was living in the centre, and she said, "I've married a Welshman and he came back here and he died, I've got no friends, I asked the staff to be my friends and they say they can't be my friends". And she started to cry, and then the managers go, "oh no Lillian, we didn't..." you know, sorry, this other person, "we didn't, we weren't intending to, you know, it's all about keeping you safe, really". And so we had all this sort of dialogue, really, about relationships. And so we had evidence from older people, which was lovely, we had one older person said, "it's the first time in my life I've felt normal because one of the care workers invited me to her house and her son was doing wheelies in the back garden for me on his bicycle". And she said it was lovely. So you can see how relational the older people wanted it. And then the staff, when you looked at the staff's evidence, they were saying "well we do care about the people, and I think it is a bit over the top, but we've been on professional boundaries, you're not supposed to share the personal". But I personally don't see why you can't share the personal when you, whatever. But they're in a tension, you can see they're in this tension between doing what they felt was good and right and what the rules were saying. Of course when we looked at the policy knowledge, the evidence from policy, their professional boundaries policy, it was really restrictive. It was like, you know, staff can't be friends with service users and if

you see a service user when you're off duty in the street you can say hello but you must scuttle past them or something, or words to that effect, you know, you mustn't. And it's nothing about you, it's all about the older person, because this idea of reciprocity was totally ruled out really, because of course you can exploit older people. So we had this really rich, complex pool of evidence, really, some of which resonated. So the staff wanted to be relational with the workers. The research said you ought to be relational, because if you want meaningful relationships, you have to have a certain, they have to have a certain quality about them. And basically, the thing that stood out was the organisation's policy or the organisational knowledge that it was risk averse. And it was based on the assumption that everybody's out to do the worst to everybody else, really. And so what they did, they actually changed the organisation's professional boundaries policy. So they had a set of things that we don't do this, so "no-no's". But then they said there's a lot of stuff it all depends, doesn't it? It might be right with Mrs Smith, but not with Mrs Jones. Or it might be right on a Tuesday, but it won't be right on a Friday. So it was this idea of contextual knowledge, what John Gabbay and Andree LeMay call knowledge in practice in context. It's contextualised stuff. And then they said that's a bit of a grey area, so they developed a set of principles. So basically there was room for creativity and relational creativity with the frontline workers, but they could always refer it back to, it was a principle they were doing it. So it was just nice and wonderful.

[00:10:57] **Sarah:** It's a really profound impact that your research had then, because I was just reflecting on I spent a number of years working as a carer when I was younger and I remember all of those messages and then also how difficult that is, particularly when you're working with people and working with them over a number of years and you're seeing them regularly and those relationships do form, but you're also being told to maintain those professional boundaries. So the fact that that actually got taken on board and a policy was developed that sounds a bit more nuanced if it was developed around key principles. And obviously, like you say, there are some things that would definitely always be not okay, and that needs to be clear too, but that's a lovely impact from that research because those relationships are important and they're people that see each other on a regular basis and often in very intimate circumstances potentially as well, with personal care and other activities. So, yeah.

Undercover kindness

[00:11:55] **Nick:** We took this dialogue to a higher level to national policymakers and everything, and one of the phrases that got coined was "undercover kindness", which was a nice phrase. It's where care workers are doing the right thing by people, but because it's not in the care plan or it's not written down anywhere, they would hide it. So we had a home care worker, this is a lovely story, a home care worker in North Wales and we asked them about their magic moments, things they felt good about, you know, sort of their little stories and narratives. And often these narratives are in resonance with research of what "good" looks like. But she said, she was quite reluctant to share it at first, she said, "well, I suppose I have got a magic moment", she said, "there's this old lady I go into and I've always noticed she has cross stitch samplers on her wall and things. And anyway, I was going in one day and my tabard, my little uniform was coming undone. And, I asked the old lady if I could borrow a needle and thread, to mend it, you see, and the old lady said to me, oh don't be daft, give it to me, I'll mend that for you." So she handed over her tabard to the old lady, and the old lady mended the tabard. And then she said, "do any of your colleagues want anything mended? Just, just bring it to me, I'll be happy to, to help out." And she said, "so now in the team, we look out for things for her to fix". But that was hidden, and that was a beautiful, wasn't it, outcome-focused practice. So we were saying then, bringing dialogue to policy making, there's a lovely example of outcome-focused practice, but your policies are sort of making them feel awkward about that. You're telling them to do outcome-focused practice, which is very personalised and responsive, and yet you've sort of got this thing around, "mustn't do anything that's not in the care plan" that says yeah, you've got the gist of it. So it's almost like you shine a spotlight then on the absurdities in the system, because that's what we like about the research in practice is when you get it, you highlight it, it points out some ridiculous things that are going on in the system and undercover kindness is one of them. So then you can bring that up as an issue with policymakers. So we are doing some work in Wales at the moment around home care and changing the national policy and approach to make it more relational and responsive, rather than time and task appropriate.

Outcomes-focused practice

[00:14:13] **Sarah:** Yeah, that's fantastic. I'm just wondering, just for any listeners who might not know, would you be able to just explain briefly what outcomes-focused practice is?

[00:14:23] **Nick:** Well, there's two schools of thought, isn't there? You'll get me on this one. There's the reductionist, numbers loving people, not that I don't love numbers, and there's a place for numbers, but there's the people that want to score and measure everything. So they like standardised outcomes, whether it's outcome stars, you know, these distance travel tools and, or the sort of predetermined outcomes, like "independence", I will be "independent" or whatever. And they're a bit bland, aren't they? They're sort of very standardised and a bit banal, really. And then you've got the other school of thought that think outcomes are very personal to people. And I lean with the latter, really, that outcomes are very personal. And also that you can't always predetermine them. Sometimes everything's in a care plan, you just ask an older person what outcomes they want to achieve, and then you list them, and then in a linear fashion you pursue them. But my experience working with older people is they often don't know what outcomes they want, and our outcomes emerge through relational practice, really. So again, we've got... Toby Lowe, who's in the North East, I don't know if you know Toby Lowe, he's really anti results-based accountability, which is a particular approach to outcome measurement, which pressurises providers to *prove* that they've achieved certain outcomes and it's all attributed to their intervention really, and it all gets really corrupted and gamed really. And yeah so he's quite anti that, and so am I really, because what we found is some of the deep methods we use are more storytelling methods, and they come out with much richer outcomes really. So one of the methods we use, and I would encourage anybody who's interested in getting a measure of impact or outcome, what difference we're making to people's lives, is "most significant change" technique. So it's gathering evidence in the form of stories from people, and it could be from practitioners, from managers, from service users, but you gather these first person narratives really. "So you've been involved with social services over the last six months, what good or bad changes have come about as a result of that" outcomes, and people then list what they think has changed, not what *you* think has changed, what *they* think has changed. And then you ask them, "Out of all those changes, which is the most significant change to you?" "And why is that then?" And it's a really personal question and people say, "Oh, I don't know, I never thought about that, I suppose it's that really, and it's because of that." And then you say, "Okay, regarding that most significant change, can you tell me a little bit about what was it like before? What's it like now? And what was it that brought about the change?" So they do their own analysis really, and we've been using this method in Neath Port Talbot, which is a local authority famous for taking children off parents. You know, it's one of the worst local authorities, it was, in safeguarding and causing

harm in the process. And one of the bits of work they've been doing is getting parents together in parent advocacy groups, the parent cafés, and getting a few social workers to sit amongst them and get to know them relationally. And, you know, we've been using this method, this outcome-focused method, storytelling method with the parents and it's become therapeutic for them because they're gathering stories from each other, they're sharing their stories, they're gathering stories, and then we use the stories in story selection panels with senior managers in health and social care, and they're learning from the stories too. So outcomes to me are really personal, and they emerge out of relational practice, and they're very complex. The other thing is, I think, about outcome stars, they take someone's life and you pull it to pieces, like the components of a jigsaw. So you have financial wellbeing, this and this, as if they're all separate things. And of course they're not, they're all woven together. And the stories, you see, contain the *whole.* I think stories contain rich evidence. And also in terms of analysis, human beings are hardwired and very sophisticated to understand stories. So that's what we found, when you share a story, all the outcomes are often woven together in a sort of mesh, but you ask a care worker what's going on in that story and they'll go, "Oh...", they've got it. Human beings are really good at interpreting stories. And yet we seem to rely so much on numbers, don't we?

[00:18:36] **Sarah:** Yeah, which we could get into a whole big discussion about that I think, couldn't we? But yeah, it was interesting what you were saying about that because in my research I've done a lot around adult safeguarding, which you probably know there's a big outcomes focus in safeguarding now since the Care Act as well, in terms of the "making safeguarding personal" agenda.

[00:19:01] **Nick:** When I was a social worker it was all like, you know, like in Mastermind, the thing with Magnus Magnusson and what was it?

[00:19:08] **Lesley:** Oh yeah, Mastermind, yeah, yeah.

[00:19:10] **Nick:** "I've started so I'll finish", and it was like the safeguarding process, once you start it, it follows this process, and regardless of whether it's achieving any outcomes, and everybody's more interested in following the process, than capturing what difference we were making to people's lives, yeah.

[00:19:26] **Lesley:** Did you use, did you find that the practitioners were then using stories more themselves in their practice, or was that not something you were observing?

Research and stories

[00:19:37] **Nick:** Well, that's what we found. It's the stories that motivate people and get people engaged. So I'll give you another example of research, this is a lovely one. There's a research message, so if you want people to engage with research do you tell them a research message? Do you tell them a story? So a research message: "we must see the person behind the label or diagnosis". Well, that's goes in one ear and out the other, doesn't it? But a care worker shared a related story, in a care home, this is a care worker in a care home, he said, "I was taking one of our residents out in the car one day, and I'd always made assumptions about her past life as a spinster, but she said to me, 'well, I may have been on the shelf all my life, but that doesn't mean I was never taken down and dusted from time to time'." This challenged my misconception of older people. And of course when you share that story with other workers, they're all laughing, and they're going, "oh yeah, there's more to these people, they're not just old biddies, are they? They've got a life." And then people say, "I've heard a story a bit like that". And then it would catalyse again, it's this catalysis of stories, because when people talk together about stories, that's what DEEP is all around. They're not being trained, they're learning through talking, because again, the guys we work with in Cambridge University Education Department say learning is highly facilitated through talking. And they do this in classrooms. They say that we need more talking in classrooms, because it's actually when you talk that you learn, because that's how we process. So it's this combination of story and talking, which is the heart of DEEP, and we weave research into that sort of dynamic.

[00:21:13] **Sarah:** Now, it sounds like a wonderful approach. I can see the benefits of that, you know, particularly with those examples that you're giving, where you have this sort of, what seems quite a dry, difficult research recommendation versus the story that's come from someone's lived experience, and they're kind of articulating how that recommendation looks in practice, I suppose, and what that means for people. You get that sense of the person, I suppose, that makes it more humanising.

[00:21:42] **Nick:** There's a paper by, she's a co-author, Trish Greenhalgh, I never know how to pronounce her name, but you know Trish, she does evidence-based medicine and stuff.

[00:21:51] **Sarah:** You know, I have seen some of her stuff, yeah, she's quite well known.

[00:21:56] **Nick:** This one paper, it says, "truths only become facts when they become interesting", which is really good because, and in the paper, they say that so much research, if it's dry, it might be really profound, but if it's presented in a dry fashion, people won't take an interest in it, so you've got to make it interesting, really. You might say it's very empirical, and it's very this and very that, but unless it's *interesting*, people won't engage with it. So I suppose that's because in data, because data visualisation can make data interesting, so I'm not saying stories are everything, but stories for us are a really powerful way, especially in a social care workforce, because a lot of the people we work with don't want to be academic and don't like that academic, and numbers at school, they probably hated numbers, but they're great at stories, and people who work with people are always good storytelling people aren't they? Because our lives are defined by stories, really, narratives.

[00:22:47] **Lesley:** Yeah, because you don't sit and share mathematical equations with each other, do you? You actually converse and enter into a dialogue.

[00:22:56] **Nick:** Yeah.

[00:22:58] **Lesley:** Because it came across to me about how powerful being able to see that individual is in that, because that's something that, I feel like we were just exploring this earlier today, although this could have been in a previous podcast, but I feel like this morning we were doing this, Sarah, of like that element of that holistic in the individual and seeing the *whole* of that person, really comes through in these examples, because we were discussing the strength of social workers and how actually they *do* want to be holistic, they *want* to see that whole person, and tapping into a way to do that, that's about the strengths of practitioners and the strengths of the people that work with older people in different environments, it just makes sense to do it that way.

Holistic practice

[00:23:51] **Nick:** It's good they are motivated by that, because that's the other thing I think. My golden rules is, to get people interested in evidence-based practice is not to focus on evidence-based practice, if that makes sense. It's to focus on making the world a better place. And Paulo Freire, the great educationist, he said, "what's the primary aim of education?" and he says it's to create a world in which it is easier to love. And I think that's lovely. So I say the evidence is secondary, really. The most important thing is, do you want to make the world a better place? And of course, everybody says, "That's why I get out of bed in the morning. That's why I became a social worker. And if evidence can help me in that, then I'm up for it." Not, "I've got to use evidence because now I'm a registered social worker", "I've got to I've got to use evidence because it says in my professional codes of practice". If you go down that road, it just becomes this onerous thing, it's another thing they have to do, another task. But they have to do it, be evidence-based now. But if you say "no, what you want to do is make the world a better place, and evidence might help you with that". And that's, again, that's where you find to get the buy-in. Miles Horton, another great educationist in the States said, "I don't mind expert knowledge, and experts, but I draw the line at experts telling me what to do. I don't want to be told." And again, that's another important point about DEEP is you share evidence with people, but they engage on their terms. And one of the methods we use is community of inquiry. I was talking to Lesley earlier, wasn't I? It's lovely because instead of taking evidence to a group of people and telling them what to do, you take evidence to a group of people and you get them to generate questions, conceptual questions that relate to their world. And then they pick one of these questions and then they have dialogue around the question. And then you end up with the last words, so what's the implications of what we've been discussing? And it's lovely. So you've started with the research message, you've let them pull it into their world, you're not trying to drag them into your research world, you're letting them take your research into *their* world with questions that they think are relevant and interesting. And they explore that. And again, if you respect people, then you you get buy-in, don't you?

[00:25:56] **Lesley:** I think that's what comes across massively in what you do, Nick, that respect of every individual, whoever they are.

[00:26:03] **Nick:** It is, always. Everyone's uniquely precious. And that's why we also link to social pedagogy, because we've been working with the Social Pedagogy Development Network, which again is a funny word, because even the word "pedagogy", I thought it was to do with feet. It's a sort of human-

centred approach to learning, isn't it? Which is lovely and relational and they have the three P's, you share the personal but not the private, but you certainly share the professional, and you should follow your values, your held tongue and your heart. So we've drawn on fatigue, we draw on all of these different sort of approaches really, the storytelling approach, the dialogic stuff, the social pedagogy, which means to say education is about becoming as much who you are as about what you know really, it's not about being clever, it's about becoming a person isn't it really, education.

[00:26:48] **Lesley:** What do you think, Nick, what do you think that, because obviously when you've got social workers with the kind of constraints on practice like resources and the demands of their job, how do you think they can balance that with being more relational in their practice?

[00:27:05] **Nick:** A nice thing, and this came out of some of the work that Heather Wilkinson did up in Edinburgh a few years ago around practitioner research with older people, because they're really busy practitioners and they started off with this idealised thing where you'd buy out some time for a practitioner so they could come out of their job and do a research project, a lonely sort of research project. And of course, most of the people who did that, they found it really hard going. It was really demanding and it was quite lonely, really. And they were this lone voice doing a little research study. And that's the thing about, like PhDs can be lonely places, can't they? And what she found is what they really enjoy is doing things together. And we found that now recently in Neith. There's an NIHR project and what they've enjoyed is just having time together as a group to explore stuff. So there's something around that. And in some ways, you do need buy-in from your team managers to allow time for this collective reflective practice. So it's not sending them off individually, picking them off. You do get a few that are like that, a few social workers are really research-minded and they love it, they love going to the library and reading academic papers, but that's not the majority of social workers. Most of them like talking to other social workers or the people they work with. You know, they love these parent cafés they've got in Neath. And it's the dialogic stuff, so you've got to create those dialogic spaces. And we were doing some work in Monmouthshire, and the director at the time said "we haven't got time not to let them talk", because that was the important thing. Because it reaps multiple benefits. If you say, "well, we haven't got time to let them talk"... But in terms of their wellbeing, and that's such an issue at the moment, isn't it, with practitioners? They're just frazzled. They really are frazzled. And if you don't allow time for them just to talk together about

something that's interesting to them, and makes them feel good about their job, then they're going to leave, aren't they? Or they're going to get burnt out. So it is time well spent and that's what we found with the original Joseph Rowntree project, they said "we love this getting together, we never do this", especially where you get researchers, older people, carers, practitioners, managers, that mix.

[00:29:08] **Lesley:** The whole mix.

[00:29:09] **Nick:** The whole mix. So you don't just send social workers off on a social work training group, and then parent carers send them off to a parent carers day. No, get the parent carers with the social workers, with the manager, with the researcher, and set the ball rolling. And get them talking and sharing their evidence. "I think this, because...", "I don't, I think this because", "Oh, that's interesting, why do you think that?", "Well I think that because..." and again, it's that dialogic learning, sort of, and everybody benefits, really.

[00:29:36] **Sarah:** Yeah.

[00:29:38] **Lesley:** I could just... My head's full of little ideas, and things I want to do.

[00:29:42] **Sarah:** Yeah, it's made me think about a few things as well, including people, yeah.

[00:29:45] **Lesley:** This is what happened the last time I talked to you.

[00:29:48] **Nick:** I just crib things as I go along, so everything I do is being done by somebody else, we've just put it into this little bag.

[00:29:53] **Lesley:** It's all there, but I think that's what makes it interesting is you're not set in "this is it, this is the one way", and you just pull in little bits and pieces. And I just like the kind of, on the one hand you've got all of that complexity, but on the other you've got this simplicity of it's about stories and it's about people. I like that everyone is uniquely precious. I just like that kind of value, about people and seeing that everyone, across the whole life, that nobody *isn't* that, because that's something we were reflecting on earlier about the way in which older people can be perceived in negative ways in this sort of ageism. And it seems it's very dehumanising and devaluing of people

where you apply "uniquely precious" to everyone then you see them differently.

Transformative practice

[00:30:48] **Nick:** The person who speaks most that to me is one of my heroes, he's called Greg Boyle and he works with gang members in Los Angeles, marginalised gang members, one of the biggest rehab programs in the whole of the world I think, a very eminent, fantastic man, and he has a motto for his organisation, he says because a lot of these kids are marginalised, and older people can be marginalised, put on the scrap heap. He says, "if love is the answer, community is the context, and tenderness the methodology". So that's his motto for his whole organisation, and it's transformative. And that could be a care home, if love is the answer, community is the context, it's relational, and it's tenderness the methodology. But it's the same for DEEP, we say that's the spirit of DEEP really, is if love is the answer, because that's what using evidence is about, making the world easier, a place, a place in which it's easier to love. And your best way to do that is to do it collectively, community. And then to do it in a kindly way that doesn't oppress people, because sometimes training, my experience of some people's... they've told me their experience of training can be quite stressful. We had some care workers at one home, care workers with older people, they came up at one of our events and they came up to me and they said, "our manager sent us on this course, are you going to test us at the end of it?" And what they were used to was being sent on a course that's of no interest to them, they had to listen to somebody rant on on a slide thing, and then they had to test, and it was stressing them. And I said "no, no". So you want a gentle, tender approach to learning that isn't like force feeding training that you send people on. And so that's a really important aspect of it, it's that tenderness. And there's a psychologist, Lev, I never pronounce it right, Lev Vygotsky?

[00:32:25] **Lesley:** Oh, Vygotsky, yeah.

[00:32:27] **Nick:** Vygotsky, yeah, he's very clever, isn't he? And I try to read some of his other stuff, but I can't. But he has this diagram, which is nice. He says we're all in our comfort zone, and then you want to nurture or nudge people into their learning zone, which is nice, it takes a bit of discomfort there, but you don't want to push people into their panic zone, because once people are in the panic zone, they're stressed. And some training, especially we've had the regulation of the workforce in Wales, and they've had to become sort of a

bit more academic, and they have to do assignments and things, and it's frightening them really, and that's not helpful.

[00:33:01] **Lesley:** No. Because if you've embedded DEEP in social care in Wales, haven't you? Have you embedded it in other areas as well?

[00:33:10] **Nick:** It's mainly Wales, but the original project was Scotland and Wales. So I worked with Emma Miller from the University of Strathclyde. So Emma's part of the Personal Outcomes Network up in Scotland, and so she's been using some of the DEEP stuff. And recently we had a lovely, well you'd have found that really interesting Lesley, it's a European knowledge exchange program about the interface between paid and unpaid carers.

[00:33:32] **Lesley:** Okay.

[00:33:33] **Nick:** Which is a really interesting area of research. The indications are that the way care is organised doesn't work particularly well with unpaid carers, and there's a place for separate carer and cared for assessment, but sometimes you can lose the holistic whole family sort of approach to assessment. So it's a really interesting area. Can you co-create and co-work and work alongside, can home care workers work alongside people who can't because of all the moving and handling and training issues and safety. But why not, if people want to work why can't we break down some of those barriers? Why can't we, if we're doing therapy, therapeutic work with a person with dementia, why can't we do the same for the partner, the carer really? Because that's where one in Finland, I think it was, where they said, "well, they both need it, because it's hard work being an unpaid carer isn't it?

[00:34:29] **Lesley:** Yeah, it is. I mean, it's sort of because there's complexity around systems and the way the systems are set up, they're not really connected.

[00:34:37] **Nick:** No, well that's the problem really. And that's one of our biggest things is, because again, up in the North East, you've got human-centred learning, human learning systems, which is a human-centred approach to organisational management, and that's challenging new public management, neoliberal machine-like social approaches to organising and managing social services, which chews people up and spits them out, really, practitioners and the people they work with. So we definitely want a more

relational and responsive service, and we think if you want people to engage with evidence you've got to do it relationally and responsively, really.

[00:35:13] **Lesley:** Yeah, which I think is a really important message of the work of DEEP that that you're doing. What do you feel, though, what do you think needs to change? I mean, you've already kind of covered a lot of this anyway, but for for things to improve for the lives of older people, what can you see that needs changing, the most significant thing for you? Putting it back, your own question on yourself, about what's the most significant.

[00:35:40] **Nick:** Particularly work with older people?

[00:35:43] **Lesley:** Yeah.

Reciprocity and relationships in social work practice

[00:35:43] **Nick:** Well, I definitely think the thing that came out so clearly to us from the Joseph Rowntree project was this idea that you must create opportunities for older people to give, not receive. That's so important because older people are done *to*. And Edgar Kahn, who's a great founder of co-production, says when you have one-way care transactions, you say to people, unintentionally, two things. You say, "you've got nothing I want, need or value; I've got something you need". And the way to get more help is by coming back with more problems, really. And so this one-way care, of doing *to* older people, is really harmful. And Tom Kittwood always said that with dementia, he talked about "malignant social psychology". It's where you undermine people's wellbeing by doing things *for* them or doing things *to* them. So a nice example of a care home in Swansea. So this was based on the neoliberal hotel consumerist model of care. You know, it's all about choice and control. So there's a lady with dementia there and the staff would say, "well, do you want jam on your toast or marmalade, Nutella, peanut butter, pesto? You can have what you like." And this lady with dementia would throw the toast on the floor, you see. And that was really interesting, because, and they'd go, "oh, we're doing our best, we're trying to give her a choice, she's not happy"... What she wanted to do, this old lady, was she wanted to butter the toast, they discover this, she wanted to butter it, and then she wanted to watch the staff eat the toast, and the staff then to say, "This is the best bit of toast I've had all day, thanks ever so much, Brenda", or something. And they'd feel guilty about that. They said, "Well, that's not our job, is it? To sit and eat toast?" I said, "Well, why not? Surely that's *really* creating wellbeing for the

older person." And so they shifted. So they'd sort of *been* the hotel model of care and entered into the *family* model of care, in which everybody gives and everybody receives, really. So that's probably the most important message, I think, for older people. In terms of working, it's that relationality, isn't it? I used to be a community social worker, and I had a big caseload, but I didn't have a lot of bureaucracy, so I was out most of the time with people in the community and they knew me and they had my phone number and they could call me, and they never did, unless it was something really... because people were very respectful really. But now it seems it's all process-driven and they have an intake team and a separate team, and then another team to do this, another team to do that. And they get lost in the system. And again, and I think unpaid carers are the same. They just said to us, we just want a buddy, really. We just want a... so, yeah, I think just that continuity of somebody who's an anchor, a relational anchor in the system. It's going through the changes, but it's the strengths, isn't it, of older people, I think are so important.

[00:38:18] **Lesley:** You could just sort it all out, Nick. I just feel like we should just put Nick in charge.

[00:38:22] **Nick:** Oh, no, no, no, no! You haven't seen me try to make dinner!

[00:38:26] **Lesley:** Sort it out. Those are just all of the answers to the questions, basically. Sorry, go on, Sarah.

[00:38:32] **Sarah:** No, no, it's alright. I was just going to respond to what you said about that anchor person, because I think that seems to come up a lot across all areas of social work that that's happening, that people are bouncing from one person to the next, and their story gets lost and they feel lost and they've got to constantly repeat things, and there's no opportunity for that relationship to build up and for them to get to know each other and build that trust. And it's a really crucial part of practice, isn't it, to develop that relationship?

[00:39:07] **Nick:** It is. And most people are impoverished then, because we all need relationships, good relationships, and we had community connectors, we were doing something around prevention work, and these community connectors were really busy and they were doing lots of lovely stuff, sought community solutions for people. But nobody had thought about the emotional labour of that for them. And then we were doing "most significant change" evaluation, and we were getting stories of the people they'd helped, and then

suddenly they'd heard the stories, they'd lost touch with these people they'd helped, and suddenly they'd hear a story, and you could see their eyes light up, they said, "Oh it was me, I did that", so they've got some connection between what they're doing and the outcomes that have been achieved. And that's so important, isn't it, for everyone?

[00:39:50] **Sarah:** Yeah.

[00:39:50] **Nick:** Because it's not like factory farming. Like, you feel like that one in Willy Wonka and the Chocolate Factory where someone screws the tops on the toothpaste. Do you remember that? Willy Wonka's dad, that's his job. Out of all the processes he just screws the top on the toothpaste. And it's really boring as a social worker if you lose... it's like reviews, when I used to be a social worker, you did the reviews, you do the work, you'd go back six weeks or whenever was needed, you didn't need a computer to tell you when to go back, but you went back and sort of saw that they were all right. But then some bright spark said "Oh, you don't need a social worker to do that, you'll have somebody else to do that". So straight away you're taking away that...

[00:40:30] **Lesley:** Yeah, that continuity and the relationship.

[00:40:32] **Nick:** The continuity. And the joy or the pleasure that a social worker gets from seeing, "I've just set that up, and now I'm doing the review, and you're happy, and isn't that lovely? And don't you remember when..." Yeah, we just definitely need to go back to that. And they do that sometimes in children's services, don't they, when they have this, they used to call it the Hackney Model, like the pods, where you have play space working, and I'm sure it's the same in England but it's come back into fashion in Wales. The idea is working relationally on a small patch with a practitioner, the social worker knows the home care workers who know the local family unpaid carer group who knows the home care workers. They don't send referral forms to each other, they work as a collective to sort things for people. And that's lovely because you're a part of a team, because human beings love to be a part of something don't they? And if we're collectively working together to make the world a better place then humans thrive in that environment, yeah.

[00:41:28] **Lesley:** I feel like that's just such a lovely summary of what you've just said.

[00:41:32] **Sarah:** Yeah, yeah.

[00:41:36] **Lesley:** I haven't got any more questions. I knew you would just tell us everything Nick, you're so good with your stories.

[00:41:45] **Sarah:** I've really enjoyed listening to this. I found it really inspiring listening to you speak about your work and particularly the principles and values that so clearly underpin what you're doing and the messages that you are pulling back out from that work as well, so thank you. Is there anything else Nick that you wanted to tell us and our listeners about today that you haven't said already?

[00:42:07] **Nick:** No, just that social work, and social care, is a noble profession, isn't it? So no matter how pressed you are, you're doing a fabulous job with people who are really marginalised and "outside the city gates", or whatever. So keep on, keep up the good work really, yeah.

[00:42:25] **Sarah:** That's a lovely ending message for our listeners.

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[00:42:29] **Sarah:** You have been listening to the Portal Podcast, linking research and practice for social work with me, Dr Sarah Lonbay.

[00:42:37] **Lesley:** And Dr Lesley Deacon. And this was funded by the University of Sunderland, edited by Paperghosts, and our theme music is called, *Together We're Stronger* by All Music Seven.

[00:42:47] **Sarah:** And don't forget that you can find a full transcript of today's podcast and links and extra information in our show notes. So anything you want to follow up from what you've heard today, check out there and you should find some useful extra resources.

[00:43:01] **Sarah:** See you all next time.

[00:43:02] **Lesley:** Bye.