Series 3 Episode 5

“It’s all about social justice”: Social work in care homes. A conversation with Sally Nieman

[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:** Hello everyone. Today we're very happy to be joined by Sally Nieman. And if you'd like to introduce yourself, Sally, hopefully I've pronounced your last name correctly there.

[00:00:37] **Sally:** You have pronounced my last name correctly, yes, thank you. My name is Sally Nieman. Do you want more information about me?

[00:00:44] **Sarah:** Yeah, just a little snapshot of who you are and what you do and what you've been doing, that would be great.

[00:00:52] **Sally:** So I'm Sally Nieman, I'm currently working as the professional social work lead in a London local authority, that's my day job, so I'm responsible for social work apprentices, social work students, newly qualified social workers, overseeing the ASYE programme. But on the side I do a few other things, and one of them is I've been doing some research for a PhD around social work with older people in care homes, and I'm at the stage where I'm quite literally about to submit my PhD. So I'm hoping that that will take place possibly tomorrow, possibly in the next few days. So it's all sort of signed, sealed and delivered and ready to be sent off. So that's the stage that I'm at at the moment.

[00:01:35] **Sarah:** Fantastic, thank you. And I love that you described doing a PhD as something that you do on the side of your day job. That's quite a big thing to do on the side.

[00:01:42] **Lesley:** I think that's the reality of social work, isn't it?

[00:01:47] **Sarah:** I know, yeah, I'm sure, that must have been really challenging. You'll be really pleased to be close to the end of that, I'm sure. And that's what you've come to speak to us about today, is the research that you've been doing for your PhD. So we've got a few questions that we'd like to ask you to just get us started. I'd really just like to know, or we would like to know, a bit of background to the work that you've been doing, with and about older people, and really just how did you become interested in this topic? What led you to research what you've been researching?

Sally's interest in social work with older people

[00:02:24] **Sally:** Okay, so my background, before I was doing my current job, was working in social work, predominantly with older people, I did a lot of work in hospital social work, and when I first qualified I did a palliative care module, so I was really interested in that aspect of social work as well. And then I've also continued to practice as a best interest assessor, which has involved going into care homes and assessing older people, predominantly in care homes who may be deprived of their liberty. So that was the practice element of my work, and then I guess in my day job I was, along with other local authorities, we were talking about embedding strengths-based practice as part of the Care Act over the last few years. And it felt to me that when we talked about strengths-based practice, we were very much talking about strengths-based practice with people who are in the community. It didn't seem to be a focus as much for people who were living in care homes. And I suppose thinking about it from the point of a best interest assessor, the way in which you're carrying out those assessments, although they should be very strengths-based assessments, because they're under the Mental Capacity Act, and they're looking at making sure that things are in people's best interests. Actually, the way the forms were written very much encouraged you to emphasise people's deficits. And so it just felt like there was a sort of mismatch between what was going on. And I suppose when I started thinking about it, I was thinking about it more about strengths-based approaches as things developed. And as I started to look into the literature, I sort of moved away from the idea of thinking about strengths-based practice and I think that

became sort of a backdrop to the study. And I started to look more at what role do social workers actually have with older people when they're either moving to care homes or when they're in care homes. And as I started to look in the literature, I realised that really there was very little work that had been done on that, very, very limited work on that, and what work there was very much concentrated on a more statutory role, you know, helping people to move in, but not necessarily helping people to move in with a focus on how to support them to cope with the loss and transition that there was going on, but more about getting them out of hospital and getting them somewhere else so that they were safe, carrying out reviews, carrying out safeguarding. So everything seemed quite transactional, which again wasn't quite the same approach that was being talked about, I guess, in policy. So that was where my ideas started to come from, and yeah as I developed my ideas it became clearer that actually it really was a very hidden area of practice. So the title of my thesis is *Hidden in Plain Sight*, and it felt that the idea of social work, you don't really call upon social work until you really need it, and you don't call on care homes until you really need it. And there are contested meanings and understandings with both social work and care homes. And I guess when they come together they create a perfect storm, and perhaps a storm that nobody really wants to think about or talk about. And so yeah, that was my starting point and where I'm going to.

[00:05:56] **Sarah:** Brilliant. Thank you for sharing all of that. And I think you're obviously looking at something that's really in need of some consideration. And I think that was quite interesting, what you said about how these approaches are being embedded or being considered much more in the community. But, you know, this is a community of people living in care homes who are marginalised in so many different ways, so I think that's really important that you've picked up on that and that you're looking at that in your research to see what's actually happening in those spaces as well. So thanks for sharing that background for us.

[00:06:33] **Lesley:** Yeah, can I just ask, sorry because my background is working with children, so I'm not as *au fait* with the processes, and you know you were saying that it came from looking at best interest, the assessments that you're doing, what other kind of assessments would be going on with people in care, in those residential care homes?

[00:07:00] **Sally:** So what I'm talking about is under the framework of the Deprivation of Liberty Safeguards. And really when people need to be looked

at under the Deprivation of Liberty Safeguards or DOLS process, then they would have a capacity assessment, which is often carried out by a medical professional, not a social worker. And then a best interest assessment goes in, and they're looking really at whether the restrictions in place are in someone's best interest, whether they're proportionate to the risk of harm. So they're a very specific assessment, which is really there to make sure that someone who is in that situation, so they're under continuous control and supervision, has got a sort of right and a framework around them. And I guess what became apparent to me, and one of the things that I put in my introduction to my thesis, is a little vignette of somebody that I saw as part of my assessment. And what came across very strongly is that a lot of the people, there are lots of issues that people have, they may have lots of intractable problems, they may have issues with carers who are finding it hard to support them, the staff may be finding it hard to support them, there may be complex funding issues. There might be all sorts of things, but actually the person that I used as an example hadn't seen a social worker. The first contact they were having with a social worker was me as a best interest assessor. And I was just there for one very specific task as part of the DOLS process and I wouldn't see them again. And so I guess it feels like a lot of the time people, older people particularly in care homes, aren't getting afforded, they don't have the right to a social worker in the same way that other people have. And obviously the complex funding system around care home placements, so you have about 40 percent of people in England are self-funders, and those people are very unlikely to be seen by a social worker at all.

[00:09:09] **Lesley:** Even though they would *technically* be entitled to be seen.

[00:09:13] **Sally:** They would under the DOLs process, but not necessarily.

[00:09:16] **Lesley:** Yeah, but not under the Care Act.

[00:09:18] **Sally:** Well, I guess if there were issues around safeguarding, but they wouldn't be eligible for review, because the placement isn't being funded by the local authority.

[00:09:30] **Lesley:** So they're kind of outside, that's the sort of "hidden in plain sight" element because obviously most people do have expectations and knowledge around a certain number of older people being in residential care homes. But yeah, it's making me think about almost like the early help process where you have early help and you don't necessarily have a social worker

involved in those elements. Because the social workers are the people that would potentially have the expertise to understand what might be going on for that person.

[00:10:02] **Sally:** Yeah, and I think that's what comes across from perhaps, so there isn't very much literature in the UK around this, but there's a bit more literature internationally. So there are different roles that social workers have in other parts of the world. So for example, in America, if you've got a nursing home with more than 120 people, by law you have to have a social worker in place. Other countries like Israel, some Eastern European countries, employ social workers who work with people. And the evidence around that is that they spend time supporting people with transitions, they maybe manage conflicts between staff and residents and families, they help people understand the law, issues around capacity, issues around rights. There's all sorts of roles that encompass, I guess, sort of that social justice rights-based role that social workers will be doing, but also the sort of psychosocial element of the role. And I guess it's a little bit akin to other models of social work. So, for example, in this country we have hospice social workers, but generally they're not employed by the local authority. And so I think that's where some of the sort of things that came out in my research was, I mainly interviewed local authority social workers, and those tensions between, that I guess are inherent in social work, of being an agent of the state, and then also trying to support people's rights in a less-than-perfect system, caused a lot of dilemmas.

[00:11:39] **Lesley:** Yeah. That goes quite nicely into your research though, because I was curious about the sort of approach that you used in terms of your investigation. So who was it, you've mentioned you spoke to social workers, so was that the main focus or did you also speak to some of the old people in the care homes as well?

[00:12:00] **Sally:** Yeah, so the main focus was on social workers. So what I was trying to do is to find out the different influences, I guess, a personal, a professional, an organisational, and a more structural level, on social work practice. And I guess I felt that I don't think we ask social workers very much what they think about social work practice, and I think we talk about the gap between research and practice in social work. And I think some of that is because we don't involve social workers in research, but for lots of different reasons that probably are not what we're talking about today. So I felt that if we were trying to find out something about social workers and their practice, it felt like I wanted to ask social workers about it. And I guess taking into account

sort of the limits of what one PhD researcher could do, I didn't interview people in care homes or care home staff, I just focused on social workers. So I did that through focus groups and interviews, so I conducted four focus groups with a total of 20 participants. And the idea of the focus groups was to get an idea more about hopefully the more organisational and structural influences on practice, because you were thinking about how people talked within the interaction of a focus group. And then I did nine semi-structured interviews with social workers, to find out the more sort of personal and professional influences on their practice.

[00:13:29] **Lesley:** And were they in the same local authorities or were they from different local authorities?

[00:13:35] **Sally:** They were from different local authorities. So there were a number from one local authority, but they were scattered around from predominantly London and the South East. So I drew on professional networks that I had, so it was very much clustered in London and the South East. And I interviewed a couple of social workers from voluntary organisations, but predominantly it was from local authorities.

[00:14:04] **Lesley:** But you've got an idea about the kind of practice in that area, basically, using your networks. I do really similar things, I'd happily have a chat another day about social workers and practice and research, because that's one of my preferred areas. But it does help, like you said, it helps you to get an idea about, okay so how is this being practiced and what is it that they're doing and what are they grappling with?

The intersection of social work and care homes

[00:14:29] **Sally:** Well, I think one of the things that I was, well maybe I was interested in or I became interested in, was not just about necessarily social work practice, but also specifically about care homes. So I think there's something about where social work practice intersects with care homes that I found quite interesting. And then thinking about the influences on practice, but as I sort of teased that out it became really important to think about how do people understand care homes as well as how do people understand practice? And I think some of the findings were around the fact that actually people don't really understand care homes, or they don't *want* to understand care homes, or they hold a really sort of not very comfortable position in people's imaginations, in the way that media and society conceptualise them

as that sort of "last resort". So I became quite interested in thinking about those ideas of what it is specifically about care homes that might be impacting on people's practice from those different influences in terms of their personal professional feelings about them, but also how they intersect and are positioned by the organisation, as a sort of, you know, if we're saying they're a last resort, then what does that mean about how do we feel about people going there? So I started to use a number of theories, but sort of a psychodynamic lens to think also about how people might be managing that.

[00:16:00] **Sarah:** What kind of teams were your participants employed within then? Because you said the geographical areas where you located them, but in terms of finding the social workers who you were going to speak to.

[00:16:14] **Sally:** So I think that is quite an interesting question, and one that I've thought about a little bit, and I guess I was able to sort of pick people a little bit from some of the networks that I had, so one of the focus groups I was able to get together was a group of managers just from one organisation. And that was quite interesting which gave quite a feel around the organised, perhaps more the organisational understandings around it. They were managers from all different teams. I had one focus group that was just from one local authority where they had a placements review team. So those people were just working with older people in care homes to do the annual placement reviews. And then the other focus groups and interviews were from a mix of people, so there were some people who had specific roles that connected them with care homes, so some local authorities had like a care home link worker. There were some people who worked in organisational safeguarding teams. So it was varied, but I think what I have thought, as I've been thinking back, I would have liked to have got perhaps, and this is I think with the benefit of hindsight, but I would have liked to have got more social workers who work just in hospitals or just in the community, and they didn't tend to come forward, and a few of them, particularly in my own organisation, would say, "Well, I'm really interested in your research, but I wouldn't have anything to say about it". And I thought that was really interesting, because for me it sort of reinforced the fact that we put care homes on the edges of society. They're not part of the community. So if you work in a hospital, if you work in the locality, work with care homes isn't seen as part and parcel of your work. So it's sort of not seen as a subject that they felt they'd have much to contribute about, even though people thought it was interesting they didn't feel there'd be much point in them taking part in the research, which I thought was quite interesting.

[00:18:23] **Sarah:** That's quite telling in itself, isn't it? That speaks to what you started out saying as well, that actually the social work role is so limited and quite transactional in those settings. So that's even seen as outside of the normal realm of what a social worker might be doing.

[00:18:41] **Sally:** Yeah, and you know, it was a highly qualitative study, so it was about getting insights from people and thinking about how I might interpret that particular narrative that was coming out, but it did strike me, it was interesting who wanted to take part and who sort of felt that they would have something to contribute to that. And I think, whether this is relevant, but something that I found quite interesting was that a lot of people who did take part, particularly the group of managers, seemed to really *value* taking part. And I think that reinforced that idea of in social work we're not anti-research, but we sort of think it's a nice thing to have, but actually participating in it people were saying, "oh, it's been really nice to have the space to think about it". And even in the interviews some people had perhaps a more transactional focus on practice, but were able through the process of the interview to sort of go, "you know, what really we're just giving someone one review a year, is this right?" And people were able to reflect and process on it, which I guess makes me feel that the value of the subject is important. People aren't being given the opportunity to really think about it. It's not a topic on people's lips.

[00:19:59] **Lesley:** I think what you're saying there, because it's interesting with Carrie, we've done a podcast with Carrie and she's also my PhD student, I think the experience is of social workers suddenly thinking, actually this is really nice, it's really nice to talk about, it's really nice to be able to catch up with and talk to other people and hear their views. And that connects with research I've been doing with social workers around supervision and things like that, and the huge joy they get from actually just having the time because reflective supervision is not necessarily, as you know in certain points in your social work career it disappears a little bit, just at the point when you really need it, and you really want to be able to do it. So it's interesting, just as a side note, that practitioners do often actually, once they participate, I've had really similar findings to you, Sally, where afterwards they go, "I really enjoyed that, I really enjoyed talking".

[00:20:53] **Sally:** It makes you feel better about doing that. But I think it's interesting having recently been writing up my PhD thinking about issues around ethics, and actually when you're doing ethics approval through universities it's all about making sure that participants aren't harmed, and

some of the questions that you're asked and you think, actually, particularly for practitioners taking part, actually, there can be real benefits for it rather than it being that sort of risk averse process of causing harm to people.

[00:21:27] **Lesley:** Yeah, and we maybe don't say that enough, how actually it can be very beneficial for practitioners to be able to explore, because they do reflection and they're used to that process, but they don't always get the opportunities to do it. So there's a real advantage to it. But sorry, yeah, I could just go on about it!

[00:21:47] **Sarah:** It's true for when we're speaking to people with lived experience as well though, and I think the focus is even more on the concerns about potential harm. But the same thing applies, that people really value the opportunity often to have that space and time to share their views and to be listened to and to contribute to something. So I think, yeah, we could go off on one about ethics.

[00:22:09] **Lesley:** Head off on a tangent of practitioner research and ethics. But I suppose that, oh sorry, Sarah.

[00:22:16] **Sarah:** I was just going to say, before we move into kind of getting stuck into talking about your findings I was just wondering if there were any particular challenges that you experienced while you were doing the research and how you might have addressed those in what you did.

[00:22:32] **Sally:** I think there's Challenges on two levels, I mean I'm assuming you mean challenges in terms of the research, although I suppose initially just thinking about it in terms of me doing it as a PhD study, then I suppose there's those sort of general challenges of finding the time to do it, and that therefore meaning that it takes longer than perhaps generally how you would get the results of research out. So sometimes as I've been writing it up thinking, you know, it's really important that people know about this and that I feedback to the people who took part in it. But time is elapsing a little bit, and that felt like a bit of a challenge, but I think the main challenge is that, I mean we sort of touched on this a bit at the beginning, it's not a very, I don't know, it's not a very sexy subject. It's like, what's your PhD on? It's about older people in care homes and social work. Oh, anyway can we move on and talk about something else? And I think that isn't necessarily the challenge, I think what the challenge is, is it's a really complex subject. It sits in a really, social work sits in a very complex environment, particularly adult social care, because I think adult social

work sits *within* adult social care, which is a sort of melding of social care and health, and you have social workers, you have all sorts of different... So in the current context of austerity and the unprecedented effects of what we've had over the last few years. And I started during the COVID pandemic, so there's all that sort of structural context, and then you've got, you know, care homes sit in that and they're very complex as well, and they have a regulatory framework and they have different, you know, we have care homes that are privately owned, that are not privately owned, we have self-funders, we have local authority funded. So it's just a very complex landscape. And then I think the other thing that I referred to about the fact that, again, care homes hold a very uncomfortable position in people's minds. So it just feels like it was a very difficult subject to engage with, and whilst I'm not suggesting other subjects are easier, I think there were, certainly in terms of navigating it through and helping to situate it and helping to go through the research because there's very limited research about social work, even just the idea of social work with older people in care homes, it's a clunky term. So I think they were the main challenges, sort of explaining it, and even having this conversation now I feel like I'm probably talking a load of old nonsense, but trying to convey the complexity of it and think about that with rigor from my point of view, but also to be able to make it accessible to other people, to have a bit of an impact as well, and dilute it so that people can understand those main messages. I think that was probably the main challenge.

[00:25:52] **Sarah:** That must be a huge challenge because as you've rightly said the landscape for adult social care broadly is extremely complex anyway, but when you pinpoint this particular area, it becomes increasingly so, not just because of the issues that you've mentioned, but what you said around the funding and whether people self fund or not, and that has an impact on whether or not they might see a social worker or how often they might see a social worker. I mean, I think a lot of the general public who didn't have inside knowledge or experience in this area might assume that social workers *would* be involved, and would probably be quite surprised to hear that actually they don't have very much of a role.

[00:26:31] **Sally:** Yeah, and I guess they are involved but they're involved in sort of, if you're a hospital social worker you might be involved in moving someone to a care home, but then it's generally the case in most places that that social worker then withdraws and they pass over to the locality social worker who's then there to do the initial review. With growing waiting lists, that might not happen straight away, so that might be delayed. And if

everything's okay, and someone's staying in the care home, then they move away and then when someone comes back to either do, because there's an issue such as safeguarding or because they need their annual review, that's another person again. So they are involved, but they're involved I think it's in that sort of transactional way. And I think also if you're, I think you were talking about your colleague, Lesley, who's looking into hospital social work, if you search the literature for "hospital social work", you do come up with social workers who work in hospitals. If you search the literature for "care home social workers", you get all sorts of things. It's not the same, it's not a delineated area, there's mental health social work... And that I think was part of the challenge, but also I guess signifies the fact that older people in care homes are ignored, I think. And I think some of that is about the ageism that's built into our structures.

[00:28:06] **Lesley:** I had just assumed that social workers remained involved, whether that's through my own ignorance or, because like I said I'm not experienced in adult social work, but I think I almost considered it not, not meant to be just, I'm comparing anyone to children, but the way we have like, you know, foster care situations where you're kind of then continually involved, I think I just assumed that there would be a continuation of something and it wouldn't just be about safeguarding, but obviously that's not true.

[00:28:40] **Sally:** It's generally if, I mean there will be places where people are involved a little bit more and for different reasons, but in general the way that the systems, and their systems are all set up very differently in very different local authorities, the way the systems are set up sort of almost hinder the development of relationships, and perpetuate that idea of moving people along. And I think particularly it depends also on the route that you go into a care home. So if you go into a care home from the community, you may have someone stay with you for a bit longer, because if you've had a social worker in the community, who's worked with you for a long time, then when you go in there they would support you with that transition and they might do that initial review and then they would, once you were settled, they would move away, but you would have that annual review. But anyone going in from hospital would be in a very different situation, or for an unplanned move, and of course if you've got a lot of people who are self-funders, actually, particularly if they're at home and they're not engaged at all with social services, then they're navigating a very complex system, without much clear understanding of what they're doing. You've also got, in terms of the

thresholds for being a self-funder, actually the amount that makes you a self-funder is still quite low, it hasn't changed for years, it's something like savings of £23,000. It's not a huge, I mean I'm not saying it's *not* a lot of money, but it's not *really* a lot of money. And if you're thinking about how much you pay for a care home, which could be £1,000 a week, that's going to go down quite quickly. So then you have people who are no longer self-funders and they never really had any contact with a social worker before. So there's all sorts of different categories of people in all sorts of, and there's no agreed understanding of how you manage that. And I think one of the other things that I found, which was quite interesting, is that there are a number of people who *do* interact with social workers, and I think one of my findings was that even if their roles are meant to be transactional, there's loads of really, really good practice going on, and actually I think that resonates with some of the findings from, I think you were probably talking to Gerry Nosowska, about her findings and in terms of, you know, there's lots of really good practice that's going on, but it's sort of *despite* the system rather than because of it. And what I also found was that the social workers who do have those roles, or where organisations have said "yes, we want a role that works with older people in care homes", it's generally not because they recognise the value of social work with older people and think that gerontological social work is the way forward, it's because they serve a function of sort of quality assurance and oversight. So those ideas of organisational safeguarding roles, carrying out Care Act reviews, I interviewed a few link social workers, but they were there for a sort of quality assurance role to make sure that the care homes were doing the things that they wanted the care homes to do. So there's a scrutinising role or a statutory role that social workers are undertaking, that doesn't mean they're not doing really good practice when they're doing it, but that's the driver of the system is from that angle rather than because people are recognising that older people have a right to support from a social worker in a care home.

[00:32:37] **Sarah:** Yeah, and that really goes against, as we started out saying, some of the ethos of the Care Act, right? Because those kind of transactional or scrutinising or assessment focused roles are not necessarily promoting a strength-based approach, they're not necessarily then even thinking about or engaging in any kind of preventative work, never mind some of the other roles. But you said, I think we're moving on to talking about your findings now, which is great, but you mentioned that those things are happening, but just *despite* not because of, can you just say a little bit more about that and perhaps give some examples of some of the good practice that you saw with your research?

Because I think those are some of the things that our listeners would be really interested to hear about.

[00:33:22] **Sally:** So I think some of the sort of, I guess going back a little bit, some of the things that I found was that when social workers understood care homes, and by understanding I mean more than just knowing what a care home was, but actually understood what it means to be in a care home. So some people talked a little bit about feeling really, you know, they walked in and they felt really uncomfortable. They didn't know where to go, they were visitors, they didn't understand the environment. So when people were more familiar with that environment, then they were able to feel more confident, and they were able to build better relationships with staff. And I think that's where the sort of, and I don't know if this links with the work you were talking about working with children and foster carers, but it was almost like there's a sort of a lair, before you can even get to the older person in the care home. So people, because social workers were positioned as outsiders to the care home a lot of the time, they had to make appointments to visit. And this was particularly pertinent when I was interviewing as we were coming out of COVID, so there was that sort of barrier. So it was almost like they had to build relationships with the care staff sometimes in order to be able to access the older person and to be able to then work with them to advocate for them or to do the roles that they needed to do. So I guess you could see that there were some social workers who are really able to understand the delicate balance that was needed in order to build their relationships with staff. Because if you go back to what we were saying before, whereby staff feel that the local authority is positioning social workers as having a quality assurance role, then staff understandably feel worried and defensive about social workers coming in. So people gave examples of that setting things up as "them and us", and social workers feel like they're, people talked about you when they came without an appointment people look panicked, their staff look panicked, or "were you coming to do a mini CQC?", and those sorts of things. So some social workers were able to demonstrate that they understood those tensions and were able to try and really build relationships with staff in order to then be able to build relationships with the people in care homes. and I suppose that idea very much of relationship-based practice, and the fact that you needed to spend time and be visible in the care homes in order to actually build the trust of staff so that they trust why you're there, and then to be able to build trust with the people living in care homes as well. And there were examples of people who were understanding that some of the practical tasks very much got overlooked. So particularly for people who had perhaps moved to care homes

from hospitals, social workers for the first time would realise that they were there without their belongings, and there was some really important work in trying to advocate for these people to see the person and try and find out what was important to them, bring their belongings to them, find out what might have been important to them. So one particular, I remember from one interview one of the participants talking about how they'd gone in, actually I think they'd gone in doing a best-interest assessment, but they were trying to find out about this person who wasn't really communicating, and they knew that this person used to be a backing singer for Donna Summer, so they were like playing Donna Summer songs on their phone to this person and trying to help the staff to understand and build relationships and those sorts of things. So I think it's more about not necessarily *what* they were doing but *how* they were doing it, and the approach that they were taking, to try and see the person and uphold their rights in the care home.

[00:37:37] **Lesley:** That quality assurance bit that you mentioned there, so that really interests me because that changed in the way I was thinking about it from that *isn't* similar to then the foster carer type in a situation, it's more like actually the parents in a child protection situation, that they're then having their practice and what they're providing observed and almost assessed. So that adds a complexity.

[00:38:03] **Sally:** Yeah, and how you challenge that. So there was one example where a social worker had gone in and had been speaking to the person in the care home and the person said "I don't ever go out, I want to go out". And the social worker had gone to the staff and said "he says he doesn't go out", and the staff member apparently said "that's rubbish, they do go out". "Oh okay, can you tell me about where they go?" "They go to hospital appointments." And she was able to then use her skills to challenge that and to say, well, yes, okay, *technically* they're going out, but you know, how can we actually... you know, this isn't supporting that person to... So they seem like small little examples, but they can have such a huge impact if they're carried through, but I think you need to have, what came across was that you need to have the confidence and you need to have the experience and you need to really understand care homes to be able to do that and to feel that you're not just sort of a visitor phoning up saying "can you give me some information about Mrs X?" And they're going "oh yeah, she's fine". And you go "okay, that's fine". You need to develop, you need to feel that you've got that professional authority and that confidence. And I talked about it in terms of that idea of "craft knowledge", and it is about understanding how the care home works

and what the issues might be and navigating through that idea of, people talked about in the focus groups, you talked about how people felt about care homes and tried to get an understanding of what does it mean? What does it mean to be in a care home? How would you feel about being in a care home? All those sorts of things that I think are really important, but I think actually aren't necessarily, they're not talked about in practice particularly, and I don't think they're particularly talked about in social work education. I think that there is quite a lot of evidence in the research literature that, in pre-qualifying social work education, working with older people is devalued, people don't want to do it, people don't want placements with older people, it's not covered extensively in the curriculum. And I suspect if older people are not covered extensively in the curriculum, I'm pretty sure there isn't very much about care homes.

[00:40:30] **Lesley:** It almost goes more into the social *care* side rather than the social *work* side, that's where it seems to, in people's minds, that's where they fit it rather than it being about that social work role, and the importance I think that you've touched on there of the advocacy element of what the social workers are doing and how important that is. Because I imagine getting used to the care home as well, each care home is its own organisation, it'll run differently, they're not all local authority run care homes, there'll be private sector, all sorts of different types of care homes that they've then got to try and understand how does it work here?

[00:41:12] **Sally:** Yeah. And some people will be out of a borough, some people will be close, and there's also, I guess, the support for carers as well. So I think one of the things that I noticed was actually carers weren't a very strong feature in my research, social workers didn't particularly talk about carers. I know that you've done another podcast about carers, and I wondered about that. And I wonder if that's because actually if you've got family members or friends advocating for you, perhaps you don't come to the attention of social work as much as you might do if you don't have family members. But also I wonder if just once you move to a care home you almost lose your status as a carer, even though you are a carer still, you're not in the same way because, you know, you might have, and actually there's a huge amount of work that you could argue that needs to be done to support someone who may have spent a large proportion of their time looking after someone. And now that person is in a different environment, they still care for them in the same way, but they're managing that transition and loss and how they interact with the organisation. And they're really even lower on the pile.

[00:42:27] **Lesley:** Yeah. And then dealing with that transition themselves as they have that person going from their own caring, it's almost like saying the caring is just the physical aspect of whatever they did and that's gone. So they're not a carer, but you're right that then the complexity of that caring role, that they're not being seen as they need the support to transition out of what they have been doing. It's almost like the physical aspect's gone so therefore they're not doing it, but the managing of systems... so I'm a parent carer myself, and I think we touched on that within another podcast about those complexities around just what it involves, because you end up, I'm thinking in those instances they will end up in effectively being a project manager for the different systems. So having to contact lots and lots of different people while the person they cared for is in a care home environment. And I don't think people just register how much of a job that is to then manage the system and the professionals and all of the things they need to do to continue in that role for that person.

[00:43:36] **Sally:** And the anxiety possibly, if you don't feel someone is getting the care that you would like them to, but that sense of "I don't want to rock the boat", so there's lots of issues around that, but as I say, it was interesting that actually that didn't really particularly come up in my findings, but I think it is certainly an area that needs further exploration.

Carers, social workers and older people

[00:43:59] **Sarah:** Yeah. Because those people, family carers, will be absolutely crucial for supporting that transition as well, won't they, if they've been involved previously. Was that the same for paid carers then? I know you talked about some of the role of social workers building relationships with carers in the care homes, did they speak much more about, that role in your interviews?

[00:44:23] **Sally:** A bit more, yeah, I suppose that's what came up, that sort of tension sometimes in terms of how to balance the relationships with the care home staff. And I guess some of the themes that came up very much is about that idea of trust, and building relationships, and how sometimes if you were trying to get information and you were busy and this was something that you needed to do, and actually the care home staff were in a similar position, then actually how you can often lose the person, because, you know, " need this information to carry on with my safeguarding". "Oh, why do they want that information? Are they going to be critical about what I'm saying?" Blah, blah, blah. And so that was often how they talked about it, about how it was

sometimes difficult to build relationships with staff. And to be honest I think they recognised that many staff working in care homes are poorly paid, they're poorly supported, and they understood the tensions, but it was often, they were also aware of them, and it was difficult with the roles that they had to enact in order to do that.

[00:45:41] **Sarah:** Thank you. So I think you've touched on some of the bits of the answer to my next question, but I'm going to ask it anyway, because it'd be nice to kind of have a summary from you around this. But based on what you've learned from this research, based on your findings, what would your key recommendations be for any social workers who are listening to this podcast?

[00:46:04] **Sally:** That's a big question. I mean I think some of the recommendations I'd want to make to social workers are, well they are to social workers, but I think I would also want to make recommendations more broadly than just social workers. So I guess what I would say to social workers is keep doing what you're doing, but also try and find out more about, try and get older people and care homes more on the map and don't just sort of discount it as well, you know, they're there now, so I can forget about them. It's sort of trying to think about the importance of the role. I think one of the things that, maybe going back a bit, and I know you'll want me to focus on that, but one of the things that came across was the idea a little bit around sort of the care home is as a "failure". And I think because of the way policy positions care homes, we want to keep, we have a sort of aging in place policy, don't we? We want to keep people at home as much as possible. So there were in some, particularly in the interviews where people were able to talk about their personal feelings, it was almost like they felt sometimes there was a feeling that you've failed if someone has to go into a care home, and that leads to a lot of conflicted feelings. But what came across from social workers who saw people in care homes more regularly, and particularly people in a care home and placement review team who might go back and see people again and again, actually for some people it can be really positive option and that they've made progress. So I guess what came across very strongly for me was the more you understood care homes and the more you could really see what lay beneath the surface, the better understanding and better perception you had of care homes. And that actually resonates with some sort of research data, which suggests that people who understand care homes have a far better perspective of it than people who don't know anything about it. So I suppose I think it is about trying to get to know care homes a bit better. You know, if

you're a practice educator and you've got a student, then send them to a care home and get them to spend an afternoon there. It's part of your induction, people will often go and visit the local day centre, why wouldn't you go and visit the local care home in the borough as well and spend some time and get to know people? So it is about, very much about sort of making sense of care homes and connecting with care homes. And I suppose more broadly, I think there's a real issue, isn't there, with social workers supporting human rights and wanting to... it's all about social justice, but the social justice on a small level of helping people individually. And I think that's what came across very much in my research, that people were supporting individuals' rights, they weren't necessarily human rights warriors on a wider scale because it just often felt too big to be able to do that. But I think it is about being able to perhaps challenge systems and organisations as much as possible to say, why are we doing it like this? And why, you know, we're not serving people well if there's so many handoffs in the system. So feeling in whatever way you can able to challenge the system in terms of the way things are set up, because that came across very strongly for me, that despite the fact that we're 10 years on from the Care Act, managerialism is still alive and kicking in local authorities. And, and so the processes often very much get in the way of practice. And it's easy for me to sit here and say, "well, you know, do something about it". I realise it isn't as easy as that. But I think just having those conversations and thinking about them in different spaces, I think is really important.

[00:50:10] **Sarah:** Yeah. And I think you're right. And I think also just highlighting findings from studies like yours, and from some of the other people that we've spoken to, that shows that there are these what seem like small things that happen in practice that actually have a really big impact. So people *are* challenging those things in their practice, and they're doing things to enact those values that you just talked about, and I think sometimes that gets lost when we talk about the shrinking of the social work role. So there is a tension and it is difficult, but that is still happening and people are still working in those ways and doing really important things, as you've said in this podcast, I think.

[00:50:48] **Sally:** And I think it has a ripple effect as well, because I think, you know, a number of people talked about work that they've been able to do with individual people in care homes, one about someone who really wanted to go out to get their daily paper every day, and the care home were really risk averse and didn't want them to do it. And they'd worked with the person to do

it. And then they said that had a ripple effect because it sort of had an educative role, I guess, with care home staff around what might be possible, or they saw what was possible and they... So I think it might feel like you're just working with one person, but when you're working with one person in an environment, then actually that can have a positive impact on other people in the environment as well.

[00:51:36] **Lesley:** And they take that back to their colleagues as well, don't they? And then in their conversations, that can have that effect. So the small things do mean something, those little sort of victories of making a difference, they do.

[00:51:49] **Sally:** They do. And even I think just in terms of perception of social workers, a lot of people also talked about, oh, people think we're social workers, we come here to tick boxes, and actually if one social worker can change the perception that this particular social worker *didn't* come and tick boxes, then the next time a social worker comes to tick boxes, maybe they'll think, oh, maybe this social worker will be as good as the other one as well. So I think there is something about that sort of community of practice.

[00:52:19] **Sarah:** Yeah, yeah.

[00:52:21] **Lesley:** I think it just sounds so interesting, because I have to admit I literally live opposite to a residential care home and I don't know what goes on within that at all. And you just don't have that perception. But I think adult social work, there is so much complexity in it because you're navigating so many different elements and the rights of the individuals, and then you've got the families and you've got all of these organisational and structural aspects to deal with that just make it more complex. And you don't have the same kind of guidance around that, that you do in Children's. So it does, and I think you're absolutely right to emphasise the importance of seeing the care homes and going in and making those contacts, I think that's a really important part.

[00:53:09] **Sally:** Because that's, if you think about that Panorama documentary some years ago, which I think was entitled *Behind Closed Doors*, and I think we picture stuff as behind closed doors, so we don't know what's going on and it's all like a bit of a "bogeyman". But also, in general the stories that come across in the media about care homes are about abusing care homes, and obviously COVID shone a real spotlight on that, but for me it showcased the inherent ageism we have in society, rather than that care

homes are necessarily an awful place. So, think it is about getting to understand what goes on so that we can have the proper conversation about it.

[00:53:53] **Sarah:** Absolutely, and that supports a more open culture anyway, so that's great. I think we've probably been talking for quite a while, haven't we Sally?

[00:54:04] **Sally:** There's me thinking I'd have nothing to say!

[00:54:09] **Sarah:** Is there anything else that you would like to say, Sally, that you've not had a chance to talk about?

[00:54:13] **Sally:** I don't think so. I think the only thing I guess I would say is that although this is a particular sort of specific area of practice, I think actually a lot of what I found was a microcosm of practice in general, those sort of tensions. So I think it is relevant, all of these ideas are relevant, but they're sort of, I think, focused in a particular way in terms of care homes. Every area is complex, but there's lots of parallels with other areas of practice as well.

[00:54:46] **Lesley:** I completely agree with that, absolutely.

[00:54:48] **Sarah:** I think that really resonated with me and some of the work that I've done as well, yeah.

[00:54:52] **Lesley:** I think that's the good thing with any kind of research is that yes, it's about that thing, but there's always something that you can get from it for something else. And that's what I think is helpful about why we try and do these, is to sort of say, you know, yes, all right, this is about that topic, but that doesn't mean it's not relevant to other things. And you can absolutely see the similarities in elements of advocacy, the complexities of managing the different roles, all of those things that come into it is across various different areas of practice and not just social work, across different aspects of professional life and, yeah it was really interesting, I've really enjoyed hearing about it actually.

[00:55:35] **Sally:** I've enjoyed talking about it.

[00:55:37] **Sarah:** Me too, it's been really great to hear what you've been doing. Thank you so much for being a guest and coming and speaking to us about your work.

[00:55:46] **Sally:** Thank you for hosting me.

[00:55:47] **Sarah:** And good luck with your submission, hopefully tomorrow.

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[00:55:49] **Sarah:** You have been listening to the Portal Podcast, linking research and practice for social work with me, Dr Sarah Lonbay.

[00:55:56] **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.

[00:56:06] **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.

[00:56:20] **Sarah:** See you all next time.

[00:56:21] **Lesley:** Bye.