

SOCIAL WORK MATTERS

THE COLLEGE OF
SOCIALWORK
magazine

JULY 2013



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VANGUARD MOVEMENT

Social workers reclaiming
mental health domain

Get ready for adult
assessments shake-up
Positive outcomes from
reminiscence therapy

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SOCIAL WORK MATTERS

FROM THE EDITOR, MARK IVORY

Social Work Matters is the new, digital-

only publication of The College of Social Work. Its focus is firmly on social workers themselves, their profession and how it can develop to meet the challenges confronting it. The spotlight will be on policy, practice and research.

Our own research tells us that social workers want a positive, independent publication in which practitioners are prominent, both as contributors and as subject matter. They want intelligent comment and stories that reflect the experience and opinions of social workers innovating, struggling and succeeding on the front line.

So we will do what our title promises by

celebrating the successes of social workers, and their power to make a difference that matters in the lives of the people they work with. We will analyse developments in practice, propose policies that promote social work's strengths and criticise those that don't, and consider the implications of new research for practitioners.


Social workers are the heart of this magazine – and it will only beat if you contribute your ideas for articles. Please do so by sending them to me at mark.ivory@tcsw.org.uk

Our solemn promise is to write in a clear, accessible way, devoid of the jargon that litters so much writing about social work. Since this is a digital publication, we're planning to make good use of web technology as the magazine evolves. Here's our guide to using your members' magazine...

Thumbnail navigation

Accessible via Contents tab

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e.g. CVs (above)
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To obtain a regular digital edition of *Social Work Matters*, you will need to be a member of The College of Social Work. Join The College at
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FROM THE EDITOR

MARK IVORY



Now that our consultation on roles and tasks requiring social workers has formally ended (28 June), it would be remiss of me not to say a huge thank-you to all of you who took the trouble to respond.

We had almost 80 responses to the consultation, which requested views on The College’s draft Advice Note setting out what social workers (and no one else) should be employed to do. Most came from social workers and organisations with an interest in social work.

There were lots of thoughtful and often extensive contributions. Next steps are to bring together a task group, drawn from our Professional Assembly, to consider the responses with a view to revising the Advice Note for publication in the autumn. Every one of them will be taken into account.

I cannot do justice to all the responses here, but there were calls for greater clarity and rewrites of some of our putative roles and tasks, the deletion of others, and the inclusion of yet more we hadn’t thought of.

As one of our respondents nicely put it, ‘defining social work’s uniqueness is no small task’. We agree! And we salute his further point: ‘I warn against downplaying the more nebulous aspects of what it is that social workers do, which are implicit in such concepts as “relationship-building”, “taking the lead” and “ensuring fairness”, because they are at least of equal importance.’

We need to get the Advice Note right both for social workers and the people they work with. It must be made clear to employers – and government – what social workers are there to do if service users are to be at all well served in these difficult times.

■ Consultation document [here](#)

Why are assessment skills so inconsistent?

Assessment skills are supposedly core to the social work task, and yet time and again we hear that the assessment isn’t up to scratch, the report isn’t well argued or the case notes are not up to date.

Part of my role as an independent social worker is to provide independent assessments for clients in adults’ or mental health services at the request of their legal counsel. Usually this is because they have either been assessed as ineligible for a service or, worse, assessed as eligible but the local authority has failed to provide the much-needed support.

There appears either to be a skills gap or an inertia that leaves social workers going native and talking solely in health terms

Part of this task always includes a file review, gathering the history, talking to relevant others, carers, family members and other professionals, and analysing the information that is available. I’m not doing anything different from local authority social workers, and yet it is often the case that a

vital bit of information has been missed, often concerning issues that directly contribute to the individual’s risks and presenting situation.

Time and again, particularly in mental health services, I read in client files that the person presents a clinical risk but I can find no information about their social needs or their eligibility for social care support. It is a concern that there appears either to be a real skills gap here or an inertia that leaves social workers going native and talking solely in health terms.

When it comes to the core skills of assessment and report writing, social workers should be coming into their own. Unfortunately this doesn’t always seem to be the case. This is no good for the client, the original assessing social worker or the organisational budget.

Daisy Bogg is practice development adviser of The College of Social Work and an independent social worker



Read The College of Social Work’s new curriculum guide on courts skills

at the SHARP end

User view from Peter Beresford

Who is the service user? It remains a key question for social work and social care.

Early on, the question was raised by disabled people who felt that social services more readily listened to families speaking on their behalf than to what they themselves had to say.

Then it became a key concern as, in childcare tragedy after childcare tragedy, social workers were criticised for not keeping their focus on the child at risk but instead allowed their attention to be diverted by parents and families.

Progress has been made in both these areas. There is now recognition that both disabled people and family carers have rights, including the right to be heard, but one should not routinely speak for the other. One of the strongest messages student social workers receive during and after their training is that their primary responsibility and their key focus must be on the child where there are safeguarding concerns, for example.

But the issue of who is the service user is still more complex than this. What professionals working with children and families immediately realise is that both groups have rights and needs, and they may not be met in either case. The problems this poses are one reason such work is so difficult.

When Eileen Munro was undertaking her child protection review for the government, she met the Social Work Reform Board. As a member, I raised with her my concerns about this issue and suggested that it made sense in such a situation

for the child and the family to have separate social workers.



Professionals working with children and families realise that both groups have rights and needs, and they may not be met in either case

She agreed but, of course, financial constraints rule out the likelihood of this ever happening regularly. Yet in another field of social work, palliative care, there has long been a recognition that there can be two service users with equally important but potentially conflicting needs; the person with a life-limiting condition and those close to them facing bereavement. This recognition of the issue is important in itself.

We might want particularly to address the question of who is the service user now in relation to adoption, given the way that successive governments have so heavily politicised it. Is it the people who desperately want a child to fill a hole in their lives – the version that is so often

presented in the right-wing tabloid press? Or is it the child, whose whole wellbeing and future are now at stake, who may have gone through massive trauma, abuse and damage and who certainly can't just be thought of in terms of meeting someone else's needs or fitting into crude political plans and ideological expectations.

Adoption is a complex approach to placement that can break down and certainly doesn't offer one size that fits all. This really is one case where we should be listening to the experts, both by experience and through professional involvement – on a systematic basis.

Peter Beresford is chair of Shaping Our Lives and professor of social policy at Brunel University

Ethical challenges in an era of social networks



Tarsem Singh Cooner

Imagine that, as a social worker, you receive a social media friend request to your personal account from a service user who has found it difficult to engage with professionals in the past. What do you do?

In the friend request, the service user states they find it easier to communicate with professionals using online media before gaining the confidence to speak to them face-to-face. You don't want to lose the opportunity to engage and need to be conscious that you want to communicate in a way the service user finds comfortable.

After all, as social workers, shouldn't we be demonstrating the skills to adapt to diverse communication needs? On the other hand, what are the potential implications of accepting a friend request in this situation?

One method of providing training around such issues is to use the tools that cause these dilemmas in the first place. Using mobile devices that present case study-based ethical dilemmas for social workers to consider and discuss before they arise can ensure decisions are based on considered judgments.

Carefully constructed interactive case studies based on social work principles can help to explore social media engagement safely.

Mobile devices and social media have become integral to the way we communicate with one another. Taking a blanket approach of refusing to engage using this medium is not an option.

One of the challenges facing the profession is to ensure there are CPD opportunities for practitioners on dealing with the often-complex ethical issues social media presents.

An effective way to do this is to use social media itself as a stimulus to thinking. In this way, social workers can be prepared to meet the ethical challenges that communicating in a socially networked society present.

Tarsem Singh Cooner is a social work lecturer at Birmingham University and the creator of the **Social Work Social Media Mobile App**

Refusing to engage with social media is not a viable option

BLOGLOG

Thoughts from the College blog

In the Support for Social Work Students online debate... several students and NQSWs commented on how they had found their first placement supervision unstructured and lacking in critical reflection. Another asked why spirituality is not included in mainstream social work practice, arguing that it is 'part of being culturally competent'.

REBECCA JOY NOVELL

Professor Eileen Munro told The College's first online practice debate that the role of the principal social worker was a key element in making a shift in culture. 'For too long, people have sought to improve help to children through providing tools and prescription to the frontline staff but this has overlooked the need to develop skills in working with people and helping them solve problems,' she said.

LEE BROWN

When [ex-service user] Hope Daniels referred to 'worst nightmare' foster carers who managed to stay on agency books years after serious complaints against them, I wondered how that could possibly have happened.

JILL SEENEY

The role of co-operatives in the provision of care services is one that should be explored. It could hit a number of buttons, including quality, empowerment, community development and employment.

PETE MORGAN

The horrific abuse and organised exploitation of young women and girls in Oxford has again raised questions about how agencies work to keep vulnerable children safe.

ENVER SOLOMON

UPDATE

Older people suffering in cuts, say social workers

Service users are suffering because of the financial cuts, according to the latest survey by Age UK and The College of Social Work (TCSW).

More than 90 per cent of social workers worry that older people will find life more difficult and seven in 10 said cuts were leaving them more isolated with a lower quality of life.

The joint survey of more than 300 social workers in adult social care revealed 94% of respondents have witnessed a squeeze on budgets for older people over the past three years.

More than a quarter (26%) of respondents said they are now exaggerating the level of service



Older people face isolation, social workers fear

users' needs to ensure they are above their local authority's eligibility threshold.

In its spending review last month, the government announced that it would be investing £3.8 billion a year in a pooled health and social care budget from 2015. But TCSW

is concerned that the new national eligibility threshold will be set at the equivalent of 'substantial' under the current Fair Access to Care Services (FACS) criteria.

In a policy paper published on the eve of the announcement, TCSW said that such a threshold would mean that 'intensive and preventive services would largely operate at several removes from one another, frustrating the role of the state in planting the seeds of modern social care. Paradoxically, the system may actually be more expensive to run, given the cost benefits of effective prevention.'

■ Policy report and joint survey [here](#)

Membership deal targets students

A new group membership scheme will make it easier for universities to support their students' learning through The College of Social Work (TCSW) by paying their fees on their behalf.

The scheme, which extends to academic

staff too, will give social work students cost-effective access to TCSW's professional development services.

Professor Hilary Tompsett, College board member and professor of social work at Kingston University, said: 'Joining

the HEI membership scheme will ensure that you are providing for the professional development needs of your students and staff by giving them access to an array of services and informative resources.'

■ More information [here](#)

TCSW awards 'kitemarks' to five courses

The first five social work qualifying schemes have received a quality 'kitemark' from TCSW under its endorsement standard for higher education institutions (HEI).

Each HEI went through a rigorous assessment process to ensure its qualifying course was up to the required standard. The HEIs are Middlesex University, University of Brighton, University of Central Lancashire, University of Lincoln, and University of Manchester.

■ Details of the endorsement scheme [here](#)

Justice at centre of College ethics code

Social justice and the rights of service users are at the heart of the new Code of Ethics produced by The College of Social Work (TCSW) for its members.

College chair Jo Cleary said: 'I am delighted to announce the publication of our Code of Ethics. It encompasses protecting the rights, interests and independence of people who use

social work services, promoting social justice, and taking a compassionate approach to social issues.

'The code makes clear the link between the many valuable skills that social workers use when helping the communities they serve and the value base that guides how they use them.'

■ Read the Code of Ethics [here](#)

Where social work resists the medics



Social workers often feel sidelined in the mental health field, but the Connecting People intervention is trying to change this. Mark Hunter speaks to two professionals putting social work first

Rob Goemans has the laid-back demeanour of the bass player in an indie rock band, which is what he does when he's away from his day job as a university lecturer in mental health and the professional social work lead for Lincolnshire Partnership NHS Foundation Trust.

Ask him about the role of social work in mental health, however, and all signs of the languid rock star quickly disappear. He is almost pugnacious in his defence of the social care model. 'I strongly believe that social work's place [in mental health] is to

challenge the medical model,' he says. 'To challenge over-prescription of medication and people being hospitalised when social factors are far more important.'

The dominance of medical-based interventions within mental health is a huge bone of contention with Rob. He simply does not believe there is the evidence to back it up.

'Across all mental health services there is a huge disparity around the causes of mental illness,' he says. 'We have no research evidence of any biological or physiological causes for mental illness, yet 99 per cent of our treatments and approaches are delivered



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Rob Goemans

Professional social work lead for Lincolnshire (LPFT)

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on a biological modality. That is a huge, huge problem I believe.'

Rob acknowledges that one barrier to the greater use of social care in mental health has been the paucity of its own evidence base. Although psychiatrists can (and do) point to a bulging literature of randomised controlled drug trials, social care interventions have proved less amenable to empirical study.

But this may be about to change. The Connecting People study, now piloting a social care intervention for people with mental health problems, has just completed its recruitment phase in 15 sites across England. The next stage is to conduct follow-up interviews to assess whether the intervention is effective.

Connecting People uses a multidisciplinary approach designed to improve 'social capital' – people's links to social and community-based services and networks.

'It's more than just an intervention,' says Rob, who is leading the pilot in Lincolnshire. 'It's an overall framework of how social workers, other professionals and services work with people with mental health needs.'

Working to **a model devised by Martin**

Webber, director of the Centre for Mental Health Social Research at York University, practitioners are encouraged to form equal and empathetic partnerships with service users and help reduce their social exclusion.

'It's quite a complex model, but it's basically a practitioner and a service user going on a journey together to understand what's happening inside somebody's life and increase their social connectivity,' says Rob.

Of course, tackling social exclusion is hardly a radical idea in social care and Rob readily admits that many social workers will be doing this already. The importance of Connecting People is that it collects data which will then be measured against outcomes.

'I don't think this is as much about changing social workers' practice as making



CV

Rob Goemans



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Jackie Stallard

Social worker, integrated community mental health team, LPFT

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sense of their practice. It's about formulating what they were already doing. What we will end up with is an overarching model of mental health social work with some research evidence to support its effectiveness, which is something that we have never had before.'

Rob clearly hopes that this evidence will help raise the profile of social care within mental health care. However, even within the pilot projects themselves, social workers have not always found themselves at the forefront of the service. Some areas have been using nurses or occupational therapists to deliver the intervention.

'The social workers have been too busy setting up personal budgets and management haven't allowed them to get involved in something that I see as the pure essence of social work,' says Rob, clearly disgruntled. Not for the first time, it seems as if the personalisation agenda (or its implementation) is working against an initiative specifically designed to improve personal choice.

'Personalisation as a concept is a great thing,' says Rob. 'But focusing purely on personal budgets and on targets is taking

it away from the individualised, tailored approach. If we are trying to impose a massive target to get as many personal budgets as we can, then it is taking away the choice.'

He also points out that the service users within the Connecting People programme need a social worker more than they need a personal budget.

'A lot of people are far too risky or complex in their needs to be dealt with using personal budgets. What a person in that situation will need is a social worker.'

Jackie Stallard is a social worker and, moreover, one who wants to remain a social worker rather than a service commissioner or an 'automated robot'. Working within the integrated community mental health team in Skegness, she has embraced the 'free-thinking' approach of Connecting People which, she says, has stifled a growing sense of disillusionment at the way social work was heading.

'It has helped me feel that I was on the right track all along,' she says. 'I did worry about losing my heart in social work. Services and commissioners can get so focused on targets and monetary constraints, but I didn't

CV

Jackie Stallard



want that to become my priority. My priority is the person I am working with and helping them achieve the best quality of life they can.'

Jackie works in a team of social workers, community psychiatric nurses, occupational therapists, nursing assistants and community support workers. Working with people with complex mental health needs and often high levels of risk, she has a relatively small caseload of about 15 or 16 cases at a time. It is a client group she feels is particularly well suited to the 'social capital' approach.

With both social and healthcare professionals on the team there is the potential for conflicting approaches to care. However, in practice, Jackie says it is usually possible to find common ground and adopt a holistic approach.

This means offering service users a degree of understanding and empathy, something that was severely lacking when Jackie came into contact with the mental health system herself several years ago. While waiting for a prescription for her severely ill son she overheard a doctor describe him as 'mad' to one of the receptionists.

'I was absolutely disgusted and horrified that a doctor would say that in front of people and in earshot of my son. So I suppose I went on a bit of a crusade after that,' she says.

She now uses the experience as an impetus to changing things for the better.

It is a demanding job and Jackie is grateful for her own support network of family and friends and the regular supervision she receives from her line manager and an AMHP social worker. But it is also a job that has its unique rewards. 'To see someone with no hope that life is going to get better. It's lovely to see them progress.'



Services and commissioners can get so focused on targets and monetary constraints, but I didn't want that to become my priority





Education

2000: MSc applied social work, Oxford University

1994: BA (hons) psychology, Open University

Employment

2008-present: Professional social work lead for Lincolnshire Partnership NHS Foundation Trust and lecturer in mental health at University of Lincoln

2007-08: Community mental health team co-ordinator, Lincolnshire

2003-07: Social worker, crisis resolution team and early intervention in psychosis service, Lincolnshire

1990s: Crisis resolution team worker, London

CV

Rob Goemans

CV

Jackie Stallard

Education

2010: Graduated with BSc in social work. Social worker, assertive outreach team, Lincolnshire Partnership NHS Foundation Trust (LPFT)

2006-10: Part-time degree in social work

2002: National Certificate in Mental Health, Birmingham University; began but did not complete nursing training

Employment

2013: Social worker, integrated community mental health team, LPFT

2004-10: Community support worker, Lincolnshire assertive outreach team

2000-02: Community support worker, assertive outreach team, Warwickshire NHS Trust

1998-2000: Community support worker for women just released from prison, Birmingham

1996: Community support worker for young homeless people, Birmingham



Playing to their strengths

Adult assessments will look very different after the Care Bill is passed, says Alex Fox, with more value placed on approaches that support family and community contributions

‘I shouldn’t have to spend my life proving that my son can’t do things to get the support my family needs to help him do things for himself.’ This quote from an unpaid family carer whose son has a learning disability will chime with social work practitioners whose aim it is to help people overcome their challenges and live fuller lives, but too often find themselves the gatekeepers of a diminishing store of ‘maintenance-only’ services.

Community care legislation and assessment regulations were framed to manage demand by restricting services to those with higher levels of need.

Consequently, it has been difficult in many places to introduce a more creative, holistic, ‘personalised’ approach in that context, particularly in this era of cuts.

However, the Care Bill, now progressing through parliament, envisages a different approach to assessment as part of a move towards a more ‘strengths-based’ or ‘asset-based’ approach.

Whereas the current system focuses only on rating a person’s level of need as eligible or non-eligible for a service response, the proposed needs assessment looks at four aspects of a person’s life:

- their support needs and the impact these

Every intervention should support the individual’s unpaid relationships and informal networks of support



- have on their wellbeing;
- the outcomes they wish to achieve;
- the role that services could play in achieving these outcomes; and
- the role which ‘other matters (including, in particular, the adult’s own capabilities and any support available to the adult from friends, family or others)’ could contribute to achieving these outcomes.

Assessments will, then, look much more holistically at a person’s wellbeing, which is defined very broadly in clause 1 of the bill to include not just physical and mental health but also family relationships, employment, housing and active citizenship.

It will not be assumed that services on their own are the only ways to achieve outcomes. Whereas needs being met by family carers are now treated as ineligible – in effect meaning that the input of families is invisible in assessments – these contributions will be noted in future assessments. The intention is to increase the support routinely offered to carers to continue caring.



In the current system, social workers can feel under pressure to minimise provision of over-stretched services and there are concerns that, if assessments look at what people, their families and communities can achieve themselves, this will provide another excuse to offer less. The bill mitigates those risks through a new right to request that an assessment is reviewed and through clear entitlements to services to meet eligible needs. Eligibility will be set nationally and be framed in relation to wellbeing.

However, regulations will need to set out the intent carefully and the change in framework must be matched with a profound culture change in the profession.

Instead of looking only for an individual's problems, vulnerabilities and at what they cannot do, professionals and organisations will need to adopt a strengths-based (or 'assets-based') approach, which means looking first for

Assessments will include not just physical and mental health but also family relationships, employment, housing and active citizenship

what individuals and those close to them can do and at what they have the potential to do with help.

Whereas assessments now require people to define themselves in relation to a narrow range of service offers, maximising their dependency and minimising their resilience in order to receive support, every truly effective social care intervention leaves an individual better informed, better connected to those around them and more confident. Consequently, every intervention should support the individual's unpaid relationships and informal networks of support and avoid undermining key relationships or isolating the individual from natural support networks. A strengths-based approach recognises and values the contributions of families and friends, rather than ignores or exploits them.

This suggests that responses offered after assessments will also look very different, with greater value placed on approaches that support family and community contributions. An example of this that is already established is Shared Lives, used by about 15,000 adults. Fully 152 registered Shared Lives schemes recruit, train, approve and monitor their carers. They are matched with up to three adults who need support and perhaps accommodation.

The adult moves in with or regularly visits their carer and they share family and community life. In many cases the individual becomes a settled part of a supportive family, although Shared Lives is also used as day support, as breaks for unpaid family carers, as home from hospital care and as a stepping stone for someone to move to their own place.

A good Shared Lives carer not only meets the individual's needs, but is also their community development worker, helping them to feel a sense of belonging with a growing network of friends and supporters.

Alex Fox is CEO of Shared Lives Plus, the UK network for small community services; chair of the Care Provider Alliance; and co-chair of Think Local, Act Personal. *The New Social Care: Strengths-based approaches* is published by the Royal Society of Arts, 20:20 Public Services Hub and Shared Lives Plus.

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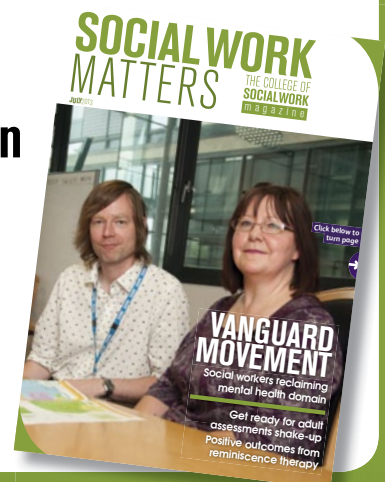


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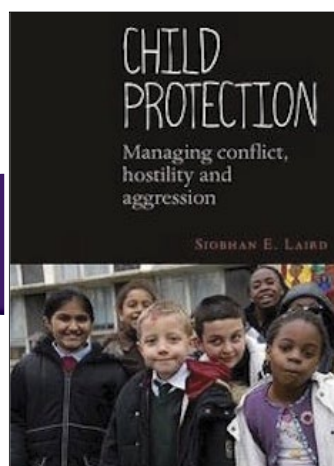
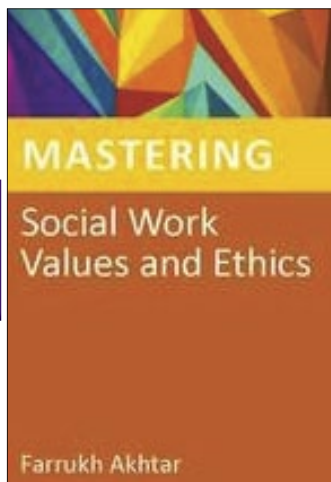
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BOOK REVIEWS

Mastering social work values and ethics

Farrukh Akhtar,
Jessica Kingsley, 2013

*Child protection: Managing conflict, hostility and aggression*

Siobhan E Laird, The
Policy Press, 2013

Ethical dilemmas to be faced in a messy world

This is not why I came into social work' is an often-heard sentiment expressed by social workers as they implement what, to an outsider, may seem unnecessarily complex, bureaucratic or legalistic arrangements.

In this environment, social workers often lose sight of, or deliberately avoid thinking about, the ethical dilemmas involved when they remove a child from parents who are not quite 'good enough' or make a specific decision for an adult who lacks the mental capacity to do so.

By the time of the next professional supervision there are other (more important?) issues to raise, while supervisors may not feel themselves to be sufficiently confident to initiate a discussion about social work ethics and day-to-day practice.

This slim volume is written in an accessible and readable way that will be of real practical help to social work students and to qualified practitioners, managers and supervisors.

There are only six chapters but these cover all areas of social work practice

There are only six chapters but these cover all areas of social work practice. The chapters focus on context, ethical theories, changing values in professional life, ethical issues in direct work, tools to develop self-awareness, and finally on ethical issues in the workplace (for example, around whistleblowing).

The author acknowledges that social workers practise in a messy and complex world and that many practitioners will and do struggle with the conflicts between their own beliefs and values, those of their employing organisation, the people who use social care services, and society at large.

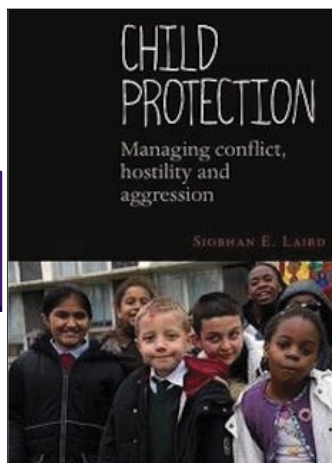
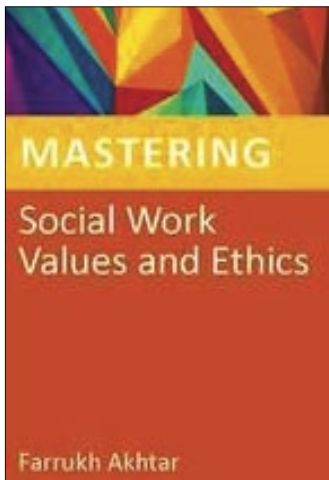
The increasing demands to deal with a tick-box mentality in health and social care practice are hindered by having seemingly competent practitioners being unable to reflect meaningfully on what they do.

This book will therefore help everyone familiar with the 'I don't want to do this kind of social work' type sentiments to help ensure that the professional contribution of the sector is valued and understood for what it really is.

Greg Slay is health and social care practice development manager, adults' services, West Sussex Council

Mastering social work values and ethics

Farrukh Akhtar,
Jessica Kingsley, 2013



Child protection: Managing conflict, hostility and aggression

Siobhan E Laird, The
Policy Press, 2013

Occupational hazards of keeping children safe

In the concluding remarks of this book Siobhan Laird comments that 'conflict involving colleagues, between agencies, among multidisciplinary professionals and between practitioners and the families they intervene with are occupational hazards of child protection social work'.

My colleagues and I have often used similar phrases... usually preceded by some act of verbal aggression from a service user. Of course, the area of child protection social work is full of stressors affecting all professionals and families, which make incidents of conflict and aggression more likely to happen.

Laird sets the context by drawing our attention to the reporting of incidents of violence and aggression against social workers. Some comparisons are drawn between social work and health care workers as well as regular employees. She cites the impact on the health of social workers as well as employers' duty of care.

Child protection work is full of stressors, which make incidents of conflict and aggression more likely to happen

Using sections of serious case reviews and public inquiries, Laird shows examples of the stressors that can affect social work practice with mothers, fathers, children, foster carers, professionals, and managers.

These stressors can be the aggression and conflict within and between teams and individuals or stressors relating to the system in which we work (such as high staff turnover, problematic computer software, high caseloads and performance management). Laird provides reflective exercises to work through our own experiences and there are some useful points for practice as well as strategies for negotiation.

Considering the likelihood that social workers will encounter some type of conflict, hostility or aggression during their career, it is disappointing that, within current education and training, there is little attention paid to developing the skills to manage such situations.

This is a useful book for practitioners, managers, and academics alike. It would benefit from being developed into a useful training course for practitioners and managers.

Michael Wood is integrated working mentor, Newcastle Families Programme, Newcastle upon Tyne



All in the past

Evidence is growing that reminiscence therapy can benefit people whose memory or cognitive abilities are failing, writes Jill Manthorpe

The death of Margaret Thatcher in April seemed to spark a national reminiscence movement with different discussions of the period of her premiership, of memories of various events and of personal involvement with the times she represented.

If reminiscence is simply a personal recollection of the past what role can it have in social work practice? In previous decades there have been many studies of reminiscence as a therapy for people whose memory or cognitive abilities are failing. Although there was often a sense that the activity of recalling the past was of dubious value, or merely harmless, currently there

is greater evidence that the activity (newly termed a psychosocial intervention in health care settings) is effective in promoting wellbeing.

Social workers may therefore want to promote it as part of a package of care and support, and foster reminiscence activities among people needing care and support.

There is now a greater opportunity to consider the evidence base for reminiscence and to develop skills in running groups or person-centred work with individuals.

Foremost in practitioner

training in this area is **Reminiscence Network Northern Ireland**, a charitable organisation founded in 1998 that provides reminiscence work, resources, networking and information.

Recent work embraces the opportunity to develop skills in reminiscence work with older people with learning disabilities. This includes the benefits of planned and spontaneous

“Reminiscence work equips practitioners with the skills to address troubled and painful memories that may emerge”

Touching moments in day centre



reminiscence and life story work for people with a learning disability, their family members and other carers.

We may think of reminiscence as a pleasurable opportunity to share memories, but such work equips practitioners with the skills to address troubled and painful memories that may emerge. It also suggests the value of using multisensory triggers to assist recall – sounds, smell, taste and touch.

Prompts such as photographs, personal belongings, media, music or sound recordings may be used – and are available for different cohorts from local or national sources.

One of these is **Untold Stories**, a project that captures the lives and experiences of black and minority ethnic communities in Cambridgeshire. A major resource that has been active for more than 30 years is the charity **Age Exchange** in south London, whose most recent research is piloting a new form of reminiscence and arts practice for people receiving end-of-life care.

Such resources are adding to the volume of practical advice, suggestions, guidelines and evaluation techniques to assist reminiscence practice. The Social Care Institute for Excellence has produced ideas on this subject related to activity for people with dementia. Other authors are adding new thinking to the field by suggesting the potential of technology to augment the repertoire of resources available to practitioners, such as the use of personal computers. Lloyd-Yeates (2012), for example, explains the potential of using iPads to provide visual cues.

With this expansion of creativity it may be thought that reminiscence is secure in its position as a way to improve the quality of life for people who are finding it difficult to engage in other activities or who are experiencing distress.

But its use of everyday materials and communications means that it risks being seen as simply part of ordinary conversation, listening and communication. Some practitioners have found that constructing one session of activity as ‘reminiscence’ places it apart from ordinary communication,



Points for practice

where references to the past and to memories may emerge naturally.

Ways of handling such tensions are illustrated by Thorne (2012), who describes how tea-time in a care home can be used as a relaxing opportunity to engage with residents about previous similar encounters and to draw them into social interaction. Thorne provides some practical tips, such as capitalising on the location, its lighting, heating and seating arrangements, and sets out topics that may be introduced, as well as making suggestions about resolving difficulties between group members.

Whether this is a therapy or a skilled handling of a social encounter depends on your definition and whether you believe that people with profound disabilities benefit from skilled assistance to be included in activities and to have their identity confirmed.

Although much of the practice evidence comes from work with people with dementia and with learning disabilities, a final observation is that reminiscence is showing promise as part of narrative healing (see

Social workers may want to promote reminiscence therapy as part of a package of care and support

Androff (2012)). While we may be more familiar with this activity under the heading of truth and reconciliation work, Androff argues that the healing process draws on remembering the past and

that skilled facilitation is needed to assist with trauma and conflict that may emerge.

These issues may also arise in other forms of reminiscence work and practitioners should draw on the resources that are now available to them in this work and should assist other providers to ensure that they enhance its benefits to people who lack abilities to engage in more general forms of reminiscence.

Setting down roots for reminiscence in future



RESOURCES

Jill Manthorpe is director of the Social Care Workforce Research Unit, King's College London

RESOURCES

Androff, D. (2012), 'Narrative healing among victims of violence: the impact of the Greensboro truth and reconciliation commission', *Families in Society*, 93(1), pp38-46.

Lloyd-Yeates, T. (2012), 'Alive to new possibilities', *Journal of Dementia Care*, 21(1), January/February pp12-13.

Ross, C. (2012), 'Remembering together', *Journal of Dementia Care*, 20(3), pp22-23.

Social Care Institute for Excellence (2012), 'Dementia Gateway: Keeping active and occupied', *Scie*

Solari, C. A. Solomons, L. (2012), 'The World Cup effect: using football to engage men with dementia', *Dementia*, 11(5), pp699-702.

Thorne, C. (2012), 'Let's chat: collaborative reminiscence', *Nursing and Residential Care*, 14(6), pp311-313.

POINTS FOR PRACTICE

A life story book or memory box of photos and other mementos may help a person remember their past, reinforce their identity and reminisce. Once gone they may never surface.

Reminiscence and its associated activities seem to be more effective in promoting people's wellbeing than many other approaches, and are not associated with harm. They are generally inexpensive.

Those embarking on reminiscence work may find that there is expertise among their colleagues and other professionals working with a variety of 'client' groups. This can be drawn upon and traditional approaches may be extended to work in areas of potential conflict where resolution is an aim.



TOUCHING MOMENTS IN DAY CENTRE

Angela has been asked to undertake the annual review of the support plan for Mrs Bridges, which includes a twice-weekly visit to a day care centre for people with dementia. There is reference to attendance at the centre's reminiscence therapy group but Angela can find no information about the intervention's aims nor whether it is achieving its goals.

Mrs Bridges has no memory of the group but her husband says it might be a reference to when the clients have a chat before lunch. Angela is curious about whether having a chat might be termed therapy and visits the day centre to see whether the support plan and the costs of the day care are being inflated.

Angela visits the day centre and sees Mrs Bridges taking part in a group where household items are being circulated and discussed. Mrs Bridges appears interested and engaged, touching the items and naming many of them. Angela sees how the group leader is working with the group to pace the conversation and to keep their attention. She records this information in the care plan in greater detail and congratulates the staff on their skill in this work.





SETTING DOWN ROOTS FOR REMINISCENCE IN FUTURE

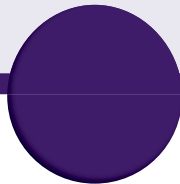
Keith is a middle-aged man with a learning disability who has lived with his mother all his life. She recently died from a stroke. Keith is moving to a new flat and Ben, an agency social worker, is helping him move his belongings because there is no other family or friend who can do so.

Ben wonders whether he should be helping Keith to start afresh or whether he should be doing anything about taking bits of the family home to the new flat. He has a vague memory of reading something about life story work in his training.

He searches the internet and talks to his colleagues. They all suggest that he and Keith film or video the home as it is before the move and the surrounding area, including pictures of the street and garden. He helps Keith pack items that may remind him of his mother or that she liked.

Ben tries to make sure that photos and other items have a label. He draws a plan of the house and the contents and searches for any previous efforts at life story work and key documents.

Ben passes this information to the social worker who takes over responsibility for the care and support and makes sure that the film is safely secured. There is not much time for reminiscence but Ben hopes that this work will be useful in the future.



Fresh response needed in child safeguarding

Better-targeted support is vital if social workers are to tackle child maltreatment effectively in times of budgetary constraint, writes Carol Long

First the good news. It does appear that the prevalence of some forms of child maltreatment is declining in the UK. There has been, for instance, a decrease in physical and sexual abuse in recent decades, matching trends in the US.

Less encouraging is the finding that one in five children today has experienced serious physical abuse, sexual abuse or severe physical or emotional neglect.

The conclusions come from the NSPCC report *How Safe Are our Children?*, which gathered data on children in the four UK nations. It found that children today are safer from abuse and neglect in some ways than those of previous generations. Moreover, fewer children are dying as a result of assault or suicide in England, Wales and Scotland.

But, as every child protection professional will recognise, the extent of child abuse and neglect in our society remains deeply worrying. Different kinds of threats are emerging, particularly with the increasing time children spend in the digital world. Although parents are used to equipping their children to deal with real or potential threats to their safety, they are much less confident when dealing with the online domain.


Investment in supporting good parent-child relationships is critical, as is timely decision-making for children when things go wrong



Faced with budget constraints, child protection services are already working in overdrive. Despite this, the NSPCC report indicates that, for every one child subject to a child protection plan, eight others have suffered a form of abuse or maltreatment. It would cost an additional estimated £500 million in funding to reach just 25 per cent of these children.

Many of us, as social work professionals, believe things need to change. We can't keep doing the same things; they are not working and they are not reaching enough children. The economic climate makes it even more important that we focus on innovation and identifying new ways to reach more children earlier and to effect change for them more quickly. The debate about prevention and addressing this is not new but it remains an important one.

But how do we fund the development of



We can't keep doing the same things; they are not working and they are not reaching enough children

preventive services while meeting the needs of children already in the child protection system?

Many organisations and academics are developing innovative programmes and practices, and effecting change. This does not obviate the continued need for good assessments but it does offer up potentially better-targeted support for children.

At the NSPCC's recent conference in Scotland, A Safer Childhood, A Brighter Future, professionals from local authorities including Renfrewshire, academics from the universities of Aberdeen and Stirling, as well as representatives from voluntary sector organisations shared knowledge and discussed innovation programmes that are being developed to improve outcomes for children, focusing on attachment and child development.

East Sussex Council's focus on early intervention is another commendable example. Led by the director of children's services and former ADCS president Matt Dunkley, it shifts the focus to targeting

children younger and on the transformation of parenting relationships and skills.

At the NSPCC, we are investing in learning and evaluation, and we are committed to understanding how interventions improve children's lives. Many of our programmes are centred on early intervention, including working with parents from pregnancy onwards, helping them to understand their children's needs as well as addressing issues such as parental mental health, domestic violence and substance misuse. Our independence and scale across 40 locations in the UK gives us a unique opportunity to put into practice existing models and new evidence-based programmes, always rigorously evaluating their efficacy and sharing what we learn.

What has always been true in good child protection work is the importance of learning from different agencies and disciplines.

Medical practice has helped us better understand the complex inter-relationship of physiological and neurological development in infants' brains. This provides crucial insight for social workers on what needs to be right for children from the start of life, and how adverse childhood experiences, including disrupted attachment, can have a lifelong effect. It tells us that investment in supporting good parent-child relationships is critical, as is timely decision-making for children when things go wrong.

Research and practice innovation must not happen in a vacuum. For real impact, learning needs to be disseminated, and good practice replicated. The College of Social Work plays an important role in sharing research and learning, driving professional development within the workforce and being a valued source of information and discussion.

As practitioners, we do the best for children when we actively engage in dialogue with our colleagues across the sector. Together with researchers and policymakers, we must ensure we are all driving a constant cycle of improvement in our work to prevent child abuse and protect them from harm.

.....
Carol Long is director of services for children and families, NSPCC

NICE takes on care challenge

One of the key changes in spring's reforms to health and social care was the new status and remit of NICE. Jane Silvester explains how the organisation will deliver its new responsibility

In April, NICE became the National Institute for Health and Care Excellence. The name change, to include reference to 'care', replacing the word 'clinical', reflects the expansion of the organisation's remit to produce guidance and quality standards for social care for the first time. At the same time, NICE also published its first social care quality standards on [Supporting People to Live Well with Dementia](#) and [Health and Wellbeing of Looked-after Children and Young People](#).

This new chapter for NICE reflects the growing recognition that, to improve the quality of care and to ensure value for money, there has to be better integration of health and social care. We believe we are well placed to support this because we already publish evidence-based guidance and quality standards for improving health and preventing disease and treating healthcare conditions. The addition of social care extends our work to areas such as prevention, early intervention, reablement and long-term care and support for adults, children and young people.

NICE's new remit will help to ensure that people receive good care, support and advice at whichever point they are in the health and social care system. It also means the social care sector will have access to evidence-based guidance to improve the quality of services they provide.

Working with social care

To prepare the ground for its new remit, NICE has been engaging with several social care organisations and professional associations to gain an understanding of the needs of services users, clients, carers and practitioners and how the system works.

The [NICE Collaborating Centre for Social Care](#) (NCCSC) has also been established. This is a consortium of organisations led by the Social Care Institute for Excellence (SCIE) which has been commissioned by NICE to develop social care guidance for adults and children and young people. The centre will work with people who use care, their families and friends, care providers and commissioners to develop the guidance, which NICE will then use as a basis for devising quality standards.

The NCCSC will also work to ensure that the people who commission, provide and use care are aware of the guidance and the quality standards and are supported to put them into practice.

As well as the two social care quality standards NICE has published, several other topics for social care quality standards were referred by the Department for Health (DH) in 2012. Some of these topics already have NICE

guidance published but there are others that will need new guidance, which the NCCSC will develop in the months ahead (See [Topics for development](#)).

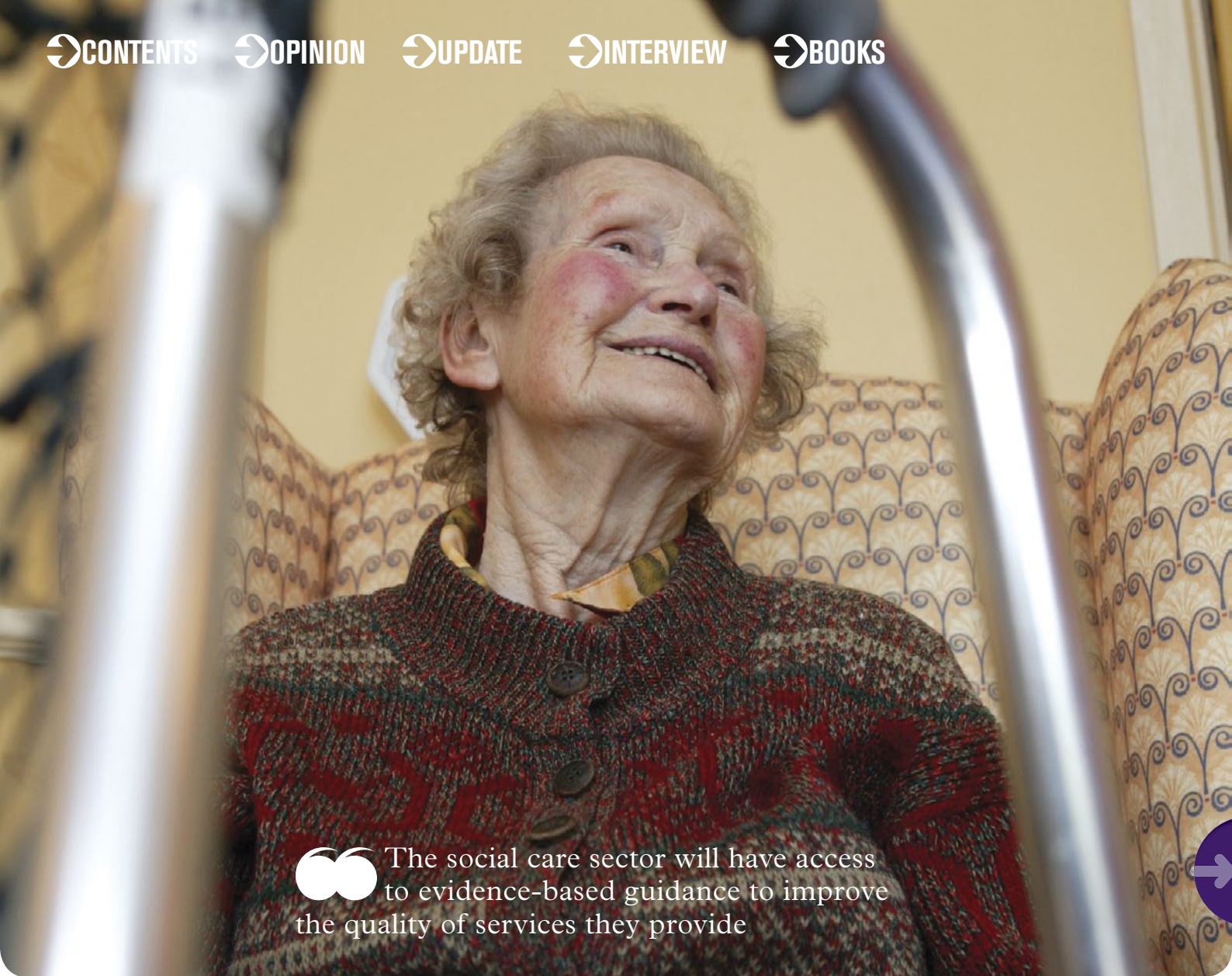
Quality standards

NICE's social care quality standards are concise sets of statements designed to drive priority quality improvements within a particular area of care. They are not a new set of targets for performance management but are intended to complement the existing regulatory framework of CQC Essential Standards and National Minimum Standards, helping social care to build on the existing framework and go one step further by providing practical tools to deliver good quality care.

 NICE's social care quality standards are concise sets of statements designed to drive priority quality improvements

NICE quality standards enable:

- Health and social care practitioners to make



“ The social care sector will have access to evidence-based guidance to improve the quality of services they provide

decisions about care based on the latest evidence and best practice to lead to improved outcomes.

- People using health and social care services, their families and carers and the public to find information about the quality of services and care they should expect from their providers.
- Service providers to quickly and easily examine the performance of their organisation and improve the standards of care they provide.
- Commissioners to be confident that the services they are purchasing are high-quality, cost-effective and focused on driving up quality and improved outcomes.

Achieving best outcomes

As someone who recently joined NICE from a social care environment, I can see first-hand how determined the organisation is to build an enduring relationship with the sector. I believe

that by providing standards that meet the diverse needs of service users, providers and commissioners of social care services, NICE will contribute strongly to improving the quality of social care and helping practitioners achieve the best outcomes for its clients.

I hope that The College of Social Work and its members will become involved in this new area of NICE's work. One easy way of doing this is by [registering as a stakeholder](#). Registered stakeholders receive updates about our social care programme, alerts about consultations on NICE guidance and hear about opportunities to join committees developing the guidance.

Jane Silvester is associate director for social care at NICE

Topics for development



RESOURCES



TOPICS FOR DEVELOPMENT

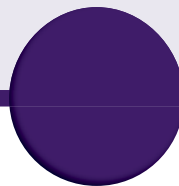
Topics for quality standard development

- Autism in adults and children
- Mental wellbeing of older people in residential care

Topics for guidance and quality standard development

- Challenging behaviour in people with a learning disability
- Child abuse and neglect
- Children's attachment
- Domiciliary care
- Managing medicines in care homes
- Mental health problems in people with a learning disability
- Older people with long-term conditions
- Transition between health and social care
- Transition from children's to adults' services

More information on these topics can be found on the [NICE website](#)





RESOURCES

NICE Social Care Quality Standards and the
Quality Landscape, NICE, 2013

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