

Covid-19 and Social Work with Older Adults

Editor's note

Older people have been disproportionately impacted by COVID-19 and the policies enacted to mitigate its spread and impact. This chapter offers three distinct perspectives on the role and function of social work with older people over this period, offering an insight into the diversity of older service users, and the challenges this crisis has posed to 'routine' professional practice. Collectively, these narratives speak to the importance of relationship-based practice with older people, and of the creativity and pragmatism of social workers committed to 'finding a way' to centre relationships with older service users through this unprecedented crisis.

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When I saw the opportunity to write an article on this subject, I was immediately excited. I immediately forwarded it to my friend, colleague and fellow student Chris so we could write this together. We are student social workers who have almost completed our final placements and will qualify in the coming months. Alongside this, we have worked together in an Older Person's Unit for a Local Authority for several years, both in community settings and hospitals.

Covid has impacted us and there is no getting away from it. For us, it has meant the ending of our placements in Community Mental Health and a return to our substantive locality work. Although disappointing, this brought a number of new challenges and learning opportunities. Not least, how can we best work with people who we cannot visit due to them shielding or isolating. Most of the client group for our team fall into this category.

Social work relies heavily on building relationships with individuals and their families; and rightly so. How do we best represent the views of people who we have no relationship with? Covid restrictions have placed strong limitations on our ability to do this and when you consider how older people often have hearing or sight loss, this makes the formation of relationships via technological routes such as video or telephone calls challenging and complex. The inability to read body language or facial expressions has called for new ways of working and adapted styles of communication including more in-depth discussions and requests for greater description when assessing a situation. We have both had to develop new communication skills and think more deeply about how to phrase questions to avoid confusion or distress.

Often, social work with older people involves close liaison with their wider family and we find this is key in making sure their wishes and feelings are understood, particularly where cognitive impairments are a factor. What we have found enlightening during Covid-19 is just how much people depend on relationships and building those with families and services have been key. We have dealt directly with the destruction that Covid-19 can cause to families, Catherine having a case where both husband and wife passed within days of each other. Catherine still finding the ability to navigate and support those suffering with emotional distress whilst also ensuring that safeguarding concerns were investigated fully. Chris having experience of families who lost one parent and the grief and distress felt by the survivors, being unable to say goodbyes or attend funerals.

Although we are students and already considering theory of our work and development; we have both found ourselves looking more at how theory can support us in understanding the individuals we work with. We have made conscious choices to integrate more formal learning into everyday practice in a new way. Perhaps the stage of our study is naturally causing us to bring all elements of learning and practice together, but, having discussed this, we don't believe that the Covid-19 situation has forced a new depth that we had not needed to consider before. We still firmly advocate that relationship-based practice is central in social work but now have new ways of looking at it to enable this. Both of us agree that we are looking forward to being able to meet clients again. In our heart, we are, like the majority of Social Workers, people person and believe that face to face contact promotes the strong opportunity to build solid relationships. We are both pleased to have been able to learn new skills and grow in unexpected ways as a direct result of involving during Covid-19 despite the challenges this has brought.

Catherine Rundle & Chris Norman
Student social workers, Open University

My PhD research explored the role of place in shaping experiences of social inclusion/exclusion for older people, including older people living in the community, and those residing in care homes and other supported accommodation environments. When the full scale of COVID-19 began to emerge in March 2020, my mind immediately turned to the 26 older people I had interviewed, and from whom I had learnt so much about the joys and challenges of later life. The challenges for some of my participants were considerable, including loneliness, physical disability, mental ill health and financial disadvantage, which had often permeated the life course but been exacerbated in later life. Equally, however, my participants spoke of the many joys of later life, more time spent with loved ones, opportunities for leisure and learning, and time for pause and reflection on the journey of life. I thought about

the impact of COVID-19 for each of them, wondering how it might exacerbate existing challenges for some, while creating new challenges for others. How would Reece¹, who spoke about receiving visitors in the care home as the 'constant highlight of [his] week' manage the suspension of care home visits? How would the abrupt cessation of church services be affecting Julieta, who lived alone and described her volunteer role in the local church as 'the most important thing' to her?

Collectively, my participants had experienced or been witness to war and conflict, forced migration, global financial crises, political crises and upheaval, the advent of new technology, and dramatic changes in social norms and values. Each had experienced and negotiated these challenges, personally and societally, in the best way they could, but the pattern of experiences and capacities were not equally distributed. As with any other life stage, the capacity to manage, negotiate and overcome unexpected crises in later life, or to pursue opportunities and exercise agency, is shaped by one's access to social, economic and cultural resources. The stereotypes and expectations of older people that have re-emerged since COVID, positive and negative, tend to ignore this complex reality. The notions of ageing 'successfully' or 'actively', typified broadly by good physical and mental health, independence and an active social life, ignore the fact that how people experience later life is most significantly shaped by the cumulative impact of experiences and disadvantages across the life-course. Equally problematic and pernicious is the stereotype of the vulnerable and defenceless older person, unable to manage or negotiate adversity, learn new skills, or adapt to changing circumstances. Not simply, dis/advantage across the life-course contributes to disadvantage in later life, and by and large, these structural issues are not a product of age nor can they be remedied by, individual attitudes, mindset or willpower.

While blanket policies enacted in response to COVID-19 are necessarily general in applying to older people (such as shielding for those over the age of 70, and banning of care home visits), recognising the diversity of older people's individual needs and capacities during this time is critical. What does effective relationship-based practice with older people look like during a pandemic? As a starting point, it means seeing and engaging with each individual older person as a unique individual and avoiding the stereotypes of the 'successful' or 'vulnerable' older person. Secondly, and relatedly, it means being led by the voice of the older person and allowing time for their experiences, hopes, and concerns to be expressed, and demonstrating that they have been meaningfully heard. From a practical perspective, this crisis has required social workers to change 'how' practice takes place, but the 'why' of relationship-based practice is as clear and critical as ever.

Dr Aaron Wyllie

¹ All names and details are pseudonymised

As a social worker for a care home organisation, I provide pastoral support to residents and their families at admission, and at the request of residents, and manage the activity timetable for all residents. The coronavirus has been a really difficult time for care home staff and residents, and it has often felt like we (staff and residents) have been forgotten and left to tough it out in one way or another. In the first few weeks no one seemed too sure as to what rules we should be with protective equipment or receiving visitors, which made some staff and many residents and families understandably anxious and uncertain. Without being able to provide definitive answers, I was left to 'hold' much of this anxiety and uncertainty, all while experiencing my own anxieties and concerns. Once we did have some clarity on visitors and personal protective equipment, we had no time to communicate this to residents and families before the measures came into effect. Maybe this was unavoidable in this sort of unprecedented situation, but it is understandable to all residents and their families that we did not know when the night next to each other (physically at least), was very hard. Some families of residents in our home asked me whether their last visit may have been (unexpectedly), the last time they would see their loved one. Again, these were questions I could only 'hold' and be able only to offer a space to share these emotions rather than being able to provide any practical support or clarity.

When I was asked to think about 'relationship-based practice' over the past few months, my first thought was 'haven't I got time for any of that?', because it has all felt so chaotic and fast-paced. Having paused to reflect though, there probably has not been a time in my career when the value and importance of 'relationships' has been clearer to me. On the one hand, the absence of people moving in and out of the facility has meant that everyone has been more reliant on the relationships built within the facility. For some residents, new friendships have developed as a consequence of the time spent at the facility, and relationships between some staff and residents have grown deeper as a result of dedicated staffing (i.e. the same care staff with the same residents daily). As the weeks passed, and we have managed (so far) to avoid a COVID-19 break, we have begun to settle into a new kind of routine. We allocate more time for one-to-one support so that staff are able to support residents to communicate with family and friends using iPads, and we've had performers 'visit' through the window to provide musical entertainment. We have continued celebrating resident milestones however we can, such as collecting and compiling video messages for a resident's 90th birthday, in recognition of the fact that this is a moment in time, and that life goes on. Residents have taught me a great deal over this period, through sharing their own experiences of unexpected world events such as World War II, The Troubles in Ireland, and myriad personal crises. Of

course, I hope this period of uncertainty and pain for many ends soon, and I look forward to the day where we can receive visitors once again, but I also hope that we can retain some of what we have learnt, and the relationships we have built, after this is all over.

JP, Social Worker/Pastoral Support Worker

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