

32 SOCIAL WORK INTERVENTIONS WITH OLDER PEOPLE

Activity

The following exercise may be used by a group or in pairs and will help participants to consider the range of issues raised in this chapter.

The following 10 statements briefly describe a range of referrals you may receive as a social worker, for people over 65. Decide the level of priority (1 being the least and 10 the highest) you give to each scenario and give reasons. You should place these in order, none having equal priority. To expand the exercise you might also want to consider in each case: who is at risk?

Who else might you involve? What else you need to know?

- Mr Ahmed lives in a residential home. He is a Muslim and has complained of racism and insensitivity to his cultural needs. Furthermore he has told his doctor he feels suicidal.
- Criminal justice services have referred Mr Osborne, a convicted sex offender due for release from prison in 4 weeks. He has some care needs and uses a wheelchair. He has no accommodation.
- Mrs Japp is clinically obese. Her daughter has referred her because her mood is low, she seems to have stopped eating and fluid intake is minimal.
- Ms Jones is to be discharged from hospital tomorrow. She has had a fractured femur and could not use the toilet in her house because it is too low.
- Mr Phung's family are going on holiday in six weeks and want assistance at home for him while they are away. They 'keep an eye on him' and do 'everything' for him. He doesn't want to go into respite care.

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- Mrs James has dementia and has been referred by her son because she was found wandering last night. It is also noted that a couple of nights ago she had thrown her husband out of the house because she did not know who he was.
- The local sheltered housing project has referred Mr MacKay who they are considering evicting, because he is drinking excessively and has 'disruptive friends' coming round.
- The hospital has phoned to say that Mr Harvey, who has pancreatic cancer, wishes to come home to die and that as part of the local 'gold standard' agreement they plan to discharge him tomorrow. He requires a wide range of home care services.
- The bank has contacted duty social work to say that Mrs Grieves, a well-known customer, came in with her son, known locally as a drug user, and withdrew £10,000, nearly all the money from her main bank account.
- Police referred Mr Collins who has dementia and has been 'befriended' by local teenage girls, whom he is letting into his house. He is reported to be giving them alcohol and cigarettes.

Older People Chapter – Commentary – Referrals Exercise

There are no definitive answers about who should have priority in this exercise, so some brief considerations are offered in this regard as well as some thoughts on the other questions posed. As in all matters relating to social work interventions, it is important to base decisions on the fullest evidence possible, both in terms of the circumstances of the service user and the efficacy of different approaches, where that is known. It is important to establish the willingness of the service user for the involvement of others or the provision of care and treatment. Unwillingness to engage will increase risk. You need also to be clear about motives of referrer.

Name of service user	Issues around priority	Who is at risk?	Who else might you involve (every effort should be made to involve the service user and carers in all cases)?	What else do you need to know?
Mr Ahmed	<p>Suicide risk should influence decision around priority</p> <p>Racism</p> <p>Be alert to other forms of discrimination e.g. ageism</p>	Mr Ahmed (and possibly other residents) if there is racism and neglect of cultural needs amongst the staff group	<p>GP: For assessment of suicide risk and possible referral to community mental health services or other counselling agency</p> <p>Regulatory bodies: What is known about culture in care home and does action need to be taken</p> <p>Mosque Representative: May support Mr Ahmed</p> <p>Translator: May not be necessary but should consider</p>	<p>Mental health history</p> <p>How have complaints been dealt with? Does he think things have improved or got worse since?</p> <p>Check council and care home policies on cultural diversity</p>
Name of service user	Issues around priority	Who is at risk?	Who else might you involve (every effort should be made to involve the service user and carers in all cases)?	What else do you need to know?
Mr Osborne	<p>Risk of imminent homelessness. Sex offenders without stable home base may become lost to the system</p> <p>Urgent need for ongoing monitoring and support services</p> <p>Risk of reoffending</p>	<p>Mr Osborne at risk of homelessness and inadequate care if not appropriately accommodated</p> <p>Others may be at risk from his offending behaviour</p> <p>Risk to others and Mr Osborne arising from failure to communicate effectively balanced against risk of breaches of his confidentiality</p>	<p>Ensure CJS worker(s) are involved in care planning process</p> <p>Housing officials</p> <p>Police: presumably already involved</p> <p>Occupational therapy: at point at which accommodation is identified</p> <p>Home care service providers to ascertain suitability and availability of support</p>	<p>Need for information about perceived risk of reoffending and nature of previous offences</p> <p>Need for environmental scans to minimise risk to others and possibly to Mr Osborne</p>

	Need for early involvement to ensure effective information management i.e. with whom to share information and what information needs to be shared	Value judgements about his offence may get in the way of providing appropriate care, support and supervision	Primary care health services to meet ongoing health needs	Full assessment of needed to determine level of services and type of accommodation required Identify ongoing health needs
Name of service user	Issues around priority	Who is at risk?	Who else might you involve (every effort should be made to involve the service user and carers in all cases)?	What else do you need to know?
Mrs Japp	Appears to be a high priority as she may have stopped drinking as well as stopped eating (see risk column) Depression also a consideration May be urgent underlying health problem	All risks are to Mrs Japp Risk of dehydration and confusion Risk of developing depression Risk of social isolation If she has stopped drinking the risk of significant physical harm would be imminent and without rapid intervention, fatal Value judgements being made around her culpability for being obese	Primary care health services Psychiatric services - urgent mental health assessment required and possibly ongoing medication and/or psychological intervention Home care service providers to ascertain suitability and availability of support	Physical health history - e.g. has obesity been long-standing problem? Is current problem related to some life event? Is her physical health compromised in other ways? Mental health history What level of support and supervision can family offer, to back up statutory involvement and minimise risk?

Name of service user	Issues around priority	Who is at risk?	Who else might you involve (every effort should be made to involve the service user and carers in all cases)?	What else do you need to know?
Ms Jones	<p>If she can't use toilet cannot be discharged so intervention will be high priority. May be resource driven i.e. delayed discharge - thus management priority</p>	<p>Ms Jones, because of: hospital acquired infection e.g. MRSA</p> <p>Loss of independent living skills</p> <p>Risk of further injury if discharged without adequate equipment</p>	<p>Hospital staff to clarify level of need</p> <p>OT assessment for aids and adaptations and ability to make use of these</p> <p>Physiotherapy for ongoing exercises</p> <p>Home care service providers to ascertain suitability and availability of support</p> <p>Possibility of assisted support for discharge services (e.g. rapid response team) or 'enablement' type services</p> <p>Role for telecare?</p>	<p>Assessment of capability and need for support</p> <p>Information about layout of house (e.g. stairs, narrow spaces in bathrooms etc)</p> <p>Can she access and use cooking facilities, if not how are her nutritional needs going to be met?</p> <p>Reason for existing injury and risk of further injury e.g. dizzy spells etc.</p> <p>Awareness of local authority duties and policy relating to 'reasonable adjustments' under Disability Discrimination Act 1995/ Equality Act 2010</p>

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Mr Phung	Although not immediate, may require considerable planning to arrange services at home, or may assess need for residential respite	<p>Mr Phung may become emotionally distressed</p> <p>Failure to identify adequate support could leave him at risk of harm</p> <p>Lack of full information from family</p> <p>Risk of social isolation</p>	<p>GP: For information about his health needs</p> <p>Care manager: For full assessment of his care needs</p> <p>Translator: May not be necessary but should consider</p> <p>Advocate: Is it Mr Phung's needs that are to be met or those of his family? Advocate may help to elicit his views</p>	<p>Need to know clearly what Mr Phung thinks</p> <p>Need to clarify what family do for him and what he needs done for him, which may be two different things</p> <p>Consider issues of capacity. Is he capable of deciding what he wants?</p>
Name of service user	Issues around priority	Who is at risk?	Who else might you involve (every effort should be made to involve the service user and carers in all cases)?	What else do you need to know?
Mrs James	Fact of not recognising husband and wandering suggests dementia is quite advanced and therefore should attract some priority	<p>Risk of harm to Mrs James when wandering e.g. road safety (which may also pose risk to others), harm from others, getting lost</p> <p>Risk to husband if she thinks he is an intruder</p> <p>Failure to effectively support and supervise her may lead to risk of harm</p> <p>Neglect of her personal care and hygiene</p>	<p>GP: For information about her health needs</p> <p>Care manager: For full assessment of her care needs</p> <p>OT assessment for aids and adaptations and ability to make use of these</p> <p>Psychiatry: May need assessment of capacity and level of dementia</p> <p>Community, friends and neighbour support may help to keep her safe</p>	<p>Need to be aware condition can fluctuate. Mental state may also be affected by acute infection</p> <p>Who are the informal carers and how capable are they of supporting her?</p> <p>Check if there are any 'proxies' under incapacity legislation</p> <p>Is there an advance statement/ directive?</p>

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Mr MacKay	Potentially homeless, but presumably not imminent therefore probably lower priority	<p>All risks noted are to Mr MacKay, except that there may be a fire risk to others were he to leave cookers on, or drop lit cigarettes</p> <p>Risk of 'rooflessness' if he is evicted and has difficulty securing further accommodation</p> <p>If drinking excessively and over long term risk of Wernicke-Korsakoff's syndrome</p> <p>Risk to physical health and harm e.g. from falls</p> <p>Risk of financial exploitation</p> <p>Risk of assuming this is a lifestyle choice and not offering support</p>	<p>Housing officer: Need clarity on current tenancy and any available options</p> <p>GP: Clarify if there are known health needs</p> <p>Alcohol support services: If involved what is their view, if not potential referral?</p> <p>Welfare rights/Citizens Advice Bureau for advice re: eviction</p>	<p>How far has eviction process progressed?</p> <p>Locate information about his physical/mental health.</p> <p>Has alcohol use been longstanding and has he ever received treatment?</p> <p>Does he have care needs?</p> <p>Check whether there is a potential for involvement. Assumptions must be avoided but he may not wish intervention and be making 'lifestyle choices'</p> <p>Knowledge and use of local adult protection or safeguarding procedures may be necessary if friends are seen to be exploiting him in some way</p>

Name of service user	Issues around priority	Who is at risk?	Who else might you involve (every effort should be made to involve the service user and carers in all cases)?	What else do you need to know?
Mr Harvey	<p>Given his imminent death and the local policy, getting him home safely would appear to be a very high priority</p> <p>Important to be clear that his health needs can be met at home</p>	<p>Risk to Mr Harvey of lack of dignity in death</p> <p>Upset to family members were he not to die at home as he wishes</p> <p>Risk to the agency by contravening policy</p> <p>Risk that inadequate care may cause physical harm to Mr Harvey and emotional distress to him or his family</p>	<p>Hospital staff to clarify level of need</p> <p>OT assessment for aids and adaptations and ability to make use of these</p> <p>Home care service providers to ascertain suitability and availability of support</p> <p>Primary care health services to meet ongoing health needs</p>	<p>May need quick assessment of suitability of home if range of equipment needed or problems with mobility</p> <p>Who are the informal carers and how capable are they of supporting him?</p> <p>Does Mr Harvey definitely want to go home? Ensure it is not simply the hospital trying to clear beds</p>
Name of service user	Issues around priority	Who is at risk?	Who else might you involve (every effort should be made to involve the service user and carers in all cases)?	What else do you need to know?
Mrs Grieves	Need to protect her assets seems urgent	<p>Risk of debt and poverty – implications for accommodation, nutrition and social inclusion</p> <p>Need to be wary of making assumptions about motivation of son and about her capacity to decide to give him money</p> <p>Risk that Mrs Grieve believes disposing of capital will mean she doesn't have to contribute to care</p>	<p>Bank manager: As referrer presumably happy to share more information about background</p> <p>GP: Are there any issues around her capacity to make this decision or decisions</p>	<p>Important to know scale of problem</p> <p>Need to interview Mrs Grieves to understand her perspective – and possibly to provide information</p> <p>Knowledge and use of local adult protection or safeguarding procedures may be necessary if son is seen to be exploiting her</p>

Name of service user	Issues around priority	Who is at risk?	Who else might you involve (every effort should be made to involve the service user and carers in all cases)?	What else do you need to know?
Mr Collins	Priority may depend on the extent of the problem. As police made referral, they are presumably concerned that there is a significant problem which may be escalating	<p>Risk of actual or alleged abuse by Mr Collins in relation to teenage girls</p> <p>Risk to Mr Collins who may be victim of exploitation by teenage girls</p> <p>Risk to teenage girls as victims of abuse</p> <p>Risk to Mr Collins of criminal charges for providing or facilitating illegal use or purchase of alcohol or cigarettes</p> <p>Risk of financial problems for Mr Collins</p> <p>Risk for Mr Collins of undiagnosed deterioration in dementia</p>	<p>Police: Gather further information. Seek their involvement in addressing issues with girls Mr Collins</p> <p>Child care services: depending on age of teenagers may be child protection issues - social work and school involvement</p> <p>GP: For information about his health needs and capacity with regard to decision making. Ensure GP aware of concerns</p>	<p>Need to know more about his reasons for involvement with this group of girls. Is it abusive on his part, exploitative on their part or is it even possible that they are helping him and this involvement has been misinterpreted</p> <p>Further information about frequency and timing of these issues</p> <p>Need to visit the house to assess his living circumstances - is this becoming a teenagers haunt?</p> <p>Is Mr Collins suffering financial problems?</p>