



SOCIAL WORK IN LONG-TERM CARE

Social work has a long history of playing a significant role in the provision of long-term care. As a result of being multi-disciplinary in nature, long-term care provides an opportunity for social workers to practice collaboratively with allied professionals, while at the same time maintain the integrity of their particular knowledge and skill base.

This position statement offers a description of the ways in which social workers contribute to service provision within long-term care facilities. It outlines essential social work services and identifies the staff resources, knowledge and skill base that are required in this type of setting.

This document is intended to:

- Emphasize the importance of the social work role in meeting the needs of persons in long-term care;
- Outline the core education, knowledge, and competencies expected of a social worker employed in this area of practice;
- Outline the core aspects of social work service which reasonably can be expected by employers, residents, and families; and
- Provide a guide for the development of social work job descriptions in this area of practice.

Definition

Long-Term Care

The description, long-term care, is used with a variety of meanings. It is most commonly used to signify nursing home care or rehabilitation centre care. However, in some provinces it is sometimes given a much more inclusive meaning to refer not only to other types of residential care, but also to ongoing care within day programs or even home based programs.

For the purposes of this document, long-term care is intended to refer to care in nursing homes (primarily but not exclusively for the elderly) and also to care in other long-term residential facilities for persons with developmental, physical, mental, or emotional impairments.

The principle components of long-term care are health care and social services designed to provide assessment, treatment, rehabilitation, and supportive care, as well as prevention of increased disability of individuals of all age groups who have chronic physical, developmental, or emotional impairments. (NASW, 1981).

Scope of Practice

Social work services in a long-term care setting focus on the following:

- Social and emotional impact of physical and mental illness or impairment;
- Preservation and enhancement of physical and social functioning;
- Promotion of those conditions essential to assure maximum benefits from long-term health care services;
- Prevention of physical and mental illness and increased disability or dysfunction; and
- Promotion and maintenance of physical and mental health and an optimal quality of life. (NASW, 1981).

For the social worker, this involves influencing the social determinants of health that are relevant to the resident by intervening with the resident, the family, other residents and staff within the facility, and also the broader community. Emphasis is on building on existing strengths, modifying risks and seeking solutions to issues that interfere with optimal quality of life.

Social work services within long-term care are guided by the following principles:

- Services are resident/family directed;
- Resident/families should be able to easily access services provided by social workers;
- A continuum of social work services are provided during the various phases of residency (*see Appendix*);
- Services are provided within an interdisciplinary perspective and should reflect co-operation, collaboration and effective teamwork;
- Recipients/families should receive services that are integrated and co-ordinated with linkages between appropriate agencies and programs;
- Social workers should possess a comprehensive understanding of the characteristics of the client population, of their developmental stages, and of the practice setting in order to competently perform social work activities with residents and their caregivers; and
- Clinical practice, community and policy approaches should be based on the unique and changing needs of the particular resident population.

Social workers play a key role within a facility by:

- Enhancing the quality of life of residents and by striving to minimize institutional aspects within the facility and by counteracting the impact of helplessness, hopelessness, loneliness and boredom;
- Establishing therapeutic relationships with residents where appropriate;
- Dealing with interpersonal issues ranging from intimacy to aggression and violence.
- Ensuring that residents' self-determination is safe-guarded to the extent possible through actively involving them in planning and decision-making;
- Locating and arranging resources, utilizing the social worker's ability to understand how systems interact and what resources are available at the macro and micro levels to meet the identified need;
- Dealing with a resident's family members who are feeling guilt related to placement;
- Dealing with palliative care and end-of-life issues both with the resident and with

their family;

- Providing expertise in geriatric consultation or other aspects of care relevant to the mandate of the facility (for example in helping staff and residents alike to deal with the difficult issues of dying and death)
- Supporting, developing or implementing innovative programs relevant to the facility's mandate;
- Fulfilling a leadership role, along with others, in contributing to the overall effective operation of the facility, utilizing specialized knowledge and skills that include the following:
 - communication;
 - problem solving;
 - systems knowledge and knowledge of community resources;
 - ability to assist persons in different roles within a facility to work more effectively together; and
 - ability to assist various external agencies to work together in the best interest of the resident.
- Promoting a positive atmosphere and attitudes and playing a leadership role in counteracting stereotyping, stigmatization and discrimination; and
- Sharing responsibility for educating residents, families and staff colleagues.

Core Services

Social work services provided during the various phases of residency (*see* Appendix), which are essential to the well-being of residents/families in long-term care include the following:

- admission preparation;
- screening;
- assessment;
- counselling;
- practical assistance;
- identifying, locating and/or arranging resources;
- internal and external advocacy;
- education;
- group work; and
- discharge planning.

Education, Knowledge and Skills

A Bachelor of Social Work (BSW) is generally accepted as the basic entry level. Ongoing professional development is essential.

Registration by the appropriate provincial social work regulatory body is desirable and increasingly required.

Social workers in long-term care must have knowledge of the developmental tasks of the residents served, the impact of chronic disease/impairments on residents and families, organizational aspects of long-term care facilities, current trends and best practices. Social

workers may be required to be knowledgeable about planning, organizing and implementing outreach programs for persons in the community.

Social workers are expected to be skilled in addressing the diverse needs of long-term care residents through a variety of means including specialized individual and family counselling.

In some facilities other services may be offered in addition to those provided directly for residents. This might include day programs, consultation regarding geriatrics, developmental challenges or some other area of special expertise, which would have a bearing on the knowledge and skills required of the social worker.

The fact that social work addresses individual needs in the broader context of a person's environment to include family, long-term care facilities and community, gives the social worker a unique skill set to apply to a long-term care setting.

The social work skill base enables social workers in long-term care to make a contribution to, and to be leaders within, their specific organization in a variety of areas such as interdisciplinary communication and teamwork that include the following:

- conflict resolution;
- planning and problem solving;
- holistic approaches to client care;
- therapeutic relationships with clients and families;
- client advocacy, family support groups, family councils, resident councils, and co-ordination with other community services;
- program planning, implementation; and
- evaluation; policy development; education, training and research.

Staffing

Workload measurement programs suggest that full-time clinically assigned social workers should spend 70% of available time in direct and indirect services to clients. The remaining 30% should be devoted to administrative tasks and services to the facility and community. Many social workers in long-term care facilities are in sole charge positions; thus the above time arrangement must be adjusted to fit the demands of the job.

The available wisdom in the area of staffing ratios suggests that in order to provide adequate core services a facility requires one full-time equivalent (FTE) clinically assigned social worker for every 60-70 residents. This person would usually have an active monthly caseload of 35-40 people.

Conclusion

The foregoing provides an outline of the key ways in which social work knowledge and skills are responsive to the needs that emerge in long-term care facilities. The generic nature of social work and its focus on the individual in his/her environment places the social worker in a privileged position to intervene with both individual and system issues, which are present within the facility and in the larger community.

The values, knowledge and skills of social work combined with the privileged perspective suggests that social workers will play an increasingly important role in this area of practice in the future.

References

CASW. 1994. *Code of Ethics*.

NASW. 1981. *Standards for Social Work Services in Long-Term Care Facilities*.

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Appendix

Social Workers in long-term care become involved with residents/families at the point of matching client need with the services of the facility. Involvement continues from pre-admission through residency to the termination of residency at the time of discharge or death. A brief description of work within each of these phases is outlined below.

Pre-Admission Phase

The social worker often is the first contact a resident/family will have with the facility. This is a time when the resident/family are beginning the difficult task of dealing with their feelings about placement in a facility. The social worker provides information about the facility, including a tour, policy discussion, and assesses client needs and intervenes to meet those needs.

Admission Phase

The process involved in helping the resident/family become familiar with the facility and its resources is essential to the future adjustment and well-being of the resident/family. The social worker co-ordinates the admission process for all new residents, acting as a liaison between the resident/family and any involved community agency. During the post-admission period, adjustment counselling is needed by many residents and family members. Intensive social work intervention may be required at this stage.

Residency Phase

The social worker's role in working with residents/families during this phase is to facilitate the resident's fit with the environment as the client strives to retain his/her identity and maintain his/her autonomy while trying to restore optimal social functioning. A variety of interventions may be utilized.

Discharge/Transfer/Death

The social worker facilitates the resident's return to the community or transfer to another facility where applicable. Discharge planning is a particularly critical component of a Respite Care Program.

Grief counselling may also be required by the client and/or family members during the final stages of life or at death.