Strengths-based Approach to Social Work Practice with Older Persons

Ilango Ponnuswami, Ph.D*, Abraham P.Francis, Ph.D and P.Udhayakumar*****

Abstract

Strengths-based approaches generally conceptualize strengths in two distinct ways. First, assets, resources, and abilities that can be used to assist in helping an individual to continue to develop. Accordingly, strengths are used as building blocks for service planning and programme development. Second, some strengths can be developed or enhanced. Consequently, changes in the availability of various assets, resources, and abilities for an individual can be viewed as a service delivery outcome. In working with older persons, the strengths-based approaches can prove to be extremely useful in view of the fact that most elderly have an enormous repertoire of knowledge, practice wisdom and a wide range of skill sets and by and large, helping professionals approach the whole issue of working with the elderly from a perspective of dealing with dependency and burden of care associated with it. Particularly, social work interventions, in order to be effective, need to be offered from the stand point of strengths-based approach rather than other paternalistic models of care. There is a strong emphasis of the 'elderly as a resource' perspective in the field of ageing and various international bodies such as the United Nations have been advocating this paradigm shift among all stakeholders including the older persons themselves. Almost all nations have included this as an important aspect in their national policies and programmes for the elderly the most significant ones being China's National Programme on Ageing and India's National Policy for Older Persons. The authors examine the relevance of strengths-based approaches to social work practice with older persons from a global perspective, provide strategies for social work interventions and discuss the challenges for the profession.

Keywords: Strengths-based approach, Old age and Social Work

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Introduction

Strengths-based approach is a manner of working with individuals, families, and organizations grounded in the principle that those individuals: have existing competencies; have resources; are capable of learning new skills and problem-solving; can use existing competencies to identify and address their own concerns; and can be involved in the process of healing and self-health. A strengths-based approach is more than a set of hard and fast rules. It is a perspective. It strives to lead with the positive and values trust, respect, intentionality, and optimism. It is based on the idea that people and environments interact and change each other in the process. Each has the ability to build the other's capacity (Hirst et al., 2011). Health care and human service professionals may utilize a strengths-based perspective in their work with individuals. While they do not explicitly follow a particular model, they view and define individuals "by their values, strengths, hopes, aspirations, and capacities, regardless of the stressful or burdensome nature of the situation around them" (Peacock et al., 2010). A strengths-based perspective is collaborative and reduces the power differential between professionals and individuals/families (Anuradha, 2004; Greene, 2000; Rashid & Ostermann, 2009). A strengths-based perspective includes guiding concepts such as empowerment and social justice (Anuradha, 2004; Chapin & Cox, 2004). While practitioners utilizing a strengths-based perspective may refer to the influence of solution focused therapy, positive psychology or health and human care professionals' emphasis upon individual strengths, their descriptions suggest that they are influenced by such approaches, rather than by actually utilizing the models (Hirst et al., 2011).

To effectively meet the mental wellness needs of older adults and those with disabilities, a strengths-based approach is recommended. This perspective suggests that there is a need to find out what has helped the older adult / individual with a disability get to where he or she is in life. A strengths-based approach operates on the assumption that people have strengths and resources for their own empowerment. Traditional health intervention models concentrate on deficit based approaches, ignoring the strengths and experiences of the participants. In a strengths-based approach, the focus is on the individual not the problems or concerns. Drawing on strengths-based approaches does not ignore problems. Instead, they shift the frame of reference to define the issues. By focusing on what is working well, informed successful strategies support the promotion of mental wellness in older adults with mental illness or in adults with a disability (Hirst et al., 2011).

Strengths-based and empowerment-oriented interventions simultaneously focus on client strengths and environmental strengths and strategies that include education (transfer of knowledge and skills, often among individuals in similar circumstances),

self-help, enhancing social networks, advocacy, and social action. Empowerment oriented practice maintains special focus on consciousness-raising (regarding the personal and political dimensions of issues), multi-level intervention strategies and change, and collectivity in problem solving and action. Both perspectives strongly support client participation in all aspects of the decision-making processes affecting their lives and seek egalitarian working relationships between social worker and client (Chapin and Cox, 2002). The strengths approach provides techniques and tools to help social workers focus on and identify older adult's strengths and abilities as well as strengths of families, and communities (Fast and Chapin, 2000). Strengths assessment and goal planning is anchored in the belief that people can survive and perhaps even thrive, despite difficult circumstances. Listening to people's stories, exploring alternative meanings of their stories, and affirming their successes, and future possibilities, is key. The social worker acts as collaborator, supports the elder's choices, and actively works to make sure adequate resources are available for the older adult (Chapin and Cox, 2002). A strengths-based approach appears to be consonant with the selective optimization with compensation model described above and thus may be one example of a helping strategy that can promote successful aging (Sullivan and Fisher, 1994). Strengths-based or competence perspectives on human functioning offer a different vantage point to view older adults (Weick, Rapp, Sullivan, & Kisthardt, 1989)

Elderly as a resource – emerging perspectives

Older people are said to be a resource for family and society because they have lot of strength and potentialities within them. Moreover, older persons workforce has doubled in the past 50 years, from 62 million in 1950 to 141 million in 2000. By 2050, the labour force is projected to reach approximately 194.8 million. Older cohorts are expected to make up a larger proportion of the future labour force, with those 55 years and older growing from 13% in 2000 to (with modest projections) at 19% by 2050 (AARP, 2005), and more robust percentages projected at 23% (Purcell, 2000). Older workers, those between 65 and 74, will account for approximately 9 million (Purcell, 2000). Simultaneously, the labor force will become more diverse, with larger proportions of women and minorities. According to recent reports released by the Singapore Ministry of Manpower, the profile of the population age 50 and over in Singapore shows the following interrelated characteristics (MOM, 2007a, 2008, 2010):

Education: Although better education has helped drive the employment rate of older workers in recent years, in general, the older population in Singapore is still comparatively less educated within the general population because of early years of little opportunity for higher education. There has been an improvement, though: in 1991 78% of older workers had less than a secondary education, while in 2007 that percentage had dropped to 55%; and the percentage of those with a tertiary-level education increased from 4.3% in 1991 to 14% in 2007. This is however still substantially lower than the below-age-50 group, where 44% had a tertiary education.

Employment Status: Older workers are more likely to be self-employed (26.7%), which also means that they are not restricted by a mandatory retirement age and may work for more years than salaried workers. While 90% are in full-time

employment, older workers are more likely to be in part-time work (10.4%) than are younger workers (4.8%). Older workers tend to concentrate in lower-skilled non-PMET jobs (67%) due to their lower educational attainment (68%). They include cleaners, laborers, and related workers, plant and machine operators and assemblers, service and sales workers. Only 10% are working as professionals or associate professionals and technicians (15%) (MOM, 2008). 77% of older workers were employed in the service sector, including community, social and personal services, wholesale and retail trade, transport and storage, hotels and restaurants. Land transport and supporting services have the highest incidence (such as taxi drivers who are among the self-employed), followed by administrative and support services (such as cleaners and security guards) and restaurants. The incidence was lowest in IT and other information services, followed by electronic products manufacturing and financial institutions (Table 4-8). This is expected as the hotel and restaurants sectors and the transport and storage sectors both have a relatively high median age of 47 and 46 respectively, while the information and communication sector and the financial services sector have the lowest medium age, at age 35 and 36 respectively (MOM, 2010:19). Older workers are less likely to change jobs than younger workers: 14% of older workers changed jobs in 2007 compared to 25% of those in their 30s and 34% of those younger. They seem more settled in their jobs, with longer years of work experience. The lesser opportunity available to older workers in the job market may also deter them from switching to another job (MOM, 2008). Older workers tend to work an average of 50 hours a week in full-time jobs, which is a higher average than the younger workers in their 20s and 30s. They work an average of 20 hours a week for part-time, which parallels with other age groups. Older workers are also more likely to work on term contracts:16% of older workers, compared to 9% of the 25‑49 age group, are contract workers (in the MOM, 2008).

HelpAge International (2000) found that older people have to shoulder the burden of caring for orphans ranging from 12 to 17. Research in Uganda (Williams and Tumwekwase, 1999) found that it was impossible to focus only on HIV/AIDS. In the village, 30 older people were looking after 58 grandchildren, of whom two-thirds were orphaned for reasons other than AIDS. A report by WHO (2002) states that older people having 'taken on new roles by providing care and financial support to orphaned children and playing child-rearing roles within their extended families'. However, the idea that the role is 'new' is debatable. In many communities, older people, particularly older women, traditionally played an important role in the care and upbringing of children. Studies from Tanzania (Urassa et al, 1997) provide evidence of the many and varied care arrangements that existed within the community, with orphaned children cared for by various family members and 'foster-care' arrangements common when one or both parents moved away for work or other reasons.

Older People and Volunteering

Volunteering is an activity that is of benefit to the community, is done of one's freewill and is undertaken without monetary reward. The ABS survey into voluntary work in Australia found that whilst volunteer rates increased in all age groups and both sexes, it increased the most in 'the 18-24 (17% to 27%) and the 55-64

(24% to 33%) years groups' (ABS, 2001, 3). Whilst the number of volunteers was highest in the 35-44 age group (40%), older Australians tend to volunteer more time (Onyx and Warburton, 2003, 65; ABS, 2001, 6-7). The ABS survey found that amount of time spent in volunteering increases with age such that the 65-74 age group median hours were 2.5 per week compared to the overall median hours of voluntary work of 1.4 per week (ABS, 2001, 6-7). Further, older people tend to stay with organisations longer (Onyx and Warburton, 2003, 65). Also, the amount of informal volunteering was not recorded by the ABS, thus perhaps underestimating the amount of older volunteering with respect to other age groups.

Older people tend to volunteer more in community and welfare based organisations this would particularly affect organisations in the areas of emergency services, sporting and recreation, and education, training and youth development (Productivity Commission, 2005, 93-94). Older people can and do volunteer in a diverse range of fields. In Australia older volunteers are 'more likely to volunteer for community or welfare organisations than other age groups' (Onyx and Warburton, 2003, 65; ABS 2001, 23) (this was true of all age groups over 55). They also volunteered in sport/recreation, education/training/youth development, religious organisations and health but (in descending order) in fewer numbers (ABS, 2001, 23).7 One American study of 55-74 year olds found that those who volunteered did so in religious organisations (29%), educational organisations (7%), political organisations (7%), senior citizen groups (13%), and other (17%) (Mutchler, Burr and Caro, 2003). The review of the English Home Office Older Volunteers Initiative found that older people can (with encouragement) volunteer in a large number of areas where they do not traditionally do so (Rochester and Hutchison, 2002, vii). The areas they were involved in included health promotion, community education, social welfare, child protection, education, social welfare, crime prevention, heritage, and overseas development (Rochester and Hutchison, 2002, 14).

Family and Friends

Older people place great value on their relationships with spouse, family and friends. Since added years of life prolong a person's relationships with others whose lives are also extended, the result is an important and continuing source of fulfilment (Hooyman and Kiyak 1988). This belies the myth that older people are typically lonely and alienated from family and friends. Older people play an important role in supporting and maintaining informal social networks and thus provide the 'social glue' that binds three and even four generation families. 'Family ties, the giving and receiving of support, having fulfilling family roles, and caring are core family concepts for older Australians' (Minister for Aged Care 2000, p 9). Over 70 per cent of older people live with others usually a spouse, 20 per cent live alone, and the eight per cent who live in non-private dwellings including residential care are mostly aged 75 years and over (Australian Institute of Health & Welfare 2002b).

Older people caring for older people

Married couples expect to enjoy their retirement years together. Earlier research suggested that retirement involved some marital dissension, given the scenario that

the man retires from work to become an intruder in his wife's domestic domain, but times are changing. First, longitudinal studies show that the initial conflict following retirement resolves as a couple re-negotiates territorial issues and the majority of both men and women report experiencing the same or greater marital harmony a few years after retirement (De Vaus and Wells 2003). Second, an increasing number of older women are in the workforce, which may blur the traditional division of labour where the wife runs the home, considering it 'her domain', and resents the intrusion of her retired husband and the disruption he causes. However, time use surveys indicate no significant re-working of gender roles among the current generation so far, and no greater equality in the way domestic tasks are performed. With their increased leisure status, retired married men spend more time on outside domestic work and other leisure pursuits but do very little extra housework, while women increase the time they spend on domestic work and other leisure pursuits (Healy 1988; De Vaus and Wells 2003).

The Survey of Disability, Ageing and Carers estimated that most primary carers of older people were over the age of 65 years, with 39 per cent aged 65 years plus and 82 per cent aged 45 years. According to the ABS definition, these people provide informal assistance to someone with a disability who has needed help with self-care, mobility or verbal communication for at least six months (Australian Institute of Health & Welfare 2002b, p.42). Most carers aged 65 years and over provide care to another older person, 75 per cent care for their partner and ten per cent for a parent. Over two-thirds of primary carers of older people are women, partly because of their socially conditioned role as carers and partly because they outlive men so that an elderly wife is likely to look after her husband when he is disabled or terminally ill. Increasing life expectancy does make it more likely that one partner will outlive the other and be left alone at more advanced years.

Older people helping adult children

According to a large Sydney survey conducted in 1981 (Kendig 1986), older people were more inclined to be the providers rather than the recipients of many kinds of support. They were more likely to have given financial support, were twice as likely to have been providers as recipients, and nearly half helped someone outside the household with the tasks of daily living. Data from a more recent survey of Australian families also show that adult children are more likely to receive help from their older parents than to give it (De Vaus and Qu 1998). The ages between 55-64 years are the peak years for providing financial support to other family members (Minister for Aged Care 2000). On average, people aged 65-74 are net providers of private financial transfers, only becoming net receivers when past the age of 75 years. Families therefore establish patterns of reciprocity for financial, practical and emotional help between older and younger family members, with the balance changing over the life course. American studies, for example, have found that parents are the most important sources of support for adult children coping with a variety of life crises such as divorce, early widowhood and grief (Hooyman and Kiyak 1988).

Grand parenting

Families with grandparents are now the norm rather than the exception as was the case a century ago. With an extending life span, older people generally expect to become grandparents although they have fewer grandchildren. Conversely, children in increasing numbers of families now have the advantage of contact with grandparents. Australian statistics are not available, but the majority of older people in the US are grandparents and over 75 per cent see at least one grandchild every week or so (Hooyman and Kiyak 1988). The increasing importance of grandparents has meant that this long-neglected role is beginning to receive some research attention both in Australia and internationally. Contemporary grandparents are more active, healthier and wealthier than their own grandparents were and have more time, energy and money to devote to their personal interests including grandchildren. Although few grandparents now live with grandchildren, they are often called upon to 'help out' with their care. Further, studies report that grandparents generally offer grandchildren unconditional love, which their parents, perhaps because of their parental roles and other responsibilities, may be less able to do (Hooyman and Kiyak 1988).

Enhancement of the strengths of older persons

Empowerment-oriented and strengths based practice with older adults who face physical, mental and resource related challenges in late life have gained recognition in recent decades (Chapin and Cox, 2002). Cox (1999) noted that social justice provides an overall guiding principle for empowerment-oriented practice. Most proponents of this approach stress a knowledge base that includes a historical view of oppression; an ecological view of individual and group functioning; ethnic, class, and feminist perspectives that illuminate the political aspects of issues; and a cultural perspective that enhances understanding of values, beliefs, behaviors, and an overall critical perspective (Lee, 2001; Breton, 1994; Estes, 1999). Strengths and empowerment- oriented practitioners and other advocates for effective services for older adults have designed programs that attempt to modify the medical model by calling for increased client participation in service design and implementation. Review of current literature suggests the following guidelines for programs to assure quality of service for frail elders: (a) living environments that support independence; (b) consumers determine timing and intensity of services; (c) understanding that disability and care arrangements are transitory; (d) environmental supports for aging in place (social and formal support network members); (e) effective care coordination; (f) ongoing assessments; and (g) monitoring of outcomes (Marek & Rantz, 2000).

Empowerment-oriented practitioners have suggested program characteristics that: (a) make possible transfer of knowledge and skills useful in self-care to clients, their families, and communities; (b) transfer expertise to clients that will increase their policy and program skills; (c) use intervention strategies that help clients understand their personal probems in a broader perspective as public issues; (d) provide training and motivation for clients to critically analyze their life situation and take part in consciousness-raising experiences; (e) emphasize cooperative and interdependent activities for accomplishment of mutual goals and provide respected societal roles for elders; (f) establish worker/client relationships that essentially represent

partnerships, or are egalitarian in nature; (g) enable clients to develop or maintain personal support networks; (h) enable groups to take more active roles in decision making that affects their environment; (i) evaluate service provision in terms of its contributions to empowerment and social justice; and (j) inclusion of clients in the evaluation process (Cox & Parsons, 1994). The strengths approach provides techniques and tools to help social workers focus on and identify older adult's strengths and abilities as well as strengths of families, and communities (Fast and Chapin, 2000). Strengths assessment and goal planning is anchored in the belief that people can survive and perhaps even thrive, despite difficult circumstances. Listening to people's stories, exploring alternative meanings of their stories, and affirming their successes, and future possibilities, is key. The social worker acts as collaborator, supports the elder's choices, and actively works to make sure adequate resources are available for the older adult.

Relevance of strengths-based approach for social work practice

Gerontological practice can be viewed as a tool for helping people meet basic human needs. As with empowerment-oriented practice, social work practitioners, faculty, and students around the country have been exploring methods for actually integrating the strengths perspective into gerontological social work practice, policy, and research (Fast & Chapin 2000, 2001; Perkins & Tice 1995). Potentially, integration of the strengths perspective and empowerment-oriented interventions into gerontological social work can provide practitioners with new tools for conceptualizing social needs or problems, a more inclusive approach to formulation of the helping process, and an expanded array of empowering practice options. Strengths-based practice proponents stress values that encompass human potential to grow, heal, learn, and identify wants. Individual uniqueness, self-determination, and strengths of person and environment are also strongly acknowledged (Fast & Chapin, 1997). Systems theory and ecological perspectives are frequently relied upon knowledge bases (Saleebey, 1997). The philosophical values base and knowledge bases of both practice models support a strengths approach to assessment and intervention.

When clients are viewed as people with strengths rather than as pathological or deficient, then the absolute necessity of their inclusion in problem definition at both the direct practice and policy practice level cannot be denied. Social workers can then clearly see that efforts to assure that client voices are heard and understood are fundamental to effective practice. The importance of ensuring inclusion of clients' voices becomes clear when the problem definition process is viewed in this way, and the focus is on the strengths rather than the deficits. Assertive outreach and efforts to ensure resource acquisition sufficient to create an environment supportive of individual and community strengths are key to strengths-based practice. The elders that social workers see are typically ones with needs that the elder cannot meet, often due to disability and or serious lack of economic resources, including health care access. Additionally, elder client populations are becoming more ethnically diverse as noted by Torres-Gil in his article in this special edition. (Chapin and Cox, 2002). The strengths approach provides techniques and tools to help social workers focus on and identify older adult's strengths and abilities as well as strengths of

families, and communities (Fast and Chapin, 2000). Strengths assessment and goal planning is anchored in the belief that people can survive and perhaps even thrive, despite difficult circumstances. Listening to people's stories, exploring alternative meanings of their stories, and affirming their successes, and future possibilities, is key. The social worker acts as collaborator, supports the elder's choices, and actively works to make sure adequate resources are available for the older adult. Potentially, integration of the strengths perspective and empowerment-oriented interventions into gerontological social work can provide practitioners with new tools for conceptualizing social needs or problems, a more inclusive approach to formulation of the helping process, and an expanded array of empowering practice options. Strengths-based practice proponents stress values that encompass human potential to grow, heal, learn, and identify wants. Individual uniqueness, self-determination, and strengths of person and environment are also strongly acknowledged (Fast & Chapin, 1997).

Challenges for social work profession

Social workers face a most demanding and challenging task as we struggle to develop gerontological practice for future decades. The development of empowerment-oriented and strengths approaches have increased the complexity of this challenge. Works to reframe practice issues so that needs of the older adult are normalized rather that pathologized, is central to this process. Social workers can take the lead in this reframing process. Gerontological social workers who are following the philosophical, value, and practice directions of these empowerment and strengths approaches are faced with the demanding task of integrating the personal, interpersonal, and political components into their intervention strategies. For social workers who are committed to supporting client autonomy, an approach to policy practice and direct practice that is based on collaborating with consumers of service is critical. New strategies are required in order to achieve more egalitarian client/worker relationships and client participation in policy and program development (Chapin and Cox, 2002).

Conclusion

The strengths perspective emphasizes the personal and community assets of a client rather than their deficits and offers possibility, promise and hope for the future. The approach is flexible and can be applied to a wide range of interventions including disability, family and old age support services. Strengths-based and empowerment-oriented interventions simultaneously focus on client strengths and environmental strengths and strategies that include education, self-help, enhancing social networks, advocacy, and social action. Health care and human service professionals utilize strengths-based perspective in their work with individuals. Strengths-based assessment tools provide practitioners with positive methods to assess strengths and competencies, and thereby develop a strengths-based intervention plan. Strengths-based interventions are designed to enhance the strengths of particular populations. Such interventions are tailored to the specific needs of the elderly population. To help the elderly rediscover their strengths and abilities, social workers are

encouraged to convey a positive and optimistic attitude, and use strengths-based approaches. The strengths approach provides techniques and tools to help social workers focus on and identify older adult's strengths and abilities as well as strengths of families, and communities. Gerontological practice can then be viewed as a tool for helping the elders to meet their basic human needs. The strengths approach provides techniques and tools to help social workers focus on and identify older adult's strengths and abilities as well as strengths of families, and communities.

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