

Social work: services for older people

Quick summary sheet

NICE supports person-centred care and support through the development of evidence-based guidelines and quality standards.

Guidelines:

- Comprehensive set of recommendations for action
- Focused on a particular topic/setting
- Aimed at a range of audiences
- Show the underpinning evidence

Quality standards:

- Set of statements to help improve quality
- Focused on areas of poor quality or variation in practice
- Can be used to measure improvement or demonstrate good quality

Examples of guidance topics relevant to adults' Social Workers:

Older people: independence & wellbeing ([NG32](#) & [QS137](#)) Dementia ([NG97](#), [QS184](#))
Managing medicines ([SC1](#) & [QS85](#), [NG67](#) & [QS171](#)) Care of dying adults ([NG31](#) & [QS144](#))
Older people and multiple long-term conditions ([NG22](#) & [QS132](#)) Home care ([NG21](#) & [QS123](#))
People's experience in adult social care ([NG86](#) & [QS182](#)) Decision making & mental capacity ([NG108](#))

The scenarios below show how NICE guidance could be used in social work practice. We recognise that NICE guidance would be used alongside other sources of information to support professional judgement.

Scenario 1—Discharge from hospital

Situation:

During supervision a hospital social worker discusses the pressure they are feeling to discharge people to care homes, when those people may not have the capacity to make a decision about where they live.

The social worker feels this potentially conflicts with the Mental Capacity Act, particularly in relation to the principle of seeking the least restrictive option.

Examples of NICE guidance:

Transition between inpatient hospital settings and home ([NG27](#)—*recommendation 1.5.11*)

& Decision-making & mental capacity ([NG108](#)—*recommendation 1.5*)

Include advice that decisions about long-term care are not made whilst in crisis. Also that best interest principles are adhered to where someone lacks mental capacity.

Action:

The supervisor advises the social worker to use specific recommendations from NICE guidance to strengthen their professional power when discussing discharge planning with health colleagues, including informing best interest meetings.

Scenario 2—Person-centred approaches to rehabilitation

Situation:

Adio enjoys meeting his friends at a local Jamaican café, where he eats his main meal of the day.

However since having a stroke Adio lacks the confidence to leave the house.

Adio's daughter has noticed that he has lost weight and that he seems depressed.

Examples of NICE guidance:

People's experience of adult social care (NG86—recommendations 1.1)

& Stroke rehabilitation in adults (CG162—recommendation 1.2)

Include the principle that each person's self-defined preferences and needs should be used as the basis for care. Also that stroke rehabilitation plans should include goals that are meaningful for the person.

Action:

The social worker meets with Adio, who confirms that he misses his friends and his rice 'n' peas.

Adio's social worker uses NICE guidance to plan a discussion with the occupational therapist in the stroke rehabilitation team. Following the discussion there is agreement that visiting the café will be included as a goal in the plan.

Scenario 3—Wellbeing in care homes

Situation:

A practice educator asks a first year social work student to write a critical reflection on how they review care and support for older people in care homes.

The student knows that wellbeing is key to the Care Act, but is struggling to understand what this means in practice.

Examples of NICE guidance:

Mental wellbeing of older people in care homes (QS50— all statements)

Includes statements describing good quality support which improves mental wellbeing in care home settings. Aspects impacting positively on mental wellbeing include; participation in meaningful activity; and maintaining and developing personal identity.

Action:

The student uses the NICE quality standard to help understand what contributes to positive mental wellbeing in care homes.

They conclude that they will use each quality statement to check care records in future reviews that they undertake in care homes.

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