Negotiating the System:

Social Workers in Home Support Assessment and Case Management in New Brunswick

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ABSTRACT

New Brunswick is a small province where about half the population lives in rural areas. It is also a province with a rapidly aging population (15% were already over 65 years old in 2005). Approximately 4,300 seniors currently receive home support services in the province from the Department of Social Development (SD/DS). Roughly 2,500 of these individuals live alone. As part of a research project on home support services for seniors, we conducted two focus groups (one in French and one in English) with social workers responsible for the assessment and/or case management of home support services across the province. While our objective for these focus groups was to explore how the social workers who took part perceive the current issues regarding home support services, we discovered unexpected social work administrative issues that will be discussed in this paper. Notable among these issues are the strategies used by social workers as street-level bureaucrats to negotiate regulations in order to offer better services. Of concern for the profession is also the feeling of being “second-class” social workers reported by some of the participants.
Introduction

This paper results from an on-going qualitative research project which is aimed at understanding the experiences of seniors who receive home support and the experiences of social workers involved in the case management and assessment of those services. Working in arms length partnership with the Department of Social Development, Government of New Brunswick, the overall goal of this project is to produce knowledge which informs evidence-based policy aimed at improving the effectiveness and sustainability of home support for seniors in the province. Home support services enable seniors to remain in their home by providing support with daily activities such as personal care (i.e. help with bathing, grooming), light housekeeping, and meal preparation. These services are provided largely through third-party contracts. They are critical services as a principal and recurring finding of the literature on home care and home support is that seniors prefer to stay in their own homes whenever possible (CHA 2009, CHCA 2008, Crowell et al. 1996, SD/DS 2009, HCC 2008, McCann et al 2005, Sanders et al. 2005). Further, home support is as important, if not more important than medical services in enabling seniors to remain healthy and independent (Hollander and Prince 2007, Nugent 2004), and home support is more cost effective than institutional care in the case of seniors without serious health problems (CHA 2009, Chappell et al. 2004, CIHI 2007, Forbes and Janzen 2004, Hollander and Chappell 2002, Hollander et al. 2007, Hollander et al. 2009, Shapiro and Havens 2000, VON 2008). While the focus of this project is on the home support services received by seniors in New Brunswick,
among our findings are issues relevant to social work administration, and it is these findings that will be discussed in this paper.

**Methods**

Fundamental to creating evidenced-based policy aimed at improving home support for seniors is understanding how seniors themselves are assessed for and experience the services they receive (Chappell 1994, Dill 1990, Shapiro and Havens 2000). Thus, we used semi-structured, face-to-face interviews with 24 seniors as a primary means of generating data. Qualitative interviews were used as this method of data collection ensures that the focus remains on the informant, emphasizing “the value of the person’s own story” and because it also allows the researcher to gain an interpretive understanding of the motives and meanings behind the actions of individuals (Becker 1966:vi, McCraken 1988). Further, the inherent flexibility of this method allowed for questioning to be adjusted, not only to pursue emergent themes, but also to deal with the fact that some seniors may become tired, experience pain, or suffer from side effects of medication (Low 2007, 2009a; Miczo 2003).

Equally important in contributing to evidence based policy reform is understanding how social workers experience assessment and case management of home support services for seniors. Therefore we conducted focus groups with social workers working in the home support program in New Brunswick. We chose focus groups as a means of data collection because they are particularly suited to situations where group members share common experiences or identities as is the case for social workers who share a professional culture (Morgan 1988). We recruited as focus group members social workers involved in assessment and case management of home support for seniors,
as well as those working in crisis intervention for seniors living at home. In total 11 social workers (7 Anglophone, 4 Francophone) took part in the meetings. Social workers were recruited from all regions in the province and all focus group members had at least some, if not extensive, experience in working with seniors living in rural areas of the province. We used the technique of low moderator involvement in facilitating the focus group discussions meaning that while we did introduce specific topics, discussion was not limited to those topics, rather we concentrated on listening to what the members had to say, interjecting as little as possible (Morgan 1988).  

**Difficulties in Recruitment of Social Worker Participants**

Our first analytical observation pertains to the difficulty we encountered in recruiting social workers for the study. Not surprisingly, we expected and experienced considerable difficulties in the recruitment of seniors receiving home support services, but we thought that the recruitment of social workers would be easier given that they are, in Shaw’s (2005:842) terms “organizational employees” and thus are stable and easier to recruit from than from what he calls “problem” populations such as those who are more transient. Further, we expected that professionals such as social workers would have sufficient autonomy in the workplace that they would be comfortable participating in this research. However, recruitment of social workers was also problematic and, as was the case in recruiting seniors, recruitment of social workers took more time and resources than we had expected to invest. Indeed we found, as Kho et al. (2010:3) did that “recruitment took twice as long as we anticipated.” We initially sent 30 social workers a letter of invitation by post to which we received only one response. We then followed up the remaining 29 letters of invitation with 1-to-3 emails and followed these emails with at least 3 phone calls to each potential participant. These
phone calls were mostly to leave voice mail as very rarely did we reach a social worker directly by phone. These efforts enabled us to recruit the 11 social workers who eventually participated in the focus groups. We had a slightly better experience than Kho et al. (2010) did in recruiting clinicians where 20% of those they approached participated. In our case 36% of social workers we contacted participated; 11 out of 30 approached. However, this was only after repeated emails and phone calls in addition to the letters initially sent out. Moreover, in order to confirm 11 participants for the focus groups we approached 30 social workers, meaning it took 2.7 times the number of approaches to secure the 11 participants we ended up with, a slightly higher take up rate than Kho et al. (2010:3) who were able to recruit one stakeholder for every 5 they approached.

A number of factors made recruiting social workers for the focus groups difficult including: heavy workloads; the understandable priority of social work practice over research; team mentality; the hierarchical nature of the civil services; confidentiality concerns; and misunderstandings about the nature of the research project and their role in it. First and foremost, social workers, like many frontline workers are too busy and their caseloads too heavy (up to 250 for those working in home support in New Brunswick), making it difficult for them to use their “limited time” to participate in research (Kho et al., 2010:3). To illustrate, the social workers we approached who declined to participate said things like: “Due to workload issues, I will not be able to attend the focus group on Monday September 13, 2010” or “I have decided that I cannot attend” or “I have not even started the most urgent of my work as of today. Sorry for pulling out.” Moreover, their workloads are so heavy that they most often operate in a mode of crisis management. This means that recruitment letters sent by post may not get read as social workers attend to more pressing matters.

In addition, as Kho et al. (2010) found in recruiting clinicians, participation in research is not seen as important as their priority is their social work practice. For example, one Francophone social
worker said who we contacted declined via email, writing that it was meetings with clients which were a priority. Also at issue is the “team mentality” (Mellor 2006:766) that governs much of social work practice which fosters the belief that their views are interchangeable. In other words, if one on their team, or in their office, or from their region participates, they can speak for all. Some social workers we contacted declined participation invoking this reason. The hierarchical nature of the civil services also means that many social workers feel that they can’t make the decision to attend the focus group on their own. Some social workers have to ask their manager’s permission to attend meetings during work hours; which has ethical implications as illustrated in the following excerpt of an email from a social worker who wrote: “I regret that I will not be attending for a number of reasons. I cannot see how the information could be kept confidential from the employer when time off is required and personal coverage of the expenses incurred.”

Further, it is possible that there could be cases where social workers would be “dissuaded by their superiors from participating” (Kho et al., 2010:3). Some of the social workers we spoke with were cynical about government sincerity to improve the system and didn’t want to waste their time participating in research that generate reports that just “end up on the shelf,” as one social worker we contacted put it. Further, several of the social workers who did participate in the focus groups meetings told us that they aren’t listened to by their managers or by government policy makers.

Also problematic was that some potential informants were unclear about the nature of the research, referring to our “questionnaire” in declining our invitation to participate in the focus groups. Others were confused by our use of the term “expertise” in the recruitment letter, which read in part: “We regard participants in this research as key informants whose expertise is essential to this project.” One social worker we spoke with thought that because she had only been practising social work for two and a half years, that she had no expertise to contribute to the project. Another
social worker did not understand how we would ensure confidentiality in the report and declined on that basis emailing: “[...] given the small numbers and the characteristic issues of the regions you would not need to mention a name for identification to be easily gleaned.”

In sum, the New Brunswick social workers we contacted to participate in the focus groups told us they were overburdened by their caseloads and that they had little faith in the efficacy of research. They also expressed reluctance, some even fear, about speaking about their work, even with seasoned academic researchers who where following a stringent research ethics protocol. These findings likely indicate a lack of trust toward their employers and researchers on the part of these social workers as well as cynicism about the potential for research to affect any real change in the nature and substance of their work.

**Negotiating the System**

While recruiting social workers was not easy, those who agreed to participate did so very candidly and where very open about the real challenges they face in their daily practice. A second important theme emergent from the focus group discussions is the dilemmas social workers face as public agency employees. In particular, the social workers we spoke with told us about the strategies they use as they continuously work within and negotiate a system they feel constrains them from offering better services.

An illustrative example of this is provided by the difference between how needs for help in meal preparation and for transportation to go grocery shopping are addressed. The New Brunswick system of home support services is “menu-driven” and governed by rules
imposed by both government and home support agencies making meal preparation an eligible item of homemaking service while having a homemaker drive the client to do grocery shopping, or providing taxis for that purpose, is rarely a service the social workers we spoke with are allowed by their supervisors to approve. For instance, one social worker told us:

We can’t even approve a taxi once a week for somebody to go out and get their groceries, never mind having somebody take you. That’s been a huge issue especially in DSP [support for people with disabilities], where, ‘no, we’re not paying for a taxi unless you need assistance getting in and out of the car.’ That’s the only exception.

This means that an 85 years old women who is able to do her grocery shopping, or who receives informal help from family or friends to do it, but who is not able to cook can have units of services approved to cover meal preparation. By comparison, if the same 85 year old women is able to prepare her own meals but needs some one to drive her to the grocery store, providing home support in this case is more complicated. For example, when discussion in one focus group meeting turned to the issue of how seniors reliant on home support do grocery shopping, the social workers who participated told us that home care agency rules prohibit homemakers from driving seniors to get groceries (or to any other location for that matter) unless they have a special form of insurance. They also said that while transportation is an item on their menu of services, it is a service that they are rarely
allowed to approve in this case, largely because of the tacit assumption that grocery shopping is a task that family members would and should be responsible for. In their words:

We’re discouraged from putting transportation down in any way, shape, or form.

See where I come from a lot of people have left the area, the kids have gone out West, there’s nobody there for [the senior]

Yeah....

You can’t rely on family. In the city it’s easier.

Well, that’s probably true and well even in rural areas there are sometimes you know, family, or whatever but there are circumstances where everybody has moved away and those people, I think we have to look at differently they don’t have the resources, or if they have family who just doesn’t you know what I mean? They just don’t.

Notwithstanding the administrative reasons that explain this situation such as home care agency rules prohibiting homemakers from driving clients which are born of industry concerns about safety and liability, these social workers told us that not being able to provide transportation is inconsistent with the goal of maintaining seniors in their own homes. In managing this inconsistency, some social workers approve transportation even when there are family members in the area. One social worker put it this way: “there are some cases I know that I’ve approved where it’s clear that the family just won’t.”
Such contradictions in the system present social workers with serious dilemmas that they must overcome by choosing between actions that reflect their status as obedient street-level bureaucrats and actions that may bend the rules but are more in line with the values of the social work profession (CASW, 2005). Among the consequences for social workers of such contradictions is considerable work-related stress and even trauma as is illustrated in the following poignant disclosure made by a social worker during one of our focus groups:

I had a situation where the family wanted supervision for the parents, but I couldn’t do it because it wasn’t approved in the tasks. Then the person fell... I can tell you that, when you’ve got that on your conscience and the family calls you ... [and] you say, look, my assessment was all wrong. Now you’re stuck with it. You go through those dramas. It’s a drama. I went to the team ... post-traumatic support because I was in the process of crashing.... We have to fight constantly, fight with systems. I know there must be other members who have been in fairly similar situations... The person chose to live at risk [by not moving to a nursing home] ... but I think that, when you live in a small community, people say: ‘She fell ... did you hear about that?’ It’s unbelievable. So you go back and you say, the system made it impossible to respond to a blatant need. People were shouting out that need.... But humanly speaking, you can’t rationalize it. That’s why you have to have help and for me I sought support outside of my organization ... When a woman called me for supervision services, I camouflaged it and gave the maximum.... Because I couldn’t live with the fact that... We're going to have more and more of that with an aging population. It's not a pleasant thing to go through, and I wouldn’t wish it on anyone.
Second-class social workers not doing “real” social work

In addition to coping with the pressures that result from having to comply with what they see as an inadequate and overly rigid menus of services, as well as the other dilemmas presented above, these social workers said that they need better support to do their work. They told us that given their heavy case loads they are always acting and thus have no time to think creatively or develop innovative care plans. According to one focus group participant:

I don’t have time to make a plan. It makes you think of a chicken jumping around with its head cut off. I bring in results, but I don’t have time to look at them with any distance. I could work differently. But I feel that we’re being squeezed a bit.

Of equal concern is the lack of professional development opportunities offered to them. Focus group participants told us that they need time to reflect upon what they do. They not only reported the need for this, but were somewhat resentful to be denied such opportunities when they witness social workers active in other areas of practice, such as child protection, where case loads are lower and workers have opportunities for training and support. According to one focus group member:

[Child] Protection workers are well served, there are more who stay, they’re more and more stable; they have good training and good support teams.... And they’re well treated besides.... Compared with others who have one protection case, and they manage all alone. Sometimes, you’d like to jump onto the other team.
Their sense that their peers in other areas of practice are treated better than they are has left some feeling like they are “seen as second-class social workers.” Focus group participants’ feelings of being second-class social workers is also reflected in their claims that that there is no time for them to do “real social work intervention” or to visit families. They told us that instead, they must rely on the agency providing the homemaker or other third parties for information about their clients. They are thus largely limited to a coordinating function rather than being able to act as an intervention professional, a role that holds greater value in the social work ethos. The social workers who took part in the focus group discussions put it this way:

We definitely play the role of coordinator, not worker, and that goes against our profession. We have to accept it in a system like this one otherwise you die. If you say you want to do intervention work, you don’t look for your intervention schedule. We’re not with an organization that favours intervention. So, it’s coordination.

Well, of course, caseload is a priority. If you want to have, there has to be an intervention and support team when we play the role of coordinator as we do. We'll find ourselves with 200 clients and we won't know them, and they don't know us either. [...] You know the Province wanted nothing but coordinators? Sometimes I wonder if it should be a social worker who’s there to coordinate since you know how to determine the increase in hours. I would rather they freed me up to do a follow-up, sit down with the family and prepare a plan for their parents than spend an hour on the phone and then decide whether I can
devote two more hours. Do you understand? The system isn't designed [for that].

Given the high case loads and lack of scope for "real social work" they describe, it is not surprising, that when we asked if working in long term care for seniors is of interest to young social workers focus group participants said that young social workers “prefer to do something else.” Even hard work, like child protection, which is more intensive, is viewed more positively because case loads are lower allowing for “real social work.” In the words of two focus group participants, long term care is administrative work for “old social workers”:

Long Term Care is when you become an old social worker and you want to do office work. That's really the picture. It's starting to change… The young ones coming in, they almost regret it. I've seen workers leave Child Protection and get into Long Term Care, and then they have a change of heart. Because they'd rather have 10 cases as a caseload.

Conclusion

Much of the work-related difficulty described by the social workers we spoke with derives from the fact that by training and credentials they are meant to be and identify as professionals, yet they can only act as paraprofessionals given the lack of autonomy they are given over the nature and scope of their work (Brawley and Schindler 1989, Freidson 1970, Wilensky 1964). Thus the social workers who participated in our focus groups feel a tension between their desire to help clients and the menu of services they work under which limits
what they can do for them in their practice. They report having to negotiate aspects of the system that constrain them, however, they can only negotiate so far given the limited autonomy accorded to social workers as lower-level civil servants, which in turn produces stress and strain. In addition, some of the social workers we spoke to told us they feel devalued by a system and a job that does not allow for training opportunities and where direct contacts with clients are few and far apart. This is an important issue given that the profession of social work values direct contact over case management from afar. Many also told us that they would benefit from opportunities for professional development where they would be able to interact with their peers and gain their support. They also said they would be better able to do their work if they were given more autonomy and flexibility in decision-making in establishing the care plan for the clients. This in turn could lead to more efficiencies in the system. Moreover, if they were not constrained by a pre-determined and limited menu of items, they could better serve the needs of their clients. Thus many benefits could result if these social workers were given the professional discretion similar to that enjoyed by their colleagues working in other fields of practice.

Much of the findings from the two focus groups can be related to the insights provided in the now classic work of Michael Lipsky (1980) in Street-level Bureaucracy. Lipsky stressed that we should realize that “street-level bureaucrats” (including social workers) exercise a large amount of influence over how public policy is actually carried out. Social workers exercise their discretion to change policy at the implementation level, sometime in accordance to personal belief and sometime in accordance to the values of their profession.
The exercise of professional discretion is a double-edged sword that can lead to arbitrary and biased practices. But far from being inherently negative it can also be a beneficial and important attribute of professional work. What becomes clear from what we learned here is that policy that is being modified at the implementation level by social workers might need to be changed at the regulatory level so that the professional discretion that is now exercised covertly can be made a more functional and accountable part of the system. Such policy change would not only improve the working lives of social workers involved in the assessment and case management of home support for seniors, it could in turn be of benefit in terms of service.

REFERENCES


NOTES

1 As part of the project, we also analysed demographic data on the 4,289 seniors currently listed as receiving home support in New Brunswick which provided us with important contextual information (Silverman 1998). The analysis has been presented in a separate report (Mather, L., Low, J., and Thériault 2011)