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# Attuning to the needs of structural socially isolated older adults with complex problems: the experiences of social workers with personal guidance trajectories for a less-researched group

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## Abstract

Many interventions to combat the social isolation of older adults are hardly effective because they ignore both the heterogeneity of the target group and the uniqueness of the individual experiences of social isolation. In order to be effective, interventions must meet the individual needs of specific clients. In this study, we aim to gain insight into the process in which professionals seek to understand how clients assess their situation, and what this means for the help they provide. We investigated how social workers in one-to-one guidance trajectories try to attune to the needs of the clients they accompany and what considerations they make in doing so.

The study was conducted between 2014 and 2017 in the city of Rotterdam in the Netherlands. Participants were 20 social workers of 8 social work agencies who provided guidance to community-dwelling older adults who have been isolated for a long time and have problems in multiple life domains. We analysed 36 research-driven logbooks, written by the social workers, which contain case study descriptions with information about specific clients who belong to the target group of this study. We also interviewed the individual social workers and organised six focus groups with 8–12 of the participating social workers.

Our findings make clear how social workers try to identify the needs of their clients and provide help that is tailored to their possibilities and ambitions. By giving recognition to the emotions and situations of their clients, and by practical problem-solving, they build a relationship with the older adults in which adequate help is accepted. The professionals set modest goals; their guidance helps stabilise the existing situation and may also contribute to the self-reliance of their clients. This knowledge will be highly valuable in the developing and implementation of programmes and interventions for this less-researched group.

**KEYWORDS**
interventions, loneliness, older people, professional empathy, social isolation, social work

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# 1 | INTRODUCTION

In many Western countries, a wide range of networking interventions has been developed to combat social isolation among older people. Evaluative studies nonetheless show that these interventions are hardly effective, and that social isolation is tough to break through (Bartlett et al., 2013; Cattan et al., 2005; Dickens et al., 2011). The low effectiveness is related to the heterogeneity of the target group and the individuality of the experience of social isolation (Jagosh, 2019; Landeiro et al., 2017; Machielse, 2015).

First, many interventions are generic and are aimed at reducing loneliness and/or social isolation among older adults, while there is evidence to suggest that both concepts are distinct (Victor et al., 2009). Research suggests that loneliness and social isolation may have independent impacts and should, therefore, be regarded as distinct characteristics (Dury, 2014; Gardiner et al., 2018). Although there is no consensus on the definition of social isolation, most authors agree that social isolation is the *objective* lack or scarcity of social contacts and interactions with family members, friends or the wider community (Cloutier-Fisher et al. 2011; Nicholson, 2012; Zavaleta et al., 2017). Defined this way, social isolation is intentionally distinguished from loneliness and perceived social isolation, both of which refer to a *subjective* and negatively experienced discrepancy between quality and number of actual relationships and a person's desires or standards about relationships (e.g. Cacioppo & Cacioppo, 2014; Cornwell & Waite, 2009; De Jong Gierveld & Kamphuis, 1985; Weiss, 1973). Feelings of loneliness may accompany social isolation, but not all socially isolated people experience such feelings. These observations are particularly relevant when describing the goals of interventions and hence for specifying intervention characteristics that are relevant and effective in addressing each of these problems (Fakoya et al., 2020; Holt-Lunstad et al., 2010).

Another point of attention is how the effectiveness of interventions is assessed. In most evaluative studies, the effects of interventions for socially isolated older adults are tested against previously formulated norms in terms of enhanced social participation and network development (Cattan et al., 2005; Greaves & Farbus, 2006; Windle et al., 2011). However, several studies confirm that such interventions do not always match the goals and priorities of socially isolated older adults themselves (Dickens et al., 2011; Findlay, 2003; Gardiner et al., 2018). This applies even more to interventions aimed at persons with problems in multiple life domains, for whom different interventions are simultaneously deployed. What is effective in terms of one problem does not always work for a different problem and can sometimes be counterproductive (Sackett & Richardson, 2006). The points of action can be strongly divergent, and interventions can hardly be effective if they do not fit with the individuality of the experiences of the clients involved (Landeiro et al., 2017).

To provide adequate help, the assessment of individual needs should be conducted during the early phases of intervention, with subsequent tailoring of programmes to meet these needs. Research on the experiences of older adults who have lived in social isolation for many years has been scarce (Ige et al., 2019; Neves et al., 2019). Moreover,

## What is known about the topic?

1. Not all older people experience social isolation in the same way or to the same degree.
2. Interventions that do not fit with the individuality of the experiences and the specific context of the clients involved are not effective.
3. A prerequisite for adequate assistance is identifying the individual experiences and needs of a client and subsequent tailoring interventions that meet these needs.

## What this paper adds?

1. Identifying individual requirements of structural socially isolated older adults with complex problems requires time, patience and professional empathy.
2. Interventions to enhance social participation are not realistic for structural isolated older adults.
3. Solving other problems is often more urgent than tackling isolation.

accepting help is not self-evident for them. They have become accustomed to their situation and have developed strategies to manage their situation, which while providing them with a degree of security, often hamper professional assistance (Machielse & Duyndam, 2020; Tilvis et al., 2012). To accurately perceive the needs and concerns of clients, empathy is considered to be vital (Brunero et al., 2010; Douglas, 2012; Hojat et al., 2017; Reynolds & Scott, 2000). Professional empathy is required to learn what is at stake for specific clients and what their situation means to them (Vanlaere et al., 2012). This is a necessary condition to attune interventions to their needs and individuality.

In this article, we focus on the process in which professionals try to gain insight into the needs and priorities of a less-researched group, namely older adults who have been isolated for a long time and have problems in multiple life domains (e.g. finances, mental health, self-care, housing). We have investigated how the social workers who provide personal guidance to these older adults try to attune to the needs of their clients and what considerations they make in doing so. We aim to learn how these professionals seek to understand how clients assess their situation, and what this means for the help they provide. This knowledge will be highly valuable in the development and implementation of programmes and interventions to improve the situation of older adults with structural social isolation and complex problems.

# 2 | METHODS

This study is part of a longitudinal qualitative study on socially isolated community-dwelling older adults, which is being conducted since 2006 in Rotterdam, the second-largest city in the Netherlands. In this longitudinal study, a large group of socially isolated older adults has been followed over time to identify changes in their daily life

situations and their need for help and support. The long-term study also seeks to offer insight into the effectiveness of a wide range of interventions aimed at this target group. In this article, we report on the experiences of social workers who provide one-to-one help to a specific target group within this larger project—older adults who have been socially isolated for a long time and have complex problems. We used a qualitative approach with three different methods that each brings a particular kind of insight into the study (Ritchie et al., 2013): logbooks, in-depth interviews and focus groups.

## 2.1 | Logbooks of the social workers

Within the framework of the longitudinal qualitative study, professionals of eight social work agencies in Rotterdam kept research-driven logbooks in which they reported about their contact with socially isolated clients. Research-driven logbooks are written at the request of the main researcher (first author) and form an entry point into the thoughts, feelings and behaviour of the social workers in their professional context (Ritchie et al., 2013). The logbooks were written between 2014 and 2017 and contain case study descriptions with relevant information about specific clients, as well as visit and reflection reports. For this article, 36 logbooks have been selected, all relating to older adults who are structurally, socially isolated and who have complex problems. Most clients were also interviewed by the main researcher. The experiences of the clients are at the heart of another article (Machielse, 2020).

## 2.2 | In-depth interviews with social workers

Between 2014 and 2017, semi-structured in-depth interviews were held with 17 social workers who assisted socially isolated older adults and kept logbooks. The interviews were focused on the experiences of the social workers with the guidance of socially isolated older adults in a general sense and on the guidance process for specific clients they assisted. These interviews provide an opportunity for the in-depth understanding of a person's perspective within the context of experience (Ritchie et al., 2013). The most important topics were the following: the situation/circumstances and ambitions of the client; the progress of the intervention; and the possibilities to change something about the situation. All social workers were interviewed for a second or third time. The follow-up interviews offered insight into the course of the guidance trajectories of specific clients, as well as the possibility to confirm whether the content and interpreted meanings from prior interviews were in line with the professional's experiences.

## 2.3 | Focus groups with social workers

Besides, we organised six focus groups with social workers of the eight social work agencies. The focus group is a qualitative technique in which people are 'interviewed' in a group discussion setting, moderated by the researchers (Neuman, 2014). In this focus groups, specific casuistry and problems related to the interventions were discussed in-depth. Also, the (interim) findings of the interviews and striking aspects from the logbooks were discussed. The first focus group was held shortly after the start of this research project in 2014 with 12 social workers from the participating social work agencies. The last focus group took place in 2017 with eight social workers who were still guiding older adults from the target group. In the focus groups, the emphasis was on the experiences of the professionals with the personal guidance trajectories in general and with some specific cases.

## 2.4 | Data analysis

The logbooks were digitally kept. All interviews were transcribed verbatim. The logbooks and the transcripts were analysed separately, using the constant comparative method, as described by Lincoln and Guba (1985). This analysis involved extracting concepts and broader themes from the logbooks and the transcripts and constant comparison between emerging themes and the raw data. Codes were derived directly from the raw data, and emerging themes were compared within cases and across cases to develop a valid understanding of the experiences and perspectives of the professionals. The data were frequently revisited to crosscheck and develop ideas (Strauss & Corbin, 1998). The process of analysing the data was an iterative one that included extensive memo writing (Auerbach & Silverstein, 2003). For the coding process, we used MaxQDA11, a qualitative data analysis program.

Various strategies were used to establish the trustworthiness of the study's findings. First, the triangulation of sources (i.e. comparing data from different qualitative methods). Second, member validation (Ritchie et al., 2013), in which research evidence was taken back in the follow-up interviews with the professionals to obtain feedback on a preliminary report of findings. Third, the (interim) findings were discussed with the social workers in the focus groups. The dialogues in these focus groups were significant in all phases of data analysis to further develop understanding, as 'expanding horizons' (Dahlberg & Dahlberg, 2019), to achieve intersubjective agreement between researchers and professionals. Use of these strategies helped expand and refine the analysis process, thereby increasing the credibility of findings.

## 2.5 | Ethical considerations

When carrying out the fieldwork (2014–2017), the researchers followed the national ethical code for research of Dutch Universities (VSNU, 2014). According to this code, the study was not subject to the Dutch Medical Research involving Human Subjects Act (WMO). All participants (social workers) received written and oral information about the study. Before the start of each interview and focus

group, the participants confirmed their informed consent, which was digitally audio recorded. All clients who have been discussed in the logbooks were informed about the research by the social worker and agreed to participate in the study. They gave the social worker permission to make the logbook available to the researchers, provided that they remained anonymous. The social workers ensured anonymity before handing over the logbooks to the researchers. Two clients withdrew their consent during the investigation; these logs were excluded from this particular study.

## 3 | FINDINGS

This section describes the experiences of the social workers in the guidance trajectories. We will successively discuss the way they make contact, the needs assessment, the alignment with the needs of the older adults, the results of the guidance and the main points of interest according to the professionals. The descriptions are illustrated with quotes of the professionals (P) from the logbooks (LB), the interviews (IV) and the focus groups (FG). A number of quotes also refer to specific clients (C).

### 3.1 | Making contact

Most of the older adults in the guidance trajectories ended up in social work due to reports from other care providers, for example from financial institutions, where some clients were reported because of debts or arrears, a neighbourhood policeman because of nuisance or strange behaviour, a general practitioner worried because of isolation, or from a housing corporation.

> I received an application from a consultant who makes home visits to prepare residents for an upcoming house renovation. She came across a man with a seriously polluted house. He pees next to the toilet, and the shower room looks unused. No fridge and food in the house. Uses medication. Lives isolated. (P32/C45/LB).

The social worker approaches the registered persons to arrange a home visit. In a few cases, the social worker is immediately welcome, but usually, the older adults are reluctant, and it takes a long time to gain access. Sometimes the social workers keep trying for months to get in to a registered person.

> It took weeks to get acquainted with this man. I called in the morning and in the afternoon, but it just didn't work out. Then I went to his house. He did open the door, but I wasn't allowed in because he still had to get dressed. The next time I deliberately went later in the day, and finally, I was let inside. (P22/C36/LB).

### 3.2 | Identifying needs

Once the contact has been made, the professionals try to map the situation and find out what forms of help are needed and possible. Many clients in the guidance trajectories are suspicious and care-averse, for example, due to bad experiences with care providers in the past. That is why social workers take a lot of time to gain the trust of their clients.

> I spent the first few months getting to know madam. She is not very talkative, and it took a lot of effort to keep the conversations going. The hardest thing is to get through to her to break the silence. I always try to stimulate her to talk. Then I started with the finances because it all didn't go well. (P29/C40/IV).

The professionals find it difficult to get a good picture of the situation. Often it remains unclear what might help someone.

> On the one hand, he says he doesn't need any help, but on the other hand, he says at the end of the conversation that he hopes I will take this as a cry for help. When I ask him further, he starts to talk about events from the past, too few contacts, and so on. My further questioning on his 'cry for help' does not work. (P5/C24/LB).

Although the guidance trajectories are intended for older people who have been living in social isolation for a long time, the professionals notice that most clients do not want to talk about their isolation.

> In the meantime, I know that he avoids this subject every time by talking about another topic. I realise that he has eluded me several times when I talk about contacts. Possibly this came too close. (P21/C34/LB).

Other clients do not think of their isolation as a problem they want to do something about.

> We've talked about it many times because he's really alone. He says: 'I get up alone, I go to bed alone. My social network is 'zero point zero'. But he doesn't mind. He says he's been a real loner, his whole life. (P33/C47/LB).

Only a few clients give utterance to severe feelings of loneliness. However, it is unclear to the professionals what role they can play in this.

> He feels lonely. In contact with others, he experiences emptiness. He has made this deficiency a topic of discussion several times, but it remains unclear what role I could fulfil. He does name all kinds of things he runs

into, but he can't name what he needs to deal with them. (P13/C22/LB).

In another case, the social worker doubts whether her client has the social competencies to make new contacts.

> She wants nothing more than to be among people, but I don't know if she could still do it, after all these years. You see, she's no ordinary woman, there's something about that. And that's why people won't talk to her, and you're not going to talk to her. Still, she has an enormous desire for contacts. She craves it. (P35/C51/IV).

## 3.3 | Adapting to the needs

The professionals try to offer help that meets the needs of the older adults. They are afraid to betray the confidence built up and search for a workable balance between stimulating their clients on the one hand and strengthening the relationship on the other.

> I find it hard to find a balance. I'm afraid if I confront her with her problems, she'll quit. If I push, or if I get too close to her, she'll break off contact. All I can do is wait and work on the trust. (P15/C26/IV).

The social workers are hesitant about pushing too hard, but they do want to make progress with their clients. Balancing and searching for possibilities takes a lot of time and patience.

> This is really a search and a process of trial and error. She does not know what suits her and how she can live in a way that is acceptable to her. She indicates that she wants more, but that at the same time, she finds it difficult to do so. She also indicates that she finds it difficult when something has to be done within a step-by-step plan. I suggest we can take small steps. She says she doesn't want to; she experiences too much pressure and wants to do it her way. (P4/C14/LB).

Balancing also means that the professionals follow the pace of their clients. If they don't want to change anything or aren't ready yet, the professionals resign themselves to it.

> I can't set any goals for him. That's going to be counterproductive. It really has to come from himself, because it's his life. He'll decide, in the end. (P6/C8/IV).

The professionals hope that eventually, there will be an opportunity to take a step forward and improve the situation.

I've been visiting him for about four years now, and I've built up a good relationship with him. I come by and have tea with him, discuss how he is doing and every now and then I suggest to do something. That's very difficult. He has all kinds of arguments why he doesn't want something or doesn't think it's necessary. I accept that from him. (P4/C9/LB).

Their patience is sometimes rewarded. In the end, they manage to offer concrete help.

> The first years I wasn't allowed to do anything at all, just drop by, talk about the photos, about the plants. Very dosed, step by step. And finally, she came up with a pile of mail that hadn't been opened yet. And a month later another pile came. From all the cupboards came piles of mail that had not yet been processed. (P34/C50/IV).

Sometimes the circumstances of the older adults in the trajectories are so distressing that the professional finds it necessary to intervene and take control.

> His house is filthy. The cockroaches are walking on the floor. But he doesn't want anyone touching his stuff. In the end, I took a colleague with me to tell him that it can't go on like this, that he can't live in such a situation. We put in a cleansing team to clean his house. And we bought him some new furniture. (P25/C36/IV).

Sometimes they go beyond the limits of their professional competence.

> This lady gives her debit card to everyone, and she's already entirely gone into financial shit twice, so then I took her payment card. I visit her every two weeks, and then I give her cash. Those are things I'm not really allowed to do. But then again, there's no network, so I just have to at some point. (P23/C50/IV).

## 3.4 | Results of the guidance

Although the guidance is laborious, the professionals do see results. In some clients, care avoidance behaviour has been broken down. After a long time, they go back to their family doctor, their house is cleaned, they receive home care or accept specialist help, such as psychiatric help. Sometimes the personal guidance process is reduced very gradually by decreasing the frequency of visits.

> We've spread the visits a bit more. In the beginning, I went every two weeks, now every six weeks.

Although he still lives in isolation, he is now stable. He has become a bit more secure. But if only one thing would change in his environment, he falls back again. (P33/C47/IV).

Most guidance trajectories last for years, more or less intensively, because the professionals want to keep a finger on the pulse and, if necessary, intervene in time.

He lives very isolated, and his house is seriously polluted, but he doesn't experience any major problems himself. He indicates that "his wellbeing does not need to be promoted". My goal is to continue the contact and to keep an eye on his situation. The only thing I can do is to make sure he doesn't slip away and keep an eye on him. (P15/C26/LB).

The professionals notice that their guidance does have consequences, even if it concerns small changes.

The profit is in the details. What strikes me is that I recently made remarks to him about his personal hygiene and that he now wore clean clothes and that he had gone to the hairdresser. Apparently, he finds it important what I think of him. (P15/C25/LB).

It also happens that clients are transferred to a colleague because the dependence on a certain professional becomes too great. Occasionally the contact stops because a client's attitude and behaviour are no longer tenable for the professional, or because the client no longer accepts her. One social worker reports on a client who already had many different professionals who rotate her because of her inappropriate and claiming behavior.

This woman has already had several social workers and every time that goes wrong because of her behaviour. We only keep it up for a couple of months each time, and then we change again for a while. (P1/C1/IV).

## 3.5 | The helping relationship

The professionals believe that building a relationship of trust is at the heart of the assistance. Only within such a relationship it is possible to offer appropriate help.

The relationship with a client is decisive. In it you always determine which step you can or cannot take, from your own person but also out of respect for that client. It is not a standard helping relationship. You look after someone's interests, and you can only do that from a relationship, just as children can do that a

little easier from a relationship with their parents because there has always been a kind of reciprocity and trust there. I have to build up that trust with these clients in order to eventually be able to take up the same position and do what is important to them. (P18/FG).

If there is mutual trust, they can more easily bring up difficult subjects and be more critical towards the clients because they have already experienced that the professionals are doing well with them. The professionals notice that they play an important role for the older adults.

The older adults feel supported by the conversations. They can talk about what they need at that moment. You can't say, "We're just going to put things in order". They're people who can't deal with the outside world. We can act as a kind of bridge. You're trying to think from that person, not from the outside world. We offer guidance in their process of living life. (P14/IV).

In the personal guidance trajectories, the professionals penetrate further into the client's living environment than in normal helping relationships. It is crucial to find a balance between personal involvement and professional distance.

This is difficult with this target group. On the one hand you can only achieve something if you invest in the relationship with the client; on the other hand, too much personal involvement can make the client dependent on you. Sometimes I have to come to terms with myself. How do I deal with taking a walk outside with a client, listening to a CD, helping to buy a floor covering, or helping to lay the floor covering? (P21/FG).

The professionals believe that the time they invest is very important for their clients. Although they do not always deliver concrete results, and people continue to need guidance, this work gives them a lot of satisfaction.

Of course, we want to take big steps, that's much more fun, but that's not possible with these people. But you can adjust your goals. The satisfaction of seeing someone grow in his 'being alone', and accepting more of it, that's enough profit. (P20/IV).

## 4 | DISCUSSION AND CONCLUSION

The most prominent category of interventions for socially isolated older adults has a primary purpose of facilitating social interaction or network development (Gardiner et al., 2018). Our study shows that the domain in which help is provided for socially isolated older

persons with structural, complex problems must be much broader. They require an integral approach, in which solving other problems is often more urgent than tackling isolation, for example, assistance with debts, help with cleaning their house, a point of contact they can go to with their problems or emotional support. These findings are in line with studies that show that interventions to enhance social participation are not realistic for persons with severe problems in multiple areas of life (see, e.g. Åkerlind & Hörnquist, 1992; Day et al., 2011; McNeilly & Burke, 2002).

Support for the target group of this study demands complex interventions (Craig et al. 2008), which contain several interacting components and permit a high degree of flexibility or tailoring. This confirms the findings of De Witte and Van Regenmortel (2019, who claim that intervention strategies should take on a holistic perspective which accounts not only the social isolation but also the personal characteristics of the older adults, such as subjective perceptions and needs, coping strategies, motivation, psychological and physical health. It also confirms that adequate support is only possible through compassionate use of individual clients' preferences, needs and values in making decisions about their guidance, and that the points of action for interventions can be strongly divergent (Masi et al., 2011; Wenger & Burholt, 2004).

The professionals in this study offer help that is tailored to the possibilities and ambitions of their clients. They make it clear that this working method is not only desirable but also necessary for this target group and take the individuality of the experience of social isolation as starting point for their guidance. The study helps us understand how social workers try to attune to the needs of older adults, and which considerations they make in doing so. They are convinced that building a relationship with their clients is crucial to be able to offer appropriate help. These findings support previous research of Sacket and Richardson (2006), who conclude that the quality of the relationship between the professional and the client is the core working element of help for vulnerable target groups.

These findings place demands on the professionals who provide support to structural isolated older persons with complex problems. They can only help them if they not only understand the perspective and logic of their clients, through imagination, but also feel the needs of the client. This requires the expertise to empathise with the other that is to recognise the client's emotions (sadness, desperation, disappointment) and to feel in a *potential* way or modus what the client is *actually* experiencing (Van Dijke et al., 2018, 2020). Empathic professionals can meet the client's existential loneliness, by giving recognition and stability to the client's current emotions, and thus helping them to make sense of their emotions. This empathetic relationship implies reaching out to the client without losing oneself in his or her emotions. Because the social workers are very involved with their clients, the risk of 'losing oneself' is really a pitfall. The pitfall is also at stake in which case clients are reluctant to be empathised with, and the social workers tend to try harder to reach the client.

Finally, our study confirms that case-based learning and case-based reasoning are at the core of professional expertise in social work (Vlaeminck, 2005). Pattern recognition is seen as the result of a practical learning process, allowing professionals to intuitively link a unique case to general patterns that occur in multiple cases (Quintana et al., 2003).

Based on our research, we conclude that the guidance of older adults, who have been living isolated for a long time and have problems on several domains, requires a lot of time, patience and professional empathy. The help offered must fit with the ambitions and possibilities of the clients and, professional should not provide interventions to which clients are not ready for. In this long-term work, maintenance is more realistic than significant change. The professionals set modest goals, realising that expectations about a behavioural change of this target group are not realistic and that the possibilities to improve their situation are limited. They solve practical problems, break through caring behaviour and provide support in the daily life of their clients, by forming a point of contact or a safety net for them and keep a finger on the pulse. Professional empathy can prevent mismatches where interventions miss the problem, for example when critical emotional experiences are not recognised. It is also a prerequisite for timely detection of accumulation of problems and the need for other types of help, for example because a client's independence is threatened by mounting health issues. Hence, personal guidance helps stabilise the situation and may also contribute to the self-reliance of older adults, even if social isolation cannot be resolved.

Some limitations of this study should be considered when interpreting the results. First, there is no statistical generalisation in this study. The external validity (degree of analogue generalisation) of the conclusions depends on the plausibility that the results can also apply to cases that were not involved in this study (Tsang & Williams, 2012). Second, the transferability (Lincoln & Guba, 1985) of the research is to be determined by social workers, who from their professional background can determine whether there are sufficient relevant similarities to make it plausible for the findings to apply to those non-researched situations too. For these reasons, during the study, we regularly spoke to people involved in the practical side, also from organisations that were not included in the research. From these talks, it became clear that the experiences of the study are widely recognised. At the same time, it is improbable that the clients in this study represent older adults who live in structural social isolation, but who are not being reached by social work agencies. Follow-up studies should also explore the experiences of even further marginalised older adults who are not being reached through any supportive services in the community.

**CONFLICT OF INTEREST**
None.

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