Integrating Theoretical Perspectives in Social Work

Gavin Davidson, Queen's University Belfast
g.davidson@qub.ac.uk
Anne Johnston and **Paul Webb**, Praxis Care
Claire McCartan, Northern Health and Social Care Trust and Regional Trauma Network

Overview of the presentation

- Context in Northern Ireland
- The problem
- The project
- The range of theoretical perspectives
- Exploration of common themes
- Conclusion and possible implications

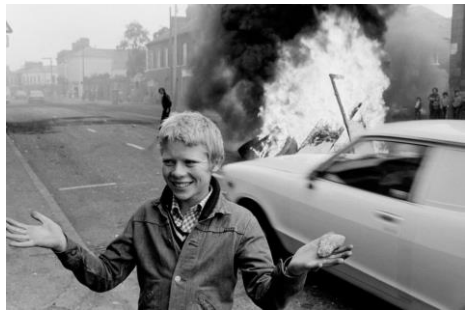
Praxis Care

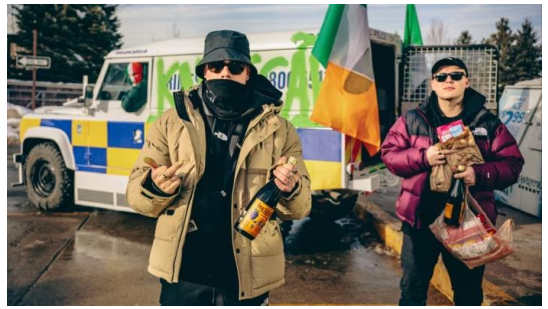
HSC Northern Health and Social Care Trust

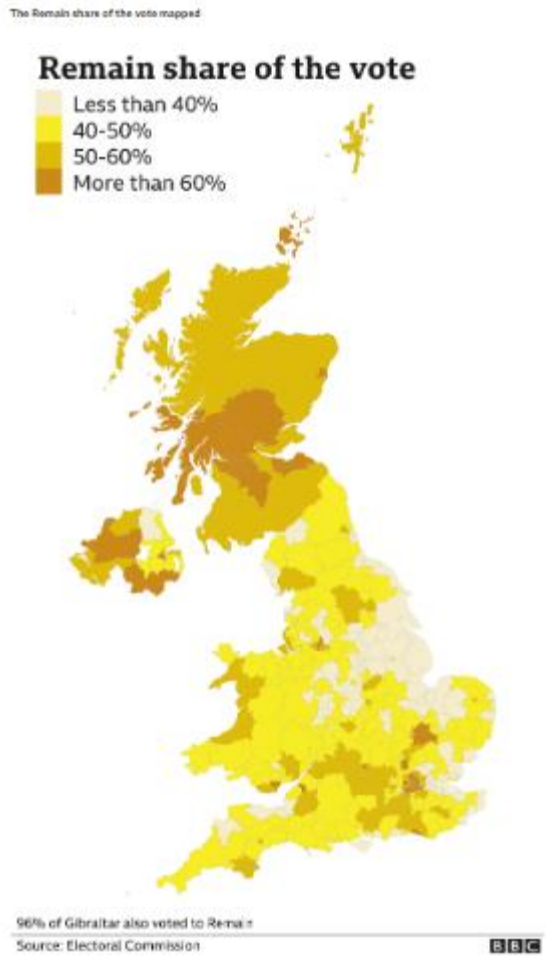
QUEEN'S UNIVERSITY BELFAST

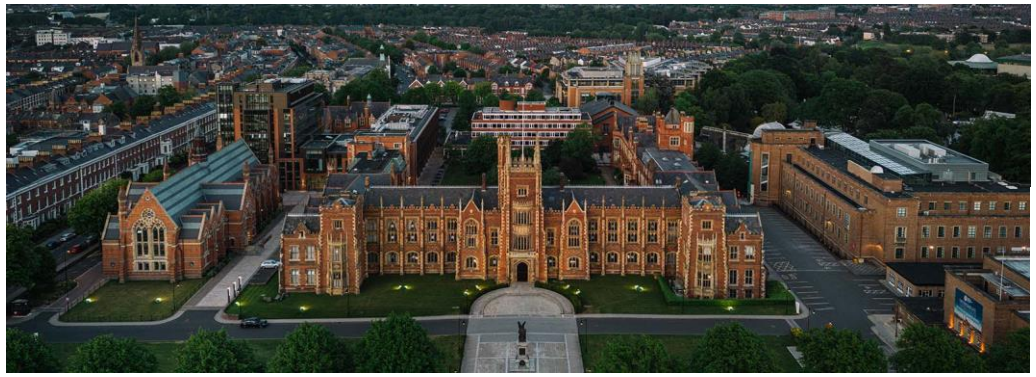
Context in Northern Ireland

- Population of 1.9m people (Republic of Ireland 5.1 million)
- History of political conflict
- Good Friday Agreement 1998
- Devolution to NI Assembly
- Integrated health and social care
- Important role of voluntary sector







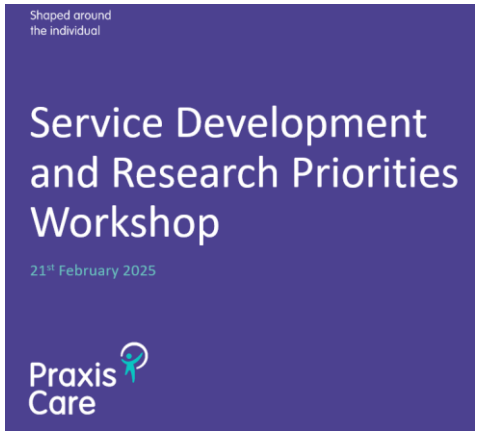


Praxis Care

HSC Northern Health and Social Care Trust

QUEEN'S UNIVERSITY BELFAST

Social work and social care in Northern Ireland



- 6,500 social workers; 40,000 social care workers
- 650 student social workers
- Praxis Care – social care service provider
- Services for people with mental health problems, learning/intellectual disabilities, dementia, autism, with a focus on complex needs
- 2,000 staff members across NI, Ireland, England and the Isle of Man
- Research Department and part funds Praxis Chair at Queen's
- Other Praxis staff involved in this project – Alison Calvert, Martin Canavan, Danny Doyle, Sharon Foster, Carina Fullerton, Katherine Greer and Niamh Reeson

Praxis Care

HSC Northern Health and Social Care Trust

QUEEN'S UNIVERSITY BELFAST

The problem

- Praxis Care is providing support for people with complex needs
- Most services are organised by what is assessed to be the main aspect of a person's needs and tend to use a theoretical perspective or approach which has been developed specifically for that area of need
- In contrast, people using these services often have needs that relate to more than one type of theoretical perspective and service focus
- This means that understanding and responding to needs which are beyond the main focus of the service can present challenges for the staff in that service. It can also create barriers for coordinating with the other services that the person may need as they will often be using different theoretical perspectives, language and approaches to practice

Praxis Care

HSC Northern Health and Social Care Trust

QUEEN'S UNIVERSITY BELFAST

The project

- The purpose of this project was therefore to explore the similarities and differences between these theoretical perspectives to consider whether there is sufficient alignment to enable a more integrated approach that could be used across a number of areas of need and services
- There were two main aspects to the study design. The first was a critical review of the literature across the relevant theoretical perspectives to identify possible common themes and any important differences
- The second component of the study design involved a workshop (n=30) to explore the issues (ethical approval obtained from Queen's)

Praxis Care

HSC Northern Health and Social Care Trust

QUEEN'S UNIVERSITY BELFAST

The range of theoretical perspectives

- Eight theoretical perspectives were included:
- Strengths-based (Rapp and Goscha, 2011) and the recovery approach (Winsper et al., 2020);
- Positive Behaviour Support and Active Support (Ockenden et al. 2014);
- SPELL (Structure, Positive (approaches and expectations), Empathy, Low arousal, Links) framework for autism (Beadle-Brown and Mills, 2018);
- CLEAR (Cognition, Life Story and Personality, Emotional and physical wellbeing, Activity and environment, Relationships) dementia care (Duffy, 2019);
- Good Lives Model (Ward & Maruna, 2007); and
- Trauma Informed Care (Melillo et al. 2025)

Praxis Care

HSC Northern Health and Social Care Trust

QUEEN'S UNIVERSITY BELFAST

Exploration of common themes

- Tradition of people drawing on different theoretical ideas and of combining them, perhaps most clearly in therapeutic approaches (Garfield and Kurtz, 1977; Norcross and Prochaska, 1988)
- Distinction between eclecticism, which involves selecting different aspects and approaches from more than one theory, and integration, which involves combining different aspects and approaches together to form a new integrated approach (Harris, 2019)
- Pomerantz (2023, p. 276) used the metaphor of the difference between a fruit salad and a smoothie:
- “A fruit salad includes a variety of ingredients, but each bite brings only one flavor…Each piece is pure, discrete, and easily distinguished from the others. But in a smoothie made of these ingredients, every sip includes the same combination of ingredients, and the taste of every sip reflects that unique blend. Mixed together, the ingredients create a distinct concoction with a taste wholly its own. An eclectic approach to psychotherapy is a lot like a fruit salad. Eclectic therapists use a pure, discrete approach to therapy with each client, and they choose that approach according to empirical support…Integrative therapy, in contrast, is more like a smoothie—a custom blend of ingredients that forms an original creation.”

Praxis Care

HSC Northern Health and Social Care Trust

QUEEN'S UNIVERSITY BELFAST

Exploration of common themes

- Aim was to: identify common or shared components; identify specialist, specific components; and explore any issues
- Most obvious was perhaps the common values/principles: the strengths framing across perspectives; a person-centred approach; and a focus on social inclusion
- Intervention components also, arguably, shared: a focus on understanding behaviour as communication/responses to distress; and the importance of focusing on positive behaviour and goals
- Then explored possibility of a more integrated approach further in the workshop:
- What do you think are the most important values or principles for an integrated model?
- What do you think would be the most important features, interventions or ways of working in an integrated model?

Praxis Care

HSC Northern Health and Social Care Trust

QUEEN'S UNIVERSITY BELFAST

Exploration of common themes

- What do you think are the most important values or principles for an integrated model?
- *I do not believe an overriding or generic approach to service delivery is a reasonable or ethical approach to supporting individuals. I believe services require specialism in staff, training and ethics*
- *Person-centred approach. Values-based human rights approach*
- *Inclusion, partnership working (co-production), dignity. Person-centred practice. Empowerment of the individual*
- *Individualised: personalised approaches…No one model…when striving to deliver personalised support*
- *Measurement of outcomes, positive risk management, understanding respect, treating individuals equally, more specialised communication*

Praxis Care

HSC Northern Health and Social Care Trust

QUEEN'S UNIVERSITY BELFAST

Exploration of common themes

- What do you think would be the most important features, interventions or ways of working in an integrated model?
- *Being mindful of a 'one size fits all' approach may not work for all.*
- *Maybe the question is, should an integrated model be used? What is the evidence it works. Positive behaviour support, recovery model, what is suitable for others' needs, like dementia? How would it work? But what are the values? One size doesn't fit all.*
- *Flexibility in approach and documentation*
- *Positive and proactive interventions. Service user at the centre of the decision-making process. Staff education, learning and development*
- *Flexibility, not sure it would work*
- *Personalisation*

Praxis Care

HSC Northern Health and Social Care Trust

QUEEN'S UNIVERSITY BELFAST

Conclusion and possible implications

- Despite differences in language and areas of need, there does seem to be substantial overlap in values and the focus of intervention/s
- There are concerns about just transferring any one model to everyone
- Need identified for an individualised approach and specialist components
- May need a smoothie and a fruit salad? Could further complicate it?
- Possibility of shared foundation in training across areas/disciplines?
- Could promote staff empowerment and inter-agency working?
- Would need to be further developed and outcomes for all tested.

Praxis Care

HSC Northern Health and Social Care Trust

QUEEN'S UNIVERSITY BELFAST