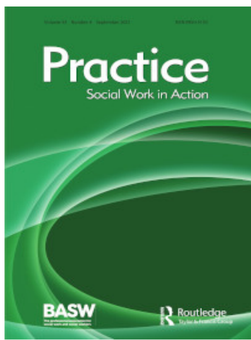

Practice

Social Work in Action

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/cpra20

Routledge Taylor & Francis Group

# Well-Being: From Concept to Practice?

Jackie Lelkes, Anna Bouch & Cath Holmstrom

**To cite this article:** Jackie Lelkes, Anna Bouch & Cath Holmstrom (2021) Well-Being: From Concept to Practice?, Practice, 33:4, 289-307, DOI: 10.1080/09503153.2021.1898579

**To link to this article:** https://doi.org/10.1080/09503153.2021.1898579

© 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group

Published online: 23 Mar 2021.

Submit your article to this journal

Article views: 525

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=cpra20

PRACTICE: SOCIAL WORK IN ACTION, 2021 VOLUME 33 NUMBER 4 (SEPTEMBER 2021), 289–307

OPEN ACCESS Check for updates

# Well-Being: From Concept to Practice?

*Jackie Lelkes, Anna Bouch and Cath Holmstrom*

‘Well-being’ has become a high-profile and contested issue, for both policy and practice, since its introduction as an integral part of the Care Act (2014). A dynamic and fluid concept, the researchers were interested in how qualified social workers conceptualise concept of well-being. This small-scale qualitative study, arising from a partnership between a university and a local authority within England, explored how social workers, in one adult social work service, conceptualized ‘well-being’ in relation to service users who both did have the mental capacity, and also those who lacked capacity, to make informed decisions in relation to their care and support needs. The researchers adopted an interpretivist, qualitative approach to the research and used thematic analysis of the rich data arising from individual and group discussions. Interesting differences emerged that, we propose, related to the practitioners’ dominant ‘cognitive style’ or over-arching approach to considering how individuals, with and without capacity, defined their own well-being, becoming more risk-averse when considering the well-being (as defined within the Care Act 2014) of an individual who lacked capacity. Whilst local authorities have a duty under the Care Act to promote an individual’s well-being, firmly locating the well-being principle at the heart of adult social work assessments, it is important to remember that this is a concept that is mainly self-defined. However, the ways in which practitioners conceptualise well-being influence both how they approach an assessment, and indeed how they seek to build relationships with the person being assessed. Bringing the different cognitive styles to practitioners’ attention, we believe, provides an opportunity to challenge their own and their colleagues’ biases, whether systemic or individual, and free them to embrace the fluidity of experience and well-being, for all individuals seeking to access services.

*Keywords:* The Care Act; well-being; understanding; mental capacity; decision-making

## Introduction

The UK Government introduced the Care Act (2014) hereafter ‘CA2014’ because, according to Rt. Honorable Norman Lamb, it was almost ‘*impossible for people who need care, carers, and even those who manage the care system, to understand how the previous law affecting them worked*’ (DOH,

Routledge Taylor & Francis Group

© 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (http://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.
https://doi.org/10.1080/09503153.2021.1898579

2014). Prior to the introduction of this Act, adult social care legislation such as the NHA and Community Care Act (1990), National Assistance Act (1948) & Carers (Recognition and Services) Act (1995) had developed in a somewhat piecemeal manner creating an outdated and complex legislative framework.

The CA 2014, provided the statutory basis for major changes to the provision of adult social work within England, with respect to both universal and targeted duties. At the universal level, it requires the 'well-being' of individuals to be 'promoted', an obligation attached to every action the local authority undertakes in relation to an individual's care and support needs (CA 2014, s.2), with individuals being best placed to define their own 'well-being' (Marczak 2017) and to make choices about their support needs. The statutory guidance (Department of Health and Social Care 2020) provides nine domains to inform the concept of 'well-being' (CA 2014, s.1) including personal dignity, physical and emotional health and well-being. Marczak (2017) however, considers these to be too broad and vague, potentially resulting in legal challenges. Whilst this study considered the concept of well-being within the framework of the English legal system and practice context, the concept of well-being is more widely applicable via equivalent legislation in the devolved nations of the UK as well as in other social care contexts internationally.

Chief Social Worker (England) Lyn Romeo also reinforced the principle of the individual defining their own well-being and highlighted the importance of a person-centred approach to practice. The idea of 'person-centred' practice has been drawn upon widely within social work and for the purposes of this paper, we have utilised the work of Mansell and Beadle-Brown (2004), who identified the importance of focussing on the individual's abilities and aspirations, the individual's assets in terms of support networks and family, and the provision of support to achieve the outcomes identified by the person, uninfluenced by availability of services.

Such a focus sits within the revised legislation and can be seen as positive and helpful for social workers, many of whom favour a person-centred approach to practice, albeit it within contexts that may be more outcome or task focused (Murphy, Duggan, and Joseph 2013).

Whilst 'well-being' is far from a simple concept to define, it is often intertwined with discussion in relation to '*quality of life*', inclusion in society, the importance of positive personal relationships and networks and having access to emotional and material resources within their economic and social environments. Well-being is therefore patterned and shaped by the meaning we ascribe to interpersonal relationships (Schwanen and Ziegler 2011; Stanley 2016), which requires practitioners to be sophisticated and creative when completing any assessment of well-being.

The broad nature of 'well-being' requires the completion of a holistic assessment grounded in the individual's desired outcomes (SCIE, 2014). However, the duty to assess 'well-being', through measurable outcomes, is complicated by its subjective and fluid nature. Under the CA 2014, social

workers must identify *activities*, but not necessarily *services*, that may enhance a person's 'well-being' whatever their assessed level of need. To fulfill this duty, professionals need to understand the person, to *'grapple with the subjectivity'* of the individual's wishes and how well equipped they are to achieve their goals, identifying their strengths or 'assets' as well as barriers to achieving the identified goals (Gollins et al. 2014, 15).

Social work has long been identified as being essentially ambiguous, complex and uncertain (Parton 2000). Diaper and Yeomans (2016) amongst others, highlight the fact that social workers are required to adhere to professional regulatory codes and standards, practice ethically and work within the law. Indeed, Social Work England (SWE) specifies that social workers need to 'work within legal and ethical frameworks, using their professional authority and judgement appropriately (SWE, 2019), requiring a critical and considered application of the law (Brayne, Carr, and Goosey 2014). Primary legislation, which is designed to capture broad principles, is often necessarily devoid of detail, social workers thus needing to apply the necessary skills, competence and knowledge (Diaper and Yeomans 2016) to grapple with and to understand complex concepts within each different situation. This will no doubt also resonate with readers in contexts beyond the UK; the importance of evaluating a situation, the applicability of legal frameworks and processes (McDonald and McDonald 2010), and legal literacy, the ability of practitioners to use professional judgement to understand, interpret and apply the legal rules in any aspect of social work practice, and to know the limits of their remit (Braye and Preston-Shoot 2016) is arguably fundamental within many areas of social work practice, especially, but not exclusively, within the global north.

The concept of a person-centered approach, grounded in understanding well-being seems to be comfortably within the vocabulary of social work theory and policy (Ahmed 2011). However, it is less clear how well this is translated into practice. The research reported here examines *how* social workers conceptualize and interpret the concept of 'well-being' within their practice. The project was planned and completed as a joint venture between university and local authority colleagues. Our focus was upon the extent to which social workers are able to integrate the concept of 'well-being' into the statutory systems, processes and cultures within their work. It should be noted that our data showed only how practitioners *reported* that they conceptualize the concept of 'well-being' within practice contexts and scenarios, not how they might *apply* the concept in practice, which will be explored in a separate paper. Our research was also about something further as the ability to make a decision is often identified as a 'universal concept' a central component of well-being (Graham 2016). So, when someone lacks mental capacity[1] to make decisions about their care and support

[1]Reference to mental capacity in this paper are made within the context of the Mental Capacity Act, 2005, which includes a statutory presumption of capacity.

needs, how then do practitioners understand and engage with the concept of well-being?

The research reported within this paper focused specifically upon adult social work in England and data collection took place with social workers from generic teams working with adults with a range of vulnerabilities and needs, albeit work with older adults forms the majority of the work undertaken in these teams. Such services fulfill duties under the CA2014 and are therefore connected with the promotion of well-being. We found very limited previous research on this specific topic. Where present it seemed to be limited to how well social work, liberated from a care management model, is realized in practice (Whittington 2016). We found no research relevant to examining workers' conceptualizations of well-being where the person lacked mental capacity.

## *Methods and Approaches*

The primary research team consisted of two researchers: a practitioner within the local authority where the research took place and a social work academic within a nearby university. Qualitative, interpretative research approaches were selected given that the focus of the project was upon meanings, perceptions and understandings (Bryman 2016) underpinning professionals' roles and their decision-making. The teams invited to participate in the research work with a range of individuals. Their roles would typically involve completing assessments under the CA 2014. Individuals are referred by members of the public and/or other professionals and allocated to social workers who work with the person to establish their needs and outcomes. The consideration of the individual's well-being is at the heart of these interventions.

The first stage of the research involved both researchers independently carrying out brief structured individual interviews, in order to establish social workers' baseline understanding in a focused way. Lasting 10 min on average, the interviews were designed to elicit how the 36 social workers participating in the project conceptualized 'well-being' without the impact of peer influence as we were also curious as to whether group discussions affected their thinking on this issue. Practitioner participants were aged between 20 and 60, professionally qualified for between 4 months and 10 plus years, employed in Assisted and Supported Year in Employment[2] to Senior Practitioner roles.

All social workers working within the identified local authority's generic adult teams were invited to participate in the research via an email from the researchers and all invitees accepted ($n = 36$). The social worker participants

[2]ASYE – assisted and supported year in practice provides additional support to newly qualified social workers in their first year in practice to help develop knowledge, skills and confidence.

were predominately, white (79%) and female (80%), representative of the broader local workforce. The first stage of the research, within the structured individual interviews, involved asking these same two questions, with the interview being digitally recorded and subsequently transcribed verbatim by the researchers:

1. What do you understand by the concept of wellbeing?
2. Now thinking about someone *who lacks mental capacity* to make decisions about their care and support-what do you understand by the concept of wellbeing?

For the second stage of the research, 25 of the 36 original invited practitioners agreed to take part in 1 of 4 ‘group discussions’ which were chosen as approaches as opposed to the typically less structured focus group methods, and were semi-structured, to enable the participants to respond to the views being shared by other group members. These were held as soon as possible following the individual interviews, in the majority of cases on the same day, both for practical reasons to increase the likelihood of participation, but also to prevent participants overly researching the formal meaning of well-being prior to the discussion. The groups varied in size from 4 to nine participants and lasted for 60 min. Each group was facilitated by one researcher and recorded and transcribed, as with the interviews.

### *Ethical Considerations*

The research was approved via the relevant University research ethics procedures and by the Research Governance Group of the local authority. All participants’ details remain anonymized; no names have been used in any notes or records and data is stored on the researchers’ password protected computers. To maximise the learning from the project, participants were not informed of the specific area of research interest but told that they would be asked questions about a ‘social care concept’ in order to prevent pre-interview research influencing the practitioner responses.

One of the researchers holds a senior position within the relevant local authority, providing a greater level of understanding of the culture of the organization, which could potentially enrich the research, by supporting the interpretation of results and aiding thinking in relation to transferability of the results (Punch 2009). However, we were mindful that this could also lead to perceived pressure on participants to ‘perform’ and participate. This was managed by being open and honest about the purpose of the research and by ensuring the insider researcher did not interview anyone for whom they had supervisory responsibility. As researchers it is important that we were aware of our own subjectivities, for example by not selecting people who were perceived to hold similar views or who could have a

vested interest in the outcome of the research. Indeed, all social workers in the adult teams were invited to participate and no-one who expressed an interest in participating was rejected. It was made clear via the participant information sheet, approved by the relevant ethics committee, that participation was entirely optional and there would be no repercussions should they choose to not take part. The participants also received information about the purpose of the project, the ways in which their participation was invited and the ways in which data would be used, as well as the anonymity of their data and confidentiality in relation to views they shared during interviews and group discussions. The involvement of a university researcher aimed to 'bracket' subjectivities by cross checking '*for possible subjectivity, bias or vested interests*' (Punch 2009, 45) as well as promoting the role of research in practice and the valuable role of practitioner-led research.

### *Analysis*

Our research and analysis took a social constructivist approach, using thematic analysis on an iterative basis to achieve a workable number of themes enabling us to identify patterns '*within and across data*' in relation to the social workers thinking, views, perspectives and practices (Clarke and Braun 2017, 297). Thematic analysis was selected as it offers a flexible approach, whilst providing a detailed, rich yet complex account of data (Clarke and Braun 2017). Each researcher initially coded the data independently in order to maximise reliability. During the process of coding, the data was considered in depth in order to establish the emergent themes. The researchers then worked together to agree the dominant themes and the relationships and potential inter-dependencies between these. The 'power' of a theme was identified by how many different practitioners described a concept as an important factor in how they understood well-being.

## *How Do Qualified Social Workers' in Adult Social Care Teams Understand the Concept of 'Well-Being'?*

The main findings from the research are summarized here, and this is then followed by a discussion of these in relation to existing literature and implications for practice. Our analysis lead to a number of key themes emerging from the data, which are discussed below.

***Identity:*** Practitioners spoke about 'well-being' being linked to a person's identity. The power of this concept in the data was reasonably strong with 11 out of 25 practitioners in both individual and group settings describing well-being in this way. Participants mostly identified identity as comprising

of a trio of physical, emotional and mental elements. However, one participant identified spirituality and a further mentioned sexuality as being important. Interestingly, practitioners in one group discussed whether speaking about sexuality with the person accessing services as one aspect of their well-being was taboo, which resulted in most of the other practitioners asserting that it was indeed taboo, despite all being qualified social workers working within an organisation with clear and proactive anti-discriminatory policies.

***Professional Judgements and Utility*:** When practitioners were asked to think about well-being, most conceptualized the notion as a form of measurement: specifically, the degree to which it helped them to derive clarity in their professional judgement. We called this theme the *Utility* of the concept. One set of responses described well-being more as a procedural matter, external to the person, more objective and quantifiable, associated with obtaining funding for care and support. In contrast other practitioners leaned towards recognizing the interpersonal and interactional nature of well-being and the importance of dialogue with the individual. This apparent dichotomy was of interest to us and led to the emergence of identified and typified cognitive styles, discussed later in this paper.

***Risk:*** was, perhaps not unexpectedly, an overwhelmingly articulated factor that practitioners reported taking into account when considering a person's well-being, particularly in relation to a person who lacks mental capacity. Indeed 23 of the social workers referenced risk 46 times in total, within the individual and group interviews, one practitioner stating:

> I feel professionals are more concerned with risk…. than the person's well-being and that's the balance and I think service users without capacity have less freedom to take risks (Group discussion)

This suggests that social work is embedded in a culture where risk mitigation is a primary focus, which is sometimes contradictory to the need to consider and enhance well-being and to support people to take positive risks, something that we explore more in later sections of this paper.

***Holistic assessment, the individual and need*:** practitioners also stated that well-being was a '*very individual thing*' they '*needed to do to carry out an assessment and establish what an individual liked',* which informed the *'needs to gain resources'* There was a belief that:

> .the Care Act takes you away from just meeting people's physical needs, it makes you look at how they're getting on, how are they in life, and it's very much the whole person, that holistic sense of who that person is and that… it encompasses every aspect of what it is to be a person. (Group discussion)

However, there was also a recognition that an assessment was not always '*tailored to some service user group*' and that it could '*clash with fair access to services*'. One participant commented that '[they] *forced you to look at*

*the person's wishes as they are prescribed in the assessment'* they [the Care Act, 2014] *actually tell you what it thinks well-being should be and what it should look like'* (Group discussion)

## Discussion

### *'Artists' and 'Formulists'*

According to the Department of Health (2015), practitioners should be imaginative, creative and use curiosity when working under the CA2014, demonstrating an awareness of the centrality of people's own expertise in relation to their needs. Indeed, this seems to be a view expressed by a group participant who described the Care Act as:

> giving us as professionals a bit more scope … because if you're working under that well-being principle … . you can be a bit more creative can't you and say, 'well that would promote the person's wellbeing' rather than it being a service that's meeting a need … it's a broader concept.

We observed that practitioners who identified well-being as being unique and fluid, also described how they might draw upon their relationship with the individual to creatively explore needs and outcomes. It appeared that practitioners were using heuristics, cognitive shortcuts (Taylor, 2017) with which to think about the concept, within which they embraced complementary clusters of sub-themes. After careful reading and re-reading of the data, we designated the cluster of themes arising from this style as '***artistic***'.

In contrast, other practitioners described a cluster of sub-themes which appeared to fit a different cognitive style, connected with process and procedures outside of the immediate interaction with the individual. These practitioners tended to think about well-being as a type of object they needed to represent through the application of more linear processes and via associated paperwork. Generally, these practitioners expressed less inclination to work creatively and fluidly, appearing disempowered by their perception of well-being as being dependent on resources and managerial decisions, in contrast with the quotation above. This cognitive style was associated with following a linear process of prescribed questions in paperwork, with a focus upon risk avoidance. We designated the cluster of themes arising from this second group of respondent as a '***formulaic'*** style as this seemed to reflect a tendency to express concepts which were mostly associated with fixed categories and formulae; Table 1 summarises the attributes associated with the different cognitive styles. These cognitive styles were based upon out interpretation of the data and are not based upon the existing, limited literature relating to practice under the CA2014, and whilst this may be considered a weakness of this study, it is also potentially one of its major contributions.

**Table 1.** Attributes aligned to cognitive style person with capacity from individual and group discussions.

| Artist (14 people) | Formulaic (11 people) |
|---|---|
| Uncertainty | Linear Process |
| Unique | Unique |
| Dynamic hierarchies | Fixed general categories |
| Style, Nuance | Quantifiable |
| Flavour, Flow | Risk containment |
| Fluid | Following instructions/statute |
| Value is in the Relationship, microcosm | Value is the outcome of Assessment, |
| Refers to emotional states | Refers to external factors |
| High Utility in the concept | Low Utility in the concept |

### *Well-Being for the Capacious Person*

We acknowledge that practitioners' observed use of these cognitive styles is, of course, a *tendency* and not absolute, with practitioners appearing to change from one approach to another when talking about individuals with and without mental capacity. It is also our *interpretation* based upon analysis of their responses, rather than a term coined by participants themselves. We found that when referring to a person with capacity, approximately the same number of practitioners could be identified as having either a more '*formulaic'* or '*artistic*' cognitive styles and there did not appear to be a middle ground. Individuals were located within one style or another, and we were surprised not to detect phenomena where practitioners borrowed sub-concepts from both cognitive styles. This might have presented as a practitioner speaking about the primacy of a process or formula but also concepts such as the use of self in practice whilst following a process.

We found that practitioners who tended to display an '*artistic'* cognitive style saw the concept of well-being as having higher utility than those who tend to lean towards a more '*forumulist'* style, the latter tended to focus on the difficulties they have translating the concept into practice, speaking about:

- Lack of resources;
- That people's expectations are too high;
- They can't be proportionate with public money;
- Anxiety that they could not fulfil individuals' expectations.

Formulists-practitioners linked their practice efficacy, to *the ability of their practice to produce the desired result* linked to what they view as the organisations established culture and systems. Artist-style practitioners seemed to seek a result more aligned to the relationship dynamic they have with the individual concerned. This difference is clearly important in trying to understand how to support practitioners to embrace the utility of the concept; it is

not possible to simply teach what well-being is, rather, practitioners need to reflect on the whole cluster of themes that drives their cognitive style and informs their thinking about the concept of well-being.

Likewise, for the theme ***Identity*** practitioners tended to think about identity as being made up of a range of categories and, looking further, we found that '*artists'* tended to describe the *relative* importance of these categories; they were fluid and changeable according to the person's particular context and at different times.

Six practitioners, all of whom tended toward an '*artistic'* style used the word 'hierarchy', linking well-being to Maslow's 'hierarchy of need':

> Maslow's hierarchy of needs and just having the kind of basics, the foundation…of having enough to eat, having housing and then you kinda gradually build up and up and up. (Group discussion)

> :… a lot of the clients you work with, your kind of use a Maslow's hierarchy, so employment is not really on the agenda when you're thinking about insecure housing and no access to regular food, and warmth….how do you then overlay that into the discussion. (Group discussion)

This suggests that '*artists'* seemed to make sense of the uniqueness of the concept of well-being to each individual by describing fluid hierarchies and context-dependent factors as in the following quotations:

> well-being being unique to that person…. well-being can be a hierarchy of well-being say in speaking to somebody on the street, with nowhere to live, what they would call well-being if they're housed could well change and then they'd want other things. So, it's very fluid and a very unique thing.' (Group discussion)

> … it is not in black and white, it is not just one thing it could mean different things, it could mean a multitude of things, so I was very much led by their narrative, what they interpreted as wellbeing, what made them feel better.' (Group discussion)

The quotations above locate well-being within changeable contexts: the first with respect to their more physical situation and the latter according to their narrative, outlining the importance of subjectivity, the person defining their own well-being, with the words 'want' and 'feel' being prevalent in terms of how the social worker understands the individual's experience.

## *The Use of Self as a Resource*

Cournoyer states that '*Because social work practice involves the conscious and deliberate use of oneself, you become the medium through which knowledge, attitudes and skill are conveyed… '* (2000, 35) and this seems to resonate with some of the participants' responses in this study.

**Table 2.** Self referencing.

| Conceptual style | Self ref | No self-ref |
|---|---|---|
| **Forumulists:** | **3** | **8** |
| **Artists:** | **12** | **2** |

As well as identifying the uniqueness of the individual, '*artistic*' practitioners seemed to recognize the benefit of evaluating their own well-being. They appeared to be using a statement of their own uniqueness in terms of well-being to connect with the other person and to empathise with their situations, which cannot easily be related to defined domains of the CA2014. Some examples of this were:

> *I was thinking… if I had to write a list of things that affect my well-being it would be a lot different than everyone in this room so it's just highlighting how individual it is.* (Group discussion).

> I couldn't assess my own well-being against the Care Act and I know which ones… are shouting out for your attention, are not good enough… which get neglected… and I know that's always moving but I don't know that I can give a definition of well-being for me. (Group discussion).

People with an '*artistic*' conceptual style were much more likely than those with '*formulist*' styles to self-reference, as shown in Table 2 below:

However, and crucially, only one person who was strongly categorised as '*artistic*' made a reference to self when talking about well-being with reference to a person *without* mental capacity.

### *How Do Social Workers Think about the Concept of Well-Being When Associated with a Person Who Lacks Mental Capacity?*

Discussions in both the individual and group setting, in relation to the second interview question will have been influenced by responses to the first question. Indeed, by asking a stand-alone question about someone lacking mental capacity it could be suggested that we are indicating our expectation that practitioners would provide different answers. However, for us the interest and impact of such difference arises in the richness of the detail about this difference. We also noted that not all practitioners did express difference; in fact, some asserted the opposite:

> you still have a concept of wellbeing… whether you have capacity or not, so someone might lack capacity, and think that being at home, in absolute chaos and self-neglect that's actually … what they want, they think that that… enhances their wellbeing, but we might have different opinions but I think that it's still the person's interpretation of well-being. (Group discussion)

### *Where Have All the Artists Gone?*

Whilst analysing the data regarding well-being for a person who lacks mental capacity compared to a person with capacity, it became apparent that we could no longer identify both '*artistic*' and 'f*ormulist*' cognitive styles. Practitioners were in general far more '*formulist*' in nature, with particular emphasis on risk-containment through using established, more linear, processes and procedures for example one practitioner stated:

> I feel professionals are more concerned with risk maybe and the service user is concerned with their well-being and that's the balance. (Group discussion)

Risk and well-being appeared to become oppositional in this context; practitioners describing 'best interests'[3] as being equated with an individual's well-being, linking the best interest decision making (by the multi-disciplinary team) as the *determinant* of the client's well-being:

> I think it's risk… for me is really up there… I had a best interests meeting the other week…there were huge risks of her going home, physically but… emotionally I think it really was in her best interests to try…there's too much big risk, we'll have a nursing home, it's safe and it makes us all feel safe.' (Group discussion)

Participants spoke in terms of making trade-offs within best interests processes between risk and permitting the person autonomy:

> …you need to balance it out and the best interest decisions and split that risk and try to work out what is better for the person, but it is all too easy to be risk averse and go against…. what would have been their concept of well-being. (Group discussion)

> we should be supporting what somebody was in the past, but the reality is, there's certain unwise decisions that we, as a best interest's decision wouldn't go with, I think, is the reality. (Group discussion)

The comments above echo the research of Emmett et al who observed that whilst professionals 'professed to understand the need to respect unwise decisions, putting this into practice appeared problematic' (2013, 77).

In discussion, practitioners tended to be more process-orientated in their thinking about well-being for an incapacitated individual than when they were sharing their thoughts about a capacious individual:

> I think the system, the processes and the machine…I find it quite oppressive and… it can overshadow good practice. (Group discussion).

[3]Best interests: any decision made on behalf of the individual must be of benefit to the individual and take into account their past and present wishes, values and beliefs (MCA, 2005 s.1).

***Risk and anxiety:*** There was a far greater sense of professional anxiety about risk for service users without the relevant capacity. Practitioners seemed more aware of their positional power; there was a predominance of words and phrases associated with risk and accountability, practitioners indicating that risk would take primacy over the consideration of the person's well-being:

> I think it is about risk, I think if the person has capacity the risk is theirs and if they don't the risk is yours. (Group discussion)

> … it is all too easy to be risk averse and go against what's potentially in that person's, or what would have been their concept of well-being for themselves (Group discussion).

At times practitioners did talk about needing to achieve a balance between risks and choices:

> … to focus on what the person's well-being is … . coincides I think with positive risk taking, so … .if their past views were that they would absolutely not want to go into a care home … … but there is an element of risk or considerable risk with them remaining at home then it's quite good to relate it back to how that would impact on their well-being. (Group discussion)

We found that practitioners who focused on the primacy of others' opinions in the creation or narration of the client's identity also saw the role of others as mitigating risk, and consequently of professional anxiety. Risk was also thought of as the risk of misusing professional power, of making a 'wrong' decision and of consequently distressing the person or attracting the anger of their relatives:

> So, it's kind of judging somebody by our kind of standards, our kind of view about how that person should live and not actually how does that person want to live? (Group discussion)

***Identity:*** The way practitioners talked about identity in relation to well-being was also different when discussing work with a person who lacked capacity in relation to decision making. Whilst for individuals who retain mental capacity practitioners had thought about how to interact with and discuss well-being, for a client without mental capacity, they tended to define well-being as chronologically dependent and outside of an interaction. We interpreted this this tendency as relating to the '***continuity***' of the person's identity. We found that practitioners placed far greater emphasis on what the person might have chosen *in the past* when determining what factors might influence their well-being in the *future*. When practitioners did talk about the person in the present tense, they tended to only talk about their microcosmic world; the small choices that the person might make, instead of general categories such as physical and emotional well-being,:

> The assumption that a lot of people… all having this certain types of food etc… I like a certain type of tea; I can really taste the difference and things like that people not having those choices and just being given things…. Their wellbeing in those sort of settings…must be very difficult to get right. (Group discussion)

The incapacitated person's identity was also referred to as being made up of others' opinions about the individual, particularly their family and friends; practitioners placing far greater emphasis on others' opinions to get a sense of what may enhance the person's well-being. Although this is perhaps understandable when we think that people who lack mental capacity *may* not be able to express their preferences, it is nevertheless more than a trend; none of our participants talked about the importance of others' opinions when establishing well-being in relation to a a person who had retained mental capacity. For the person without capacity the majority of practitioners appeared to make an assumption that the person's current well-being looks the same as their historical preferences. The person's right to redefine, the notion that identity is continually reformulated through experience and interactions, those fluid, movable categories of well-being had been lost.

Some participants did however recognise that being dependent upon the views of others to form a view on the person identity could be problematic:

> …can be difficult with family members can't it, 'cos they can then use that as an opportunity to impose their standards, whereas if the person had capacity they would be holding their own and saying 'no, I'm not going to do that'. (Group discussion)

## *Implications for Social Work Practice*

This paper perhaps raises more questions than it can hope to answer in this relatively new field of enquiry. Thinking about well-being necessarily encompasses the individual's identity, their environment and the context in which social workers practise.

Our small-scale study appears to show that practitioners were sometimes uncertain about defining the concept of well-being, tending to revert to risk-averse formulae regarding the person who lacks mental capacity. However, the creative, more fluid outlook of those using the '*artistic*' cognitive style, with regards to the person who retains capacity, indicates that we may not need to provide practitioners with rigid formulae for operationalising the concept of 'well-being'. Instead, training and development needs to focus on reducing or 'holding' uncertainty when working with the incapacitated person and their families, in line with the way many participants referred to working with those who retained capacity. Furthermore, standardised assessment paperwork

which asks the worker 'how' rather than 'if' they have addressed the person's well-being, may be more appropriate given the significant role of assessment approaches.

In understanding and operationalising the concept of well-being, it is important that practitioners take a person-centred approach to their work, recognising the uniqueness of each encounter, and the complexity of human behaviour. The focus within education and practice supervision needs to be upon empowering practitioners to approach the person with a 'blank- slate', rather than a partially populated standardized assessment form, capturing directly the individual's views, experiences and preferences. For the individual who lacks capacity, practitioners must not assume that their current sense of being is somehow less valid than it was before, reduced to a microcosmic world of small decisions. Rather, well-being must be linked for all, to what the individual identifies themselves about future aspirations, as far as is genuinely possible.

Definitions of risk and associated 'acceptance' levels are largely driven by societal norms, therefore social workers' own tolerance of risk is critically intertwined with political and organisational cultures. Seden (2016) suggest that social workers make decisions on behalf of society, who will blame them for their 'mistakes' and social work can also be blamed for negative impacts resulting from what is often a desire to embrace positive risk taking (Brown 2010). High levels of anxiety, potentially leading to risk avoidance, can result from this political and organisational context, with social workers potentially emphasising risk quantification and losing sight of what they are attempting to achieve for the individual with and for whom they are working (Ayre 2001). This appeared to be the case for some, although certainly not all, the practitioners in our research and is perhaps epitomised by the comment from a participant that '*the risk is yours*' (*yours* = *practitioner*) in relation to someone who lacks mental capacity. Whilst 'risk' has been widely explored within social work literature (e.g. Brown 2010), this seems to be especially the case in relation to those individuals who lack the relevant capacity to make decisions.

Social workers do indeed need to be accountable for their decision-making, but risk, surely, is not a commodity, which can be 'attached' to professionals. Overly formulaic patterns of practice may perhaps serve to diffuse anxiety related to this risk, but they may also have a de-humanising effect, moving away from facilitating an understanding and enactment of the person's wishes in the moment. Rather, social workers need to focus on the person's definition of selfhood, and what gives them a sense of well-being; this cannot be easily quantified, cannot be contained within static risk-profiles. In view of this, further work needs to be done to embed a culture of tolerance of situational uncertainty within local authority contexts and beyond.

Well-being therefore sits outside of the dichotomies of risk expressed by practitioners in this study ('*either they hold it, or we do*'). How then can

practitioners hold the relationship itself as that aspect of greatest value, see it as transformative, for all involved whilst also holding the person's sense of self to the light and directing this into systems and processes that condense and refract and seek a measurable output?

Our research indicates that practising in a more '*artistic*' way can be supported by organisational systems, which locate well-being at the heart of strengths-based social work practice in line with the expectations within the CA 2014. It may be helpful for practitioners to think about well-being in terms of 'fluid hierarchies' as the most important factors contributing to the person's well-being at any one time. Employing this system enables practitioners to support people to evaluate factors contributing to their well-being within changing situations. We live and practice in a post-modern, individualistic world, working in settings, which of course require pragmatism and the systematic application of principles of social justice to promote equality and fairness of access and provision of services. It is tempting to view more '*artistic*' styles as that to which all practice should aim. However, in doing so we must ensure that organisations remain accountable, whilst understanding that focus on individual wishes is in itself a principle of social justice; it is not dangerous to ask people about their aspirations, which form a core part of their identity.

## Conclusion

This research asked how social workers conceptualized well-being. The following themes appeared to emerge from the data obtained in this project:

- Significant differences in the way social workers think about 'well-being' in respect of the individuals they work with.
- When more '*artisitc*' cognitive styles emerged, the language used appears to reflect the practitioners' focus on person-centred practice and their relative ease with uncertainty
- When thinking about a person who lacks mental capacity, risk and professional anxiety was far more prevalent in conversations. Social workers became more risk-averse and revert to policies and procedures to frame or contain social phenomena within the assessment process.

Our research is limited to exploring how social workers in one local authority thought about well-being in relation to two groups of people accessing social work services. Cognitive styles underpin, but are not the same as, their implementation within practice. Further work is needed to examine the extent to which, if at all, practice itself is influenced by different cognitive styles or approaches such as those identified here. Further research is also needed to try to understand how reflective group discussions impact upon actual practice and indeed this paper is also limited given the relative absence of literature on the key themes explored. The relatively recent enactment of The CA

(2014) and the comparative lack of attention to adult social work practice within the UK mean that little work has yet been published on the specific areas explored in this project. However, the research priorities of Lyn Romeo, Chief Social Worker for Adults (England), also identified the importance of further examining whether social workers think about well-being in the same way as the people with whom they are working.

Our interpretation and understanding of what is meant by any social care or social work concept will ultimately influence how we approach our practice. Part of the art of social work involves bringing these cognitive styles and understandings to a greater level of awareness giving practitioners a chance to challenge bias, whether systemic or individual

**Acknowledgements**

The authors would like to thank the participants and the Local Authority for supporting this research. Support from a Teaching Partnership in South of England to enable us to undertake this research.

## Declaration of interests

The authors report no declarations of interest.

## References

Ahmed, M. 2011. “Social Work Reform: Promoting Rights, Justice and Economic Well-Being.” Community Care, 10 May. Accessed March 16, 2017. http://www.communitycare.co.uk/2011/03/10/social-work-reform-promoting-rights-justice-and-economic-well-being/

Ayre, P. 2001. “Child Protection and the Media: Lessons from the Last Three Decades.” *British Journal of Social Work* 31 (6): 887–901. doi:10.1093/bjsw/31.6.887.

Braye, S., and M. Preston-Shoot. 2016. “Legal Literacy in Adult Social Care: Strategic Briefing.” *Research in Practice for Adults*. [On-line]. Accsessed 07/09/2019. https://www.ripfa.org.uk/resources/publications/strategic-briefings/legal-literacy-in-adult-social-care-strategic-briefing-2016/

Brayne, H., H. Carr, and D. Goosey. 2014. *Law for Social Workers*. 13th ed. Oxford: Oxford University Press.

Bryman, A. 2016. *Social Research Methods*. Oxford: Oxford University Press.

Brown, L. 2010. “Balancing Risk and Innovation to Balance Social Work Practice.” *British Journal of Social Work* 40 (4): 1211–1228. doi:10.1093/bjsw/bcq013.

Clarke, V., and V. Braun. 2017. “Thematic Analysis.” *The Journal of Positive Psychology* 12 (3): 297–298. doi:10.1080/17439760.2016.1262613.

Cournoyer, B. 2000. *The Social Work Skills Workbook*. 3rd ed. Belmont: Thomson Brooks/Cole.

Department of Health. 2015. *Knowledge and Skills Statement*. London: Department of Health.

Department of Health and Social Care. 2020. “Statutory Guidance: Care and Support Statutory Guidance.” [on-line]. Accessed 11.03.2020 https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Diaper, A., and P. Yeomans. 2016. “Contribution to Society: A Footnote for the Care Act 2014.” *Practice* 28 (5): 331–339. doi:10.1080/09503153.2015.1135893.

Emmett, C., M. Poole, J. Bond, and J. C. Hughes. 2013. “Homeward Bound or Bound for a Home? Assessing the Capacity of Dementia Patients to Make Decisions about Hospital Discharge: Comparing Practice with Legal Standards.” *International Journal of Law and Psychiatry* 36 (1): 73–82. doi:10.1016/j.ijlp.2012.11.009.

Gollins, T., A. Fox, B. Walker, L. Romeo, J. Thomas, and G. Woodham. 2014. “Developing a Well-Being and Strengths-Based Approach to Social Work.” Think Local Act Personal.

Graham, M. 2016. “Understanding of the Mental Capacity Act in Work with Older Adults Exploring the "Unintended Consequences" for Service Users' Emotional Wellbeing.” *Working with Older People* 20 (3): 151–156. doi:10.1108/WWOP-04-2016-0010.

H.M. Government. 1990. The National Health Service & Community Care Act. www.legislation.gov.uk/ukpga/1990/19/contents

H.M. Government. 1995: The Carers (Recognition & Services) Act. www.legislation.gov.uk/ukpga/1995/12/contents

H.M. Government. 2005. The Mental Capacity Act. www.legislation.gov.uk/ukpga/2005/9/contents

H.M. Government. 2014. The Care Act. www.legislation.gov.uk/ukpga/2014/23/contents

Lamb, N. 2014. “Authored Article.” Department of health and Social Care [On-line]. Accessed April 1 2019. https://www.gov.uk/government/speeches/care-bill-becomes-care-act-2014

Mansell, J., and J. Beadle-Brown. 2004. “Person-Centred Planning or Person-Centred Action? Policy and Practice in Intellectual Disability Services.” *Journal of Applied Research in Intellectual Disabilities* 17 (1): 1–9. doi:10.1111/j.1468-3148.2004.00175.x.

Marczak, J. 2017. “The CareAact 2014 in England. *Zeszyty Naukowe Ochrony Zdrowia*.” *Zdrowie Publiczne i Zarzadzanie* 15 (3): 217–226. https://pdfs.semanticscholar.org/0814/ebe10423f28fa467cea955ebc23c8fd9eec2.pdf?_ga=2.122486536.229868607.1597846661-1644564600.1597846661

McDonald, G., and A. McDonald. 2010. “Safeguarding: A Case for Intelligent Risk Management.” *British Journal of Social Work* 40 (4): 1174–1191.

Murphy, D., M. Duggan, and S. Joseph. 2013. “Relationship-Based Social Work and Its Compatibility with the Person-Centred Approach: Principled versus Instrumental Perspectives.” *British Journal of Social Work* 43 (4): 703–719. doi:10.1093/bjsw/bcs003.

Parton, N. 2000. “Some Thoughts on the Relationship between Theory and Practice in and for Social Work.” *British Journal of Social Work* 30 (4): 449–463. doi:10.1093/bjsw/30.4.449.

Punch, K. 2009. *Introduction to Research Methods in Education*. London: Sage.

Schwanen, T., and F. Ziegler. 2011. “Wellbeing, Independence and Mobility: An Introduction.” *Ageing and Society* 31 (5): 719–733. doi:10.1017/S0144686X10001467.

Seden, J. 2016. “Social Work: Risks, Needs and Balanced Assessments.” K216 Readings, Milton Keynes, The Open University.

Social Care Institute of Excellent (SCIE). 2014. “How Is Well-Being Understood under the Care Act?” Accessed 16-03-2017. http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/how-is-wellbeing-understood.asp

Social Work England. 2019. "Professional Standards." Accessed 06.03.2020. https://www.socialworkengland.org.uk/media/1640/1227_socialworkengland_standards_prof_standards_final-aw.pdf

Stanley, T. 2016. "A Practice Framework to Support the Care Act 2014." *The Journal of Adult Protection* 18 (1): 53–64. doi:10.1108/JAP-07-2015-0020.

Taylor, B. 2017. "Understanding Risk in Social Work." *Journal of Social Work Practice* 31 (4): 375–378.

Whittington, C. 2016. "The Promotional Libertation of Adult Social Work under England's 2014 Care Act: Genuine Prospect or False Prospect?" *British Journal of Social Work* 46 (7): 1942–1961. doi:10.1093/bjsw/bcw008.

**Jackie Lelkes** is a Principal Lecturer in Social Work at the University of Brighton. She has a divers social work background and has an interest in all aspects of working with older people, particularly in relation to the application of the Mental Capacity Act to practice. Email: j.lelkes@brighton.ac.uk

**Anna Bouch** is a social work manager in Brighton & Hove City Council, a local authority in England. The author's research interests include; social work with older adults, the role of spirituality and mindfulness in practice and psychodynamic approaches to practice education.

**Cath Holmstrom** is a Principal Lecturer at the University of Brighton. She has a diverse social work practice background and has interests in the education and training of social workers, social work with young people, social work law and its implementation, social work decision making and transitions between children's and adult's services, as well as in supporting practice-led research. Email address: c.holmstrom@brighton.ac.uk