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WORKING WITH SOCIALLY ISOLATED OLDER PEOPLE THE ROLE OF TACIT KNOWLEDGE

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DEDICATION

This research is dedicated to Marie, my mother in law. In the last year of her life, Marie showed me the full extent of the vast grey area between autonomy and dependence.

CONTEXT

The Dutch government encourages the elderly to live autonomously for as long as possible. This is illustrated by the fact that in Delfshaven, the borough where I conducted the research that I describe in this article, all three residential care homes that existed in the 1990s have been closed. The borough's ageing population is now supported by extramural services and innovations such as domotics and personal alarm systems. These closures have financial causes but are also inspired

by changing perceptions of what a dignified old age entails. The focus is no longer on people's deficiencies, but on their competencies, and the conviction is that people who remain connected with the outside world are able to shape their lives until a very old age (Koopman, 2006, p. 2). Autonomy is the ideal, as stated in the 2007 Dutch Social Support Act:

Current policies emphasize citizens' own responsibility. The starting point is what people can do and arrange individually and together. In fact, the new Social Support Act and the modernization of the Exceptional Medical Expenses Act are based on this principle. Under the new Social Support Act, local government will only provide support for those people who really need it but cannot organize it themselves (Van Vliet & Oudenampsen, 2004, p. 3).

This focus on autonomy had emerged in the preceding years' policy documents and has been repeated in subsequent action plans. Budgetary pressure and the new image of older people as essentially independent (Vosman & Baart, 2008a) have jointly led to the closure of care homes and reductions in the care entitlements relating to them.

The drive towards "autonomy" has introduced a hierarchy. At the top are the elderly who "are consumers who make their own choices, lead a leisurely life, and are autonomous participants in civil society" (Vosman & Baart, 2008a, p. 24); followed by those who rely on family and friends; and, at the bottom, those who live in social isolation. Social workers are there to prevent people from sliding into this bottom group, as social isolation is not simply one of the many problems that older people face but a factor that links many issues related to wellbeing and care needs (sleeplessness, depression and other health detriments) (Machielse, 2006, p. 7). As such, social isolation is both an undesirable and a costly state in which to live.

If an older person does slide into social isolation, a paradox arises: the social isolation imposes a *de facto* autonomy with which a person may be unable to cope. The suffering this causes remains unnoticed until it invades the lives of outsiders (through smell, for example). It is the social worker's challenge to identify such individuals and to enable them to move towards a "fragile autonomy" in which external support enables them to maintain their own relatively independent daily life choices.

This challenge has to be met in a social sector where "dissatisfaction in relation to the (perceived) deficiencies in the effectiveness and efficiency of [social] work" (Platform Ontwikkeling Welzijn Rotterdam [POWR], 2005, p. 5) has led to a need for quantifiable accountability that sometimes

borders on “number fetishism”.³ Simultaneously, there is a counter-trend that champions tacit knowledge and the unquantifiable benefits of social work (Vosman & Baart, 2008b). Social workers do not see this reflected in policies or reporting requirements. Consequently, when discussing tacit knowledge, they may be fearful of criticism (“so I never mentioned it”), deny its existence (“it is used as an argument by people who don’t like interference in their work”), or be dismissive about the value of their own tacit knowledge (“I’m just improvising”).

Tacit knowledge – intangible knowledge that is hard to express or explain – has been the subject of attention in other areas of social work but has not yet been investigated in relation to work that focuses on vulnerable non-residential older people. My Master’s thesis, *Tacit knowledge of the social worker: an underestimated aspect of knowhow*, does examine the role of tacit knowledge in social work geared towards this specific target population.

OBJECTIVE AND METHODOLOGY

The research I carried out for my Master’s thesis explicates the role of tacit knowledge in the actions and decisions that social workers take to enable socially isolated older people to maintain or restore their fragile autonomy. An understanding of this role:

- would help social workers to consider tacit knowledge as an integrated part of their professionalism;
- may encourage social support organizations and policy makers to value and foster such knowledge.

Together this would result in a more effective reduction of the target group’s social isolation. There is ample scope for progress: past programmes aimed at achieving this have almost invariably failed (Fokkema & Van Tilburg, 2006).

The case study in my research focused on “Intensive Personal Trajectories” (“action plans”) which 14 qualified social workers undertook with 34 socially isolated older people, half of whom were migrants. These action plans were part of a four-year programme entitled Prevention and Mitigation of Social Isolation of Older People and took place in Delfshaven, a multicultural borough in Rotterdam. All social workers were specialized in supporting non-residential older people and employed by an organization for social work called SMDD-SON.⁴ They were allocated to this project for four hours per week. The action plans lasted six months each and were intended to reduce isolation.

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In preparation for this research, I undertook one plan myself and read through all of the social workers' logbooks. I selected two social workers with particularly detailed logbooks and interviewed them using a "stimulated recall" technique that helps interviewees to relive experiences in vivid detail through frequent and detailed reminders (using their logbooks).

These interviews helped me to identify the initial areas that I focused on during five second-stage interviews with social workers. They came from a variety of ethnic backgrounds, as did their clients, and had varying amounts of work experience.

I then entered all transcripts (duly checked by the interviewees), my own logbook and a number of other documents into text analysis software (Kwalitan). This software allowed me to code and subsequently categorize all text fragments. This categorization enabled me to achieve two things. First, I was able to distinguish between tacit knowledge and personal traits such as interests and flexibility. Second, I was gradually able to group evidence of tacit knowledge according to themes in which such knowledge appeared to be particularly important. These themes are described in the next section.

REDUCING SOCIAL ISOLATION: THE ROLE OF TACIT KNOWLEDGE

Tacit knowledge radiated from every single logbook and interview. During the text analysis process, tacit knowledge proved particularly important in six aspects of the work.

1. Selecting participants

This research looked at 34 action plans. When selecting participants from a database of 800 older people, the social workers used questionnaires but a more important factor was the impression that emerged from files and initial home visits. There were three reasons why the social workers did not limit themselves to asking standard questions during these home visits. First, the answers were seen as lacking reliability as they depended on time, place and interviewer.⁵ Second, even consistent answers were regarded as lacking validity as they were coloured by shame and other social impediments. A straight denial ("No, I'm not lonely; not at all, nope") could be combined with signals of social isolation ranging from drawn curtains and an unkempt living space to off-guard statements ("Sometimes it is as if I'm already dead – nothing happens and nobody visits"). Third, each person's uniqueness and the multidimensionality of social isolation meant that any questionnaire could easily omit necessary questions. The signs of social isolation were diverse and checklists would have failed to highlight a number of them.

2. Insight into the minds of participants

Socially isolated older people develop unusual behavioural and psychological patterns. Recognizing unusual routines and excessive worries and fears requires an attitude that is more akin to the inquiring life-long learner than to the all-knowing support provider. It also takes time. Over time, the inevitable initial misunderstandings may, once recognized and reflected on, give important clues to the challenges the older person faces when interacting with the outside world. That same inquiring attitude helps a social worker to recognize that a seemingly hopeless situation may, in reality, be a conscious and sensible choice. One such example was that of a visually impaired elderly woman who lived in an apartment that seemed entirely inadequate but was, in fact, the only place where she could safely live: she knew it in meticulous detail and was therefore able to move about comfortably.

3. Ability to connect

This research discovered people who connect by walking, undertaking tasks together and drinking coffee. Delfshaven's multicultural environment poses particular challenges, with a common language potentially absent and the presence of many cultural specificities ("I can't talk about isolation with Turkish participants as this would embarrass them – but I can talk about nostalgia and the motherland, and the response will be telling"). The social workers' choices rely on tacit knowledge, gained by "reflection-in-action". Through such reflection, a social worker learns that a particular person opens up when walking, and that a trip to the bank can therefore serve more than a purely financial purpose.

4. Gaining access

Reflecting on her action plan, one elderly participant said that "allowing somebody other than my neighbour access to my house has been a big and difficult step for me". That is a common consequence of having grown unaccustomed to interaction. Reflecting the uniqueness of each of the project's participants, the logbooks and interviews show a wide variety of ways in which social workers managed to enter the participants' homes and lives.

5. Nonverbal communication

Social workers emphasized the value of their own nonverbal communication ("because of a certain open attitude she felt we understood each other – without words"). Similarly, the interviewees

gave many examples where a participant's nonverbal communication gave them a clue how to approach things. This "tuning" (Schout, 2007, p. 84), like riding a bicycle, is almost entirely based on tacit knowledge.

6. Gaining and retaining confidence

"Showing respect", "having and showing a genuine interest", "refraining from judgement", "an open attitude" and "being prepared for the unusual" were frequently used phrases. Icebreakers are similarly crucial, and an experienced social worker picks up clues from the apartment (e.g. photographs, paintings). Once there is rapport, trust gradually builds⁶ and will, in time, enable the social worker to break taboos and discuss and address root causes of social isolation. Good timing is essential as "confidence arrives on foot but leaves on horseback": in an evolving relationship; a social worker senses which taboos may be broken at a particular moment. This may take time: "I got the strong impression that I could not yet ask about that [...] my time had not come yet [...] I think that asking him about it prematurely would have caused me to lose him altogether."

These six areas form the building blocks of the "ability to deal with fragile autonomy". Social workers with that ability will recognize a person's location within the vast grey area between autonomy and dependence. They will show empathy and connect and identify needs that may remain unexpressed (a common situation as people lose their ability to take initiatives). Ultimately they will find a way forward by reactivating a person and his or her social networks, helping a person's process of acceptance and/or identifying appropriate professional support.

CONCLUSIONS

When working with socially isolated older people, tacit knowledge is part and parcel of a social worker's professionalism. In my study, I have merely illustrated the role of such knowledge. My illustrations do not and could never serve as a "comprehensive overview". Any such overview would necessarily be limited in scope and applicability, as tacit knowledge is not rule-bound or finite. It cannot necessarily be expressed in words or otherwise transferred, and its applications lead to results that are context-driven and therefore exhibit an endless variety of shades and colours. Predicting these results or learning to replicate them requires more than reading. In the words of Dutch football legend and common-sense philosopher Johan Crujff: "you only see it when you

get it", and "getting it" requires knowledge that gradually develops in the minds of professional social workers.

There are ways to develop, foster and spread tacit knowledge. Logbooks, case-based reasoning and personal accounts are potentially effective tools for reflection, and online discussion forums have grown into a powerful group-learning tool. Introducing such tools is not necessarily easy: logbooks and interviews suggest an embarrassed reluctance to explicate one's tacit knowledge and a reluctance to spend much time on "writing such lengthy texts".

Utilizing tacit knowledge requires time to gain access, to connect and build trust, to obtain an understanding of the particulars of any individual's social isolation, and to work towards a prevention, mitigation or coping strategy. *Developing* tacit knowledge requires time for "reflection-in-action" and "reflection-on-action" (Schön, 1983). In a social sector where the unquenchable thirst for quantifiable accountability sometimes inclines towards number-fetishism, allocating that time is a cause worth defending.

NOTE

- 1 This study deals specifically with social workers who work with the elderly. In the Dutch system this is a separate profession called *ouderenadviseur*, which translates literally as "advisor to the elderly".
- 2 In the category "Student's Work" we publish articles written by students during their studies, for example as part of a Master's thesis. "Working with socially isolated people. The role of tacit knowledge" is the winning article of the 2011 Master's thesis prize awarded by the Journal of Social Intervention: Theory and Practice.
- 3 A term used by Wouter Bos, then Minister of Finance, in his speech to the Parliament on the occasion of the "Account Day for 2006" in May 2007.
- 4 I have the same specialization, which explains my interest in the issue of tacit knowledge in this field of work. I also work for SMDD-SON (Stichting Maatschappelijke Dienstverlening Delfshaven-Stichting Ouderenwerk Noord).
- 5 The consensus among the social workers was that answers tend to become more reliable and detailed over time and as trust develops. This suggests that the value of asking standard questions may increase over time.
- 6 The same is true of the scope for humour, the importance of which social workers regularly emphasize.

REFERENCES

- Bos, W. (2007). *Account Day 2007, Financial Annual Report 2006*. Speech at the Presentation of the Financial Annual Report of 2006 to the Parliament on May 16th 2007. The Hague, Ministry of Finance. Retrieved March 14, 2011 from <http://www.pvda.nl/politici/politici/wouterbos/Speeches/2007/mei/Verantwoordingsdag+2007+Financieel+Jaarverslag+2006.html>
- Fokkema, T., & Tilburg, T. van (2006). *Aanpak van eenzaamheid, helpt het* [Tackling loneliness, does it help?]. The Hague: NIDI.
- Koopman, M. (2006). *BAGSO/AGE & Mental MOBILITY, Transnational Exchange Project on Social Inclusion*. Rotterdam: Free Course of Life Academy.
- Machielse, A. (2006). *Onkundig en onaangepast. Een theoretisch perspectief op sociaal isolement* [Incompetent and non-conformist. A theoretical perspective on social isolation]. Utrecht: Jan van Arkel.
- Platform Ontwikkeling Welzijn Rotterdam [POWR]. (2005). *Van welzijn naar sociale kwaliteit* [From social work to social quality]. Rotterdam: POWR.
- Schön, D. (1983). *The Reflective Practitioner. How Professionals Think in Action*. Cambridge: Massachusetts.
- Schout, G. (2007). *Zorgvermijding en zorgverlamming. Een onderzoek naar de competentieontwikkeling in de openbare geestelijke gezondheidszorg* [Care avoidance and care paralysis. A study of the development of consequences in public mental health care]. Amsterdam: SWP.
- Vliet, K. van, & Oudenampsen, D. (2004). *Integrated Care in the Netherlands*. Utrecht: Verwey-Jonker Instituut.
- Vosman, F., & Baart, A. (2008a). Being witness to the lives of the very old. *Sociale Interventie*, 17(3), 21–32.
- Vosman, F., & Baart, A. (2008b). *Aannemelijke zorg. Over het uitzieden en verdringen van praktische wijsheid in de gezondheidszorg* [Credible care. About the dismantling and repression of practical wisdom in health care]. The Hague: Lemma.