"Don't they deserve that really?"

How social workers can best support older people

Policy Briefing













EXECUTIVE SUMMARY

Based on recent research, this briefing sets out how social workers can best add value to social care and to integrated services with health.

As people live longer, more older people require social care and associated services, such as health and specialist accommodation. The social work qualification and ongoing professional development gives social workers particular expertise, including in law, which enables them to work with complex, changeable and risky situations. Social workers are central to delivering adult social care, to coordinated work with the NHS and other agencies, and to the provision of advice to other staff.

There are significantly more requests for help from older people than there are for children, but there are proportionately fewer social workers¹ ². Most older people who access social care will not see a social worker but instead will talk to a practitioner, who has not undertaken a professional qualification. Social workers need to be deployed appropriately when their particular expertise is required.

Adult social care and social work are under pressure with many older people waiting to have their needs met. This leads to costly problems, including escalating need and delays to hospital discharges. Research and policy ambition already signal how social work can contribute to unsticking 'stuck' situations, reducing pressures on social care and the NHS, and enhancing wellbeing through upholding rights.

Our research comprehensively demonstrates that it can make a huge difference to older people's and their families' lives when a social worker is the right person in the right place at the right time.

Social workers have **unique expertise** that brings together sophisticated communication and relationship skills, particularly in situations of change, crisis and conflict; specialist knowledge of the law and entitlements to social care and other public

services; practical knowledge of the local 'care system' and services; and ability to advocate as and when it is needed. They often act as leaders and coordinators in multi-agency systems. Their primary role is to uphold the voice, wishes and rights of older people and carers. Social workers are often the 'last resort' when it is not clear how to help someone move on in their life or what to do next in a 'stuck' or complex situation; they are creative and will undertake whichever task is required.

Older people, unpaid carers and their families value social workers who they can get to know and trust, who explain things clearly, who provide emotional support and reassurance, and who 'get things done' and uphold rights. Other professionals value social workers' expertise about the law and social care system, their ability to connect with people and their practical know-how.

Social workers were most valuable: when people struggle to stay in control of their lives, for example because they do not have capacity to make a decision; in life changing situations such as a sudden hospital admission; when people are overwhelmed by complexity, for example when arranging their own care; in a crisis such as when an unpaid carer becomes exhausted; when people need clarity, for example, by providing advice and mentoring to colleagues and other agencies; and in a difficult context, for example making tough decisions about resources in a fair way.

Barriers to good social work include: lack of social care services and understanding of the system; pressure on social work teams from vacancies and turnover; and complexity of processes, including repetitive IT systems and numerous forms, multiple layers of permission required by social workers for

funding, difficulties accessing health records, and different systems in different local authorities

Essential enablers include: commitment to the role; organisational support that values social work and enables relational work; peer support; and effective relationships with other services. Social workers, older people, carers and families say that social work is more effective when there is time to build a relationship and then have ongoing input from the same social worker when this is needed.

Social workers need to be deployed to make the most of their unique expertise. Attention is needed to develop, support and retain social workers to work in the specialist area of social work with older people.

The implications of our research are to:

- Ensure that social work is named and included in policy debates as a central part of social care and integrated services with the NHS.
- Provide clear information and advice about social work and social care to the general public.
- Include training on social work to NHS colleagues such as GPs and hospital staff.
- Enable older people, carers and family to access social work advice early to prevent issues, for example by deploying social workers in local authority 'first point of contact' services.
- Ensure access to social workers when it is most appropriate. Deploy social workers: when older people may not have mental capacity to make a decision; when there is high risk; when waiting for or experiencing hospital discharge; when there is a significant life change; when there is confusion, conflict or competing rights; and when in a sudden crisis or when a situation is stuck, i.e. not changing or moving forward.
- Create systems that support, not obstruct, social workers. Set up systems so that older people have ongoing input from the same social worker when this is needed. Reduce barriers to social workers engaging in work that is most valued by older people



and their families: reduce IT demands; identify technological solutions to limit administrative burden; solve issues with access to health records; provide dedicated desk space; limit bureaucratic checks on decisions; and increase consistency between local authorities.

- Retain and grow the social work workforce that older people need. Ensure that an element of qualifying programmes for social workers relates to older people. Provide an experienced mentor to social workers in older people's services during their first two years in practice. Support and formalise the regular peer learning that social workers initiate, and ensure access to professional supervision from a social worker with experience of this area.
- Resource social work and social care appropriately, and co-produce solutions to challenges with older people. Resources should be focused toward front-line staff, direct care provision and support for carers to allow local authorities to fulfil their duties under the Care Act 2014.

Our researchers followed 10 social workers in two local authorities between autumn 2022 and spring 2023. We conducted observations and interviews with social workers, older people, carers and other professionals, and looked at records. We asked: what do social workers do; what impact do they have; and how does their context affect their work?

MESSAGE FROM THE RESEARCHERS

Our research is the only observational study of what social workers who work with older people actually do. It is the first time this has been seen in detail.



Against the backdrop of one of the most difficult winters in the history of social care and the NHS, we saw social workers working in partnership with older people, their families and colleagues to overcome obstacles and deliver excellent support. We also witnessed and heard about frustrations that everyone involved in social care experiences as they struggled to get hold of care services, respond in a timely way to the hundreds of people needing support and make sense of complex processes.

Our remit as researchers is not to tell politicians or the public how resources should be invested. We know that times are hard. Our job and our privilege is to make visible what is going on in the real world of

people's homes, hospital wards and care home lounges. This allows us to identify what is valuable and valued, how that can be strengthened and how obstacles can be overcome.

We have aimed to make recommendations that are doable – building on what we have seen of the good, the difficult and the overlooked.

We all want to live a good later life and want that for our loved ones, and we trust that this briefing will play a part in ensuring this.

The Social Work with Older People research team and Expert Advisory Group

THE BIG PICTURE WHAT DO SOCIAL WORKERS DO?

'She's very skilled at putting people at ease and talking to people and that's patients and next of kin. And very clear in her explanations. She's very upfront as to what we're trying to do, and she always, sort of, advocates, even if it might put her at odds. I mean, her knowledge is second to none really.' (Nurse talking about a social worker)

As people live longer, the number of older people requiring social care and associated services, such as health and specialist accommodation, is increasing³. Many of the 10 million or so people in England aged over 65 years are able to meet the challenges of later life by drawing on their personal, family or community resources. However, around a quarter need input from social care because of illness, disability or frailty⁴. In 2021-22 nearly 1.5 million requests for social care came from older people⁵.

Access to, and the expected role of, social care support is based on the law. Local authorities must assess any adult or unpaid carer, who may be in need of support, to identify their needs. If the person meets a national eligibility threshold, the local authority must arrange care and support to meet needs, for example help in the home or residential care. However, local authorities can take account of their resources in meeting needs so thresholds and waiting times vary between areas ('the post code lottery') and over time⁶.

Care and support is means-tested so many of those who need care will pay for it all and may arrange it themselves; 28% of older people in the community and 39% of those in care homes are self-funding⁷. Local authorities also must make inquiries if anyone, who is in need of care and support, is at risk of abuse or neglect. When someone lacks mental capacity to make a decision and

has nobody with power of attorney, the local authority takes a lead in making best interest decisions about their care.

There are significantly more requests for help from older people than there are for children, but there are proportionately fewer social workers⁸ ⁹. As a consequence, most older people who access social care will not see a social worker but instead will talk to a practitioner, who has not undertaken a professional qualification. This is in contrast to children's services where children will usually see a social worker. Given this situation, it is vital to ensure social workers are appropriately deployed when their particular expertise is required.

The social work qualification and ongoing professional development gives social workers particular expertise. This includes: detailed knowledge of the law, older people's rights, issues associated with ageing and how to challenge ageism; expert skills in building relationships and trust in complex, changing and contested situations; and the ability to navigate local health and care systems and work collaboratively to achieve positive outcomes¹⁰.

Social workers, therefore, have a central role in ensuring legal duties are met, and also support other social care staff, providing advice and mentoring¹¹. They have an important role in coordinating social care with NHS services¹².

Example from our research of social work with a couple in their early 70s, Albert and Edna.

Edna is living with dementia and went into hospital for assessment, after Albert was admitted with a minor stroke. When Albert and Edna came home from hospital, Albert gave assurances that they were managing. The social worker's training helped her recognise that the couple were now in a more precarious situation and she made efforts to build up a relationship of trust so she could support them. Albert was struggling to provide care for Edna, who needed help with washing and dressing, and was not eating or drinking enough. He also needed support to access his occupational pension, get carer's benefit and arrange Edna's finances, and plan ahead for the future. The social worker put practical support and contingency plans in place so that Albert and Edna could avoid a crisis and probable return to hospital.

Examples of social work input in our research include:

- Intense support to design a plan for someone to go home from hospital
- Comprehensive therapeutic support to an older person or carer to work through a life change such as a medical diagnosis or a bereavement
- Detailed advice about how to organise and fund private care
- Ensuring due legal process for someone who lacked mental capacity to make a key decision for themselves
- Leading an inquiry into how to safeguard someone from self-neglect or financial abuse.

Gerontological social work is not viewed as a specialism in the UK, whereas in the USA and some European countries there is recognition and investment in specific professional development for this area¹³. Contemporary social work practice with older people continues to be regarded as of lesser importance than other specialist spheres, although it requires a high expertise level because of the level of complexity arising from a long life and multiple needs¹⁴.

Why do we need to act now?

Social work is under pressure. The vacancy rate in adult services is 11.4% with 2200 vacant posts, higher than the rate across the sector (9.9%). The rate is increasing and remains higher than the 7.7% vacancy rate ten years ago. Forty six per cent of social workers have less than three years' experience, an increase from 42% the year before. Social workers have a sickness rate of 10.8 days per year, much higher than the sector average of 5.9.15

This is part of a bigger picture of pressures on adult social care. Older people are presenting with more severe or complex needs and access has become worse over the last seven years. Nearly half a million adults were waiting for an assessment as of November 2023, with an additional 20,000 people waiting for care and support to begin; 85,000 people have been waiting for an assessment for more than six months¹⁶. The number of carer's assessments reduced after the Care

Act's legal duty to assess carers came in¹⁷, despite increased numbers of carers¹⁸. Only 25% of carers access an assessment and 41% have not taken a break in over a year¹⁹.

Lack of investment in timely social care leads to costly problems, most clearly seen in the NHS.

- One in five people arriving in A&E are over 65 and one in six people over 75 are readmitted to hospital within 30 days²⁰.
- Delays in accessing social care contributed to 65% of delays in leaving hospital in December 2022²¹.
- Almost all NHS leaders say the most impactful solution to delays in leaving hospital would be investment in social care²².

Recent reports provide strong arguments for the importance of improving adult social care:

 Tackling ageism and upholding rights to a dignified life are central to a good society and to fairness Investment in social care is cost effective as it promotes wellbeing, enables informal carers to thrive and indeed to work, and supports the NHS.²³

These reports highlight that skilled workers and expert relational support to older people and their families are at the heart of addressing growing need.

Research and policy ambition already signal how social work can contribute to unsticking 'stuck' situations, reducing pressures on social care and the NHS, and enhancing wellbeing through upholding rights.

There is no blueprint to how to 'solve' social care, but social workers are key and our research provides practical ideas about how their unique set of knowledge, skills and values can be harnessed for maximum benefit.



How we carried out our research

The international literature shows the potential for social work to improve wellbeing, and reduce crises and related pressures on services in later life²⁴. However, there is limited UK research on impact²⁵. This research project builds on some earlier research in England on the distinctive contribution that social workers make in multidisciplinary teams for older people. This contribution was found to include: positive management of risk; the application of legal knowledge to uphold rights and wishes and; an openness to new ways of thinking and learning. The research highlighted the promising and innovative nature of social work with older people as relayed by social workers in the study, arising from relationship-centred work that built on the strengths of older people and their networks²⁶.

Our research set out to demonstrate how, in what ways and to what extent social workers make a positive difference to older people's lives.

Our researchers followed 10 social workers in two local authorities over six months, between autumn 2022 and spring 2023, encompassing a time of acute pressure in health and social care services.

As well as observing the detail of social work practice, we interviewed social workers, older people, carers and other professionals, and we looked at older people's records. We gathered up-to-date and comprehensive examples of social work with 17 people aged over 65, their carers and families, and wider knowledge about social workers' roles and impact.

Our social workers worked in two different localities with different systems and structures. One local authority was a rural county in the South West, which has a high population of people over 65, a high proportion of people that identify as White British, and low population density; the other was an urban unitary authority in the Midlands with a lower population of people over 65, a lower proportion of people that identify as White British and a higher population density – this local authority is in the 10 per cent most deprived in England²⁷.

The social workers covered a range of settings including people's homes, care homes, rehabilitation centres and hospitals, where they often supported discharge home. All of the social workers worked predominantly with older people. There were three newly qualified social workers with less than two years' experience and seven experienced social workers.

We asked three questions: what do social workers do; what impact do they have; and how does their context affect their work?

WHAT THE RESEARCH FOUND – SOCIAL WORKERS' UNIQUE EXPERTISE

Our research comprehensively demonstrates the contribution of social workers. They show a particular combination of knowledge and skills, underpinned by a commitment to upholding rights and dignity that mean they can offer something of unique value to older people and their families.

Social workers have sophisticated communication and relationship skills, particularly in situations of change, crisis and conflict; specialist knowledge of the law and people's entitlements to social care and other public services; a practical knowledge of the local 'care system' and services available; and ability and willingness to advocate as and when it is needed. They often act as leaders and coordinators in multi-agency systems. Their primary role is to uphold the voice, wishes and rights of older people and their carers. This is particularly important when working with people who are marginalised such as people living with dementia or people from minority ethnic groups.

Social workers are often the 'last resort' when it is not clear how to help someone move on in their life or what to do next in a 'stuck' or complex situation; they are often required to be creative and will undertake whichever organisational or practical task is required.

'If I don't do it, who's going to do it? I've tried the doctors, I've tried the nurses, I've tried the therapists, I've tried the chiropodists, I've tried the opticians... Who's left? Me.' (Social worker) Social workers' capabilities are often invisible and underestimated. For example, our researchers saw how their expert communication and relational skills put people at ease, in a way that is not captured in a professional record.

The patient's wife looked anxious and stressed, but as the social worker talked with her and explained the situation, she became visibly relieved and more relaxed. She seemed astonished at the practical help that was being offered by the social worker. The patient's wife said 'I can't take it all in – it's just amazing!' The social worker offered to write it all down, in bullet points, for her to look at later and encouraged her to call any time. The patient's wife seemed very relieved to have found that someone was going to – as she put it – 'be her safety net'. (Social work observation in a community hospital)

Older people, unpaid carers and their families value social workers who they can get to know and trust, who explain things clearly, who provide emotional support and reassurance, and who 'get things done' or prevent things from happening that may compromise older people's rights and wishes (e.g. pausing a move into a care home). Other professionals value social workers' expertise about the law and social care system, their ability to connect with people and their practical know-how.

'She was a professional. And she always came back to us. If we had a problem or something we wanted to know, she was straight back, email or phone me. So she was always there to be someone I could talk to or if we had a problem.'

(Carer talking about a social worker)

WHAT THE RESEARCH FOUND – THE IMPACT OF SOCIAL WORKERS

We found that social workers make a particular difference in specific situations.

- When people struggle to stay in control of their lives: Some older people face high risks or are marginalised, particularly when they are losing or have lost the capacity to make a decision about what happens to them. Some older people experience abuse or neglect. Social workers' expertise in law and ability to overcome communication barriers is vital in these situations.
 - 'She treated Mum as an equal, as if she hasn't got dementia. She never talked down to her.' (Carer talking about a social worker)
- In life changing situations: This includes when people's health deteriorates, when they have a difficult diagnosis or when they start to require 24-hour care. Social workers have a central role in planning and executing safe discharges from hospital.

'She was key in making sure that the conversation stayed firmly all about the patient. So she was to the point. "This is what we're here for. This is what we need to do." It was key that she was open and honest, and she ran that meeting. She was the person that was in charge of it all, if you like.'
(Hospital discharge coordinator talking about a social worker)

- When people are overwhelmed by complexity: When people come to need care, they often don't know the options or how any services will be paid for. Social workers provide guidance and therapeutically support people through these anxiety provoking processes.
- When there are competing rights or views: Older people, carers and families may disagree on what should happen, or professionals in multi-disciplinary teams may have different views. Social workers uphold people's wishes and negotiate better outcomes using their expert relational and communication skills.

'So when people were asking about her needs and they weren't asking her, I slowed it down, directed it at her. And at the end of the meeting the feedback that I got was, "We were amazed that she was able to be as articulate as she was."' (Social worker)

- In a crisis: Some older people struggle to get out of a stuck situation, become overwhelmed by health or other problems, or are exhausted by providing care to someone else. Social workers overcome barriers to people receiving the help that will transform their situation. This includes using professional contacts and the law to ensure that other agencies, such as the NHS, carry out their duties.
- When people need clarity: Social workers offer advice, mentoring and support to newly qualified staff, social care colleagues and other agencies, as well as responding to countless queries and concerns from the public.

• In a difficult context: This takes place against a backdrop of the cost of living crisis, post Covid adjustments and pressured resources in the public sector. Social workers smooth the rough edges of difficult processes that have an emotional impact on people, including on staff.

'She appeared to be like talking to a friend you've known for some time and that she had put forward the personality which she's got into her work. And I think that helps her a lot. I didn't realise how much she'd taken in what I said. And I wasn't afraid of any of the questions she asked or any of the ideas she put forward. I could see the sense of her questioning and the sense of her proposals. She treated us both fairly, I think.' (Older person talking about the social worker)

Example

Reg was a 67 year old man who had very limited mobility following a stroke. He was restricted to living in one small bedroom which hugely reduced his quality of life. He was at high risk of deterioration in his health and readmission to hospital.

Reg repeatedly turned social care away. To build trust, she took an informal and quite personal approach, engaging Reg in conversations about fishing and about his life story.

By the end of the intervention, Reg had moved into the large sitting room of the flat he shared with his friend. He had a chair that enabled him to sit out of bed and a bed with a view of the world.

The social worker recalled:

"Oh yes. Reg is somebody that I've probably done, altogether probably about 20 home visits. And for him initially, it wasn't about talking about his care and support needs, and any safeguarding concerns. It was him just wanting to talk about his life and what he's done, where he's worked you know.

He was in a dark, dingy little room, he was not getting out of bed at all. He would barely sit himself up, he was just watching the telly all day. He couldn't even see out of the window. You know all those little things that I think we take for granted. But he was just adamant, no I want to say here, this is my room.

But the more you spoke to him and he realised that we were there to help, he was more open to trying things, to make things better for him."

WHAT THE RESEARCH FOUND -

WHAT CAN BE IMPROVED

Social workers, older people, carers, their families and other professionals identified what would lead to good social work support, much of which can be acted on.

The most important thing for people who need social work input is to have the opportunity to build a relationship with the social worker and have ongoing input from the same social worker for the time this is needed.

'Well, I hope she's always going to be' in the background, in case she's needed. If there's a reason that I need to raise a point of view...then I would go to her.' (Carer talking about 'her social worker')

Barriers include:

- Lack of social care services as a result of underfunding the system. This included lack of home care services, lack of beds in care homes and lack of mental health support, as well as prices for care services increasing.
- Older people, carers, families and other agencies – including the NHS – not understanding how social care works and what the role of social workers involves.
- Pressure on social work teams from vacancies and experienced staff leaving.
- Lack of desk space for social workers in local authority buildings, hospitals and care homes, leading to sensitive work being done out of a rucksack or in an inappropriate space.
- Complexity of processes. This includes repetitive IT systems and numerous forms, multiple layers of permission required by social workers to get agreement to funding they deem necessary to meet eligible needs, difficulties accessing health records, and different systems in different local authorities meaning that processes need to be relearned if social workers move jobs.

Our IT system is the most clunky of platforms...and the problem that we have is that it was designed for back office functions, not for front.'
(Social Worker)

Enablers include:

- Social workers' commitment to their job and to professional development.
- Leaders and managers valuing the role of social workers and enabling them to work relationally.
- Social workers at all levels of the organisation offering help to and seeking support from one another.
- Professionals across different services building relationships that enable coordinated, effective work.

'We're really lucky here because we've got the hospital social worker and the adult social care practitioner that are both based at this Community Hospital...

So if there are any issues, we haven't got to worry about trying to get hold of them on the phone or an email or something like that. We can actually just pop up to their office and just say, "This is the issue" or "How are you getting on with this?" (Hospital discharge coordinator)

SUMMARY MESSAGES

'She doesn't try to over talk or overemphasise anything that's obviously important to her, which might not be quite so important to me. She doesn't try and push anything. It's just interesting to know her views on things. Especially, she's got a long view of things, you know, she knows a lot...which, as an ordinary person, you don't.' (Carer talking about a social worker)

Deploying social workers well

- Social workers have unique expertise and make a positive impact.
- Since most older people can't see a social worker because of the low proportion compared to the volume of requests for help, it is important that they are deployed appropriately.
- Social care is hugely varied but there are some situations where the direct input of social workers is clearly needed and valued.
- Social workers play a central role in integrated work, particularly in keeping people at home in the community, in hospital discharge and in reducing avoidable hospital admissions.
- Social work time could be deployed to better effect if certain system and organisational issues are addressed, including increasing awareness of their role, simplifying processes and improving inter-agency communication.
- Impact is reduced when social workers are not able to make time to be with people or where people see a number of different social workers; this undermines the development of trusting relationships with older people and carers.
- Social workers have the knowledge and skills to support others in their roles.

Developing, supporting and retaining social workers

- Social work with older people is fundamentally undervalued – partly because of ageism – so the specialist skills are in short supply.
- Social workers' expertise comes from the social work qualification and from ongoing development and learning on the job.
- New social workers benefit from mentoring by experienced social workers.
- Social workers love their work but are under pressure that could be eased.
- Social workers working with older people need profession-specific support.

'The rewards continue to outweigh the challenges and the difficulties. And there are days when I think, "Do I really want to do this anymore?" But there are more days when I love this job. And I love the privilege of being able to work with people. Yeah, it is a huge privilege, and I love it.' (Social worker)

IMPLICATIONS

1. Address ageism that contributes to lack of resources and gets in the way of supporting older people's rights

Resource social work and social care appropriately, and co-produce solutions to challenges with older people.

Resources should be focused toward frontline staff, direct care provision and support for carers to allow local authorities to fulfil their duties under the Care Act 2014.

'From my limited view of it, which, of course, has been months rather than years...I think it's superb. I couldn't fault it. But from what I can (see), they get a lot of bad write ups, social workers seem to do, and I think that's grossly unfair.' (Older person)

2. Make social work visible and valued in policy debates

Ensure that social work is named and included in policy debates as a central part of social care and integrated services with the NHS.

Promote positive examples of how social workers make a difference, and what older people and carers value about their roles and skills.

3. Provide clear information and advice about social care and social work

Prepare the population for later life by providing earlier information and advice.

Provide a plain English explanation of what a social worker can do for older people, carers and their families (we are creating this).

Include training on social work to NHS colleagues such as GPs and hospital staff.

4. Ensure access to social workers when they are the right person at the right time in the right place

Enable older people, carers and family to access social work advice early to prevent issues, for example by deploying social workers in local authority 'first point of contact' services.

Ensure access to social workers when it is most appropriate. Deploy social workers: when older people may not have capacity to make a decision; when there is high risk; when waiting for or experiencing hospital discharge; when there is a significant life change; when there is confusion, conflict or competing rights; and when in a sudden crisis or when a situation is stuck, i.e. not changing or moving forward.

Principal social workers can work with social workers to identify appropriate deployment in their local authority area, including in NHS settings.

5. Create systems that support, not obstruct, social workers

Set up systems so that older people have ongoing input from the same social worker when this is needed.

Reduce barriers to social workers engaging in work that is most valued by older people and their families: reduce IT demands; identify technological solutions to limit administrative burden; solve issues with access to health records; provide dedicated desk space; limit bureaucratic checks on decisions; and increase consistency between local authorities.

Principal social workers can work with social workers and managers to look at improvements in their local authority area, including NHS settings.

6. Retain and grow the social work workforce that older people need

Include dedicated education in all social work qualifying programmes about later life, and the profile and needs of older people and their carers that tend to require a social worker.

Ensure social workers who are new to working with older people have an experienced social worker (with at least three years' experience) to mentor them for the first two years in the role.

Support and formalise the regular peer learning that social workers initiate, and ensure access to professional supervision from a social worker with experience of this area.



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