NIHR | School for Social Care Research

Social Work with Older People (SWOP)

ABOUT THE RESEARCH

Social care is increasingly important in our ageing society for promoting well-being, preventing loss of independence, and protecting people from harm. Social workers have a central role in the law, policy and practice of social care.

However, social work with older people is largely invisible, not understood and undervalued.

Our key research questions were:

- How do social workers contribute older people's well-being?
- How do older people and carers experience social work?
- How do social workers interact with other professionals and practitioners?
- How does the context of practice impact on social work with older people and carers?

The Social Work with Older People (SWOP) project aimed to improve social work practice with older people over the age of 65 and carers through enhancing understanding of the nature of social workers' activities, how they accomplish their roles and tasks, and how this is experienced by older people, carers and other professionals.

The research used mainly qualitative methods, observing social work practice with older people in two authorities in England, one rural and one urban. Social workers, older people and carers receiving social work support, and other professionals and practitioners involved were interviewed about their views and experiences of social work.

Details about the project and the resources it produced can be found on the project website.

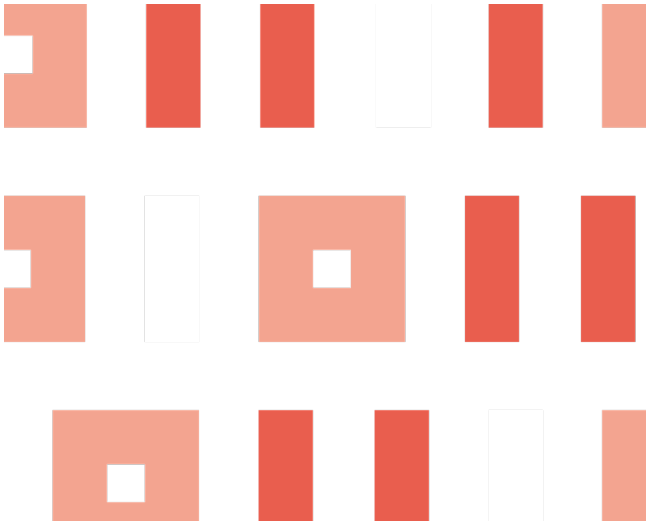
FINDINGS

This section summarises what we found in relation to our four research questions.

Q1. In what ways do social workers contribute to the well-being of older people?

We found that social workers work with older people in the following types of situations:

- Following adverse events and life-changing situations, such as a sudden hospital admission, bereavement or breakdown in care arrangements
- When older people and their families and carers are overwhelmed by crisis and/or complexity and need help to navigate health and social care systems
- When older people struggle to stay in control of their lives, for example, because they do not have capacity to make certain decisions
- When their support systems, such as previous paid care arrangements, become insufficient or are disrupted.



Our findings give examples of how social workers demonstrated each of the nine domains of the Professional Capabilities Framework in their practice with older people.

- Professionalism: this included being honest, reliable, adaptable, resilient; maintaining trust; and having a clear sense of their own role and its limits.
- Values: they supported people to make their own decisions and worked in partnership.
- Diversity and equality: social workers challenged ageist discourse and practice and addressed barriers that compromised people's ability to participate.
- Rights, justice and economic well-being: they used the law to uphold rights, advocated, promoted involvement and challenged limitations on choice and control.
- Knowledge: this incorporated legal literacy, 'biopsychosocial' understanding, later life circumstances and conditions, and local resources.
- Critical reflection and analysis: this helped social workers to process and learn from the tensions, challenges and ethical dilemmas intrinsic to everyday practice and enabled them to manage their emotions.
- Skills and interventions: these were often 'taken-for-granted' by the social workers themselves and included: building relationships; communicating about sensitive issues; weighing up strengths, risks and options; and therapeutic skills.
- Context and organisations: social workers were resourceful, adaptable and resilient in working in conditions of change, pressure, scarcity and complexity. They used their knowledge of systems and constraints to 'fight' in older people's interests.
- Professional leadership: this entailed leading or coordinating inter-professional activity and taking responsibility for the learning of others.

There was a clear link between social

worker capabilities and the benefits that older people experienced and outcomes they achieved. Our findings provide examples of positive outcomes across all areas of well-being as defined in the Care Act 2014 (as applied in England).

- Personal dignity: older people's dignity was maintained through recognition of the importance of respectful personal care and valuing the person and their history.

- Physical, mental health and emotional well-being: these aspects of well-being were enhanced through ensuring adequate nutrition, medication, personal care, access to equipment to enable mobility, co-ordination of different aspects of health care, and alleviation of people's stress and anxiety.

- Protection from abuse and neglect: social workers balanced safety concerns with older people's wishes and rights and found positive strategies to manage risk.

- Control by the individual over day-to-day life: older people, families and carers valued being informed and involved in decision-making.

- Participation in work, education, training or recreation: this included action to reduce loneliness and isolation and to facilitate people's participation in community groups, hobbies, meeting others and activities in care home settings.

- Social and economic well-being: older people, families and carers were supported to access benefits, grants and help with managing their finances, and given advice about relevant legal procedures to protect their interests.

- Domestic, family and personal relationships: social workers involved families in decision-making (with older people's consent), helped to maintain or improve relationships, including by arranging care provision, and negotiated in situations of conflict or tension.

- Suitability of living accommodation: older people were supported to live in accommodation that aligned with their needs, wishes and identity and were connected with other services to enable them to remain in their home for longer.

- Contribution to society: the evidence for this domain of well-being was mainly limited to contribution to family life. We believe that ageism may lower expectations of older people's social contribution and that we need to reframe our understanding of what 'contribution to society' means from the perspectives of older people.

Q2. How do older people and carers experience social work?

Older people and carers often had a negative perception of social work and lack of understanding of social work's role. This could deter them from engaging with a social worker. Considerable patience, persistence and time were needed by social workers to build a relationship of trust before some older people were prepared to accept support.

Older people and carers identified specific aspects of social work that they found particularly helpful. These were: continuity in their relationship with a social worker; social workers who communicated regularly and kept them informed; interactions that placed them at the centre; the knowledge social workers brought of

the care, healthcare and legal systems; support to help them reach decisions for themselves; social workers' ability to get things done or prevent adverse things from happening; and values, such as honesty, attentiveness and care.

Older people disliked: being passed from one person or team to another; social work that was limited in its remit and did not address their needs holistically; and social work that was absent when they needed it.

Q3. How do social workers interact with other social care workers, professionals and agencies (referred to here as 'others')?

The complexity of work undertaken by the social workers meant that virtually all their work involved liaison with other professionals and organisations. Other professionals, practitioners or managers valued the contribution social workers made in terms of their: knowledge of the law, financial matters, the workings of health and social care systems and local resources; a person-centred approach that kept older people at the centre of care planning and support; willingness and ability to advocate and challenge others to ensure that older people's wishes were upheld; skills in having sensitive or challenging conversations; values of empathy, respect and care; and mentorship and support to others. This aligns closely with what older people, families and carers valued about social workers.

Other professionals and practitioners found unhelpful a lack of continuity in social work support and lack of close integration between health and social care.

Q4. How does the context impact on social work with older people and carers?

The wider context of social work practice impacted directly on what social workers did, often with corresponding implications for what they could achieve.

Barriers or challenges were related to: the after-math of COVID-19, including increased need, a backlog of work and loss of community services; the national shortage of care staff and lack of care services, especially in rural areas; poor quality care that impacted negatively on older people's well-being; the increased complexity of older people's needs; divisions between health and social care services; negative public perceptions of social work; ageism in policy and service provision; and racism and cultural barriers.

Pressures, processes and systems within their own organisations acted as barriers to social workers using their time most effectively to work with older people.

These included: staff vacancies and turnover and high workloads; disruption in their working relationships with older people linked to fragmented processes (the same issue raised by older people, carers and other professionals); systems for managing 'duty' or 'triage'; electronic recording systems; remote working (though this could also facilitate effective use of time in some instances); and, lack of suitable working environments.

Social work practice was facilitated by: peer support; supportive supervision; space for critical reflection; and managers who used social work knowledge and skills.

CONCLUSIONS & IMPLICATIONS

Policy

- Ageism in the allocation of resources that undermines older people's rights must be challenged.

- Policy initiatives about social care and integrated services should recognise social work more explicitly as a 'key profession' (as described in legal guidance) in policy discussions and documents about social care and integrated services. This means distinguishing the unique role and value of social work from the broader remit of adult social care work.

- Social workers' unique role and 'offer' needs to be clear to: social workers and their employing organisations; the NHS; other agencies; and the general public, including older people and carers.

- Publicising and celebrating positive examples of how social workers make a difference to the well-being of older people and their families should be shared to generate better understanding of the role, foster more hopeful attitudes amongst older people likely to need to draw on social work support, and help to boost the recruitment and retention of social workers in this area of practice.

Practice

- Social workers should be deployed where they have the most positive impact on older people's well-being. This includes: in complex and life-changing situations; when older people may not have capacity to make a decision; when there is high risk; when support is needed to facilitate hospital discharge; when there is confusion, conflict or competing rights; in crises or when situations are 'stuck'.

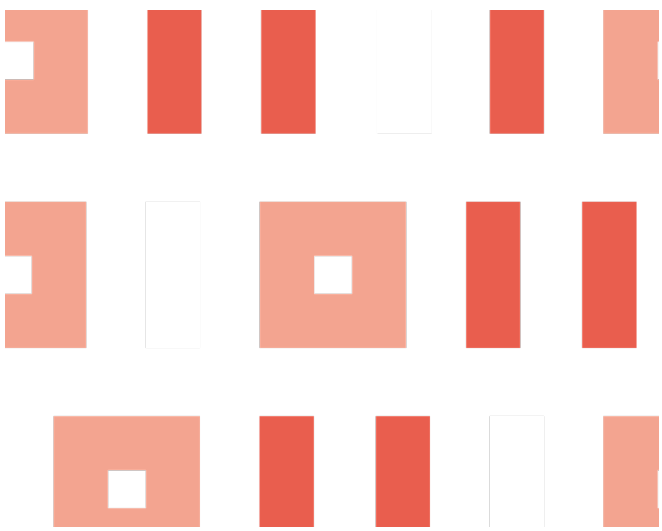
- Systems and processes should enable social workers to spend more time in direct work with older people and carers. This means: reducing IT demands and administrative burden; solving issues with access to health records; limiting bureaucratic checks on decisions; and increasing consistency between local authorities.

- Continuity of the relationship between social workers and older people should be facilitated where needs are complex and ongoing and/or where trust is pivotal.

Education and support

- Social workers need specific education and continuing professional development related to social work with older people to ensure an appropriately skilled workforce.

- Peer support, space for critical reflection and quality supervision and management from those with social work practice experience are crucial to high standards of practice, the emotional well-being of social workers, and their retention in the workforce.



COMMENT

Lyn Romeo, the (then) Chief Social Worker for Adults, was a member of the project National Stakeholder Group.

She endorsed the value of the research by including a blog on the Department of Health and Social Care website on 27 November, 2023:

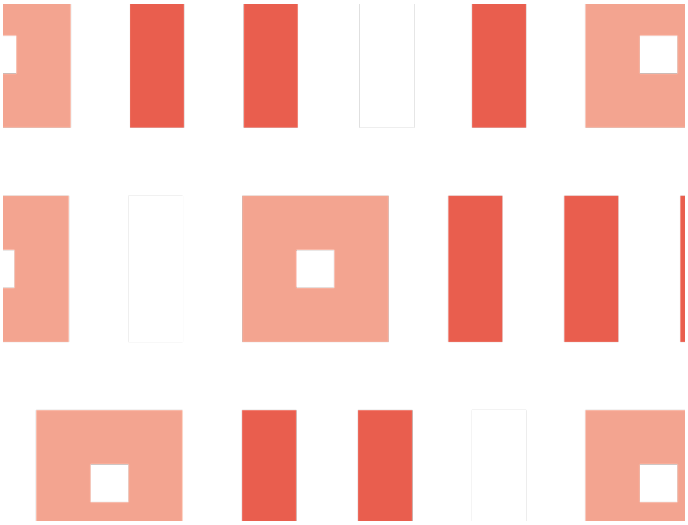
'Let's give social work with older people the recognition it deserves'

She wrote:

"I am delighted to host this blog from Gerry Nosowska, founder and Director of Effective Practice which supported the Social Work with Older People research project. For too long, this vital area of practice has been largely unseen.

Real improvements in the lives of older people, including outcomes that matter to them, arise out of good social work practice. Hopefully, as we build a stronger evidence base, more social workers will be deployed to work with and alongside older people and their carers, using their unique combination of knowledge, skills and values".

Link to Lyn Romeo's blog in full



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