Written evidence submitted by Effective Practice, University of Birmingham, University of Bristol (ASC0033)

Social Work with Older People Research Project

Submission to the Health and Social Care Committee's Call for Evidence on Adult Social Care Reform: The Cost of Inaction

Summary

This submission is by the Social Work with Older People research project.[1] Where social workers were able to provide input to older people, carers and families, they did promote wellbeing. However, insufficient action to reform statutory provision, funding, workforce and integration, led to issues across the system.

Overall, we saw a narrowing of focus that prioritised only the most urgent situations at any time. The response was reactive rather than proactive, leading to a range of inefficiencies. The main areas that caused issues were:

- Lack of action on recruitment and retention of workforce experienced as lack of timely, experienced social work input, and lack of continuity of input.
- Lack of action to meet statutory duties on prevention and on advice and information leading to people only having input from social workers when the situation was complex or in crisis.
- Lack of action on integration leading to inefficiencies between health and social care from duplication, systems that didn't talk to each other and non-integrated settings.
- Lack of action to ensure diverse and quality care services leading to lack of staff, issues with accessing care, avoidable crises and people getting stuck in the system including in care homes and hospitals. This was exacerbated by ageism which meant that older people had access to more limited funding than working-age adults.
- Failure to reform the Deprivation of Liberty Safeguards process may have contributed to the example of an older woman who was placed in a care home without safeguards.
- Not implementing the cap on care costs leading to self-funders paying out more, running out of money and experiencing issues when they needed to ask for local authority funding.

There is a direct impact on older people and on carers who would be eligible for support and do not receive this. There is a knock-on impact on carers, family, friends, neighbours and networks who have to step into the gaps in state support. This impact is emotional as well as physical.

We identified potential for improvements to wellbeing (including financial wellbeing) if action was taken in the following ways:

- There needs to be wider information and understanding about the role of social work for the public combined with greater accessibility to social work support.

[1] Social Work with Older People Research – Exploring the contribution of social workers to older people's well-being

- Deploy social workers where they can have the most impact: for early advice and prevention; for support with complex and life-changing situations; to provide social work support as a service under the Care Act 2014.
- Minimise handovers between social workers and keep a named social worker for older people who are likely to need follow up within a short time-frame.
- Ensure specific professional support to increase recruitment, retention and wellbeing.
- Improve systems to maximise the value of social workers' time.
- Set up consistent channels for social workers to access NHS records and NHS staff.
- Additional resources to meet the current and growing demand from demographic change.

We identified financial costs across the system as follows:

- Costs to older people, carers and families of having to meet needs which the local authority should have met or having to top up inadequate state support; and to self-funders.
- Costs to the tax payer of inefficient systems, expensive services such as hospital stays to fill gaps left by lack of preventative or lower-cost services, and staff turnover.
- Costs to local authorities of inefficient systems.
- Costs to the NHS arising from lack of social work and social care availability.

When social work and social care operate effectively they provide an efficient way of promoting wellbeing. We identified the contribution of social care to the economy in the following areas:

- Promotion of older people's wellbeing and reduction in need for care and support.
- Many carers of older people are carers themselves and supporting carers saves the social care and health system the costs of providing care.
- Enabling family and friends to continue to work by supporting their caring role and alleviating their own need for intensive or crisis support (e.g. for mental health needs).
- Provision of employment to social care workers in the third sector and public services.

Despite the positive impact social work has, the benefits of it and the costs of not having social workers is often ignored. Social work should be specifically named in policy discussions. The deployment of social workers to maximise impact on wellbeing should be part of discussions about the use of scarce resources within the social care and health system.

Too often, discussions about reform lead to inaction which perpetuates inefficiencies and waste in the system, and the harmful impact of these on older people, carers and families. When weighing up the costs and benefits of reforms the following need to be considered:

- The impact on people's human rights, dignity and wellbeing
- The costs to carers of lack of support and the benefit of opportunities for carers to work
- The costs and benefits to self-funders.

Priorities for action and investment are:

- Investment in community services, with a reinvestment from acute hospital services, so that people can access support and not be stuck either in hospital or in a care home.
- Adequate support to carers.
- Retention and appropriate growth of the workforce, and social workers within this.
- Reduction of bureaucratic demands in the system.

1. Introduction

1.1 **This submission is by the Social Work with Older People research project**[2] undertaken by the Universities of Birmingham and Bristol with Effective Practice. The research was funded by the NIHR School for Social Care Research.

1.2 Our researchers followed 10 social workers across two local authorities between autumn 2022 and spring 2023, covering a time of acute pressure in health and social care services. The study took place in two contrasting local authority sites, a largely urban site in the Midlands and a mainly rural site in the south of England. 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**? We observed the detail of everyday social work practice, and we gathered up-to-date and comprehensive examples of social work with 17 people aged over 65.

1.3 The inquiry is looking at: reform ideas for adult social care; how far these have been implemented; and the cost of not implementing them (to individuals, the NHS, local authorities and also to the wider economy and HM Treasury, focussing not only on the financial cost, but also on the personal costs and on potential benefits that are being missed). This submission provides detailed evidence from our research of what those costs are and how they are experienced.

1.4 **Social workers are recognised in statutory guidance as a key profession in adult social care**[3] **and older people are the largest group receiving adult social care.**[4] **Social workers work with the most complex needs where lack of social care reform has a high impact.**[5] **The research produced evidence that is in line with and illuminates the wider contextual research that we summarise in the Appendix.**

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[2] Social Work with Older People Research – Exploring the contribution of social workers to older people's well-being

[3] DHSC 2024

[4] Nosowska et al 2023

[5] Tanner et al 2024

2. Inquiry question 1: How much is inaction on adult social care reform costing the NHS and local authorities, and what impact does this have on patients and the public?

For this answer, we give an overview of the inefficiencies we found, and the impact on older people, carers and families.

2.1 Where social workers were able to provide input to older people, carers and families, they did promote wellbeing, particularly though building relationships, offering reassurance and advice to navigate the system, upholding rights (including the right to stay in control over one's life), and taking practical steps to put in place appropriate support and care. However, insufficient action to reform statutory provision, funding, workforce and integration, led to issues across the system:

- **Social workers were only able to spend approximately 17% of their time on direct work with older people, carers and families**; and only approximately an additional 27% of time on administration related to these clients. An assessment of needs may take 2.5 hours of face-to-face contact but 3 hours to record and process due to unwieldy systems. Social workers spend approximately 47% of their time on administration overall. The total estimated cost of a full-time social worker in adult services is £79,733 per year[6] so each year administrative activities per social worker will cost approximately £42,570. If a business support role undertook just 50 per cent of the social workers' current administrative tasks (for example, brokerage and logistical arrangements for older people) this would equate to a saving of £7,287 per year. One administrative staff member providing support to five social workers could represent an annual saving of £36,435.
- **Experienced staff were leaving the profession** and being replaced by newly qualified staff who had less knowledge, skills and experience.
- **Vacancies, lack of social workers and lack of time** meant that social workers described their work as 'fire-fighting.' Older people experienced delays in seeing a social worker, changes in which social worker supported them, lack of continuity, fragmentation of support and breaks in communication which affected their wellbeing. Fragmented processes meant that social work time was used inefficiently by different workers having to build relationships with older people who may have already been well-known by a previous worker still in post. Other professionals had difficulties accessing social workers and building professional relationships with them.
- **There were inefficiencies between health and social care** caused by duplication of back office work, systems that didn't talk to each other and social work posts being moved out of integrated settings.
- **Social workers are not able to spend time on wider wellbeing or preventative activities** but focused on eligible needs (above the high statutory threshold) more or less exclusively.
- **Social workers experienced difficulties meeting needs** because of: lack of care services including home care and residential care; shortages in the number of care workers; only being able to pay low rates for care; lack of mental health services; variable quality of care; a decrease in community support. Social workers in the rural research site faced additional problems in accessing care services.

We have lots of conversations with homes at the moment where they're saying, "We've got beds. We've got a bed sitting there but we haven't got the staff to care for the people once they're here." That can be really challenging. Then for people going home as well, the wait for packages

[6] Jones et al 2022

of care can be quite extensive, can be quite long and a very similar situation. There is just not the capacity within the area for people to be able to go home promptly. (Hospital social worker)

- **Issues with poor quality care** resulted in additional work for social workers and managers due to complaints, risk management and safeguarding inquiries.
- Social workers highlighted the **impact of ageist policy** leading to a difference between assessments and support available for working-age people compared with those for older people. Permitted funding levels for care were significantly lower.
- The **negative general perception of social work and lack of understanding** of social work's role meant that 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.

2.2 Some of the impacts of these shown in the detailed examples from the research were:

- **Human rights breaches**: An older woman was placed in a care home without a proper Deprivation of Liberty Safeguards assessment as there was no qualified social worker to do this at the time.
- **Avoidable admission to care home**: An older woman was admitted to a care home because no care was available to support her in her rural home. An older woman had to wait several months for a social work review of her short-term respite, by which time she had given up her tenancy and therefore ultimately was unable to return to the community. Given that the average weekly unit cost of a private sector residential care home is £916 and for a nursing home it is £1,212 per older person, the cost of social care to support someone in their own home is usually significantly lower for the local authority, even when the costs of social worker time are included.[7]

Nothing materially had changed for Cynthia between the review and coming into residential care, apart from the fact that no care could be found to support her at home. That's actually what had brought her into care. Isn't that awful? It was that the care providers gave notice. They live in a particularly, it's not small, just a remote village, that's probably a good 20 minutes from any centre of population. And that's the reason Cynthia came into care. ... I think Cynthia just epitomises the difficulties we're facing nationally in social care at the moment, and I just felt really sad about that. ...And there have been sustained attempts by our sourcing care team to find a level of care that could be provided to Cynthia in her own home over this five-month period and that hasn't been found. (Social worker)

- **Avoidable hospital days**: Older people were stuck in hospital due to delays in referring to social care, lack of health assessments or lack of appropriate care services. An older woman was not able to access bereavement support or befriending and was readmitted to a mental health ward. The cost of an overnight stay is estimated at £5,845 per person for the average stay in hospital. This cost is likely to be higher for people aged 65 and over given the challenges of sourcing appropriate care to facilitate discharge.[8]
- **Lack of choice**: Older people had to move to care homes that were not near to their family or neighbourhood, generating the risk of depression and isolation.
- **Avoidable costs to self-funders**: Older people had to pay for anything above the bare minimum of care and spend money to get support for activities that were important to

[7] Jones et al 2022
[8] NHS England 2023

them. This included support to meet social needs, even though these fall within the definition of wellbeing outcomes set out in the Care Act.

- **Avoidable crises**: Older people's care was not reviewed in a timely manner. Older people's and carers' needs reached crisis point while waiting for an assessment or reassessment. Several older people were in care homes as self-funders and experienced 'capital drop' (meaning the point at which people who have been funding their own care need local authority assessments because their funds have dropped to the threshold where they would be eligible for local authority funding to meet eligible needs). However they were in care homes that charged more than the local authority would normally pay and faced a potential move; this could have been avoided with a social worker's advice and guidance before they started paying for care. One carer reported poor quality care around medication that generated additional urgent work through a safeguarding referral.
- **Duplicated and fragmented work**: Because local authorities could not meet their duties to respond to older people and carers in a timely manner, older people waiting for an assessment might have multiple rapid interventions that duplicated effort rather than being allocated for a single complete assessment and action. Reassessments might be needed because of delays in meeting needs.

We just wait, is the reality. That can be, yes, just really difficult because, actually, what should be quite a simple process of it goes to sourcing, they find a bed and off they go… Then we need to maintain our involvement, we need to give reassurance back to the family, we need to give reassurance back to the ward. Things might be being updated, somebody might become unwell again, their behaviours might escalate, which means we might need to come back and review our assessments that we've already produced. (Hospital social worker)

- **Confusion and distress**: Older people and their families faced delays in Continuing Health Care assessments, confusion about eligibility and reversal of eligibility decisions if the person did not die within the expected timescale. This sometimes led to extreme distress for both the older person and their family as it could mean the disruption of care at what remained a critical time.

2.3 **Overall, we saw a narrowing of focus that prioritised only the most urgent situations at any time. The response was reactive rather than proactive, leading to a range of inefficiencies that undermined older people's wellbeing.**

You know, so when I started in social care, the complexity of the people that we were working with was nowhere near like it is now, because … people with lower level needs are signposted off to other services or they have a lower level of support. And by the time they come to needing a social worker, they've become quite complex. (Social worker)

3. Inquiry question 2: What NHS and local authority service reforms are not happening as a result of adult social care pressures, and what benefits are patients and the public missing out on?

For this answer, we cover the most important social care reforms that have not been implemented and highlight the main impacts on older people, carers and families.

3.1 **Lack of action on recruitment and retention of workforce led to challenges recruiting, high vacancy rates, sickness, loss of experienced staff and services being described as at crisis-point.**

This week on top of that we're down a social worker who's off sick. We've also got two posts for unqualified practitioners vacant, so that's six posts across the entirety, of just our locality. Whereas all the other teams are in a similar position, if not worse. … I'll be really honest and say that we're fire-fighting at this point in time … So it's at crisis point, and that's what we're responding to at the minute because we can't look at the longer term stuff - that people that need their annual reviews, people that need the review of their carers assessment, but they're not jumping up and down about it right now because everything is relatively stable. (Advanced Practitioner)

> The main knock-on effects for older people were lack of social work input, lack of timely social work input, lack of experienced input, and lack of continuity of input. Older people and carers who had social work input valued the relationship, knowledge and practical support to uphold rights and achieve goals. Older people disliked discontinuity in relationships, 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. However, timely and unbroken input from the same social worker was not possible.

So, we've had three social workers, but all over the phone. And when you call them back for some help, or advice, they're no longer available. So Denis is the first one who actually phoned me up, introduced himself, and to ask to meet here, so he could meet mum and myself. And that's what we did. And he has had contact with me every week. It's been brilliant… He has been the most helpful one of every one of them, the whole of the social care. (Carer)

3.2 **Lack of action to ensure that the statutory duties on prevention and on advice and information are met** led to older people, carers and families only having input from social workers when the situation was complex or in crisis. Social workers are well-equipped with knowledge and skills to make a positive difference in preventative work, supporting people's independence. However, they were not deployed to do this and it only happened in an ad hoc way.

It's a false economy because, as I was saying earlier, if we don't support people in communities then they become more frail, typically, have greater needs, may end up going into hospital, become deconditioned so we're not enabling them to promoting independence. I think that is another huge challenge as well, the health dominated agenda at a national level. The focus on hospital discharge, that's what we hear about constantly. So again, it diverts attention away from people in communities. When the agenda if you like is dominated, when the space is dominated by a particular agenda, it leaves less space for exploring creative options and how we work with people who are living in communities. (Principal Social Worker)

> Where older people did get good advice and information before crisis point this could be beneficial. Social work is a statutory service in its own right and could be beneficially provided as a therapeutic intervention for people facing sudden life changes such as hospital admission.

Example of the benefit of ad hoc input*: The patient's wife looked anxious and stressed, but as the social worker talked with her and explained the situation, [the patient's wife] 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 support her, saying, 'You can be my safety net, can't you?' (Researcher's observation notes)*

3.3 **Lack of action on integration** led to inefficiencies between health and social care caused by duplication of back office work, systems that didn't talk to each other and social work posts being moved out of integrated settings. Other professionals and practitioners found a lack of continuity in social work support and lack of close integration between health and social care unhelpful. One site was taking social work posts that used to be situated in mental health teams back into generic adult locality teams.

But what the biggest frustration is, I have double everything. So double finance, double performance … I think the team is very integrated now and we're seen as one team, but the sort of, hierarchy structure is still separate. (Integrated Care Service Manager)

Where integration was in place staff saw the benefits as being closer working relationships, more effective communication, holistic assessments and faster processes. Lack of clarity about who was responsible for different elements led to uncertainty and confusion. This was experienced most sharply in relation to Continuing Health Care (CHC) funding. Social workers found it difficult explaining and justifying these decisions to older people and their families. One social worker described a particularly difficult, but not uncommon, situation when an older person who was eligible for fast-track CHC funding for end-of-life care did not die within the expected timescale.

What he's articulating is quite often what people do: "My wife hasn't had the good grace to die, and now we're arguing about money." (Social worker)

3.4 **Lack of action to ensure diverse and quality care services** across the country led to lack of staff, issues with accessing care, avoidable crises and people getting stuck in the system including in care homes and hospitals, and to an impact on carers and families. This was exacerbated by ageism which meant that older people had access to more limited funding than working-age adults.

I think certainly it was interesting, wasn't it, comparing and contrasting the assessment around the young person who was presented by the transition social worker, where we had a huge amount more information about [young person], how he liked to spend his time, what soothed him and everything going in, along with the eye watering cost of his care package. You compare that with, I think it was two or three [older] people we read through, who are all facing major, major challenges and changes to their lives. (Social Worker talking about a decision making process)

3.5 **Failure to reform the Deprivation of Liberty Safeguards** process may have contributed to the example of an older woman who was placed in a care home without a proper Deprivation of Liberty Safeguards assessment. The number and scope of assessments needed could not be met as there were insufficient qualified social workers to do this.

3.6 **Not implementing the cap on care costs led to self-funders paying out more for care,** running out of money and experiencing potential disruption in their care when they needed to ask for local authority funding due to reaching the means-tested funding threshold (capital drop). People who experience 'capital drop' could be living in a care home that charges more than the local authority would normally pay and this then causes a dilemma for the social worker. Such a situation could potentially be avoided by having a social worker's input to help consider future needs and funding for self-funders at the point of their initial transition to a care home.

And again, there's a lot of resentment from me, for somebody - I've paid since I was 16... And I've worked all me life. And I've worked through all sorts of things. And you know when you get to 65, and you think, 'Hang on, why are they still charging me for things that I've already paid for?' So I resent it. (Older man)

4 Inquiry question 3: What is the cost of inaction to individuals and how might people's lives change with action on adult social care reform?

For this answer, we briefly highlight the main impacts on older people, carers and families (covered in question 1) and we provide a list of potential improvements.

4.1 The main costs of inaction to individuals are:

- **Human rights not being met** e.g. detention in a care home without safeguards.
- **Not having choice or control** over what happens e.g. having to go into a care home because of lack of care.
- **Not having needs met** leading to significant impact on all aspects of wellbeing.
- **Increased needs or needs reaching crisis** point due to lack of preventative or timely services.
- **Poor experiences of services** including delays, fragmentation, lack of communication, poor quality of care and outcomes not being achieved.
- **Adverse emotional, psychological and physical impacts** including frustration, stress and distress.
- **Additional cost**s due to thresholds for statutory funding tightening and to people having to cover the cost of care whilst waiting for statutory input.

There is a direct impact on older people and on carers who would be eligible for support and do not receive this. There is a knock-on impact on carers, family, friends, neighbours and networks who have to step into the gaps in state support. This impact is emotional as well as physical.

4.2 **We identified potential for improvements to wellbeing** (including financial wellbeing) if action was taken in the following ways:

- There needs to be **wider information and understanding** about the role of social work for the public, older people and carers, and agencies working with social work, including hospital staff and GPs. This has to be combined with greater accessibility to social work support or this will just create false expectations.
- **Deploy social workers where they can have the most impact**:
    - First, for **early advice and prevention**, for example by deploying social workers in local authority 'first point of contact' services.
    - Second, for support with **complex and life-changing situations**: 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.
    - Third, to **provide social work support as a service** under the Care Act 2014 to respond to issues such as loss, grief, change and loneliness.
- **Minimise handovers between social workers and keep a named social worker** for older people who are likely to need follow up within a short time-frame.
- **Ensure specific professional support to increase recruitment, retention and wellbeing** of the workforce. This includes: specific education and continual professional development relating to social work for older people; an experienced mentor to social workers in older people's services during their first two years in practice; support for the regular peer learning that social workers initiate; access to professional supervision from a social worker with experience of this area.
- **Improve systems** to maximise the value of social workers' time: reduce recording demands by simplifying forms, eliminating duplication, streamlining national data collection, allowing

amendments instead of creating new records, and supporting professional judgment about how much to record; simplify internal processes so decisions are made with as few layers of scrutiny and sign-off as possible; adopt consistent best practice for statutory processes and recording across local authorities; invest in cost-effective business support and identify how Artificial Intelligence software can reduce administrative burden; ensure IT access in all work spaces, including from home, and access to IT support.

- **Set up consistent channels for social workers to access NHS records and NHS staff** working with older people, who are referred to the local authority for help.
- Social work with older people, and social care more widely, requires **additional resources** in order to meet the current and growing demand from demographic change. 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.

4.3 The impact of social work relational, legal and practical expertise is shown in this example:

The social worker was very good and she was very firm but professional, obviously, with the family. She kept bringing it back to the fact that it was about this patient, we were discussing a discharge plan for this patient. [Social worker} was very good at actually engaging with the patient and talking to her and asking her what she wanted. She made it all about her and asked her what she wanted...So [social worker] sat next to the patient. She engaged with her, looked into her eyes when she was talking to her and she was very, very positive at engaging with her. As a result now, we've come up with a plan for discharge...She led it…She was key in making sure that the conversation stayed firmly all about the patient...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. (NHS Discharge co-ordinator)

5 Inquiry question 4: Where in the system is the cost of inaction on adult social care reform being borne the most?

For this answer, we summarise the financial impact on different elements of the system.

5.1 **We identified financial costs across the system** as follows:

- **Costs to older people, carers and families of having to meet needs** which the local authority should have met or having to top up inadequate state support.
- Costs to older people, who are **self-funders**. Not only are care costs increasing while the threshold for means-tested support is being lowered in real terms, but self-funders are receiving minimal input to guide their decision making leading to the likelihood that they make decisions which are not financially wise.
- **Costs to the tax payer of inefficient systems**, above all the cost of expensive services such as hospital stays to fill gaps left by lack of preventative or lower-cost services.
- **Costs to local authorities of inefficient systems**.
- **Costs to the NHS** arising from lack of social work and social care availability.
- **Costs to the taxpayer and employers from staff turnover** and repeated recruitment and training of new staff.

Adult Social Care are key to any person's discharge. They are very knowledgeable. They know things that not a lot of people know. They know what services are available out in the community. When patients are able to go home, they know what support is available, and they bring that to light here when discussing discharge plans. …So they're very key and they're very beneficial, obviously... If you were to take Adult Social Care out of the equation, I think the whole system would just collapse. They are key to ensuring that patients are safe, patients stay out of the acute hospitals. They provide support to no end to both families and patients, and the staff that they work with, their knowledge is second to none. They know what they're talking about, they know how it operates and they support everyone the best they can, even if it's staff as well. I've learnt so much. (NHS Discharge Coordinator)

6 Inquiry question 5: What contribution does adult social care make to the economy and HM Treasury and how might this change with action on reform?

For this answer, we propose how adult social care and social work can be considered in the economy and summarise where improvements can be found.

6.1 When social work and social care operate effectively they provide an efficient way of promoting wellbeing.

We identified the contribution of social care to the economy in the following areas:

- **Promotion of older people's wellbeing and reduction in need for care and support,** particularly expensive services in a crisis such as hospital admission or care home admission.
- Many carers of older people are carers themselves and **supporting carers saves the social care and health system the costs of providing care.**
- **Enabling family and friends to continue to work** by supporting their caring role and alleviating their own need for intensive or crisis support (e.g. for mental health needs).
- **Provision of employment** to social care workers in the third sector and public services.

7 Inquiry question 6: To what extent are the costs of inaction on adult social care reform considered by the Government when evaluating policies, including within the Budget and Spending Reviews? How should these costs be assessed and evaluated?

For this answer, we propose how social care and social work in particular should be considered when evaluating policies.

7.1 Although named as a 'key profession' in legal guidance, social work is not usually specifically considered as a central contributor to effective social care. This contrasts with children's services where social work is usually named. There are significantly more requests for help from older people than there are for children, but there are proportionately fewer social workers.[9] Despite the positive impact social work has, the benefits of it and the costs of not having social workers is often ignored.

- **Social work should be specifically named** in policy discussions about social care and integrated services with the NHS.
- **The deployment of social workers to maximise impact on wellbeing** should be part of discussions about the use of scarce resources within the social care and health system.

7.2 Too often, discussions about reform lead to inaction which perpetuates inefficiencies and waste in the system, and the harmful impact of these on older people, carers and families. When weighing up the costs and benefits of reforms the following need to be considered:

- The impact on people's **human rights, dignity and wellbeing**
- The costs to **carers** of lack of support and the benefit of opportunities for carers to work
- The costs and benefits to **self-funders**.

7.3 Priorities for action and investment are:

- **Investment in community services**, with a reinvestment from acute hospital services to the community, so that people can access support and do not run the risk of being stuck either in hospital or in a care home.
- **Adequate support to carers.**
- **Retention and appropriate growth of the workforce,** and social workers within this.
- **Reduction of bureaucratic demands** in the system.

[9] Tanner and Nosowska 2023

8 Conclusion

8.1 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. The research also provides insight into the impact on people, services and systems of not undertaking reforms to adult social care. It therefore highlights important areas to consider in policy development.

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The views expressed are those of the authors and not necessarily those of the funder.

Consent was obtained to use participants' information in the research and to share the findings.

All outputs from the research can be accessed at Social Work with Older People Research – Exploring the contribution of social workers to older people's well-being (wordpress.com).

Members of the research team would be happy to give oral evidence if requested.

9 Appendix – issues with reform of adult social care

9.1 **Legislative and policy changes brought in by the Care Act 2014 were intended to uphold the** rights of adults and carers who might be in need of care and support to a number of essential statutory services. Local authorities experienced an **increase in demand and a decrease in real terms spending** on social care from 2011 to the Covid-19 pandemic.[10] **Key areas of development set out in the Care Act 2014 have not been realised** with consequences including unmet, undermet or poorly met need,[11] and knock-on impacts on the NHS.[12] **Reforms that have been announced are delayed** including reforms to the Deprivation of Liberty Safeguards[13] and funding reforms.[14] Workforce reforms are needed to reduce issues with recruitment and retention for staff. [15] **A joined-up social care and health response continues to be a work in progress.** [16]

9.2 **Recent reports have highlighted the need for reform to achieve the following outcomes:17**

- Co-production and person-centred approaches across social care
- Clear entitlements and transparent decisions
- Simple access to and flexibility of support
- Choice for carers about the care they provide

[10] Glasby et al 2020
[11] ADASS 2024
[12] Care Quality Commission 2024
[13] Care Quality Commission 2024
[14] The King's Fund 2023
[15] Skills for Care 2024
[16] The King's Fund 2024
[17] ADASS 2023; The Church of England 2023; Fabian Society 2023

- Consistency across the country
- Joined up services
- Sufficient care workers.

9.3 **The extensive evidence available highlights the following impacts:**

- For people who may need care and support – entitlements to social care not being upheld, human rights breaches, increased cost of care, risk of catastrophic care costs, inadequate or poor quality or inappropriate care, confusion about the social care and health system, impact on wellbeing.
- For carers - entitlements to support not being upheld, increased cost of meeting needs, confusion about the social care and health system, impact on ability to work or undertake other activities, impact on mental health and wellbeing.
- For family and friends – increased costs of meeting needs, confusion about the social care and health system, uncertainty and distress.
- For local authorities – lack of resources to meet statutory requirements, impact on other budgets of increase in adult social care costs, recruitment and retention issues, inefficiencies due to lack of joined-up work with the NHS, stress, sickness.
- For providers – inability to recruit and retain staff, business instability, risk of having to exit the market, stress, sickness.
- For the NHS – impact on health services of lack of social care, inefficiencies due to lack of joined-up work with the NHS, lack of preventative work.
- For the tax payer – cost of ineffective or crisis response to adult social care needs, loss of revenue from carers or others who are unable to work due to lack of social care, loss of other services due to prioritisation of adult social care, increased demand on the NHS.

These impacts are exacerbated by inequity across the population.

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