

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/269761499>

Gerontological Social Work: Reflections on its Role, Purpose and Value

Article in *British Journal of Social Work* · January 2014

DOI: 10.1093/bjsw/bct195

CITATIONS

14

READS

4,627

8 authors, including:



Mo G Ray

Lincoln University, Lincoln, England

45 PUBLICATIONS 161 CITATIONS

[SEE PROFILE](#)



Alisoun Milne

University of Kent

65 PUBLICATIONS 1,043 CITATIONS

[SEE PROFILE](#)



Christian Beech

Swansea University

5 PUBLICATIONS 60 CITATIONS

[SEE PROFILE](#)



Judith Phillips

Swansea University

51 PUBLICATIONS 928 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



Mental health and ageing [View project](#)



Grey and Pleasant Land [View project](#)

Gerontological Social Work: Reflections on its Role, Purpose and Value

Mo Ray^{1,*}, Alisoun Milne², Christian Beech³, Judith E. Phillips⁴, Sally Richards⁵, Mary Pat Sullivan⁶, Denise Tanner⁷, and Liz Lloyd⁸

¹*School of Public Policy and Professional Practice, Keele University, Keele Village, Keele, Staffordshire, ST5 5BG*

²*School of Social Policy, Sociology and Social Research, University of Kent, Kent*

³*Centre for Innovative Ageing, College of Human and Health Sciences, University of Swansea, Swansea, SA5 4RY*

⁴*Older People and Ageing Research Network, Centre for Innovative Ageing, University of Swansea, Singleton Park, Swansea, SA2 8PP*

⁵*Social Work and Public Health Department, Oxford-Brookes University, Jack Straws lane, Marston Road, Oxford, OX3 0FL*

⁶*School of Health Sciences and Social Care, University of Brunel, Uxbridge Middlesex, UB8 3PH*

⁷*School of Applied Social Studies, University of Birmingham, Edgbaston, Birmingham, B15 2TT*

⁸*Centre for Research in Health and Social Care, University of Bristol, 8 Priors Road, Bristol, BS8 1TZ*

*Correspondence to Mo Ray, School of Public Policy and Professional Practice, Keele University, Keele Village, Keele, Staffordshire, ST5 5BG, UK. E-mail: m.g.ray@keele.ac.uk

Abstract

Over the last twenty years, successive welfare policies have undermined gerontological social work as a specialist area of social work practice. The UK's ageing population offers an opportunity for gerontological social work to rebuild itself. Increasing numbers of older people with long-term conditions, significant growth in the population of family carers and enhanced community-based living for people with long-term needs combine to reposition social work as—potentially—playing a crucial role in the achievement of key policy goals. The particular skill and knowledge set of social workers uniquely equips them to manage the intersection of issues that currently challenge health and welfare services: complex needs, risk, transitions, end of life, carer stress and frailty. That older service users value the approach, input and expertise of social workers and that social workers have greater capacity to deliver sustainable support are also relevant. For gerontological social work to have a future, not only is it required to reclaim its specialist role, but it must re-establish its commitment to social justice, invest in building an evidence base of effectiveness and embed ageing-related teaching in the social work curriculum.

Keywords: Gerontological, older people, social work

Accepted: November 2013

Introduction

The role and purpose of gerontological social work have always been contested and under-valued when compared with social work with children and families (Lymbery, 2005). The consequences of successive neo-liberal policies in welfare services over the past twenty years have played a significant role in undermining an already fragile basis for social work with adults generally, and older people specifically (Lymbery and Postle, 2010). Whilst the espoused aims of more recent policy developments towards ‘personalisation’ appear to resonate with the skill and value base of social work, there is considerable confusion about what its role will be in the arena of self-directed care (Carr, 2010). Despite policy affirmation of the importance of social work with adults, recruitment figures suggest a downward trend (Association of Directors of Adult Social Services (ADASS) and Department of Health, 2010). The impact of regular (re)constructions of gerontological social work has led to criticisms that it lacks independence and a distinctive identity.

In this paper, we make the case for gerontological social work and offer a direction for taking it forward. At a time of considerable policy change across a devolved UK, public sector constraints and a re-visitation of the compact between the welfare state and the citizenry, a review of the function and future of gerontological social work is timely (Ray and Phillips, 2012). The paper opens by providing context: a brief overview of the demographic and socio-political context of older people in the UK. Successive reforms of personal social services and their implications for gerontological social work are discussed before moving to consider evidence of the benefits of social work services to older people. The paper concludes by discussing the potential to reinvigorate gerontological social work with particular emphasis on its role in working with older people with complex needs and multidimensional vulnerabilities.

Context

The UK—along with its European peers—is an ageing society characterised by increasing diversity and heterogeneity. It is irrefutable that, for many older people, quality of life has vastly improved since the introduction of the welfare state in the 1940s and there is much to celebrate in terms of health gains, including increased number of years lived without disability. It is also the case, however, that it is in later life, especially for those aged over eighty-five years, that ill health, long-term conditions and co-morbidity are

most prevalent. Amongst older people living in the community, 71 per cent report that they have a longstanding illness or disability with 42 per cent of older men and 46 per cent of older women reporting that their illness has a limiting impact on their lives (Victor, 2010).

Issues relating to health are central to the study of ageing and experiences of later life. A life-course approach takes account of those issues that affect health throughout a person's life as well as those that impact on it in old age (Victor, 2010). How different axes of social differentiation—gender, race, class—intersect is a key focus of life-course analysis. The legacy of long-term exposure to socio-economic disadvantage is strongly correlated with poor health outcomes, including the onset of long-term illness in 'younger' old age and shorter life expectancy (Milne, 2009). In 2011 in England, 1.8 million (16 per cent) older people lived in poverty; of these, 1.1 million (9 per cent) lived in severe poverty and another 1.1 million in persistent poverty (i.e. below the poverty line for at least three out of the last four years) (Department for Work and Pensions, 2010). Despite the overall improvement in the living standards for older people in the UK, there is evidence of widening and persistent inequalities in relation to income, social class, gender, ethnicity and disability into later life (Moffatt *et al.*, 2012).

Age discrimination—both explicit and implicit—has been identified as having a pernicious negative impact on later life (Age Concern and Help the Aged, 2009). Research by Age UK (2012) suggests that 61 per cent of older people in the UK consider that age discrimination exists in their daily lives, acting as a multilevel barrier to opportunity and inclusion. Research with older people also suggests evidence of discrimination in service settings; 64 per cent of those older users surveyed in 2008 considered that health and social care staff do not always treat them with respect for their dignity (ICM Research, 2008). Experiences of age-based discrimination also appear commonplace in mental health services (Centre for Policy on Ageing, 2009; Health Care Commission, 2009). The 'New Horizons' Consultation document (Department of Health, 2009, p. 71) argued that there was 'indisputable evidence that older people experience widespread discrimination at all levels of mental health care'.

From social work to care management

In the 1980s, public sector services were criticised as being monolithic, fragmented and slow to respond to calls for deinstitutionalisation (Griffiths, 1988). Subsequent development of community care policy was, in part, a response to this as well as a political impetus to reduce public funding of social care services. The marketisation of welfare services and an emphasis on the positive role of the family in providing support to elderly relatives were accompanying ideological tenets (Means and Smith, 1998). Cost containment

and the allocation of resources to those in ‘greatest need’ became an explicit and legitimate goal of welfare and one that has retained its prominence to the present day.

The impact of ‘community care’ on the organisation of personal social services was to steer its orientation towards an administrative model of social work—renamed care management. According to Lymbery, the ‘straitjacket’ of care management has had the effect of ‘suffocating’ practice with older people; it has also resulted in reduced opportunities for career progression amongst social workers working with older people (Lymbery, 2010). Community care policy guidance (Department of Health, 1991) highlighted the importance of skill and judgement in working with a client to produce a holistic assessment, reflecting an appropriate level of complexity, and, critically, to start with the service user’s concerns. But, the dual imperative to manage finite resources in an increasingly managerialised context has progressively eroded these aspirations.

The managerialisation of care management processes over the past twenty years has effectively discouraged practice which engages with the older person’s (and their carer’s) narrative, adopts a life-course approach or takes account of lived experiences (Sullivan, 2009). Neither is it intended to acknowledge, let alone address, issues of structural inequality or meet needs with socio-economic or historical causes (Richards, 2000). Opportunities for social work practitioners to work directly with individual service users have become effectively ‘replaced by resource finding’ and service allocation (McDonald *et al.*, 2008, p. 7). Critics argue that a dissonance has been created between the *narrative of social care* and the *narrative of older people*: a discourse dominated by cost concerns has reduced ‘care’ from a process to a financial commodity (Lloyd, 2010).

Paradoxically, those older people who are most likely to be eligible for support from social services are also the most likely to be vulnerable and/or to have the most complex needs. This is precisely the population who require social workers with the greatest levels of skill, knowledge and professional judgement (McDonald *et al.*, 2008). Practice dominated by administrative procedures is ill-equipped to effectively assess and meet the needs of this group of users and carers, and yet an administrative approach to assessment remains the key organisational mechanism for allocating welfare resources (Lymbery, 2005). It is noteworthy that this contrasts sharply with recent developments in social work practice with children and families, which has been encouraged to refocus its attention on the child, building relationships and challenging over-proceduralised practice (Munro, 2011).

From care management to self-directed care

Although it has been possible for service users to choose a personal budget, instead of directly provided services, since the 1996 Community Care

(Direct Payments) Act, the personalisation agenda has been increasingly recast in England as the provision of Direct Payments to people eligible to receive them. In this context, cash payments in lieu of services are now viewed as the primary mechanisms for ‘people who receive on-going care and support’ to achieve personalised care, choice and control and maintain, or restore, independence and autonomy (Department of Health, 2010, p. 16).

Whilst these goals may be legitimate for some service users, the current policy narrative speaks more to younger adults rather than very elderly people with high levels of need who are ‘necessarily dependent’ on others to care for them (Lloyd, 2010). Further, it takes no account of the impact of life-course inequality on health and well-being in older age and constructs illness and support needs as relatively short-term and ‘treatable’ (Grenier, 2012). Additionally—as money follows policy—it has resulted in a disproportionate reduction in social care spending on services for older people. The number of older people using publicly funded social care services fell by over 7 per cent between 2005 and 2011: some of those now excluded are older people with complex needs who are unable, or choose not, to have a personal budget (Humphries, 2011).

In terms of implementation, there is considerable variation across the UK (Davey *et al.*, 2007). England has the highest number of people with personal budgets; in Wales, they are almost exclusively used by younger people and, in Scotland, there are approximately eighteen people using traditional home care services for every person using a personal budget (Samuel, 2011). Positive outcomes have been reported for younger adults with physical or learning disabilities (Leece and Leece, 2006) but evidence relating to older people is more equivocal. The national evaluation of pilot sites highlighted a negative impact on psychological well-being and little evidence of heightened levels of control amongst older people in receipt of personal budgets (Netten *et al.*, 2012). Insufficient information is available about the challenges of having a personal budget and/or what to do when things go wrong; the potential for financial abuse has also been highlighted (Manthorpe and Samsi, 2013). The ability of Direct Payment arrangements to be responsive to fluctuating and uncertain conditions also remains an issue. In their recent review of evidence, Slasberg *et al.* (2012) conclude that personal budgets have not delivered better outcomes for less money, stating that ‘better outcomes will be found where resource levels are sufficient’ (Slasberg *et al.*, 2012, p. 1033). It is noteworthy that, whilst personal budgets are viewed as ‘an important tool for greater control’ (WAG, 2011, p. 15) in Wales, the Welsh government explicitly recognises that, for some service users, managing their own care may be burdensome or undesirable.

The role of social work in the arena of self-directed care is characterised by considerable ambivalence. On the one hand, guidance documents related to ‘Putting People First’ state clearly that social work has an on-going role: ‘Social work is focused on supporting independence, promoting choice and control for people facing difficulties due to disability, mental health

problems, effects of age and other circumstances' ([Putting People First Consortium, 2010](#), p. 1). Research with service users suggests that the support of experienced social workers is particularly needed, 'when they (users) feel most vulnerable, to manage risks and benefits, and/or to build self-esteem and aspirations so that they can take control or make difficult decisions' ([Putting People First Consortium, 2010](#), p. 2). A recent study suggests that, compared with other user groups, older people are much more likely to use social work as a source of help in securing personal budgets and report improvements in quality of life, choice, control and dignity when a social worker is involved ([Carr and Robbins, 2009](#)). Other sources of evidence indicate that self-directed mechanisms are intended to substitute for social work. The Centre for Workforce Intelligence estimates a decrease in the need for social workers with adults due to the 'introduction of personal budgets' ([CWI, 2012](#), p. 6). Certainly, there is a medium-term—often opaque—assumption on the part of policy makers that social workers with older people will be retained primarily for the narrow task of investigating adult abuse.

Recent English government policy on the personalisation agenda has been largely silent on the matter of older people with complex and changeable needs. The fact that dependence is a reality for a significant minority of very elderly people is absent in implementation guidance and the need for there to be a body of social work expertise in working with this population unacknowledged ([Lloyd, 2010](#)). Older people with high support needs who cannot make use of personal budgets may experience a 'subordinated citizenship, doubly underlined by failing to take up direct payments' ([Scourfield, 2007](#), p. 119). But, understanding that older people may not want to manage a personal budget is 'not the same as denying their right to be fully engaged in decisions affecting their care—rather, it is a practical response to people's lived reality' ([Lymbery and Postle, 2010](#), p. 2515). Ensuring that a person's needs are appropriately met in a manner that protects their dignity, autonomy and agency is an ethical issue rather than a matter turning solely on notions of independence and choice ([Lloyd, 2010](#); [WAG, 2011](#)).

We now turn to reviewing the extent to which gerontological social work is distinctive, what it has achieved and what evidence there is that it is effective.

Does gerontological social work make a distinctive contribution?

Social work with older people has had a mixed history influenced by the poor status older people have long had within the welfare state, a reduction in specialised work with older people and the constraints concomitant upon being primarily employed by local authorities. During the 1970s and 1980s, the

development of services for older people was a consistently low priority (Means and Smith, 1998). The bio-medicalisation of ageing emphasised decline and deficit and did little to promote more complex, or critical, understandings of later life. Policy responses underpinned limited expectations and aspirations for, and about, old age reinforced by a perverse financial incentive to admit older people into state funded care homes (Means *et al.*, 2008). In its early days, gerontological research also tended to mirror this perspective by focusing on the ‘problem’ of old age and the ‘costs’ of providing care (Estes *et al.*, 2003). These negative features contributed to the administrative profile of social work with older people: it was largely regarded as lacking therapeutic opportunity or the use of advanced skills or knowledge (Stevenson, 1977). This withdrawal of specialist skill further eroded social work investment in services for older people and reinforced the view that work with older people was uninteresting.

Gerontological social work research—and its specific contribution to social work practice—has been limited. A fundamental issue is one of definition. A significant proportion of the work currently badged as gerontological research either includes a qualified social worker in the research team, has implications for social work practice and/or the older populations social workers have contact with. Examples include work on: dementia care, family carers, long-term care, long-term conditions, end-of-life care and elder abuse. Despite research on ageing having expanded considerably over the last decade, explicit acknowledgement that a project or study is ‘social work’ research is rare. That social work itself lays limited claim to have knowledge relevant to these topics and that practitioners have a weak tradition of doing research themselves compound the problem. Certainly, gerontological social work research could benefit considerably from closer and more explicit links with the considerable research investment currently being made in the ‘ageing enterprise’ (Estes, 1979).

There are a number of key areas in which there is evidence that social work does make a difference to the lives and well-being of older people and can be cost-effective.

Working with complexity

As noted above, social work has a tradition of working with complexity: older people who come to the attention of social workers tend to have multiple needs and there is often a linked need to work with the older person’s family (Statham *et al.*, 2006). Recognising that very old age is a stage of life when many people experience multiple losses is also relevant; helping older people to manage loss and bereavement, rebuild confidence, self-esteem and social networks are key social work skills. Acknowledging that, for many older people, their first contact with social services is at the end of life is also important (Milne, 2009). Expertise in palliative care—including

working with families, managing anger and helping the ill person review their life—has been claimed by social workers working in hospice settings (Beresford *et al.*, 2008).

Facing a transition from one environment to another is another dimension of complexity, such as being discharged from hospital or moving into a care home (Phillips and Waterson, 2005). Research shows that social workers have expertise in helping users and their families manage transitions offering a fusion of practical and emotional support, managing anxieties and acting as a bridge between settings (Asquith *et al.*, 2005). US research also explores the role of social workers based in care homes. It identifies them as providing a range of services from helping families choose a home, advocating for the older person and monitoring quality of care (Kaplan and Berkman, 2011). North American care homes routinely employ social workers; in the UK, this is not the case.

Enhancing well-being and recovery

Early UK work—conducted in the late 1970s and 1980s—found that specialist social work with older people had the capacity to improve older clients' morale and impact positively on psychological well-being (e.g. Neill *et al.*, 1988; Goldberg and Connolly, 1982). Specifically, it could alleviate the symptoms associated with conditions such as depression; impact was greatest in contexts where interventions were well resourced (Sinclair, 1990). More recently, evidence drawn from the early case management studies (e.g. Challis and Davis, 1986) evaluated the effectiveness of social workers managing budgets for working with older clients. Key findings of this work suggest that, whilst expenditure on social work input increased, there was a considerable reduction in costs associated with admission to residential care and other intensive services.

Research also identifies that social workers based in health care settings are well placed to respond to the needs of older people (Shah and Wantakal, 2001). For example, there is some evidence that deploying social workers in 'Accident and Emergency' wards benefits older patients, especially in negotiating the hospital environment, preventing unnecessary admission and gaining access to social services (McLeod *et al.*, 2003). An American study suggests that psycho-social well-being of patients after cardiovascular surgery is promoted by social work involvement: it not only facilitates self-care practices, but lowers levels of distress and facilitates recovery (Ai *et al.*, 1998).

What matters to service users

The importance of relationship-centred social work is highlighted by people with high support needs who use social work services (e.g. Beresford *et al.*,

2008). Evidence from 'The National User Network' (Beresford, 2007) suggests that the following social work roles and skills are particularly valued by older service users: advice and advocacy; negotiating with providers; psychotherapeutic support; and practical guidance. Research also highlights the value older people place on 'social workers' knowledge about specialist services, persistence, commitment, reliability, and being supportive, sympathetic, and prepared to listen' (Manthorpe *et al.*, 2007, p. 1142). The relationship an older person has with their social worker is identified as pivotal in underpinning personalised assessment. Evidence suggests that 'where due weight is not given to the older person's perspective in assessments the risk of inappropriate or unwelcome intervention is considerably greater' (Richards, 2000, p. 47); it is also more likely to result in an unsustainable package of care.

The importance of an approach to assessment that encourages and supports participation by service users, engages with their concerns and aspirations, and which contextualises their difficulties is also highlighted (e.g. Moriarty, 2005). Administrative service-led approaches to assessment are associated with a lack of understanding of the older person's needs with an emphasis on dysfunction and dependency and a preoccupation with rationing, eligibility criteria and form filling (Manthorpe *et al.*, 2007; Glendinning *et al.*, 2006).

Social approach and rights-based orientation

Social work training and the frameworks that inform it, namely the Professional Capabilities Framework (in England), emphasise a value base which is underpinned by a commitment to anti-oppressive practice, human rights and justice (The College of Social Work, 2012). Recent research that explored social work assessments of decision-specific 'mental capacity' with people with dementia identified that social workers with a rights-based orientation supported the older people to articulate their preferences and advocated for them to retain their chosen lifestyles even in contentious circumstances (McDonald, 2010). Conversely, those assessments underpinned by a procedurally dominated approach tended to reinforce stereotypes of older people with dementia and were more likely to result in an outcome that restricted autonomy. McDonald comments that:

... at the heart of the (rights based) approach is an awareness of the social construction of dementia as an outcome of complex threats to identity rather than its acceptance as an objectively ascertainable medical category translated as a legal disability (McDonald, 2010, p. 1240).

Such an approach calls for the integration of knowledge of both the structural and experiential issues that an older person with dementia may face and a practice that demonstrates a concern with process as well as outcome (O'Connor, 2010; Milne, 2011).

Another relevant and distinctive feature of the social work knowledge base is its appreciation of the combined role that life-course and age-related inequalities play in creating and amplifying ill health (Bywaters and McLeod, 2000; SCIE, 2010). Although there is no evidence that social work has a direct impact on reducing health inequalities (Coren *et al.*, 2010), social work-supported social interventions *do* have an impact on health outcomes. For example, support to increase the size and quality of an older person's social network and enhance their sense of agency has been evidenced as beneficial to mental health (Boyle, 2005). This point is underscored by the Marmot Review (2010), which highlights the role of adult social care—and social work—in contributing to well-being and addressing health inequalities.

Discussion: developing a future for gerontological social work

The cumulative impact of neo-liberal policies has fundamentally altered the organisation and delivery of personal social services in the UK, including the role and nature of social work. The landscape of social care, including social work, is being further challenged by economic austerity; the immense pressures on resource-constrained local authorities threaten to erode the existing, somewhat tenuous, grasp social work still has on its work with older people (Pullen-Sansfaçon and Cowden, 2012). There are a number of interconnected issues that, together, underscore a future need not simply to retain the existing model of care management, but to redevelop and reinvigorate gerontological social work.

The first of these—identified at the beginning of this paper—is the UK's demographic context. Over the next thirty years, there will be growing numbers of older people with high dependency needs: this figure is predicted to rise from 551,000 to 631,000 by 2015 (Gridley *et al.*, 2012). Further, the older population will be increasingly characterised by diversity and variety, including: more older people living alone, being divorced or never married; higher number of black and minority ethnic elders; non-traditional models of family support and care-giving; and higher levels of poverty. There are also likely to be increasing numbers of older people facing difficult decisions in situations of change, risk, complexity, uncertainty and transition. It is precisely this set of intersecting issues that social work's skill and knowledge base is equipped to effectively manage. Building up a relationship with the older service user and their carer including taking account of the individual's social and familial context, life course and wishes as well as their 'needs' is an approach particularly well suited to assessing, and working with, complexity (Ray and Phillips, 2012). Advocating for the rights of older service users whose perspectives are often marginalised or ignored is also an important role social workers perform, especially in multiprofessional settings where

a medical perspective often dominates (ADASS/Department of Health, 2010).

Nuanced careful assessment is pivotal to working with people with advanced dementia who may rely, more than other groups, on non-verbal methods of communication and for whom attention to emotional content and personal stories is especially important (Kaplan and Berkman, 2011; Tanner, 2011). Social work's ability to work with family carers is a related issue. Adopting a dyadic approach to assessment, namely assessing the needs of the carer and the cared-for person jointly, is increasingly evidenced as an effective and sustainable way to deliver care: this approach to assessment is a core social work skill (HM Government, 2012; Gridley *et al.*, 2012).

A key dimension of bringing a social perspective to bear on any discourse about an older person's 'needs' is locating that person inside their socio-political context, including the impact of inequalities (Age Concern, 2006). Not only is this evidenced as valued by older people themselves, but it makes visible the roles of (often long-term) poverty and disadvantage as risks to health, acknowledges the influence(s) of gender, race, class and sexuality on well-being, and foregrounds the importance of addressing stigma, discrimination and disempowerment in developing interventions (Milne, 2009). Social work's capacity to contribute to promoting health—which is a key policy objective—may be opportune, particularly if it can evidence its role in reducing demands on health care resources (HM Government, 2012). That this approach to assessment dovetails with adopting a life-course perspective, a biographical approach to understanding need and a pluralist lens on the experience of old age is additionally notable (Ray and Phillips, 2012).

Of linked relevance is the pivotal need for gerontological social work to re-establish its 'moral core' and to reclaim its traditional orientation towards social justice (Bisman, 2004, p. 120). The International Federation of Social Work (IFSW) reminds us that social work is underpinned by 'the fundamental principles of human rights and social justice' and that it is this emphasis that marks it out as distinctive and purposeful (IFSW, 2012). Without it, Bisman (2004) argues, the case for social work cannot confidently be made, as other skills, traditionally championed as those of social work, can quite reasonably be claimed by other professional groups, such as nurses. That is precisely what has happened with care management; not only is it an administrative activity devoid of engagement with the older person's context, but it is also divorced from any engagement with issues of social justice. This (re)-commitment has the advantage not only of providing an opportunity to rebuild the profession's identity, but it also offers a platform upon which to ensure that all older service users have access to a personalised service 'outside the market and family' (Scourfield, 2007, p. 108). Further, it intersects with the re-emergence of an 'ethic of care', a reminder that public sector services were developed to support older people who were 'necessarily dependent' and that they have a right to be offered choice, control and high-quality care from within that domain (Lloyd, 2006).

Placing emphasis on ethically driven practice also affords social work the opportunity to challenge the mistreatment of older people in institutional and community-based settings (Commission on Dignity in Care for Older People, 2012). Social work practice with a focus on justice, human rights and advocacy is perhaps even more important in contexts where financial pressures are likely to reinforce the dominance of institutional—and commercial—priorities. Risks of abuse are particularly amplified amongst older people with high support needs; it is with these groups that social work has its greatest responsibility to challenge poor and/or neglectful practice (Bytheway *et al.*, 2007). The fact that social workers have largely stepped away from engaging with care home populations suggests that this may be an arena in which investment of social work time should be made (Scourfield, 2007). Even the task of reviewing the care of publically funded residents that used to be the responsibility of social workers is often overlooked or addressed in a superficial manner, such as via the telephone.

We have already reviewed how the self-directed care agenda constructs the future of social work with older people. Other key areas in which social work is envisaged as making a contribution include: the effective assessment of need, support planning and review for vulnerable adults; engagement with, and support of, carers; and preventative intervention (Department of Health, 2012). Following a recent College of Social Work (TCSW) summit on social work with adults, the Care Services Minister for England stated that ‘There is a desire . . . for (social work) to be liberated from the care management strait-jacket so as to be able to be creative and focused on problem-solving in its approach to supporting users and carers’ (TCSW, 2012). The Welsh government also rejects care management as ‘not fit for purpose’, positioning the service user’s relationship with their social worker ‘at the heart of building sustainable social services’ (WAG, 2011, p. 24).

In order to take gerontological social work forward, a number of key issues need to be addressed. Tackling the research deficit is perhaps the most urgent. Social work’s own capacity to undertake research is limited and, whilst there is a growing body of work in the field of ‘social care’ (e.g. from SCIE), there is little explicit research focused on social work with older people (Powell and Orme, 2011). There is a primary need for investment in research activity driven by gerontological social work academics and practitioners committed to demonstrating the contribution of social work to the lives and well-being of older people as well as to the health and social care economy (Bywaters, 2008). Much could be learned from North America, where a strategy to rebuild research in gerontological social work was successfully implemented in the 1990s (Gutheil *et al.*, 2009; Milne *et al.*, in press).

There is a parallel need for ageing-related subjects and research to be embedded in social work training and education. The twin challenges facing UK social work programmes are a lack of interest in working with older people and a limited focus on ageing in the curriculum (Richards *et al.*, 2013). It is noteworthy that, once students have had the opportunity to work with

older people on practice placement, their perceptions often change and interest in gerontological social work grows (Cummings *et al.*, 2005; Jack and Mosley, 1997). Developing specialist capacity in teaching is vital if gerontological social work is to be rebuilt—an issue compounded by the limited number of social work academics with an interest in gerontology (Sheldon and McDonald, 2009; Research in Practice for Adults, 2012).

Conclusion

The UK's demographic context represents an opportunity for social work. The increasing number of older people with complex long-term conditions and their carers not only require skilled personalised intervention to assess and meet their needs, but, for that intervention to be effective, it must be based on the establishment of a relationship between practitioner and user and take account of both life course and context. The evidence reviewed in this paper suggests that there is a growing need to provide a practice which requires 'energy, creativity, sensitivity and advanced communication and interpersonal skills' (Tanner, 2011, p. 12) and which acknowledges the intersecting impact of chronic ill health, disadvantage, vulnerability, uncertainty, change, risk and transition on the well-being of older people. Taking account of the needs of families and carers is also key. It is in this multidimensional arena that, the authors suggest, social work can make a distinctive contribution.

Although major policy changes over the last twenty years have profoundly undermined the nature, roles and expertise of gerontological social work, there is emerging recognition of its effectiveness in working with older people with high support needs and in contexts of complexity. Despite a strong commitment to self-directed care, a re-visitation of 'the relationship' as the fulcrum of good assessment and creative practice is firmly on the policy agenda (WAG, 2011). That the most vulnerable and dependent older people may be at risk of exclusion from accessing high-quality care, exercising choice and control, and having an advocate is a secondary concern. At a point when a new social work curriculum is being introduced, the role of evidence-based practice emphasised, and the need to conduct robust research highlighted, now is the time to reinvigorate gerontological social work and re-establish a specialist expertise for current and future generations of older service users and their families (TCSW, 2012).

References

- Age Concern and Help the Aged (2009) *One Voice, Shaping Our Ageing Society*, London, ACE and HTA.
- Age Concern and the Mental Health Foundation (2006) *Promoting Mental Health and Well Being in Later Life*, London, ACE.

- Age UK (2012) *Policy and Research Update*, London, Age UK.
- Ai, A., Dunkle, R. E., Peterson, C., Saunders, D. and Bolling, S. (1998) 'Self-care and psychosocial adjustment of patients' following cardiac surgery', *Social Work in Health and Care*, **27**(3), pp. 75–95.
- Asquith, S., Clark, C. and Waterhouse, L. (2005) *The Role of the Social Worker in the 21st Century: A Literature Review*, Edinburgh, Edinburgh University.
- Association of Directors of Adult Social Services and Department of Health (2010) *Future of Social Work in Adult Social Services in England*, London, ADASS and Department of Health.
- Beresford, P. (2007) 'Service users do not want care navigators', *Community Care*, p12–18 April, available online at www.communitycare.co.uk.
- Beresford, P., Croft, S. and Adshead, L. (2008) "'We don't see her as a social worker": A service user case study of the importance of the social worker's relationship and humanity', *British Journal of Social Work*, **38**(7) pp. 1388–407.
- Bisman, C. (2004) 'Social work values: The moral core of the profession', *British Journal of Social Work*, **34**, pp. 109–23.
- Boyle, G. (2005) 'The role of autonomy in explaining mental ill-health and depression among older people in long-term care settings', *Ageing and Society*, **25**(5), pp. 731–48.
- Bytheway, B., Ward, R., Holland, C. and Peace, S. (2007) *Too Old: Older People's Accounts of Discrimination, Exclusion and Rejection*, London, Help the Aged.
- Bywaters, P. (2008) 'Learning from experience: Developing a research strategy for social work in the UK', *British Journal of Social Work*, **38**(5), pp. 936–52.
- Bywaters, P. and McLeod, E. (2000) *Social Work, Health and Equality*, London, Routledge.
- Carr, S. (2010) *Personalisation: A Rough Guide*, London, Social Care Institute for Excellence.
- Carr, S. and Robbins, D. (2009) The Implementation of Individual Budget Schemes in Adult Social Care, *Research Briefing 20*, London, Social Care Institute for Excellence.
- Centre for Policy on Ageing (2009) *Ageism and Age Based Discrimination in Mental Health Care in the United Kingdom: A Review from the Literature*, London, Centre for Policy on Ageing.
- Centre for Workforce Intelligence (CWI) (2012) *Workforce Risks and Opportunities*, available online at www.cfwi.org.uk/social-workers-workforce-risks.../attachment1.
- Challis, D. and Davies, B. P. (1986) *Care Management in Community Care*, Aldershot, Gower.
- Commission on Dignity in Care for Older People (2012) *Delivering Dignity*, London, LGA/NHS Confederation and Age UK.
- Coren, E., Iredale, W., Bywaters, P., Rutter, D. and Robinson, D. (2010) *The Contribution of Social Work and Social Care to the Reduction of Health Inequalities: Four Case Studies*, Research Briefing No. 33, London, SCIE.
- Cummings, S. M., Adler, G. and DeCoster, V. A. (2005) 'Factors influencing graduate social work students' interest in working with elders', *Journal of Educational Gerontology*, **31**, pp. 643–55.
- Davey, V., Fernández, J., Knapp, M., Vick, N., Jolly, D. and Swift, P. (2007) *Direct Payments: A National Survey of Direct Payments Policy and Practice*, London, PSSRU.
- Department for Work and Pensions (2010) *Pensioners Income Series 2008/09*, London, DWP.
- Department of Health (2009) *New Horizons: Towards a Shared Vision for Mental Health: Consultation*, London, Department of Health.

- Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*, London, Department of Health.
- Department of Health (2012) *Prime Minister's Challenge on Dementia: Delivering Major Improvements in Dementia Care and Research by 2015*, London, UK, Department of Health.
- Department of Health, Social Services Inspectorate (1991) *Care Management and Assessment: Practitioners' Guide*, London, HMSO.
- Estes, C. L. (1979) *The Aging Enterprise*, San Francisco, CA, Josey Bass.
- Estes, C. L., Biggs, S. and Phillipson, C. (2003) *Social Theory, Social Policy and Ageing: A Critical Introduction*, Maidenhead, Open University Press.
- Glendinning, C., Clarke, S., Hare, P., Kotchetkova, I., Maddison, J. and Newbrunner, L. (2006) *Outcome-Focused Social Care Services for Older People: Progress and Possibilities*, York, SPRU.
- Goldberg, E. M. and Connolly, N. (1982) *The Effectiveness of Social Care for the Elderly*, London, Heinemann.
- Grenier, A. (2012) *Transitions and the Life Course*, Bristol, Policy Press.
- Gridley, K., Brooks, J. and Glendinning, C. (2012) *Good Support for People with Complex Needs: What Does It Look Like and Where Is the Evidence? Research Findings*, London, NIHR School for Social Care Research.
- Griffiths, R. (1988) *Community Care: Agenda for Action*, London, The Stationery Office.
- Gutheil, I. A., Heyman, J. C. and Chernesky, R. H. (2009) 'Graduate social work student interest in working with older adults', *Social Work Education: The International Journal*, **28**(1), pp. 54–64.
- Health Care Commission (2009) *Equality in Late Life: A National Study of Older People's Mental Health Services*, London, Commission for Healthcare Audit and Inspection.
- HM Government (2012) *Draft Care and Support Bill*, London, The Stationery Office.
- Humphries, R. (2011) *Social Care Funding and the NHS: An Impending Crisis?* London, Kings Fund.
- ICM Research (2008) *Pain and Dignity Survey*, London, ICM Research.
- International Federation of Social Work (2012) 'Definitions of social work', available online at <http://ifsw.org/policies/definition-of-social-work/>.
- Jack, R. and Mosley, S. (1997) 'The client group preferences of diploma social work students: What are they, do they change during programs and what variables affect them?', *British Journal of Social Work*, **27**, pp. 893–911.
- Kaplan, D. B. and Berkman, B. (2011) 'Dementia care: A global concern and social work challenge', *International Social Work*, **54**, pp. 361–73.
- Leece, D. and Leece, J. (2006) 'Direct Payments: Creating a two-tiered system in social care?', *British Journal of Social Work*, **36**(8), pp. 1379–93.
- Lloyd, L. (2006) 'A caring profession? The ethics of care and social work with older people', *British Journal of Social Work*, **36**, pp. 1171–85.
- Lloyd, L. (2010) 'The individual in social care: The ethics of care and the "personalisation agenda" in services for older people in England', *Ethics and Social Welfare*, **4**(2), pp. 188–200.
- Lymbery, M. (2005) *Social Work with Older People: Context, Policy & Practice*, London, Sage.
- Lymbery, M. (2010) 'A new vision for adult social care? Continuities and change in the care of older people', *Critical Social Policy*, **30**(1), pp. 5–26.
- Lymbery, M. and Postle, K. (2010) 'Social work in the context of adult social care in England and the resultant implications for social work education', *British Journal of Social Work*, **40**, pp. 2502–22.

- Manthorpe, J. and Samsi, K. (2013) 'Inherently risky?: Personal budgets for people with dementia and the risks of financial abuse: Findings from an interview-based study with Adult Safeguarding Coordinators', *British Journal of Social Work*, **43**(5), pp. 889–903.
- Manthorpe, J., Moriarty, J., Rapaport, J., Clough, R., Cornes, M., Bright, L. and Illiffe, S., OPRSI (2007) "'There are wonderful social workers but it's a lottery": Older people's views about social workers', *British Journal of Social Work*, **38**, pp. 1132–50.
- Marmot, M. (2010) *Fair Society, Healthy Lives*, London, UCL Institute of Health Equity.
- McDonald, A. (2010) 'The impact of the 2005 Mental Capacity Act on social workers' decision-making and approaches to the assessment of risk', *British Journal of Social Work*, **40**(4), pp. 1229–46.
- McDonald, A., Postle, K. and Dawson, C. (2008) 'Barriers to retaining and using professional knowledge in local authority social work practice with adults in the UK', *British Journal of Social Work*, **38**(7), pp. 1370–87.
- McLeod, E., Bywaters, P. and Cook, M. (2003) 'Social work in accident and emergency departments: A better deal for older patients' health?', *British Journal of Social Work*, **33**(6), pp. 787–802.
- Means, R. and Smith, R. (1998) *From Poor Law to Community Care: The Development of Welfare Services for Elderly People*, Bristol, Policy Press.
- Means, R., Richards, S. and Smith, R. (2008) *Community Care: Policy and Practice*, Basingstoke, Palgrave MacMillan.
- Milne, A. (2009) 'Mental well being in later life', in T. Williamson (ed.), *Older People's Mental Health Today: A Handbook*, Brighton, Mental Health Foundation & Pavilion Publishing.
- Milne, A. (2011) 'Living with dementia in a care home: Capturing the experiences of residents', *Quality in Ageing and Older Adults Special Issue, Dementia Care: A Positive Future*, **12**(2), pp. 76–85.
- Milne, A., Sullivan, M. P., Tanner, D., Richards, S., Ray, M., Lloyd, L., Beech, C. and Phillips, J. (in press) *Social Work with Older People: A Vision for the Future*, London, The College of Social Work.
- Moffatt, S., Higgs, P., Rummery, K. and Rees-Jones, I. (2012) 'Choice, consumerism and devolution: Growing old in welfare state(s) of Scotland, Wales and England', *Ageing and Society*, **32**(05), pp. 725–46.
- Moriarty, J. (2005) 'The future of social care', *Journal of Dementia Care*, *May/June*, pp. 10–11.
- Munro, E. (2011) *The Munro Review of Child Protection: Interim Report—The Child's Journey*, London, Department of Health.
- Neill, J., Sinclair, I., Gorbach, P. and Williams, J. (1988) *A Need for Care? Elderly Applicants for Local Authority Homes*, Aldershot, Gower.
- Netten, A., Jones, K., Knapp, M., Fernandez, J., Chalis, D., Glendinning, C., Jacobs, S., Manthorpe, J., Moran, N., Stevens, M. and Wilberforce, M. (2012) 'Personalisation through individual budgets: Does it work and for whom?', *British Journal of Social Work*, **42**, pp. 1556–73.
- O'Connor, D. (2010) 'Personhood and dementia: Toward a relational framework for assessing decisional capacity', *Journal of Mental Health Training and Practice*, **5**(3), pp. 22–30.
- Phillips, J. and Waterson, J. (2005) 'Care management and social work: A case study of the role of social work in hospital discharge to residential or nursing home care', *European Journal of Social Work*, **5**(2), pp. 171–86.

- Powell, J. and Orme, J. (2011) 'Increasing the confidence of social work researchers: What works?', *British Journal of Social Work*, **38**(5), pp. 988–1008.
- Pullen-Sansfaçon, A. and Cowden, S. (2012) *The Ethical Foundations of Social Work*, Harlow, Pearson.
- Putting People First Consortium (2010) *The Future of Social Work in Adult Social Services in England*, London, Putting People First Consortium.
- Ray, M. and Phillips, J. (2012) *Social Work with Older People*, Basingstoke, Palgrave Macmillan.
- Research in Practice for Adults (2012) 'Social work makes a difference: A call to prove it', available online at www.dartington.org/research-in-practice-for-adults/social-work-makes-a-difference-a-call-to-prove-it.
- Richards, S. (2000) 'Bridging the divide: Elders and the assessment process', *British Journal of Social Work*, **30**(1), pp. 37–49.
- Richards, S., Sullivan, M. P., Tanner, C., Beech, C., Milne, A., Ray, M., Phillips, J. and Lloyd, L. (2013) 'On the edge of a new frontier: Is gerontological social work in the UK ready to meet twenty-first-century challenges?', *British Journal of Social Work* Advance Access published May 10, 2013, 10.1093/bjsw/bct082.
- Samuel, M. (2011) 'Direct Payments, personal budgets and individual budgets', available online at www.communitycare.co.uk/2007/01/05/direct-payments-personal-budgets-and-individual-budgets/#:UoYbfznY_FI.
- Scourfield, P. (2007) 'Reviewing residential care reviews for older people', *Practice*, **19**(3), pp. 199–209.
- Shah, A. and Wuntakal, B. (2001) 'Is a dedicated specialist social worker working exclusively with psychogeriatric inpatients and an associated dedicated domiciliary care package cost-effective?', *International Psychogeriatrics*, **13**(3), pp. 337–46.
- Sheldon, B. and Macdonald, G. (2009) *Textbook of Social Work*, London, Routledge.
- Sinclair, I. (1990) 'Residential care', in I. Sinclair, R. Parker, D. Leat and J. Williams (eds), *The Kaleidoscope of Care: A Review of Research on Welfare Provision for Elderly People*, London, HMSO, pp. 190–201.
- Slasberg, C., Beresford, P. and Schofield, P. (2012) 'How self directed support is failing to deliver personal budgets and personalisation', *Research, Policy and Planning*, **29**(3), pp. 161–77.
- Social Care Institute for Excellence (SCIE) (2010) *The Contribution of Social Work/Care to the Reduction of Health Inequalities: Four Case Studies*, London, SCIE.
- Statham, J., Cameron, C. and Mooney, A. (2006) 'The tasks and roles of social workers: A focused overview of research evidence', available online at <http://eprints.ioe.ac.uk/59/>.
- Stevenson, O. (1977) *Ageing: A Professional Perspective*, London, Age Concern.
- Sullivan, M. P. (2009) 'Social workers in community care practice: Ideologies and interactions with older people', *British Journal of Social Work*, **39**, pp. 1306–25.
- Tanner, D. (2011) 'Identity, selfhood and dementia: Messages for social work', *European Journal of Social Work* Advance Access published November 9, 2011, 10.1080/13691457.2011.611795.
- The College of Social Work (2012) *Shaping the Future of Social Work with Adults Event*, London, TCSW.
- Victor, C. (2010) *Ageing, Health and Care*, Bristol, Policy Press.
- Welsh Assembly Government (WAG) (2011) *Sustainable Social Services for Wales: A Framework for Action*, Cardiff, WAG.