



**The professional association for
social work and social workers**

Health and Social Care Strategy for Older People: Consultation Response

In March 2021 the Scottish Government provided a Statement of Intent developed in the context of working towards covid recovery from the pandemic because of the disproportionate effect it had on older people.

Introduction

The Scottish Association of Social Work (SASW) is part of the British Association of Social Workers, the largest professional body for social workers in the UK. BASW UK has 21,000 members employed in frontline, management, academic and research positions in all care settings. There are over 10,000 registered social workers in Scotland around 1,500 of whom are SASW members. This comprises staff working in local government and the independent sector, across health and social care, education, children and families, justice services, as well as a growing number of independent practitioners.

SASW's key aims are:

- Improved professional support, recognition, and rights at work for social workers,
- Better social work for the benefit of people who need our services, and
- A fairer society

SASW welcomes the opportunity to respond to this consultation on the proposed Health and Social Care Strategy for Older People.

Statement of intent Priorities

- Prevention – older people keeping physically and mentally active
- Person centred care – people being actively involved in decision making
- Home First Approach – expanding further homecare services and hospital at home services
- Integration of health and social care – support from a multidisciplinary team
- Dignity and respect at end of life – needs to be open discussion, access to high quality care and support for families through bereavement.

This consultation stems from that and is aimed at individual service users with little opportunity for organisations and those who provide services, including social workers, to respond. SASW, being the professional membership organisation of social workers in Scotland, would normally provide a collective view underpinned by

social work values and principles. On this occasion SASW's response focuses more broadly on the four themes to which the specific questions relate. The themes are:

1. Place and wellbeing
2. Preventative and proactive care
3. Integrated planned care
4. Integrated unscheduled care

Place and Wellbeing

The script in the consultation document focuses on:

- supporting local level actions and aligning national policy behind local responses and activity
- concentrates on the range of organisations which provide support to older people
- includes two practice examples
- questions cover: organisations working together, information to help with decision- making, physical and mental wellbeing, as well as housing

Responses

1. Significant number of community organisations and activities were lost due to closure of community centres, neighbourhood buildings, and community halls as a result of competing priorities and funding pressures. There is a sustainability challenge for successful local initiatives due to funding pressures and limited routes for securing long term funding. SASW supports investments in community-based activities and local responses to local need.
2. Social workers expressed a strong preference for a mix of routes for people to access what care and support they needed but the commonality was that these should be embedded in local communities with direct access where possible to skilled social work practitioners.
3. Wherever older people need support they must be able to access professional assessment and suitable services easily and these must be easily transferred to other settings across local authority and health board boundaries when older people move.
4. Social workers are skilled in relationship-based practice and able to forge meaningful and enabling relationships with older people to assist them through troubling times in life, transitional periods and with challenges they face. Access to a social work for this kind of support should be available to those who need it.
5. For many older people families can be physically distanced. Social workers have a role to play in supporting digital connectivity and connecting people into community activity to address loneliness and isolation. They can support older people through good conversations that focus on their life experience, how they want to be supported. Appropriate use of technology is to be supported but can never replace the value of meaningful assessment and good conversations in person centred practice by social workers.

6. Supporting older people takes time and those engaging with them need to be able to invest that time and build trusting relationships. This requires additional time resource and needs to be factored into workloads.
7. Social workers are skilled at giving information in supportive ways to enable older people to make informed choices about how they wish to be supported or cared for when they need assistance.
8. It is well evidenced the mental health and well-being of older individuals who were isolated and those shielding or at the highest risk were disproportionately negatively impacted during the pandemic. This has increased the demand on mental health services which have suffered from years of underfunding due to austerity. Additional funds have since been made available but securing the necessary staff has been challenging and a barrier to accessing services. Many social workers are trauma informed and able to practice using these skills which can benefit those affected by the trauma of the pandemic, loss of loved ones and the significant life changes it brought about for many. They could ease the burden on MH services through early intervention and diversion but would require the time and space to do so alongside significant investment in staffing resources.
9. The current cost of living challenges and the spike in utility costs causes great concern. SASW supports activity and initiatives that reduce the negative impact on older people.
10. SASW supports the need for public sector housing that is affordable, conforms to energy efficient and green standards, is future proofed and well maintained.
11. SASW supports the development of different housing models that allows for small groups of older people to live in shared arrangements, where they choose, to address issues of isolation loneliness and spiralling costs.
12. Where older people need access to aids and adaptations these should be readily available and where necessary supported through an assessment process.

Preventative and Proactive Care

The script in the document focuses on:

- “Getting it Right for Everyone” approach to community health and social care
- covers accessibility and affordability of being able to access services
- questions cover: joint working, service improvement, access to leisure activities, Anticipatory Care Plans and greater involvement of Minority Ethnic Communities

Responses:

1. The practice model of GIRFE would be welcomed by social workers but on its own it would not improve outcomes for older people. The skill and commitment of practitioners and the investment of resources to support implementation would be needed. This would include evidenced based research, an investment in training and all participating partners being committed to the approach, respecting each other’s role and delivering on their area of responsibility.

2. A new practice model must be appropriate for the needs and goals of older people. Significant attention should be paid to the indicators developed and older people who used social work support and services should be involved in this process. Overall, any new national practice model would need to be properly funded, well-resourced and adopted enthusiastically by all partners sharing in the responsibility to ensure a credible system and the best outcomes for the person being supported.
3. A recent survey among SASW members highlighted there is work to be done with other partners including those in the independent sector to work in coherent ways, understanding each other's roles and for service users, including older people, to be able to access clear, consistent, and accurate information about the support available. Our members support universal access for everyone who may seek support or advice from professional social workers, advocating for social workers' skills in early intervention, and recognising the opportunity to link to informal early support in a community model of social work.
4. Significant numbers of older people (at least 11%)¹ according to the Scottish Government's latest figures are living below the poverty line after removing housing costs. This makes accessing communities' facilities difficult because of the costs associated. The current cost of living crisis and additional increases expected in fuel, utility charges and inflation will further exacerbate an already challenging situation. This will result in more older people being unable to properly heat their homes or eat well. These fundamental aspects of wellbeing cannot be ignored. SASW supports activity and initiatives that contribute to mitigating these challenges.
5. SASW advocates for supporting older people to plan ahead recognising this may involve a number of parties to deal with both welfare and financial issues through anticipatory care planning. Social workers are skilled in this area and have statutory responsibilities in relation to adults with incapacity and guardianship. They uphold the rights of all adults and for those with incapacity within the legislative, ethical and practice contexts. Social workers have the necessary training and skills for this work and can facilitate engagement with older people showing compassion and kindness in sensitive and enabling ways to support them in these delicate areas. Social workers are well placed to engage in these conversations using their professional judgement and skill to identify the 'right time' to begin the conversations in this very sensitive but necessary area.
6. Social workers are supported by a code of practice and values that promote anti-discriminatory and anti-racist practice. They recognise cultural difference and work in person centred ways to reflect choices and preferences of the individual respecting diversity in culturally sensitive practice. SASW supports specific targeting for black and minority ethnic communities as they experience poorer health outcomes than the general population and have been severely, disproportionately and negatively impacted by the Covid-19 virus throughout the pandemic.

Integrated Planned Care

¹ https://data.gov.scot/poverty/2022/persistent.html#Key_points

The script in the document focuses on:

- experiences of planned care, and improvements which could be made as part of re-building
- consultation feedback on social care: challenges are people focused
- a framework is to provide a blueprint to transform the healthcare for people living in care homes
- questions cover: home care experience, experience of joint working between social and health care services, Planned Health Care and Reviews including health care check-ups, experience of using Alternative Methods of Consultation during Covid, Palliative and End of life focussing on experience and improvements of care and support

Responses:

1. Admissions to hospital can be a difficult time for older people. Social workers are well placed to support them in planned hospital admissions. They can provide emotional and practical support prior, during and post admission using their professional skills and experience to allay fears, plan well and organise what is needed post discharge.
2. Social workers are responsible for assessing community care needs and SASW recognises that good quality social care is essential to support older people's wellbeing when they need help and advocates for fair work practices for all social care workers and personal assistants. SASW supports access to all 4 SDS options for older people as they choose how much responsibility they want for organising and managing their support arrangements but recognises no matter which option they choose it should give maximum effect to meeting their outcomes as planned. The workforce challenges in health and social care are reflected in social work which needs to be recognised as a distinct and professional contributor to the well-being of older people. Social care and social work have different functions but unfortunately when described using the generic term 'social services' it fails to recognise that distinction and the significant statutory functions undertaken by social workers as well as their day-to-day relationship-based practice with the people they support.
3. Regular health checks are a positive and preventative response to health care needs by medics, clinicians and health professions. SASW recognises the value of these and fully support preventative and early intervention approaches. Social workers should also be involved in the lives of older people at an early stage for reasons of prevention and early intervention that prevent crisis and the resulting distress it causes. Social workers are committed to managing risk, protecting rights and work in risk enabled ways to ensure older people have choice and have access to information to enable informed choice in their decision making.
4. Integration of health and social care has been challenging at times for health staff, social care staff and for social workers. SASW welcomes multidisciplinary team approaches and recognises the value of this model. While committed to this way of working social workers are often marginalised in this approach as the role they have working in the space between the

contribution of others, is not task focused but about building positive, supportive relationships with people offering emotional support and using a range of skills and techniques help people through difficult life transitions, challenges and family situations. Social workers are the professionals who hang on in with older people when others have completed their task or intervention.

5. Social workers support the social model of disability recognising most barriers that exclude disabled people and those who are frail, and elderly are caused by how our society is constructed both environmentally and culturally. The medical model of disability does not recognise the impact of such barriers and in protecting the rights of older people the approach of social workers provides a counterbalance to this and advocates for them where this is needed to protect their rights.
6. Preparation for death and awareness of Mortality presents a challenge to most of us. Palliative and end of life care is a very sensitive and difficult subject for older people and their families. Social workers are well trained and able to deal with the emotional turmoil this can cause for older people and their families and are able to assist people to work through the turmoil as they seek to find peace and reassurance in death.
7. SASW supports peoples' right to die at home but recognises this needs to be supported with increased resources and infrastructure to facilitate this.
8. The pandemic exposed poor practice and decision making that had substantial negative impact on older people who experienced the highest death rates among the population. SASW supports the need for investigation into and learning from that experience, particularly for those who were living in care homes.
9. SASW supports the Scottish Government's commitment to produce a new palliative care and end of life strategy in 2022 and advocates that this should be coproduced by people and their families who are willing to contribute to improving the experience for other people.
10. SASW requests that the unique role of social workers and the skills and experience they bring is explicit in that strategy.

Integrated unscheduled care

The script in the document focuses on:

- the range of health services that people use that are not planned in advance
 1. urgent response to support self-care and management that help avoid attendances to hospital or other acute settings
 2. high-quality emergency care
 3. optimising patient journey that plans for discharge from admission
 4. enhanced intermediate care services to allow discharge without delay, avoid readmission and keep patients out of an acute setting
- feedback focuses on post-operative support, which varies, with older people requiring extra
- questions cover: examples of support working well, improvements, post-operative support, experience of Hospital at Home care

Responses

1. In the current care management model of social work, social workers are key to assessing need and gatekeeping resources to meet that need. This brings conflicting responsibilities in their role which is interpreted by health care professionals as social workers being the route through which to reduce delayed discharges in the hospital system. While social workers assess need and gatekeep resources their role is much wider, and their skill set reflects professional training; their contribution must not be reduced to the sole purpose of facilitating hospital discharges to ease the burden in the healthcare system.
2. Unplanned or emergency admissions into hospital is a very fearful time for most people and even more so for older people. It is well documented that prolonged stays in hospital can impact negatively on their abilities post discharge and reduce the likelihood of them continuing to live at home, even with support. SASW supports the notion of discharge planning from admission to ensure the older person is supported to stay in their own home with support if needed.
3. Social workers have a key role to play in supporting people to prepare for discharge, but it must be recognised that successful outcomes often depend on the relationship the social workers develop with the older person and their families. This enables exploration of options and good practice keeps the older person at the centre of these discussions. Such good practice takes time and the choices and wishes of older people must be respected and their rights protected throughout. The role of the social worker cannot be reduced to a mechanistic intervention that focuses on creating vacancies in hospital beds, so, their role and contribution must be explicit in the strategy giving cognisance to relationship-based practice, the range of skills they have, the values and principles that underpin their work and the experience they bring.
4. SASW recognises the challenge that delayed discharges create in the health care system and the whole system approach which has been severely impacted by the lack of investments and chronic underfunding in both social work and social care through austerity. To support the whole system process and improve patient journeys it is necessary to improve the social care and social work offering by significant investment in the workforce. This must include recruitment and retention of staff with access to social work training in higher educational institutes followed by the opportunity to use their full range of skills in the work environment. This means time to work closely with older people through positive relationship-based practice with early intervention to prevent crisis. Where crisis occurs having the time to engage in meaningful ways using skills and experience to restore calm and confidence as older people face life challenges.
5. The value of online consultations with GPs and other health care professionals has been evidenced during the pandemic, however, older people experience barriers associated with connectivity, having electronic devices and managing complicated software processes. They are less likely to have wifi access or be able to afford the costs associated.

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