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'Being that hopeful person': The contribution of social workers to older people's well-being

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Abstract

Drawing on the findings of research in adult teams in two local authorities in England, this article examines what social workers with older people do, how this contributes to older people's well-being, and the impact of the social and organizational context of practice. Researchers observed social workers in their practice, interviewed social workers, older people, family carers, and other workers, analysed older people's records, and examined social workers' calendars. Framework analysis was used to chart the data in relation to social work capabilities, well-being outcomes for older people, and contextual influences. The article illustrates key findings with reference to examples drawn from social workers' practice with three older people and family carers. It then discusses three cross-cutting themes: rights and risks; therapeutic engagement; and navigating boundaries. We conclude that the complexity and value of social work

with older people need greater recognition, and we argue for changes that allow social work time to be deployed where it has most impact, that is, in direct work with older people and their families.

Keywords: older people; social work practice; social workers; older people; well-being.

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Background to the study

Social workers in England have a pivotal role in fulfilling statutory duties towards older people. This includes duties under the Care Act 2014 to provide information and advice, assess and plan to meet care and support needs and protect people from abuse or neglect (Department of Health and Social Care 2024); and duties under Mental Capacity Act 2005 to assess mental capacity and make 'best interests' decisions (Brown 2024). These roles and functions have highly significant implications for the rights and well-being of older people (Ray et al., 2015). Our starting premise for this article is the need to render visible the role and value of social work with older people. Older people form the majority of those who draw on support from adult social care services. In 2022–23, 69 percent of all requests for adult social care in England were for people aged sixty-five years and over; and 89 percent of those receiving short-term support and 65 percent of those receiving long-term support were aged sixty-five years and over (Adult Social Care Statistics 2023). A significant number of this population will see a social worker.

Improved understanding of the complex and challenging nature of social work is important (Moriarty, Baginsky, and Manthorpe 2015), both because it is little explored and because there is limited public recognition of the role. Public awareness of social work is child-centric, and social work ranks low compared with the respect accorded to other professions (Social Work England 2023).

The generally negative public perception of social work impacts adversely on the recruitment, retention, and morale of social workers (Legood et al., 2016).

Social work practice with older people is an under-explored and undervalued field of practice (Milne et al., 2014; Ray et al., 2015; Willis et al., 2022). Richards et al. (2014) highlight the lack of attention given to gerontological knowledge and skills in social work education. Moriarty and Manthorpe's (2016) scoping review on the effectiveness of social work with adults notes that evidence regarding older people largely relies on US research. Ageism is evident within social care

research, including a failure to differentiate between different age groups. Yet, working with older people requires specialist knowledge and skills that are distinctly different from those for working with other groups of adults (Milne et al., 2014; BASW 2018). Examples include the complexity of interrelated factors that affect health and well-being in later life, the cumulative effects of experiences across the life-course, and the impact of ageism and its intersection with other dimensions of oppression.

There is, then, a high level of ambiguity and uncertainty about the roles and tasks of social work with older people and a lack of England-centric empirical research to inform debate and development (Moriarty, Baginsky, and Manthorpe 2015; Winter and Cree 2016; Gordon 2018). Ethnographic research in child and family social work has observed face-to-face encounters between social workers and children and families (Ferguson 2016a, b; Winter et al., 2017), but there are few recent studies in the UK of social work with older people to yield similar insights. Burrows (2022) carried out ethnographic research on social work with (mainly) older people in Wales using observation and interviews, but this focused primarily on one hospital team and social workers' advocacy role.

The research discussed in this article develops an earlier study (Willis et al., 2022) that explored 'promising and innovative' social work with older people as practised by social workers in multi-disciplinary teams across five sites in England. Key features noted about their practice included: the influence of their strong social work value base on other disciplines; the centring of older people's perspectives through strengths-based approaches; early intervention that preserved continuity of relationships; and the application of legal knowledge to uphold older people's rights. Although small-scale, the study helped to identify features of practice viewed positively by social workers and social care managers. However, it was based on retrospective accounts and did not incorporate the perspectives of older people or carers.

Social workers currently operate in a context where there are very high (restrictive) eligibility criteria for services, limited community resources, and low financial thresholds for self-funding. Consequently, many older people have to self-fund their care even though their needs are considerable (Henwood et al., 2022). When asked about the biggest challenges they faced in their practice, over 67 percent of social workers in a BASW survey named cuts to local services, while over 62 percent identified failure to adequately fund social care (BASW 2023).

The purpose of this article is to present new evidence from a two-year study of social work practice with older people in England about the unique forms of support and intervention social workers provide and the positive outcomes this yields for older people's well-being. We argue that the therapeutic skills and systems-based knowledge social workers

bring to their relationships with older people, coupled with their willingness to work beyond their role remit and organizational expectations, produce meaningful and positive changes for older people and their families. At the same time, we were highly cognisant of the many challenges faced by the profession and demands on individual social workers. We therefore also take account of how their role is constrained, or sometimes supported, by societal, organizational, and team contexts.

We outline the research design before presenting key integrated findings: about the capabilities demonstrated by social workers; outcomes for older people and carers; and the impact of contextual factors on practice through the lens of three 'clusters'.

Methods—the social work with older people (SWOP) study

Our two main research questions were:

1. In what ways do social workers contribute to the well-being of older people?
2. How do older people and carers experience social work?

The fieldwork took place in two contrasting local authority sites in England. The Midlands site (A) had a high-density population, areas of high deprivation, and was ethnically diverse. The South site (B) was largely rural with a dispersed, less diverse population and areas of rural poverty.

One full-time researcher was allocated to each site, conducting the fieldwork over a six-month period. The Principal Social Workers (PSWs) for adults in each site were key contacts who facilitated the recruitment of social worker participants and supported the research locally. In Site A, social worker participants were recruited across all teams, whilst in the rural Site B, two teams serving different locations were selected to make the geographical span manageable. We sought to recruit social workers with diverse characteristics (ethnicity, sex, length of experience, and role). Five social workers were recruited in each site (see Table 1 for key characteristics).

The researchers shadowed social workers in their day-to-day work and interviewed them about their practice. This included shorter reflective conversations (either audio recorded or with notes taken) and more structured recorded interviews.

We aimed to recruit two older people and/or carers who were receiving social work support from each of the participating social workers to explore older people and carers' experiences of social work. This was felt to be a manageable target for each social worker and an adequate

Table 1. Characteristics of social worker participants.

Pseudonym	Ethnicity	Sex	Age	Years qualified	Team/role
Site A					
Denis	Black Caribbean	Male	55–64	9	Integrated Care Services (Hospital Team)
Raymond	Black African	Male	45–54	3 (in ASYE year)	Locality Team 1
Immy	White British	Female	25–34	Under 1 year	Locality Team 2
Ladybird	Black British Caribbean	Female	55–64	13	Locality Team 3
Victoria	White British	Female	45–54	3	Integrated Care Services (Hospital Team)
Site B					
Bernice	White British	Female	55–64	22	Locality Team 1 (Hospital-based)
Maria	White British	Female	55–64	32	Locality Team 1
Olwen	White British	Female	55–64	30	Locality Team 1
Sarah	White British	Female	35–44	6	Locality Team 2
Joe	White British	Male	35–44	Under 1 year	Locality Team 2 (works across two hospitals)

sample to yield useful data. To explore how social workers were contributing to the work of other workers, we also sought to recruit one other practitioner or manager involved with that older person. We call these 'clusters' as they aimed to capture a rounded view of social work interventions, including the social worker, older person, carers, and other professionals (see Fig. 1). Social worker participants identified potential older people and other professional participants and gave them initial information about the research. If they expressed interest in participating, this was followed up by the researchers.

We recruited ten older people (with some carers attached to the cluster) in Site 1 and 7 in Site B (seventeen in total); we interviewed twelve other workers in each site (twenty-four in total).

Table 2 shows the characteristics of the older people and carer participants.

Interview transcripts and notes from reflective conversations were analysed using framework analysis; observations were analysed thematically (Gale et al., 2013; NatCen Social Research 2018). We generated three separate frameworks:

a. social workers' roles and tasks with older people, based on Capabilities for Social Workers who work with Older People (BASW 2018);
b. older people's outcomes, based on well-being outcomes within the Care and Support Statutory Guidance (Department of Health and Social Care 2024);

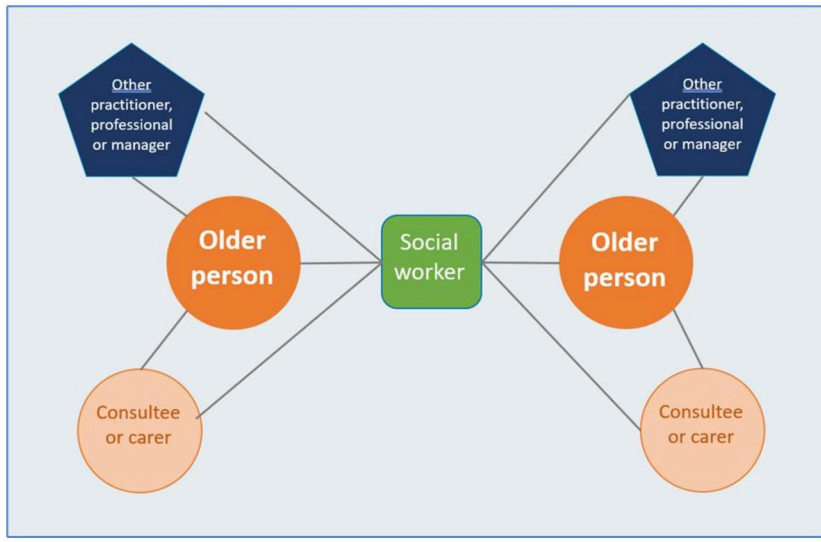

Figure 1. Visualization of clusters for each social worker.

c. contextual factors, generated from the adult social care literature and practice experience.

NVivo software was used to code and chart data to the frameworks. We allowed scope for the addition of new categories that could not be accommodated within existing frameworks. The approach facilitated comparison between the two sites. A second stage of analysis explored intersections of data across the frameworks to develop an understanding of how social work capabilities and contextual factors contributed to well-being outcomes. This allowed the synthesis of data from different sources, generating detailed and 'storied' analyses centred on processes and outcomes for older people.

Ethical issues

Full ethics approval was obtained from the Health Research Authority Social Care Research Ethics Committee (REC reference: 22/IEC08/0004).

All participants were given an information sheet about the study and the opportunity to discuss this with a researcher. Written consent was obtained, and consent was renegotiated before any subsequent interviews or observations. Participants were assured their decision would have no repercussions for their employment or support received. Older people and carers recruited to the study could opt to consent to some or

Table 2. Characteristics of older people and carer participants.

Older person pseudonym	Social worker	Ethnicity	Sex	Age	Situation at referral	Carer interviewed
Site A						
Doris	Denis	White British	Female	94	Hospital discharge	Daughter (Sally)
Mary	Denis	White British	Female	80	Hospital discharge	Son (Bill)
Roy	Raymond	White British	Male	92	Increased support needs at home and carer support	Co-resident friends/ carers (Mr. and Mrs. S)
Mr Cheema	Immy	South Asian	Male	87	Increased support needs at home and carer support	Daughter (Alma)
Reg	Immy	White British	Male	67	Safe-guarding concerns/support needs	None
Boris	Ladybird	White British	Male	67	Increased support needs at home and carer support	Mother (Delia)
Freya	Ladybird	White British	Female	84	Mental health and social support needs	None
Ron	Ladybird	White British	Male	67	Mental health, practical and social support needs	None
Derek	Victoria	White British	Male	90	Hospital discharge	Daughter (Alice)
Martine	Victoria	White British	Female	79	Increased support needs at home and carer support	Daughter (Carla)
Site B						
Edna	Bernice	White British	Female	71	Hospital discharge	Partner (Albert)
Yvonne	Bernice	White British	Female	89	Hospital discharge	Daughter (Lucy) and son-in-law (Jim)
Cynthia	Olwen	White British	Female	99	Review of respite care/long-term care planning	Daughter-in-law (Peggy)
Celia	Olwen	White British	Female	86	Safeguarding concerns/support needs	Son (Stephen) and daughter-in-law (Christine)
Nancy	Olwen	White British	Female	79	Safeguarding concerns/support needs	Son (Philip)
Vera	Sarah	White British	Female	88	Long-term care planning	Daughter (Nuala)
Fred	Sarah	White British	Male	79	Increased support needs at home and carer support	Wife (Frida)

all of the methods: interviews, observations of social work visits, or meetings and/or the researcher having access to their social work records.

People who lacked the capacity to consent to participate were included if this was supported by the advice of consultees, in line with the Mental Capacity Act 2005. An advantage of using observational data

was that interactions between social workers and people who were unable to take part in a research interview could be observed and noted by the researchers. The researcher would leave if any anxiety or discomfort about their presence was observed.

Researchers spent time building relationships with social worker participants. This increased the social workers' confidence in the study and openness about their practice. Their suggestions about older people to invite were guided by their judgements about ethical appropriateness. While this had some limitations, as discussed later, it prioritized the best interests of the older people, rather than the needs of the study.

Data were anonymized immediately after transcription, and any other identifying details were removed or changed. All names used in this article and elsewhere are pseudonyms.

Lived experience involvement

The study was guided by older people and carers with lived experience of social work and social workers. This happened at two levels: (1) a Local Advisory Group in each site, comprising older people, carers, and social work practitioners and (2) a National Expert Advisory Group of older people, carers, and social work practitioners. Both groups acted as critical friends, for example, ensuring a focus on older people's perspectives, reviewing preliminary findings, and contributing to the creation of outputs.

Findings

Key findings are framed around three examples from our clusters—an individual older person (Reg), an older couple (Edna and Albert), and an older woman and her son/carer (Nancy and Philip)—selected to illustrate different capabilities, well-being outcomes, and contextual factors. Table 3 summarizes the elements of the framework that are illustrated in the findings and provides selected examples highlighting the integration of the frameworks. (More comprehensive illustrations of each domain and well-being outcome can be found in Tanner et al., 2024).

Reg

Reg was a white sixty-seven-year-old man, living in a first floor flat with no lift. He had speech and memory difficulties following a stroke. Following complications associated with diabetes, he had his leg amputated during the coronavirus disease 2019 (COVID-19) pandemic when home visits were heavily restricted. Reg was discharged from hospital

Table 3. Examples of the intersection of capability, well-being and contextual factors in three selected clusters.

	Capabilities for social work with older people	Well-being outcomes	Contextual barriers and enablers
Reg (Social worker = Immy)	• Values and ethics • Skills and interventions • Context and Organization • Critical reflection	• Personal dignity • Physical, mental, and emotional • Control over day-to-day life • Suitability of living environment	• Social • Environmental • Cultural • Support
Edna and Albert (Social worker = Bernice)	• Professionalism • Rights, justice and economic well-being • Skills and interventions • Professional leadership	• Domestic, family, and personal well-being • Social and economic well-being • Participation • Suitability of living environment	• Resources • Organizational • Cultural • Support
Nancy and Philip (Social worker = Olwen)	• Diversity and equality • Rights, justice, and economic well-being • Knowledge • Critical reflection	• Personal dignity • Physical, mental, and emotional • Protection • Domestic, family, personal	• Legal and policy • Organizational • Resources • Environment

with minimal support and his friend moved in to help him. Reg was confined to bed in a small box room. Agency carers delivered food and helped Reg manage basic personal hygiene.

The social worker, Immy, became involved when safeguarding concerns were raised due to Reg developing pressure sores. Reg initially declined help. Immy, described this situation:

> He was in a dark, dingy little room, he was not getting out of bed at all. He would barely sit himself up, he was just watching the telly all day. He couldn't even see out of the window. You know all those little things that we take for granted. But he was just adamant: "No I want to stay here, this is my room … I'm happy, I don't need to look out of a window, I don't need equipment, I don't want to go out". But the more you spoke to him and he realised that we were there to help, he was more open to trying to make things better for him …
>
> Reg is somebody that I've done, altogether probably about 20 home visits with. For him, initially, it wasn't about talking about his care and support needs. It was him just wanting to talk about his life and what he's done, where he's worked, you know … So, it was more around building up the trust for him to explore his life story in a way…. I think it was important for him to talk about that with somebody other than his friend.

Immy demonstrated social work values by respecting Reg's choice to remain living in his flat while trying to make his living situation as safe and pleasant as possible. Her person-centred skills enabled her to build rapport and a relationship of trust with Reg that was pivotal to him feeling able to accept change. One key change for Reg was his relocation from the box room to the living room where he could watch the street through a window while highly restricted in movement. Immy worked in close collaboration with the occupational therapist (OT) to install equipment to facilitate Reg's mobility. Immy reflected on the outcome:

> … admittedly, it's probably not to where I would have liked…. I would have liked to see him moved, it would have been brilliant to see him in a ground floor apartment or bungalow—for him to be able to sit out in a garden and stuff. But he's got [mental] capacity, he understands the situation … and I have to accept that that's his decision, it's not mine to make. I can just provide him with the guidance say, these are the alternatives that are available to you. But, you know, him just moving into that other room and being able to look out of a window that was good enough for him, that was what he wanted.

The interventions of Immy and the OT improved Reg's well-being in the areas of personal dignity; physical, mental, and emotional well-being; protection from neglect; control over day-to-day life; and living environment.

Although there were positive outcomes for Reg, there were several contextual barriers affecting Immy's intervention. The gravity of Reg's situation was a legacy of the COVID-19 pandemic and the absence of direct engagement with services. In line with organizational procedure, the care provider was responsible for day-to-day monitoring of the care plan, and the lack of a face-to-face review by a social worker meant that no alert was raised about the wider inadequacies of Reg's care. Reg's own desire for privacy and resistance to social work posed a significant barrier that Immy had to overcome in their early meetings. However, Immy's team manager was supportive and accepted the need for a gradual and sustained period of engagement.

Edna and Albert

Edna was a seventy-one-year-old white woman; she lived with Albert, her partner of ten years. Edna had advanced, but at the time undiagnosed, dementia. When Albert was admitted to the hospital following a series of small strokes, Edna was also admitted to the hospital.

Bernice, the hospital-based social worker, took the initiative to follow Edna and Albert at home after their discharge as she 'had a hunch' they were struggling to manage more than they had disclosed. Bernice showed professionalism in her commitment to acting in the interests of

the couple and leadership in having the confidence to move beyond 'normal procedures' by visiting them in the community. As Bernice began to learn about the number of difficulties they were facing, it 'all came tumbling out'. Albert talked about his efforts to keep Edna safe and well. He was concerned about spending money wisely and cautious about spending money that was Edna's. Bernice upheld the rights of both Edna and Albert by talking to them about the legalities of managing someone else's money (they were not married) and offering to help them maximize their pension and benefit entitlements.

Bernice recognized the significance of Albert's social life in maintaining his mental and social well-being. She responded to his concerns about missing his local history group by suggesting that a care service might help Edna get washed and dressed, thereby enabling him to attend. Albert was happy to accept this along with other practical measures suggested by Bernice, including help to install a smoke alarm, key safe, and repair the banister and shower.

Albert appreciated Bernice's skill and professionalism:

> She explained she was our social worker or handling our case anyway … she came over as a very competent person … somebody who was being friendly but professional. … She appeared to be like, talking to a friend you've known for some time.

Albert described the positive emotional and social impact of the help he received:

> First point would be that somebody coming in to check on us and the second point to know that somebody's coming to the door. Because we don't have visitors … that would improve it, yes … some days when you feel you had a bad night or a day when things aren't going well, somebody just to pop their head around the door to say "How are you going?" … As I say [Bernice] has rested my nerves a lot' …

> Yes, my state pension has come through at last … .And there was a sizeable sum with it … .And an enhanced pension … .Bernice set it up … And it was her that instigated it. Well, [I feel] a lot better. When I go out now, I know I can spend a fiver and not worry about it.

There was a significant outcome in relation to physical safety and protection from harm as Albert described a situation when the activation of the smoke alarm had averted a potentially serious fire when the cooker was left on:

> And it was this alarm going off. Bernice did something towards that. I couldn't ask for a better social worker. She'd done mountains of stuff and all of it has come through. I was very pleased with her. Very, very pleased. (Albert, partner of Edna, Site B)

Bernice reflected on the dangers of a 'knee-jerk' reaction to situations like this.

> I do worry about when everybody gets involved that people might start shouting neglect. It wouldn't be a wilful neglect on Albert's part at all. He's just doing his finest. It just sometimes worries me when everything starts creaking into action and people start looking at risk and they want to manage that risk but they don't think about positive risk. (Bernice, Site B)

Bernice undertook positive risk management, respecting Albert and Edna's agency and autonomy, thereby enhancing their domestic and personal well-being. Helping them secure their financial entitlements increased their economic well-being; and the suitability of their home environment was improved by the practical measures Bernice instigated. Albert had a renewed opportunity for social participation when Edna was supported by a care service.

Nancy and Philip

Nancy, a seventy-nine-year-old white woman, lived with her 50-year-old son Philip in their jointly owned house in a rural hamlet. Nancy's husband died a decade ago; she had advanced dementia. Philip had recently been diagnosed with autism, but did not want this disclosed to his mother. Philip had Power of Attorney for his mother's finances and managed many domestic tasks. He adhered to a rigid routine and could be upset by strangers coming to the house. Philip's Carer Support worker raised concerns about Nancy's care. Nancy sometimes spent nights outside in the unheated porch and ate unsuitable food from the refrigerator. She had personal care needs that Philip felt unable to manage. Philip's autism appeared to compromise his ability to keep Nancy safe.

Olwen, the social worker, sought to support Nancy and Philip's wish to continue living together in their home. She considered needs related to Philip's disability alongside those of Nancy and reflected on the challenge of balancing them. Nancy's well-being would be enhanced by the provision of carers to attend to her personal care and dietary needs, but Philip found this intrusive. There would likely be an adverse emotional, psychological, and financial impact on him if Nancy moved to a care home, even though this may be in her best interests.

Olwen was fully aware of the complexity of the situation and of her professional power in relation to assessment and decision-making:

> I do spend an awful lot of time worrying that I've assessed the risk correctly, because it's such a monumental decision moving somebody from their home into a care home … I came away thinking, "Good grief. I think I spend quite a lot of time with people", but I really don't. Given the enormity of the decisions that people are making, in the situations they're in, I really, really don't.

Olwen demonstrated collaborative skills by involving relevant others, including Nancy's brother-in-law and the Carer Support worker, who knew Philip well. She communicated sensitively with Philip, keeping Nancy's needs at the forefront.

> I kept asking, "What does Nancy do? What did she do when she was more active and how does she like to spend her time now? "… She really likes singing but whether we'd actually get her to 'Singing for the Brain', I don't know. She liked singing hymns. There were various things we tried to think of that a) had somebody in the house when Philip wasn't there and, b) gave Nancy some sort of sense of structure to her week.

Nancy's financial resources placed her above the threshold for eligibility for Council-funded care. Philip commented:

> … they expect me to sort everything out, but I don't know what I'm doing in the first place.

Nancy did not have the mental capacity to make decisions about her care. Olwen used her legal knowledge to consider the potential role of the Court of Protection in decision-making if the initial plan of support at home was unsuccessful.

There was a plan to trial 'care at home' for four weeks before a meeting to discuss Nancy's best interests. However, it proved extremely difficult to find care provision in the isolated rural area. Olwen continually reflected on the dilemma of balancing Nancy's needs and wishes with those of Philip, and the chasm between the 'ideal' option (remaining at home) and the support services available in the locality:

> I'm working with a lot of appalling factors that have almost nothing to do with Nancy's best interests.

Ultimately, the difficulty of finding appropriate care for Nancy meant that a care home was the only viable option. Philip was involved in choosing an appropriate care home for Nancy and was pleased when one was found that would allow him to visit with the family dog.

Nancy would not have chosen to move to a care home in other circumstances; however, it was now the only option that would protect her from harm and promote her well-being. The care and support planning took account of her emotional, family, and social needs. Philip's emotional, psychological, and family needs were also considered throughout. Care was taken to involve him as much as possible in decisions about his mother, and ongoing support was also offered via his Carer Support worker.

Discussion

In this final section, we identify key learning about social work with older people from the integrated analysis. This is discussed under three

themes that synthesize how social workers with older people deploy their skills and knowledge and navigate their professional roles and responsibilities around multiple contextual barriers and enablers. These three themes are: upholding rights and managing risks, maintaining therapeutic relationships, and navigating boundaries.

Rights and risk

We saw evidence of social workers upholding older people's rights, using their knowledge of legal and financial entitlements to inform their own practice and that of other professionals. Social work skills are intrinsic to how social workers accomplish this. For example, communication and relationships are key to mental capacity assessments that promote autonomy (Brown 2024) and to responding empathically and effectively in adult safeguarding situations (Dixon 2023). Although Nancy could not verbally express her wishes about where she should live, Olwen used creativity and relational skills with both Nancy and Philip to formulate an assessment that took account of their respective needs and rights.

One of the social workers in our study described their role as 'being that hopeful person' for older people who may be experiencing hopelessness. Crucial to this is a 'risk-positive' approach that supports older people to live in the ways they choose, even when those choices may have adverse consequences (Willis et al., 2022). Burrows' (2022) notes that social workers were powerful advocates, supporting older people to exercise choice:

> … being a patient's advocate is not an abstract status, but an active and interactional process of countering forces that would otherwise act on the patient.
>
> (Burrows 2022: 7)

This was also a strong theme in our study, from the perspectives of social workers, older people, and their families, and other workers; for example, Bernice saw her role as supporting Edna and Albert's autonomous decision-making process.

Our data also provide examples of social workers acting as both 'defenders of individual freedom' (Burrows 2022) and challengers of structural barriers. Bernice recognized the need for longer-term involvement with Edna and Albert, to build on the relationship established in the hospital and follow up issues of concern. Although her practice was at the limits of her remit, her experience and confidence in managerial support allowed her to 'go the extra mile' and visit Edna and Albert at home after discharge. Bernice countered ageist and negative assumptions about Albert's lack of ability to maintain Edna's well-being, valuing Albert's knowledge and expertise, and putting in place strategies to

manage the risks of Edna remaining at home. She successfully addressed environmental and financial barriers to promoting the couple's well-being.

Immy's work with Reg shows the fine line social workers tread between rights and risk. Immy used critical reflection to help her navigate the opaque territory of self-determination; on the one hand, she declined to accept at face value Reg's initial refusal of help, recognizing that this stemmed from fear and uncertainty, but honoured his subsequent rights to make choices and achieve a 'good enough' outcome.

However, other practice examples highlight the limitations on rights and strengths-based practice imposed by financial eligibility policies and resource constraints (Caiels et al., 2024; Stevens et al., 2024). Although Nancy was legally entitled to an assessment of her needs, it is often expected that 'self-funders' will arrange their own care (Ward, Ray, and Tanner 2020; Henwood et al., 2022). Nancy had the financial assets to pay for her care, leaving Olwen feeling that she had to 'work under the radar' when seeking suitable care for Nancy. The lack of care provision in Nancy's rural area reflects both more general local authority resource deficits and specific service shortfalls in the rural locality.

Therapeutic connection

A recurring theme in our interviews with different participants—older people, carers, social workers, and other workers—was that trusting relationships are 'a cornerstone of well-being' (Henderson et al., 2021: 1161). A pivotal thread was the quality of the relationship that social workers were able to build with older people and their families. Over the last two decades, there has been a renewed emphasis on the importance of the social work relationship, countering the shift, under the mantle of care management in the 1990s, to reduce social work to a series of tasks and procedures (Ruch, Turney, and Ward 2018). The examples of practice we observed and heard about demonstrate the pivotal significance of the relationship in building trust, helping people to feel safe and hopeful enough to engage; and the skills of the social worker in establishing these relationships, often in the face of fear and resistance. Whilst the relationship may be seen as the vehicle that facilitates the social work intervention, it is also of intrinsic therapeutic value. For example, 'empathetic, cooperative and reciprocal' relationships with health and care practitioners can contribute to a sense of control and well-being of older people living with frailty (Nyende, Ellis-Hill, and Mantzoukas 2023: 1053).

Our findings highlight the relational skills demonstrated by social workers, including their ability to adapt communication to the needs and circumstances of the individual. Strengths-based approaches can help to

facilitate openness, honesty, and relationship-centred practice improve partnership working, and help to deliver more creative outcomes (Caiels et al., 2024). However, time and space are needed to honour the proactive meaning-making by older people; for Immy, Bernice, and Olwen, this meant pushing the boundaries of their narrowly defined institutional role.

Navigating boundaries

A third related theme is social workers' proficiency in navigating the conflicts arising from their statutory roles, managerialist policies, practice realities, and professional ideals (Kivipelto and Matthies 2024). In our analysis, we identified contextual barriers to and facilitators for practice that aligned with professional values and standards.

The concept of 'boundary spanner' offers a useful lens to understand this process. Boundary spanner refers to those who 'work between systems whose goals, though superficially complementary, may carry inherent conflicts requiring mediation, negotiation and strategy' (Oliver 2013: 777). This role is seen as encompassing: the management of networks and relationships; decision-making through negotiation and brokering; and the mobilization of resources to reach successful outcomes (Williams 2002). The examples of social work practice presented here demonstrate how social workers with older people navigate the complexities surrounding these different activities. An example of the boundary spanner role in managing relationships is the 'tailoring' of the content and structure of communication to the needs of the 'receiver' and situation (Mannsåker and Vågan 2024). For example, Olwen carefully tailored her approach to discussing options for Nancy's care and support with Philip, adapting information to meet his communication needs.

Even when local authorities are attempting to implement person-centred and strengths-based approaches, restrictive and protracted processes, such as multiple approval levels to control resources, can sideline professional decision-making and creativity (Caiels et al., 2024). Social workers in our study lamented cumbersome IT systems, duplicated and time-consuming recording systems, slow and centralized decision-making, and insufficient time for reflection. They had to manage their own sense of professional inadequacy arising from resource constraints that limited the support they could draw on and curtailed opportunities for improving well-being outcomes.

Key facilitators in helping them navigate the practical, relational, and emotional challenges of their day-to-day work were opportunities for reflection, mutual peer support, and positive experiences of supervision and management. The significance of these factors is supported by wider evidence (Ravalier et al., 2021; BASW 2023; Kivipelto and Matthies

2024). Managers who understood the demands of practice validated the social workers' role, giving them the confidence and autonomy to use their discretion. This was evident in the practices of Immy, Bernice, and Olwen, who achieved well-being outcomes by circumventing organizational norms.

Limitations

The study has some limitations.

1. The research does not offer a representative view of social work with older people. This was not possible given the limitation to two sites and the small size of the sample. Our focus was on learning from rich detail about the shape and nature of front-line practice.
2. We were reliant on social workers as the gatekeepers to initial consent from older people and carers. There were many situations where social workers felt it was not appropriate to seek such consent because of the sensitivity of situations and/or the potential for causing distress to older people. This may have biased the sample towards situations that were less complex or where social workers perceived there to be positive relationships and/or successful outcomes.
3. The social worker sample was ethnically diverse, but the sample of older people was mainly of White UK ethnic origin. This was especially the case in Site B, reflecting a more ethnically homogenous local population, in common with other rural areas (ONS 2021). Further research into the social work experiences of a more ethnically diverse sample could uncover different or additional themes.

Conclusion

Through observations of practice in real time and interviews with different participant groups, our research has made visible the roles of social workers working with older people and has highlighted how their distinctive knowledge, skills, and values contribute to older people's well-being. Social work is much more than an adjunct to the National Health Service (NHS) or a subset of 'adult social care'. The research also identified a range of barriers to social workers' ability to deliver positive outcomes. These include: lack of time and systemic support for the development and continuity of relationships of trust with older people; processes that disrupt the flow of work and continuity of relationships; delays and frustrations related to the organizational need to control resources; time-intensive administrative demands that could potentially

be incorporated within business support roles; and a paucity of care services, especially in rural areas. Key enablers to practice were peer support and 'enabling' forms of supervision and management that appreciated the complexity of the work and supported professional autonomy.

For social workers to be 'that hopeful person' for older people, they must themselves feel confident about their ability to be agents of positive change, with access to requisite systems, support, and resources. For social work with older people to develop and thrive, several issues need to be addressed. Social work needs to be named as a 'key profession' in policies and documents relating to both adult social care and integrated care. Better public understanding of social work's skill set, including therapeutic and advocacy skills, and its contribution to older people's health and well-being, is also important. Greater investment in the development of specialist gerontological social work roles and skills in the workforce and in social work education is a high priority. Our study has begun to make visible the nuanced, skilled, and complex roles that social workers perform, alongside their potential to deliver improved outcomes for older people. Further research is needed to build on this platform.

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