'At what cost? The impact of UK long-term care funding policies on social work practice with older people'.
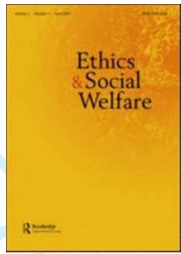
SCHOLARONE™
Manuscripts

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Ethics and Social Welfare

'At what cost? The impact of UK long-term care funding policies on social work practice with older people'.

SCHOLARONE™
Manuscripts

Title: 'At what cost? The impact of UK long-term care funding policies on social work practice with older people'.

Abstract

Moving to a care home is a significant and often costly milestone in many older people's lives, with considerable implications for an individual's future autonomy, safety, wellbeing and security. Such provision has considerable financial impact both on the economy and on those required to make significant contributions to their own care. Reductions in community-based support and widespread gaps in the sustainable development of alternative options to residentiinstitutional care also pose challenges in relation to decision-making for those older people and their carers who wish to make timely plans for good quality provision. The system and process of transfer to care can also be fragmented, bewildering and involve multiple organisations and assessments, often at a time of crisis. Social Workers are key professionals in providing assessment, advocacy and planning with older people and their carers and the challenging neo-liberal policy context suggests that the potential for numerous ethical dilemmas for practitioners.

This paper examines themes from recent literature in the field of social work with vulnerable older people, particularly in relation to funding arrangements for residential care, examining how ethical issues in this field of social work practice are identified and discussed.
This paper presents a narrative review of relevant literature since 2010.   It examines and synthesises key themes and considers how ethical issues connected to this field of social work practice are articulated.

Key words: Older people, gerontology, social work, care homes, funding, ethics, choice, decision-making, UK policy.

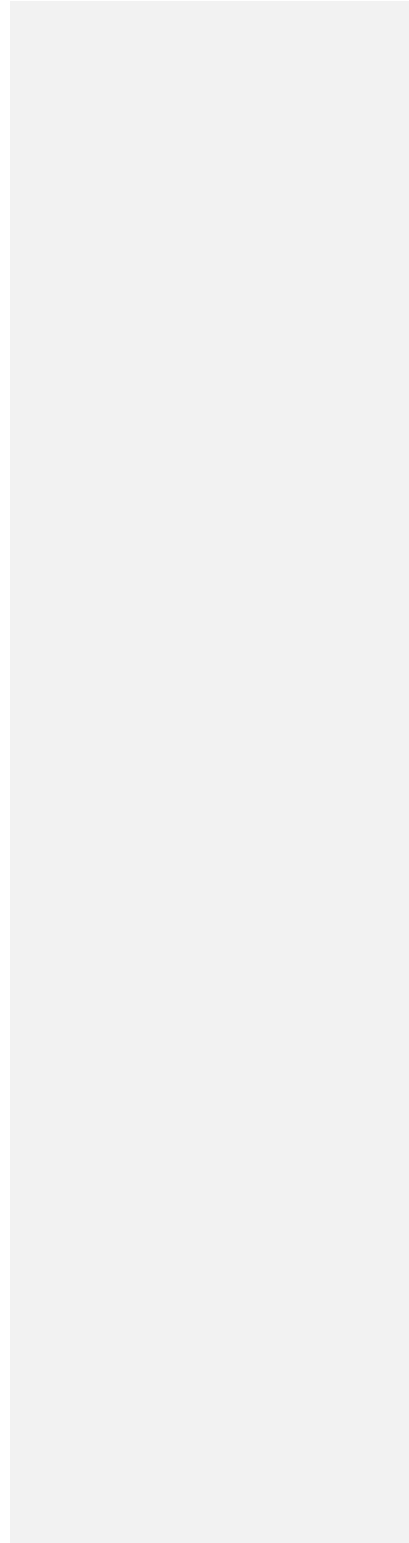**Formatted:** Normal, No bullets or numbering

URL:

1

1
2
3
4
5
6
50
7
51
52
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
53
47
54
48
55
49
56
57
50
58
51
59
60
52
53
54
55
56
57
58
59
60

Introduction

Moving to live in a care home is for many older people a significant milestone in later

life, with dramatic implications for future autonomy, safety, wellbeing and security.

The cost of residentiinstitutional care has considerable financial impact both on the economy of the UK and on that of other nations

(Comas-Herrera et al, 2006; DEMOS, 2014) as well as and on individuals and their families who

are required to contribute financially, or in some circumstances, fully fund their own

care (Hollinrake and Thomas 2015). In the UK, the need to improve public

confidence in the quality of care in the face of this huge expense is also poised

against a background of austerity measures (Tanner et al 2018). Long overdue public

acknowledgment of the serious crisis in England's adult social care by the

Parliamentary Health Committee (2016) has already underlined the grave impact of

underfunding on both social care and the wider National Health Service (NHS) (Oliver

2017). Alongside increased demands in the UK and elsewhere for individuals to fund residential care using personal assets, there There has also been significantly reduced resourcing for community-based

support and the development of sustainable alternative options to residentiinstitutional care

(Age UK, 2012).

The consequences of delayed hospital transfers, inconsistent and arbitrary decisions

on eligibility for NHS funded care, tighter rationing on provision for people with

needs deemed 'moderate' and a lack of support for carers (Welch et al, 2017) have

impacted negatively on the process of decision making in relation to those older

people who require residential care. Systems for accessing assessment and care are

bewilderingly complex and at the same time overly rigid, with reduced access to NHS funded community care identified by many (Hollinrake and Thomas

2015). In addition, many of the 'oldest old' people in the UK are subjected to a

policy discourse which valorises 'maximising independence' and presents the need

to receive care as being wholly negative and contributing to a social burden. This

discourse is largely portrayed as fact, rather than critiqued as oppressive and ageist,

again disadvantaging this group (Lloyd 2006).

Social workers are a key group of professionals who work with older people and indeed have always been involved in financial assessments for services. They

operate in this difficult climate, providing statutory assessment, advocacy and

planning for older people and their carers and are expected to balance needs and

choice within available resources. At the same time, in much of the UK they have

little in the way of a continuing role with older people who have made the transition

to residential care.

Social workers may struggle with balancing person-centred care planning with fair

and reasonable resource allocation, attempting to promote service user 'choice'
when options are limited. What is more, service users themselves may have

priorities that do not necessarily sit easily with professional understandings of and

commitments to best practice and managerial requirements, especially where these

are underpinned by conceptions of empowerment which might be simplistic or

URL:

3

1
2
3
4
5
6
52
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
53
47
54
48
56
49
57
50
58
51
59
60
52
53
54
55
56
57
58
59
60

limited (Lloyd 2006).
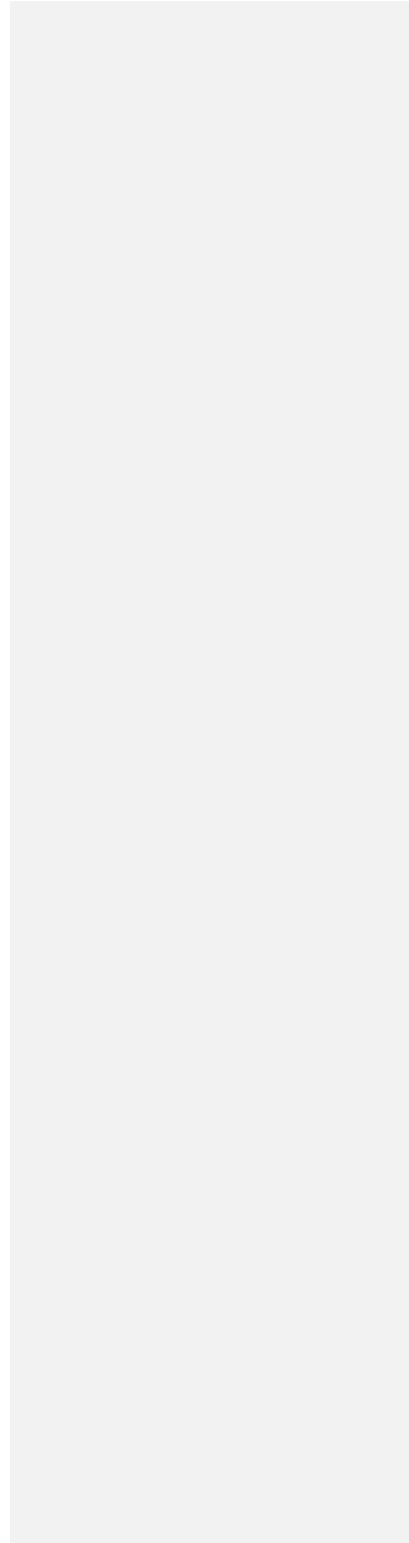
URL:

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

~~This paper presents a narrative review of relevant literature since 2010. It examines and synthesises key themes and considers how ethical issues connected to this field of social work practice are articulated..~~

The review protocol

This discussion paper presents a narrative review of recent literature in order to identify and synthesise themes and debates in these areas, with a few to suggesting areas for future research and scholarship. The following research questions were agreed on:

1) What key themes in relation to decision-making about long-term care are emerging from recent literature this area?
2) How are ethical issues and dilemmas discussed in the literature?

The literature review process model was adapted from Pawson (2006) using an iterative and interactive approach. An initial simple list of search terms was developed: 'older people'; and 'care homes'; 'long-term care' and 'funding'; 'self-funders'; and 'decision-making'; and 'social work' and 'ethics'. The search was conducted through 'Summon', an online library search engine that provides fast, relevancy-ranked results from all available databases through a single search box.

This resulted in more than 100 sources being identified. These were screened by the second author resulting in 35 being selected for full text review. Given the rapid change documented in the policy literature in this area, only those meeting the following criteria were included: a) dated from 2000-18; b)were directly associated with service users and/or professionals' perspectives on care home provision and c)included the decision-making process and funding arrangements. Both UK and international literature was included when this was relevant to ethical and other issues related to the research questions.

Both authors conducted a broad thematic across the selected literature and identified key themes within the range of papers chosen. The review was informed by a 'realist' strategy for synthesising retrieved material, as this facilitates sense making of evidence and has a descriptive and exploratory focus (Pawson 2006). It was deliberately expansive to allow for a combination of evidence from peer and non-peer reviewed sources to be considered in parallel.

The policy and practice context

An estimated 5,153 nursing homes and 12,525 residential homes in the UK provide care and support for 426,000 older people (Laing and Buisson, 2014). Nearly 60% of their residents are aged 85 years and over (ONS, 2014) and have some of the most complex medical and social needs of the population (Martin ~~Finbarr~~ et al, 2011).

Inequalities and inconsistencies in the long-term care system for older people and others have been well documented and analysed in relation to the dominant neo-liberal socio-economic ideology. This has encouraged marketization and privatisation of social care services for many decades (Drakeford, 2006, O'Rourke, 2016). More recent o~~O~~verly complex, locally implemented funding arrangements have a complex

URL:

3

relationship to the unequal access to services vulnerable older people experience (Welch et al, 2017), sometimes leading to uneven and apparently random increases in those assessed as self-funders (Institute of Public Care, 2011; Abraham, 2011; Hanratty et al, 2012, Wright, 2003). At the same time as policy makers exhort service planners as well as practitioners to promote choice and independence, there is little evidence that increasing marketization and privatisation of state welfare services haves improved quality or increased choice in the UK, —other than for the most wealthy older people (Forder and Allen, 2014, Hollinrake and Thomas 2015).

Another feature of this complex backdrop is how dramatic rises in weekly fees for residential care establishments have increased expectations of what has to be achieved within those financial constraints (ADSS, 2014). According to one report, insolvencies among British care home operators are at a record high and are likely to continue without government action (Competitions and Market Authority, 2017); such intervention is likely to be unpalatable to any government wishing to demonstrate faith in the free market to meet needs in this area.

Clearly therefore an area of practice which is both loaded with emotional impact for older people and their significant others and heavily contested, represents complexities for professionals, service users and their carers. Within this complicated picture the authors were able to identify a number of key themes across the literature reviewed, which can both contribute to gerontological social work and indicate fruitful areas for further studies.

Key themes from the literature review
In synthesising the key themes from this brief review of recent literature, the authors noted the interrelationship between the papers discussed, which was particularly evident in the way that the theme of global neoliberal economic and social policy emerged as having far-reaching influence in the private as well as the public sphere. In relation to ethical issues and dilemmas there was explicit identification and discussion in some papers, while in others this theme was more implicit; hence the authors decision to integrate a discussion of ethics as part of the identified themes and to return to this in the conclusion.

Complexity of different kinds was a feature of discussion throughout the selected literature; were it not for the potential to obscure other concepts, this could have been discussed as a theme in its own right, whether in relation to individual or collective issues and contexts. For some writers, it was discussed mainly in relation to the needs of the vulnerable 'oldest old' who were, by virtue of being the main users of older people's residential care (Ward and Barnes, 2016), the focus of most discussions in the literature review. Strategic planning was identified as essential by authors such as Vlachatoni et al, (2015) but the international policy context of privatisation and marketization means that knowledge about the demographic and other predictors of needing support is not always incorporated into planning and organisation of social care provision (Turnpenny and Beadle-Brown 2014). Another theme emerging from policy change concerns de-institutionalisation and the increasing evidence in favour of ageing 'in place', with better outcomes for users, families and staff, at comparable

URL:

cost (EU, 2010, Oliver, 2017) but there is little sign that this is about to be supported with the necessary resources. Behind the rhetoric of choice and the use of individual assets to fund residential care are major areas of unmet need (Lewis and West 2014; Rabiee 20143) in terms of provision and training.

Other papers highlighted the particular complexity of funding regimes, which are difficult to navigate in themselves and complicate decision-making and admissions processes, especially as these tend to involve numerous people at what is often a time of crisis, with eligibility for funding sometimes not clarified even before the move into a care home, increasing anxiety and uncertainty. (Tanner et al., 2018, Welch et al 2017).

This complex picture is a particular feature of UK welfare state reforms as over several decades these have reduced publically funded care and made the planning, organizing and payment mainly the responsibility of individuals (Williams et al. 2017). This complexity makes it inevitable that practitioners will need to identify and work with a range of needs and interests as part of the decision-making process (JRT, 2012). These include the potential residents' own wishes, family and carer need and choice as well as business interests, statutory responsibilities and practitioners' desire to work in congruence with social work values (Author 2, 2013; Scourfield, 2004; 512). This balancing of interests poses ethical dilemmas for social workers who may or may not feel their training and experience has equipped them to work with this particular aspect of complexity: professional codes may wrongly suggest that particular principles can be applied to given situations to 'resolve' dilemmas while social work training and supervision does not inevitably support practitioners in holding and working with moral conundrums (Ash 2010).

The social work role and relationships with service users and carers
The choice of residential home may be overly influenced by financial considerations for individuals and families, undermining the rhetoric of individual choice that lies at the centre of neo-liberal policy (REF). Recent research with older people and their families identifies affordability an important factor for self-funders when shortlisting care homes; however this financial information is said to be largely identified from care homes' websites, if it is available at all, or by calling the care home. This is despite the statutory obligation to provide clear and up-to-date information about costs. On the other hand where in the UK people received Local Authority (LA) funding they were provided with more accurate budgetary information, although they also felt that they had less choice than self-funders (CMA, 2017).

The processes associated with transition to care homes, resulting from recent policy changes and reductions in resources were also an important feature of the literature. Baxter et al (2008) analyse the complicated and arduous processes involved of finding out about entitlement (if any) to funding, help with choosing a residential home, costs of care and available facilities at this time of major transition: 'Information on the quality, cost and availability of services is central to user choice and decision-making about personalised supports. The opportunity to make choices is meaningless unless there is adequate and accessible information'. (Baxter et al. 2008, p276).

URL:

5

~~It is ironic that~~ While the provision of information is central to the consent process for medical procedures (whether potentially life-threatening or minor), many of the most vulnerable people in the UK may be expected to consent to life-changing

decisions themselves or on behalf of loved ones on this basis. Even where information about cost is available, the literature suggested that older people were having to make hasty decisions to move into care homes where they knew little about what was going to be available to them or what day-to-day life would be like (Dwyer 2005). Wright (2003) for example, explored the processes older people go through as self-funders, finding further evidence demonstrating the lack of time given to decision-making in a crisis (usually related to hospital admission) and

unhelpful time pressures during this process of transition are seen as unhelpful by a number of other writers (Lee et al, 2003). Wright also sets out~~reports~~ how professionals reported sometimes avoiding detailed assessments by sending older people cost-related information in advance, thus curtailing social work involvement in advance. Those who subsequently became self-funders were encouraged to admit themselves directly and may therefore enter residential care inappropriately.   This raises obvious

questions about ethical practice and is relevant not only to the British but also the international context.

Some studies considered service users' and carers' own perspectives on how funding their care impacted on exercising choice about residential care (Lee et al, 2000; Davies et al, 2003; Price et al, 2014; Ryan et al, 2017; IpsoMori, 2017; CMA, 2017). Consumer research (CMA, 2017) identified how families and informal carers only become aware of how the system worked when an older person they were caring

for needed to access social care urgently. They found the funding system complex and the experience stressful due to the bureaucracy and a lack of any authoritative source of information. Consumers typically searched for information online using a search engine, but were unable to find information about the availability of rooms or beds, prices, and terms and conditions. Given that family or friends often conduct these searches and arrangements, they may themselves have limitations and may not be familiar or confident with using the Internet despite its potential for accessing

useful information and advice from charities and advocacy organisations. Demands on relatives to seek out and select residential provision for their loved ones, tended to rely on their own uninformed judgements about quality or being forced to accept whatever was available, leading to anxiety and stress (Dig by and Bloomer 2012). This indicates that there has been little change since Netten et al's (2001) longitudinal study examining placement decisions, providing evidence that services aimed prevention of admission to residential care was inconsistently available~~a lottery~~ and that carers' support

and risk issues took priority over informed and needs-based admissions processes.

The social work role and the inconsistency of social work involvement for vulnerable older people are highlighted by Wright (2003) and others. It is also the case that exclusion from a needs assessment by a qualified person (since in parts of the UK and elsewhere the process is undertaken by non social work staff) may impact on the quality of care received, even to the extent that appropriate rehabilitative interventions are bypassed because of a lack of knowledge. A literature review on experiences of

residential placement (Lee et al, 2003) recommends the value of locating the placement in a temporal framework given that decision-making and adjustment is

1
2
3
4
5
6
7
8
1
9
2
10
4
11
5
12
6
13
8
14
9
15
10
16
11
12
17
14
18
15
19
16
20
18
21
19
22
20
23
24
24
25
26
26
27
27
28
28
29
3
30
32
33
34
32
35
36
37
34
38
35
46
41
47
42
48
48
49
40
46
40
47
48
49
50
43
51
44
52
45
54
56
57

not a discrete event but begins well before a placement begins and after it has been made. These are clear arguments for the need for a continuing role for social work after admission to residential care**.** For example Wilson et al (2009) argued that social workers need to open up opportunities for older people to be involved in making decisions about their financial assets, including practices in keeping with the mental capacity legislation, policies and guidance. These of course include providing relevant information, communicating appropriately, and exploring advocacy (Tilse et al, 2011).

The extent to which everyday practices in community and residential aged-care reflect these legislative principles is currently poorly understood across a range of disciplines. Research from Australia with informal carers in relation to asset management has identified a range of practices, attitudes and environments that include or exclude older people in decision making about their assets (Tilse et al.2005, 2007, 2007a). Further research by Tilse et al (2011) reveals that ~~but~~ staff support for residents' budgets was inconsistent and seen as overly resource-intensive by many. As a result, protection of staff time often took priority over empowerment and inclusion of the older person in decision-making. Providing individual attention, assessment and support in this domain of decision-making can be easily overlooked and may be poorly resourced.

Practice in relation to assisted decision making involves skills and legal knowledge in balancing power and risk, protection and independence in particular contexts. It also demands careful attention to the emotional impact of the costs of care. Author 2 et al's (in press) study of residential home carers working with older people with suicidal ideation found evidence of care home residents expressing a passive wish to die ~~'go'~~ if the cost of care impacted on their future financial legacies; such a level of distress may be unrecognised and misunderstood without a willingness of professionals to explore the reasons for mental distress.

The social work role when there is no financial help available was also discussed in the literature reviewed. Wright's (2003) study for example identifies how communication between social services and self-funders ceases at the point of financial assessment, potentially removing an important source of independent advocacy and other support for residents. This suggests that the social work role with older vulnerable people is often extremely limited, rather mechanistic and perhaps somewhat unsatisfying. Instead, this professional group could be using its training to enhance an area of practice that involves working alongside vulnerable people and their loved ones in ways which could contribute to a reinvigorated social work specialism (Manthorpe and Martineau 2017).

The theoretical and practical flaws in the system of social care for older people are also exposed by Scourfield's (2004, 2007, 2015) whose work further supports the case for the crucial importance of communication and other skills for the admission process, in order to protect the human rights of service users once in care. These principles are embedded in the British Association of Social Workers (2017) Capabilities Statements for social workers who work with older people (BASW 2017),

48
49
57
58
50
59
51
60
52

URL:
                                                    7

53
54
55
56
57
58
59
60

which includes the following powerful statement of feedback on this statement from an older user of services:

'It is important that it isn't assumed that anyone can work with older people; older people deserve to have people with the right knowledge and skills working with them. Some of the knowledge and skills is the same as for working with other people, but there are some specialist elements too.'

The particular impact that funding and business issues have on professionals' relationships with service users in nursing homes is a key focus of Thompson et al's (2014) study. Although this is not directly concerned with social workers it offers relevant findings in relation to the professional role. The authors describe tensions between care needs and funding allocation, looking at the challenges associated with 'selling beds' for care home staff and how they cope with self-funding residents' expectations of higher levels of service. These are all pressures that social workers experience in a context where residential care has become largely privatised and where they are subjected to time and other constraints in order to effectively 'sell' particular facilities to potential residents. These pressures are likely to be experienced by social workers outside of as well as within the UK.

Furthermore in the transition period itself information obtained from relatives reveals that health and social care practitioners have enormous potential to influence whether or not helping a relative move to a care home is felt as a positive choice (Davis and Nolan, 2003, Wada, 2016). This raises further ethical questions for social work about whether the role should be about more than sign-posting, regardless of what 'austerity'-driven policies practitioners are working to; again this lends support for the need to build a gerontological social work specialism, and the extent to which social work education, practice and management is willing to demand adequate resourcing of the sector. (SWAN 2018).

The implications of neoliberal discourses
The theme of the impact of neo-liberal economic and social policy over several decades links all of the papers selected for review. The implications of market-driven social care provision, for our purposes especially in residential care for vulnerable older people, are considerable and some of these have been discussed above. The reduction of state provision in favour of a widespread requirement for individuals to take responsibility for their own care needs has dramatic financial implications for older people in the UK, many of whom might have expected a greater level of state welfare provision to be available should they need it (CMA 2017).

In addition, neoliberal policy does not only have financial effects on individuals. The literature review showed how structural changes to wealth distribution and privatisation have been mirrored in a policy discourse which asserts that individuals themselves have an obligation to contribute to an alleged 'shortfall' in funding from national taxation; that is, not only is social care not deemed to be a collective concern but those needing it depicted as being responsible for causing insufficiencies in national budgets, however wealthy such nations might be (Drakeford, 2006; Stewart 2012).

URL:

We identified above how the literature presented the extent to which marketization and privatisation complicates the strategic planning, admissions and other processes older people are drawn into if they need to consider moving into residential care.

The theme of complexity also features in discussions in the literature in relation to different viewpoints and discourses in relation to individuals and their needs. These include different professional perceptions of acceptable risk, with some vulnerable older people wishing to remain in their own homes despite the expressed concerns of professionals, significant others and carers. (Turnpenny and Beadle-Brown 2014).

The social work role in Best Interest Assessments and the legal duty to maximise the opportunities for individuals to demonstrate and exercise their mental capacity are also areas of practice that may suffer the impact of resource cuts, caseload pressure and managerial demands (Denson et al 2012, Tilse et al 2011). Williams et al (2017) pose questions about substitute decision-making which go beyond resourcing to more fundamental ethical issues, but in resource-driven practice social workers are unlikely to be able to address these in their work: 'Questions have also been raised about the willingness and ability of service users to exercise choice and control, and whether the restricted capacity of some residents (e.g. with advanced dementia or severe learning disability) to make decisions about their own care can be entirely substituted for by relatives, advocates or other intermediaries' (p1074).

While social workers may see the need to promote the exercise of individual autonomy as central to their professional codes and value base, here again the literature review showed a far more nuanced picture, with some authors highlighting the way in which neoliberal economic policies have directly the drive for personalised and individualised services with an emphasis on being active and independent (Welch et al., 2017, Williams et al. 2017, Ward and Barnes 2016). There was also evidence that the very 'oldest old', frail and with high needs for care (unlike the group deemed to be in their 'third age') did not see activity provision, or personal choice, or concepts of empowerment, or personalization of care as priorities. Instead they wanted to be looked after and to have good relationships with carers. (Hollinrake and Thomas 2015).

Social workers and other professionals whose understanding of good practice is founded on empowerment models and person-centred approaches may find engaging with older people in discussions with a different focus, facilitating 'care' rather than 'independence' a challenge to their values and to key tenets of their professional education (Lloyd 2006). This raises interesting ethical issues about the assumptions behind professional training, as well as the extent to which social workers can discuss such challenges to received notions of best practice in supervision. Older people have themselves taken a more critical position in relation to self-funding of their own care, with some arguing that neoliberal policies negate the contributions they have already made to society (Hanratty et al 2012); O'Rourke (2016) also shows how the UK social policy focus on making the social care system 'affordable' to the state through delegation of personal budgets to individuals has

URL:

9

been widely contested. Ash (2010) is one author who argues that social work ethics and training needs to be re-examined in this light.

The emotional impact on service users and their loved ones of needing to pay for residential care was an important theme in the literature and again show how contested funding policies and the ideology behind them are. Older people's voices were evident in some papers as research participants, and a range of views was expressed, some of which reflected the powerful emotional impact of funding policies (ONS 2012).

Whilst only 3.2-5% of older people face decisions about entering residential care, the literature review showed how this minority of very vulnerable individuals could be subject to huge and unexpected costs. Some papers presented arguments opposing payment for care, with older people believing that their taxation and national insurance contributions had been part of their planning for old age, and that care for older people would continue to be treated as a social good and collective responsibility (Hanratty et al, 2012). In many cases this was because they had lived through the inception of the NHS and UK Welfare State and did not expect provision to change so dramatically (ONS, 2012).

While some authors such as Stone and Wood (2010) suggest that within the constraints caused by a marketization of care, enough is known about need and good practice to develop a funding model …'that builds up from the best of current knowledge where assessments of needs and definition of outcomes have been co-produced, and where people with lower as well as higher levels of need are empowered to access the care and support they require to enjoy later life' (p8), others demand fundamental change, an abandonment of neo-liberal policy and a redistribution of wealth through general taxation, from the rich to the poor. Within the UK social work profession there is opposition 'austerity' measures and increasing involvement by social workers in national and international campaigns against policies which both increase poverty and disadvantage and co-opt social workers in implementing these (SWAN 2018). In relation to older people and residential care, and given the universal nature of ageing, this suggests a need for a political and ethical debate in social work about the arguments in favour of abolishing charges for residential care and meeting need through public funding. This again raises questions about the social work role: is it simply about implementing policy and are practitioners able and willing to engage in discussions with older service users to understand the range of views about funding issues? Ash (2010) is one author who argues that social work ethics needs to be re-examined in light of continuing abuse of elders and what she identifies as overly procedural and rule-driven attempts to impose on social workers and service users definitions of good practice that do not withstand ethical scrutiny.

The theme of interdependence emerged from the literature as a challenge to neoliberal discourse and connects with the discussion above about the antipathy many of the 'oldest old' feel about being related to as an independent, autonomous individual. Increasing frailty and higher care needs seem to play a part in a

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

conception of self as connected with (and dependent on) others; the wish to hold onto and pass on financial assets which are seen as the fruit of a lifetime's work was also expressed as something which could still be done for children or other relatives, who may be in financial or housing need as a result of austerity policies. The interdependent position of older people was also highlighted in the view that adult children had provided considerable support to their parents and for this reason too, should not be denied the inheritance of a valuable asset (Hanratty et al 2012, Stewart 2012). As Tanner et al. (2018) put it, 'The centrality of relationships means that their decision-making is entwined in considerations about others' (p276).

Discussion and conclusion

The rapid review of the literature undertaken by the authors indicated a wide-ranging and critical discussion about the implications of self-funding for older people. We noted how analyses of the extent to which neo-liberal policies have become integral to the operationalizing of social care are currently raising new questions about ~~questioning~~ conceptions of good practice, the meanings frail older people attach to their connections with others (which may be out of step with 'person-centred' social work approaches) and discussions about the impact of self-funding on the social work role. Ethical issues and dilemmas are inevitably central to working with and for some of the most vulnerable people in society; these were addressed directly in some of the literature, with some authors arguing for particular ethical frameworks or for revisiting accepted notions of 'ethical practice' (Lloyd 2006, Ash 2010, Ward and Barnes 2015).

While there was implicit and explicit discussion of the social work role in relation to this crucial area of decision-making, including discussion of mental capacity and other legal issues (Welch et al. 2017) we found little specific evidence in the review about the extent to which social workers acknowledge the financial and business driven aspects of their work and how this affects their focus on the care needs of the individual. In addition, this raises questions about social work education, training and socialisation, which were discussed in relation to other professionals but not social workers (Thompson et al. 2014). Debates about how best to fund long term care in this political, social and economic context appear to have largely ignored the impact that funding issues have on the experiences and views of social workers involved in this decision making and this suggests a potential for fruitful research.

The review process also indicated that tensions could also arise between social workers' value base and ethical obligations towards anti-oppressive and anti-discriminatory practice (including challenging ageist prejudices) and managerialist demands to meet complex needs with fewer resources (Scourfield, 2015). Increased lifespan is connoted as social burden in neoliberal social policy discourses, albeit that the 'time bomb' metaphor of the ageing society has softened somewhat in recent years (Hollinrake and Thomas 2015). Again this has the potential to contribute to a dissonance some practitioners experience between their understanding of professional ethics and practice realities (Author 2, 2013).

Some authors have argued that this group, belonging to the 'oldest old' in the population, can be seen as the 'fourth age' (Gilleard and Higgs, 2011), and as such face particular challenges in terms of social policy and social attitudes, not least because current policy and practice imperatives relating to 'maximising independence' does not reflect priorities for many in this group (Lloyd 2006). Social workers may be unable, due to resource constraints, to give the time and attention needed to engage fully with older service users in order to establish their needs and wishes at a time of difficult transition, and may feel they are colluding in ageist and oppressive practices, but the social work voice in this regard was absent from our review.

There were examples in the literature which not only shed light on older people's views and wishes but suggested methodologies for engaging in ways which allow service users to express their views and feelings and be heard. Price et al's (2014) study for example used social imaginary theory to explore the barriers to planning for care, finding that a large number of older people would prefer to die than to enter residential care. Their research showed how complex and long-established patterns of behaviour also militated against open discussion amongst partners and families, their data indicating that going into residential care is seen as the ultimate 'failure' in a consumer society where asset accumulation is valued as a sign of self-worth and self-determination. Their conclusion that policy exhortations for individuals to plan for care costs will be ineffective without a nuanced approach to such perspectives must be taken seriously by social workers and policy makers, yet again we found little evidence that practitioners are able to find time and space to engage fully in discussions with older people about these issues.

The oversimplification of the effects of loss and change on older people during the decision-making process and transition to residential care, including their financial assets and associated status can be seen as a form of ageism. Both policy and practice literature often implies that there is a homogeneity of experiences of moving into or living in an institution, with minimal attention to promoting an informed and transparent process. The literature included arguments for attention to be paid to quality issues which were include taking account factors of class, ethnicity, culture and gender, the impact of life experiences, and local needs (Scourfield 2004, Ryan et al 2012)) and the need for on-going social work relationships but as explained above, the impact of complexity along with neoliberal policies poses challenges for the profession in whatever jurisdiction it operates. (Wright, 2000, 2003).

Many of the studies reviewed indicate that models put forward by policy makers should start their analysis planning with the voices of older people themselves, and be sensitive to the cultural components and the uniqueness of local environments and resources (Ryan et al, 2012). They also highlight gaps between health and social care provision, older people's expectations and what can be provided by a reformed welfare state at a time of financial stringencies. However we also found evidence of a strong antipathy to residential care amongst many older people (Price et al. 2014) which means that assumptions about involving actual or potential service users need to be challenged, as the views expressed are likely to expose the tensions and

1
2
3
4
5
6
7
8
1
2
3 10
4 11
5 12
6
7 13
8 14
9
10 15
11 16
12
17
13
18
14
19
16
20
18
21
19
22
20
23
21
2
24
25
26
27
28
29
30
32
31
33
34
35
36
37
39
38
40
41
42
43
44
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

conflicts in relation to social policy in relation to public funding and residential care as a collective entitlement. As Welch et al. (2017) put it, 'more work needs to be done to convert political discourses into achievable reality' (p.130)

Throughout this paper we have indicated how the ways ethical issues and dilemmas have been discussed in the literature reviewed have varied. Some authors have explicitly addressed not only the ethical issues for social work and other professionals but have also suggested revisiting the profession's ethical frameworks (Ash 2010) or have explicitly argued for particular approaches (Lloyd 2006, Wada 2016, Ward and Barnes 2016) to meet service users' needs and support practitioners with this area of practice. Other papers we reviewed provided accounts of complex processes and skills required, and these raised ethical issues implicitly.

Our review also echoes debate elsewhere about the need to revisit conventional divides between politics and ethics (Author 1, 2015). The issues about self-funding are not politically or ethically neutral and the literature has presented a number of arguments against the inevitability of current policies, as well as suggestions for ethical frameworks which incorporate ideas of interdependence, the need to balance interests and to value care without an impetus to promote independence (Lloyd 2006, Wada, 2016, Ward and Barnes 2016).

Although our particular focus on self-funding in the UK limited the scope of our literature review, the themes from the papers selected provide further stimulus for debate and draw out new suggestions for further developments in research and professional practice with older people requiring complex support. This study also indicates the pressing need for more information about social workers' views and perceptions about the ethical dilemmas they face and whether or not they feel equipped by their training, education and workplace support to address this dimension of their practice. It is the authors' contention that research in this area would make an important contribution to the developing and international specialism of gerontological social work.

Author 1 (2015)
Author 2 (2013)
Author 2 et al (in review)
Author 2 et al (2017)
Abraham, A. (2011) Report of the Health Service Ombudsman on Ten Investigations into NHS Care of Older People, The Ombudsman Service, London.

Age UK (2012) Care in Crisis, Age UK, London.
Ash, A. (2010) Ethics and the street level bureaucrat: Implementing policy to protect elders from abuse. Ethics and Social Welfare 4:2, 201-9
Association of Directors of Adult Social Services (2014), "Social care services 'unsustainable' – ADASS", press release, 2 July, available at:
www.adass.org.uk/social-care-services-unsustainable-adass/
Baxter K., Glendinning C. & Clarke S. (2008) Making

Informed choices in social care: the importance of accessible information. Health and Social Care in the Community

URL:

13

16 (2), 197–207.

Competitions and Market Authority (2017) Care Homes Market Study. CMA
British Association of Social Workers (2017) Capabilities Statement for social workers
who work with older people

https://www.basw.co.uk/england/older/docs/Capabilities%20Statement%20for%20
social%20workers%20in%20England%20who%20work%20with%20older%20people.
pdf accessed 16/1/18

Comas-Herrera, A., Wittenberg, R., Costa-Font, J., Gori, C., Di Maio, A., Patxot, C.,
Pickard, L., Pozzi, A., Congdon, J. G. and Magilvy, J. K. (2001) Themes of rural health
and ageing from a program of research. Geriatric Nursing, 22, 5, 234–8.

Cook, G., Thompson, J., Reed, J. (2015) Re-conceptualising the status of residents in a

care home: older people wanting to 'live with care' Ageing & Society, 35, 1587-1603.
Davies, S., Nolan, M. (2003) 'Making the best of things'. Relatives' experiences of
decisions about care home entry. Ageing & Society, 23, 429-450.

DEMOS (2014), "A Vision for Care fit for the Twenty-First Century": The Commission
on Residential Care, London. DEMOS.

Denson, L., Winefield, H., and Beilby, J.. (2012) 'Discharge-planning for long-term

care needs: the values and priorities of older people, their younger relatives and
health professionals' Scandinavian Journal of Caring Studies
Department of Health (2013) Policy statement on care and support funding reform
and legislative requirements. London, DH.

European Commission (2015), The 2015 Ageing Report, Geneva. EU.

Finbarr, Martin, F., , Thorpe, T., Heath, H. and Noble, H. (2011) Quest for Quality An Inquiry
into the Quality of Healthcare Support for Older People in Care Homes: A Call for

Leadership, Partnership and Improvement, London, British Geriatrics Society.

Dwyer, S. (2005) Older people and permanent care: whose decision? British Journal
of Social Work, 35(7), 1081–92.

Forder, J., Allan, S. (2014) The impact of competition on quality and prices in the
English care homes market. Journal of Health Economics 34 , 73–83

Gilleard, C. and Higgs, P. (2011). Ageing, abjection and embodiment in the fourth
age. Journal of Aging Studies, 25(8), 135-42.

Hanratty, B., Lowson, E., Holmes, L., Grande, G., Addington-Hall, J., Payne, S.
Seymour, J., (2012) Funding health and social services for older people – a qualitative
study of care recipients in the last year of life. Royal Society of Medicine Journal.
105, 201–207.

Health Committee. Statement on social care following Liaison Committee. 22 Dec
2016.

Hollinrake, S. and Thomas, W., (2015) "Caring relationships and efficient social care

provision: Can an ethic of care provide a better foundation for responding to care
needs in later life?", International
Journal of Sociology and Social Policy, Vol. 35 Issue: 5/6, pp.419-436
www.parliament.uk/ /committees/committees-a-z/commons-
select/healthcommittee/
news-parliament-20151/social-care-chairs-statement-16-17/.

Institute of Public Care (2011), "Estimating the number and distribution of self-

funders of care in England", in Putting People First Consortium (Ed.), People Who

Pay for Care: Quantitative and Qualitative Analysis of Self-Funders in the Social Care Market, London, Putting People First Consortium.

Ipso Mori (2017) Care Homes: Consumer Research: Ipsos MORI report for the CMA. London, Ipsos MORI's Social Research Institute.

Joseph Rowntree Foundation (2012) Improving decision-making in the care of older people: Exploring the decision ecology. York, JRF.

King's Fund, Nuffield Trust (2016) Social care for older people: home truths. London, Kings Fund.

Author 2 et al. (in press) 'Ageism in the Third Age' in Liat Ayalon and Clemens Tesch-Roemer (Eds) Contemporary Perspectives on Ageism Series: International Perspectives on Aging, USA, Springer International. Open Access.

Laing and Buisson (2014) Care of elderly people market survey 2013/14, London.

Lee, D.T. F., Woo, J., McKenzie, A. (2003) A review of older people's experiences with residential care placement. Journal of Advanced Nursing. 37 (1), 9-27.

Lewis, J. and West, A. (2014) Re-shaping social care services for older people in England: Policy Development and the problem of achieving 'good care' Journal of Social Policy, 43,1,1-18

Lloyd, L. (2006) A Caring Profession? The Ethics of Care and Social Work with Older People. British Journal of Social Work 36, 1171-1185

Lowe, P. and Speakman, L. (2006) The Ageing Countryside. The Growing Older Population of Rural England. Age Concern, London.

Manthorpe, J., and Martineau, S. (2017) Engaging with the New System of Safeguarding Adults Reviews Concerning Care Homes for Older People British Journal of Social Work 47, 2086–2099

Netten, A., Darton, R., Bebbington, A. Brown, P. (2001) Residential or nursing home care? Appropriateness of placement decisions. Ageing & Society, 21, 2-23.

Office for National Statistics (2014) Changes in the Older Resident Care Home Population between 2001 and 2011, ONS, London.

Oliver, D. (2017) Social care crisis needs meaningful solutions, not tinkering and soundbites. Acute perspective. BMJ 356, doi: 10.1136/bmj.j436.

O'Rourke, G.,(2016) Older People, Personalisation and Self:an alternative to the consumerist paradigm in social care . Ageing & Society, 36, 1008-30.

Parton, N. (2003) Rethinking Professional Practice: The contributions of Social Constructionism and the Feminist 'Ethics of Care' British Journal of Social Work 33, 1-16

Pawson Evidence-based policy:A realist perspective Sage:London

Price, D.,, Bisdee, D., Daly, T., Livsey, L., Higgs, P. (2014) Financial planning for social care in later life: the 'shadow' of fourth age dependency. Ageing and Society. 34, 388-410

Rabiee, P., and Glendinning,C., (2014) "Choice and control for older people using home care services: how far have council-managed personal budgets helped?", Quality in Ageing and Older Adults,15 :4, pp.210-219,

Rothgang, H. (2006) Future long-term care expenditure in Germany, Spain, Italy and the United Kingdom. Ageing & Society, 26, 285–302.

Ryan, A., McKenna, H., Slevin, O. (2012) Family care-giving and decisions about entry to care: a rural perspective. Ageing & Society 32, 1–18.

Scourfield, P. (2004) Questions raised for local authorities when old people are evicted from their care homes. British Journal of Social Work, 34(4), 501-16.

Scourfield, P. (2007) Helping Older People in Residential Care Remain Full Citizens. British Journal of Social Work, 37(7), 1135–1152.

URL:

15

Scourfield, P. (2015) Even Further beyond Street-Level Bureaucracy: The Dispersal of Discretion Exercised in Decisions Made in Older People's Care Home Reviews, British Journal of Social Work, 45(3), 914–931.

Stewart, A. (2012) From family to personal responsibility: the challenges for care of the elderly in England Journal of Social Welfare and Family Law, 34 (2),179-196

Stolt, R., Blomqvist, P. and Winblad, W. Privatization of social services: Quality differences in Swedish elderly care Social Science and Medicine. 72, 560-567

SWAN (2018) https://socialworkfuture.org/category/about-swan/ accessed 10/6/18

Tanner, D., Ward, L., and Ray, M. '"Paying our own way" Application of the capability approach to explore older people's experiences of selffunding social care. Critical Social Policy 2018, 38(2): 262–282

Taylor, B. J., Donnelly, M., (2006) Professional Perspectives on Decision Making about the Long-term Care of Older People. British Journal of Social Work. 36, 807–826

Thompson, J., Cook, G., Duschinsky, R. (2014) 'I feel like a salesperson': the effect of multiple-source care funding on the experiences and views of nursing home nurses in England. Nursing Inquiry 22(2), 168–177.

Tilse, C., Setterlund, D., Wilson, J. and Rosenman, L. (2005). Minding the money: a growing responsibility for informal carers. Ageing & Society, 25, 2, 215–27.

Tilse, C., Wilson, J., Setterlund, D., Rosenman, L. (2007a). The new caring: financial asset management and older people. Annals of the New York Academy of Science, 1114, 355–61.

Tilse, C., Wilson, J., Setterlund, D., Rosenman, L. (2007b). Managing the financial assets of older people: balancing independence and protection. British Journal of Social Work, 37, 3, 565–72.

Tilse, C., Wilson, J., Rosenman, L., Morrison, D, McCawley, A-L. (2011) Managing older people's money: assisted and substitute decision making in residential aged-care. Ageing & Society 31, 93–109.

Turnpenny,A., and Beadle-Brown, J. (2014 Use of quality information in decision-making about health and social care services – a systematic review Health and Social Care in the Community (2015) 23(4), 349–361

Vlachantoni, A., Shaw, R.J., Evandrou,M. and Falkingham,J. (2015) The determinants of receiving social care in later life in England. Ageing and Society 35, 321-345

Wada,Y. (2016) Older people's exercising of choice in long-term care: a comparative analysis of England and Japan. Ageing & Society 36, 1185-1210.

Ward,L. and Barnes, M. (2016) Transforming Practice with Older People though an Ethic of Care British Journal of Social Work 46, 906-922

Welch, E., Palmer, S.,Towers, A-M and Smith, N. (2017) 'Why are relatives of care home residents reluctant to "rock the boat"? Is there a culture of acceptance?'. Working with Older People, 21: 2, pp.124-132

Williams, L. Ettelt, S., Perkins, M.,Wittenberg, R.,Lombard, D.,Damant, J., and Mays, N. Will Direct Payments Make Adult Residential Care more Personalized? Views and Experiences of Social Care Staff in the Direct Payments in Residential Care Trailblazers Social Policy and Administration 51;7, December 2017, PP. 1060–1078

Willis,R., Khambhaita, P., Pathak, P ., and Evandrou, M. (2016) Satisfaction with social care services among South Asian and White British older people: the need to understand the system Ageing and Society 36 1364-1387

Ethics and Social Welfare

Wilson, J., Tilse, C., Setterlund, D.,Rosenman, L. (2009). Older people and their assets : a range of roles and issues for social workers. Australian Social Work, 62(2), 155–67.

Wright, F. (2000) The role of family care-givers for an older person resident in a care home. British Journal of Social Work, 30(5), 649–661.

Wright, Fay (2003) Discrimination against self-funding residents in long-term residential care in England. Ageing and Society. 23, 603-624