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research article

Caring and complexity: social work with (unpaid) carers of older people

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Around 8 per cent of the UK population provides unpaid care to a friend or relative. This article presents findings from a study that examined the skilled and often under-recognised work of social workers supporting older people and carers in England. Conducted across two demographically diverse local authority sites – one rural and one urban – the research involved observations of practice and semi-structured interviews with older people ($n = 17$), carers ($n = 18$) and social workers ($n = 10$) who were based in hospital or community teams. Here, data are presented from social workers' and carers' interviews only. Three interrelated themes were identified using a framework analysis approach: (1) 'complexities and crisis', capturing the dynamic and multifaceted nature of social work with carers; (2) 'a balancing act', highlighting the nuanced skills and ethical judgement required to navigate the competing needs and perspectives of older people and carers; and (3) 'against the odds', reflecting the systemic and organisational barriers that challenge the delivery of person-centred support to carers. The findings identify points of crisis that routinely trigger social worker engagement with unpaid carers of older people and the need for a 'co-client' approach, especially when carers are themselves older people. The article highlights the multidimensional and complex nature of social work support with carers, which remains under-recognised despite its significance, and calls for increased public, policy and professional recognition of the specialised expertise required by social workers supporting carers.

Keywords unpaid carers • older people • social work

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Introduction

This article explores social work with unpaid carers of older people, defined here as people aged 65 and over. Although our focus is on England, the article is of international significance in view of two intersecting global trends: growing numbers of older people with chronic health problems living for longer and a reduction in the 'supply' of unpaid carers (referred to as 'carers' throughout this paper) (Brimblecombe et al, 2018).

Approximately 65 per cent of people receiving publicly funded social care in England in 2023/24 were older (Kings Fund, 2025). As many social workers work with older people with complex needs, they invariably also engage with carers; most are relatives or friends. However, little is known about social work practice with carers of older people. This article addresses this deficit by considering evidence from a national study of social work with older people and their carers in England, focusing on data from interviews with carers and social workers and observations of practice with carers. It may be viewed as a 'companion' article to existing papers from the same study that focus on social work's distinctive contribution to the well-being of older people and to integrated or multidisciplinary teams (Tanner et al, 2025). We make visible the challenges that carers face at the point they have contact with a social worker, the role and impact of social work in supporting carers, and the skills and knowledge they employ. Background context is offered before turning to the study design and methods, the findings and discussion, and implications for social work practice.

The profile of older carers in the UK

In 2023/24, there were an estimated 5.8 million carers in the UK, around 8 per cent of the UK population (Francis-Devine and Harker, 2025). Evidence suggests that the intensity of care is increasing, that is, carers are spending more hours a week doing more demanding care tasks (ONS, 2023). In 2021/22, the estimated economic value of unpaid care was £193 billion in the UK, an increase of nearly 30 per cent over the last ten years (Carers UK, 2022). This equates to the value of a second National Health Service (NHS) or over four times the amount of state funding on adult social care (Petrillo et al, 2024). About 70 per cent of the 'cared for' population are older people: primarily a spouse/partner (spouse) or a parent/in-law. Older people living in the community have more complex needs than was the case 20 years ago; dementia, frailty and multi-morbidity are key features of care contexts (Larkin et al, 2019). This profile reflects three intersecting trends: the UK's ageing population, particularly a growth among those aged over 85 years; the reduced use of institutional care; and cuts to services for older people and carers (Schlepper and Dodsworth, 2023).

The impact of these shifts on carers' lives is considerable. Carers have a 50 per cent higher rate of poverty than those not providing care, with many regularly cutting back on essentials, such as food and heating (Carers UK, 2025). Financial hardship is commonly reported in international research, including loss of earnings associated with working fewer hours or giving up paid work altogether because of care demands (Duncan et al, 2020). A European survey found that 73 per cent of carers were not receiving any form of financial compensation related to caring, for example, welfare benefits (Birtha and Holm, 2017).

UK and international research highlights the negative impact of caring on carers' lives and health (Birtha and Holm, 2017). Carers are more likely to suffer from musculoskeletal problems and heart disease, as well as fatigue, and have much higher levels of depression and anxiety than their peers without care responsibilities; they are also more likely to be socially isolated (Birtha and Holm, 2017). These negative impacts are amplified for those who care long term, are co-resident (share the same household) and/or care intensively. Carers in these situations are likely to be older people themselves, with their own health problems.

Despite this needs profile, carers of older people have limited visibility in policy or practice; they tend not to come to the attention of a social worker until there is a crisis situation or they become ill or overwhelmed or are unable to continue to provide care (Milne and Larkin, 2023). Even though the Care Act 2014[1] places a legal duty on local authorities to 'assess carers' needs, meet any eligible needs for support, and promote carers' wellbeing' (Department of Health and Social Care, 2014), stringent eligibility criteria mean that few carers gain access to publicly funded support. These criteria also apply to adults, including older people, who must have very high levels of need to be eligible for help; their financial means must also fall below a prescribed threshold (Bottery and Jefferies, 2025).[2] For this reason, many older people and carers are 'self-funders', that is, they purchase care services privately. In 2021, only about 8 per cent of carers approached their local authority for help (Schlepper and Dodsworth, 2023). Welfare austerity measures, introduced at the same time as the Care Act, have been blamed for the Act's failure to deliver for carers. It is also reflective of the broader policy context (Humphries, 2022), including a self-reliance narrative that expects families to strive to find their own solutions to care-related issues (Lloyd et al, 2014).

The social work role with carers

In the UK, social workers rarely have contact with carers independently of the older person with care and support needs. As is the case across Europe, the social work role with carers commonly arises from the assessment or support offered to the care recipient (Torgé et al, 2025). Most direct support work with carers, including benefits advice and peer support groups, is undertaken by third sector organisations (or non-governmental organisations [NGOs]) (Carers Wales and Carers Trust Wales, 2021). With a view to reducing costs by outsourcing, some local authorities have commissioned these organisations to conduct assessments of carers' needs and provide support on their behalf. These assessment and support functions are invariably carried out by carer support workers, who are not (usually) qualified social workers. In other European countries, for example, Sweden, 'family care advisors' working for carers' NGOs are social workers (Alftberg, 2023).

Twigg and Atkin (1994) sought to explore the way welfare agencies and professionals responded to carers. Their path-breaking work concluded that professionals tend to adopt one of four implicit models: carers as resources; carers as co-workers; carers as co-clients; and superseded carers, that is, carers whose relative is fully supported. Carers as 'experts' is a more recent addition to the conceptual model. It is noteworthy that most publicly funded support for older people supplements care provided by the carer. The assumption underpinning this allocation model is that carers are 'resources' or, at best, 'co-workers', an issue that was amplified by austerity measures in the 2000s. Encouraging carers to access formal training, such as safe lifting and handling or

managing incontinence, explicitly focuses on increasing carers' capabilities in delivering care. Even in contexts where carers are treated as 'experts', it is most often as the holder of in-depth knowledge about the care recipient rather than expertise in 'being a carer'. Twigg and Atkin (1994) argue that it is only in contexts where the carer is treated as a co-client – 'a person with care and support needs in their own right' (as envisioned by the Care Act) – that their individual needs can be acknowledged and addressed and any conflicts of interest between the carer and their relative recognised.

The model developed by Twigg and Atkin (1994) has been consistently employed in research and analysis on unpaid care over the past three decades. We consider how an application of the model informs our data analysis later in the article.

Methods

This article draws from a study that aimed to make social work with older people more visible, better understood and more highly valued, both within and beyond the profession. It was designed to enable researchers to get as close as possible to day-to-day social work practice in order to promote understanding of when and how social workers enhanced the well-being of older people and carers and to explore facilitators and barriers.

There were two contrasting local authority case-study sites: Site A was a mainly urban, ethnically diverse site in the Midlands, while Site B was a largely rural, less diverse site in the south of England. Principal social workers (PSWs) for adults in each site obtained agreement from senior managers for their local authorities to participate in the research and were proactive in circulating information about the study to teams working with older people. In each site, we recruited five social workers who worked with older people in hospital or community-based teams; they had varying levels of experience. A researcher was allocated to each site, collecting data between the summer of 2022 and the spring of 2023.

As far as possible, data were collected in the natural settings occupied by social workers. The approach needed to be flexible and iterative to enable us to adapt to social workers' working practices while still ensuring that we sampled their activity across time, people and contexts (Hammersley and Atkinson, 2019).

Social workers approached older people and the carers involved in their care to identify those willing to participate in the study. They could consent to having their meetings with social workers observed, being interviewed by a researcher and/or allowing access to their computerised social work records maintained by the local authorities. We aimed to involve two older people or carers from each social worker's caseload along with one other (non-social work) practitioner or manager who was working with that individual. Gathering data from these different participants gave us a 'cluster' of perspectives and experiences centred around one older person, with carers being part of the clusters. Interviews were carried out with social workers about their practice as their work progressed, alongside interviews with the older people, carers and other professionals in the cluster. In addition to pre-arranged (audio-recorded) interviews with the social workers, researchers also had reflective discussions with them during observations of their practice. Observations and reflective discussions were recorded via fieldnotes.

We recruited 17 older participants, 14 of whom had at least one carer who was interviewed for the study. A total of 18 carers participated; four interviews involved

two carers. Of the 18, 12 were adult sons or daughters or their partners, three were spouses/partners, two were friends, and one was a parent (see Table 1). This profile reflects the national picture that parents comprise the majority of care recipients: two fifths of all unpaid care in England and Wales is filial care (Akarakiri, 2024).

Social workers Maria and Joe worked in end-of-life care and hospital settings, respectively. The sensitivity of situations and high turnover of their work made the negotiation of consent to participate challenging; neither Maria nor Joe managed to initiate the recruitment of carers to participate in interviews. Maria and Joe are not included in Table 1 because there are no older people or carer data attached to them. The article does, however, draw on data from interviews and reflective discussions with them, as well as observations of their practice.

All forms of data (interviews, observations and computerised records) were analysed using framework analysis (Gale et al, 2013), with data coded and charted to frameworks using NVivo software. We used three frameworks:

- capabilities for social workers who work with older people (BASW, 2018), which charted social workers' roles and tasks;
- well-being outcomes in the 'Care and support statutory guidance' (Department of Health and Social Care, 2014), which charted outcomes for older people and carers; and
- contextual factors, initially developed deductively from literature and researcher experience and then revised inductively based on the data. Literature informing the context categories included evidence from a review for a previous related study (Willis et al, 2022), research on issues within the social work profession (for example, BASW, 2022), different facets of organisational practice relevant to social work with adults (for example, Moriarty and Manthorpe, 2016; Heenan and Birrell, 2019; Burrows, 2021; Marczak et al, 2022) and a broader understanding of the context of social care at the time (for example, National Audit Office, 2021; Care Quality Commission, 2022; Carers UK, 2022).

Intersections of data across the frameworks were examined in a second stage of analysis, facilitating understanding of the relationship between social work capabilities, well-being outcomes and contextual factors. For example, integrating the three frameworks for each older participant illuminated the impact of different contextual factors on social work practice and how this influenced well-being outcomes (Tanner et al, 2025).

The study obtained approval from the Health Research Authority Social Care Research Ethics Committee (REC Reference: 22/IEC08/0004). All participants were given detailed written and verbal information about the study and were offered the opportunity to ask questions. Written consent was obtained and renegotiated for any subsequent research activity. It was clarified that the decision about whether to take part would have no impact on employment (for the social workers) or care services (for the carers). Any potentially identifying information was anonymised or changed, though social workers were made aware that it could still be possible for people within their organisations to identify them. Confidentiality was maintained, except for any safeguarding concerns; a procedure was in place to address these. Researchers were mindful of the potential for participants to experience distress and anxiety, and interviews could be paused or terminated at any point. Sources of

Table 1: Summary of carer Interviews for each cluster and social worker

Older person	Age	Carer	Relationship	Co-resident	Social worker
Doris	94	Sally	Daughter	No	Denis
Mary	80	Bill	Son	No	Denis
Roy	67	Mr and Mrs S	Friends	Yes	Raymond
Mr Cheema	87	Mrs Cheema and Alma	Wife Daughter	Yes No	Immy
Reg	67	Dom (not interviewed)	Friend	Yes	Immy
Boris	67	Delia	Mother	Yes	Ladybird
Freya	84	None	N/A	N/A	Ladybird
Ron	67	None	N/A	N/A	Ladybird
Derek	90	Alice	Daughter	No	Victoria
Martine	79	Carla	Daughter	No	Victoria
Edna	71	Albert	Partner	Yes	Bernice
Yvonne	89	Lucy and Jim	Daughter and son-in-law	No	Bernice
Cynthia	99	Peggy	Daughter-in-law	No	Olwen
Celia	86	Stephen and Christine	Son and daughter-in-law	No	Olwen
Nancy	79	Philip	Son	Yes	Olwen
Fred	79	Frida	Wife	Yes	Sarah
Vera	88	Nuala	Daughter	No	Sarah

follow-up support were available if needed. Different layers of involvement from people external to the research team provided valuable guidance, critical friendship and access to networks.

Findings

We discuss our findings about the nature of social work with carers of older people in relation to three overlapping themes identified from framework analysis of the data pertinent to carers. This encapsulates key aspects of the social work role:

- 'complexity and crisis', reflecting the nature of the situations that social workers responded to when working with carers of older people;
- 'a balancing act', illustrating some of the key skills and values the social workers deployed when navigating differences and tensions in the needs, preferences and perspectives of older people and carers; and
- 'against the odds', referring to some of the challenges the social workers faced in trying to work in person-centred ways.

Complexity and crisis

Effective practice with carers hinges on an understanding of and sensitivity to the complex nature of the situations they are facing. Our research indicates that highly pertinent features of complexity are the following: the embedded relational and/or

contextual nature of need(s); the likelihood that the situation will have reached a crisis or 'end of tether' phase by the time a social worker becomes involved; co-caring and/or caring for more than one person; and the challenges generated by the health and care system itself. For some carers, 'complexity' is reflective of a number of these issues, as illustrated in the following examples.

Albert was supporting his partner, Edna, who was living with dementia. He was struggling to cope with meeting Edna's needs and managing household tasks, and in his words, he had 'got into a bit of a pickle' with bills, benefits and pensions. When Albert was admitted to hospital following several small strokes, Edna could not remain at home alone, so the care and support needs of both individuals became a concern.

Like Albert, many other carers in our study were aged 65 years and over. For example, Peggy (aged 80) was the main carer for her mother-in-law, Cynthia, aged 99, and Boris, a disabled man aged 67, who was cared for by his 88-year-old mother. These carers frequently faced their own health issues alongside managing their caring role. Roy, aged 92, had been living with friends, Mr and Mrs S, now in their 70s, for 12 years. Roy's worsening dementia, diabetes and arthritis also impacted on the health of his carers. The predominance of older carers in our clusters accords with international evidence about the increasing proportion of carers who are themselves older (Zhang et al, 2022), a phenomenon termed the 'ageing of caring' (Larkin et al, 2022). Nearly a third of all UK carers are estimated to be aged 65 or over (Carers UK, 2025). Although a significant proportion are spouses, an increasing number are older sons or daughters. Our findings illuminate the intensity of the caring role that many older carers undertake and its negative impact on well-being (Milne and Larkin, 2023). Older carers, especially those aged 75+, are at heightened risk of injury and other health problems related to caring (Larkin et al, 2022).

Also apparent were care roles that extended beyond the dyadic: some carers provided support for two or three people who were themselves part of wider relational networks. As well as caring for her mother-in-law, Cynthia, Peggy also supported her husband, Tom, who had terminal cancer, and her daughter, who was widowed with young children: 'I was looking after him [Tom], running around after mother-in-law [Cynthia]. And of course, my daughter's husband died as well, so I was having to help her look after the kids…. So, I really felt that something had to give' (Peggy, daughter-in-law of Cynthia).

Similarly, Carla cared for her mother, Martine, who had advanced cognitive decline, alongside being a single parent, which, after the death of her sister, had extended to parenting her young nephew. Carla described how she woke very early to look after her mother, returned to make breakfast for the children, took them to school and then started work. Her physical and mental exhaustion had compelled her to seek support:

> Because of how my health has been, looking after her [Martine] on my own, with all this – two households to run, basically. And I just thought, I'm going to end up dying before my mum, and then my mum's going to be left with nobody. So, it was quite an emotional phone call to Social Services, just to say, 'I need help'. (Carla, daughter of Martine)

The trigger for accessing social work support for most of the carers in the study was some form of major life disruption and/or tipping point when existing care arrangements became no longer viable. Frida's experience of caring for her husband,

Fred, provides an example of social work involvement at the point of crisis. Fred was living with dementia, had mobility and breathing difficulties, and was incontinent. His behaviour had become increasingly disinhibited as his dementia advanced. These combined care needs eventually led Frida to seek help at a point of desperation:

> I am really in a mess and not coping. He is being so difficult…. I am sure it upsets him as well, and the anger comes out on me….I am constantly washing – four lots of clothes yesterday. I know I am bad tempered with him and the guilt comes in…. I am at my wits end. (Email from Frida, wife of Fred)

Social workers helped carers feel more informed and empowered, facilitating their decision-making processes and helping them navigate confusing and unwieldy social care systems: 'We knew nothing about the system at all.… Bernice [social worker] came and explained a lot to us about the care system. So, from that side, that was very, very useful' (Jim, son-in-law of Yvonne). Support with navigating the care system(s) seems especially important for carers from non-UK backgrounds whose first language is not English. This was the case for Mr and Mrs S, who lacked confidence in communicating with professionals: 'With us, all right, we can speak English and that, but we just couldn't cope [with that] kind of thing. We don't very much know how to use the proper wording' (Mr S, Roy's carer).

Carers valued social workers' local knowledge and their role as 'trusted guides' in navigating housing, resources and funding issues. Bill, Doris's son, valued how Denis supported his mother's transfer from a short-term placement after hospital discharge to a more suitable, long-term home:

> Denis is sound, and he asked us our thoughts about the decisions…. He helped us in the right direction and explained the finance options and top-ups, as well as explaining the prices for the care homes. He has done everything to help us. He helped guide us and explained all the different options. (Bill, son of Doris)

In these situations, social workers appear to be responding to carers primarily as 'co-workers'. They arranged services that supplemented or replaced the support provided by carers and focused on carers having care-related skills, 'expertise' in the cared-for person's needs and resilience to carry on caring.

A balancing act

Addressing the needs of both carers and older people required a nuanced balancing of shifting responsibilities, evolving relationships and dynamic care needs over time. Carers valued social workers' recognition of their role, not only through empathetic dialogue but also through tangible actions that affirmed their significance as individuals. For instance, the social worker, Olwen, arranged a short-term respite stay for Celia, reflecting a dual responsiveness to Celia's needs and those of her family: 'The placement was agreed for four weeks, and the aim of the placement was to understand a bit more about Celia's needs but also to give the family some respite because they felt that they were providing a high level of care that wasn't sustainable' (Olwen, social worker).

Social worker Immy tailored support to meet Mr Cheema's and his wife's needs. Mr Cheema, an 87-year-old Asian man with multiple health conditions, including dementia, was cared for by his wife. Religious practices were integral to the couple's cultural, social and spiritual identity, but the demands of caring restricted Mrs Cheema's capacity to visit the Hindu temple. Immy arranged for Mr Cheema to attend a culturally appropriate day centre twice weekly, enabling him to socialise while also giving Mrs Cheema time for religious and social activities.

Social worker participants showed sensitivity to carers' needs by ensuring that they were afforded sufficient time to consider and process major life changes, such as a relative moving to a care home. For example, Derek's physical and cognitive abilities deteriorated following falls and several hospital admissions, leading to a short-term care home placement to assess his ability to return home. His daughter, Alice, appreciated the efforts of Victoria, the social worker, to provide clear and detailed information that contributed to well-informed decision making in Derek's best interests:

> They didn't push us at all, you know. Victoria led, and she was saying, 'Oh, we'll give it another week. There's no rush. We need to be certain that we make the right decision'…. I think if someone said to you, 'We'll give it another couple of weeks', then at least you know that they've tried their very best for him not to have to stay in a home…. We can't fault the process with Dad. (Alice, daughter of Derek)

Carers valued social workers' sensitivity to the emotional as well as physical challenges of caring. Social worker Victoria was concerned about the well-being of Carla (referred to earlier), who was caring for her mother, Martine. Carla expressed concern about the adverse impact of intensive caring on her own health and was frequently tearful. However, she struggled to accept that Martine could no longer be cared for at home. Victoria's empathetic, open and direct communication helped to facilitate Carla's acceptance of her mother's transition to a care home:

> I mean, it's something I've not wanted to think about … because I was just kidding myself, thinking my mum could stay here [at home]….And literally, this social worker came in … she was straight to the point: 'No. That's not going to happen. Nobody could do it'…. It was positive. I needed to hear it…. I needed that firmness…. That's when things really changed. (Carla, daughter of Martine)

Social workers sometimes encountered situations where the needs and views of older people and carers were misaligned and there were competing interests. As part of their 'balancing' role, social workers navigated legal, ethical and resource considerations while maintaining a dual focus on the specific needs of carers and those of their older relatives, as illustrated in the following examples.

Social worker Olwen supported 79-year-old Nancy, whose worsening dementia posed a number of safety risks. These included Nancy spending nights outside, eating mouldy food and poor continence management. Nancy lived with her autistic son, Philip, who needed routine and disliked strangers coming into the house. Philip's autism compromised his ability to support Nancy safely, even with support. Olwen reflected on the dilemmas and potential safeguarding issues posed: 'Nancy is the

primary focus, but because her and Philip, their needs are very much intertwined…. How do we best support [Philip], and does he need an allocated worker, be it me or somebody else?' (Olwen, social worker). Nancy lacked capacity to make a decision about where she could live safely; a multidisciplinary review concluded that it would be in her best interests to move her to a care home. This raised concern about the impact on Philip: 'It takes a huge amount of resilience to live on one's own. He never has, and there are some barriers around how he communicates with people…. So, there's the psychological impact on Philip and a potential financial impact … that we have to consider' (Olwen, social worker).

The situation of Fred and his wife, Frida, discussed earlier, required a balancing of their conflicting needs. Fred's sexualised behaviour – part of the disinhibition related to his dementia – posed risks to Frida. Social worker Sarah was clear about her duty to promote Fred's autonomy but also to protect Frieda from avoidable harm:

> So, he was in a residential home. He went on respite, then it was decided it wasn't safe for him to return home because of all these disinhibited behaviours. He might not know what consent is anymore, and it would just be up to Frida to support him, and she was frail herself and couldn't manage that. (Sarah, social worker)

In these examples, social workers are responding to carers as 'co-clients' – as adults with support needs in their own right – listening to their perspectives, appreciating their concerns and helping them to make choices that explicitly take account of their own needs.

Against the odds

Themes of 'struggle' and 'fighting' commonly feature in carers' accounts of their experiences with health and social care services (Carers Trust, 2022). A similar sense of working 'against the odds' to support older people and carers also featured heavily in the narratives of the social workers. The battles were multifaceted and included pushing the boundaries of their expected role/remit, challenging the ageist attitudes of others, frustrations with inflexible organisational processes and struggling to access or retain resources.

Working 'against the odds' in these ways was underpinned by the social work values of promoting rights and social justice. This was demonstrated when they endeavoured to uphold carers' rights by challenging the judgements of others. Social worker Maria described one example of a colleague 'blaming' a carer (son) for not seeking support for his mother sooner:

> She [colleague] was saying, 'This is all his fault. He should've come forward. He's been obstructive'…. So, my responses were, 'What you've got there is a carer in stress. What you need to think about is where he's coming from in all of this…. This is his mum, and you've got no evidence that he's deliberately setting out to make life difficult for her'…. I think we just need to be really, really careful that we're not imposing our views … every family relationship is different. (Maria, social worker)

Social worker Bernice was similarly mindful of judgements that might be made by health professionals about Albert's failure to act in Edna's interests, potentially triggering a risk-averse response:

> 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, social worker)

Negative attitudes held by older people about social work were another challenge; this could deter older people and carers from seeking help. Carers could also be allies here, as explained by Vera's daughter, Nuala:

> In mum's day, you never used them [social services], did you? It was different.... Social services, to her, meant that people were not good.... I had to stop using the words 'social worker' and say, 'That nice lady' ... because as soon as I used the words 'social worker', 'I am not seeing them.... They're going to come and take me away' or 'They're going to lock me up'. (Nuala, daughter of Vera)

These examples highlight the importance of social workers responding to carers as 'experts'. This includes valuing the strengths and skills they bring to situations and harnessing their knowledge of the needs and perspectives of the care recipient, alongside considering their ability and willingness to continue providing care.

Organisational barriers posed significant challenges; the fast 'throughput' of work and fragmentation of the social work role compromised social workers' efforts to build relationships with carers, as well as older people (Tanner et al, 2025). Carers lamented the lack of continuity in their relationship with social workers. For example, when participating in a second interview, carer Sally expressed disappointment that the hospital-based social worker, Denis, was no longer going to be involved with her mother:

> Well, he is supposed to be our social worker, but now he says once she's out of the [care] home and into her own house, it is a social worker but not necessarily him, which is not nice because I really liked him and mum liked him.... That's why I was really a bit upset he's not our social worker. (Sally, daughter of Mary)

These findings resonate with both UK and international research on the intrinsic therapeutic value of (ongoing) relationships of trust with practitioners for older people and carers (Nyende et al, 2023).

Discussion

This article has offered a set of rich insights and original findings about the roles, skills and knowledge of social workers working with carers of older people in England. An overarching – and striking – finding is the complex nature of this work.

Corresponding closely with evidence about the social work role with older people, social workers only tend to become involved with carers in contexts characterised by complexity, crisis and high levels of need and/or risk (Tanner et al, 2025). As noted earlier, much more is expected of carers now than was the case in the past (Hanlon et al, 2024). All carers participating in the study were caring intensively for a relative with multiple and challenging conditions. For carers to be 'eligible' for local authority support, they must, by definition, have very high levels of need; the present study makes visible the nature of those needs. They are routinely a mixture of the following: physical health concerns (both for the older person and carer and often for other people in the family); emotional and psychological issues related to changes of role and situation and fears for the future; frustration with opaque and confusing care systems; and practical challenges, such as managing day-to-day tasks alongside dealing with overwhelming caring demands. This picture corresponds with other research about the changing pattern of family caring (Lloyd, 2023).

The relatively late stage at which carers receive social work compounds the complexity of caring situations. Receiving help is delayed not only by high need and financial eligibility thresholds but also by other factors, including the older person's reluctance to ask for help, fears about loss of control over decisions, negative expectations about the likelihood of receiving effective help and concerns about financial means testing (Carers Trust, 2022). There is also the impact of responsibilisation discourses (Alftberg, 2025) that drive expectations that carers 'should' be able to continue caring, regardless of how difficult or unsafe it may be (Larkin and Mitchell, 2016). This was shown in Carla's struggle to relinquish the caring role for her mother, even though this was mutually detrimental to their well-being.

Using the lens of Twigg and Atkin's (1994) model, the present study sheds light on how social workers conceptualised carers of older people. We found limited evidence of carers being treated as freely available resources, despite organisational pressures to do so (Marczak et al, 2022). This may reflect the crisis nature of most of the situations allocated to social workers, but it also speaks to a legal and value-based commitment to ensure a specific and separate focus on carers' needs and concerns, that is, responding to them as co-clients, alongside meeting the needs of the older person. Social workers' 'balancing' role included close attention to the needs of the carer and the older person, to mobilising available resources to support both parties and to upholding the rights of carers and older people to autonomy, choice and self-determination (Larkin and Mitchell, 2016).

Responding to carers as co-clients is particularly foregrounded in contexts where there may be safeguarding concerns about one or both parties. In the example of Fred and Frida, it was necessary to balance Fred's 'right to family life' (Article 8 of the Human Rights Act 1998) with the local authority duty to protect Frida from any potential risks arising from her caring role. Social workers in the present study demonstrated that they are equipped to respond effectively to both direct carer harm (abuse by the care recipient) and indirect harm (being placed at risk by care demands) (Donnelly et al, 2025). A commitment to social justice for carers underpinned much of this work.

The number of carers of older people who are themselves older reinforces the need for a 'co-client' response. Care is an embedded dimension of a long-term relationship and is an intertwined feature of the lives and life courses of both parties (Milne and Larkin, 2015; ONS, 2023). As evidenced in wider research, several older carers in

the present study resisted identifying as 'a carer' and engaging with services (Morgan et al, 2021). For example, Albert wanted to preserve his own role as carer and protect his partner, Edna, from being constructed as 'in need of care'. Carers within older dyads, like Albert, work hard to defend what Hydén and Nilsson (2015) call the 'we-ness' dimension, that is, the identity of the 'older couple' as a single unit. A co-client approach facilitates sensitivity to this dynamic.

While social workers did treat carers as co-workers or 'experts', for example, harnessing their knowledge of the older person's needs to plan care for both parties, they also attended to the lived experience of caring and understood caring in its relational and life course context. Furthermore, social workers were instrumental in advocating for carers and promoting them as 'experts' with health colleagues to enhance their visibility and rights. There is potential for social workers to extend the role of carers as experts by engaging their expertise in the co-design of care plans for the older person and themselves. More broadly, social workers can promote and support the involvement of carers in service design and delivery. Recommendations from a review of co-production with carers in Wales (UK) offer helpful guidance in this direction (Carers UK, 2023).

A recurring finding highlights the foundational significance of the development of a trust relationship between carers and their social workers. This relationship is perceived by carers as a valuable 'service' in its own right; it is also viewed as closely linked to the role of advocate. For example, carer Albert talked about feeling 'validated' that social worker Bernice was 'on our side'. The importance of the continuity of the relationship was a shared theme across interviews with carers, older people and other professionals (Tanner et al, 2025). This enables social workers to monitor changes in care demands and the carer's capacity to manage these, adjust support and services accordingly, and act as a 'touchstone' of reassurance for the carer.

Implications

Our findings have a number of implications for practice. First, the complexity of practice with carers of older people, including the impact of 'the ageing of caring', highlights the need for professional social work skills to navigate these multidimensional, nuanced and evolving situations, shaped by competing needs, rights and risks (Braye and Preston-Shoot, 2023). These findings mirror those about social work with older people (Tanner et al, 2025). Particularly noteworthy is the importance of social workers' understanding of the legal issues that affect carers' rights and their awareness of ethical dilemmas and conflicts, including when the needs and/or wishes of the older person and carer are in tension. Social workers' relational and communication skills, creativity, and resourcefulness are also critical to achieving better outcomes for both carers and older people. It is this mix of skills, unique to social work, that can deliver change. The complex terrain described in this article requires the professional expertise of social workers; this is largely absent from carers' third sector agencies in the UK, unlike in other countries, such as Sweden and Finland. As well as implications for where social workers' knowledge and skills are best deployed in the care system, there is an urgent need to fully incorporate social work with carers into social work education and make visible the breadth, complexity and importance of this specialist area of practice.

Second, our findings highlight the importance of time and continuity for effective social work practice with carers. This means that employers must recognise that social workers need time to engage with the intricacies of balancing needs, relationships and resources and need continuity in their relationships with carers to enable them to build trust and offer individualised support that is responsive to changing needs and circumstances. This expertise is likely to prevent carer breakdown, facilitate improved decision making and promote carer well-being. The tendency of carers to delay seeking help until a crisis is reached accentuates the importance of trust relationships. It should be noted that Care Act guidance specifically identifies social workers as 'therapeutic agents' in work with adults. Policy makers and employers need to understand the importance of the social work role with carers and ensure that working conditions facilitate engagement with families and carers and recognise this as a critical and distinct dimension of social work practice with older people.

Third, there is a need to challenge the responsibilisation narrative (Alftberg, 2025) that infuses public and policy discourse and that encourages the treatment of carers as a 'resource' regardless of the adverse impacts on their health and lives (Marczak et al, 2022). Recognising this as a profoundly gendered issue is also relevant. There is an urgent need to ensure that accessible, timely support founded on a co-client approach is offered earlier in the care trajectory (Carers Trust, 2022; Carers UK, 2025), including access to social work. At earlier stages, professional social workers could identify and manage or circumvent conflicts of interest and potential flashpoints rather than intervening when these problems are more serious and entrenched. This would likely be more cost-effective for local authorities in the longer term.

Fourth, more research is needed on the effectiveness of social work with carers, particularly in the UK. Moriarty and Manthorpe's (2016) review found that social work support for carers was 'inconsistent'. Where it was effective, it was social workers' ability to combine roles that included assessment, utilising local knowledge about services and the law, and offering ongoing therapeutic and practical support that carers appreciated. The pivotal role of the trust relationship is also highlighted. An international scoping review on effective support for carers concluded that evidence is most robust in relation to formal care services for people with care needs (so-called 'replacement' care), flexible working conditions, psychological therapy, training and education interventions, and support groups, with a mix of approaches often being most effective (Brimblecombe et al, 2018). Although social work's role in these interventions is unclear, there are some international examples of carers' services that include social workers (Carers Wales and Carers Trust Wales, 2021). Our findings indicate the potential for social work to contribute to such initiatives, especially supporting a focus on dyadic well-being (Zhang et al, 2022).

Limitations

The focus of our research was learning from positive social work practice, and our access to data was determined by the willingness of sites, social workers and carers to take part. Although carers were aware that the research was independent of the local authority, they may have perceived a link between their interview narratives and their social workers, especially as the social worker was the point of access to the study. These factors may have contributed to a bias towards social workers who were

more confident in their practice and carers who were more inclined to relay positive experiences. A legacy of the COVID-19 pandemic was that many social workers were still working from home. The contexts sampled by researchers included social work offices, older people's homes, hospitals and care homes but excluded social workers' own homes. They were thus reliant on social workers' accounts of activity that took place when they were working from home.

Conclusion

Carers of older people, particularly those providing intensive care, are situated at the intersection of care need, risk and complexity, societal expectations that family care is the 'right choice' for older people, and policy imperatives that encourage family caring in almost all circumstances (ONS, 2023). Even at the point of crisis or breakdown, there is limited access to publicly funded services for either older people or carers. Drawing on evidence from a study exploring social work with older people and their families (Tanner et al, 2025), this article has highlighted the complex situations many carers of older people are facing and the critical role that social workers can play in supporting them, recognising their needs and protecting their well-being.

Social work with older people routinely requires engagement with carers, many of whom are themselves older people. Social workers are well placed to adopt a 'co-client' approach that is responsive to the needs of both parties while also recognising carers as experts, both in the needs of the older person and in caring. The knowledge, skills and values of social workers align closely with the needs of carers. This includes expertise relating to the following: balancing different and sometimes conflicting needs and perspectives; working collaboratively with dyads and networks; navigating complex legal and ethical issues; communicating with carers, older people and colleagues effectively; building trust relationships in challenging circumstances; engaging with carers' feelings, fears and concerns; offering therapeutic support; advocating for carers' rights to self-determination, choice and safety; and mobilising information and resources for both the carer and the older person. The distinctive and essential skills that social workers bring to promoting carers' well-being warrant much greater recognition, both within the profession and in the wider care system and policy context.

Notes

[1] The Care Act 2014 applies exclusively to England. Given the devolved nature of health and social care across the United Kingdom, each nation has developed its own legislative framework: the Social Services and Well-being (Wales) Act 2014 governs care provision in Wales; the Carers (Scotland) Act 2016 outlines the responsibilities towards carers in Scotland; and the Health and Social Care Act (Northern Ireland) 2022 provides the statutory basis for care services in Northern Ireland.

[2] The upper capital limit in 2026 is £23,250.

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All authors take responsibility for the integrity of the data and the accuracy of the analysis.

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DT was the principal investigator for the Social Work with Older People (SWOP) project on which this article is based. She led on the methodology, findings and analysis sections of the article. JP was a research fellow on the SWOP project; she undertook a literature review, supported analysis of the carer data and contributed to all sections of the article. AM and LL were members of the G8 group advising the SWOP project. They contributed to the background, discussion and conclusion and commented on all sections of the article.

Conflict of interest
The authors declare that there is no conflict of interest.

References
Akarakiri, F. (2024) What are unpaid carers, who are they and how often do they provide care? Kings Fund, www.kingsfund.org.uk/insight-and-analysis/data-and-charts/unpaid-carers-nutshell (Accessed: 2 June 2025).

Alftberg, A. (2023) Providing support for family carers: social workers describing their professional role, *Nordic Social Work Research*, 15(2): 229–39, doi: 10.1080/2156857x.2023.2297978

Alftberg, A. (2025) The making of a good carer: dementia and family caregiving in an era of refamilization and responsibilization in the Nordic context, *Journal of Medical Humanities*, 47: 53–66, doi: 10.1007/s10912-025-09944-7

BASW (British Association of Social Workers) (2018) Capabilities statement for social workers in England who work with older people, BASW, https://proceduresonline.com/trixcms1/media/1914/capabilities-statement-older-people_0-june-18-002.pdf (Accessed: 4 January 2025).

BASW (2022) *The BASW Annual Survey of Social Workers and Social Work: 2021 – A Summary Report*, BASW.

Birtha, M. and Holm, K. (2017) *Who Cares? Study on the Challenges and Needs of Family Carers in Europe*, Coface, https://coface-eu.org/wp-content/uploads/2021/12/COFACE-Families-Europe_Study-Family-Carers.pdf (Accessed: 2 May 2025).

Bottery, S. and Jefferies, D. (2025) Social care 360: expenditure, King's Fund, www.kingsfund.org.uk/insight-and-analysis/long-reads/social-care-360-expenditure (Accessed: 22 May 2025).

Braye, S. and Preston-Shoot, M. (2023) Managing and supervising legal literacy in adult social work: an evidence scope, Research in Practice, www.researchinpractice.org.uk/media/5wje2shb/ll-evidence-scope_final.pdf (Accessed: 21 April 2025).

Brimblecombe, M., Fernandez, J.L., Knapp, M., Rehill, A. and Wittenberg, R. (2018) Review of the international evidence on support for unpaid carers, *Journal of Long Term Care*, (September): 25–40, doi: 10.31389/jltc.3

Burrows, D. (2021) Social work for 'liquid old age': some insights from an ethnographic study of a hospital social work team, *Ethics and Social Welfare*, 16(3): 258–73, doi: 10.1080/17496535.2021.1996619

Care Quality Commission (2022) *The State of Health Care and Adult Social Care in England 2021 to 2022,* https://www.cqc.org.uk/system/files/2023-06/20230629_stateofcare2122_print.pdf (Accessed: 9 September 2025).

Carers Trust (2022) Pushed to the edge: life for unpaid carers in the UK, https://carers.org/downloads/resources-pdfs/pushed-to-the-edge.pdf (Accessed: 21 April 2025).

Carers UK (2022) State of caring 2022, www.carersuk.org/reports/state-of-caring-2022-report/ (Accessed: 20 October 2025).

Carers UK (2023) Co-production with carers in Wales, www.carersuk.org/media/znomhn0o/co-prdocution-english-report-final.pdf (Accessed: 5 March 2026).

Carers UK (2025) Facts about caring, Carers UK, www.carersuk.org/media/mmobpcmx/facts-about-carers-march-2025-final.pdf (Accessed: 30 May 2025).

Carers Wales and Carers Trust Wales (2021) *Carer Aware International Research Summary: Social Worker Practice and Unpaid Carers – Findings of Comparative International Research*, Welsh Government funded project.

Department of Health and Social Care (2014) Care and support statutory guidance, https://assets.publishing.service.gov.uk/media/5a7dcf2aed915d2ac884dafa/Care-Act-Guidance.pdf (Accessed: 22 May 2025).

Donnelly, S., Milne, A., O'Brien, M., Dunne, N. and O'Donnell, D. (2025) Exploring unintentional 'carer harm' – insights from family carers and professionals: an Irish case study, *British Journal of Social Work*, 55(4): 1695–171, doi: 10.1093/bjsw/bcaf004

Duncan, K.A., Shooshtari, S., Roger, K., Fast, J. and Han, J. (2020) The cost of caring: out-of-pocket expenditures and financial hardship among Canadian carers, *International Journal of Care and Caring*, 4(2): 141–66, doi: 10.1332/239788220x15845551975572

Francis-Devine, B. and Harker, R. (2025) *Who Provides Informal Care?* Research briefing, House of Commons Library, https://researchbriefings.files.parliament.uk/documents/CBP-10017/CBP-10017.pdf (Accessed: 30 May 2025).

Gale, N.K., Heath, G., Cameron, E., Rashid, S. and Redwood, S. (2013) Using the framework method for the analysis of qualitative data in multi-disciplinary health research, *BMC Medical Research Methodology*, 13(117): 1–8, doi: 10.1186/1471-2288-13-117

Hammersley, M. and Atkinson, P. (2019) *Ethnography: Principles in Practice*, 4th edn, Routledge.

Hanlon, P., Wightman, H., Politis, M., Kirkpatrick, S., Jones, C., Andrew, M.K., et al (2024) The relationship between frailty and social vulnerability: a systematic review, *The Lancet Healthy Longevity*, 5(3): e214–26, doi: 10.1016/S2666-7568(23)00263-5

Heenan, D. and Birrell, D. (2019) Hospital-based social work: challenges at the interface between health and social care, *British Journal of Social Work*, 49(7): 1741–58, doi: 10.53555/jptcp.v29i04.4989

Humphries, R. (2022) *Ending the Social Care Crisis: A New Road to Reform*, Policy Press.

Hydén, L.C. and Nilsson, E. (2015) Couples with dementia: positioning the 'we', *Dementia*, 14(6): 716–33, doi: 10.1177/1471301213506923

Kings Fund (2025) Key facts and figures about adult social care, Kings Fund, https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-adult-social-care (Accessed: 20 October 2025).

Larkin, M. and Mitchell, W. (2016) Carers, choice and personalisation: what do we know? *Social Policy and Society*, 15(2): 189–205, doi: 10.1017/s1474746415000299

Larkin, M., Henwood, M. and Milne, A. (2019) Carer related research and knowledge: findings from a scoping review, *Health and Social Care in the Community*, 27(1): 55–67, doi: 10.1111/hsc.12586

Larkin, M., Henwood, M. and Milne, A. (2022) Older carers and carers of people with dementia: improving and developing effective support, *Social Policy and Society*, 21(2): 242–56, doi: 10.1017/s1474746420000615

Lloyd, L. (2023) *Unpaid Care Policies in the UK: Rights, Resources and Relationships*, Policy Press.

Lloyd, L., Tanner, D., Milne, A., Ray, M., Richards, S., Sullivan, M.P., et al (2014) Look after yourself: active ageing, individual responsibility and the decline of social work with older people in the UK, *European Journal of Social Work*, 17(3): 322–35, doi: 10.1080/13691457.2013.829805

Marczak, J., Fernandez, J., Manthorpe, J., Brimblecombe, N., Moriarty, J., Knapp, M., et al (2022) How have the Care Act 2014 ambitions to support carers translated into local practice? Findings from a process evaluation study of local stakeholders' perceptions of Care Act implementation, *Health and Social Care in the Community*, 30: e1711–20, doi: 10.1111/hsc.13599

Milne, A. and Larkin, M. (2015) Knowledge generation about caregiving in the UK: a critical review of research paradigms, *Health and Social Care in the Community*, 23(1): 4–13, doi: 10.1111/hsc.12143

Milne, A. and Larkin, M. (2023) *Family Carers and Caring: What it's All About, Society Now Series*, Emerald Publishing.

Morgan, T., Duschinsky, R., Gott, M. and Barclay, S. (2021) Problematising carer identification: a narrative study with older partner's providing end-of-life care, *SSM Qualitative Research in Health*, 1: art 100015. doi: 10.1016/j.ssmqr.2021.100015

Moriarty, J. and Manthorpe, J. (2016) The effectiveness of social work with adults: a systematic scoping review, King's College Social Care Workforce Unit, https://kclpure.kcl.ac.uk/portal/en/publications/the-effectiveness-of-social-work-with-adults-a-systematic-scoping.

National Audit Office (2021) The adult social care market in England, HC 1244, Session 2019–2021 (March 2021), https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf (Accessed: 9 September 2025).

Nyende, A., Ellis-Hill, C. and Mantzoukas, S. (2023) A sense of control and wellbeing in older people living with frailty: a scoping review, *Journal of Gerontological Social Work*, 66(8): 1043–72, doi: 10.1080/01634372.2023.2206438

ONS (Office for National Statistics) (2023) Unpaid care, England and Wales: Census 2021, 19 January, www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/unpaidcareenglandandwales/census2021 (Accessed: 30 May 2025).

Petrillo, M., Zhang, J. and Bennett, M. (2024) *Valuing Carers 2021/2022: The Value of Unpaid Care in the UK*, Carers UK, doi: 10.13140/RG.2.2.18201.63843

Schlepper, L. and Dodsworth, E. (2023) The decline of publicly funded social care for older adults, Quality Watch Annual Statement, Nuffield Trust and Health Foundation, www.nuffieldtrust.org.uk/resource/the-decline-of-publicly-funded-social-care-for-older-adults.

Tanner, D., Willis, P., Beedell, P., Nosowska, G., Milne, A., Nelson-Becker, H., et al (2025) 'Being that hopeful person': the contribution of social workers to older people's well-being, *The British Journal of Social Work*, 55(1): 2917–36, doi: 10.1093/bjsw/bcaf080

Torgé, C.J., Nilsson, P. and Jegermalm, M. (2025) Support to 'non-clients': care managers' role in direct and indirect carer support, *European Journal of Social Work*, 28(1): 143–54, doi: 10.1080/13691457.2024.2358350

Twigg, J. and Atkin, K. (1994) *Carers Perceived: Policy and Practice in Informal Care*, Oxford University Press.

Willis, P.L., L'Hammond, J., Milne, A., Nelson-Becker, H., Perry, E., Ray, M., et al (2022) Casting light on the distinctive contribution of social work in multidisciplinary teams for older people, *The British Journal of Social Work*, 52(1): 480–97, doi: 10.1093/bjsw/bcab004

Zhang, W., Rand, S., Milne, A., Collins, G. and Silarova, B. (2022) The quality of life of older carers and the people they support: an international scoping review, *Health and Social Care in the Community*, 30(6): e3342–53, doi: 10.1111/hsc.13916