Series 3 Episode 4

“You need a social worker to say, what can we do to make life better for you?”: Social work and family carers. A conversation with Alisoun Milne

[00:00:00] **Lesley:** Hello and welcome to the Portal Podcast, linking research and practice for social work. I'm your host and my name is Dr Lesley Deacon.

[00:00:13] **Sarah:** And I'm your other host and I'm Dr Sarah Lonbay. So we hope you enjoy today's episode.

…

Introduction

[00:00:18] **Sarah:** Hello everyone. We're joined today by Professor Alisoun Milne, and if you'd like to introduce yourself, Alisoun.

[00:00:24] **Alisoun:** Certainly, nice to see you both, and thanks for inviting me along. So my name is Alisoun Milne. I'm Professor of Social Work and Social Gerontology at the University of Kent. Technically I'm emeritus, as in I've left the University full time work, and I left in sort of later on in 2020. But I seem to have carried on being involved in all sorts of things, particularly around carers, which is I think going to be the focus of today's podcast. So, I should just say that I don't like the word expertise particularly, but I guess I've got to use it. I think I would claim *some* expertise in social work with older people and their families, long term care, family carers and mental health in later life. And they obviously intersect.

[00:01:08] **Sarah:** I would say you've got more than some expertise in those areas. I've been reading your work since I was doing my PhD . So thank you very much for coming to speak to us today. So we're going to just start off with quite a general question, just to ask you to give us a little bit of background about your work with or about older people and how you became interested in focusing in that area.

[00:01:33] **Alisoun:** So we're going to focus on carers today, but that's a really good question. So, when I was a social worker many, many years ago, I did training to be what was then called an "approved social worker". They're now called AMPs, as I'm sure you both know, approved mental health professionals. And I was, at one point in the training, I was sent off to the sort of nether regions of Springfield Hospital where I was actually based as a social worker to the, to the older people's day unit, or the geriatric day hospital I think it was probably called in those days. So off I trotted to spend a day there observing what went on and learn about mental health in later life and so on, dementia in particular. And it just struck me powerfully how *poorly* this group of people were treated. Now, you could say, well, a lot of people in hospital, in psychiatric hospitals, particularly in the past, weren't treated well. And this is true, but it was further away from everything, it had fewer resources, it had less trained staff working with this population, and there were some great OTs and OTAs really trying their best to do some great work, but it felt like it really wasn't an area that was paid much attention to. And it was probably my sort of, I'd already worked in mental health, but not particularly with older people. I remember just thinking, gosh, this is really an area that needs to be looked at in much more detail. And I felt angry, I felt really quite angry. I thought, gosh, you know, this could be me, it could be my parents, it's going to be all of us sooner or later, probably are going to need some sort of care and support. And this is just not okay. So then when I, so I was working in a community mental health team at that point, and I then started to kind of, if you like, specialise a bit in social work with older people. And then I moved to the University and got a job as a research fellow in a project called Evaluating Community Care for Older People at the Personal Social Services Research Unit at the University of Kent. And then I spent the next 25 years of my life at the University of Kent, first, as I mentioned, in PSSRU as a research fellow. Then I moved to the Tizard Centre. which was nearly all learning disabilities, but I was the outlier, I was the person carving a field or a path in older people's work. And then I started to work on carers as well as older people. And then I moved to the social work department in 2010, where I was then more involved directly really in teaching social work students and looking at social work with older people and their carers.

[00:04:06] **Sarah:** Thank you. So it sounds like that was quite a, I was going to say profound, that experience.

[00:04:12] **Alisoun:** It was a pivotal moment. Absolutely.

[00:04:14] **Lesley:** Did you say when that was, Alisoun?

[00:04:17] **Alisoun:** Gosh, that's going to be something like the very late 80s or early 90s. Early 90s it would have been, because I definitely had my daughter by then. So it's probably something like 1991 or something like that. 1992 even, possibly.

[00:04:31] **Sarah:** And that, I mean I know we're not here to discuss it today specifically, but I know you published a book on ageing and mental health, what was the book called?

[00:04:45] **Alisoun:** *Mental Health In Later Life: taking a Life Course Approach*. Thank you for mentioning that, Sarah.

[00:04:50] **Sarah:** That was it, yeah. I read that a while ago, so I couldn't remember the title, but it was a really interesting book, a really unique perspective and I think, not to go off on too much of a side note from talking about carers, but that book, I found it absolutely fascinating the approach that you took, because I haven't read anything that's explored those issues, and I just wonder just from that experience that you had to publishing that book a couple of years ago, do you think much has changed in that area?

[00:05:18] **Alisoun:** That's a very good question. I was invited to contribute to a Policy Press series on, on ageing, ageing and the life course, and from then I sort of, that's where the book sprung from really, because I already had an interest in mental health. And what struck me powerfully about my work with older people was that it's like if someone has a mental health issue and they're over a certain age, somehow they've sort of *arrived* there in front of you with this mental health condition, depression mainly, or anxiety, or even dementia. And somehow they just have it. And that's somehow how the system treats you. And there's so much evidence that the root causes, that the life course, if you like, that mental health is an *outcome* of your life course, that in later life, how you feel is an outcome of how you have lived your life and what has happened to you in your life, particularly in your earliest, across the whole life course, actually, but there's a lot of evidence now, and you know this I'm sure both of you, that profoundly challenging experiences in childhood, abuse, extreme poverty, structural disadvantage, the damage done to you is never deleted. This idea that somehow if you kind of marry well, or we don't use those phrases anymore, but you know what I mean, that you sort of drag yourself up by your boot straps and off you go, and you do well in life. Yeah, great, good. But actually, if you live in damp housing for a decade, and we know this about children, we now have evidence that children have actually *died* because they lived in damp housing. So these are not things that you can delete. So, I mean, drawing those threads through, and looking at older people's wellbeing in the round, but thinking particularly about mental health issues, it was a huge task because obviously you could say, well, isn't it everything? And the answer is it *is* sort of everything. Yeah, everything that's happened to you. And you know I did have a chapter on promotion and prevention, which was arguing, if you like, that there are lots of things that can happen to you that are positive, like long-term friendships, for example, particularly women are very good at these, much better at them than men, and an advantage, socioeconomic advantage throughout your life course, will funnily enough be more likely to advantage your mental health. And some of it's not particularly complicated, but somehow we've lost the capacity to make these connections. So if an older woman is in front of you, as a doctor or psychologist or a social worker, and she's got depression, perhaps the fact she had to give a child away when she was very young and living in a rural area somewhere in the UK where it was unacceptable to have a child on your own as a young woman. Or that she had a backstreet abortion, or that she was domestically abused as a young woman, and might have been domestically abused for a long time in her life, or lived an extreme, this somehow is not relevant to what her life experiences are. So what drove me to it, I think, was to just make some of those connections. And we seem to be sort of willing to do it, even with middle, people in midlife, you know, that I think there is an acceptance that if you're having therapy in midlife, that the sexual abuse you experience as a child is *relevant* to the fact that you feel the way you feel. But oddly, as soon as you go forward into your sort of 60s or 70s, all of that seems to be lost. And even my guru, Michael Marmot, I don't think he quite pulled some of those threads through into later life. And yet he's completely committed to the idea that social and structural inequalities undermine and severely damage people's mental health and physical wellbeing.

[00:09:00] **Lesley:** But is it that at that point, almost like services have completely forgotten that that might be an issue, so there's no, not services, but you know, that there's no support or very limited support at that point for any of that?

[00:09:15] **Alisoun:** I think it's partly that, and I think it's also ageism. I think it's good old ageism, partly, that we see an older person and we think, well, oh, an older person can't make use of therapy. You know, therapy is for *younger* people. And in fact, there's absolutely no evidence of that. In fact, the opposite is true. There is lots of evidence that older people who have psychotherapy make *very* good use of it actually. So some of it's about, well, you can't teach an old dog new tricks. I mean, we've got quite a lot of embedded myths and mistruths, I think, about older people and their mental wellbeing. And some of it's also about reluctance, I think, on the part of *some*, I emphasise some, and again, what's "older people"? I mean, if you're in your 60s, which I am, I don't, I will have some things in common with people in their 90s, like my mother, who's, she passed away last year, but she was in her 90s. But not necessarily very much. And somehow I'm sort of lumped in, in with everybody over 65. But is someone over 25 lumped in with people in their 40s? I don't think so. So, again, there's this lack of differentiation. Somehow, when you're older, it's like all your experiences are these grey things and they're all the same.

[00:10:31] **Lesley:** It's like it then becomes a homogenous thing that everybody's experiencing.

[00:10:35] **Alisoun:** Absolutely. Again, the *opposite* is true. The bigger the cohort, the more heterogeneous it is. And the other, I suppose the other big thing I've always felt quite upset about is the fact that we somehow delete gender from later life. Older people are probably older men, and they're probably white heterosexual older men. There's quite a lot of assumptions about the way things are considered and planned and put in place and so on, which is still, I think, quite driven by assumptions about the male, the white male life course. And women are the, by *far* the majority, particularly in care settings. So I think it's a mixture, and we don't want to see it, we don't want to think about it, and we don't value older people particularly. So I think it's a mixture of all those things. And of course it will be a lot of work, it'll be quite a lot of work to, to shift the way...

[00:11:27] **Lesley:** Lots of work and a lot of resources.

[00:11:29] **Alisoun:** Work and resources.

[00:11:30] **Lesley:** But it doesn't mean it's not needed.

[00:11:33] **Alisoun:** It doesn't mean it's not needed. And I think it's probably needed now more than ever, when you think about some of the experiences that older people have had, some refugees and migrant populations who've come from war zones. Obviously, I'm not, by the way, at all suggesting we shouldn't be paying huge amounts of attention to the experiences of children and young people, we *should* be, because the more we invest in things like Sure Start, the better the *life course* outcomes are for people of all ages, actually. But there are lots of older people who are fleeing war zones and we don't hear much about them. We do hear a little bit more than we did, but it feels again the group are not really paid much attention to, and yet, I'm sure they are suffering enormously and enormous losses. So it feels like there might be ways in which services for some groups are beginning perhaps to think about these issues. But again it will probably be still recent, your recent experiences of being traumatised rather than looking back across the span of the life course.

[00:12:37] **Lesley:** It's interesting because I did some research around isolation and loneliness, and when I was talking to people across different parts of the life course we did biographical research, their stories always began with loss. And the loss that many of them talked about, no matter how old they were, was something from like bereavement in childhood, for example. And you could see that it was still there. Because that's where, you know, you use that approach and it's like, where does this begin? And that's where they go to, that childhood thing that's led them to where they are now. So yeah, I can see that. I mean, the thing is, it is really a big thing, and you're right it's not about taking away from the fact you need this all the way through the life course, but you don't just write off a whole group of people now because we haven't got the resources to deal with it. There needs to be things in place, don't there, to address this now with the people. Because I was saying, and we recorded something the other day, Alisoun, and I've just entered the group, I was told, by turning 50, I've now been told that I now count for some research into older people, and I was like, excellent, thank you very much for allowing me to do that.

[00:13:45] **Alisoun:** So you're embracing that then, excellent, yeah, good, good.

[00:13:48] **Lesley:** I decided, well, why not? Okay, so yeah, and I was like, yeah, me and a 90-year-old? We're quite different.

[00:13:56] **Alisoun:** I hope you don't mind me sharing this in the recording, but you spoke earlier about the fact that you're a parent carer. Well, yeah, that's an issue that is going to be with you for a huge chunk of your life.

[00:14:09] **Lesley:** Absolutely.

[00:14:10] **Alisoun:** And obviously being a carer has a significant effect on the person who's doing the caring. And again, you could be an older person whose partner has perhaps passed away and you might have been the intensive carer for that person for a number of years. And actually that might be taken account of, because it's relatively recent, or that your relative has moved into a care home and you're still wanting to be involved. There's somehow this notion that somehow almost, "we're going to take over from here". It's like, actually but what about the relationship? By the way, I'm not suggesting everybody wants to be involved. There were some people that go, "I'm absolutely exhausted and I really would like to, to sort of not be a carer for a while". But there were lots of older couples in particular, older spouses who *do* want to continue to be involved in the life of the person they've been married to, for often the best part of their adult life. Yeah. Mm-Hmm. . So being a carer...

[00:15:08] **Lesley:** I'm quite interested in that carer role, yeah.

[00:15:10] **Alisoun:** Yeah, it's a huge part of most people's lives, particularly if you've started caring when you were quite young, which obviously you have done.

[00:15:19] **Lesley:** Yeah, yeah.

Family carers

[00:15:20] **Alisoun:** So I mean caring is in the book on mental health in later life, but of course I've also written a whole book, with my colleague Mary Larkin, on family caring. And that kind of came from a request, a BSG from Emerald Publishing, from one of their editors, who said, you know the commissioning editor, they were doing a series of books called Society Now. And Society Now is contemporary issues, so it's climate change, it's the digital self, it's digital currencies, it's what you might call issues that we're all concerned about but really haven't got time to understand in any massive amount of depth. So what Emerald quite rightly thought was, I know what we'll do, we'll get people who know about this stuff to write relatively short, relatively accessible texts on the issues. And they approached me and said, would you be able to do something on family carers and caring? Because a lot of people are interested in this, and it doesn't feel like there's a "single text" out there that brings all the bits together. And so I said, "yes, as long as you don't mind waiting for me to do it", I think they had to wait for about three years, "and you don't mind me doing it with someone else". They went, "nope, that's fine". So we published that in 2023, and it's really targeted actually at undergraduates, and I don't mean to sound boastful, but I think they would find it very useful. And certainly social work students would, nursing students might, and people working in all sorts of care settings. But actually, it could be anyone who wants to know a bit more about family caring, really.

[00:16:55] **Lesley:** Because you don't get all of that in the training of social workers, there's only so much you can do. So then you come out into practice and when it comes to it you don't have, you come out as a qualified social worker, at that point you could go into *any* aspect of social work. And then those that go into working with adults, you're talking about a massive group of people from 18 plus.

[00:17:19] **Alisoun:** Yes absolutely.

[00:17:20] **Lesley:** So they may not have even had that concept explored with them in their course, or even in their job, unless it's come up as an issue and then they want to look at it. But I'm absolutely all for having these accessible bits of information where you can go to, just to start that journey of thinking about it. Because I was thinking that, you know you mentioned like I am a parent carer, and I primarily refer to myself as that, but I've also got an ageing parent who's on her own. So then I'm in that middle ground. And luckily my Mum is still very independent, but there are still times when it's like, actually those needs come and I have to go to that side of it, and I'm right in the middle of that without other family around. So the caring role for me is really, really interesting, because of the difference around informal unpaid care that we're expected to do. And we were saying before, weren't we, how a lot of that does fall on women.

[00:18:20] **Alisoun:** Well, it falls on women, and I think that we have really moved to a point now in the UK where we are exploiting carers, I would use that term.

[00:18:29] **Lesley:** Right.

[00:18:30] **Alisoun:** I think we have shifted away from a partnership model, much more to an exploitative model, and treating carers, family carers, as unpaid resources, if not kind of members of the social care workforce. I've actually seen that phrase on a few occasions, and I find it very concerning indeed, because I think once we use phrases like "members of the social care workforce" we're really accepting that we are using family carers who are not paid, who do not have any health and safety legal protections, who are not actually part of a formal workforce. I mean, for example, do I think it's wrong that carers have access to training, skills for care training, for example, to lift and handle safely? Not particularly, if that's going to protect a carer, great. But do I think that it's part of a worrying trend? Because we're clearly expecting carers to do the work of paid carers aren't we? If we're saying off you go and do training on lifting and handling then we're expecting you to do lifting and handling. Now I think these are complicated issues, and of course there are distinctions and differences between groups of carers, but in general terms, number one we have far more carers, we think there's something like 10. 6 million carers in the UK ish. And of course that peaked in COVID, which is a slight... there was more in care, this is a slightly different discussion, which we can come back to if you want. But part of the reason we have more family carers is because we have an ageing population, and we have fewer people living in residential care homes. So we've got *more* older people living in the community with complex, comorbid conditions, dementia, frailty and so on, and we expect families to step up to the plate. We are also shrinking the amount of support we give to both people with care and support needs *and* family care. So it's a kind of double whammy, so carers are getting less of everything, they're getting less support for the person they're looking after. And my own personal example would be my mother was my father's carer and he used to go, he had Parkinson's disease and he had Parkinsonian dementia as well, a Lewy body dementia query, and he used to go to a day centre which was down the road from me here in Beckenham, because my mother and father lived two doors down. And my mother used to absolutely relish those half, there were two sort of, well, they weren't really full days, if you know what I mean, but they were chunks two thirds of a day. And she would sort out the house, she would do jobs, or she would go out shopping, she'd come round, we'd go out for coffee, go out swimming sometimes. And those were two spots in the week where she got a bit of space to herself and all the rest of it. And then, of course, it was cut. So she was then on her own with my dad all of the time, and the stress and strain on her was really quite enormous. Now she *had* a family around to support her. So I think we've got more carers, it's not just the ageing population, that's one of those slight myths as well. There are more adults of working age and more younger adults with complex needs whose families are expected to care for them. So we've got more people with care needs, fewer services, and the message to carers and to families is "it is right and proper that you do the caring, it is what the person with care and support needs wants, and it is the moral and virtuous thing to do". And by the way, all carers are positive and they're all heroes. So there's quite a strong, public narrative that pushes carers into, I wouldn't say into caring because most carers, I haven't got to tell you this, Lesley, *want* to care. What they want to do is *share* it a bit more with services that are supposed to be there to support them. So I think we have reached a point where if care needs are increasing, there are fewer carers, of course, because there are more couples, older couples, who haven't got any children or whose one daughter lives in Australia. So, to use the terminology, I don't like it, but there's more of a "demand" for care, there's a smaller "supply", and I use that term in inverted commas, of carers, and we've shrunk the welfare state. Well, we end up with carers doing more and more and more and more. And, you know, I remember when I was a social worker, district nurses coming around and bathing older people with care and support needs. Well, not only, I mean, then there's the kind of "home care", do you remember the medical bath and the social bath discussion that went on in the 90s? Well, then home care would do that, and now they don't do that either. So it's the family carer who suffers stress, physical strain and a lot of financial strain. So we've shifted the dial towards family care, we've withdrawn a lot of what used to be provided by the local authority and other providers, and the NHS, and we have what Fiona Morgan and others call "privatised" the risk. So carers, almost exclusively, privately bear the burden. And I use that term, I mean, we can debate whether it's a burden, because it's not always a burden, certainly not. But the responsibility for caring falls on individuals, mainly women, and the family, rather than us sharing as a society responsibility for care. Now you could say, "well, this sounds a bit abstract, Alisoun, what do you mean?" Well, let's take maternity, or what's now called parental leave, as an example. We all, the taxpayer, contribute somewhere along the line to parental leave when people have children. Employers, of course, contribute too, that's quite true, they do, but so does the state. Because we think it's in the interests of wider society to support parents *a bit*. Now why can't we do that with carers? Why can't we have a system which accepts that we will *all* be carers probably, and we're all going to *need* care sooner or later. So actually caring is a universal issue. So rather than just labelling 10.6 million people as carers, if we started to think about caring as a universal need, that we're all in caring relationships, in interdependent relationships, which depend on care and caring in large or small proportion, then as soon as you start to open the doors on that, you stop seeing carers as the *few* and see caring and carers as the *many*, then I think we're beginning to open the door on having a wider conversation about shifting the risks, the physical, mental and financial risks, away from the individual and family towards wider society. But in the current climate, again, I haven't got to tell you this, that is quite a difficult message to communicate. And to be honest, I have mixed views about the... we seem quite wedded to the "heroic" narrative, it's quite a hard narrative to challenge. But I think we need to.

The ‘heroic’ narrative

[00:25:13] **Lesley:** Kind of like "above and beyond" almost.

[00:25:14] **Alisoun:** "Above and beyond", or, and I've written a paper myself called "Isn't He Wonderful?", which was about older male spousal carers, who of course get a slightly better deal than their female counterparts because, you know, like single dads, you know, it's that kind of thing, and I'm not having a go at anyone here, older husbands do lots of caring. In fact, older husbands do as much caring as older wives in demographic terms, but every other group of carers, it's disproportionately female.

[00:25:42] **Sarah:** I was just wondering if you could say a little bit more for our listeners about why that narrative is problematic, because I think some people listening might think, "well, they are heroes, they do a great job".

[00:25:53] **Alisoun:** Yes, they are.

[00:25:53] **Sarah:** You're challenging, not that people do a good job and are heroes, but that sort of single-track narrative, I think, is what you're challenging.

[00:26:02] **Alisoun:** That's right. I am.

[00:26:03] **Sarah:** So if you could say a bit more about that I think that would be really helpful.

[00:26:06] **Alisoun:** Well I think it fits with the neoliberal discourse very comfortably. So I think if you present people as "heroes" it sort of intersects with notions of good and virtuosity, positivity, and also choice. So this sort of fits quite well with a neoliberal narrative, which is families should care, it is right that they care. Wouldn't we all agree, in the *abstract* wouldn't we all agree that the family is the right place for care, the right place for care to happen, to take place? Because we all belong to families, and families are caring. And if somebody has care and support needs, it's only right and proper that their family should do the caring. And that's probably what most people with care and support needs want. And we all go, "yes, absolutely, I agree with that". But when you say, oh, okay, so an 85-year-old man looking after his 84-year-old wife with severe dementia, and she has frailty, and she's actually quite difficult. She's getting up four times in the night, she's screaming at the husband saying she doesn't recognise him and who is he, this stranger in her house? And he's having to give her medication, because no longer nurses come around and do that, and he's getting a bit confused about the medication and he's got to lift and handle her into the bath and he's got to wash and dress her and he's got to feed her, you start to think, oh yeah actually, that is a little bit problematic isn't it? For *some* groups that's a challenge, and actually you probably *shouldn't* be expecting an 85-year-old man to do that. So when the abstract meets the reality of the expectation that *that* group, and let's turn back to the older, the ageing stuff we were talking about earlier. So lots of older people do have care and support needs and need to be supported by a family carer. But also there are more and more older carers, so there are more and more people with care and support needs looking after people with even more care and support needs. So there are carers with their own health issues. Now, of course, you could say that's true for some midlife carers, and it is, but let's just stick with the ageing thing. So not only have we got a demographic, ageing profile of our wider population, we've also got what's called the "ageing of caring", so more and more carers are older people themselves. And let's just say over 60 for the sake of argument. So we've got mainly two groups. You've got older spouses or older long-term partners, looking after a partner. We've got older sons and daughters, so sons and daughters in their 60s and sometimes 70s, looking after *very* elderly parents or parents-in-law. Now your question was about the narrative. Well the narrative about heroism suits the neoliberal narrative, but it's an uncomfortable one to challenge, I think, even for carers and carers' agencies, because no carer wants to almost say, "oh, that's just nonsense". They might say, "I don't think I'm a hero all of the time". I'm sure you would say that, Lesley.

[00:29:00] **Lesley:** Yeah.

[00:29:00] **Alisoun:** But it's quite difficult to challenge, it's really quite embedded in the public mind. Also, it suits us, it suits us all to see carers in this almost entirely rosy and positive light, because then we haven't really got to do much or pay much attention, and we can nod and go, "well, that's great that that carer's doing that".

[00:29:20] **Sarah:** Or "aren't you doing a great job", yeah. It feels like it glosses over some of that complexity and the difficult issues and "oh they're coping because they're heroes so we don't need to do anything more because..."

[00:29:33] **Alisoun:** That's exactly right.

[00:29:34] **Lesley:** That's what I was going to say before because it reminded me of the working paper that I'd done which I actually looked at the psychosocial support for parent carers, and I was looking at the narratives around self help which everybody looks at and thinks this is great, we should be doing this, this is really important, all of that. But actually my article is entitled 'A Neoliberalist Solution for a Neoliberalist Problem', which was that actually, when you look back at why the parent carers were in the position they were in, it was actually because of the reduction of the support from the state.

[00:30:08] **Alisoun:** Quite.

[00:30:08] **Lesley:** And so the parent carers' response to, if they were struggling, was "I need to ask my Mum for help". It's ask family first, and if you can't do that, then *eventually* you can come to the state and ask for help. But the reason they were having stress was because the resources were being removed from their children, they didn't have any choices about where to go, they had other children, so they were trying to manage. So this service had put in psychosocial support for them where they brought their children for respite care.

[00:30:42] **Alisoun:** Yes. Yeah, I understand.

[00:30:43] **Lesley:** And was putting it into that place for them. And when I naively started doing that, I thought, "well, that's a great idea", you know, it was like give them access to massage, access to counselling, but they were actually really wanting access to peer support, so a parent carer group. That was the thing that never happened. And the reason it never happened is because they didn't have any choice or control over their availability. So they were only available when their child was booked in to have that time.

[00:31:15] **Alisoun:** It's not very needs led, is it?

[00:31:16] **Lesley:** It's *not* needs led. It was therefore they were positioned like that, and then they were grateful for what they got. It's like "oh, thank you for giving this to us". Because it was a free service, but they wouldn't have needed it in the first place if they weren't in that position. And I think that's the bit. You know, when you don't realise that. Yeah, and that's where the neoliberal bit is.

[00:31:37] **Alisoun:** It is. It's all part of that. I mean, it's a political choice that we don't support carers, it's a political choice. I mean, I think that, I want to make a couple of other points, actually. I don't think I said enough at the start about the exploitative things. In a way, we're expecting more of carers, and by that I mean we expect carers to do more caring more of the time. So if they have to give up their job, so be it, to be a carer, because of course that's your top priority in the world. But we're also expecting them to do more complex care tasks. So they're already looking after somebody with more complex needs, more hours, more weeks and more years, by the way. But they're also looking after, they're also doing more complex care. So the nurse isn't coming to do the meds, she's expecting you, the carer, to do the meds. Now, you know, you might make a mistake. You might give your wife, to go back to the example I talked about earlier, which is a real example by the way, of an elderly man who couldn't remember, because he was so befuddled with lack of sleep, whether he'd given his wife the sleeping tablet or not. So he ended up giving her too many and she fell down the stairs, and then it became a safeguarding alert. So we really are in a very weird, dark place when we're expecting elderly, frail people to do really quite complex care tasks, which they want to do, "I want to support my wife, I love my wife, I want to support my wife". By the way, not all couples love each other, let's just get that on the table right there. But let's just say you, you are, again, let's, let's not get too, let's move on to that other thing in a minute. So he has been married to this woman for a long, long, long, long time, this is the current old generation, and he's suddenly subjected to this lens of abuse, which he feels, I should think, that he's sleepwalked into this situation. People have withdrawn all the care and support and who, in a way, I'd say the local authority has caused that problem. They've created, I've said this to social work students by the way, "who's to blame for this?" And I would say withdrawing the support for the wife probably, and him not then being able to go to the carer's service, which he may or may not go to, because don't forget most older spouses do not see themselves as carers, it is not the language that that older person will ever use. So if we are to go down the path of saying the best way to support carers is for them to put their hands up and go, "I'm a carer, I'd like some support please", that's not going to work for people that do not and will *never* see themselves as a carer because it is antithetical to the relationship they are in.

[00:34:18] **Sarah:** That's a real issue, isn't it? When actually to access resources, you need to categorise yourself, and you need to put yourself in a box to say...

[00:34:25] **Alisoun:** Stamp the word "carer" on your forehead.

[00:34:28] **Sarah:** Yeah. And I therefore can access whatever meagre resources might be available.

[00:34:34] **Alisoun:** But to go back to, or to at least raise the issue of where I think good social work could play an important part, probably does actually, but it's just hidden, is if you are visiting an older person with care and support needs, and it is obvious that the partner is the carer, just don't use the word. Just carefully and sensitively try and engage a discussion, possibly with the couple together, if that's going to work well, but probably take the person who you think is doing the caring aside into the, let's have a cup of tea, go into the kitchen and really try and have a conversation. "How are you getting on?" "You look really tired, really a bit worried." "I'd like to come back next week and have a more in depth conversation with you", because probably someone is not going to tell a stranger, why would they? I wouldn't, "actually, you know what? I cannot manage her anymore. I am at the end of my...", you're not going to just come out with that. You need to feel, so good social work for my money would look like coming in, visiting, having a bit of a recce, having a bit of a chat, and then thinking, "hmm actually I think perhaps I really need to do a bit more work here because I'm really worried this man is doing a heck of a lot, and I'm worried he's on the edge". Coming back maybe the week after and, and carrying on, then maybe having even more of a conversation. I know you're going to say, well, no one's going to let you do that in the current climate, but it depends on what we want as a society. Do we want carers to be driven to the edge? Or would we rather have a welfare state where we had a nuanced conversation with him, which went along the lines of "how are you getting on, really a bit worried about you, how are you coping", and *allowing* him to say "I don't know if I can go on anymore, I'm just not sure I can". And then saying "shall we talk about a care home for your wife?" And allowing him to be angry and upset and really sad, but actually saying "shall I help you, either get more support if that's what you want, or maybe the time has come for us to think about your wife going into care". Which is against this narrative that says people must care and have to care, but what about when it's not *safe* for the carer to care? What about when they are?

[00:36:41] **Lesley:** Do you think as well that they don't know when to, because the systems are so challenging and difficult to navigate, do you think then there's that element of people, even before the carer element, then actually knowing that they're entitled to any service whatsoever?

[00:36:55] **Alisoun:** Absolutely. Of course we've deliberately made it so difficult to navigate this, well you know this, you're an expert probably, in navigating the system. And an older person who's, yeah let's go back to this older couple, so she's in hospital, she's fallen down the stairs, and let's just say for the sake of argument that the safeguarding thing has gone away, because they're kind of saying, "well actually poor man, he's made a mistake, let's put the blue lights away and move on". So he's gone in, she's in hospital, he's there, up pops probably not a social worker, probably somebody with a long title who *used to* be a social worker, probably called something like a discharge officer, who may be perfectly nice and everything else, who says "ah, Mr Jones, I see that your wife's got some needs. Here's a list of care agencies you can ring. See you later." Mr Jones is like, "I don't know where to start with this, how do I... do I have to pay? Who pays? Do I pay?" Completely confused. Again, I would say you need a social worker to come and say, "right, let's go home. First of all, do you want Mrs Jones to go home with you? Is that where we're going with this, or are we thinking about another way forward?" Let's just say he goes "no, I'd really like to go home with her, I'd like to go home". Then, I mean, I don't know, again the hospital social worker probably isn't going to be able to follow it up because that's not their role, but let's just assume in the fantasy world that she can. Goes home, sees them, or links up with the social worker who saw them before, and they talk about how can we go forward? What can we do to make life better for you? And let's *together* think about home care. Let's together think about, and I know you're going to say there isn't any day care, but it's some sort of day support service. "Oh, you go to church? Okay, let's look at what perhaps a church can be involved. Perhaps there's a, I know what there is, there's a group for carers that you might...", okay, let's say you've had the conversation about him accepting he might be a carer, "perhaps there's a carer's group you might be able to join, there's a couple of older blokes in that group you might like to talk to about some of the challenges you're facing". So I think it's trying to navigate, using skills, expertise and knowledge about what's around and how to navigate the system, helping this older couple through to the next stage of their lives. And that is a skilled job.

[00:39:06] **Lesley:** It's having all of that as well though, isn't it? Because there's social workers, like I remember starting practice and there was no manual there that said, these are all the resources and access that's available.

[00:39:17] **Alisoun:** No, you have to learn. You have to learn, which is one reason why the retention thing is another, I mean we all know it's a problem, but it's a problem as well because no sooner has somebody really got to know an area, a particular area, really get to grips with who's who, got a bit of oomph with the local consultant, knows who the GPs are, got a little bit of power here and there, knows the voluntary sector, knows the third sector, has got to grips with how it all works, you know, and off they go. I mean, the SWOP project, the Social Work with Older People project, it's got some absolutely cracking findings, really, really rich, interesting findings, some of which are about the confident social worker who's been around the block, who knows what they are doing, will persist. Will persist. And there's a very good example, this isn't relevant to carers by the way, but a very good example of a chap who was really quite severely self-neglecting, lots of concerns about him living in one room, I think he had an amputated leg, grubby house, the whole works. Absolutely not letting anyone in. "No, no, no one's coming in." She went to visit him something like ten times, on the basis that she thought, "well, sooner or later he's probably going to let me in", but she trusted her own instincts and she kind of knew, because she had the confidence, that actually, if I keep coming back, he'll probably come round, through the letterbox, you know, knock, knock, knock... And eventually, of course, he let her in. Well, she did a fairly small *ish* piece of work where she got the place cleaned up, with his permission obviously, got the chap who was probably his carer, rather opaque nature of the relationship they had, got him some help, got him the benefits, got him his bed moved to a window, cleaned the window with a view, got the meals on wheels, and he would have been in a care home wouldn't he? Let's be honest now, fairly soon the neighbours would have just got fed up with the smell and what have you, and he probably would have been carted off by somebody. So that's what I mean about the confidence. A lot of times social workers, particularly newer, less-confident ones, will go out, see this chap, knock on the door and he'll say, "oh F off, I don't need you here". You'll go back and the team manager will go, "well is he or isn't he? What's the problem with him? Is he self-neglecting?" "I'm not sure." "Well is he or isn't he?" "I don't really know." "Next case." And that's the other thing the SWOP project did identify, that the pressure on services to discount and to move on to the next person, to tick the box that says "I've done an assessment". And if I may just go on about assessment for a second, one of the things I feel really worried about in relationship to carers is the outsourcing of assessments to carer's organisations, which is, by the way, me 100 percent *not* having a go at carers organisations, who I do think do a fantastic job, an absolutely fantastic, third sector for carers does a fantastic job. But I'm a little bit worried about the outsourcing of carer's assessments to them, not because I think they can't do a good job of the assessment, but because they're not really being paid to think about the person that's being looked after. And yet that is part of the carer's world. It's this strange Kafkaesque arrangement where a parent's looked at without the child, when they wouldn't be a parent without them, it just feels quite odd to do an assessment of somebody whose world is wrapped up, in an interdependent way often, with the person they're looking after. So that's a worry. My other worry is that if the carer's organisation depends on the local authority for funding, it's not going to bite the hand that feeds it, is it? In the old days they used to be complementary, supplementary, "critical voice". Able to be a little bit critical of local authorities. "No you're not doing a very good job there, are you?" And, you know, "how about this and how about that?" Quite difficult these days, I think, to sort of say, actually, you're not doing a very good job, because they'll say, well, do you want this contract or don't you? And they don't say it like that, obviously.

[00:43:16] **Sarah:** So that independence is compromised, isn't it?

[00:43:19] **Alisoun:** Exactly, Sarah. That independence from the state is something we seem to have lost under the umbrella of commissioning and efficiency, and all those other phrases that are aligned, completely aligned with the kind of neoliberal welfare model.

[00:43:33] **Lesley:** Yeah.

[00:43:35] **Sarah:** Yeah. I'm just taking in everything you've just been talking about. I think, what you've said about the role of the social worker really resonates with some of the other conversations we've had with guests in this series of the podcast. We were speaking to Nick Andrews was it yesterday, Lesley? Tuesday. And he was very much talking about that relational role and the importance of that, and being embedded in the community, and some of the same things. Although not specifically talking about working with carers in that conversation. What do you think, because you've done extensive work, and this might be a really big question so you can narrow it down however you like, but what do you think are the most important messages from the work that you've done around particularly carers and older people, and older carers?

[00:44:26] **Alisoun:** For social workers or generally?

[00:44:28] **Sarah:** Just generally, and then if you like you could say I think specifically about social workers afterwards if there are particular things there as well.

[00:44:35] **Alisoun:** Well I think one of the big take home messages from the book that I wrote with Mary was that caring is complicated. It's conceptually complicated, it's multidimensional, and it's often something that people do gradually grow into, that's not true for parent carers, I'm conscious of that, but for most carers, they aren't a carer on a Monday and are now a carer on a Tuesday. So road traffic accidents and being a parent carer would probably be the two exceptions. But most people become carers over time gradually, they've got a partner with dementia and they start to think, "Oh, he's forgotten this or that. Oh, actually, he's not going to get his meds properly, so I'd better do that for him. And come to think of it, I'm not sure he's shaving properly anymore." And then they just gradually drift into doing more and more and more, then end up being this sort of 24/7 carer, and may never see themselves as a carer. So I think that's the first point. I think the social risk argument, I'm not going to repeat it, I think that's very important that we. begin to seriously consider like what is going on? Why do we say, so that group of people over there are carers, but I'm not one, and that's a separate world, it's not part of my world as a citizen of the UK. And yet we are willing to consider things like parents, parenting *a bit*. I know lots of parents will be shrieking saying, well, they hardly get support, they don't get much, but there's *some* public acknowledgement, some recognition that supporting parents is going to be in *my* best interest, that children are the future and all that sort of stuff. That actually supporting parents is a good thing for our society to be doing, but supporting carers, not really. And look at the latest scandal about the payments, look at the DWP thing about people and they're getting this tuppence ha'penny they get for being a carer, and now they're being charged for the DWP paying them a little bit too much. I mean, it's just absolutely disgraceful that we are not doing more to shriek about this. I know some people are shrieking. I think there are a couple of other messages. I think we, in terms of thinking about services, I think we do need to think about people with care and support needs *and their families*, and we use this add-on quite often and it kind of becomes lost a bit. Of course there are families who aren't carers, I'm not trying to suggest that all families do caring, well they do caring of a sort but I suppose I mean hands-on care of some sort. I think we need to acknowledge the complexity of working with people with care and support needs and their carers. It's not necessarily a separate thing, although sometimes it is, but certainly in terms of shifting the dial towards thinking about social work, often a social worker will be seeing an older person with care and support needs and there will be somebody doing caring around as well. And that's a complex piece of work, that takes time, it takes skill, it takes expertise, it takes knowledge. It takes a lot to do a really good piece of work with somebody with care and support needs and their carer. And it sometimes requires really navigating tensions. Who said carers and people with care and support needs are on the same page? Who said the carer, who might be a daughter who's worrying away about looking after her mother and really stressed, and the brother pops in three times a month and says, "Oh, I don't know what you're on about, it's all fine". So there's sometimes really complicated tensions between siblings or between relatives. "What should we do with mum?", quote-unquote. And the daughter's saying, "well really, I'm going to have to give up my job to look after mum, I'm at the end of my tether". The brother's saying, "well, I know it's difficult for you, but hey, you know, I can't be expected to do that, can I?" So often there's really these tricky areas to navigate. And helping people make good decisions is quite a nuanced task. And I think not enough is known about it, not enough is said about it. I said at the beginning of our conversation, Sarah, that one of the things that's coming out of the Social Work with Older People project is a specific paper focused on social work with carers, which I'm writing with one of the researchers on he project, Jill Powell and also Liz Lloyd. So Jill's doing the massive, she's doing the lion's share of the work, and we're just sort of helping her on the way. And she's just started to look at, so she's drawing out data from all the SWOP databases and specifically looking at what social work has done, what work have they done with carers.

[00:49:07] **Sarah:** Yeah.

Risk, abuse and care

[00:49:09] **Alisoun:** I think we need to challenge the hero narrative. It almost masks the challenges of caring, that's the other risk, I think, of the hero narrative. I mean, wiping somebody's bottom. Is that heroic? It might be, but it's also pretty grim. I mean, people just don't want to do that day after day. And why should they? They might want to do it a bit, but you know, it's pretty challenging. So I think there's that. And also I think sometimes carers are victims of abuse. I mean, one of the things that Sarah and I were talking about before you came on to the podcast, Lesley, was that there's a few of us who were looking at issues around harm to carers from the person that they are looking after. And that is a really, that's an area that really people just want to put their fingers in their ears and go "la la la la", that's just *way* in the too difficult, it's not even in the too difficult box, it's in the box *behind* the too difficult box, because it challenges so many assumptions. And, you know, I've written a paper about domestic abuse and caring. I mean, where is it written that you might've been the victim of your husband's abuse for years and years and years and years, he becomes quite demented and you're expected to be his carer. I mean, I very much doubt the heroic narrative fits very well into that sort of agenda. And he may well be carrying on being abusive too. Is that domestic abuse? Is that a safeguarding issue? Is it a crime? You know, which of the above? So it's quite complicated, and I think at the moment we haven't dealt with or come to terms with or really seriously considered. For all reasons I said at the beginning of our discussion, we're expecting carers to do all this, and actually one of the consequences is that they're looking after people who may be violent and abusive. Whether intentionally, unintentionally, I mean that's another discussion. But the consequences are the same for the carer. If the carer is being abused, they're being abused. And we tend to see people with care and support needs as vulnerable, at risk, as people who might have needs. With carers, somehow they're not in the same box. The older carer is the easiest one to kind of, as it were, imagine being a bit vulnerable. But actually, the idea that a carer might be in need of *protection* and be at risk themselves is quite a stretch for the current thinking, the current way that we understand carers.

[00:51:46] **Sarah:** Yeah, and I think it links back to where we started the conversation, because you just said, Alisoun, that that carer might have been a survivor victim of domestic abuse for many years from the person they're now suddenly expected to care for, and then if you take a life course perspective, there's an enduring impact of that abuse for the carer as well. So that's inevitably going to complicate and make... but people don't necessarily recognise that, or they might assume without a bit of digging that that abusive behavior has arisen because of that new dynamic and not actually realise that it's something that's been there for a number of years.

[00:52:28] **Alisoun:** You're right. And thank you for bringing the two areas together. I mean, it is exactly right. So where risk, abuse and care sort of sit on the nexus of that, it's this very tricky terrain, isn't it?

[00:52:38] **Lesley:** Yeah.

[00:52:39] **Alisoun:** And somebody might, yeah, somebody might be *newly* being abused, but this may be an extension of what's already gone before, and potentially worse, you know, yeah.

[00:52:49] **Lesley:** Yeah, I feel like connecting that with the social work that you were saying before about that more experienced social worker. For me, it's about then the curiosity to explore.

[00:53:00] **Lesley:** Yes, professional curiosity. Right, so you asked me about social work, and I have got a few thoughts on that. So two things to finish off, because I think, I mean how long have we got left, Sarah?

[00:53:12] **Sarah:** We've been recording about 50 minutes and we usually aim for no more than about an hour.

[00:53:17] **Alisoun:** Okay, I just wanted to make two, I think, two more points. One is about social justice. I think caring is an issue of social justice. I think with, thinking about theoretical conceptual models, though I think we need to really try and bring family caring squarely into the social justice arena. I mean it links with the social risks arguments I was talking about before. It's so uneven. It's so uneven, you know, you could just randomly become a carer overnight due to a road traffic accident. You know, you may be looking after a wife or husband who becomes very demented. You know, it's just how the dice falls, and we, at the moment, we really are not seeing it as an issue of rights, of human rights and social justice. This is a field I think needs much more work and we need to bring these issues to bear on thinking about family caring, particularly long-term family caring. I mean, in terms of social workers, I think appreciating the challenges of being a carer. And I talk to many people, social workers included, who will say in despair, I don't know what to do. There are no services. I don't know what to say, I'm quite angry and frustrated about the fact I can't offer this carer much. And I think it's difficult to be honest about that, and politically very tricky, I completely appreciate that. But listening, actually really listening to what the carer is saying and, prodding a bit, sensitively and empathically, to dig a little bit. Professional curiosity as you rightly say Lesley. Imagining being in that person's shoes, you know, this is a worn-out carer, this elderly man I keep coming back to. He's been at this for 20 years, you know, he's really, really, really tired and you're looking around the house, you're thinking, gosh, he hasn't been out for years. He hasn't enjoyed himself for years. He's got very, very little money, he doesn't even know about carer's allowance or attendance allowance, so he hasn't applied for those things. So some of it is about, I think, also bringing to the table, look, you know, you have rights to some of these things. You have a right to these... I remember talking, my father-in-law just would not get attendance allowance, and me and my husband went round and round and he kept saying "I don't want charity". And we kept saying "it isn't charity". So it is sort of talking a little, perhaps being a little bit firm with some people saying, look, you've paid your taxes all these years, you're doing all of this, come on, let's help with applying for welfare benefits. Very underrated social work skill. I think it's being revisited a bit now, let me have a look... There is evidence, *growing* evidence, there's very little of it, but there's growing evidence in the work that has been done on carer harm, that adopting a trauma-informed approach, so, and you could argue that being a carer, particularly of somebody who perhaps is challenging and occasionally violent and occasionally very difficult, who doesn't sleep, you are perhaps experiencing some level of trauma, even if that person's not actively abusing you. So thinking about a trauma-informed approach, using language that fits with the carer's own language. We talked about this earlier, not even using the word "carer", because that just would immediately, "Oh, I'm not a carer, I'm a husband". So immediately you're in this, you know, you're using your bureaucratic language, because some people would argue that the term has been invented by the system, not by the people doing the caring, but allowing carers to tell their own story. Yeah, perhaps just wandering back a bit, you know, so how did your wife, how did you first become, you know, again, you might have to be careful with the word "carer", but *caring*. So when you first became involved in caring for your wife, how did that happen? And allowing that person to tell you the story of how things unfolded. And then she started to do this. And then that happened. And then I realised I probably couldn't work anymore because it was a bit too difficult. My son's in Australia. So getting a bit of a story from that person. What about the challenges? Again, maybe not using the word "challenges", just what are you finding hard? It's clear that you'll find the bathing's a bit difficult. Shall we think about perhaps how we can move forward so your wife still gets a bath, but perhaps you don't do as much. So getting a picture of what *he* finds difficult. It might not be what *you* find difficult. Also *how* they might want to be supported. They may say, he may say, I really don't want anybody in the house.

Yeah, I don't know where you go from there. You might just say, well tell you what, let's carry on having this conversation. Look, there's a few thoughts I've had, let's come back to that a bit later on. So again, persisting, but not imposing, but perhaps opening up the door and the possibility that there is a service out there. Of course you've got to raise the ugly issue of money, there's no, at the moment, there is no way around the fact that if someone's got a certain amount of money they have to pay for it, but I'd be careful, I'd get the benefits out of the way first, if I was a social worker, so that man is getting perhaps a bit more, and then I might have to say at a later point, you know, there's going to be a charge, but I'd try and get the money in first.

[00:58:14] **Alisoun:** And also there's something about read across with other professionals, you know? What other contact does this man have? Is there a GP around? Is there a GP tearing their hair out because they're so worried about the health of Mr Jones? What about family, is there a family locally? Not necessarily to do caring, but just to have a conversation with. There might be a daughter who's desperate to be involved but the Dad's "No! You've got your life to live. I don't want your company, I don't want you burdening yourself." Getting a bit of a flavour of how the families operate. And he might have a best friend, or someone he used to go drinking with down the pub. Maybe you could say, look, why don't we get him to come round here on a Tuesday and you can share a pint of beer together in the garden, and we'll think about your wife, perhaps getting a carer in to look after your wife? Because the friends have probably dropped away, because it's difficult with the wife's, you know, often shouting or doing difficult things. What we do know is that carers are often very, very isolated. They've lost their connections with friends. And it might be an online thing. Again, not for everybody, and there are definitely older people who don't want anything to do with it. But there are lots of older people who are perfectly comfortable with Zoom and engaging. Maybe you could link that person up with some other carers.

[00:59:28] **Alisoun:** And I think as well is that really thinking, what is the point of a carer's assessment? Even if I don't call it a carer's assessment. Am I honestly just doing this to keep him caring? Because that, I think, is what underpins most, the drive to do carer's assessment is mostly about keeping carers caring. Not really about let's talk to the carer about what is actually right for them and what is in their best interest. So it's not that I don't, and I'm being horrible, I'm sure there are plenty of people whose motives to do that are not about that, but I kind of think that because of the neoliberal backdrop to all of this, we need... you know, why do politicians like carers? They like them because they're free. They're a free resource, and they do a lot of work, and they massively contribute to the support of people with care and support needs. And we know that they're worth 162 billion, I may be behind the times, it might even be 190 something now. But it's a huge, if they all just downed tools tomorrow it would really cost a huge amount of money to replace their labour. And I think there is the issue of harm. I think we've got to get on with that as well, we need to think about, is this carer being harmed? And I don't just mean, well, there are at least two levels to harm, aren't there? There's, well three actually. There's the direct harm, they might be being hit, or sexually assaulted, or psychologically damaged, or verbally abused by the person they're looking after. They might also be harmed by the doing of caring. So this old man, his back's gone, he's struggling with his wife, you know, she's put on weight, he's not got the right equipment, he's trying to dress her and he's falling and, you know, and he's psychologically stressed, he's lonely. There's the *indirect* effects of caring. But there's also the system. The system, I think, is also often harmful, you know, it's not embracing support really for carers, often.

[01:01:27] **Sarah:** Like you said, with navigating how complicated it is, for a start.

[01:01:32] **Alisoun:** Absolutely, the complexities of it. Do I have sympathy with social workers? Yes, of course I do, because they are caught between a rock and a hard place. But it is their job to go out and really, and actually quite often I think if you have a proper, sensitive, nuanced conversation, this certainly comes out of the SWOP research, the Social Work with Older People project, that that rich conversation can often lead to support being put in place probably, but not always. But actually sometimes what carers want is often quite small. That's this sort of fantasy, that if I open the door a huge amount of these demands will fall onto my head. No, often carers want quite little, actually. Sometimes depressingly little. I mean, I wonder whether there isn't a role for a named social worker, to go back to the dyadic thing, I think an older person with care and support needs who may have very complicated needs, the carer might also have very complicated needs. I mean, this is the work of at least two people, but one social worker getting to really get to know that couple, really that couple need the same person. And one of the things that SWOP definitely comes out with evidence about is the carer saying "oh, it was great, I could phone her up anytime and I felt so reassured". This carer's not asking for... they're asking for something called reassurance. That costs nothing, apart from actually the system going, I tell you what, should we do something really, really clever and give that person the same person back, the same social worker who's formed a relationship with them. I mean, gosh...

[01:03:05] **Lesley:** Yeah...

[01:03:07] **Sarah:** I think that seems to be true in a few areas where people assume that if you ask someone what they want, they're going to ask for the world and be completely unreasonable. But most of the time, like you say, people aren't going to do that. What they want are often quite small changes and easy-to-manage fixes, and they're not going to be unreasonable in what they're asking for. They're asking for things that they want and need.

[01:03:31] **Alisoun:** And also listening to the emotional stuff, being able to hear about the loss. You know, my wife used to be a headteacher, she was great at golf, you know, she was the life and soul of the party, and I just feel so sad, you know, listening to, being able to listen to some of that, the sadness and the losses. And also looking forward, you know, so okay, so where are we going to go now? What are we going to do now? How are we going to make life better for you, and probably better for your wife?

[01:03:57] **Sarah:** Yeah. I think we probably want to start wrapping up now. Is there anything else that you wanted to talk about, Alisoun, that you've not said?

[01:04:06] **Alisoun:** I'll just have a quick check of my notes, it feels like I've talked about quite a lot, I hope it hasn't been too much, as it were.

[01:04:13] **Sarah:** No, it's been great.

[01:04:14] **Lesley:** It's really interesting, there's a lot of crossover, I just find it so interesting, the shared experience, you were saying about the difference with the parent carers as well because that that is quite a very sudden change. Also I think sometimes, when you're talking about that kind of transition, like I think about that with my Mum, at which point would... I *don't* call myself a carer for my Mum, but am I having to do more? Yes of course, so it's like at which point do you then start saying, and I know it's a completely different topic, but I just know last year when we were doing our series was on domestic abuse, and I do remember talking to one of our guests about, you know, if you're offering a program that was for domestic abuse perpetrators, and we were discussing the language that people would not see themselves as perpetrators, and I'm not likening it in that way, but just about how we need something to latch on to, in practice, to say, "ah, well, that means you are entitled to this".

[01:05:20] **Alisoun:** Yes, that's an interesting point.

[01:05:21] **Lesley:** But it doesn't help the person.

[01:05:22] **Alisoun:** I know, I agree. I quite agree. It's interesting because the carer harm, the few bits of work that have been done on carer harm by others, and I'm just on the edge of this really, is that the language is, I mean quite a lot of carers, or family carers, just will struggle with the notion of harm, particularly if someone has *unintentionally* done it. So I think that again it's a sensitive topic. The last point I think I would make is about the workforce. I think there really is a challenge in adult social work. We don't have a specialist workforce around social work with older people, which I and others have long argued for. And I think the work, you know, Sarah and I are involved in the European Special Interest Group, and there's just a lot of expertise there. And it's clear in other countries they do, particularly in the Nordic countries, they have specialist social workers with older people. And it's baffling to me, really, to think that in this country, with a massive growing older population with complex needs, I'm not going to repeat all that, that we have adults social care teams, only a few of whom are social workers, which is not in any way to denigrate the roles played by other people, but it's almost as if we're kind of reserving social workers for that. Not only are they not specialists in other people, which some of them will be by default, because that's probably what they do all the time, but we don't *call* them that, and they should be called that, and they should be rewarded for being specialists in a way, if they have that expertise. But also they're reserved for the most difficult, the most challenging, where there's probably high levels of emotion, high levels of tension, high levels of risk, abuse, and so on and so on. When actually lots of older people would benefit from the input of a social worker, but because they don't tick any of these risk, abuse, or potential really, really challenging cases or capacity issues, they don't get that. They get other people, who are I'm sure very nice and so on, but some of the skills and expertise and knowledge that social workers have got could benefit lots more older people. And I just feel that is a real issue. And if we aren't even able to retain the social workers where we're having adult social care, I just think that's aa real challenge for us.

[01:07:35] **Lesley:** I remember when I started the practice that we did have, in the local authority I worked with, there were older people's teams at the time, and it was similar within children's services where there was the duty team, the long-term team, the looked after children team, and we had all of those, but I was there when they then just said, actually, let's just, no, children and adults predominantly. And it's just that, a lot of the thing I'm interested in is we expect generically trained practitioners to know what to do in complex cases.

[01:08:08] **Alisoun:** Yeah, complex, exactly. And also this, I'll just finish with a tiny rant, which is what irritates me hugely about the distinction between children and families and adults is that actually, somehow adults don't have families, they have carers. Children have families. So even the language is kind of unhelpful. And I'll tell this story to you, I've told it to everyone who knows me, that when I was teaching social work, the adult social work modules, those were my modules at Kent, the second year BAs would come back from their first placement and the first session they would have would be me introducing the adults module. And I used to say to everyone in the room, all the students, "so who had a placement with adults", or some question along those lines, and quite a few people put their hands up, and quite a few people didn't. So the people that didn't, I said, "Oh, who did you? Where were you?" Oh, I was in a children's social work team." "Oh, were you? Okay. So you didn't see any adults then?" "Oh, well, I saw parents." "Did you? So are parents adults?" So this is complete nonsense that, you know, adults are parents, and they may have learning disabilities, they may have mental health problems, they may be carers. And now we're seeing some children's practitioners not able to deal with learning disabilities or mental health, because you know what? They haven't had the training for it. So I think we have ended up with a very screwed up system really, and I think there's just a huge need for more specialism, and I would say this, with older people *and* their families, definitely.

[01:09:40] **Lesley:** Yeah, that's a very good point to just, full stop, that's it. That's been really interesting, thanks so much Alisoun.

[01:09:49] **Alisoun:** I hope so, I rambled on a bit there but anyway.

[01:09:52] **Sarah:** No, definitely not. Thank you so much for coming on and speaking to us Alisoun.

[01:09:56] **Alisoun:** Not at all. And thank you, Sarah, for linking up the first book with the second. You did a very good job there, I thought.

…

[01:10:04] **Sarah:** You have been listening to the Portal Podcast, linking research and practice for social work with me, Dr Sarah Lonbay.

[01:10:11] **Lesley:** And Dr Lesley Deacon. And this was funded by the University of Sunderland, edited by Paperghosts, and our theme music is called, *Together We're Stronger* by All Music Seven.

[01:10:21] **Sarah:** And don't forget that you can find a full transcript of today's podcast and links and extra information in our show notes. So anything you want to follow up from what you've heard today, check out there and you should find some useful extra resources.

[01:10:34] **Sarah:** See you all next time.

[01:10:35] **Lesley:** Bye.