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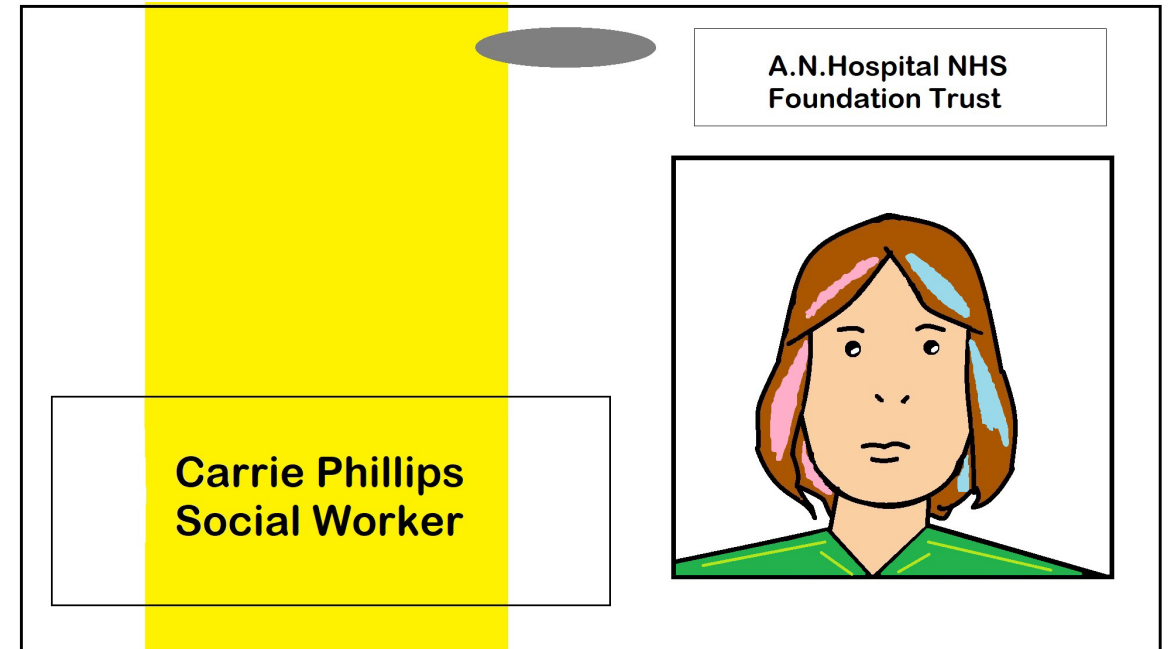
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# CARE AND COMPASSION IN HOSPITAL SOCIAL WORK

Initial findings from a PhD study



# WHAT WILL I TALK ABOUT TODAY?



What is hospital social work?



Aims and objectives



Methodology



Methods



Findings and Discussion



Ethics of Care

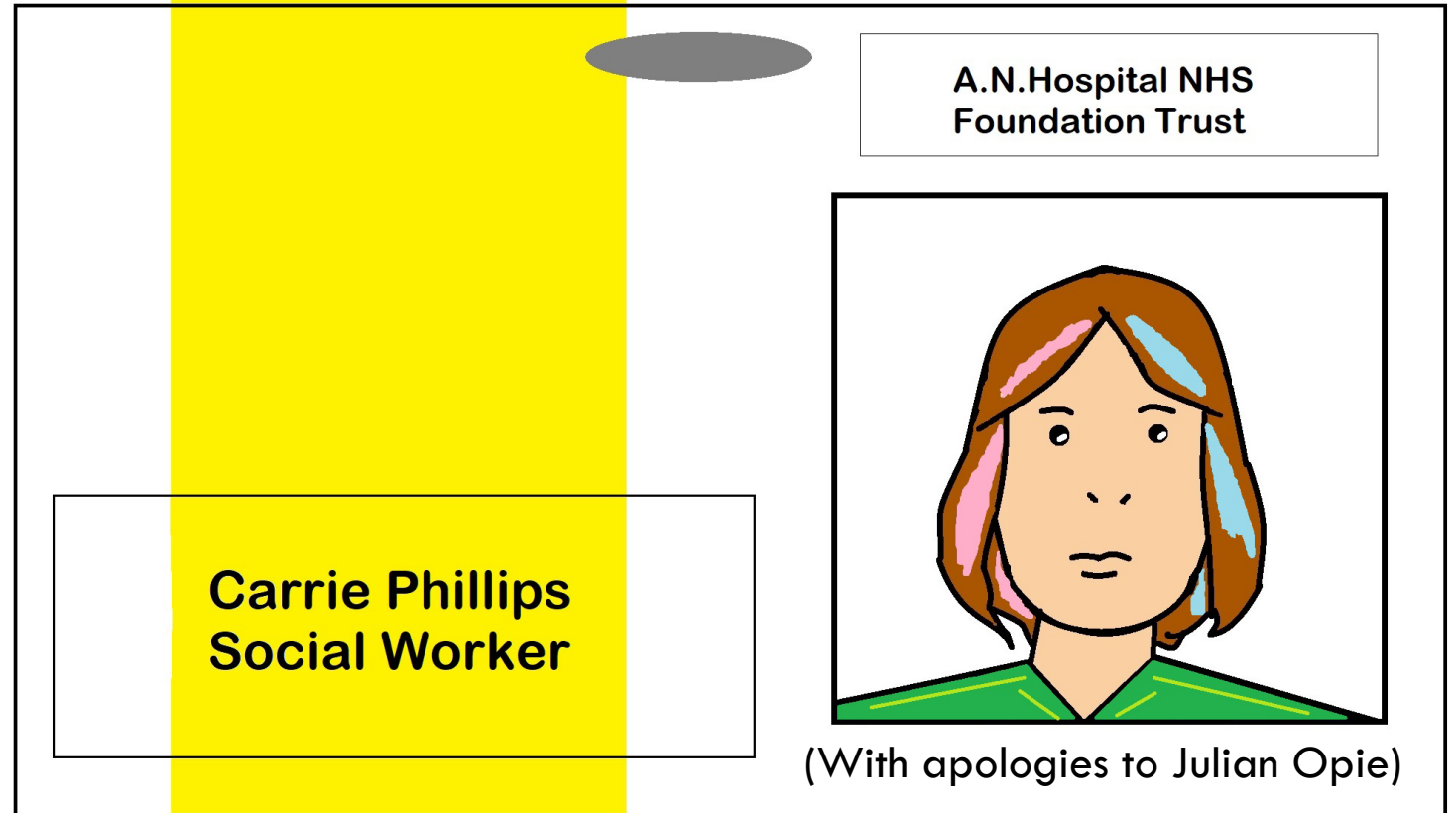


Questions

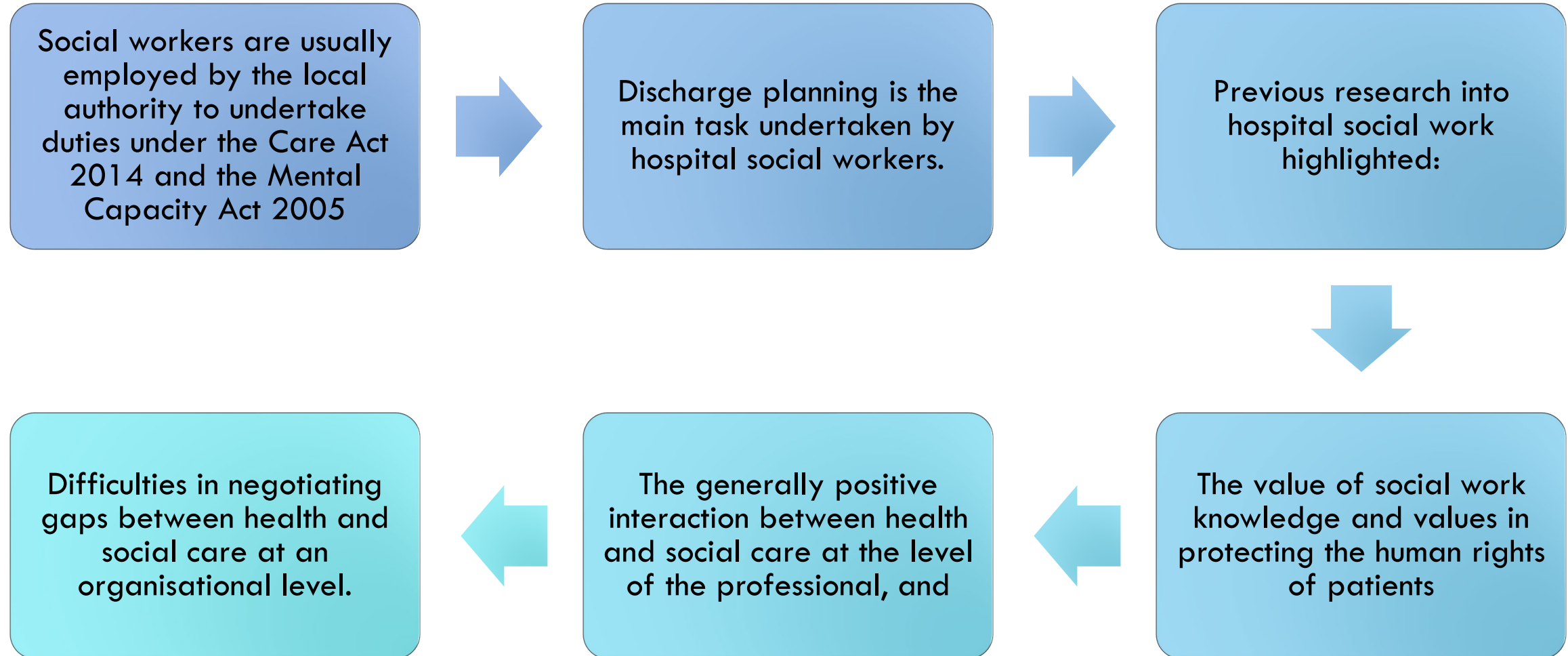
# AIMS AND OBJECTIVES

To explain the interaction between the structure of hospital social work and the exercise of agency on the part of the individual social worker.

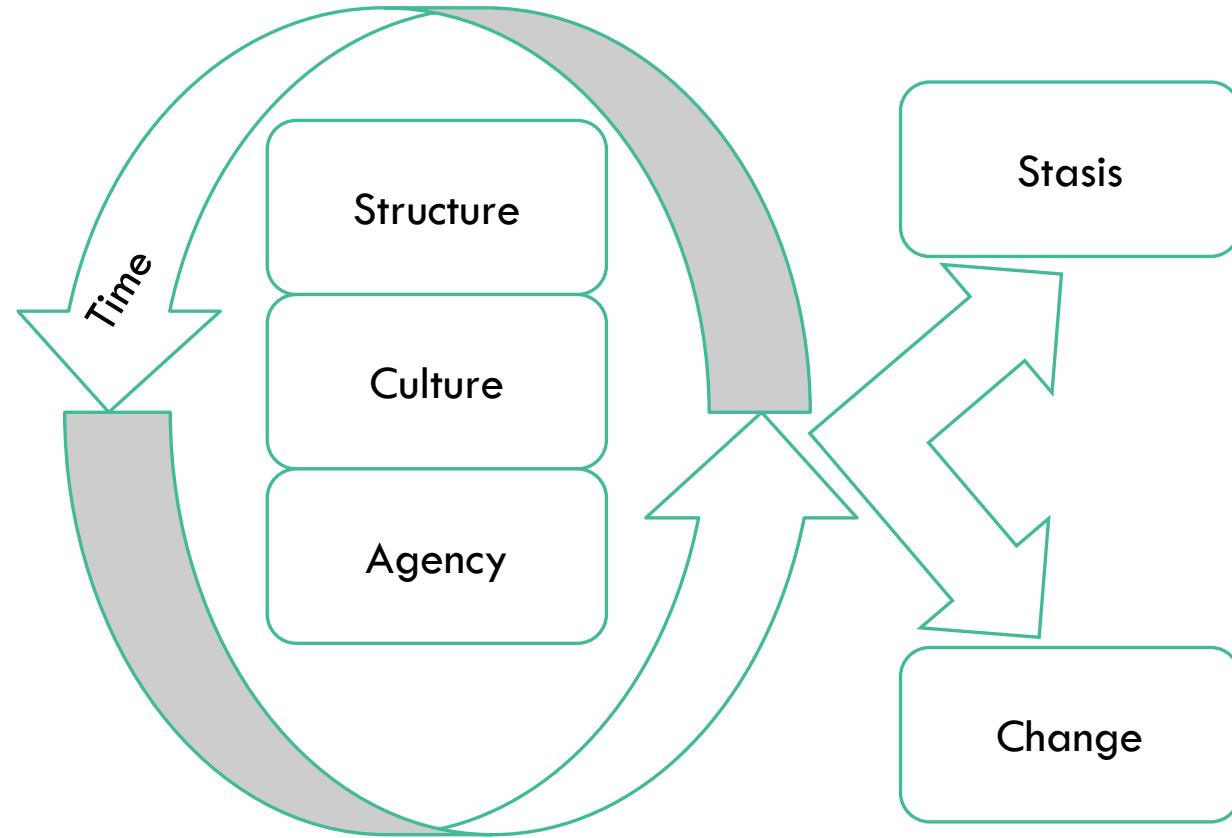
To inform the teaching and training of hospital social workers.



# WHAT IS HOSPITAL SOCIAL WORK?



# CRITICAL REALISM



Bhaskar (1979), Archer (1995)

# METHODS

01

Freedom of Information requests to local authorities and NHS Trusts

02

Interviews across two social work teams

03

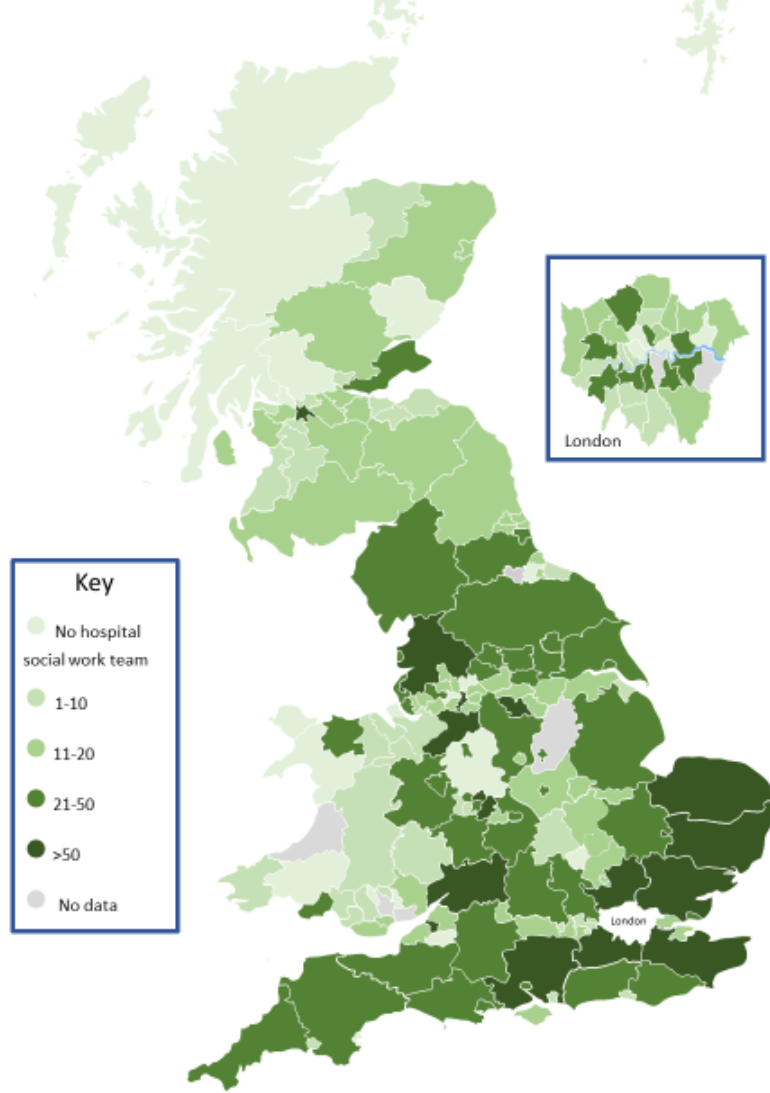
Online survey

# INITIAL FINDINGS AND DISCUSSION

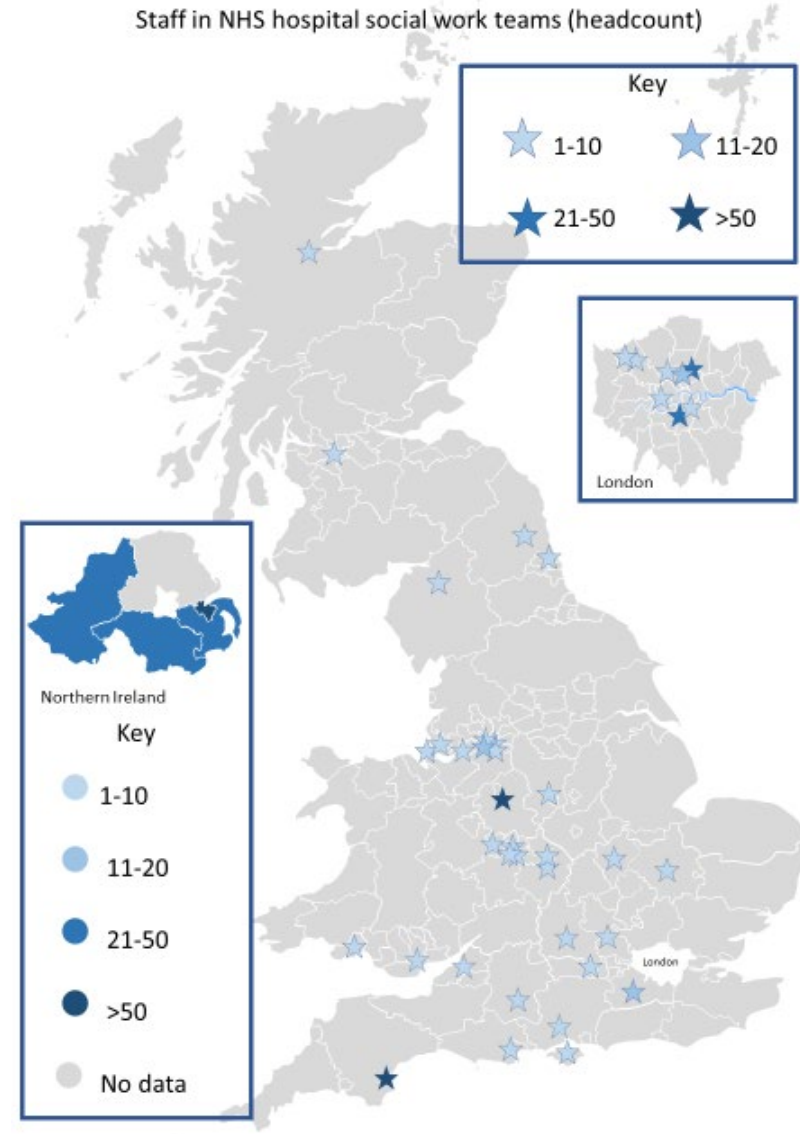
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Staff in local authority hospital social work teams (headcount)



Staff in NHS hospital social work teams (headcount)



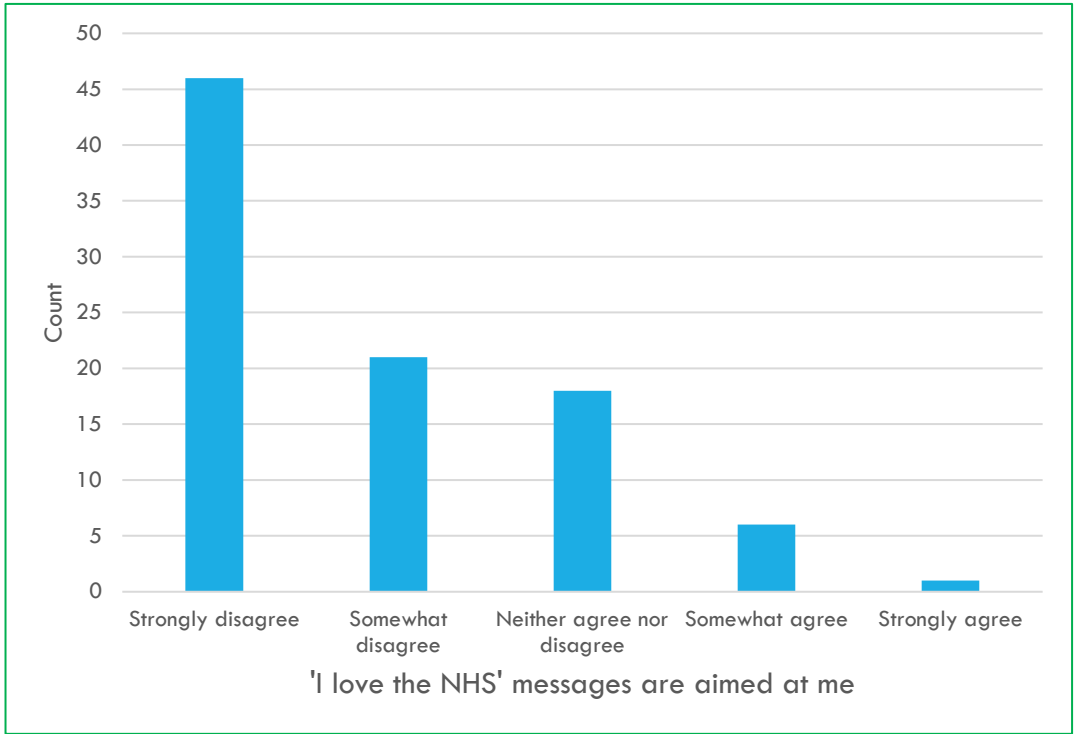
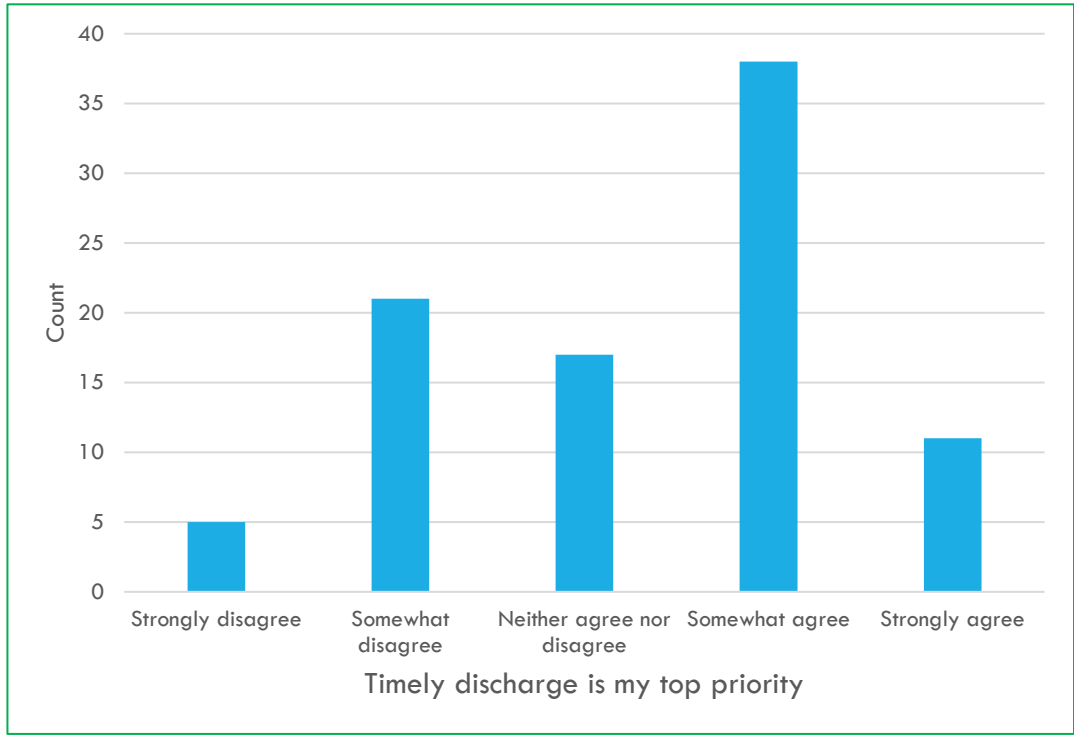
# IMPACT OF COVID

*“[Ruralshire and Neighbourcouncil] had a small joint hospital social work team.*

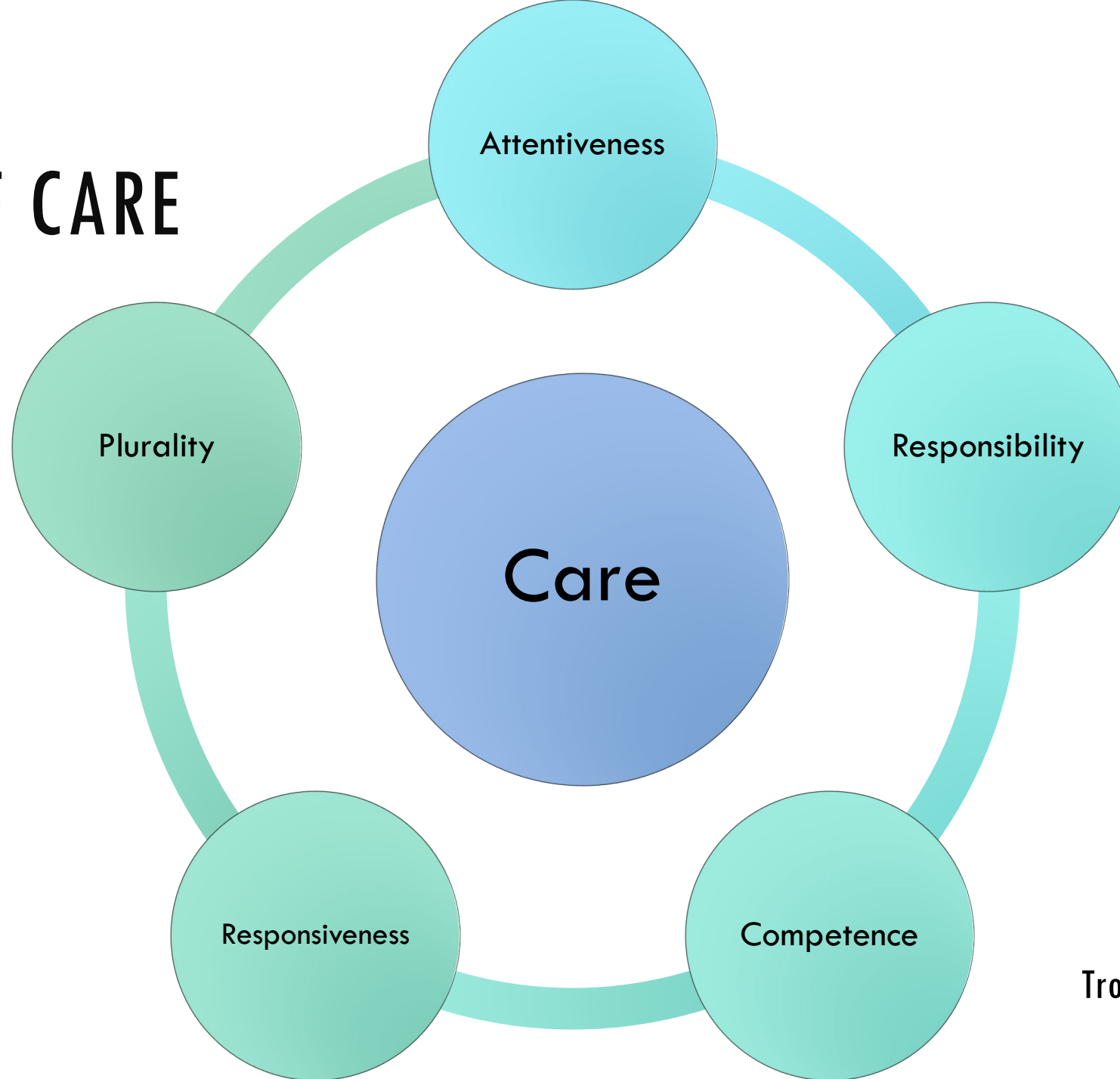
*“We were in the process of consulting with partners and staff to dissolve the hospital social work team and ... operate a ‘pull’ model where the community teams follow individuals into hospital*

*“When Covid restrictions came to force, the [NHS] asked us to move the social work staff out of the hospital. The staff have been relocated to strengthen the community social work teams and there is no intention to reintroduce the roles.”*

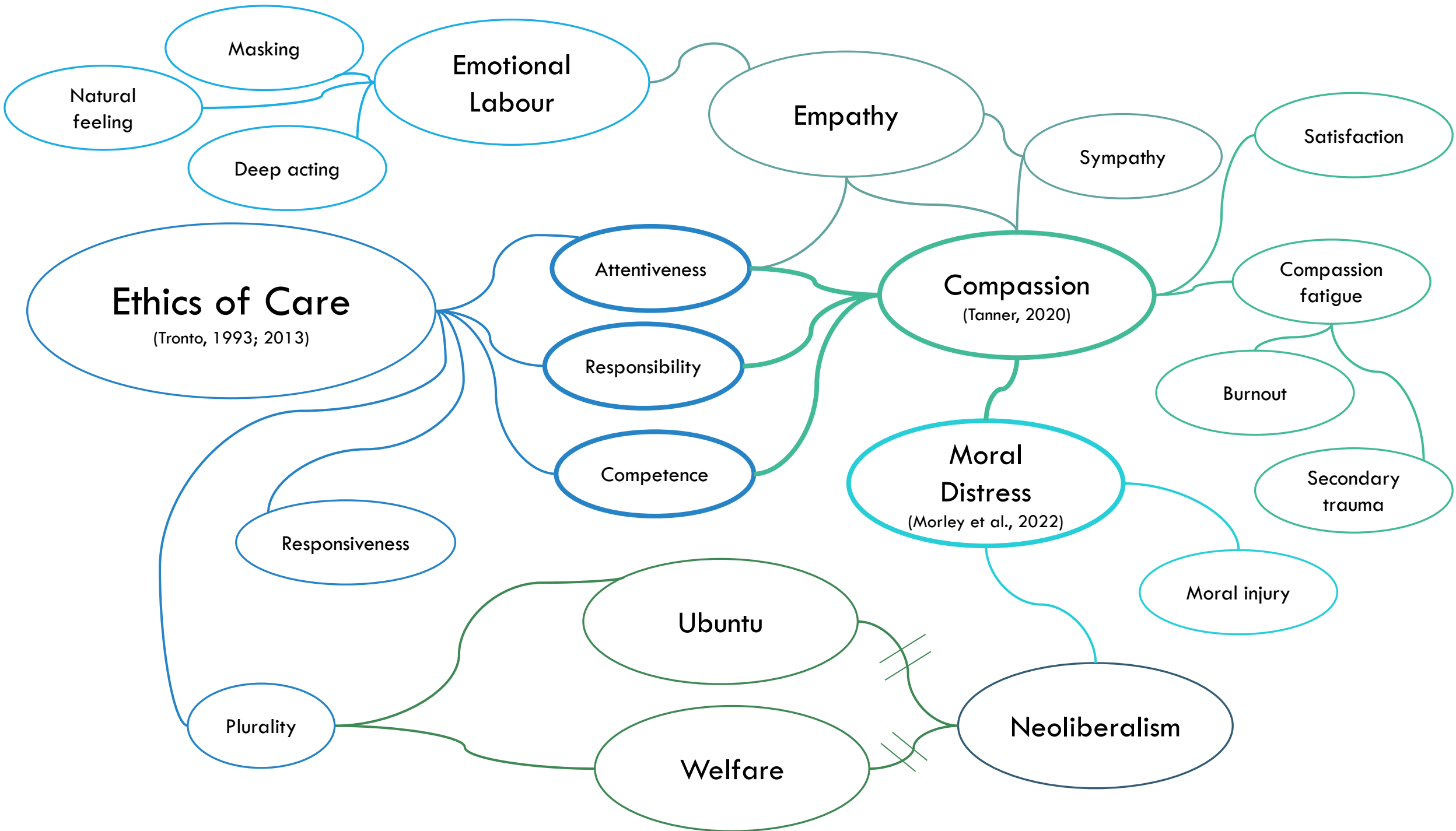
*Fol response from Ruralshire*



# ETHICS OF CARE



Tronto, 1993; 2013



## ATTENTIVENESS

CARING ABOUT – BEING AWARE OF THE NEED FOR CARE, AND PAYING ATTENTION TO THIS NEED FOR CARE – LISTENING TO WHAT THE PERSON NEEDS (BOTH ARTICULATED AND UNARTICULATED)

TRONTO, 1998

*I enjoy the direct work with patients and family/carers. While [arranging support] is obviously important to them, more important (and what I particularly value and enjoy) is helping them deal with the stress and difficulty of the situation they are in, hopefully helping to alleviate this by being as supportive and empathetic as possible.*

Social worker, Northern Ireland

# RESPONSIBILITY

CARING FOR — ASSUMING  
RESPONSIBILITY TO MEET CARE  
NEEDS — AND TAKING THIS  
RESPONSIBILITY SERIOUSLY

TRONTO, 1998

*You have to be strong and confident enough to put your point across if you think what they are asking is a possible unsafe discharge and tell them discharge will not be going ahead. Health (medical team) sometimes think you are delaying discharge once the consultant says someone is medically optimised.*

Social worker, North West

# COMPETENCE

CARE-GIVING – THE ACT OF MEETING NEEDS – AND BEING COMPETENT TO MEET THESE NEEDS, IN TERMS OF KNOWLEDGE AND TECHNICAL ABILITY

TRONTO, 1998

*Within the context of ongoing austerity and other structural challenges ...resources to enable effective and empowering discharges for service users and their families are now, I believe, in a state of manufactured scarcity.*

Team manager, East Midlands



# RESPONSIVENESS

CARE-RECEIVING – THE  
RESPONSE OF THE PERSON  
WHO IS CARED FOR – AND  
ATTENDING TO THEIR  
RESPONSES

TRONTO, 1998

*The pressure of trying to ensure that the service user's voice, their needs, wishes and hopes are not lost in the bureaucratic behemoth of the NHS and holding on to my professional values is at times frustrating and exhausting. However, when one can achieve this, securing the outcome the service user wants it is incredibly rewarding.*

**Social worker, London**

# BEING A TEMPORAL BRIDGE

Many studies have looked at social work as a bridge between community and the hospital (Donnelly et al., 2013; Heenan & Birrell, 2019; Heenan, 2023; Power et al., 2023)



Participants in my study talked about being a physical bridge, but they also talked a lot about the past, present and future of the patient – acting as a temporal bridge – and about this being part of the unique social work skill-set

# ONGOING ANALYSIS

**Safeguarding**

**Ageism**



**THANK YOU!**

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**ANY QUESTIONS?**

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