

British Association of Social Workers England

# Social Work and Hospital Discharge Survey Report



The British Association of Social Workers (BASW) is the professional association for social work in the UK with offices in England, Northern Ireland, Scotland and Wales. With over 22,000 members we exist to promote the best possible social work services for all people who may need them, while also securing the well-being of social workers working in all health and social care settings.

**BASW**  
**England**

The professional association for  
social work and social workers



## ► Introduction

The BASW England Hospital Discharge sub-group commissioned a survey of qualified and registered social workers who were currently working in local authority and health settings to facilitate hospital discharge.

The survey was carried out in March 2023 and received 32 responses. This report takes account of the survey findings, views expressed by members involved in hospital social work and subsequent guidance published in February 2024 relating to hospital discharge.

The purpose of the survey was to understand better the current input of professional social workers when they support the hospital discharge process.

Importantly BASW England wanted to identify how social work practice can contribute to better outcomes for people of all ages, who are on a hospital discharge pathway. This survey was in the context of general hospitals covering all adult age groups.

This report concludes with a series of recommendations based on the findings reinforcing the value and importance of social work in hospital discharge and the conditions required to support and enable this area of practice to flourish.



## ► Overview

The information gathered from this short survey suggested that not all social workers are based in hospital settings nor work as a fully involved partner in a multi-disciplinary team teams (MDTs) planning hospital discharge.

In recent times social workers have raised concerns that people have been placed in residential care before their full recovery / reablement potential has been exhausted which has an impact on their future choices and level of independence. Reasons for this may be more complex ranging from some professionals outside social work being risk averse or that there have been limited options made available for example during the pandemic.



The perspective that comes through from the survey is one that is very consistent with BASW's Code of Ethics<sup>1</sup> and takes account of the Human Rights of people social workers work with.

Social workers completing the survey are clear about their roles in discharge planning. However, some social workers had a perception that in some circumstances not all members of MDTs fully understood the role of social workers and the skills and knowledge that they bring to the discharge process.

## ► The Context

This survey was conducted during a time when delays in hospital discharges had regularly been publicised in the media, together with images of ambulance delays outside accident and emergency departments. The other contexts have been austerity and lack of adequate service funding over the last thirteen years, considerable workforce shortages and industrial action across the health and social care sector. Workforce shortages in the domiciliary care sector has impacted on delayed discharges.

## ► Policy Change & Impact on the Location

A few Policy changes over recent years have influenced the ways of working of social workers who have been traditionally hospital based and aligned to the multi-disciplinary teams (MDTs) and various clinical specialities. Structural and policy changes have led to social workers being relocated from hospital settings to become community based, the assumption being that this facilitated the new policy of Discharge to Assess (D2A)<sup>2</sup>. During the pandemic from Spring 2020 many non-clinician roles were moved out of hospital settings and have not returned due to practical and sometimes policy considerations.

<sup>1</sup> <https://new.basw.co.uk/policy-practice/standards/code-ethics>

<sup>2</sup> [www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance](http://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance)



## ► Response to the Survey by Social Workers

The response to the survey was limited in terms of numbers, however that was understandable given that many practitioners were most likely under significant pressures of time given the nature of their roles. It was however good to receive feedback from social work practitioners on the front line, of the 32 respondents, 23 had identified themselves as social workers, others were managers or in related roles. Notably 21 of the participants were BASW members identifying with their profession. Those who responded were representatives from different areas of the England, there were responses from all regional areas apart from the Northeast of England.





## Analysis of Responses to Survey Questions

### **Where are social workers based and are the part of a multi-disciplinary team whilst supporting the hospital discharge pathway?**

In response to the question as to where the respondents were based, a good proportion 21 out of 32 indicated that they were based in hospital settings. Respondents also identified other bases namely working in the community and sometimes in multi-disciplinary community settings. Whilst 23 people considered themselves part of a multi-disciplinary team (MDT) it is notable that 9 did not feel that this was the case. Respondents shared views on the benefits and challenges of multi-disciplinary working.

The range of responses were from the MDT system being non-existent feature of the discharge system to a distinctly integrated process, some were said to be dominated by the Medical Model approach:

***“There is no multi-disciplinary working within my authority, the hospital oversees all discharges.”***

***“Easier to coordinate discharge when nurses, OT and physios are also involved both prior discharge and following up.”***

***“Benefits in hospital MDT working - there is a wealth of knowledge within close proximity, and this means for a rapid and holistic assessment of people’s needs, therefore meaning people receive the right level of care and support at the right time. My own knowledge and understanding of health has hugely increased and therefore, it supports inter-professional learning.”***

***“When it works well it enables a bio-psychosocial approach to the person’s care and ensured that there is a seamless discharge process. Barriers to discharge can be discussed dynamically and collectively to avoid delays and promote timely discharges.”***

***“Building professional respect facilitates much better MDT discussions and enables effective joint working. It also reduces conflict as professional challenge is accepted more.”***

If their primary base was not considered to be hospital some social workers (13) felt that they still had the opportunity to build relationships with other professionals who are hospital based although 5 did not consider this to be the case.

***“Working practice between hospital staff and community is virtually non-existent. I have been based in a community team with health staff which has worked well”.***

***“If working in the community based in a team with only social workers it is difficult to build relationships with hospital staff.”***

Many of those surveyed suggested that building professional relationships could have its limitations as indications suggest that 22 of the 32 respondents did not work in designated departments. Traditionally this model has supported the building of longer-term sustainable relationships within the specialist multi-disciplinary teams.

The opportunity provided by the MDT has been welcomed by social workers as participants, supported good communication and across the board understanding of processes and practices. Social workers have indicated that this space has been where they could find out what was going on in a ward. The survey suggested that this appeared to be working for 20 of the respondents but not for 12.

In terms of how the system worked in notifying participants in a timely manner that there would be likely to be a need for social care, 18 responders confirmed that yes this would be the case, whereas 14 doubted this would be the case.



## Are social workers involved in the discharge process appropriately and in a timely manner?

Respondents to the survey identified the fact that referrals were very much last minute and allowed for very little time to make plans for people in the community with available resources at short notice. One of the difficulties experienced was that very often clinical staff were not aware of resources in the community, charging policies or whether people would meet the criteria for assessments or for example Community Health Care Funding (CHC), meaning that social work intervention was in relation to managing people's expectations when they were not in receipt of accurate information. There was also the problem that decisions were made to feel "fait accompli", discussions having been had between clinicians and families before the referral reached the social worker.

Overall, it seems to have been a variable picture and has to be seen very much in the context of covid pressures, staff shortages and few available beds in acute hospitals to meet demand.

### Practitioners have commented:

***"Triage by health colleagues delays the process and enables control in different areas of the system. Presented to social care as decision already made."***

***"Due to staff shortage and increased demand of services I would say that the process isn't timely. Often the referral form doesn't have much information on it, for example no dates of hospital admission or reason for admission."***

***"The need for social care involvement can often come late meaning that the pressure to assess and organise packages of care can be unrealistic."***

***"Inappropriate referrals for social care assessments are commonplace. Often this is due to the patient not actually being medically fit for discharge, for example. OT and or physio assessments which have been identified as needed have not been carried out, yet the patient is deemed "medically fit". Inappropriate referrals for social care assessments for people who do not meet the criteria for Care Act assessment."***



### The value of social work involvement in hospital discharge

Social workers presented some descriptions of their interventions as highlighted below. They saw themselves as having an advocacy role ensuring the rights of an individual were upheld as opposed to organisational priorities around moving patient flow and emptying beds.

Concern was expressed that people were often being placed in residential homes without much consideration to the person's need for reablement by the MDT, meaning that they missed the opportunity to return to their own homes.

The pressure to free beds up cannot be underestimated as clinicians are being driven by the demand for acute hospital beds. It is likely if we surveyed clinicians, they may share some of the ethical dilemmas that social workers experience in the hospital setting. Several clinicians and their representatives have publicised their ethical concerns in the media.<sup>3</sup>

<sup>3</sup> [www.theguardian.com/society/2022/nov/13/hospital-beds-england-occupied-patients-fit-discharge](http://www.theguardian.com/society/2022/nov/13/hospital-beds-england-occupied-patients-fit-discharge)  
[www.bmj.com/content/380/bmj.p459](http://www.bmj.com/content/380/bmj.p459)





#### **Social workers comments on their roles:**

***“To ensure that a person has the correct care and support in place prior to hospital discharge and that if they are discharged to a placement, it is the correct setting and merely to free up a bed within the hospital.”***

***“Social work involvement allows for a more holistic, than reactive, plan to be made.”***

***“Very important to understand the needs and get the appropriate support in the community. Often health staff just want to move someone to a 24hr care setting. They have a very risk averse approach.”***

***“As a social worker you need to allow patients to make choice and respect their rights and dignity.”***

Social workers responding indicated that they believed that advocacy was a key part of their role and very often they became involved to support people who have mental capacity to be supported to take positive risks.

#### **Practitioner’s comments on Advocacy and Risk Taking:**

***“In our hospital in particular, social workers advocate for patients’ autonomy to make decision, we also ensure that safeguarding has been looked at before a patient is discharged.”***

***“We have a strong advocacy approach - including protecting a person’s rights to refuse care. I feel social workers have the most in depth knowledge of the Mental Capacity Act and discharges led by the hospital sometimes ride rough shod over a person’s wishes and feelings. Social workers generally support positive risk taking when NHS colleagues may have a more cautious response.”***

***“Sometimes a person is deemed self-funding, and their family facilitate a move into a care home with or without consent from the individual/‘patient’. We have stepped in many times to ensure the person has a voice, and often discovered they do not want to move into a care home, and we have worked in a way to bring the MDT together to revisit the possibility of returning home with equipment and formal carer support.”***

#### **Protecting People’s Rights**

Social workers have given example of where they have intervened to ensure that the views of the individual are taken account of individual rights.

#### **Practitioners saw their role in respect of maintaining people’s rights and agency as:**

***“Upholding individual rights and values, to ensure that the individual and their wishes remain at the centre. It serves an important purpose in reducing the influence of the medical model to require everyone to conform to socially acceptable standards of living.”***

***“You need to allow patients to make choice and respect their rights and dignity.”***



**Social Workers use a “relational” approach to professional practice and a ‘strength based’ rather than deficit model when working with individuals**

Social workers have carried the “strength-based”<sup>4</sup> approach into the hospital setting, this is very much about building on people’s skills and strengths, support from their families, friends and community networks. A support network in the community can mean that multiple hospital admissions can be avoided when contingency planning is in place. Much of social work intervention is dependent on building relationships<sup>5</sup>, relational practice that empowers people to deal with new or ongoing, challenging sets of circumstances in their lives.

**Practitioners have responded favouring this approach:**

***“Social work ensures a holistic approach to discharge, using a strength- based approach increases the package of care available, ensures it is relevant to the individual and reduces the patient’s isolation on discharge. All these factors increase the chance of a successful and long-term discharge, reducing the need for frequent hospital admissions.”***

***“We are inherently good at quickly building good relationships and this helps us to move the metaphoric blocks to discharge planning. Individuals/“patients” in hospital are often disempowered and sometimes their only scope for control is by shutting people out/“being difficult” or “choosing not to engage”.***

***“Social workers have different conversations and are more strengths based, they also focus on the potential for the ongoing services/ signposting in the wider sense of well-being, not just recovery. Hospital social work can look at prevention work and begin to reframe experience rather than focusing on the health situation that has just arisen.”***

**Suggestions from the Social Work Frontline:**

- A preference for having hospital teams rather than discharge teams.
- More funding to support with discharge – to avoid failed discharges.
- The attachment of more significance to the local authority social work role in the hospital.
- Raising the awareness of people planning for later life.
- Training for social workers involved in hospital discharge.
- Training for clinical professions to enable them to increase awareness and understanding of the scope of the social work role in hospital, and supporting the discharge pathway, with the option to provide shadowing opportunities.

**► Recommendations**

Whilst it is acknowledged that the survey was limited to the views of and information shared by a small number of social workers who were able to complete the survey, this represents a snapshot of practice from a social work perspective on the frontline of hospital social work practice, particularly in relation to hospital discharge.

The following recommendations are drawn from the intelligence that the survey has provided:

**1. Social workers are a valuable asset to a multi-disciplinary team**

Where possible social workers should be based with clinicians in the hospital setting. In the view of surveyed social workers this can assist with building relationships across the multi-disciplinary team, leading to improved levels of communication, the sharing of knowledge and skills improving outcomes for people that are both timely and appropriate.

**2. Social workers based in the community**

There may be geographical or practical reasons why teams may be community based, however it is important that in-reach is made into the hospital setting and a continual link made with the MDT to facilitate timely communication to initiate appropriate care planning when the person becomes medically fit for discharge.

<sup>4</sup> Strengths-based social work practice with adults | [www.basw.co.uk](http://www.basw.co.uk)

<sup>5</sup> Relationship based social work needs relationship-based systems (Webinar) | SCIE

### 3. Enhancing multi-professional understanding of the nature of social work intervention

Through the application of 'Strength Based Practice' and 'Relational Practice'. Social work is not driven by processes. Social work engages people and structures to address life challenges and enhance wellbeing. To produce successful outcomes for people, interventions are dependent on mobilising informal networks together with planning more formal organised care.<sup>6</sup>

### 4. Enhancing multi-professional understanding of safeguarding, Deprivation of Liberty, Mental Capacity, Best Interests decision making

Skilled social work intervention, knowledge and leadership in these areas makes a valuable contribution to supporting the discharge plan and personalised protection plan. Many social workers are happy to share skills and knowledge with the multi-disciplinary team. They also value the perspectives of the MDT working together a holistic view of the person's situation and what possible solutions can be achieved.

### 5. Advocacy

Social workers are very often the only non-clinician in the MDT, this puts them in a unique position to offer advocacy or arrange advocacy particularly where people are lacking capacity or have special needs/cognitive issues relating to dementia, learning disabilities, brain injury, some forms of neurodiversity and mental health problems.

### 6. Human Rights

The Social Work Code of Ethics<sup>7</sup> enshrines the protection of Human Rights of all people. This is a valuable check and balance during decision making within the multi-disciplinary team. To protect against decision making that will impact on the freedom and choices of people in their longer-term future.

### 7. Practice in the context of limited resources

Social workers are not unique in the MDT in having and expressing concern when decisions are having to be made using solutions that will not necessarily promote the independence and freedom of people who are discharged.

All members of the multi-disciplinary team need to report to the relevant Integrated Care Partnership Board/ICB (the responsible commissioning body), concerns regarding the availability of appropriate move on care and support.

## ► Conclusion

- BASW England acknowledges the pressures on hospitals and all of those working within or connected to hospital settings and the difficulties in responding to the challenges which run the risk of undermining entitlements, reducing human rights and removing safeguards.
- As outlined in the recommendations above, social workers have a pivotal and key role to play in a person's journey in hospital, ensuring that rights are known and upheld, views and wishes sought and influence decision making to ensure that what is proposed is the least restrictive of rights and freedoms.
- BASW England will continue to champion the role of hospital social work.

This report, containing member responses, was compiled and authored by Margaret Young chair of the Hospital Discharge sub-group BASW England and Liz Howard Professional Officer BASW England.

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<sup>6</sup> [www.ifsw.org/what-is-social-work/global-definition-of-social-work/](http://www.ifsw.org/what-is-social-work/global-definition-of-social-work/)

<sup>7</sup> <https://new.basw.co.uk/policy-practice/standards/code-ethics#:~:text=The%20Code%20of%20Ethics%20states,who%20access%20social%20work%20services.>



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