

# **VIDEO-LINK SEMINAR**

## **Emergency Department Social Work Older Service Users' Evaluation**

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# Policy and Practice Context

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1. ED social work: UK - recent growth.  
Internationally - well-established.
2. Key role: diverting older frequent attenders from  
'inappropriate' ED attendance for social care needs.
3. No previous evaluation by older frequent ED attenders

# Evaluation Aims

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1. Evaluate ED social work's contribution to health, from older frequent service users' standpoint
  
2. Compare UK and Swedish settings
  - Sweden: ED social work more established
  - UK: greater focus on tackling ageism
  - Both: tighter social care rationing

# Evaluation Design/Participants

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- ✍ 17 service users (UK: 10, Sweden: 7). Median age 79
- ✍ 3 ED attendances in 18mths. ED social work most recent attendance
- ✍ Interviews 2/3 weeks after recent attendance & records analysed
- ✍ Swedish sample included bereavement counselling
- ✍ Majority lived alone. UK: low income, Sweden: mixed income levels
- ✍ Older People's Health & Social Care Forum reviewed findings

# Key Findings:

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1. ED social work improves care in ED
2. ED social work can promote health
3. But... serious shortcomings in ED social work

# 1. Improves Care in ED

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- Crucial access point to social services –  
Substantial ill-health key reason for ED attendance and social care needs
- Advocacy
- Communicated important information
- Support in bereavement

## 2. Can Promote Short and Longer-term Health

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- Averted imminent dangers to personal safety
- Underwrote longer-term health

# 3. Some Serious Shortcomings

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- ✍ Under-developed referral systems
- ✍ Under-resourced community services
- ✍ Risk of substituting for medical/nursing care



# Conclusions: ED Social Work

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- 1. Crucial access to social care in ED**
  
- 2. Can promote health: should resource all EDs.**
  
- 3. Optimum contribution to health requires:**
  - ? Improved referral systems.**
  - ? Increased social services funding.**
  - ? Not substituting for follow-up medical/nursing care**