

The role of social workers in long-term care for older adults: A mixed-methods systematic review in Europe and North America from 2000 to 2022

Article

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Abstract

Demographic ageing implies increased care needs, in which social workers play a key role. However, knowledge about their practice is limited and fragmented. This mixed-methods systematic review integrates evidence from 19 studies published between 2000 and 2022 on the roles of long-term care social workers in Europe and North America. The findings reveal that service and case management, direct support, personalisation of care, and community engagement are leading roles. Limitations with implications for practice are also detected, such as lack of specialisation, paperwork burden, and work overload, which should be overcome to maximise social work's contribution to care quality.

Keywords

social workers' role; long-term care; older adults; nursing homes; community-based care; home-based care

Introduction

The number of people aged 65 and over is increasing. According to the United Nations (2022), the global proportion of people over this age will increase from 10% in 2022 to 16% in 2050 and may reach a quarter of the population in Europe and North America.

Longer life expectancy implies postponement of the age of onset of chronic, disabling, or terminal diseases (Beltrán-Sánchez et al., 2015), although the accelerated growth in older age cohorts implies an increasing number of people with long-term care needs (World Health Organisation, 2021). The increase in personal needs is a major challenge for care delivery systems globally and is linked to different processes that make their coverage more complex. The defamiliarisation of care or the progressive incorporation of women into the labour market have led to a reduction in care options at home, while cyclical financial crises and austerity models threaten the provision of public services. As a result, public investment in most OECD countries has not been sufficient to meet the emerging care needs (United Nations, 2023), leading to situations where the demand for care exceeds the supply and giving rise to the phenomenon known as the care gap (Pickard, 2015).

Models of care have deeply changed in the last decades. In response to dissatisfaction with the institutional model of residential care, and in line with most people's preference to remain in their environment, home- and community-based services (HCBS) for long-term care (LTC) have been emerging worldwide for years (Che and Cheung, 2024). Furthermore, there have been shifts in care models from a biomedical approach (Cerri, 2015), focused on dependency care, towards autonomy promotion and person-centred care (PCC; Goodwin, 2016).

Alongside physical and mental health, increasing importance is attached to social factors that determine the wellbeing and quality of life of older adults, such as loneliness and social isolation intensified by the Covid-19 pandemic (Berg-Weger and Morley, 2020);

physical, psychological, financial, or sexual abuse (Pillemer et al., 2016); and difficulty accessing care services in disadvantaged contexts, such as rural areas (Coburn et al., 2019). This social dimension of care also affects the environment of older adults and especially caregivers. For example, the fact that the provision of professional and family-based care falls mainly on women intensifies gender inequalities as the risks associated with caregiving, such as underemployment, overload, and even mental health problems, increase (Fleitas et al., 2023).

Traditionally, older adults with care needs have been one of the most significant target groups for the practice of social work. Therefore, the profession assumes ageing and its implications for LTC as one of its main challenges. According to the International Federation of Social Workers (IFSW, 2008), social workers are ideally positioned to promote, implement, and evaluate LTC policies, services, and interventions for older adults and can contribute creatively to their development: "The future of LTC is a broad concept where social work expertise can bear bold new ideas, scientific exploration and surprising innovations" (IFSW Europe, 2019: webpage).

Social work professionals are uniquely qualified to advocate for the rights of older adults, the key principles of empowerment and PCC, accessibility to services, and case management (Bachman and Gonyea, 2012), so their involvement is increasingly necessary in implementing new models of care and responding to the needs that shape their social dimension. The growing interest in social work intervention in LTC services for older adults has led several professional associations in Europe and North America, such as the National Association of Social Workers (NASW) or the Irish Association of Social Workers (IASW), to develop standards on the role of professionals and their priority lines of intervention (e.g. Standards for social work in LTC facilities, NASW, 2003; The Liaison social work role in nursing homes and residential settings, IASW, 2020). However, in practice, these roles are

not sufficiently clear, which may make the central role of social workers in this field invisible and lead to a lack of recognition by other stakeholders, minimising the potential of their contributions to quality LTC (Giles, 2016).

Although interest in analysing the role of social work in LTC from a scientific perspective has also been growing, current knowledge is limited and fragmented. Systematic reviews are a crucial method for integrating and expanding existing knowledge. After an exhaustive search in the International Prospective Register of Systematic Reviews (PROSPERO) and different scientific databases, we identified some reviews oriented to analyse specific functions such as psychosocial support, promotion of the PCC model, or coordination of social and health care (Couturier et al., 2023; Miller et al., 2021; Sanders and Morano, 2008), but none has provided a comprehensive analysis of the role of LTC social workers.

This systematic review aims to address this research gap by integrating published evidence on the contributions, potentials, and limitations of professional practice in LTC. With this objective, the following review question was formulated: What are social workers' main roles and functions in providing LTC services at the institutional, home, and community levels for older adults? The regional and temporal focus of the review is defined to facilitate the integration of results and to broaden its impact. Geographically, it focuses on Europe and North America because their demographic and ageing trends, their development and central issues in LTC policies, and their level of professionalisation in social work are comparable. The period between 2000 and 2022 is considered because essential transformations took place, such as the progressive transition of care responsibilities from the private and family sphere to social protection systems and from institutional care to HCBS. From this approach, the review aims to contribute to theoretical advancement of the discipline and evidence-based

practice, to guide appropriate policy development, and to inspire future research in this increasingly important domain.

Method

Search and selection process

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Page et al., 2021) was followed in the study identification process. The developed protocol was registered before the start of the review in PROSPERO, available under the identification number (hidden for the anonymised manuscript).

The keywords used correspond to the three variables that make up the review question and its main elements (Table 1). They were set up using Boolean operators in the following search equation: "long-term care" AND (elder* OR "older adults" OR "older pe*" OR ageing OR aging) AND ("social work" OR "social workers" OR "social work practic*"), entered into the search engines of the Web of Science, Medline, PubMed, Scopus, and ProQuest databases.

The identification process was carried out in different phases (see Figure 1). Firstly, all search results ($N = 1326$) were exported to the bibliographic manager Mendeley to detect and eliminate duplicates ($n = 439$). The resulting articles ($n = 887$) were reviewed one by one via reading titles and abstracts. The full text of studies likely to meet the inclusion criteria (Table 2) was reviewed ($n = 118$). Finally, the sample for analysis was obtained ($n = 19$).

Study risk of bias assessment

The Mixed Methods Appraisal Tool (MMAT) was used to critically assess methodological quality and risk of bias, as it is specifically designed to assess study heterogeneity in mixed-methods systematic reviews. Following the directions of the 2018 version of the MMAT (Hong et al., 2018), two authors (AE and JMP) independently rated each of the criteria included in the tool, using "yes", "no", or "can't tell" responses and

incorporating qualitative comments for each. Subsequently, the third author (CR) intervened in the detection of errors and the resolution of disagreements. None of the articles was excluded as a result of the assessment.

Data collection process

The 19 included articles were analysed in depth and an Excel file was used to systematise the findings, both qualitative and statistically significant variables being transformed into descriptive sentences. The methodological background data (Table 3) are thus preserved for better understanding of the findings (Sandelowski et al., 2013).

Analysis and synthesis methods

Mixed-methods designs involve the combination of quantitative and qualitative methods in data collection, analysis, and interpretation (Shorten and Smith, 2017). In the analysis of scientific evidence, mixed-methods systematic reviews (Pearson et al., 2015) apply the principles of mixed-methods research to the process of reviewing primary studies, which enhances understanding of interventions (Pluye and Hong, 2014) and both maximises findings for theory development and informs practice (Whittemore and Knafl, 2005).

In the present study, the mixed-methods systematic reviews methodology was applied via a convergent integrated approach (Stern et al., 2020), which allowed an integrative synthesis of the evidence (see Figure 2). To do this, it was necessary first to make the data compatible through a translation process consisting of qualifying quantitative findings by converting them into themes (Crandell et al., 2011), since, according to the Joanna Briggs Institute (2014), this approach implies a lower risk of bias than quantifying qualitative information.

Our thematic analysis was conducted using an inductive approach following the three phases established by Thomas and Harden (2008). First, the data were coded line-by-line. After analysing the similarities and differences between codes, 15 descriptive themes were

established to organise and hierarchise them. Finally, after being discussed by the authors, five analytical themes were identified. The qualitative analysis software ATLAS.ti was used in this process.

The presentation of results is done through a thematic synthesis, which integrates the evidence based on similarity of meaning and confluence in themes. This synthesis provides more than purely descriptive results: it develops a story line that facilitates interpretation of the findings (Patton, 2015).

Results

Analysis of the 19 primary studies allowed us to identify both the five main roles of social workers in LTC for older adults and the main functions that these professionals perform in each of the roles (Table 4).

Social workers as service managers

Social work professionals involved in LTC carry out their functions within the framework of a public or private service, devoting a significant part of their working time to their operation. Functions in the administration of services are diverse and vary according to the nature of the institution, the organisational level, and/or the professional's institutional assignment.

Research has provided evidence of social workers' contribution to programme development (Heyman and Gutheil, 2006) and their involvement in internal institutional policy formulation (Koren and Doron, 2005). There is also evidence of their role in evaluating the effectiveness and efficiency of services (Freund and Band-Winterstein, 2019; Vinton, 2004) in both institutional and home- and community-based services.

Some studies identify social workers as directors of LTC services, which implies leadership in relation to other professionals and responsibility for financial issues (Emilsson, 2009). Research has highlighted their role in the recruitment of users in both institutions and

community care programmes (Koren and Doron, 2005; Vinton, 2004), and several studies show that a significant part of their work is devoted to bureaucratic tasks (Bern-Klug and Kramer, 2013; Morrison et al., 2005; Wamara and Naumiuk, 2021).

A large part of social work intervention in LTC is team-oriented, especially in institutional and, to a lesser extent, home- and community-based services (Ayalon et al., 2008; Koenig et al., 2011; Lacey, 2005; Marziali et al., 2005). As a member of a team, the social worker brings their professional perspective to decisions about admission, the establishment of care plans, and/or referrals to specialised services. Social workers also intervene in training other LTC professionals and provide them with emotional support to overcome their frustrations, deal with grief, and avoid burnout.

Social workers as case managers

A significant number of primary studies show the role of the social worker as a case manager in both institutional and home- and community-based services, which involves the development of different functions. One of the most frequently occurring functions is biopsychosocial assessment of the situation of older adults both prior to admission to the service and at follow-up, and its reflection in social reports (Koenig et al., 2011; Mamier and Winslow, 2014; Uittenbroek et al., 2018; Vinton, 2004; Wamara and Naumiuk, 2021). These assessments are highly relevant during a transition, especially from home to an institution, which often takes place via home visits and involves family members and caregivers.

Another key role of the social worker as case manager is the planning of care, usually carried out in collaboration with an interdisciplinary team in the institutional setting and more autonomously in HCBS, where the social worker is usually the professional of reference in the development of personalised care plans. This planning involves an articulation of available resources for care in institutional settings (Bern-Klug and Kramer, 2013; Heyman and Gutheil, 2006; Lacey, 2005), whereas in HCBS planning it goes further and requires the

creation of new resources while adapting the environment to enable care (Freund and Band-Winterstein, 2019; Hillcoat-Nallétamby and Sardani, 2019; Kramer, 2013).

Social work case management also extends to the monitoring, evaluation, and review of care plan objectives, adaptation to services, and supervision of the relationship between the older person and care professionals (Koenig et al., 2011; Marziali et al., 2005; Mamier and Winslow, 2014). The social worker's role as case manager is also geared towards ensuring continuity of care (Uittenbroek et al., 2018) and intervening in the completion of care.

Social workers as providers of direct support

Direct support to individuals and families is common to all fields of social work intervention, although our analysis of primary studies has revealed a special importance of this role in LTC. Psychosocial support, with a high emotional component, is a characteristic function of direct support and requires prior establishment of an enabling relationship of trust (Ayalon et al., 2008; Fields et al., 2012; Marziali et al., 2005; Uittenbroek et al., 2018). This support is particularly relevant in the process of transition from a home to an institution or community care service, and is aimed at both older adults and their family members and caregivers, thus helping them to cope with conflicts or crisis situations arising from this significant change in their lives (Hillcoat-Nallétamby and Sardani, 2019; Koenig et al., 2011; Mamier and Winslow, 2014). In addition, several studies identify social workers as the professionals of reference in the process of welcoming the LTC service (Davisson and Mosher-Ashley, 2003; Koren and Doron, 2005; Lacey, 2005). The provision of psychosocial support is also key in the resolution of conflicts at a personal or family level or between users and professionals. Similarly, helping individuals and families cope with situations of grief due to the loss of a close person or in preparation for one's own death is essential in the final stages of life for LTC social workers (Erlbaum-Zur, 2005; Kramer, 2013; Vinton, 2004).

The LTC social worker also performs brokering and representation functions, acting as a bridge between the person and their family members, caregivers at home, those responsible for the institution, and especially members of the interdisciplinary team, to exchange information about care (such as diagnoses), advocate for rights and care preferences, and reach agreements (Ayalon et al., 2008; Emilsson, 2009; Freund and Band-Winterstein, 2019; Lacey, 2005; Morrison et al., 2005; Uittenbroek et al., 2018; Vinton, 2004). Social worker intermediation between older adults and their families has a special relevance in LTC institutions, contributing to maintaining or re-establishing the relationship with the community where the persons live(d).

Analysis of the primary studies has revealed direct support functions of a purposive nature and for operational purposes in the intervention of LTC social workers. The functions of providing information, guidance, and advice on the characteristics of services or the development of procedures are particularly representative and facilitate informed decision-making (Davisson and Mosher-Ashley, 2003; Fields et al., 2012; Wamara and Naumiuk, 2021). Moreover, LTC social workers inform and guide family caregivers in reassessing their abilities to continue caring, reducing their overburden, and exploring options for continued involvement in care after the older person's admission to an institution.

LTC social workers also intervene directly with individuals and families to help them perform practical tasks, such as completing administrative procedures or appointing legal guardians (Hillcoat-Nallétamby and Sardani, 2019; Koren and Doron, 2005). Finally, there is evidence that social workers perform personal care tasks, especially in institutional settings and related to feeding support or supervision (Bern-Klug and Kramer, 2013; Emilsson, 2009).

Social workers as promoters of personalised care

Promoting personalised care is a core objective in social work and is particularly relevant for LTC intervention with older adults. Our review has identified social work roles

in advocating for personal rights and interests, both in institutions and in home- and community-based services (Freund and Band-Winterstein, 2019; Koenig et al., 2011; Kramer, 2013; Morrison et al., 2005). Professionals intervene to promote the satisfaction of older adults' wishes in care, and they help meet their clients' spiritual or cultural needs associated with their integrity and wellbeing. Due to the relationship of trust they maintain with users and families, they are also professionals of reference for the reception of formal complaints addressed to the service and informal criticisms.

The functions of promoting personal autonomy are also identified in most of the primary studies included, although with differences depending on the type of service. In institutional care settings, the social worker promotes maintenance of control over the personal situation for as long as possible and participation in care planning and facility activities, mainly through decision-making and the development of routines (Heyman and Gutheil, 2006; Koren and Doron, 2005; Marziali et al., 2005). The search for autonomy also includes functions of promoting ageing in place. However, there is minimal evidence of experiences to identify people who could live in the community by articulating appropriate services and promoting such transitions when they are already receiving institutional care (Bern-Klug and Kramer, 2013).

The personalisation of care as a function of LTC social workers involves interventions aimed at moving from a task-centred to a person-centred approach, such as providing individualised and personalised care and support (Uittenbroek et al., 2018) or promoting friendly and close environments for the individuals in care by moving personal items from their homes to the institution (Davisson and Mosher-Ashley, 2003). Also, several studies have defined social work as the profession best suited to work with advance directives (Erlbaum-Zur, 2005; Lacey, 2005). Social workers' role involves advising individuals and families on their right to decide about the treatment they wish to receive, how to document

these directives or give decision-making power to another person, and participating in their periodic review.

Social workers as promoters of community engagement

Analysis of the qualifying evidence has allowed us to identify the role of social work in community empowerment, although the findings are limited. LTC social workers act as promoters of collective support and mutual aid, and there is evidence of the functions of group social work both at the level of group intervention with older adults (Koren and Doron, 2005) and in the promotion of family support groups (Bern-Klug and Kramer, 2013; Davisson and Mosher-Ashley, 2003). There is also evidence of interventions aimed at encouraging volunteer involvement in institutional care, training, and coordination (Bern-Klug and Kramer, 2013; Koren and Doron, 2005), although these functions are not identified in HCBS.

Some studies provide findings on professional interventions for networking with external actors linked to LTC and effective social and health care coordination (Emilsson, 2009; Vinton, 2004). Mediating with the surrounding services is also a mentioned function of social work, aimed at both facilitating access to care and ensuring continuity of care through referrals (Heyman and Gutheil, 2006), and promoting care that is integrated into the daily life and relational network of older adults (Uittenbroek et al., 2018).

Furthermore, research has shown that when practitioners intervene in HCBS, they do so by contributing to the empowerment of older adults to foster independent living and self-management (Hillcoat-Nallétamby and Sardani, 2019; Kramer, 2013; Uittenbroek et al., 2018). These types of functions, and especially those of community intervention (Koren and Doron, 2005), although not frequently highlighted in studies, are of great importance because the community environment is the place where independent living projects can be realised.

Finally, it should be noted that although the five primary roles of LTC social workers were present throughout the period analysed, a significant evolution in the focus with which these roles are developed in practice was identified, in line with the advancement of care paradigms and policies. One of the most significant changes was the transition from an intervention approach focused on facilitating the delivery of biomedical care, predominant in the first half of the period, to a holistic approach to care. This emerging approach, which considers health, social and emotional needs from an individualised perspective, facilitates professional intervention to promote the personal autonomy and independent living of older adults. Simultaneously, there has been a progressive transformation in the professional practice of LTC social workers from an eminently directive position towards an approach to care based on accompaniment, empowerment, and horizontality of relationships.

These trends, which reconnect social work practice with some of its most significant methodological and ethical principles, have been accompanied by maintenance of the task-centred approach marked by bureaucratisation—when person-centred approaches to care are increasingly required—and by a lack of integration of social workers' intervention in the context of HCBS, which limits the quality of care and progress of the discipline.

Discussion

Applying a mixed-methods systematic review approach has allowed the integration of evidence from qualitative and quantitative studies, which has been concordant in identifying the primary roles of LTC social workers and complementary in analysing their content and practice development. Although each validated the other, the quantitative data provided more precise identification of the presence and centrality of the different roles in professional practice, while the qualitative information facilitated exploration of the roles' specific functions, the limitations in their development, and the evolving trend in approaches to care, together providing a comprehensive answer to the review question.

This study has demonstrated the diversity of roles and the polyvalence of the professional profile of social workers in LTC services for older adults. In addition, the comparative analysis of primary studies in the international context has shown a certain homogeneity in the lines of professional intervention beyond geographical, institutional, and political differences, which shows the overall soundness of the principles, aims, and models of the discipline of social work.

The results make explicit the capacity of social work professionals to introduce the social and relational dimension into care, as well as the personalisation of care based on the rights and wishes of older adults and/or the coordination of social and health actions. The emergence of paradigms such as case management, PCC, or integrated social and health care (Goodwin, 2016; Yong, 2007) intensifies the need for social workers to advocate for and support people with LTC needs and to contribute to the mediation between services, facilitating comprehensive interventions.

Despite social work's great potential in this field, the study has also revealed several limitations in professional practice. Many of the roles identified involve functions that are common to other areas of intervention (e.g. education or social inclusion) and between different LTC resources. Some systematic reviews have also highlighted this finding (Asamoah et al., 2023), suggesting the need for further specialisation of the professional profile through particular training and targeted regulation for each field of action, especially in HCBS. Furthermore, functions with diffuse limits to the intervention of other professionals have been detected, challenging the true role of social workers (Allen et al., 2007). There is also evidence of ambiguity in professional roles, sometimes oriented towards defending conflicting interests, such as attracting users to meet the economic expectations of the institution and defending the wishes and rights of older adults, which can lead to major ethical dilemmas, frustration, and/or burnout (Lloyd et al., 2002). These factors may

contradict the idea that providing support, guidance, and mediation between services to promote care in HCBS may also be characteristic functions of social workers involved in institutional care settings (Fogler, 2009).

There are other ongoing constraints in professional social work practice, such as the dedication of a significant part of intervention time to perform bureaucratic tasks. The so-called paperwork burden implies a lack of sufficient time for the development of truly personalised interventions (Liu and Bern-Klug, 2013) and may justify the low involvement of social workers in the promotion of PCC, especially in HCBS (Ruggiano and Edvardsson, 2013).

Moreover, social workers can contribute to providing LTC in the immediate environment through community and group interventions and network collaboration, facilitating collective action to respond to challenges by identifying common needs or resources and promoting volunteering (McDonough and Davitt, 2011). However, this review has highlighted the underdevelopment of these functions within HCBS, demonstrating the need to analyse and minimise the difficulties encountered by practitioners in their development.

As some authors (Crampton, 2011; Ferguson and Schriver, 2012) point out, overcoming these limitations concerns all actors involved in LTC provision. Government authorities should establish standards that clarify the content and scope of LTC social workers' roles, while policymakers and community organisations should recognise their importance and promote the involvement of these professionals in the development and coordination of care services. Social service agencies also have a relevant role in simplifying bureaucratic procedures and reducing the overload of professionals to enable their personalised and community activation-oriented intervention. Finally, professional and academic organisations should shape a training curriculum for social workers specialising in

HCBS and involving professionals in supervising students' practical experiences. In collaboration with LTC recipients, these organisations will be essential to develop codes of ethics to resolve ethical dilemmas that may arise.

Future research must address the significant challenges of the care crisis for social work (Crampton, 2011). Based on the gaps identified, research on the role of social workers in HCBS is a priority, as existing knowledge is limited for an increasingly relevant area of LTC. Further research is also needed on the specific intervention of social work in PCC, which will serve to claim its leading role in promoting and implementing the model. Finally, although many studies analyse the limitations of professional practice in LTC, research is needed on the magnitude of these problems, their actual impact, and possible solutions. The results of this review may be helpful in the design of future research, which should be led by the discipline of social work itself to facilitate the connection between theory and practice (Simons et al., 2008).

Conclusion

This mixed-methods systematic review identified five main roles for social work intervention in LTC services for older adults. The findings reaffirm the centrality of social work in this field and, at the same time, highlight important challenges for professional practice. It appears necessary to promote the specialisation of social workers, particularly in HCBS, to clarify their roles, and to encourage the application of professional ethics in the resolution of ethical dilemmas. Increasing the time available for intervention will help older adults to develop their life project. Promoting community and group intervention and networking, together with an effort on the part of administrations in terms of funding and improving social policies, will contribute to the development of PCC and ageing in place. Successfully addressing these challenges will require the collaboration of all actors involved

in the provision of LTC, with the common purpose of improving the quality of life of older adults with care needs.

Limitations

This study included defined inclusion criteria to determine which studies to analyse (i.e. those published in specialised journals with peer-review protocols), with the aim of minimising the risk of bias and thus contributing to the reliability of our results (Faggion, 2016) and enabling a comparative and integrative approach at an international level. We are, however, aware that significant results may also exist in the grey literature.

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Tables

Table 1. Elements of the review question that informed the study search strategy

Population	Intervention of interest	Context
People over 65 requiring LTC	Roles developed by social work professionals	Institutional, home, and community-based LTC services

Table 2. Inclusion and exclusion criteria applied for study eligibility

	Inclusion criteria	Exclusion criteria
Type of study	Qualitative, quantitative (randomised controlled trials, non-randomised, descriptive), and mixed-methods primary studies	Systematic reviews, scoping reviews, bibliometric studies, systematisation of practice, theoretical trials, etc.
Objective(s) of the study	To empirically analyse the roles of social workers in LTC settings for older adults, their limits or potentials, effects, etc.	Not aiming at empirical analysis of the roles of social workers, or referring to short-term care models, or for people under the age of 65
Type of publication	Peer-reviewed journal article	Editorials, guidelines, grey literature, books, reports, etc.
Time of publication	From 1 January 2000 to 1 November 2022	Articles published outside the period
Geographical scope	Member countries of the IFSW	Other countries
	North America and IFSW Europe	
Language	English or Spanish	Other languages

Table 3. Methodological background of the primary studies included in the systematic review (*n*=19)

Authors and year	Country	Methods	Research instrument	Participants	<i>n</i>	Type of LTC service	Quality appraisal
Davisson and Mosher-Ashley (2003)	United States (US)	Quantitative	Survey	Social workers	71	Nursing homes	****
Vinton (2004)	US	Quantitative	Questionnaires	Service administrators	140	Assisted living facilities	****
Marziali et al. (2005)	US	Qualitative – case study	n/a	Social workers	5	Nursing homes	*****
Morrison et al. (2005)	US	Quantitative – controlled clinical trial	Documentary study; interviews	Residents; social workers	139; 4	Nursing homes	***
Lacey (2005)	US	Quantitative	Questionnaires	Social workers	138	Nursing homes	***
Erlbaum-Zur (2005)	US	Quantitative	Survey	Social workers	312	HCBS and LTC institutions	****
Koren and Doron (2005)	Israel	Quantitative	Questionnaires	Social workers	84	Nursing homes	****
Heyman and Gutheil (2006)	US	Quantitative	Questionnaires	Social workers	632	Health and ageing LTC services	****
Ayalon et al. (2008)	Israel	Qualitative	Focus groups	Social workers	31	HCBS	*****
Emilsson (2009)	France, Portugal, Sweden	Qualitative	Observation; interviews; focus groups	LTC professionals	55	Nursing homes and hospital wards	****
Koenig et al. (2011)	US	Qualitative	Interviews	Service administrators	13	Assisted living facilities	*****
Fields et al. (2012)	US	Mixed methods	Survey	Service administrators	28	Assisted living facilities	****

Bern-Klug and Kramer (2013)	US	Quantitative	Survey	Social services directors	1,071	Nursing homes	****
Kramer (2013)	US	Mixed methods	Survey; focus groups; interviews	Social workers; LTC professionals; older adults; family caregivers	120; n/a; 14; 10	HCBS	*****
Mamier and Winslow (2014)	US	Qualitative – case study	Interviews	Family caregiver; health professional	1; 1	HCBS	*****
Uittenbroek et al. (2018)	Netherlands	Qualitative	Interviews	Case managers: nurses; social workers	5; 6	HCBS	*****
Hillcoat-Nallétamby and Sardani (2019)	United Kingdom	Qualitative	Interviews	Older adults	18	HCBS	*****
Freund and Band-Winterstein (2019)	Israel	Qualitative	Interviews	Social workers	18	HCBS	*****
Wamara and Naumiuk (2021)	Poland	Qualitative	Interviews; focus group	Social workers; residents	7; 10	Transitions from HCBS to LTC institutions	*****

Note. The column named "Quality appraisal" aims to summarise the outcome of the methodological quality and risk of bias assessment based on the MMAT. The tool includes a checklist with five criteria for each study's category, rated by the authors with "yes", "no" or "can't tell".

Asterisks represent the number of criteria rated "yes" for each included study.

Table 4. Main roles and functions of social workers in LTC, identified through thematic analysis of the evidence from primary studies ($n=19$)

Roles	Functions
Social workers as service managers	Evaluation and promotion of care services; direction of services and administrative tasks; membership of multidisciplinary teams
Social workers as case managers	Assessment of personal situation; care planning; follow-up and completion of care
Social workers as providers of direct support	Provision of psychosocial support; representation and intermediation; finalist support
Social workers as promoters of personalised care	Defence of personal rights and interests; promotion of personal autonomy; personalisation of care
Social workers as promoters of community engagement	Collective support and volunteering; networking; independent living and community

Figures

Figure 1. Screening and study selection process based on PRISMA flow diagram

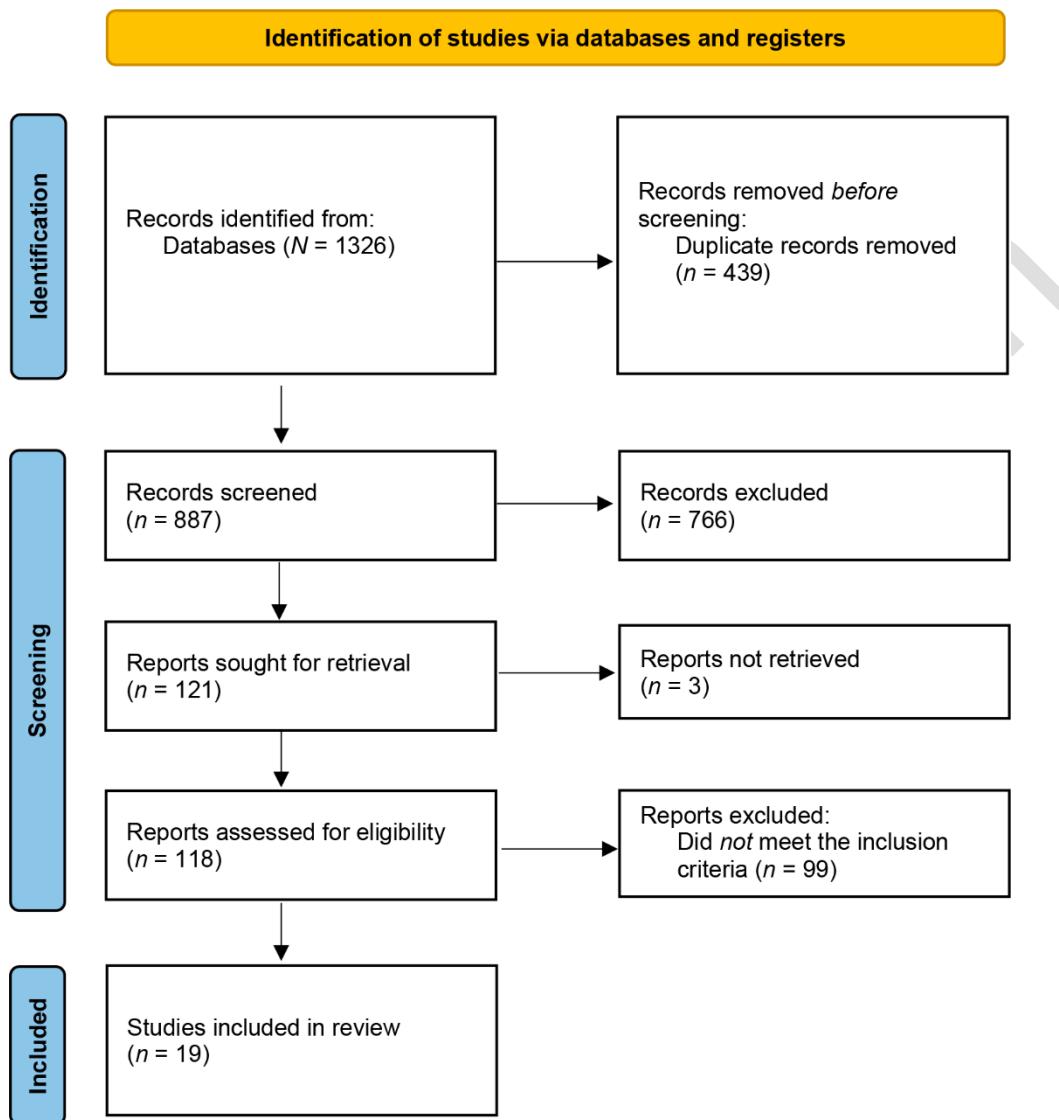


Figure 2. The integrative synthesis process of the evidence from the primary studies analysed ($n=19$)

