Episode 11.10 Day in the Life of a Social Workers

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Guest: Catherine Wilcox, Lucy Evans, Zachary Birchley and Eduardo Talon Diaz

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Infographic Points

Key points (needs to be shortened):

1) Social workers are not involved with all discharges, but involved with large numbers of older adults discharge journeys.

2) Social workers work in a whole variety of teams, some are embedded in stroke and trauma services, whilst others are attached or aligned.

3) Social workers also have statutory safeguarding responsibilities, overseeing the process.

4) Social workers describe their roles as *advising, advocating and assessing*

5) Social workers are the bridge or navigator between community and hospital that help navigate the transition for some patient journeys.

Intro:

Hello's

Welcome to Day in the life of a social worker.

Social media

Iain

International Nurses Day today.

The date of celebration of International Nurses Day was chosen to celebrate Florence Nightingale's birth anniversary and her pioneering work in nursing and social reforms. During the Crimean War (1854-1856), she volunteered to be appointed as a nurse to serve wounded soldiers

https://www.icn.ch/what-we-do/campaigns/international-nurses-day

Stephen

This one might be best instead- Tackling noise pollution in hospital-
https://www.bmj.com/content/377/bmj.o1027

Alternative one, on outdated medical language…
https://www.bmj.com/content/377/bmj-2021-066720

Georgie

?Also Mention General Broadcast Frailty episode- talking about identifying frailty and why it is important.
https://www.generalbroadcast.org.uk/blog/frailty

#MDTeaser result and explanation

This friendly team member offers the full package

Learning outcomes:

Knowledge:

- To understand how social workers contribute to a patients journey

Skills:

- To understand the D2A model of discharge and care assessment so as to explain it to patients you work with
- understand when D2a might not be the appropriate discharge model

Attitudes:

- To understand the factors that might aid social workers roles and support discharges.

So, shall we start by hearing from our social work team all about their work and we can have a bit more of a discussion afterwards?

Main Discussion - 'a day in the life of…'

I think I've learned its quite complicated and jargon filled with wide variation between local authorities. These SW's are from just two local authorities and theyre adjoining places- let

alone further afield!

- *Shownotes Link to resources that are useful and where to find local information.*

Huge numbers of older people- estimates from 75% - 80%

- biased cohort of patients due to those needing care,
- not all patients need the input of a social worker.
- Eduardo estimated high numbers of people who lack capacity too, so the experience and expertise of SW in supporting care decisions high value
    - Lucy spoke about how SW might have a different perception of what best interest decisions mean
        - best interest is the decisions

- Social workers also have statutory safeguarding responsibilities.
- They might not always do the investigating but they do oversee that process.
- - is there an episode safeguarding related- DOLS?

D2A model *(discussed in middle audio so limited mention)*

- learnt what D2A means (heard from Catherine and Lucy)
    - discharge from hospital to a place of temporary care (home or CH) for 2- 6 weeks where a social worker reassesses care needs to make more long term decisions (but can always be reviewed)
    - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1066117/Hospital-Discharge-and-Community-Support-Guidance-2022.pdf
    - Annex c- pathways for the discharge to assess model.
    - 'Every effort should be made to follow Home First principles, allowing people to recover, reable, rehabilitate or die in their own home.'

- spoke to Catherine who might be looking at supporting discharge from out of area back to their own local authority. in D2A model
    - realised the limitations upon the model
    - < 3 care homes for a relatively large area, rural patients
    - < why D2A might be less appropriate with a person with cognitive impairment eg dementia as change of setting. might make it harder to assess and decide long term needs.

- Zac was the second phase going out to those in care homes and in their 2-6 weeks of care to undertake reassessment and help people decide long term care

We heard from Eduardo about how he feels we as in hospital teams could set expectations for what patients might expect when they are discharged from hospital care.

- We hope that from this podcast you can do this.
- links to how the team spoke about perceptions patients have of social workers, as someone who takes power away.

- 'social services'
- institutionalisation
- but sw themselves see themselves as 'empowering'
    - all spoke about their role not being someone to take away from patients.

We also spoke to Lucy, whos role as an embedded social worker in a stroke ward -

- included in MDT team, funded byl health.
    - Hospital discharge and community support document says 'Specialist rehabilitation services are not funded from the national discharge fund as they should be covered by existing NHS budgets. Patients with complex needs (e.g. due to stroke or neurological conditions) requiring intensive (e.g. daily) specialist rehabilitation should not follow a D2A pathway.
    - Aside from embedded social workers in stroke and trauma teams, SW are not on the ward, and like Catherine mentioned 'Because SW are not on ward, they're more of a mystery.' you don't know what they're doing because you can't see the activity- you can see the nurse, physio, the doctor etc doing the work day to day.
        - mention Lucy 'mysterious knowledge' research, once published we will link, because its really nice to read and simultaneously understand both self perceived role of SW in acute hospital, vs MDT perceptons.

From Lucy Article: Magic and mystery: perceptions of social workers in the acute hospital setting (unpublished)

'Thematic analysis of the qualitative data identified four key themes. Social Workers were perceived as providing a 'check and balance' to the health professionals by promoting a holistic, social perspective, an advocacy role and supporting safe discharge plans. **They were perceived as providing a role in 'linking and bridging' between the hospital, the community and patients.** Social Workers were perceived as holding **'mysterious knowledge' that was useful to the multi-disciplinary team** but not linked to a professional knowledge base or statutory responsibilities. Social workers were also considered to be a 'person and place in the system' through the use of particular 'soft skills' and qualities as well as meeting the unseen emotional needs of the team.'

Bridging and coordinating care input.

- coordinating eg Protection of Property Support officers who may attend hmes, feed pets, turn gas off etc.

https://democracy.eastsussex.gov.uk/documents/s12965/Appendix%201%20-%20draft%20Protection%20of%20Property%20Policy.pdf

What are thoughts on 'jack of all trades master of none' perception of profession by social workers

- and also paramedics. (and how we began and ended pt journey through the hospital with two professionals who may describe themselves like this)
- holistic model as opposed to the dominant medical model

Additional points

G: I asked the social workers to define themselves in a few sentences. Which was a bit mean as I gave it to them on the spot,

Catherine: *So I think social workers work with people to kind of assess what their needs are, to look at avenues of support, to sort of help them to reach their outcomes and their goals. A large part of our role is also assessing risk and we advise, we advocate and we assess the three A's advise, advocate, assess.*

Lucy: *I'd say that I'm a hospital social worker and I've searched that I work with people in their families to maximise and source appropriate ongoing care when they leave the Hospital. Something like that.*

Eduardo: I, my job is to support you and those around you, but mainly you as a client, to not only put care in place, the car in place could be a pocket of care or placement, but also to ensure that if you experience any abuse, then we can work with you in order to try to eradicate that or decrease that.

Jean

check
OT and Physios assessing patients in the ward may set recommendations for Jean. The might decide she doesn't need to go to rehab or community hospitals. They might however think Jean might need an increase in care,

But given Jean is medically fit., They might pass a referral via discharge coordinator to social worker to arrange a D2A pathway referral. A social worker like Catherine or Eduardo mightarrange funding and pass liase with local systems to arrange a bed in a local care home.

Jean might go to a local care home for a few weeks, where another social worker like Zac who may or may not be the named worker for the home she is in, might come and reassess and have conversations about her longer term care needs, and help Jean and her family to understand how care is provided, decided and funded.

Wrap up series?

- Shall we wrap up series by reviewing who Jeans seen and how they've helped? (?make next weeks tweetorial with all the web links and links to show notes, then finish thread with CPD log?)
    - Paramedics- attended at home following a fall, long lie, unable to mobilise ?cause .: convey
    - Nurse- Manage and deliver care inc medications, assessments, monitor progress in all areas.
    - Dr- identified CAP, xray
    - Pharmacist- identified some medication changes, recommended adjustment in meds to suit Parkinsons
    - PA- manage alongside drs on ward, review progress
    - Physio- assessed mobility
    - OT- assessed ADL's ability to manage self care tasks
    - SLT- reviewed swallow in light of her parkinsons and risk of aspiration pneumonia
    - Dietitian- parkinsons and appetite, foods to build strength lost during admission, fortify foods. education to Jean and Family
    - SW- arrange D2A bed and then review ongoing needs such as home based community physio, integrated community reablement teams etc.
        - Refers onto community teams- *hint/teaser next series.*

- Thoughts on series:
    - G: insight into the patient flow, help set expectations a bit more.

- How changed practice?
    - G: considering who might see a patient, learnt from every person we've spoken too and will take elements of their discussions forward in practice. .

#MDTeaser

??No MDTeaser

Curriculum Mapping

NHS Knowledge Skills Framework

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Foundation Programme

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GPVTS

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Internal Medicine Stage 1

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Geriatric Medicine Specialty Training

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