Social Work in Primary Care Teams: The Added Value
A Business Case

1. Introduction:

Social Workers are identified as core members of Primary Care Teams in the Irish Primary Care Strategy (Department of Health and Children, 2001).

2. The Added Value of Social Workers in HSE Primary Care Teams:
The Primary Care Social Work Service is delivered locally. The Social Work Service in Primary Care is: voluntary; available across the life-span; generic in nature; and is openly accessible. Please refer to Appendix A herein for examples of typical cases worked by Social Workers in Primary Care.

A Social Work core skill is ensuring that the service user’s views & needs remain at the centre of care planning.
This is a core element of the HIQA National Standards for Safer Better Healthcare, 2012 and the Health Service Executive (HSE) National Consent Policy, 2013. Social Work acts at a number of points during the service user's interaction with the health services; at the stages of prevention, intervention and outcome review.

The Social Worker in Primary Care also acts as a resource to other members of the multidisciplinary Primary Care Team and to service users. Social Workers have a skill of identifying, responding to and managing need and risk in a comprehensive solution focused way. Often Service Users of the Primary Care Team have multiple needs and the Social Worker may take the lead in managing complex cases.

Social Workers in Primary Care Teams deliver early intervention programmes including delivering on national HSE priorities such as being integral to community needs assessments; and promoting the reduction of the impact of chronic illness through community development programmes. Please refer to Appendix B herein for work examples.

The Population Health model identified by the HSE emphasises the importance of Primary Care in Health Promotion and in improving Service User participation and empowerment (HSE, 2009). This mirrors what the International Federation of Social Workers identifies as the key social work role: i.e., empowerment; problem solving; and social change. (International Federation of Social Workers, 2001)

Social Workers on Primary Care Teams aim to tackle health inequalities, promote self-determination, build capacity and work with people to deal with issues that may be causing them distress and/or limiting their health and/or wellbeing. This corresponds with HSE targets of working to a Population Health model; tackling health and social inequalities; and recognising and addressing the impact of social determinants on health and wellbeing.

3. Social Work Structures and Governance:
There is a need for a robust social work management structure in Primary Care that offers both a consistent career path and line management structure across Directorates and the framework to enable effective governance of Primary Care Social Work.

The structure below could be replicated in any Directorate or agency and would:

i. Meet the statutory requirements of the Health and Social Care Professionals Act 2005 regarding professional registration;

ii. Meet the clinical supervision structures required for safe and best practice;

iii. Provide for positive outcomes for Service Users.
The recommended staff ratios within the structure are:

1 Principal Social Worker per CHO Area: 5 to 6 Social Work Team Leaders

1 Social Work Team Leader: 1 Social Work Senior Practitioner and 3 to 4 Professionally Qualified Social Workers

The implementation of agreed ratios for the middle grades would allow for the development of two parallel career streams in Social Work— a practitioner stream and a management stream, which would support the development of best practice. The above ratios are as per national guidelines and should be consistent across Directorates. Social Work job descriptions for each social work grade are nationally agreed and are included in Appendix C herein.

We recommend that the previous post of Social Work Advisor within the Department of Health should be reinstated.

There is a need for a Director of Social Work post to integrate social work services across Directorates and to offer guidance from a social work perspective on policy and planning.

There is also need for a post that deals with social work training relating to both undergraduate placements and post-qualification training. This post could serve all Directorates in an Area and ensure compliance with Health and Social Care Professionals Act 2005 requirements regarding Continuing Professional Development and related matters. Similar to other Disciplines a National Lead would promote consistent practice standards across CHOs.

Appendix D herein contains the findings of a SWOT / SCOT evaluation of Social Work in Primary Care.
4. Recruitment Process and Core Transferable Social Work skills:
As Social Work training stresses generic training, acknowledging professional
development through practice of knowledge and experience, there is potential for
transfers between Directorates as Social Workers possess core transferable skills at all
grades. This must be reflected in the recruitment process with candidates able to
indicate preference for any Directorate. Currently Primary Care, while a Directorate in
itself, is not an option for expression of preference for recruitment panels or considered
as an area of competence. There needs to be a consistent national structure to facilitate
the transfer of Social Workers between Directorates and / or CHO Areas.

5. Summary and conclusion:
Primary Care is designed to be the first point of contact for a community's population
with the health and personal social services (Primary Care: A New Direction, HSE,
2001).

Social Work has a core role on Primary Care Teams. Social Workers in Primary Care
employ a range of interventions to meet the needs of the population including one to
one and family casework; group work; community development work; Health
Promotion activities; and empowering community participation, fitting with the HSE
Population Health Model to tackle health inequalities focusing on the social
determinants of health.

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Appendix A:
Examples of case work undertaken by Social Workers in Primary Care

Case Study 1:
78 year old male single farmer with mild physical disability living alone in poor housing conditions, no running water or toilet facilities and deteriorating health. Primary Care Social Worker visited post hospital discharge. Service user wished to remain at home. Primary Care Social Worker assisted service user to apply for a pension which he had never previously done and also home support. Service user received pension including a significant back pay sum which he used to have running water, toilet facilities and improved heating facilities put into his home. This allowed him to remain at home for a further year before he died recently.

Case Study 2:
80 year old female; lives alone; no next of kin; social support provided by two cousins. Multiple medical issues. Concerns regarding safety. Primary Care Social Work assessment completed. Strategy meeting convened and Multi-disciplinary Care Plan formulated, to be reviewed as needed, which resulted in services being implemented. Service user supported to remain at home for as long as possible.

Case Study 3:
32 year old female, referred by GP and Sexual Assault and Treatment unit as a vulnerable adult (history of sexual, physical and financial abuse.) Service user had a diagnosis of mild intellectual disability, one child in relative care. Primary Care Social Work assessment identified issues regarding daily living skills; consent and capacity to consent and family relationships completed. Primary Care Social Work intervention included: family communication; liaison with disability services to commission the appropriate daily support services; and planning regarding personal safety and sexual health.

Case Study 4:
33 year old female with an acquired brain injury, lone parent of 11 year old child, no family or next of kin in Ireland. There were insufficient supports in place. 24 hour care package, 7 days per week, was put in place by the HSE. Primary Care Social Worker assessed, developed and implemented a care plan - arranged for neuropsychological assessment and further assessments of the service user’s capacity and sought legal advice around the capacity assessments. The Service User has reached her full rehabilitation potential and continues to require a significant amount of support to enable her to parent and to live in the community setting, as a direct result of her acquired brain injury, the Primary Care Social Work Service will be required to have an ongoing role regarding monitoring and management of risks and care plans indefinitely.

Case Study 5:
57 yr. old man with hydrocephalus and agoraphobia. Query intellectual disability but not engaged in services and reluctant to engage with services. No real family support and no outside agencies involved. House in serious disrepair.
Social Worker built up of trust over time with short visits and offers of help which resulted in Service User engaging with Social Worker to improve living environment. Social Worker encouraged relationship between Service User and a niece. Subsequently Service User agreed to niece becoming full time carer.

Note: These case examples are not exhaustive examples of the type of work being undertaken by Primary Care Social Workers.
Appendix B: Examples of community development programme work undertaken by Social Workers in Primary Care to promote the reduction of the impact of chronic illness

- HSE Stress Control Programme
- Anxiety Management Groups
- Healthy Eating (healthy food on a budget & healthy lifestyles)
- Triple P / Parents Plus Programmes
- Carer Support Groups and Information Sessions
- The Roma Integration Project (TRIP) and Roma GP Bus
- Mojo Men’s Programme
- Community Health Fairs
- Community based smoking cessation groups
- Community Health Assessments & Community Participation in Primary Care
- Homeless Action Teams
- Participation in multi-agency committees
Appendix C:
Nationally agreed Social Work job descriptions for all social work grades.

Role of Principal Social Worker
The role would include the following:
- To supervise Social Work staff, workloads and projects
- To clinically supervise Team Leaders / Social Work Senior Practitioner
- In some situations to be a manager and practitioner
- To manage Continuous Professional Development for Registration
- To provide in service training for Social Workers
- To organise induction of new Social Work staff
- To develop policies in conjunction with the Director of Social Work
- To administer the Social Work Department
- To be accountable for the Social Work Service
- To liaise with and report to senior managers locally

Social Work Team Leader
The role would include the following:
- To undertake the current duties which apply as appropriate to the post of Team Leader.
- To be supervised by the Principal Social Worker.
- To clinically supervise Professionally Qualified Social Workers and Senior Social Work Practitioners
- To assist with the organisation of in service Training and Social Work Student Placements
- To supervise / engage in management of Social Work workloads, using available and agreed workload management tools

Senior Social Work Practitioner
The role would include the following:
- This post should be automatically available to staff who fulfil certain conditions (e.g. work experience/student work, practice development and or research, after 3 years’ service as Professionally Qualified Social Workers).
- The post holder has a central role in provision of Social Work student placements, mentoring new staff and working with complex cases
- The ratio of 1:3 Senior Social Work Practitioners to Professionally Qualified Social Workers was negotiated for in 2001 as part of the National Social Work Forum agreement between the HSEA and IMPACT.

Professionally Qualified Social Worker
Duties are as nationally agreed job description, the role would include the following:
- Provide direct Social Work service to service users and communities
- Contribute to development of Social Work service
Appendix D:
Findings of a SWOT / SCOT evaluation of Social Work in Primary Care Social nationally

Strengths:
1. Some Primary Care Social Work posts in place nationally, geographical spread, therefore not starting from scratch
2. Some Social Work posts in place in most Directorates (previously Care Groups); therefore care group spread, therefore not starting from scratch
3. Some Senior Social Work posts spread across geography and Directorates, therefore availability of expertise and experience.
4. Some Social Work management posts spread across geography and Directorate, therefore possibility of reconfiguration to meet geographical and Directorate requirements for management (with negotiation between National Directors).
5. Possibility of consistent (within and across agencies), fair Social Work structure and career path
6. Consistent structure would increase likelihood of Social Workers choosing where they work based on interest and best fit rather than career progression / salary increase.
7. Population Health approach of Primary Care fits with systemic approach of Social Work
8. Focus of Deprivation and Social Determinants of Health fits with Social Work ‘Person in Environment’ approach

Challenges:
1. Current and past economic restrictions
2. Health reforms
3. Standardisation of service delivery and practices
4. The expansion of services through 'out-sourcing' to the private sector (notably fostering assessments)
5. Periods of national shortage of Social Workers to fill posts
6. Non-replacement of vacant posts
7. Non-filling of all agreed Social Work posts in other Directorates for example, Senior Social Worker for Elder Abuse and Early Intervention Teams.
8. Training and other requirements of Registration
9. Patchy 'roll-out' of Primary Care Social Work
10. Primary Care, as a new Directorate, is under resourced compared to other 'traditional' Social Work settings
11. Primary Care, as a new Directorate, is not viewed by HR recruitment as valid / stand-alone choice for Social Work candidates – it is the only Directorate in this position and is therefore disadvantaged
12. Roll out of new Community Health Organisations and Directorates and 'slice of pie' available to primary Care not matched to demands on Primary Care
13. ‘Policy drift’ – lack of clarity re Social Work position in core team / Network. Primary Care A New Direction, 2001, indicates Social Work position as core team (.5 – 1 WTE per team), this appears to have been moved to Network in some subsequent documents with no apparent rationale.

Opportunities:
2. Some Primary Care Social Work posts in place nationally, geographical spread, therefore not starting from scratch
3. Some Social Work posts in place in most Directorates, care group spread, therefore not starting from scratch
4. Senior Social Work posts spread across geography and care group, therefore availability of expertise and experience.
5. Social Work management posts spread across geography and care group, therefore possibility of reconfiguration to meet geographical and Directorate requirements for management (subject to negotiation between National Directors).
6. Possibility of consistent (within and across agencies), fair Social Work structure and career path
7. Consistent structure would increase likelihood of Social Workers choosing where they work based on interest and best fit rather than career progression / salary increase.
8. Registration, as a means of ensuring Continuous Professional Development and surety of quality service delivery

Threats:
1. Inconsistent Social Work management structures in existence
2. Social Workers themselves not investing in / committing to new sustainable structures if they are seen as unfair / without consultation
4. Primary Care, as a new Directorate, is not viewed by HR recruitment as valid / stand-alone choice for Social Work candidates – it is the only Directorate in this position and is therefore disadvantaged
5. Specialist Directorates shaping Primary Care Social Work agenda
6. ‘Policy drift’ – lack of clarity re Social Work position in core team / Network. Primary Care A New Direction, 2001, indicates Social Work position as core team (.5 – 1 WTE per team), this appears to have been moved to Network in some subsequent documents with no apparent rationale.

Note:
Primary Care a New Direction recommended 0.5 – 1 WTE Social Worker per Primary Care Team; currently there are approx. 500 Primary Care teams and approx. 60 – 70 Social Workers in Primary Care so social work service in primary care are operating at about 12 – 24 % of the planned staffing complement.