



IASW

Irish Association of Social Workers

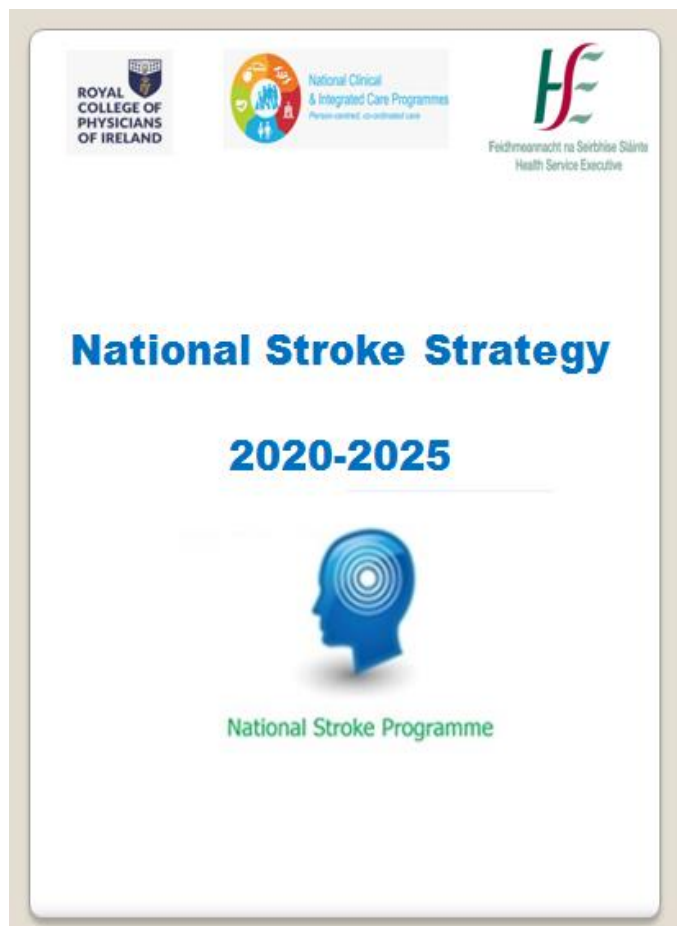
Cumann na hÉireann um Oibrithe Sóisialta

Feedback on The National Stroke Strategy from the IASW Head Medical Social Work Group

Stroke is major cause of mortality and morbidity in our population and a major cost to our health service when outcomes are poor. Much improvement in services and outcomes has occurred in the last decade since the inception of the national stroke programme, but the nature of our demography, development of new stroke treatments and technologies, and the need for healthcare staff and public engagement on the issue of stroke are a significant challenge over the next decade.

We believe, the strategy for stroke in Ireland represents a comprehensive approach to our stroke services across the realms of prevention, acute care, restoration to life after stroke and research and education in stroke for the next 5 years. It is an ambitious strategy for an investment of almost €20m in our stroke services at a time of great challenges for our economy and healthcare system but we are confident it will pay significant dividend for patients, the healthcare system and society as a whole.

You are invited to provide feedback on the Strategy. All feedback must be submitted on this feedback form and emailed to programme manager, Edina O'Driscoll at edina.odriscoll@hse.ie by 17.00 Wednesday 18th November 2020 .



| Please complete | |
|-----------------|--|
| Name | Aine McGuirk |
| Role | IASW Chair |
| Organisation | Irish Association of Social Workers |
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Please indicate if you are making this submission in a personal capacity or on behalf of an organisation/group: **Head Medical Social Work Group of the Irish Association of Social Workers**

**Stroke Strategy 2020-2025
Consultation Feedback Form**

To assist us in reviewing your feedback, please let us know (where applicable) where in the document your feedback relates to. Please add additional rows if required.

Space is provided below for general feedback also.

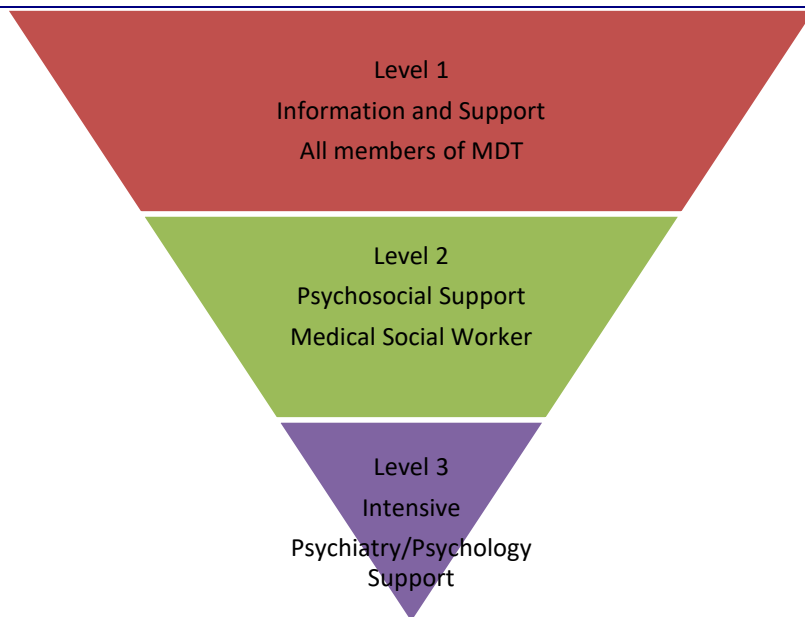
| Page | Feedback |
|-------|---|
| 65-66 | <ul style="list-style-type: none"> It is regrettable that there was no social work representative on the membership of any stroke strategy pillars. This omission becomes increasingly evident throughout the document with the complete absence of the role of social workers in stroke care apart from ESD teams. |
| 5 | <ul style="list-style-type: none"> Social work to be included in list of professionals an individual should have access to below <i>Ref: The clinic should be multidisciplinary and, in addition to specialist stroke physicians, patients should have access to clinical nurse specialists in stroke, physiotherapy, insert social work, clinical pharmacist, clinical nutrition and clinical psychology where needed</i> |
| 36 | <ul style="list-style-type: none"> insert social work staffing ratios as per amended document at 1.5 WTE SMSW per 20 beds |
| 37 | <ul style="list-style-type: none"> insert social work costings for staffing projections over 5 years |
| 46-49 | <ul style="list-style-type: none"> Key worker role – competencies and roles described are that of social workers both in acute, rehab and primary care settings. Document needs more detail in terms of what this role will entail and what competencies are required |
| 48 | <ul style="list-style-type: none"> insert primary care social work to facilitate referral to community therapy |
| 25 | <ul style="list-style-type: none"> Patients should also have access to social work in specialist stroke prevention clinics where needed. Social workers are skilled to assist with adjustment to |

| | |
|-------|--|
| | illness/disability, providing emotional support, assistance with alcohol reduction, carer advice and support, and assisting with practical matters (financial issues, accessing necessary community supports) |
| 40 | <p>Patients should have access to the services that most meet their needs. This should be determined by a clinical MDT assessment which includes physical, cognitive and psychological and psycho-social domains. It is wholly acknowledged that a person's needs can change across the continuum of care, and as such, movement between the various 'levels' of service (i.e. community based, inpatient and complex inpatient) should be anticipated.</p> <ul style="list-style-type: none"> • Psycho-social assessment is important to assess the person's social, emotional and environmental circumstances, ensuring the assessment of the impact of illness on the person, their family and plan appropriate supports. This is useful to inform what level of service is appropriate (community based or inpatient) |
| 49 | <ul style="list-style-type: none"> • Insert social work for Community Role in residential facility. Social workers have an increasing presence in residential facilities as advocates and supports. |
| 69-77 | <ul style="list-style-type: none"> • Mayo University Hospital has 12 stroke beds but not included in the staffing ratios. Navan also now has stroke rehab beds (resulting from Stroke Bypass with MMUH) and needs to be included in staffing ratios |

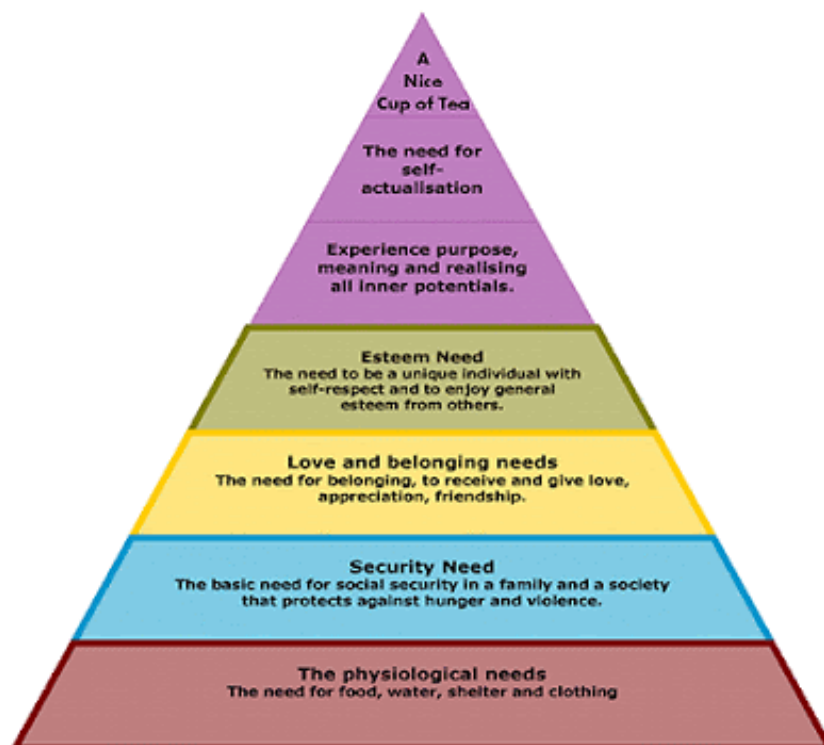
General feedback on the document

There is a total absence of any reference to the role of social work, even outside the editing error which left social work staffing off the table entirely. Social work as a profession has a long history of supporting individuals and families affected by stroke; emotionally with a new diagnosis, and changed level of functioning. Social work also provides practical support to individuals and families in accessing the key support services they require such as home care packages, other community services, social welfare services and entitlements, legal services, and nursing home care if required. Data from one acute stroke unit shows 68% referral rate to medical social work services over 4 week period indicating their key role within the MDT.

The strategy has a disappointingly narrow focus on the individual disregarding the social determinants of health, people in the context of systems and key harnessing of family supports to improve outcomes. Families/carers require psychosocial services in their own right. There is a strong emphasis on psychological services when in fact **psychosocial** services are required. Using any of the tiered models of care developed across oncology, palliative care and other conditions, it is clear that, whilst a small proportion of patients will require intensive psychological or psychiatric support (McElwaine 2015), a far greater proportion of post stroke patients require support for moderate distress, currently provided by medical social workers in stroke units nationally.



Equally social workers have a key role in identifying and addressing barriers to recovery post stroke. Using Maslows Hierarchy of Needs below, basic social supports or lack thereof represent a significant risk factor for patients being able to engage with both formal and informal health services. Among adults younger than 75 years, those with multiple social determinants of health were at more than a 2.5-fold greater risk for stroke than those without any, according to new data from the REGARDS study. Even after adjustment for confounding physiological factors, individuals younger than 75 years with three or more social determinants of health were at approximately 50% greater risk for stroke compared with those without any.

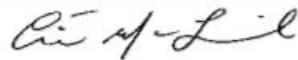


In conclusion the IASW strongly recommends the full integration of the role of medical social work into the 2020-2025 Stroke Strategy document. This will go some way to ensure that stroke patient's holistic needs are recognised, valued, and addressed and that clear pathways to services beyond acute care are provided for patients and their families/carers.

Other information you would like to share

The profession of medical social work is located precisely at the intersection of health and inequality and practitioners are uniquely trained and skilled to address the broad scope of social determinants of health. As such, medical social workers seek to make a key contribution to the process of health care reform under the priorities of Slaintecare. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

Thank you for participating in this consultation. Please return feedback forms to edina.odriscoll@hse.ie by **5pm on Wednesday 18th November**.



Áine McGuirk
IASW Chair
CORU Registration SW004099