Theory of Change for Social Work with People Aged 65+ years old

Project Purpose:

Two thirds of people accessing adult social care in Walsall are aged 65 years old or over. These people matter and are experts in their own lives. They and their families draw on social care as they transition into a different way of living their life which may require support from others. This project aims to highlight the value of embedding relationship-based approaches in social work to deliver better outcomes for this group of people and carers. It will also promote the importance of the specialism of social work with people aged 65+ as the Council, and the nation, supports a growing ageing population.

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| **What are we trying to change?** | **What are we going to do?** | | |
| **Named Social Workers for Work with People aged 65+** | **Linking Carer Needs Assessment with Older Person Needs Assessment** | **Improving Processes, Systems and/or Communication** |
| * Offering a consistent point of contact for those accessing adult social care services. * Working differently to allow for more relationship building with clear boundaries of roles and responsibilities on both sides (for all involved in the social care relationship). * Ensuring people aged 65+ years old accessing social care are seen and treated as individuals, not ‘cases’. * Reducing the number of times people aged 65+ have to repeat their story. Reduce the number of reviews/ duplicate assessments. * Refocus review aims from financial reduction to supporting people’s independence. * Streamline process/forms for social worker & for person aged 65+/ carer. User friendly, simple processes, menus and low-tech language. * Only collect information that is necessary. * Mosaic systems can’t transfer outcomes which leads to duplication. Aim to reduce duplication and time involved in collecting/incorporating information. * Making sure the views of people drawing on care and support and carers helps to develop the variety, volume and quality of commissioned community services * Taking a more flexible & holistic approach to the needs of the person aged 65+ and the needs of the carer – finding out what is important to them. * Family should be involved in all care needs assessments including in hospital with the consent of the person aged 65+. * Locality Designated Premises (for drop in) * Training and development with more shared learning across localities * Autonomy for practitioners – example, long term review sign-off * Improved interconnectivity – health care (including mental health) and social care including providers e.g. access to hospital data base regarding safe discharge (process and prospective discharge). | Establish Coproduction approaches to ensure the perspectives of people aged 65+ and carers help to improve:   * Social Care’s communication with people aged 65+ and carers – what, when, how, where, why (purpose) * Quality of what, how and how often information is collected * Support for unpaid carers of people aged 65+ (individual and group) * Social Care’s communication of information collected with people aged 65+ and carers – accessibility and clarity of records * Cross-functional working with commissioning, health, voluntary and social enterprise sector, care providers and housing to meet the needs of people aged 65+ and carers.   Design and deliver workforce development initiatives so that more social workers and social care professionals feel confident and empowered to take a relationship-based approach and have time to share good practice.  Adapt approach to caseload allocation and management to provide named social workers for work with older people with complex cases.  Identify opportunities:  - to streamline processes and forms for social worker and older people  - for Social Workers and people with lived experience to shape Mosaic improvement work.  - to improve information exchange with key partners – health, commissioning, care providers, housing. | | |
| **Intended Outcomes** | **Evaluation Tools** | | |
| People aged 65+ and carers have a named social worker who **builds an ongoing relationship** with them **and supports them through change.** | * Social workers’ online calendars that record how they spend their time + their qualitative feedback * IT records of number of social workers involved with each person aged 65+, the length of their involvement and number and duration of direct contacts. * Feedback from people aged 65+ receiving the new approach. | | |
| Assessment and care planning take account of the needs and wishes of the person aged 65+ and the needs and wishes of the carer, with their different perspectives and distinct needs recorded and acted on. | * Monitoring and learning from social work records (i.e. a constructive process, not an inspection) * Feedback from people aged 65+ and carers receiving the new approach. | | |
| Through building relationships with people in the community, and with the support of IT improvements (piloted in other projects) the time social workers spend on administrative tasks is reduced. This will release more time for direct work with people aged 65+ and carers which will **increase social workers’ sense of achievement and job satisfaction.** | * Social workers’ online calendars * Qualitative feedback from social workers * Workload management systems – evaluate the new systems/strategies introduced | | |
| Co-production with people aged 65+ and carers is in place, involves colleagues from social care commissioning and health, **and underpins the reform and ongoing evaluation of social work with people aged 65+.** | * Coherent strategy of where coproduction should happen and how it feeds into the wider system that can be used to monitor progress * Records of regular review of coproduction activities and forward planning with those involved * Evaluation of who is involved (to monitor equality diversity and inclusion) | | |
| **Key People Involved** | | | |
| **Senior Responsible Officers:** Seanna Lassetter, Principal Social Worker & Tina James, Head of Service – Pathway to Independence and Localities **Workstream Leads:** Lisa-Kay Waite & Keymn Whervin = Co-production; Seanna Lassetter & Gerry Nosowska = Workforce Development; Tina James & Eve Morris = Named Social Worker **and** Process, Systems, Comms Improvement; Seanna Lassetter = Linking Carer’s Needs Assessment with Person’s Needs Assessment | **Stakeholders:**  Community members who are either drawing on care and support and/or are Carers; Staff working in adult social care and commissioning – including Senior Leaders; Care providers; Health colleagues; Community, Faith and Voluntary Services; Elected Members | | |