Care Act Guidance - Social Workers

2. Preventing, reducing or delaying needs

Delay: tertiary prevention

2.8

Social Workers and Occupational Therapists are well placed to be the lead professional to undertake assessment or review of an individual or their carer with complex care and support needs.

Developing resilience and promoting individual strength

2.16.

Social workers, Occupational Therapists, other professionals, service providers and commissioners who are effective at preventing, reducing, or delaying needs for care and support are likely to have an holistic picture of the individuals and families receiving support. This will include consideration of a person’s strengths and their informal support networks as well as their needs and the risks they face. This approach recognises the value in the resources of voluntary and community groups and the other resources of the local area.

3. Information and advice

Proportionality of information and advice

3.32.

To help ensure that information and advice is proportionate to the needs of those for whom it is provided, a local authority should enable those providing information and advice to people contacting the local authority to have access to the support of registered social work advice when it is required. This can help ensure that the potential for complexity is recognised early on and the person receives help to access non-statutory services and/or initial statutory sector support proportionate to their needs.

4. Market shaping and commissioning of adult care and support

Ensuring choice

4.40.

When considering the sufficiency and diversity of service provision, local authorities should consider all types of service that are required to provide care and support for the local authority’s population, including, for example, domiciliary (home) care, residential care, nursing care, live-in care services, specialist care, support for
carers, sheltered accommodation and supported living, shared lives services, community support, counselling, **social work**, information, advocacy and advice services, and support services and universal and community services that promote prevention.

**Developing local strategies**

4.49.

Plans at all levels to deliver this strategy should be developed by local authorities in partnership and collaboration with stakeholders, in particular: provider organisations, people needing care and support themselves (through for example, consumer research), carers, health professionals, care and support managers and **social workers** (and representative organisations for these groups), independent advocates, and wider citizens to reflect the range and diversity of communities and people with specific needs. A fully co-produced approach will stress the value of meaningful engagement with people at all stages, through design, delivery and evaluation, rather than simply as ‘feedback’. Local authorities should publish and make available their local strategies for market shaping and commissioning, to support local accountability and engagement with the provider market and the public.

**Engaging with providers and local communities**

4.57.

Local authorities should engage with a wide range of stakeholders and citizens in order to develop effective approaches to care and support, including through developing the JSNA and a Market Position Statement or equivalent document. While the duties under section 5 of the Care Act fall upon local authorities, successful market shaping is a shared endeavour that requires a range of coordinated action by commissioners and providers, working together with the citizen at the centre. Local authorities should engage and cooperate with stakeholders, in particular: provider organisations, people needing care and support themselves and their representative organisations, carers and their representative organisations, health professionals, social care managers and **social workers**, independent advocates, and wider citizens to reflect the range and diversity of communities and people with specific needs. Local authorities should arrange engagement to include hard-to-reach individuals and groups, including those who have communication issues and involving representatives of those who lack mental capacity.

**Securing supply in the market and assuring its quality and value for money through contracting**

4.87.

Local authorities should ensure that their procurement and contract management systems provide direct and effective links to care service managers and **social**
workers to ensure the outcomes of service delivery matches individual’s care and support needs.

6. Assessment and eligibility

6.5.

To provide a comprehensive assessment, the assessor must be appropriately trained. Registered social workers are uniquely placed to be involved in complex assessments which indicate a wide range of needs, risks and strengths that may require a co-ordinated response from a variety of statutory and community services.

Supporting the person’s involvement in the assessment

6.30.

Where a person has a mental impairment such as dementia, acquired brain injury or learning disabilities, the local authority must consider whether the person should have an assessment of capacity and should be assisted under the Mental Capacity Act. They may need extra support to identify their needs and make any subsequent decisions. The more serious the needs, the more support people may need to identify their impact and the consequences. Professional qualified staff, such as social workers, can advise and support assessors when they are carrying out an assessment with a person who may lack capacity.

Roles and responsibilities for assessment

6.72.

Assessments can be carried out by a range of professionals including registered social workers, occupational therapists, rehabilitation officers and those with relevant NVQs. Registered social workers and occupational therapists are considered to be two of the key professions in adult care and support. Local authorities should consider how adults who need care, carers, and assessors have access to registered social care practitioners, such as social workers or occupational therapists.

6.74.

Local authorities must ensure assessors have received suitable and up to date training to carry out assessments. They must also have the skills and knowledge to carry out the assessment of the specific condition(s) that they are being asked to assess, for example when assessing an individual who has autism, learning disabilities, mental health problems or dementia. This training must be maintained throughout their career. As part of maintaining their registration, social workers and occupational therapists are required to evidence their Continuing Professional Development.
7. Independent advocacy
See case study on page 95

10. Care and support planning

Production of the plan

10.15.

The plan should be person-centred, with an emphasis on the individual having every opportunity to be involved in the planning to the extent that they choose and are able. This requires the local authority to ensure that information is available in a way that is meaningful to the person, and that they have support and time to consider their options. The choices offered should range from support for the person to develop the plan for themselves, with their family, friends or whoever they may wish to involve (this might include web-based resources, written information and peer support), through to one-to-one support from a paid professional, such as a **social worker** which may be the same person whom undertook the assessment.

10.17.

In ensuring that the process is person-centred, the local authority should ensure that any staff responsible for developing the plan with the person are appropriately trained in the Mental Capacity.

10.22.

Local authorities should have regard to how universal services and community-based and/or unpaid support could contribute to the factors in the plan, including support that promotes mental and emotional wellbeing and builds social connections and capital. This may require additional learning and development skills and competencies for **social workers** and care workers which local authorities should provide.

Involving the person

10.31.

The level of involvement should be agreed with the individual and any other party they wish to involve and should reflect their needs and preferences. This may entail local authorities involving the person through regular planning meetings, or there may be instances where remote involvement is just as effective, such as over the telephone, through video conferencing, or other means. In other circumstances, local authorities will need to seek the support of speech and language therapists or other specialists. Some people will need little help to be involved, others will need much more. **Social workers** or other relevant professionals should have a discussion with
the person to get a sense of their confidence to take a lead in the process and what support they feel they need to be meaningfully involved.

Act, familiar with best practice, and that there is sufficient local availability of independent advocacy and peer support, including access to social work advice.

Planning for people who lack capacity

10.43.

If a local authority thinks a person may lack capacity to make a decision or a plan, even after they have offered them all practicable support, a social worker or other suitably qualified professional, needs to carry out a capacity assessment in relation to the specific decision to be made. For example the local authority may assess whether the person has the capacity to decide whether family members should be involved in their care planning or whether the person has the capacity to decide on whether a particular support option will meet their needs.

Minimising and authorising deprivation of liberty (DOL) for people who lack capacity

10.47.

In line with the least restrictive principle in the MCA, local authorities and others drawing up plans must minimise planned restrictions and restraints on the person as much as possible. The MCA provides legal protection for acts of restraint only if the act is necessary to prevent harm to the person, a proportionate response to the likelihood of the person suffering harm and the seriousness of that harm, and in the person’s best interests. Planned restrictions and restraints must be documented and reported to a social worker to agree.

11. Personal budgets

Agreeing the final budget

11.28.

The final budget should be agreed at the end of the care and support planning process. This ensures there is scope for the budget to increase (should the budget prove insufficient during support planning) or decrease (should the budget prove to be more than is required, for example where unpaid support or universal services have been identified as appropriate to meet some needs during the support planning process). Any process in place for agreeing the final budget and associated care and support plan should be transparent and proportionate to the budget involved and any risks identified. Some local authorities are devolving responsibility for agreeing budgets set at a low level to frontline staff and/or social work team managers so as to avoid unnecessary delays and minimise the use of panels.
13. Review of care and support plans

Planned reviews

13.13.

During the planning process, the person and their social worker, or relevant professional may have discussed when it might be useful to review the plan and therefore agree to record this date in the plan. This may be valuable to people in the care system so that they can anticipate when the review will take place, rather than the review being an unexpected experience. It also fits with the Government’s view of personalised care and support, as the person may have a view as to a suitable time-frame for the review to occur. Additionally, setting out anticipated review dates may help authorities with future workload planning.

13.15.

Local authorities should have regard to ensuring the planned review is proportionate to the circumstances, the value of the personal budget and any risks identified. In a similar way to care and support or support planning, there should be a range of review options available, which may include self-review, peer led review, reviews conducted remotely, or face-to-face reviews with a social worker. For example, where the person has a stable, longstanding support package with fixed or long term outcomes, they may wish to complete a self-review at the planned time, rather than have a face to face review with their social worker. This does not preclude their requesting a review at another time or a face to face review being needed if there is an unplanned change in needs or circumstances.

13.17.

Furthermore, if a person is recorded as having a mental impairment and lacking capacity to make some decisions, then the local authority should consider carefully when it will be appropriate for the next review to take place. In these instances, making appropriate use of a social worker as the lead professional should be encouraged.

Revision of the care and support plan, support plan

13.28.

Particular attention should be taken if the revisions to the plan proposes increased restraints or restrictions on a person who has not got the capacity to agree them. This may become a deprivation of liberty, which requires appropriate safeguards to be in place. The local authority should have policies to address how these are recognised and responded to, and the social worker, occupational therapist or other relevant social care qualified professional or Mental Capacity lead should be involved, as well as an advocate.
14. Safeguarding

The local authority’s safeguarding role
Multi-agency working and cooperation

14.28.

The six principles that underpin adult safeguarding (see above) apply to all sectors and settings including care and support services, social work, healthcare, welfare, housing providers and the police. The principles should inform the ways in which professionals and other staff work with people at risk of abuse or neglect. The principles can also help Safeguarding Adults Boards (SABs), and organisations more widely, by using them to examine and improve their local arrangements.

Adult safeguarding procedures

14.42.

Professionals and other staff need to handle enquiries in a sensitive and skilled way to ensure distress to the individual is minimised. It is likely that many enquiries will require the input and supervision of a social worker, particularly the more complex situations. For example, where abuse or neglect is suspected within a family or informal relationship it is likely that a social worker will be the most appropriate lead.

Who can carry out an enquiry?

14.60.

Although the local authority is the lead agency for making enquiries, it may ask others to undertake them. The specific circumstances will often determine the right person to begin an enquiry. In many cases a professional who already knows the individual will be the best person. They may be a social worker, a housing support worker, or health worker such as a community nurse. Where a crime is suspected, and referred to the police then the police must lead the criminal investigations, with the local authority’s support where appropriate, for example by providing information and assistance.

Safeguarding Adults Boards

14.111.

As with the Chair of the SAB and its core statutory members, all members of the SAB must have the necessary skills and experience to ensure that the SAB is an effective way of improving adult safeguarding arrangements in its area. Social
workers’ ability to understand the individual within complex social networks and other systems makes social work input a vital component in SAB arrangements.

Regulated professionals

14.162.

Staff governed by professional regulation (for example, social workers, doctors, allied health professionals and nurses) should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.

16. Transition to adult care and support

When a transition assessment must be carried out

16.17.

Where someone is refused (or they themselves refuse) a transition assessment, but at a later time makes a request for an assessment, the local authority must again consider whether the likely need and significant benefit conditions apply, and carry out an assessment if so. In more complex cases, it can take some time not only to carry out the assessment itself but to plan and put in place care and support. Social workers will often be the most appropriate lead professionals for complex cases. Transition assessments should be carried out early enough to ensure that the right care and support is in place when the young person moves to adult care and support.

Excerpt from a case study:

Rosie has been ‘looked after’ from a young age and has lived in local authority F for 5 years by the time she turns 18. She has no contact with her birth parents and no links with anyone in local authority E other than her social workers. She has a well-established support network in local authority F, including her foster parents who she intends to maintain a relationship with. Rosie has chosen to live in local authority F and has a flat share there which indicates that she has a settled purpose to remain there. Therefore, in line with the [Shah] test, Rosie has acquired an ordinary residence in local authority F: the starting presumption that she is ordinarily resident in local authority E can be rebutted.
18. Delegation of local authority functions

Importance of contracts

18.6.

The success of a policy by a local authority to delegate its functions to a third party will be determined to a large extent, by the strength and quality of the contracts that the local authorities make with the delegated third party. Local authorities should therefore ensure that contracts are drafted by staff with the necessary skills and competencies to do so. Local authorities should consider the findings of the *Social Work* Practice pilot scheme, which tested approaches to delegation, when considering how to construct contracts.