



The Role of the Social Worker in Stroke Rehabilitation





WHO ARE WE?

- The Bigger Picture - Training and Personal Practice
- Registration
- Team Membership
- Who We Work For



WHAT WE DO

- Contact Along The Stroke Pathway
- Referral – Already Known, Referred by MDT at POA, Word of Mouth, Social Work initiated/Self/Supporter/Carer Referral



Wandsworth Resident

- Assess – All Local Authorities have this “duty” s.47 1990 Act
- Care Plan
- Research
- Commission/Panel
- Placement
- Review



Other Local Authorities

- Refer to HDT/Complex or Long Term Care Team
- “Reablement”
- Community Neuro Rehabilitation Teams



Common Difficulties

- Discharge Address?
- Immigration Status?
- Family Issues?
- Finance?
- Unwilling to Engage?
- Time?



WHY WE DO WHAT WE DO

LEGAL FRAMEWORK

- NHS and Community Care Act (1990)
- Carers (Recognition and Services) Act (1995)
- Human Rights Act (1998)
- Carers and Disabled Children's Act (2000)
- Community Care (Delayed Discharges) Act 2003
- Carers (Equal Opportunities) Act (2004)
- Mental Capacity Act (2005)



Why We Can Disagree

- The DDA 1995 defines disability as ‘a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities’.



Medical Model of Disability

- Illness or Disability is the result of a physical condition, is intrinsic to the individual (it is part of that individual's own body), may reduce the individual's quality of life, and causes clear disadvantages to the individual.



Social Model of Disability

- Proposes that systemic barriers, negative attitudes and exclusion by society (purposely or inadvertently) are the ultimate factors defining who is disabled and who is not in a particular society.



"It is the client who knows what hurts,
what directions to go, what problems
are crucial, what experiences have
been deeply buried."

Carl Rogers

From On Becoming a Person, 1961



SOCIAL WORK – Core Principles

- **R**espect
- **A**nti- Discriminatory and Anti- Oppressive Practice
- **C**hoice (Control, Autonomy, Empowerment)
- **E**quality
- **S**elf Determination

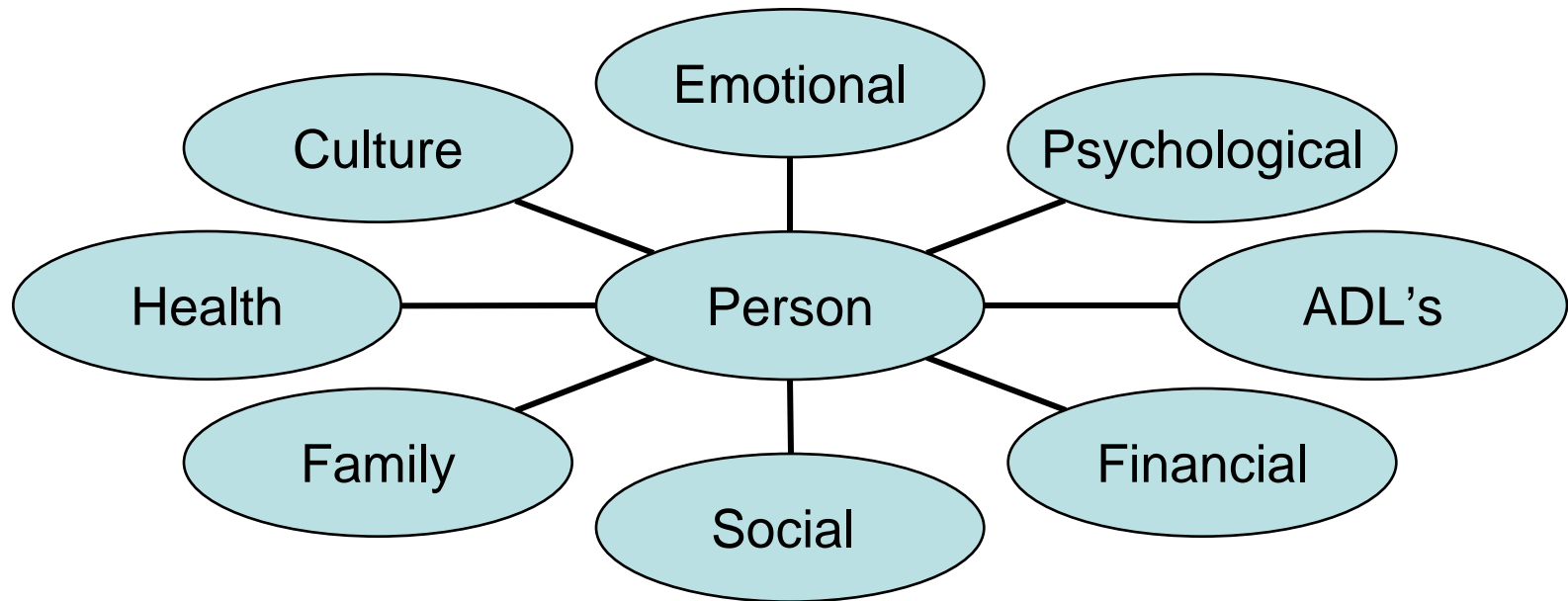


Language

- Who has the Power to Name?
- Disabled People or The Disabled?
- Wheelchair User or Wheelchair Bound?
- Person with Physical Impairment or Handicapped?
- Bob has Epilepsy or Bob is an Epileptic?
- Carer/Personal Assistant/Client/Citizen/Service User/Patient



Person – Centred Care





CARERS NEEDS AND RIGHTS

Carers Assessment

- Involvement in work, education, training, family, social and community responsibilities
- Feelings about being a carer – having choices and being in control
- Social life and relationships
- Health and well being
- Personal safety
- Managing your own domestic and other routines
- Finances

Carer Support

- Access to practical and emotional Support
- Access to Regular Breaks
- Support to plan for emergencies
- Support to plan for the future
- Clarity about how to access support and information in the future



LONG TERM COMMUNITY SUPPORT OPTIONS

- **Placement**

Residential Home

Nursing Home

Respite Placement

- **Home**

Social Services - Re-ablement
 - Ongoing Package of Care

Health Services

Voluntary Sector

Informal Support Networks



FUNDING

- Local Authority
- NHS Continuing Care
- Joint Funding
 - NHS Funded Nursing Care
- 3rd Party



REVIEW

- Community Multi-Disciplinary Review
- Social Services Annual Review
- Unplanned Review
- 'Closure' and 'Discharge'
- Joint Working



4 KEY POINTS

- We Work in a Legal Framework
- Social Model/Medical Model - Power
- Person Centred Approach
- Support the Supporters