

National conversation to inform a new dementia strategy

SOCIAL WORK SCOTLAND RESPONSE

Closes: 5th December 2022

INTRODUCTION

Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome this opportunity to comment on the consultation to inform the national dementia strategy. The consultation document was considered by our Older Peoples subgroup as well as our Chief Social Work Officer network (including a dedicated Highlands and Islands session), and our Justice Standing Committee. All of the participants are engaged and involved with service provision for older people primarily through the planning of community-based services.

Social workers are uniquely placed as a profession to offer insight and contribution to this consultation and to support the effective interaction and joint working of partner professionals in process of delivering services and interventions to adults and children. Working within this multi-agency context, social work can offer perspective to ensure that a Human Rights enabling and strengths based approach is central to the delivery of services. Whilst we recognise that dementia can affect people at any age, we would draw attention to our response to the Health & Social Care of older people consultation¹, which has similar themes of issues around Resources, and Workforce; the need for investment across social care and social work; and the interconnectedness of things like housing, communities, and public services, which necessitates a whole system approach to the development of strategy.

Social Work Scotland recognises the important role of the previous Dementia Strategy² in embedding person-centred and rights based approaches in developing

¹ <https://socialworkscotland.org/consultations/health-and-social-care-strategy-for-older-people-consultation/>

² <https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/>

services for people with dementia and their families, and we applaud the commitment by Scottish Government to continue to build upon this approach.

Consultation Questions

1. What does dementia mean to you and those around you?

People of any age can develop dementia. The impact on the person with the impairment caused by dementia and their family can be immense. As a progressive condition, it can be frightening for the person diagnosed as well as those close to them. Using a social model of disability, and by extension, dementia, it is our view that the impact of dementia can be exacerbated or ameliorated by the built and social environment and context of the person. This is relevant across the country but has particular pertinence for rural and island communities that experience issues around accessibility and the range of services, and recruitment challenges in health and social care.

2. What supports work well for you?

There is work underway to develop an Adult Practice Model/Getting it Right for Everyone (title in development) – the aim being that this will facilitate a multi-disciplinary, holistic approach to providing better outcomes for people, again, we would hope that this will be referenced within the Strategy for Dementia and offer our support to achieve this.

We would also take the opportunity to note our support for “the 5 pillars model”³ developed by Alzheimers Scotland, which has been piloted in Midlothian and supports a whole person and whole system lens to developing and delivering services and support for people with dementia.

Our members also noted their support for joint dementia teams that are multi-organisational and multi-disciplinary in nature as being supportive to ensuring holistic and person-centred assessment and support, and a care co-ordination approach. In addition to this, the co-ordination of formal/statutory services with community services and supports is crucial to understanding and impacting on wellbeing.

3. What challenges need to be addressed?

The Social Care (Self-directed Support) (Scotland) Act 2013⁴ ensures that people who are eligible for social care support can get greater choice and control over how they receive these services. Assessment for support provided within the framework of the four SDS “options” is conducted by a Social Worker, as per S12A of the Social Work (Scotland) Act 1968. Research carried out by Alliance Scotland concluded that;

Targeted work is needed to dismantle communication barriers faced by older people (especially older people from Black and minority ethnic communities) so they can find out about SDS and social care quickly and easily. This work includes widening the pool of professionals who are informed about SDS and can encourage

³ <https://www.alzscot.org/our-work/campaigning-for-change/current-campaigns/5-pillar-model-of-post-diagnostic-support>

people to access it, streamlining information processes and clear signposting, and ensuring people have access to information in a range of formats. People also need access to high-quality information about SDS/ social care at different points in their journey through the social care system – including explanations of the limitations of and overlaps between Free Personal Care and Self-directed Support⁵.

We would urge consideration of this research in the development of the Dementia Strategy and the promotion of the SDS Standards⁶ in any Health and Social Care Strategy more broadly.

From an operational perspective, members noted the impact of avoidable, unscheduled hospital admissions and noted the requirement for a whole system approach to prevention. This approach should be strengths based, and involve family members (where the family desires this). Members also noted that whilst the principles of “hospital at home” are sound, there is also a requirement for “intermediate” or “step down” beds that support transition from hospital back to community. This transitional phase would support relationship-based assessments that allow for the time required to undertake a good quality, comprehensive assessment of how best to support an individual and their family/carers.

Finally, our members noted the greatest challenge as being the current recruitment and retention crisis in the social work, social care and health sectors and associated with this, the importance of training and education for the workforce and good leadership to the delivery of high quality, compassionate and person-centred services. Members noted that the professional background of a service leader or team leader can have a significant influence on the culture and operation of a team or service. This needs to be considered when recruiting to senior leadership positions so that the system benefits from the variety of professions working within it.

4. How would addressing these challenges change lives?

These changes would facilitate individuals and their loved ones having choice and control over their own care and support, promote flexibility of options, prevent unnecessary admissions and long stays in hospital (with associated deterioration in health) and would ensure that services provided were good quality and person-centred.

5. What do we need to build on/learn from what has been done before?

We suggest a scoping exercise could be undertaken to map out existing approaches to the provision of “intermediate care”. This exercise should be national, with the outcome and learning shared in order to support best practice approaches across the country.

Social Work Scotland are also aware of situations where crisis prompts input and support to individuals and families previously unknown to services. We would like to understand how this type of situation occurs, and how to prevent in the future - therefore we advocate for learning reviews to be undertaken in these situations and the conclusions shared nationally.

⁵ <https://www.alliance-scotland.org.uk/blog/opinion/older-people-and-access-to-social-care-and-sds/#expanded>

⁶ [Social care - self-directed support: framework of standards - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/social-care-self-directed-support-framework-of-standards/pages/1-1-introduction.aspx)

6. What else would you like to tell us?

Over the course of our engagement to inform this response, we heard examples of people with dementia being facilitators of training and wish to note our support for this approach.

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