



Adult Services Social Work Restructure

Stage 1 – Case Mapping

February 2023





Who was involved?



- Lottie Bruce-Lloyd – Social Worker
- Janet Alli – Senior Social Worker
- Emyr Morris – Team Lead
- Elize Fletcher – Senior Community Care Assistant
- Fiona Broxton – Domiciliary Care Strategic Operations Manager
- Sandra John – Social Worker
- Steve Mabbett – Team Lead
- Donna Bloniarczyk – Contract Monitoring Officer
- Helen Davies – Residential Care Home Manager
- Elizabeth Doolan - Domiciliary Care Strategic Operations Manager

What are the main objectives of the exercise?

- To understand the Individual and Carer perspective and not the Social Work Teams specifically.
- To understand timescales and impacts upon the Individual and Carer as a result of the current structure.
- To understand how resources are allocated and utilised and how this impacts on the Individual and Carer.
- To understand what works well.
- To understand where there are opportunities for improvements.
- To understand the impacts on colleagues in other service areas in Swansea Council.



What works well?

It appears through the 5 cases studied that those individuals and carers that presented to Adult Services as a “Crisis” case were supported via an MDT approach in a timely manner. Despite having multiple Social Workers and Professionals involved this allowed for positive outcomes. This would suggest that Swansea Adult Services manage “Crisis” well.

What doesn't work well?

Those cases that are not initially viewed as “Crisis” are subject to longer waiting times for initial Social Work intervention and through the period where care coordination is required. This tends to result in a decline for the individual/carer, duplication of work for staff and impacts on capacity for service provisions. These cases are more likely to result in “crisis” before they stabilise. This would suggest that Swansea Adult Services requires improvements for “Preventative” work.

Volumes of Social Workers involved in a case becomes problematic when there are excessive timelines involved – bringing teams closer together may reduce the number of Social Workers and time required.

Delays for services and individuals caused by remote working – Co-working review cases that require decisions from Dr's and CPN based in Hospitals.

Increased waiting times/list for cases requiring Domiciliary Care that requires Social Work sign off – The interpretation of the law may allow for non-registered Social Workers to place individuals on Brokerage.

Cases that don't have a MDT approach tend to be impacted by waiting times – Could time be reduced by taking this approach for all cases?

Lack of early Intervention and support for Family Breakdown and Primary Mental Health needs can cause further complexities for cases – Early help offer and improved partnership working can aid this.

End of Presentation

By Lucy Holt

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