

Social Work in the Emergency Department

Summary: Referrals to social work by Emergency Department staff have consistently increased each year between 2003, when there were 442 referrals and 2006 when there were 702 such referrals. (Referral data by month are provided in Appendix 1)

The staff allocation of 0.5 WTE has remained static since 2003. The provision of a social work service to the emergency department makes an important contribution to the way in which the hospital fulfills its duty of care to all patients.

It ensures that there are in place systems which go towards meeting the health service commitment to addressing the social gain of patients who move between the acute and community sectors. It is impossible for a 0.5 WTE worker to provide a safe comprehensive service to all of the patients currently being referred.

The development of the new emergency department is an opportunity to address the gap between needs identified by emergency department staff and the available service through the provision of an additional 1 WTE social worker at Team Leader level.

Types of referral to social work by Emergency Department staff:

Child Protection and Welfare: The hospital's duty of care to children (i.e. those under 18 years) is governed by the Child Care Act (1991) by the National Guidelines for the Protection and Welfare of Children (DOHC 1999) and by the Child Protection and Welfare Process (SHB 2003). These impose very clear quasi mandatory responsibilities on the hospital. The hospital social work department provides assessment and liaison with statutory child protection services in relation to children who present in the emergency department. This may be where there is a concern for a child's welfare or where an injury being treated is not consistent with the history provided by the carer. It is also relevant when young people under 18 present with deliberate self harm or deliberate overdose

Child Protection and Welfare: is also a concern when a parent presents to the emergency department having inflicted deliberate self harm or having taken an overdose themselves. This is particularly significant in the case of lone parents who disclose custody of young children. The hospital social work department will complete an initial assessment and liaise with the relevant statutory and voluntary agencies.

In 2006 there were 124 referrals to local health area Child Protection Teams most of which originated in the Emergency Department.

Domestic Violence: Violence against women is a key issue identified by the DOHC in The Plan for Women's Health (1997-1999) The main task of the Emergency Department social worker is to provide an improved service to women who present as a result of injuries inflicted by a partner. This will involve working with patients to identify a safety plan, alternative accommodation if required, and local community support agencies.

Alcohol: Alcohol/substance abuse is a major contributory factor in many social and family problems as it is in many emergency presentations. Adequately resourced the social worker in the Emergency Department can provide a service to help address these issues. This would target both those who use

alcohol to excess and their families with a view to enabling either the alcoholic or family members to access appropriate treatment and self help groups.

Homelessness: Government policy in relation to homelessness has been set out in a series of documents for example Homelessness- an Integrated Strategy (2000) The Youth Homeless Strategy (2001) and the Homeless Preventative Strategy (2002) Improving health services to marginalized groups such as the homeless has been identified as a core objective by the HSE. The responsibility of the social worker in the emergency department is to identify homeless persons on attendance and to liaise with the community based multidisciplinary team with a view to the immediate provision of accommodation and other health and welfare services.

Frail Elderly: A proportion of elderly patients attending the emergency department will not need acute admission. Nevertheless they remain in a precarious social situation. Quality and Fairness, the national health strategy acknowledges the problem of inadequate coordination of services for older people and the need for greater liaison between the community and acute services. The social worker in the emergency department can provide assessment of an elderly persons social need to the relevant community services and advocate for the provision of such services on their behalf. Advice and information can also be provided to family members. In addition to improving the quality of life of the older person this is likely to contribute to a reduction in re attendance in the emergency department

Some older people who do need admission are the sole carer of a dependent spouse whose alternative care will need to be confirmed.

Brought in Dead: A number of patients are brought in dead or die soon after arrival in the department. This can be particularly distressing and traumatic for family members. Care to relatives while in the department will be provided mainly by nursing and pastoral care staff, however the social work department provides a follow up contact 6-8 weeks after the sudden death of an adult, child or infant. This is in order to check for outstanding need or particular difficulties and may result in ongoing contact for a period.

Conclusion

There has been a part-time social work service provided in the emergency department since 2003. This is a 17.5 hours per week service in the context of a department which never closes and where there is rapid through put of patients. The appended figures indicate the very high and increasing level of demand for social work services by staff in the emergency department. This level of demand is not met on the basis of the current arrangement. A limited service to **priority** groups is provided with difficulty .Inevitably this means that many patients receive an inadequate or no service.

To provide a safe consistent social work service for the emergency department which can more fully meet the high level of need which is identified by staff there requires as an initial measure the allocation of one WTE at social work team leader.

The salary scales for a Social Work Team Leader is €3,906 - €63,424

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