**Case allocation Policy**

**Introduction**

The work we undertake in adult social care has the power to transform people’s lives and protect them from harm. To ensure the effectiveness of our strength-based, outcome focused and person-centred approach for residents and their carer’s practitioners must have the skills, knowledge and time to develop effective relationships with adults, families, professionals and members of the public.

We recognise that a key aspect of being able to achieve this is making sure our practitioners have safe and manageable caseloads that allow them to maximise their time and achieve best outcomes for those they are supporting in accordance with the tasks set out by their line managers. This document will outline how cases are allocated, managed and closed.

**Case Weighting**

It is essential that there is transparency in how cases are allocated and that there is fairness in how this is done both within teams and across all service areas. Moving forward allocations will now be scored, based on the complexity/risk of each case.

The aim is that staff, where possible, will have a mixed caseload of complexity and risk. To define this managers will score cases as being high, moderate or low in their complexity or risk. Against these three areas there will be a rating of 3, 2 or 1 which score the complexity or risk (see below table). Managers must ensure that the total collective score of all cases held by a practitioner will not exceed 50 with the ideal number of cases being 25. An example of this would be that if a practitioner was allocated 7 Low (1x7=7), 11 Moderate (11 x 2 = 22) 7 High (7 x 3 = 21) this would total both 50 points and 25 cases. However, and dependent on team, the person may have 10 high (10 x 3 =30) and 10 moderate cases (10 x 2 =20) which means the total points would be 50 but the case allocation would only be 20.

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| Level of complexity/risk | **Description**  | **Score**  |
| **High** | * High levels of risk to physical and mental health
* High levels of case complexity including court proceedings
* Safeguarding cases of high risk with limited risk mitigation
* Repeated abuse despite safeguards
* High risk associated with hoarding/self neglect
* Complex family dynamics
 | **3** |
| **Moderate**  | * Moderate levels of risk to physical and mental health
* Moderate levels of case complexity including Mental Capacity and Best Interest decision making.
* Safeguarding cases of moderate risk with limited risk mitigation
* Reoccurring safeguarding concerns
* Moderate risk associated with hoarding/self-neglect
* None/poor engagement with services
 | **2**  |
| **Low** | * Low levels of risk to physical and mental health
* Low levels of case complexity including assessment/review, support plan panel application.
* Safeguarding cases of low risk with risk mitigation
* Safeguarding concerns
* Low risk associated with hoarding/self-neglect
 | **1**  |

**Social Work Officers**

As unqualified practitioners Social Work Officers will be required to have case loads with reduced complexity. It is therefore advised that they are only allocated cases that fall within the low to moderate risk/complexity categories. Social Work Officers will not be undertaking s.42 enquiries independently but will participate in safeguarding screening on duty (with duty manager support) and will only undertake capacity assessments that fall within the low to moderate side of complexity. The upper-case limit for these roles will be 20 cases. For those social work officers who are nearing completion of their social work apprenticeship then more complex cases can be introduced to their caseloads.

**Allocations**

When cases need to be allocated the responsible manager should make every effort to first discuss it with the practitioner outlining the case and reason for allocation during supervision. However, given pressures in service areas this may not always be possible. Managers should therefore ensure that whether this discussion has taken place or not that an allocation note is put on Mosaic (under case notes with the title ‘Social Work Allocation’) which outlines the tasks the practitioner needs to complete and the expected timescales in which those tasks need to be completed in. The case **must** be allocatedto the worker through the Mosaic allocated worker tool.

**Number of Cases and Practitioner Roles**

As highlighted above practitioners should be allocated no more than 25 cases or score more than 50. This of course will vary dependent on the type of role that the practitioner holds. ASYE’s should hold no more than 23 case or score more than 45. Senior Practitioners should hold no more than 15 case or a score of 30. For some it may be feasible to have over the 25 cases if the cases that they are working on require little action but require to be held for some reason such as a specified project.

**Practice Educators**

Practice educators will have the opportunity to allocate 2 of their cases to their students in recognition of the additional time required to support the student on placement. All other cases for that student will come from the teams waiting list but cases must only be allocated where the responsible practice educator has agreed that the case is suitable for the student to work with.

**Case work**

Practitioners are expected to work through the tasks given by allocating managers as efficiently as possible and for cases to then be closed as soon as they have reached conclusion. It is not uncommon for additional tasks to come out of working with individual residents but cases should only remain open where there is a specific social care need for that professional to remain involved. Practitioners must make themselves aware of commissioned/voluntary/internal services that can support services users, such as connected communities, and refer to them where specific tasks are identified.

**Closing or transferring of cases**

When it is time to close or transfer a case the practitioner involved must make sure that they enter a ‘Case Closure’ or ‘Case Transfer’ case note onto Mosaic. This should detail the work that has been undertaken and completed and what outstanding work there is still to be done and whose responsibility this will be.

The allocated worker element of Mosaic should not be used by practitioners to close service users unless authorised to do so my managers. No case should be closed before a closing/transfer summary is completed.

**Supervision, Case Discussion and Social Care Forums**

Practitioners must utilise and maximise their monthly supervision sessions with their line manager making sure that targets are met within timescales. If there are any difficulties, delays or risks relating to a case this must be discussed within supervision in line with the adult’s supervision policy. If there are high levels of concern these must be addressed directly with the manager as soon as possible and practitioners should not wait for supervision to do so.

Managers will be responsible for making sure that the work that practitioners undertake is done so in a timely and responsive manner and that the performance data is managed effectively. Supervision needs to act as both a supportive and enabling function for practitioners to effectively undertake the work they have been allocated.

Practitioners should ensure that they maximise the additional support that is on offer to them through Case discussion and social care forums. This are delivered by the principal social Worker on alternating weeks and provides another space in which case, challenges and opportunities can be discussed.

**Management Oversight and Staff Responsibilities**

**Managers and Senior Practitioners should:**

* Maintain a clear overview of the cases being referred into the team, closed to the team, waiting list numbers, safeguarding cases, high risk/complex cases, caseloads, breaches of timescales, complaints
* Provide this information to the Head of Service and Principal Social Worker as requested
* Have an overview of the skills and experience of their team to ensure the allocation process is effective and makes best use of available resources
* Respond to practitioner / senior practitioner concerns regarding the number and/or type of cases being held by each practitioner
* Maintain a clear overview of each practitioner’s caseload
* Keep accurate records of referrals, case closures and allocation to ensure this framework is consistently applied
* Consider the individual strengths and development needs of each practitioner in relation to their cases which will then help to identify ways in which they can support them to manage their time and caseload appropriately
* Be aware of the skills, experience, knowledge, training experience and special interests / areas of expertise as well as the capacity of each practitioner in order to allocate the cases in the most effective way
* Assign cases to themselves where necessary, for example if the case is highly complex

**Social Care Practitioners should:**

* Provide a clear overview of the progress / status of each case in supervision
* Raise concerns about the amount and/or type of cases they are managing in a timely, constructive way with their manager
* Carry out assessments and interventions in a strengths-based way and within appropriate timescales
* Close cases in a timely way so that new cases can be allocated

**Escalating concerns around workloads**

It is important that if a practitioner has serious concerns about their capacity, or capacity of the team as whole, that these concerns are raised and addressed in a timely manner.

Below is a process chart that outlines how concerns should be escalated and how concerns will be addressed.

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| **Concerns about individual capacity** | **Concerns about overall team capacity** |
| Practitioner raises concern about workload manageability or manager identifies potential issue through supervision. The concern should be recorded within the supervision documentation. Protected time can be offered to help individuals get back on track with outstanding case administration. | Team Manager raises concerns with Head of Service. Assistant Director and Principal Social Worker and provides an evidence base (i.e.case numbers, number of referrals) that illustrates the specific capacity issues, impact on service/service users and potential risks. |
| Manager to explore reasons why the workload is considered unsafe /unmanageable with the practitioner. Where factors outside of volume or complexity of tasks are identified i.e. personal factors, Manager should consider employee welfare support, including Occupational Health, and the Employee Assistance Programme (EAP).  Caseload and wider workload should be reviewed by manager with practitioner to identify specific tasks that could be supported i.e. through joint working, training, case closure, reallocation, negotiating deadlines, other temporary measures etc. | Where possible, Team Manager, Head of Service, Assistant Director and Principal Social Worker identify remedial action i.e. training, reallocation of work within the team, reallocation of resources across the service, communication with referring stakeholders etc and set review date |
| Manager and practitioner agree review date to evaluate progress. On review, additional measures may be put in place to manage workload on a temporary basis and additional review dates agreed. | Upon review if it is anticipated that capacity issues are going to remain for a period of time that wouldn’t be sustainable this should be escalated to the Head of Service, Assistant Director and Principal Social Worker with evidence of impact and risk. The Head of Service and Assistant Director will review capacity across all teams and seek to reallocate/utilise resources within the department to improve capacity. |
| Practitioner capacity to be considered when allocating new work within the team | Head of Service to escalate to Assistant Director of Adult Social Care where remedial action has been exhausted or duration of capacity issue is beyond what is sustainable without impacting on quality, safety and staff wellbeing. Discussion between Assistant Director and Head of Service to determine options for a course of action i.e. agency staff, resource from other divisions. |
| Where a pattern of concerns arise across multiple members of the team this should be raised with the Team Manager / Head of Service and Principal Social Worker to identify areas of risk, or for potential service development. | Service Development, policy and procedure reviews may be considered to realign resources and amend process/practice where demand is anticipated to exceed current capacity on a long-term basis (maybe due to factors outside of LBH i.e. changes in structure of health services, legislative changes) |