

i Reflect

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*Putting learning, development and good practice
into the heart of Camden Adult Social Care*



Social work conference 30 October 2018

There are still some places left on the social work conference 'Using our strengths to work together'. The conference is for practitioners in adults' and children's services and has drawn on strengths from within the services to build and deliver

the day. There is a packed programme, a marketplace of community organisations and a free lunch! You can book through on the L+D Hub.

North London Social Work Teaching Partnership events

Camden has joined the North London social work teaching partnership, which aims to build links between social work practice and higher education. The partnership is delivering 'learning symposia' - workshops on different topics which are open to all Camden practitioners. They cover a number of interesting topics and are attended by colleagues from across other boroughs, adding to the richness of the learning. Topics include NRPF, court of protection report writing, recognising diversity as an asset and making safeguarding personal. The whole programme is advertised on the website www.northlondonsocialwork.co.uk, where you can also book.

The partnership is running other events such as specialist knowledge exchange forums and middle manager forums. Look at the website for more information or contact Sally Nieman sally.nieman@camden.gov.uk.

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by Martin Hampton

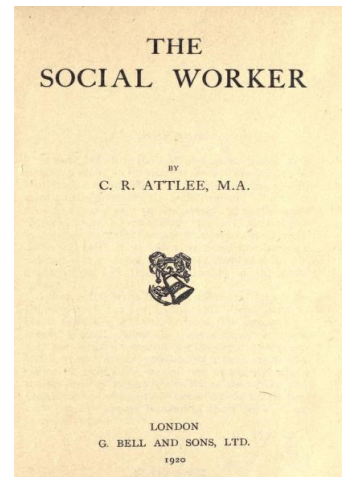
Since the launch of a strategy in 2017 to promote social work practice that would be '*strengths and wellbeing based*'¹, there has been a renewed interest in Clement Attlee's book, originally published in 1920, entitled *The Social Worker* and now available free online².

The British Journal of Social Work (BJSW)³, The London Review of Books⁴ and the Bulletin of the Social Work History Network⁵ have all published articles in the last two months that emphasise that Attlee's outlook on social work resonates with what many of us to believe to be the best of social work today.

In the BJSW, Jonathan Dickens describes Attlee as changed by social work and who then went on to change society. Attlee's view of good social work as '*radical, relationship based, realistic and reciprocal,*' dovetails neatly into a strengths based approach. For example, Attlee believed it was about working *with* people not *for* them. Colin Slasberg⁵ has stated that Attlee's primary rule was that social workers must never forget that we are dealing with individuals not just cases.

Furthermore, Attlee states that social workers must remember that the people they work with have the same human relationships as themselves. Slasberg states that Attlee's view echoes the profession's code of ethics⁶. Slasberg has also stated that applying Attlee's principles to social care, as well as health, would '*create the conditions for a meaningful partnership between partners of equals. And that might bring into view that most elusive of political objectives – the integration of health and social care*'.

Have a read of the book online. There is a humility in Attlee's writing and an emphasis on relationship based work with individuals that places good social work at the heart of practice. Attlee's social service idea is an important element we can take forward for strengths based social work. He states that our intervention should be '***grounded in social justice and citizenship, replacing generosity with justice, benevolence with duty and exchanging condescension for respect***'.



¹ Think Local Act Personal – Developing strengths based and wellbeing approach to social work practice

² <https://archive.org/details/socialworker00attliala>

³ Jonathan Dickens (2017) Clement Attlee and the social service idea – messages for social work in England, BJSW

⁴ London Review of Books: *Citizen Clem: A Biography of Attlee* by John Bew
Riverrun, 668 pp, September 2016, ISBN 978 1 78087 989 5

⁵ Colin Slasberg Back to the Future with Clement Attlee: Solving today's problems in adult social care through the lens of Attlee's vision, Bulletin of the Social Work History Network 5 (1)

⁶ <https://www.basw.co.uk/codeofethics/>

How working in the community leads to better conversations

by Helen Onslow

With the implementation of the 3 conversations model in Camden, I have been increasingly struck by the parallels with the kind of work we were doing within the GP Pilot Project (where social care practitioners were based in GP surgeries to work more closely with health and primary care).

As this project started life as a pilot, which aimed to explore 'ways of working' in particular with health, we were given space and increased responsibility to shape the model and ways in which we worked and to 'innovate'. Sitting outside of the main team structures, we had freedom to do things differently and be more flexible or creative in our approaches, with light touch management input.

As GPs are often people's first point of contact in the community, there were opportunities to catch people earlier in their journey for an initial 'conversation' or identify crisis points that could be acted on quickly before things developed further. This often resulted in a shorter piece of work which helped to engage people in thinking about different ways they could meet their needs and find their own solutions earlier. GPs would even sometimes ask us just to 'have a chat' with someone with changing needs who wanted to plan for the future. From more 'conversations' with GPs, we could advise on a different way to approach a situation, working with the person's own strengths and resources, rather than bringing them into the care system. Being accessible in this way, people make use of you and, yes, it meant thresholds might seem to be lowered but, on the other hand, you have these opportunities to make a difference earlier. In our case, working in a specific area and being based just round the corner from many of our clients meant we could just 'pop round' to sort something out, have a chat with someone or respond quickly to an emergency, to begin reshaping that conversation earlier. This allowed for more signposting, more information and advice, and sometimes diverting people away from care processes into looking at other solutions and resources. Working closely with health colleagues also allowed for their greater involvement in this and a challenge to some of their perceptions of the type of intervention offered by adult social care, and, through them, their patients' expectations.

What we found was that sometimes this kind of work didn't always fit neatly into our systems or processes, though we did it anyway! We didn't have a name for it, but now I realise we were often essentially doing the 3 conversations model. There were often discussions about how to best record something that didn't quite fit, although it felt that productive work had been achieved. It was sometimes frustrating to feel disproportionately bogged down by paperwork for something that could have been kept relatively simple, which can threaten to stifle creativity and doing things differently. Changing the paperwork was not within the remit of the project, so it is positive to see this being explored in the new model.



Being in the community, working in a 'patch', we benefited from being able to tap into a wider range of local resources, which also supported different approaches in our work. For example, at the James Wigg GP Practice we sat opposite the director of the Free Space Project, a Kentish Town based charity that supports mental and physical wellbeing through the arts. Through them, my colleague Iain managed to

secure an opportunity for one of his clients to do an exhibition of their work, which both boosted the client's sense of achievement and contribution, and also provided motivation for a hoarding issue to be addressed.

With increased autonomy in managing our own work, we could spend more time with people as we saw fit, and with increased opportunities to work more collaboratively with others, you come up with different approaches. Looking back now, I can see that much of what we were doing could be seen to fit with the 3 conversations model. These ideas and ways of working are not necessarily new, and are what many of my colleagues across the service are already doing despite significant constraints, but it's great to see this approach being recognised, supported and promoted.

What enabled us in this work and in these conversations was a combination of increased flexibility and autonomy in our work, the ability to use professional judgement and skills, and a sense of being in a community, both of other professionals and the wider community, with resources into which we could tap.

Managing personal finances and public health funerals

by Janet Lee

The Personal Financial Services Team (PFS) manages the personal finances of 300 residents who do not have the mental capacity to do so themselves. Of these residents, 160 live within a community setting and the remainder in residential or nursing care. Referrals come from Adult Social Care and Camden & Islington Foundation Trust teams. The casework within the team requires a broad range of knowledge and skills to manage effectively each individual case and ensure welfare benefits are claimed, capital invested and expenses paid on time.

So what is the difference in legal practice between Deputy for Property & Affairs or Appointee?

Deputy for Property and Affairs: where legal representation is required, the Local Authority will apply to the Court of Protection to become the Deputy for Property & Affairs. In today's world, a court order is required for communicating with utility companies and other services due to Identification fraud issues. Court orders are required for banks, external finance services, e.g. private pensions, insurance, debt companies, investing savings and for signing contracts and tenancy agreements. The Office of the Public Guardian (OPG) supervise deputies, set expected standards of practice and require annual reports of financial activity.

Appointee: the Local Authority applies to the Secretary of State, Department of Work & Pensions, to be appointed Corporate Appointee to receive and manage *welfare benefits*. This does not allow for any legal representation, only to use a person's funds in their best interests, e.g. paying care bills and providing personal allowances only. LB Camden practice is for Appointees to have yearly financial reviews with the resident, practitioners and personal financial services team.



For the Local Authority to formally manage the financial affairs of residents, there is a robust referral process to PFS and ASC Director, Sarah McClinton. The criteria is that residents hold below £23500 in capital savings or property, have had a mental capacity and best interests assessment evidencing no other person/solicitor is able to support or undertake the responsibility on their behalf.



Managing such a diverse & challenging caseload takes finance caseworkers into every corner of residents' lives. PFS have to value residents' personal effects and store personal property in jewellery safes, secure storage cupboards and document safes. Sensitive searches of properties are carried out for clearance with auctioneers and disposal companies. External liaison with investment companies, genealogists, private solicitors, DWP, HMRC, insurers, undertakers, Treasury solicitors, utilities, care providers and family/friends are part of an extensive list required to manage each case.

Safeguarding finances is such an important aspect of providing lifestyle choices and inclusion in the Camden community. Prevention in planning your finances before losing the ability to manage finances safely can be taken by setting up a Lasting Power of Attorney. This is a choice everybody should consider for themselves as well as writing a will: this ensures that if you lose capacity, your financial affairs are managed by those people you chose rather than the Government.

Public Health Funerals

LB Camden have a statutory duty under s46 Public Health Act 1984 to provide a funeral where a person dies within the Camden boundaries and there is no next of kin or anybody willing or able to do so. PFS are instructed by the Coroner's office where deceased persons are identified as such.

Specialist caseworkers run checks on ancestry websites and software to trace any estranged relatives. They also enter and carry out property searches of the deceased around the borough and out of borough to investigate and find anything relating to the deceased regarding family, religion, friends and finances. Officers have to be mindful of risk assessments & health & safety as properties they enter can be environmentally challenging. This work requires a range of investigative skills and an empathetic approach dealing with bereaved members of the public, police, undertakers and landlords. Rules around religious beliefs are followed and the appropriate funerals, cremations and burials are organised if known. Camden have contract arrangements with an appointed undertaker. The administration duties include close liaison with colleagues in Registrars, cemetery staff and the Coroner's office.



Often, an insight to the deceased lives unfolds and many mysteries have been uncovered to the amazement of family and friends. It is distressing where families have lost contact and the officers have to inform them of the death and support them through the funeral process. If funeral bonds or plans are found it helps the process enormously as the deceased has the funeral they wanted, whereas if the wishes are unknown the funeral provided is simple. If a will is found, then the executors take over the arrangements and their Estate is managed thereon. Currently PFS take referrals from Camden hospitals, but we are working towards relinquishing this custom so that hospitals take on the full bereavement services.

The Chatty Café by Alexandra Hoskyn

‘Morning love, what are you having?’ said the waitress in a local café to me. Just a question, nothing personal or emotive, yet what she didn’t know was that was the first bit of interaction with another adult I had had all day.

I was a new mum and my partner had slipped off to work whilst I was asleep. That day I had been to a baby group and walked around the town centre, yet so far no interaction with anyone. When you are already feeling a bit fragile the day can feel long and lonely with a young baby. As I sat down in the café I looked around the room; at one table was an elderly lady drinking tea and at another sat two men, one of whom had additional needs. The two of them were glancing round the room, it was as if they were there just to kill time. This observation got me thinking about the positive impact we could have had on each other if we were sat together. I wasn’t looking for friendship or anything lasting, just a bit of company while I drank my coffee and I wondered if the other customers felt the same.

About a year later I decided to see if anyone liked the idea and took my son to a few cafés where I asked if they would consider designating a table for customers to sit if they were happy to talk to each other. It turned out they did and that was how The Chatty Cafe Scheme and the concept of a Chatter & Natter table came to be.



Research conducted by the Co-Op and British Red Cross in 2016 revealed that over nine million people in the UK are either always or often alone. It’s interesting how feelings of loneliness can affect people at any stage of their life and at times we might feel guilty for feeling it because by rights we shouldn’t. It is often said you can feel alone in a room full of people and I think what is perhaps missing is general human interaction, whether meaningful or perfunctory it can have a big impact on how a person feels. The simple act of being spoken to and acknowledged can help when feeling lonely and this is important at any age.

Teenagers, new parents, people with additional needs, older adults and professionals who sit at a computer all day are perfect examples of people who could be affected. All of them can go for long periods without interaction with another adult or peer and this is a major contributing factor to loneliness.

The Chatter & Natter table is all about interaction and throwing everyone together. There are so many groups out there catering to different pockets of society, keeping people that fit the same criteria together, but we want to mix it up. That day in the café we were all different ages yet we could have had a positive impact on one another by taking away that barrier of difference and instead embracing it. I would like to see a Chatter & Natter table become part of normal café culture so that at any time you feel like sitting with other customers you can, and if you don’t there is no pressure to.



So far there are around 150 cafes in the UK with a Chatter & Natter table and we are pleased to say in many it is working. If a café has come to us and asked to get involved it shows they are on-board with it and invested in doing it. Many cafés say they have customers who they know could be lonely and this is a really positive way of offering something for those people to help them.

None of the publicity for the scheme actually mentions the word loneliness because at the end of the day it can be incredibly hard to say you are lonely, we use positive language that appeals to all ages. We hope this movement will have a positive impact on people; it’s not about creating friendships or anything lasting, just good old fashioned human interaction.

This article, a Ripfa blog, is reproduced with permission from the author. Alexandra Hoskyn is a social worker and set up the Chatty Café scheme.

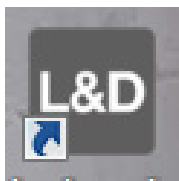
Adult Social Care learning offer

by Jackie Kennedy and Tom Spencer

Did you know that TDS went through a review last year? We merged with corporate L&D and systems thinking. We even changed our name. We are now LDS (the Learning and Development Service) and are part of the 'Organisational Development and Learning & Development Service' based in Corporate Services. This review presented an opportunity to check in on whether we in Camden are learning in the best possible ways and whether our learning offers are still relevant.



As part of this reflection, a lot of work has been going into reviewing the ASC learning offer to make sure it is fit for purpose and will help staff develop the skills and knowledge they need. The refreshed ASC learning offer is now available and seeks to guide you not only to training courses but to a range of opportunities and resources which support your professional development. The offer is complemented by an 'all staff' learning offer which meets learning needs applicable across Camden's workforce. Now that the offer has been developed the L&D Team will be coming to managers' meetings and have a stand at the social work conference to ensure that everyone is clear on what is available and has the support they need to access it.



As you hopefully know, all training for Camden staff can now be viewed and searched on the L+D Hub. You can access the L&D Hub simply by clicking the L&D icon on your desktop. If you have any issues with the icon please contact ICT. TDSOnline will remain available until March 2019 so you can download your learning records or attendance certificates. No new courses or booking facilities will be available on TDSOnline anymore.

To help you navigate the refreshed ASC learning offer we have worked with key learning leads in ASC and across other services to divide the offer into four key areas:

Required learning

This is learning that everyone must complete – for example, safeguarding training and positive risk taking. There is some variation across roles as to what is required so please check the full list of courses on the L&D page on Essentials. Everyone must complete the courses listed against their role, and for some of them you will need to attend annual or biannual refreshers. Please see the course outlines for further details about refresher requirements.

Core Skills

This is learning that everyone should complete. To support the development of your core skills in adult social care, there are a range of courses, lunch and learn sessions, as well as online resources provided by CEPN, RIPFA and others. Take some time to look through the offer available and discuss what might be useful for your development with your manager at your next supervision session. This part of the offer will develop over the coming months and we will share new opportunities via the L&D Hub and the L&D/ASC Yammer Groups as they become available.

Service Specific

These courses are developed with service managers to meet the specific learning needs of particular services. We currently have an offer in place for ASC Provider Services, which includes autism awareness and Makaton, and we are working with CLDS to develop them an offer.



Professional Development

These are courses for specific roles within the service. For example applying the law in social work practice for adult social workers, adaptation and building design for occupational therapists, and DoLs/MCA annual legal refresher for Best Interest Assessors. You will be able to see the courses for your role by accessing the full list of courses on Essentials.

You should always discuss with your manager the learning opportunities you wish to access, especially those courses in the Professional Development section, as some of the courses require you to take on extra responsibilities as part of your role.

This is a new way of describing the L&D offer and we recognise we are launching it at the same time as moving to a new booking system. The L&D Team want to make it as easy as possible for you to find the learning opportunities you need, so do let us know if there are resources or tools you would find helpful.

How can you feed in your ideas and experiences? Talk to us, call us, or email us!

You could contact Patricia Cox, your OD and L&D Advisor. Patricia has worked in the L&D Team for a number of years now, but her professional background is in ASC having worked closely with Lynn Romeo for a number of years and previously held roles in a care home. Patricia is based at the Crowndale Centre but will be visiting 5PS regularly and sitting near Abi Lawal, so please do say hello and share with Patricia your thoughts on the new L&D offer and Hub. Patricia is always happy to help you navigate the new system so do give her a call if you get stuck.

Alternatively, you could get hold of Sally Nieman, the Professional Social Work Educator for adults, or Jackie Kennedy, the OD and L&D Supporting People Lead. Or simply drop the team an email on learning@camden.gov.uk.

We hope you find the refreshed learning offer helps to bring the learning closer to when you need it in your work, and look forward to collaborating closely to develop it from strength to strength.

Enabling residents to make informed choices about their care

by Fung-Yee Lee

Whether planning a dream holiday or making a big household purchase, having access to up to date information and advice is crucial to making an informed decision, setting expectations and being able to seek redress if our expectations are not met.



When it comes to information about how to stay healthy for longer or the types of support to enable you to stay independent for longer, having access to up to date information and advice is even more crucial. In Camden, we are fortunate to have a wealth of social care and health information available, such as on [Camden Care Choices](#) and those that our VCS partners and Camden CCG provide.

As we start to embed the strengths-based model and enable people who are older, disabled or living with a long-term health condition, build on their strengths and focus on the things that help them reach their potential, we will also be revamping Camden Care Choices.

Over the next few months, some of the improvements we'll be making to Camden Care Choices include:

- * an interactive map of community organisations that provide support to enable residents to maintain their independence. We'll also be looking at how the existing search tool on the website can be improved;

- * a ready reckoner tool that provides residents with an indication of the cost of social care they are likely to pay if they were to apply for a social care service;
- * a fresher look across the webpages on the website to improve accessibility of the information provided;
- * a freshly updated directory of service providers and care homes;
- * an interactive way to provide feedback and comments about Camden Care Choices so that improvements are made on a continuous basis.

These changes will be introduced later in the year and you'll be able to hear about them on Essentials and Yammer as they are rolled out. In the meantime, keep sending comments and suggestions to us at camdencarechoices@camden.gov.uk about other improvements you would like to see on Camden Care Choices.



In addition to revamping Camden Care Choices, we are working with partners to improve the way information and advice is provided to residents. Contact Fung-ye.Lee@camden.gov.uk for further details.

‘Turbocharged Integration’: how can we make this person centred?

By Andrew Reece

On World Social Work Day Jeremy Hunt unveiled his seven pillars of social care reform, promising to ‘turbocharge’ the integration agenda. But will this really solve the social care crisis? Or does this simply speak to what appears to be the Department of Health (and social care)’s view¹ of social care as a handmaiden to health?

Without wanting to dwell too long on Hunt’s poor analogy (lest we forget, a turbocharger takes hot gas from the backend of the system and uses this to pressurise the front end: lots of fun to be had comparing the engine to a hospital with that one) it might be useful to clarify what we understand by integration.

In Camden’s integrated Learning Disability Service we are trying to develop our understanding of what integration means. At an away day to consider this is I asked a trick question: ‘what is integration?’ The team of mixed health and social care professionals, who have been ‘integrated’ for 21 years now, came up with a variety of system focused responses: professionals working together, organisations merging, pooled budgets, shared IT, were among the common elements of their thoughtful and considered suggestions.

However, I then suggested to them that this not the right question: it’s looking through the wrong end of the telescope. I suggested to them that the right question is: ‘what is integration for?’ Unless we can agree an answer to that question, a rush to ‘turbocharge’ directionless change and reorganisation could create more problems than it solves.

IPPR’s 2013 Paper ‘Whole Person Care’ looks through the right end of the telescope. By starting with the premise that people aren’t interested in the shape of organisations, their governance or the KPIs. People who use our support are only really interested in how they experience the care and support they need from the state. Thus IPPR suggest that “*Co-ordinating care around individuals is far more important than*

integrating structures. The focus should be on 'hiding the wiring' so that people experience seamless care, whether it is from a single provider or multiple organisations."

The aim of this blog, like at our away-day, is to kick off a conversation about 'what integration is for'. I like to keep things simple, after all it's much easier to co-produce solutions if everyone understands what we are trying to achieve through our shared endeavour. So my answer is that integration should aim to achieve 3 things:

- * Improved outcomes for people who need care and support and their families
- * An improved experience of interacting with the system for people who need care and support and their families
- * Improved use of resources across the whole system

Neither should integration just be about the NHS and Local authorities. In Camden, we are working with our commissioners to include our key local support providers as partners in that integration journey: there's little to be gained by having Local Authority and NHS integration, if the front line services who deliver the day to day 'hands on' support think that our interactions with them are 'patronising, officious and condescending' (yes, that is what they told us!). Terry Bamford² suggested over a decade ago that quality improvement in front line services arises when we see providers as strategic partners rather base our interactions with them on 'contract monitoring'. Recent work from the Kings Fund³ has started to create an evidence base that backs up what they call this 'system leadership' approach. We hope that this partnering approach will

- * allow us all to benefit from their insight and expertise as their staff spend more time with the people they support than we do
- * support us to share responsibility when things go wrong and work together to learn from this
- * share and celebrate success and learn from that too!

Conversely, 'disintegration' becomes any activity that inhibits these aims, or any activity carried out in isolation or with a narrow focus on 'my KPIs' rather than system wide improvement. My challenge to readers, whatever part of the system they sit in, is to find the right end of their own or their organisation's telescope and work to coproduce a local agreement as to what integration is for, and use that to drive the 'shared endeavour' that could lead to whole person care across their the whole of their local system.

Answers on an Easy Read postcard please!

¹ See Caroline Dinenage MP, Minister of State for Social Care, introduction to the [Chief Social Worker's Annual Report 2017-18](#)

² Bamford, Terry (2001) *Commissioning and Purchasing*, Psychology Press, London

³ [Enhanced health in care homes: learning from experiences so far](#)



This piece was first published as a blog in Social Care Future, an informal and volunteer-run platform for all wishing to bring about major positive change in what is currently called "social care."

The impact of the practice educator

by Shabnam Ahmed

I was supported by Camden to train as a practice educator a few years ago and it's one of the best decisions I made about my professional development. Some of you are about to continue or start your practice educator journey or may be thinking about it in the future. You may support a student or a newly qualified social worker through their ASYE programme. I acknowledge that the process is time intensive and commitment is vital, but I am absolutely confident that if done right it offers many opportunities not only for the learner but for you as the educator.

I was recently invited to talk at a practice educator's event where I met Dame Moria Gibb. She reminded us of her recommendations from the 2009 Social Work Task Force relating to social work education and professional development. As a result of these recommendations we now have an ASYE programme to support and assess newly qualified social workers in their first year in practice. She also stressed how important partnership ventures are for both universities and organisations to ensure continued respect for the profession.

The role of the practice educator is a significant factor in shaping future social workers and it is so important to do this right. It also presents the educator opportunities for personal growth and development. Students share that their practice educator becomes the most significant person for them through their course. It's the person that inspires them. A student in Camden jokingly once said that their practice educator was their attachment figure.

Your input initiates the first ripple which goes onto create a chain reaction where the impact becomes bigger and bigger and unstoppable. The role that you as a practice educator will play in your student's professional development will not only influence and shape their practice but directly impact the people they will go on to work with and their families. Many students also secure employment at their agency placement on completion of their course.

Becoming a practice educator is a journey for both you and the student. You are both impacting and being impacted on by the interaction. My personal reflections have highlighted how it has continued to shape my practice, my supervisory skills and my ability to think critically and analytically. It also tests your patience at times and enhances the ability to be more accepting of individual differences. Many practice educators step into management as it equips them with necessary leadership skills.

So I leave you with the words of Khalil Gibran and encourage you to think about how you are going to make this short interaction count for the student, for yourself, and for the people we are here to support - our residents and society. What force will you unleash through initiating the ripples?

“The teacher who is indeed wise does not bid you to enter the house of his wisdom but rather leads you to the threshold of your mind”

