



*Putting learning, development and good practice into the heart of ASC*



## **Duty to hold an inquest for DOLS to be removed**

The Policing and Crime Act 2017 received Royal Assent on 31 January 2017 and is likely to come into force soon. It makes provision across a broad range of areas affecting police and crime but of particular note is the reforming of police powers under sections 135 and 136 of the Mental Health Act 1983, and the removal of the requirement for a coroner's inquest for people who die while subject to a Deprivation of Liberty Safeguards (DOLS) authorisation.

The Act removes those lawfully deprived of their liberty, either by DOLS or by a court order from the Court of Protection, from falling within the meaning of 'state detention' (as described in Coroners and Justice Act 2009 s48). The effect of this is that there is no longer the automatic requirement of a coroner's investigation into their death if they die during 'detention'. This amendment is a positive move which will support bereaved families whose relatives near the end of their lives often died under DOLS and whose deaths were being automatically investigated by the coroner, even though their death might have been expected and from natural causes.

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## **Strengths based social work: the challenges and opportunities**

The annual ASC social work conference will take place on **17 May 2017** at the Holiday Inn Camden Lock. The conference is a space for practitioners to explore the strengths based approach through a critically reflective and practical lens and to consider what opportunities and challenges it brings and any current barriers to implementation. The packed day includes a key note address by Ruth Allen, Chief Executive BASW, workshops run by Ripfa, service user testimonies, and a marketplace event with community providers. To book a place, please go to [TDS Online](#).

# A week in the life of...

There are currently 5 Divisional Social Work and Social Care Leads in Camden & Islington Foundation Trust, Adult Mental Health. Their role is to promote social work and to help provide a focus on CPD, professional identity, compliance and confidence for practitioners in their duties under the section 75 agreement with Camden and Islington boroughs.



The leads, **Paul Ellis** (Camden Rehab & Recovery), **Carole Feldman** (Islington Rehab & Recovery), **Clare Church** (Services for Ageing & Mental Health), **Kim Heales** (Substance Misuse) and **Rachel Duffield** (Community Mental Health) each work two days per week in this role, but not always the same days! Here is a glimpse of what their days look like.

## MONDAY

Checking through emails, and a brief review of relevant news and articles, such as those in Community Care. This allows the opportunity to impart up to date information from outside the Trust, to offer the opportunity for practitioners to see relevant snap shots of news when during the busy days this is not always possible to do! In the afternoon, I represented the Trust at one of the local safeguarding subgroups for the Children Safeguarding Board. Following a recent audit regarding parents with enduring mental health who have children in care proceedings and the emerging themes, I will also attend the working party for developing a conference day to open channels between adult and children's services in Camden.

## TUESDAY

We have tried to make this a day which we all share as a 'lead' day as we all work in social work jobs in the Trust alongside this role. This allows a chance to meet up and share learning from each Division, common themes, and evidence of good practice as well as challenges.

Sharing this information determines if issues need to be escalated and are prevalent across more than one Division. Later a meeting with local advocacy services to discuss current referrals for those who have enduring mental health and how staff and users of our services can be supported to increase awareness of advocacy services and their use.

## WEDNESDAY

Today I attended the monthly Divisional Safeguarding Group. Representatives are invited from each team within the Division to discuss team cases, promote shared learning, offer advice and promote training and performance. Later that day I attended the social work group that I set up recently for social workers in the Division across both Camden and Islington.

The aim of the group, which meets every six weeks, is to offer a reflective space for shared learning including sharing of resources. During this session, one member presented a complex case and a good discussion followed. In other sessions, I have asked members to read a paper beforehand and then to discuss this within the group and relate it to practice.

## THURSDAY

Following discussions with the Trust Safeguarding Lead on how to engage and instil safeguarding practices across the Trust, we are jointly delivering safeguarding training across the Trust. These sessions are attended (but not exclusively) by nurses, psychologists, psychiatrists, OTs, pharmacists, mental health support staff and of course social workers. There is a lot of information to impart, as well as encouraging attendees to critically reflect on their current knowledge of safeguarding and how this can be enhanced.

## FRIDAY

1-1 meetings with social workers within the Division to discuss how they are doing, any issues they have connecting to their local authority, Camden or Islington, or the Trust! These meetings are also a chance to discuss CPD, opportunities for training and career progression. If you or your teams feel it would be useful to talk about the role of professionals in the Trust, processes or feel that there are opportunities for better joint working, please do contact us to discuss.

# ASYE Celebration Event

by Rozeta Kapurani & Sean Ahern

The celebration of the completion of our Assessed and Supported Year in Employment (ASYE) on the 13<sup>th</sup> February was formal inasmuch as we were presented with our certificates, but it felt distinctly informal as we mingled with senior managers and fellow social workers who had recently completed the ASYE. Drinks and food also added to the informality of the occasion.

It was nice to have the opportunity to meet the Mayor of Camden, Directors and senior managers. When the Mayor, Nadia Shah, spoke we were impressed about the insight she demonstrated into the nature of social work and the levels of stress that can be part of the job. It was good to hear her acknowledge this and to encourage newly qualified social workers to be reflective and open about how they manage the day to day challenges. It was also nice to be thanked by Sarah McClinton and Martin Pratt as it made us feel valued and appreciated at Camden. Due to all our busy schedules it is nice to have the time to congratulate each other on our achievements. Both Sarah and Martin shared some of their personal experiences of social work, which also made the event seem real and genuine.



Sharing information and reflecting on how we had developed professionally over the year boosted confidence and inspired us to want to be part of the Camden team. It was good to acknowledge the amount of work that has been carried out by both the social workers and the supervisors during the ASYE. Many people acknowledged the struggle at times to complete all the paperwork at the same time as holding a case load and carrying out all the other day to day work.

It was particularly interesting to be able to discuss our thoughts and feelings with others. The event was definitely one for sharing experiences and acknowledging the protected time and extra support provided by the ASYE year.

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## FGC in Camden makes the news...

On 17 March, to coincide with World Social Work Day, Lyn Romeo published her third annual report as Chief Social Worker for Adults. The report discusses progress made over the year and identifies priorities for 2017-18. The second half of the report focuses on the development of excellent social work practice, culture change and professional development in delivering social work services, particularly in response to the Care Act and its impact in reframing practice with adults. We should be proud to note that Camden's work with Adult Family Group Conferencing is mentioned in this part of the report as an area leading on best practice. The report notes:

*"Camden has held 30 adult FGCs in the last three years and is looking to increase the number of FGCs it facilitates as part of its transformation to strengths based social work. FGC referrals have been made in Camden for young adults with learning disabilities and for older people with physical disabilities or dementia. Some of the issues the FGCs have addressed are: supporting carers, dementia care and safeguarding issues including physical abuse, financial abuse and neglect. FGCs have enabled individuals and their informal networks to plan care and support adults to live safely in the community, as well as mitigate the impact of self-neglect and prevent abuse. They have been shown to be effective where there maybe disputes or relationship difficulty between family members or between family and professionals, preventing the need for (and cost of) Court of Protection and legal involvement."*

You can read the annual report in full at [www.gov.uk](http://www.gov.uk).



# Scents of self-neglect

by Shabnam Ahmed

When I qualified as a social worker, 10 years ago, I was not fully prepared to enter the dark side that involves covering your shoes with plastic bags and overdosing your scarf with perfume so that you can inhale the fragrance to block out the scents of self-neglect. Those of you that knew me then and know me now, would have noticed that my silk blouses and pearls are history!

I recall a tip given to me when I was a student by a social worker before such a visit “Shabs apply some Vicks to your nostrils; it’s the only thing that overpowers the scent of self-neglect”. Whilst they were indeed wise words, I have now learnt that whilst my experience of the scent is short lived, the image is what lingers and the curiosity of how best to support those that consume their life with it is has become central to my practice.



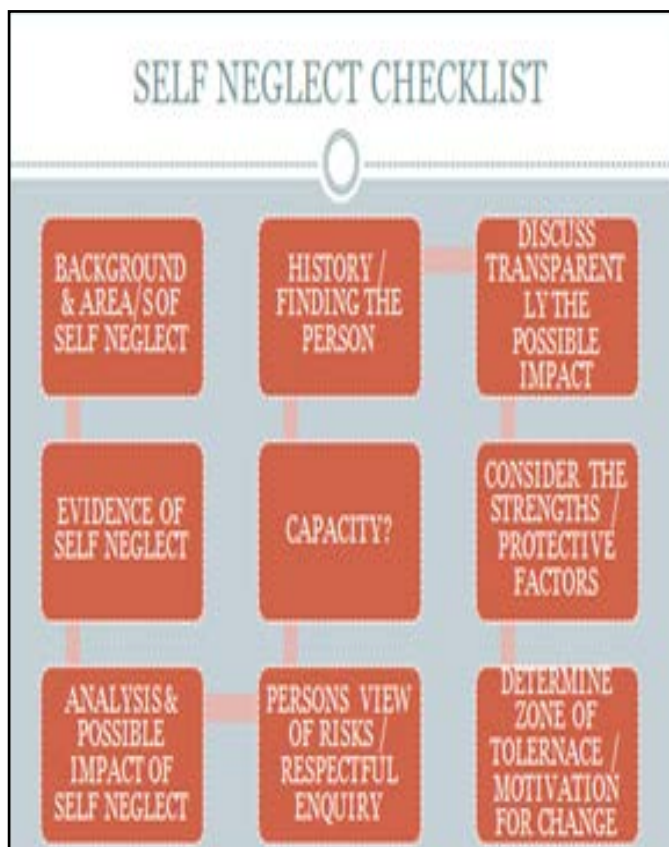
As a practice educator, I observe a similar fear as mine, when I qualified, in students when they are introduced to self-neglect work. Among colleagues we discuss the impact and time consumed when working with people who self-neglect, often achieving little satisfaction. Ten years into the profession I notice the same people coming in to system, for the same reasons, with further decline and deterioration in their pattern of self-neglect. I learn from serious case reviews (ZZ case in Camden and others) that there are common themes and missed opportunities. Evidence from research highlights approaches that can support positive outcomes, which include flexible and creative interventions and finding the person. This of course indicates that working with people who self-neglect is time intensive and effortful. Is this fully facilitated by the system we work in, where we are trying to juggle competing demands and shifting priorities? Could we benefit from examining and evaluating our work against best practice principles?

My interest in this area was evoked when I heard Michael Preston-Shoot share his research findings on self-neglect. I came away extremely inspired and reflected on my own practice. I noticed from a self-audit of my work with people who self-neglect, that in fact I had not been applying an evidence base. I challenged myself and have been subtly taking on more work with elements of self-neglect (Disclaimer!). I think my managers have realised my interest and are relishing the opportunity now.

Key messages from research available on the [RIPFA website](#) enabled me to develop a tool / checklist which I have found incredibly useful in ensuring that I am not only applying best practice, but highlighting why working with self-neglect is extremely challenging. I am hoping that this tool will be of benefit not only to practice educators and students, who can use this as a reflective tool when looking at a case study, but also for my colleagues who find this area of work challenging. I believe it can also be helpful to managers in supervision, when discussing particular cases involving self-neglect. My positive outlook also hopes that some of the challenges that surface enable us to discuss ways of overcoming these and inform us as a service. The tool (reprinted below) is now available under the tools section in Camden’s Self-Neglect policy.

I am happy to hear your views and discuss further. Feel free to e-mail me on [shabnam.ahmed@camden.gov.uk](mailto:shabnam.ahmed@camden.gov.uk).





## Liberty Protection Safeguards

The Law Commission has published its final recommendations on replacing the Deprivation of Liberty Safeguards. The proposed new system is called the Liberty Protection Safeguards (LPS).

The report's full recommendations to the government is published on the Law Commission [website](#). Below is a snapshot of some of the main changes.

DOLS currently applies to anyone who lacks capacity to consent to their care and treatment only in a care home or hospital. The LPS will apply to any setting which might give rise to a deprivation of liberty, including supported living, shared lives schemes and domestic and private settings. It will also cover 16 and 17 years old (whereas DOLS only covers those over 18).

Under the new system, when a potential deprivation of liberty is identified, the care home or hospital is no longer responsible for making the application. Instead the responsible body, in social care cases, a local authority, would be required to arrange a capacity assessment, a medical assessment and a check that the proposed care placement is 'necessary and proportionate'. There would be a requirement to consult with friends or family of the person. Every case would then be scrutinised by an 'independent reviewer', an employee of the responsible body who is not involved in the person's care.

The current Best Interests Assessor (BIA) role is replaced by a new Approved Mental Capacity Professional (AMCP) role. The AMCP would become involved in a reduced number of cases where the person is objecting to the placement or to treatment, or the deprivation is to prevent harm to others. The AMCP would be required to meet with the person and scrutinise the assessments carried out before determining whether to authorise the placement or not.

Two other features of note in the proposed LPS include: for a person in a mental health hospital, the Mental Health Act must be used even if the person is compliant, and the definition of "unsound mind" replaces "mental disorder". As yet there is no timetable in place for when (or if) the law will be changed.

# Smartphones are coming your way in May!

by Shana Nessa



As we develop the strategy for Camden Adult Social Care we recognise that staff need to be digitally skilled and have the right equipment to confidently support people to better access services. This was also highlighted in a report by Leeds Council, [Developing digital practitioners](#), which states that many practitioners live a more digital life outside of work than in work.

The Prevention and Wellbeing Service held workshops on smartphones in January, attended by staff from health and social care who shared their experiences, and embraced the use of smartphones for work. The findings were collated into a report for the Senior Management Team (SMT) who listened and agreed that the benefits of staff using smartphones outweigh the costs, giving the go ahead to purchase:

- **smartphones** for frontline health and social staff that have face-to-face dealings with residents;
- a number of **tablets** which can be booked via the Agile Team on the 10<sup>th</sup> floor of 5PS.

These will be useful when out and about in the community, or when visiting people that need to see large text or for signposting to services.

## OUTCOMES FOR STAFF

Increased feeling of safety when lone working

Data protection of client data stored on smartphones

Smarter and more efficient working by reducing duplication of work i.e. can make referrals to other health or Council services

Use of mobile apps can improve communication with residents

## OUTCOMES FOR PEOPLE

Improved health and wellbeing outcomes

Multiple referrals and assessments can be made by staff on visits i.e. Wish and Careline

Better understanding of information provided

Control through signposting to Camden Care Choices website and choice via the marketplace directory within it

You can also join the Yammer group "Useful Social Work Apps for Smartphones" where you can post or share ideas. If you have not booked your session with ICT Shared service yet, please contact [shana.nessa@camden.gov.uk](mailto:shana.nessa@camden.gov.uk).



# World Hearing Day

by Asif Iqbal

This year's World Hearing Day theme - "Action for hearing loss: make a sound investment" - drew attention to the economic impact of hearing loss and the cost effectiveness of interventions to address the issue. Unaddressed hearing loss poses a high cost for the economy globally and has a significant impact on the lives of those affected. Interventions to address hearing loss are available and are cost-effective. Prevention, screening for early identification, rehabilitation through hearing devices, captioning and sign language education are among the strategies which can mitigate hearing loss and its consequences.



I attended NHS England's Action on Hearing Loss conference on 3<sup>rd</sup> March 2017. The event was opened by Vivienne Parry, OBE, writer and broadcaster and Fiona Carragher, Deputy Chief Scientific Officer, NHS England. I found the information shared very exciting and am looking forward to the new developments related to hearing loss. Reproduced here is some information you may find useful:

## Early Action

Hearing loss is not just about hearing, it affects financial income, relationships and employment. Early action is vital; unaddressed hearing loss can result in reduced quality of life; communication difficulties; social isolation; reduced health and social care; impact on families and friends, and in the workplace. 45% of GPs don't make initial referrals to audiologists.

## Universal Screening

By spending £255 million on universal screening, £2 billion could be saved in the long term. Universal screening should take place for all those over age 65. A variety of areas can promote and include screening, e.g. screenings can be done online or on the high street, e.g. Boots; care homes could promote hearing testing.



## Dangerous Decibels Project

16% 12- 19 year olds suffered hearing loss in 2011

29-57% of adults in USA working in noisy environments have hearing loss

Tinnitus is increasing

32-50% of adults in USA who shoot firearms have hearing loss

## Transition

Deaf young people can achieve many different things. When deaf young people leave school, they can leave a large support network. The NDCS programme 'Listen Up' shows where services are located across the country. Often Deaf children get lower school grades, it is harder for them to get into Higher Education and employment. Barriers include: access to information about options; access to work; lack of communication support; not knowing about financial support; culture of low expectations. Factors to support successful transition include: audiology; taster learning opportunities; volunteering and work experience opportunities; partnerships with universities and employers.



## Employment

Employer attitudes towards deafness or hearing loss: 35% of employers said that they were not confident in employing a deaf/hard of hearing person, 39% did not know about how to support a deaf and hard of hearing person's needs. For staff, there is possible stigma around disclosing hearing loss and staff may lack confidence to discuss this with their employer. 41% of people with hearing loss take early retirement and the current employment sector has a lack of preparation in dealing with an ageing work force in general.

Important to address this: positive attitudes, requirements of the Equality Act 2010; top tips for employers; good practice case studies; working with other organisations includes AHOL 'Working for Change'.

## Older people

This should be a major focus for the NHS. Hearing and communication is vital for health and wellbeing and evidence suggests older people will stay well for longer if their hearing loss is addressed. Hearing loss and isolation affect the health of older people. Advice for older people and carers is vital and the aim should be to maintain health, well-being and independence. Older people want to be economically independent for longer. Society pays £24.8 billion to support older people but early detection would reduce costs and have a positive impact on health (e.g. correct use of hearing aids).



**Recommendations for older people include:** early detection; support, training and information for informal carers; care plan to include deaf and hard of hearing person's needs; training care staff in working with hearing loss and communication tactics; environmental factors (reduce noise); use of technology to support communication.

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## What is BDA Sign Language Week?

To coincide with the anniversary of BSL Recognition Day on 18 March, the British Deaf Association (BDA) held a nationwide Sign Language Week, celebrating the beautiful and unique language, British Sign Language (BSL). Sign Language Week is designed to raise awareness of the United Kingdom's Deaf community and provide a platform for Deaf people to proudly promote their language and culture.

[www.bda.org.uk/news/bda-sign-language-week-new-website](http://www.bda.org.uk/news/bda-sign-language-week-new-website)



## Report on mental health for disabled and deaf people

The London Assembly's Health Committee published a report on 11 April 2017 outlining their findings into an investigation of how the Mayor of London can better support improved mental health for disabled people and deaf people. This forms part of a wider investigation into mental health inequalities for a number of marginalised groups.



To read more about their report, please go to their website:

<https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/mental-health-disabled-people-and-deaf-people>

If you want to know more about the report and what it means for our Camden residents or wish to improve your services to our deaf residents, please contact Asif Iqbal.