

i Reflect

May 2018 • Edition 16

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



What to watch our for...

Save the date! Joint social work conference on 30 October 2018

Planning is underway for the first joint social work conference between adults and children's services in Camden. We all work in ways that build on strengths, assets and the community: the conference will help us understand our different approaches, identify the commonalities and shared principles and look at how we can work together better in practice. Watch out for more information in the coming months.

Lunch and Learns

7 June 2018 12-1pm: Camden Carers & Young Carers Service

Come along for an overview of the services on offer to support carers. The session coincides with Carers Week.

12 July 2018 12-1pm: Communication and accessible information

Practical tips about communicating more effectively and accessibly to service users, stakeholders and colleagues, with resources and tools to help with this. Both sessions are on [TDSOnline](#).

Advance warning! HCPC re-registration from 1 September 2018

Social workers are due to have a new regulator, Social Work England, but this will not be in place before it is time for the next round of registration renewal. Social workers must renew their registration from 1 September by the deadline of 30 November 2018. Remember, the HCPC select 2.5% of registrants to present their CPD profiles, so now is the time to ensure you are maintaining your learning and development in a variety of ways and keeping a record of this.

In this edition

Young carers and
Adult Social Care

Modern slavery

Supervision audit

CLDS sex and
relationships
group

Camden CEPN

Lunch and learns
- Free Space
Project

Reflections on
Chalcots

Young carers and Adult Social Care

by Rebecca Taylor, Islington & Camden Young Carers Service

There are approximately 3,800 young carers across the boroughs of Islington and Camden.

That's 3,800 young people who are providing care for another person in their family due to either a physical illness or disability, mental health difficulties, learning disability, sensory impairment, substance misuse or frailty.

3,800 young people who are potentially at risk of negative impact upon their mental and physical health, education and socialisation.

3,800 young people who need to be recognised and, where needed, supported.

What do young carers have to do with Adult Social Care?

Although your role is to support adults, it is also likely that you will come into contact with young carers and we challenge you to think about how you identify and support them.



You may be an social worker working with a disabled adult:

- Do they have children?
- Have you considered whether their child plays a part in their care?
- Have you asked?

Camden Young Carers Protocol implemented in October 2015 sets out how children and adult services will work together to ensure that the needs of the young carers in the borough are met.

It discusses how as part of ASC assessments, the needs of any young carer will be identified and addressed and that ASC social workers need to ensure that the child's voice is heard during whole family assessments. Where appropriate, workers can then make a referral to Islington and Camden Young Carers' Service (ICYC).

ICYC works with young carers, their families and professionals. We work to build on each family's strengths, combining practical and emotional support to achieve agreed outcomes. We can offer whole family support and targeted group sessions and offer consultation, advice and resources for services and professionals across both boroughs.

To contact the Islington and Camden Young Carers Service, phone 020 7272 6933 or email: icyc@family-action.org.uk.



Rebecca Taylor is the Senior Young Carers Family and Outreach Worker (& Volunteer Lead) for Islington and Camden Young Carers Service.

Modern slavery: a look at human trafficking

by Shabnam Ahmed

Two centuries on from when we believed slavery had ended, we now encounter the term modern slavery. Unfortunately, adding the adjective 'modern' to the term slavery does not indicate that it has developed in a positive direction. Slavery remains slavery, a human rights violation and a heinous crime.

Modern slavery can take many forms including forced labour, human trafficking, debt bondage, forced marriage and/or prostitution and child slavery. It is estimated that around 45.8 million people across 167 countries are in some form of modern slavery, equivalent to the population of Spain, and it is generally considered that the true figure is much higher. (Global Slavery Index, 2016).

Many international crises can lead to modern slavery. For example, it is estimated by the UNHCR (The UN Refugee agency) that over 647,000 people were displaced in the recent Rohingya crisis, resulting in parts of Bangladesh becoming a trafficker's paradise. We may think that slavery remains largely a third world phenomenon and not a problem within the developed world, however the United Kingdom is the third highest country experiencing modern slavery, with an estimated 13,000 victims. (Home office, 2013)

In a recent Ted talk on human trafficking the speaker states that 'the eyes do not see what the mind does not know'. She gave examples of witnessing dollar sign tattoos at the operating table but, along with others, did not associate this as a mark of ownership by a trafficker.

As social workers, occupational therapists, frontline practitioners, are you coming across people living in crowded situations, always accompanied and with no identity documents? Do you notice several women attending sexual health clinics for screening with the 'same' interpreter?

Even if not at work, next time you get your car washed, observe for a minute. Is there an additional person watching over the workers washing the car? When you get your nails done, does the person ever seem to have a day off? Do you see several visitors throughout the day and night going in and out of a house in your neighbourhood? You may be witnessing modern slavery. These and many more scenarios are possible indicators which should ignite our professional curiosity.

We have not had many referrals so far under the umbrella of modern slavery in Adult Social Care, there have been more referrals in the children's service, particularly around county lines work. Leading on the training from an adults perspective, I do now believe that we may have missed the signs. People are unlikely to present and say 'I am a modern slave' due to a number of reasons, a primary one being fear of repercussions. They are also unlikely to have legal status to stay in the country. It is necessary not only to recognise the discrete signs but it is also time to ACT.

Camden is committed to raising awareness on this topic and I co-delivered, with my colleague from children services, three training sessions to a group of professionals from various teams within the council. The aim is to continue to run sessions throughout the year so that eventually all staff are familiar with what constitutes modern slavery, confident in spotting the signs and knowing what action to take. To further support staff, there is a briefing document and policy.



As a modern slavery trainer, I often come across colleagues who say they are unaware the practice is taking place and that they believe it is unlikely to occur in their field of work. I wish that were true, but as I often respond, even one victim is one too many. The National Referral Mechanism is the route of referral for all modern slavery cases, providing the framework for identifying victims and giving them appropriate support. As awareness increases, identification is likely to grow and so are the referrals. Adults must consent to being referred whilst children do not and the safeguarding should be automatically initiated. Adults can receive a decision within five days and if suspected to be a modern slave are offered a 45 day period of reflection and support. Referrals such as these will enable us to record the true extent of this 21st century crisis and evaluate the response and support that is required.

I leave you with the words of William Wilberforce: 'You may choose to look the other way, but you can never say again that you did not know'.



Further information

- * The Salvation Army provides accommodation for vulnerable individuals. They operate a 24 hour helpline service with volunteers ready to move people to safety. Contact them on **0300 303 8151**.
- * Modern slavery helpline **0800 0121 700**.
- * Anti-slavery (2018) Slavery in the UK. Available online: www.antislavery.org/slavery-today/slavery-uk/
- * Global Slavery Index (2016). Available online: <https://www.globalslaveryindex.org/findings/>
- * How to spot human trafficking Kanani Titchen TEDxGeorgeSchool)
- * National Referral Mechanism Available online: <http://www.nationalcrimeagency.gov.uk/publications/national-referral-mechanism-statistics>

Supervision Audit 2018 by Reetha Hussain

Supervision is an integral part of social care practice. It is essential that practice is carried out in a supportive learning environment that actively encourages the continuous development of professional decision making, judgement and skills as well as personal development.

Camden Adult Social Care (ASC) is committed to ensuring all staff receive regular and effective supervision in accordance with their range of responsibilities, roles, tasks and development needs. Staff must have the opportunity to reflect on their practice as well as incorporate strength and asset based working.

To ensure this is happening, a supervision audit is being undertaken in ASC. The first stage of the audit is the supervision survey. As most of you know, this survey has already gone out. Please fill it in, as this is your opportunity to tell us about the supervision you receive. The survey should only take 5-10 minutes of your time and is completely anonymous. Here is the link to the form "[Supervision Survey](#)" (or email me).

The second part of the audit will focus on a selection of random supervision case records. A tool has been formulated to audit this. The final stage will include a focus group to obtain more qualitative information from staff regarding supervision. Further information about the case record audit and the focus group will be emailed out in due course.

NB: The survey will be sent out as an attachment to Mental Health Social Workers due to accessibility issues. This should happen in the next few weeks. Please feel free to contact me if you would like any more information on reetha.hussain@camden.gov.uk.

Let's talk about sex...



by Salome Bryant and Daphne Santos

As seen in the hit Channel 4 series *The Undateables*, compared to the general population, it is hard for people with disabilities/certain conditions to meet a potential partner with whom to form an intimate relationship.

This also can be said of people with learning disabilities, who The Department of Health define as having “significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood”.

Research into the relationship status of people with learning disabilities is limited, but statistics show that, while 70% of the general population in England were in a relationship, or living with a partner, that could only be said of 3% of people with a learning disability (Emerson et al 2005). Information and support to help people with a learning disability to understand their sexuality and have relationships is lacking within many learning disability services. Sex education for people with a learning disability is often insufficient or provided in an unplanned way (Lafferty et al. 2012; Noonan and Gomez 2011).

That is why, in the Camden Learning Disabilities Service (CLDS), an integrated service comprising health and social care staff, we are supporting our clients to improve their understanding of sex and what constitutes a ‘healthy’ relationship, through our sex and relationships group.



In recent years, CLDS has seen a rise in internal referrals for capacity assessments for sex and marriage; this is usually following a disclosure from a family member that the vulnerable person is already married or is due to get married. We are legally required to assess the individual’s capacity to consent to sex or marriage when there is a concern that the person may lack capacity. Often these unions are made due to religious/cultural beliefs that the vulnerable person will be ‘cured’ of their disability by the marriage and/or provide them with a carer for the future. If the assessment reveals that the person lacks capacity but has the potential to develop an understanding of sex and relationships, then a referral to our group would be suitable.

Other potential candidates may include victims or perpetrators of domestic violence or sexual assaults. Unfortunately these are quite common issues for our client group because they often they lack the understanding of what a ‘healthy’ relationship looks like. The group also includes those who have capacity but make unwise decisions (as we all do!) and those who simply want to know more about sex and relationships.



Community nurses and specialist support workers in CLDS facilitate the group. The first group (October 2017- Jan 2018) was a pilot; 15 sessions covering topics such as men and women’s bodies, sex, reproduction and contraception, consent, masturbation and relationships. The participants were asked to complete a questionnaire as a part of the referral process for the group. We used the questionnaires to generate an understanding of how much the participants knew about sex and relationships,



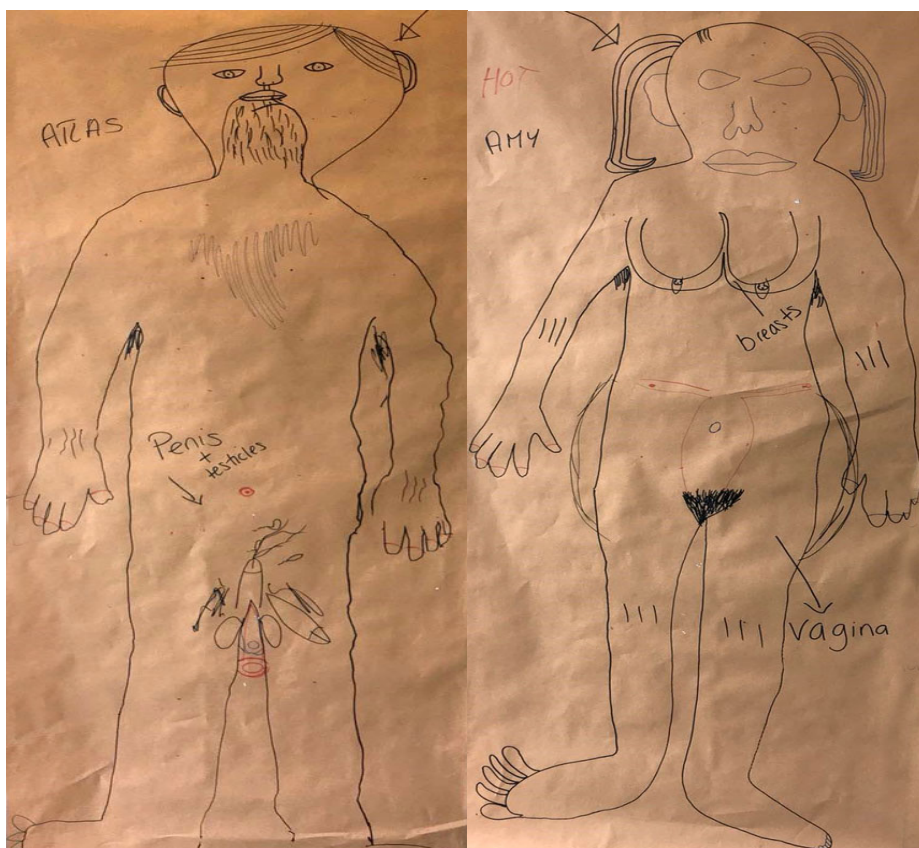
which enabled us to pitch the sessions at the right level in relation to their needs. The same questionnaire was used at the end of 15 weeks, as a means of assessing how much they had learnt. For individuals referred as an outcome of a capacity assessment, we provided feedback to the assessor on their progress.

The second group started on the 18th April 2018, and we have used our learning from the first group to make some improvements. For example, participants are now required to attend 11/14 sessions to obtain a certificate which is given by Andrew Reece, our Head of Integrated Learning and Physical Disabilities Service (see picture), whereas previously they were awarded a certificate just for attending.

As the participants have a learning disability, as well as other needs including autism, we have ensured the sessions are delivered in an accessible manner. This means making use of our creative imaginations, plus our fabulous accessible information officer Richard Lohan. He has helped us with making resources including easy read, using pictures, symbols and simple short sentences with no jargon words. Reasonable adjustments are also taken into consideration. This can mean reminding the participants of the previous day's session, or recapping at the beginning of each week, as well as taking extra time to explain and offering various examples. We also make good use of videos and flip charts.



We use sessions plans and ground rules to ensure each session is structured, but we also strive to keep the sessions light hearted, fun and interactive. Some of the subjects we cover can be sensitive, so we offer time at the end of each session for participants to have the opportunity to discuss with a facilitator anything they may have found difficult. Some participants can find the sessions embarrassing, especially if they have never had the opportunity to talk about these issues, but this tends to be quickly overcome. We provide feedback forms to the individuals to tell us what we are doing well and what we need to improve on.

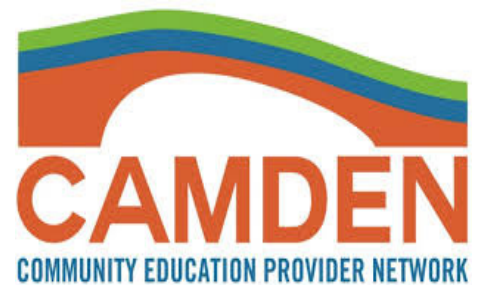


Planning the sessions has demonstrated strong collaborative multi professional working, and we also had a few giggles along the way. The group has been a learning experience for all, including the facilitators. As demand for the group is high, we plan on running it twice a year. Plus, our group was rated 'Outstanding' by CQC which is something we are all very proud of!

Camden CEPN

by Murat Ozcelik

Camden Community Education Provider Network (CEPN) was established in 2015 and has been delivering workforce development and planning activities since. Aiming to ensure education and training activities respond to local needs and demands, all CEPN activities are based on priorities agreed by the stakeholders. Hosted by Camden Clinical Commissioning Group (CCG), CEPN is made up of 20 local stakeholders, including social care and health organisations, as well as voluntary and community sector.



Through CEPN, projects worth over £1.5 million have been delivered since 2015, engaging hundreds of staff members from a diverse range of different professional background. CEPN members decide on annual priorities, and develop and deliver education and training activities based on these priorities. In deciding these priorities, stakeholders try and understand the workforce's demands, as well as identifying key areas based on national, regional and local strategies such as Sustainability and Transformation Plan (STP).

One of the key characteristics of CEPN is that it promotes, coordinates and delivers training in a multi-disciplinary fashion, typically with participation from general practitioners, nurses, social workers, care home staff, pharmacists and people from voluntary sector. This facilitates improved understanding of each other's roles and cross-professional connectivity. All feedback received from participants of multi-professional learning events has been extremely positive, with people particularly valuing the opportunity to connect with other staff and learn more about their organisations and roles.

During the last financial year, CEPN provided the workforce with 1687 training places, on a variety of subjects including: *building resilient teams; understanding the new face of primary care; mental health services and signposting; motivational interviewing; mental health first aid and suicide prevention; and Mental Capacity Act.*

Some of this training was targeted specifically at clinicians, but the vast majority was suitable non-clinicians, including social workers, care home staff, practice managers, commissioners, care support workers and administrators. In addition to the training sessions, CEPN also established focused networks for practitioners to collaborate, learn from each other and share good practice.

One of these networks looks at Quality Improvement (QI), which is a well-known methodology for managing change to improve quality. Currently engaging over 100 members, the network has been trying to expand to include social care staff, so that it can support and facilitate system-wide quality improvement. Another network targeted newly qualified professionals, who often find it difficult to access all the local information at the start of their careers and feel isolated.

CEPN has actively been exploring how to increase its engagement with social care staff including social workers, commissioners, care home based staff and domiciliary care workers. Most, if not all, our projects are open to all health and social care staff. Where opportunity arises, we also secure funding, develop and deliver projects specifically targeted at social care staff, such as our Care Home Staff Earn and Learn Project, which aims to support care home staff through a career pathway. Similarly, we also work very closely with colleagues from London Borough of Camden to increase the number of young people who are interested in health and social care careers. Within this, Camden CEPN supported 24 apprentices in the last year and facilitated over 600 visits and work tasters for young people.

Camden CEPN website lists all training that is available to register. Unless organised by external organisations, currently all CEPN organised training is free. You can get more information about CEPN and its activities by contacting us on our website www.camdencepn.org.

Camden CEPN is also running its annual Camden CEPN Networking Event, on 26 June 2018, between 1pm and 5pm at Ort House in Camden. There will be lunch between 1pm and 2pm.

This year's event will focus on the changes in health and social care, and the opportunities and challenges associated with these changes. Camden's Director Sarah McClinton will be talking on health and social care workforce development and integration, and there will be a full programme of workshops.

Please register using <https://www.eventbrite.co.uk/e/camden-cepn-networking-event-tickets-45723536328>.

Lunch and learns, featuring Free Space Project

by Sally Nieman

Lunch and learn sessions are short informal learning opportunities, allowing staff across adult social care to hear from a speaker from another service or outside organisation. The aim is to learn more about our internal and external partners and help us to work together to improve our service to Camden residents.

The sessions run monthly and take place in 5PS from 12-1pm on Tuesdays or Thursdays. We don't actually provide lunch, but you can bring your lunch or take a break for lunch before or after. On average there will be over 15 staff attending from across various teams and roles in ASC. The sessions have been running for just over a year now and have included speakers from the Camden Memory Service, Floating Support, Personal Finance Team, I Cope Psychology Service and the Mental Health Crisis Resolution team.

In March, Daniel Regan led an inspiring session about the **Free Space Project**, an arts and well-being charity based in Kentish Town Health Centre (KTHC). Established in 2010, its aim is to relieve mental and physical suffering through the use of the arts. The charity primarily provides arts projects and therapeutic support to patients enrolled in the James Wigg practice using a social prescribing model, but it is open to all Camden residents. The Project's varied activities include:

Aromatherapy: one free aromatherapy massage to James Wigg and Queens Crescent patients

Dance for Parkinsons: a weekly group using dance and music for people with Parkinsons disease

Drawing for people with aphasia: a group using drawing as a different form of communication, for people who can draw and those who can't, including people with neurological conditions and dementia

Artist peer group: a monthly group to support and nurture emerging and established artists

The charity has been given funding to run 30 free workshops in the coming months; they are inclusive and open to anyone who might benefit, with a focus on the arts and well-being. The charity also works closely with emerging and established artists to bring thought-provoking artwork on themes of health and well-being to patients and visitors. This is displayed in the purpose built exhibition space on the first floor of KTHC.



For more information about all the activities being run by the Project, look on www.freespaceproject.org. For details of upcoming lunch and learns, see I Reflect's front page or look on www.camdentds.co.uk.

After the Grenfell tragedy: The Chalcots experience

by Kim Christodoulou

Following the tragedy at Grenfell Tower, the residents of four tower blocks in the Camden Chalcots Estate were evacuated on 23 June 2017 due to fire safety concerns. The evacuation was widely reported in the media. At the beginning of what would be a large operation, an Adult Social Care intervention commenced for those residents in need of care and support during and after the evacuation. Traditional care management was put aside whilst statutory, voluntary and community resources were gathered and strengths and risks were explored interdepartmentally. During the evacuation a number of themes emerged, which magnified the inner workings of various council departments and put to test integration at the frontline. Practitioners described operating in a much more strengths and assets-based way and that the learning has been profound, highlighting debates in professional social work practice, risk assessment, and interdepartmental work. So what did we learn, and what are we still learning?

Professional social work practice - knowledge and skills application

Due to the nature of the Chalcots intervention, a lot of face to face work was done with residents. Social workers reported the following key professional capabilities during the intervention:



- * Advocacy and the protection and promotion of human rights.
- * Key communication skills, building trust and rapport.
- * An in-depth knowledge of the Care Act 2014, the statutory guidance and its application.
- * The application of the Mental Capacity Act 2005.
- * An in-depth understanding of safeguarding and experience of multi-agency partnership working.
- * Knowledge of social work theory and approaches, community work and local resources.

There were some challenging situations, which required sensitive management. Through those experiences the staff teams have gained some extraordinary learning opportunities.

One example was managing the expectations in relation to the role and influence of social workers. During the evacuation many referrals were made, substantially increasing the need to respond. Several social workers were based in the community. Once the essential fire safety works had taken place and the decision was made for the residents to return, many were still extremely anxious and concerned, relying on social workers for support. The staff worked very closely with housing colleagues in order to support residents effectively and this resulted in some challenging and courageous conversations. They also gained a much deeper understanding of the resources that are available and the role that we can play in coordinating systemically and using a strengths based approach.

The reflective practice opportunities have been immense as social workers faced individual, family, group and community work interventions having to rely on a myriad of approaches including; crisis and task centered practice, systems and ecological practice, strengths based practice and social and community development (Payne, 2016).

Risk prevention

A number of risks emerged for people with disabilities, health and mental health conditions having to leave their

homes and their existing social support networks in a short space of time. Appropriate accommodation had to be sourced taking into consideration the needs of each individual. Whilst some of the residents were able to access hotel accommodation, others were in need of specialised support, including residential and nursing home care.

One of the major strengths of the evacuation was the unprecedented access to multi-agency partners and the mechanisms which allowed for some co-location. There were however a number of challenges and barriers, which despite the best efforts, still emerged. Due to the volume and system pressure, especially in the first 72 hours, there was a high referral rate to social workers for the purpose of managing risk and safeguarding. The threshold for Adult Social Care was unclear interdepartmentally, which led to duplication and confusion over roles and responsibilities.

In addition, there were some central issues for social workers in statutory settings in relation to the Mental Capacity Act 2005. There were residents who decided not to leave their homes, despite the concerns, making what were deemed to be unwise decisions. Similarly, there were intervention cases with residents who lacked decision-making capacity in relation to care and accommodation. Social workers were tasked with assessing risk and safeguarding in the wider sense, whilst also balancing individual choice and rights. This required many key capabilities from social workers, including critical reflection, acknowledgement of rights and justice, and multiagency working.

During and after the evacuation, step by step work was done around risk prevention across health, social care, housing, mental health and voluntary sector services within Camden. It was clear that this is a complex area of work, which involves critical analysis and judgement as well as resilience in practice.

Breaking down boundaries

The Chalcots evacuation opened many departmental boundaries, such as sharing information, making key decisions and delegating responsibilities. Leadership was a key strength with those leading the workforce bringing a clear understanding of policies and procedures, ensuring that each department understood their role and contribution. A number of themes also emerged:

- * The commitment of individuals and shared responsibility was unprecedented
- * The ability of the workforce and leadership to consistently see the bigger picture and to support the evacuation, which was sustained for weeks after the initial decision making
- * Effectively challenging existing ways of working, critical thinking and constant problem solving.
- * Devolving responsibilities and allowing natural leaders to emerge has given rise to new experiences and workforce leadership development.

Whilst I have drawn out a few of the themes, I have in no way done justice to the learning and development that we continue to build upon in Camden Council. It is my hope and intention that we continue to reflect the experiences of the residents and frontline staff over the coming months.

References

- * Department of Health (2005) Mental Capacity Act. London: HMSO.
- * Department of Health (2014) Care and Support Statutory Guidance: Issued under the Care Act 2014. London: HMSO.
- * Payne M (2016) Modern Social Work Theory. Palgrave MacMillan: Basingstoke, UK
- * online: www.camden.gov.uk/ccm/navigation/housing/council-tenants-and-leaseholders/housing-repairs-/major-repair-work/chalcots-estate/frequently-asked-questions/?page=1#section-1

Kim Christodoulou is a Service Manager in Adult Social Care. This piece was first written and published as a blog on the Research in Practice for Adults (RiPFA) website.

