i Reflect

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

Learning and development by Deborah Gordon

I hope by now you have seen the Learning & Development offer that has been organised for Adult Social Care. Please do take a look on the L+D Hub and make sure that you book your places in good time following discussions with your manager.

By now a number of you will have done the Assistive Technology training. We now have an Assistive Technology e-learning module which you can also access in preparation of booking places or it can be used as an additional resource.

We are currently developing a coaching programme for staff that will help with the 'What Matters' approach to Adult Social Care. We will also be publicising some initial briefing sessions soon which all staff will be required to attend.

We are working together with Community Education Provider Network (CEPN) to offer a multi-disciplinary shadowing programme. Please contact Sally Nieman for further information.

Lastly Learning at Work week starts on 13 May 2019 and we will be launching our 'Just in Time' web based resource toolkit which has easy access articles, tools, videos and podcasts to support you in your day to day work. You will receive information on this so please do use the resources and let us know how useful you find them.

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A social worker and a black labrador saved my life! by Jackie Kennedy

I was honoured to be invited by Stella Smith, Prinicpal Social Worker, to come along to Camden on World Social Work Day (March 2019) to share my story on how developing a relationship with a social worker called Joy Nesedo saved my life.

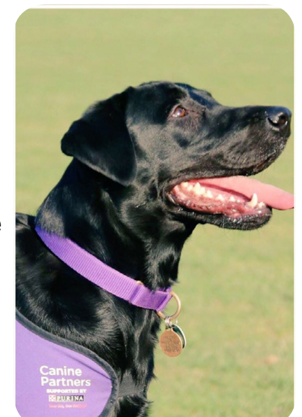
Prior to meeting Joy, I had been in receipt of a social care package that wasn't fit for purpose. I struggled to cope and my life rapidly slipped down into a very dark and lonely abyss. I became socially isolated and would spend weeks without going outside my front door. I virtually gave up on life. I have complex long term health conditions and also suffer from depression and severe PTSD. As I have said, the social care package I had wasn't fit for purpose and I continued to struggle. I was barely existing. At the end of 2015, I was admitted to hospital as a result of Status Epileticus; I was discharged from hospital and I contacted the duty social worker to request a review of my care package in the hope that it would be changed.

After quite a while of waiting, numerous emails and phone calls, I was finally allocated a social worker. I had previous bad experiences with a couple of social workers so I was dreading the visit. Within 2 days I received a telephone call from a social worker who introduced herself as Joy Nesedo, who asked me lots of questions and arranged to visit me the next day. On the day of the visit Joy arrived on time and was warm and friendly, she put me at ease and we settled down to chat. It was clear from the start that Joy had taken the time to read previous notes and learn about me, something that the previous social worker had not done.

Joy explained that the reason my social care package wasn't working was due to the fact that 95% of my needs were health related and these hadn't been taken into consideration previously. She explained that I needed to be reviewed and that I may be eligible for Continuing Health Care and a Personal Health Budget. Joy had come prepared with easy to understand information on the process and eligibility of Continuing Health Care and what it meant to me.

During my assessment Joy asked, "What mattered to me? What did I want from life?" She asked what she could do to help me reach my goals. To be honest, I burst into tears: this was the first time in over 10 years that a professional had asked me what I really wanted, instead of telling me what I needed. I really felt that Joy was interested in my life and aiding me to work out what I wanted in my care plan and how we could attain our agreed outcomes.

It was during our assessment that I dropped a pen. My Canine Partner, Kingston, immediately retrieved the item and placed it back into my hand. If I had dropped anything prior to being partnered with Kingston, then I would have to wait to ask someone for assistance or risk falling out of my wheelchair trying to retrieve it myself. Joy was impressed with Kingston and asked what else Kingston could do for me. I demonstrated how Kingston could aid me in getting undressed, and help position me in bed: these are a couple of the 300 commands that Kingston can perform.



Joy asked me if I had ever considered having Kingston added to my care plan. We spoke at length about it and agreed to try to add Kingston on to my care plan. We faced resistance from the CCG, but Joy and I wouldn't give in. We provided

evidence of Kingston's financial worth and the money he would save the NHS and Adult Social Care. We estimated that in care costs alone Kingston saves over £120,000 per year. All through the process I felt as if Joy was part of 'Team Kingston ' and we worked together to change the mind of the CCG.

I am happy to say that on 5th January 2018 my Personal Health Budget went live: my care was now 100% NHS funded. As part of this care plan I was allocated £3,000 to cover Kingston's costs such as his health insurance, food, preventative medicine. Kingston is my Guardian Angel: we have been partnered since 12 October 2015 and Kingston has physically saved my life on 9 occasions.

Kingston is recognised by the NHS as one of my personal assistants. Kingston helps me get up in the morning, he pulls back the duvet, gently takes hold of my pyjama bottoms and moves my legs out of the bed. With the aid of a rope tug, he then helps me into a sitting position and pulls me up, I transfer into my wheelchair whilst Kingston retrieves my clothes that I will wear that day, we then go into the shower where Kingston stays with me, he passes me everything I need and holds one side of the bath towel whilst I hold the other and between us we tug the towel back and forth to help dry my skin. The independence that Kingston has given me is priceless.

Kingston has the ability to detect if I have a hypoglycaemic attack (low blood sugar): when this happens he will go into my bedroom and retrieve my hypo kit and activate my telecare emergency alarm. If I'm having a hyperglycaemic attack (high blood sugar), he will go to the fridge, open the door and retrieve my insulin kit. Before Kingston I would have ended up in A&E and been admitted multiple times. In 2018, with Kingston's excellent care, he prevented 64 ambulances coming to my home which equates to £254,000 in savings to the NHS. In fact since being partnered with Kingston he has saved over £837,000 and continues to save money on a daily basis.

Thanks to Joy and Kingston I have a life where I am productive. I volunteer at various charities and am a speaker for Canine Partners. There are currently 440 working partnerships and I spend my time trying to educate CCGs, social workers, physiotherapists and occupational therapists as well as politicians to the financial worth of assistance dogs within health and social care. My aim is to see all these 440 canine partners included in their human partners care plans.

My life is now full of purpose. I have become a self advocate for my own health and work alongside health care professionals in identifying and exceeding positive outcomes. Thanks to Joy Nesedo, a forward thinking, caring, compassionate social worker and my canine partner Kingston I have a life where I am LIVING and not just existing. I now advocate for the voiceless and have so much to be grateful for. I encourage peers to celebrate good social work practice and to work with social workers to change the system for the better and to develop strong relationships and to transform care for everyone that needs it.

I throughly enjoyed meeting some of the wonderful social workers in Camden and look forward to returning at another time to meet the rest of such a great team.

Jackie has agreed to come to Camden soon to do a lunch and learn session where she will talk about the work of Canine Partners, who the charity helps and how it transforms lives.
Watch out for an email with details soon.
In the meantime you can find out more about the charity at https://caninepartners.org.uk/

How good are your eating and drinking skills?

Emma Winn, Speech & Language Therapy Clinical Manager, explains all about dysphagia

The annual Swallow Awareness Day was on 13 March 2019 and was part of Nutrition and Hydration week. The day seeks to raise awareness of swallowing difficulties across the population of the UK and the world. Last year's campaign reached around 4.5 million people on social media in over 30 nations around the world, including Uganda, Australia, Canada and the USA. And in 2017 we even reached space with the astronaut Tim Peake speaking from the International Space Station telling us that astronauts tends to belch more in space which means they aren't allowed fizzy drinks.

So **dysphagia** is the medical term used to describe swallowing problems. It is pronounced "dis-fay-juh". Speech and Language Therapists (SLTs) are the key professional who diagnose it, either through assessments in hospital or in community settings. We assess people at meal times and can notice problems like lots of coughing, difficulties with chewing and moving the food/drink around in the mouth, food/drink falling out, and people taking a longer time to swallow. People or staff may report choking or chest infections; this is an indicator that food/drink has gone down the wrong tube (trachea) into the lungs (aspiration) instead of the food pipe (oesophagus). Some people can get aspiration pneumonia and some people can die. Therefore, it is very important that when you become aware that someone you work with or know has significant difficulties with their eating, drinking and swallowing, that you help them to get seen by a Speech and Language Therapist (SLT).

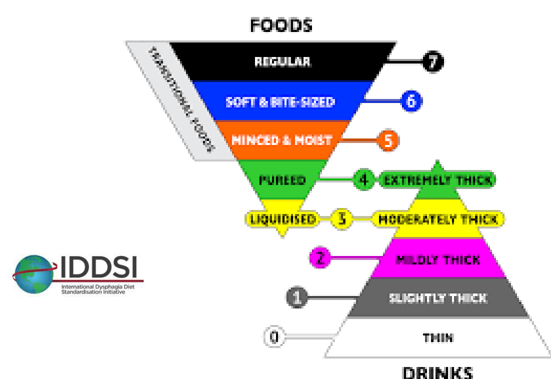
In the UK, people affected by dysphagia include:

* 95% of people with motor neurone disease
* 68% of people with dementia in care homes
* 65% of people who have had a stroke
* 50% of people with Parkinson's disease
* 33% of people with multiple sclerosis
* 15% of people with learning disabilities which increases in people with more complex needs

In Camden, SLTs work all over the borough, from working with premature babies with feeding difficulties right up to adults in the latter stages of their lives with swallowing difficulties. We are based in:

* 5 Pancras Square and work with people with learning disabilities
* St Pancras Hospital and work with people who live in the community with acquired conditions like strokes and degenerative conditions, and patients who are on the rehab and the mental health wards
* UCL Hospital
* Royal National Throat Nose and Ear Hospital
* National Hospital for Neurology (Queens Square)
* Royal Free Hospital
* Children's services in the community and in schools working with children

This year our focus has been on telling people about IDDSI – the International Dysphagia Diet Standardisation Initiative. This means that the words we all use to describe the modified food and drink we recommend will be same around the whole world, and in space were the need ever to arise!



Safeguarding through a strengths based lens

by Shabnam Ahmed

The Care Act places a duty on us to identify potential harm, protect those who have suffered harm and also to prevent harm from reoccurring. Bearing in mind that we are accountable, we also must balance this with principles of empowerment and proportionality and most importantly make it personal.

Sounds very much like I've swallowed and regurgitated the principles of safeguarding, right? BUT what does Making Safeguarding Personal really mean? What do the principles mean in reality? How do we translate them into our daily practice and when the person has capacity and does not want our involvement? Such a task, I would say having been a social worker for a long time, can seem difficult, but when achieved, it can almost feel heroic.

Reflecting on what all the safeguarding principles translate into in reality highlights an overarching message to me. Safeguarding work needs to be viewed through a strengths-based lens alongside looking at the risks. It is a shift from a process supported by conversations to conversations or the building of a relationship supported by a process. This embodies what is meant by Making Safeguarding Personal.

An example that was shared at training I attended helped me to see this more clearly (Safeguarding Adults Manager training - access through the L+D Hub). The trainer shared that a young man with learning difficulties had lost his parents in a car accident and this news was in the local paper. The young man had since started to collect daily newspapers from his local shop. Alongside this he also refused to use light bulbs and instead used candles for the purpose of light. Put the two together and his support worker became concerned about a fire risk. At this point a fire officer visited and it was once he became involved that collaborative work around risks started.

The young man with the learning disability was invited regularly to his local fire department to watch and discuss educational videos around the risk of fires. Simultaneously the fire officer also discovered that the young man was interested in pets. The officer spoke to the local pet shop and asked if they needed newspapers for the hamsters. Upon establishing a trusting relationship with the young man, he spoke to him about the associated risks to him and to others through collecting newspapers and using candles and how he could take action to minimise the risks himself. The young man continued to buy newspapers daily but agreed to visit the pet shop regularly and take his excess newspapers there. He also stopped using the candles.

In summary the fire officer played a pivotal role in engaging the young man and including him in making decisions about maximising his safety evidencing all the principles of safeguarding (empowerment, prevention, proportionality, protection, partnership and accountability). As a statutory organisation we have a duty to oversee safeguarding, but this example demonstrates how successful outcomes can be achieved through working together. More importantly identifying the individual(s) who might play this role better than us or with us is vital in achieving outcomes for individuals.

Using Family group conferencing in safeguarding situations to draw on the strengths of individuals and in their communities is another strengths-based approach which brings the safeguarding principles alive.

Justice Munby’s overused quote *“what good is it making someone safer if it merely makes them miserable”,* highlights how important the principles are as alongside protection sits partnership and making it personal which clearly say to me that the person’s wishes and feelings are to be at the centre.

Restorative practice is another strengths-based methodology which is proving to have benefits when working with adults. It requires us to have some courageous conversations and engage with those we may view as perpetrators or the person alleged to have caused harm if this is appropriate and consent is given by the adult we are supporting. A methodology worth exploring more across Camden.

There are excellent examples of strengths based safeguarding work in Camden, however as an authority who takes pride in a culture of continuous learning and development and celebrates a growth mind-set, there is definitely scope to do things even better. We don’t have to wait for our next serious case review to learn: there are excellent resources on RiPfA and we can also think about how to include these discussions in reflective supervision and in team developmental meetings.

Resources to support strengths based practice

Strengths-based practice is a collaborative process between a person supported by services and those supporting them. It allows them to work together, drawing upon a person’s strengths and assets to achieve positive outcomes (Ripfa, 2019).

The recent publication of the Department of Health and Social Care Strengths-based approach practice framework and handbook aims to give support to social care professionals in applying a strengths-based approach to their work with adults.

To support this, Research in Practice for Adults (Ripfa) has brought together a package of learning resources and training opportunities to enable practitioners to embed strengths-based approaches. This includes training workshops and multi-media learning resources, such as publications, blogs, podcasts and more.

The introduction of the Care Act 2014, with its focus on wellbeing and early intervention, has required local authorities to consider a person’s own strengths and capabilities, as well as support available from a wider support network or within the community in meeting the outcomes they want to achieve. Many different approaches can be described as strengths-based, including family group conferencing, risk enablement, Making Safeguarding Personal and appreciative inquiry. An accessible explanation of strengths based practice, what it means and the resources available is provided in a recent Ripfa blog by Kate Kayley.

Visit www.ripfa.org.uk for details of learning resources to support and embed strengths-based practice.
For access, remember to login or create an account using your camden.gov.uk or candi.nhs.uk email.

PODCASTS
Strengths-based conversations: An introduction (open access)

Strengths-based conversations: Skills for effective communication (open access)

Strengths-based conversations: Supporting good practice (open access)

PUBLICATIONS
Developing strengths-based working: Strategic Briefing

Embedding strengths-based practice: Frontline Briefing

Risk enablement: Frontline Briefing and Chart

WEBINARS
Embedding strengths-based working: webinar

Placement reviews team

by Carol Hawthorne

Every Camden resident who is living in a care home should have the opportunity to have a regular review (at least annually) and use this review to reflect on what is working in their care and support plan, what is not working and what might need changing. It is the remit of the Placements Review Team to undertake these reviews. Central to this is our belief that people need to be seen as more than just their care needs – they need to be seen as experts and in charge of their own lives. We work in a very strength based way that emphasises people's self-determination and strengths. We want to ensure that each review provides an opportunity to promote that person's individual wellbeing and to ensure that they have a meaningful life in the care home.

It is vital that the review is not just a paperwork exercise but a valuable and meaningful activity that enables the best outcomes to be reached for that individual and that the resident's well-being is kept as the central focus for that care home. Underpinning all of this is our conviction that those living in care homes should do so with dignity, that they should have the respect of those who support them, should live with no reduction of their rights as citizens and should be entitled to live as full and active a life as possible.

Before we go out to complete the review, we always read the CQC inspection report which provides details on how they have rated the home in terms of the 5 main questions:
is the care home safe, effective, caring, responsive and well-led? This can then help us pay particular attention to any of these areas where the home has been assessed as requiring improvement.

However the most important aspect of the review is how the person experiences their life in the care home. To ensure that we address this in a person-centred and strength-based way, we pay particular attention to the following principles and I have includes examples of how we have achieved this.

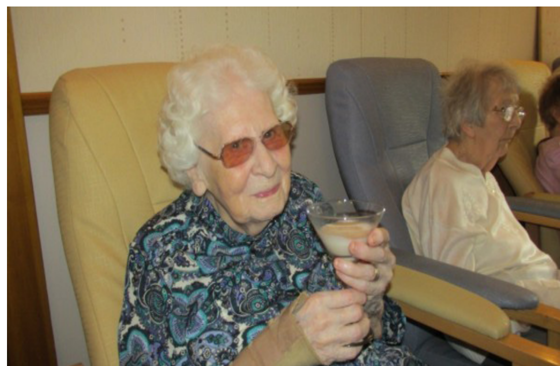
Respect for privacy and dignity
The importance of preserving the privacy and dignity of residents should be paramount. This means that residents should have their own individual private space and the opportunity to choose how they dress, what they eat, when they go to bed and get up and how they spend their day. Dependence on staff for help with personal care should not mean that their dignity is compromised or that their privacy is not respected. Peggy, an 87 year old woman who worked as a waitress for over 30 years, expressed her frustration at her placement review about having to take her breakfast in the dining room every morning. She said that she had to get up early all of her life for work and she wanted to have the "luxury of having my breakfast brought to me in the privacy of my own room and later in the morning so that I can finally have a proper lie in". This simple change to her daily routine made her want to be more sociable for the rest of the day and she started to become more involved in the activities that the home provided.

Maximising independence, choice and control
Key to this is positive risk-taking which should be regarded as normal and important in maintaining autonomy and independence. Residents should not be discouraged from undertaking certain activities solely on the grounds that there is an element of risk.
Sam, a 95 year old retired journalist had become depressed and staff reported that he was declining support with his personal care. At the review, a goal that he identified was his wish to go on a morning

walk to the local newsagent to buy his daily newspaper. He said that the staff had told him he was unsafe to go there himself and “I bloody hate the tabloids that are delivered here”. Through arranging a risk and road safety assessment from an occupational therapist and by involving a physiotherapist to devise an exercise programme to improve Sam’s mobility, he was eventually able to walk to the newsagent most mornings to buy his paper. He has also started to take requests from the other residents. He said: “I now have a reason to want to get dressed, my appetite has improved and I want talk to the other residents more”.

Participating in meaningful activity

We feel that this is key for people to continue to enjoy a good home life: living well through activities in care homes is something that the placements team feel very strongly about. The quality of life in a home can be enhanced significantly by the inclusion of the widest possible range of activities. We have therefore started to develop a resource toolkit that we send out to care homes with ideas and materials in order for them to provide a service better focused on residents’ needs, preferences and activity choices. This includes the following:



* Living well through activity in care homes: the toolkit – College of Occupational Therapists
* My Home Life – Tool kit resources
* Promoting Less Restrictive Practice – ADASS
* Alive: Building Positive Relationships between care staff and residents

The resources are also useful for practioners to think about ways to promote well-being for older people living in care homes and to promote positive risk taking and person centred, strengths based practice.

ASC Practice Guide is LIVE by Shallom Sithole

This online resource is now live https://ascpractice.camden.gov.uk/ and is for everyone working across Adult Social Care and related services. It is the place to go for all adult social care policies and guidance as well as other useful information on a range of services and issues. The beautiful icon will be appearing on all desktops and a user guide will be circulated soon.

Guidance, policy and procedure

The guide includes vital information on how adult social care works, with information and referral processes on different teams including the Personal Finance Service, Awards and Contributions (paying for care), Quality Assurance and Careline (assistive technology). User guides for Mosaic and information for managers on the Mosaic processes for new starters and leavers can also be found within the Practice Guide.

Latest News

The Practice Guide will be updated regularly to include the latest news in ASC locally and nationally as well as events. It is also accessible to mental health colleagues in Camden and Islington NHS Foundation Trust.

Feedback

Please spend some time using the guide and contact Shallom Sithole (shallom.sithole@camden.gov.uk 0207 974 3352) if you have any feedback. We are always looking for new content to add that will be beneficial for practitioners. It is also important that if you update any policies and guidance or any processes within your team, or need any help with it, you inform Shallom Sithole so we can ensure the guide always has the latest information.

A different relationship between people and services by Martin Hampton

Tim Fisher, Family Group Conference Service Manager, recently placed an insightful book on my desk entitled 'A New Health and Care System – Escaping the Invisible Asylum' by Alex Fox. It is no surprise to me that Tim recognised that Fox's book is sympathetic to the principles of support and care within family group conferences, where relationships are central, nurtured and strengthened. Fox is cited in the 2019 Department of Health and Social Care 'Strengths-based approach: Practice Framework and Practice Handbook' and his book is a subtle and powerful addition to strengths based practice. The value of our public service resides in the people that use and provide the service, particularly the relationship between them and the health and wellbeing they create together.

In Fox's radical book, he states that connecting people should be a mainstream goal of our public services as it is linked to heath, wellbeing and happiness, with isolation a serious health risk. Fox draws on evidence that loneliness leads to poor physical and mental-health and increases the risk of mortality (Holt-Lunstedet, 2010). He also cites evidence that nearly half of people over 85 admit to experiencing loneliness most of the time and highlights research showing that one in ten people visit their GP because they are lonely. He reminds us that loneliness in old age is not just miserable: loneliness is associated with risk. Particularly risk of falls, poor physical and mental health and higher risk of dying prematurely; all of which create further cost in the acute part of the system, and suck in an ever-increasing share of the available resources. Yet Fox evidences a UK Homecare Association Survey (2012) which found that 73% of home-care visits in England were shorter than the allotted time, many visits of 15 minutes (barely time to help a frail older person get up, washed, dressed, and fed). A Health Watch England 2017 Enquiry into Homecare found that people simply stated the obvious: 'That care packages were designed to meet the needs of the service provider rather than the service user' (Healthwatch, England (2017).

Fox book utilises London School of Economics research that found genuine preventative aspects to befriending and recognised the value of a relationship in supporting good mental-health and resilience. These interventions typically take an 'asset-based' approach: they help people to build their own strengths, capabilities and resilience and those of their families and friends (C Kapp, M., Bauer, A., Perkins, M. and Snell, T. (2011). Fox argues that Government should devolve responsibility and resource control to the most personal level possible, and then create ways for individuals, households and community to pool these resources and build towards a scale that works for them. Finally then, Fox leaves us with the profound idea of Shared Lives; a simple combination of ordinary people with the capacity to care and a spare hour with a local organisation 'pool' that can bring the right people together and monitor the results. I am sure there will be many examples of people thriving in Shared Lives projects, and it would be positive to start one in Camden. As Fox concludes, a person's interaction with any support service is more cost-effective where both service and individual (or the family) bring their energy, time and creativity - and where they see success as a shared responsibility, not something one purely owes another. This only happens when workers and people form real relationships.