

# *i Reflect*

September 2019 • Edition 20

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



Photograph 'Hope', courtesy of Martin Hampton

## Read and Reflect

People learn in lots of different ways: *I Reflect* mainly supports learning in 2 ways: 1) an opportunity for you to write to share your knowledge [there is lots of evidence that 'teaching' others what you know is the best way to develop and retain your own knowledge] and 2) a chance to acquire new information by reading what others have written or 'self-directed study' as it is sometimes called.

Following a discussion with a colleague, I wondered if *I Reflect* could also support learning in another way. We are social beasts (particularly in ASC) and people value the opportunity to discuss and reflect on ideas with their peers. There is a huge amount happening at the moment: it can be valuable to have space carved out to discuss what is going on and think about how it might affect our practice. So, I want to try out a **read and reflect session** based on some of the articles in this edition. For example, Annie Ho has written a hugely informative piece about the changes the Liberty Protection Safeguards will introduce and has included a number of questions for reflection which surely benefit discussion.

Please come along to **5PS Room 10.12 from 12.00 – 13.00 on Wednesday 18 September**. This read and reflect session will be a reflective space to meet with colleagues to critique and engage with best practice and think about what is happening in Adult Social Care at the moment. You can book on through Learning Pool [here](#) or just turn up. I really hope to see some of you next week.

## In this edition

Liberty Protection Safeguards

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What Matters L & D

# Deprivation of Liberty Safeguards to Liberty Protection Safeguards

by Annie Ho



The Mental Capacity (Amendment) Act 2019 received Royal Assent on 16 May 2019. The Liberty Protection Safeguards (LPS) which replace the Deprivation of Liberty Safeguards (DOLS) should come into force on 1 October 2020. The draft LPS Code of Practice will be published for public consultation by December 2019, with its final draft and regulations laid before Parliament by spring 2020. DOLS can run alongside LPS for up to 1 year from October 2020, so existing DOLS authorisations can remain in place until expiry. Transitional arrangements between October 2020 and October 2021 will be down to local determination.

This is a summary update on LPS. At the end I pose some questions for reflection as we prepare to move forward to this 'brave new world'.

It is important to remind ourselves why the Government decided to scrap DOLS in the first place. Since the Cheshire West judgement in 2014, there have been substantial increases (ten-fold nationally) in the numbers of DOLS applications. The system was criticised for being unfit for purpose and overly bureaucratic, leaving many people unlawfully deprived of their liberty. The Law Commission review was intended to address these failings and to recommend a new way forward.

The applications applied mainly to settings to which the current DOLS system applies, i.e. care homes and hospitals. This means that many people, in settings to which DOLS do not apply, need authorisation of their circumstances, via application to the Court of Protection.



LPS will apply to people aged 16 and over. LPS can be used in settings other than care homes and hospitals, i.e. supported living, shared lives, private and domestic settings. LPS can be used to authorise day centre and transport arrangements, and will not be tied to accommodation and residence. Court applications will no longer be required for these different settings and arrangements. Authorisations can be given for arrangements in more than one setting, providing the arrangements are similar, and there is no objection from the person or disagreement from others involved. The meaning of deprivation of liberty will continue to be case law led.

The local authority is currently the Supervisory Body for authorising DOLS in both care homes and hospitals. Under LPS, the Responsible Body will be the relevant NHS hospital for hospital arrangements and the relevant CCG for NHS continuing health care arrangements. The Responsible Body will be the relevant local authority for other settings, based on ordinary residence, including independent hospitals.

The requirements of three assessments have to be met for an LPS authorisation to be issued:

**mental capacity assessment** – the person lacks capacity to consent to the arrangements;

**medical assessment** – the person has a mental disorder as defined by section 1(2) of the Mental Health Act 1983;

**necessary and proportionate assessment** – the arrangements are necessary to prevent harm to the person and are proportionate to the likelihood and seriousness of harm to the person.

The Responsible Body can rely on previous assessments or assessments for any other purposes, if it is reasonable to do so.

The pre-authorisation review will be carried out by a professional who is not involved in the day-to-day care or providing any treatment to the person. The reviewer will complete the review, using available

information and requesting further information if required. The reviewer does not have to meet with the person unless they consider this to be necessary. Statutory guidance will clarify in time who can undertake this role of the reviewer, but is likely to be professionals such as senior social workers and nurses.

This means that the majority of LPS authorisations will not require specialist assessments, in contrast with DOLS authorisations which currently require assessments by both a Best Interests Assessor (BIA) and a DOLS Mental Health Assessor. Under LPS, the medical assessment can be completed by a GP or other qualified medical professionals who can certify the mental disorder of the person. The new qualification replacing the BIA will be the Approved Mental Capacity Professional (AMCP). The AMCP is required to complete a pre-authorisation review only where an objection has been raised, or in independent hospital cases or other relevant cases as set out in the Code of Practice. The AMCP is required to meet with the person, complete consultation and consider other available information. The Government will set out in regulations who can undertake the AMCP role; we expect this will be built on the BIA role.

If the person is aged 18 or over and the proposed arrangements are to be carried out wholly or partly in a care home, potentially a different process could apply. The Responsible Body can make the decision for the care home manager to provide a statement for LPS, including a record of the assessments

confirming that authorisation conditions are met, evidence of the consultation carried out and a draft authorisation record. The Responsible Body can also decide for the care home manager to undertake reviews and/or renewal processes.

The Appropriate Person will take on the role under LPS, similar to that of the Relevant Person's Representative (RPR) under DOLS. The Appropriate Person will represent and support the person, and is likely to be a family member or friend. They must consent to this role and cannot be someone who is engaged in providing care or treatment to the person in a professional capacity or for remuneration. The person must consent to the appointment of the appropriate person or, if the person lacks capacity to do so, the Responsible Body must be satisfied that the appointment is in the person's best interests. An IMCA will be appointed if there is no one to take up the role of the Appropriate Person. The Appropriate Person has a right to IMCA support.

A LPS authorisation can last for an initial period of up to 12 months and can be renewed for a second period of up to 12 months and thereafter for periods of up to 3 years. Longer term renewals will only be used in cases of persons whose condition and circumstances are likely to be long-term and stable. The Responsible Body can at any time determine that an authorisation should cease. The Responsible Body must specify a programme of regular reviews of authorisations, set out in the person's authorisation record and could include fixed dates or prescribed intervals for reviews.

## Questions for reflection...



*How confident are we that our social care assessments, including our care plans and mental capacity assessments, will provide evidence for LPS authorisations and stand up to legal scrutiny?*

*How confident are we of our health partners in assessing and authorising deprivation of liberty in health care settings under LPS?*



*Before we criticise DOLS and welcome in LPS, let's ask ourselves how well the application of the Mental Capacity Act 2005 is currently embedded in everyday health and social care practice.*

*What role under LPS will Camden choose to give to our care homes? Is it not time to skill them up and promote ownership in relation to their essential responsibility in caring for our residents?*



*What do you think are the positive messages as we move from DOLS to LPS?*

*What potential impact will this expected demand for IMCA resources have?*

*How ready are you for LPS? What are the potential gaps for you and your service?*

Many who came to my two lunch-and-learn LPS sessions over the summer shared their concern about potential increase in workload as LPS assessments are expected to become part of mainstream assessment and care planning for the person. But many of you were able to identify, by the end of the sessions, some positives as we move forward to LPS. Some of you commented on the stigmatising and often misunderstood terminology of Deprivation of Liberty, hence overlooking the fundamental principle of Safeguards. Liberty Protection offers a more empowering message. Many of you agree with LPS bringing in the legislative framework for lawful deprivation of liberty of all people who meet the criteria, regardless of social and health care settings.

**Deprivation of Liberty**

**Liberty Protection Safeguards**

My key positive message is this – the success of LPS is the foundation of good care planning in social and health care. We therefore need to focus on the importance of embedding best practice in care planning, promoting our work with users in a person-centred way, in compliance with MCA 2005 and Care Act 2014.

Watch out for more information and events over the coming months. There is also a LPS project group tasked with considering all its implications.

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## RiPfa supports What Matters

by Karen Allen

As Partners of [Research in Practice for Adults \(RiPfa\)](#), Camden has access to evidence-informed resources to support people working in social care and health to make the best possible decisions for adults, families and carers. I am the Account Manager for Camden and work with Sally Nieman, your RiPfa Link Officer, to support Camden's use of RiPfa. Camden professionals can access the following with their free RiPfa account:

- \* A wide range of [publications](#) addressing topics and priorities throughout the sector, free to access and download, many also available in hard copy.
- \* A regular programme of [workshops](#) at venues across the country, including NCVO near King's Cross.
- \* Live and recorded [webinars](#) and [podcasts](#) which can be downloaded to listen on-the-go.
- \* A monthly [Research & Policy Update](#) with the latest research and policy developments.
- \* [Case Law and Legal Summaries](#): overview and analysis of selected public law cases.

As Camden rolls out What Matters: Camden's approach to Adult Social Care, RiPfa's resources to support [strengths-based working](#) will be particularly useful. Resources include a briefing on [Embedding strengths-based practice](#) and accompanying [webinar](#) and [podcast](#). Our [Wellbeing supervision](#) briefing supports the embedding of strengths-based supervision.

Just a small selection of other resources include [good assessment](#) and [recording, working with risk, self-neglect](#) and working with adults [living with dementia](#).

You can sign up for a free RiPfa account using your Camden or CANDI email address [here](#). You can also search all our resources on the website [www.ripfa.org.uk](http://www.ripfa.org.uk). If you have any queries about what is available, or how RiPfa might be able to support your practice, Sally or I would be happy to help you.



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# Walking: connecting communities in a refreshingly different way

by Sean Ahern

Countless thinkers and creative people have been avid walkers: Socrates, Plato, Aristotle. Darwin walked what he called his “thinking path” twice daily. Dickens walked all over London, three or four hours at a time. Modern business grandees such as Mark Zuckerberg and Steve Jobs have reflected on the benefits of walking to progress business<sup>1</sup>.



In line with What Matters Camden and our strengths based approach to Adult Social Care, we wanted to connect with our local neighbourhoods in a more physical and practical way. The first step (excuse the pun) was to link in with Age UK Community Connectors and arrange to go out and literally walk that mile to get to know our patch. We arranged a joint walk with the Community Connectors, who provided us with a map of the area to highlight some of the key community resources along the way.

What has stuck me is that the walks really encapsulate the shared endeavour and strengths of individuals, teams and the wider community services in so many ways, building lasting links and fostering good working relationships. Following the first walk, participants commented that being outside felt liberating, pointing out that this was a much more productive and insightful way of seeing our neighbourhood and sharing information and local knowledge in a more friendly, memorable and less transactional way.

The ‘walk the mile’ groups have often been organised in teams and people have noticed that the walk feels refreshingly different to the normal kind of meeting where you sit face to face and share information or read information. It also has the benefit of building stronger relationships between colleagues from different backgrounds and roles. People have commented that it has helped team members to develop their working links with each other as well as with external partners, and they have become more familiar with the areas and resources out there, which has helped them feel more connected to their ‘patch’.

As we have gone on more walks in different areas, I have noticed that they have become more organic as we have dropped into non-planned places along the way. For example, on one walk, we noticed the sheltered housing scheme Clyde Court and took a group decision to knock on the door and take advantage of introducing ourselves there. This made good links as staff there were able to inform us about the local facilities, such as neighbourhood centres and the residents association.

One important advantage is the personal benefit of being outdoors. Collective and individual wellbeing is improved with creative blue-sky thinking literally taking place. The walks allowed all participants to organically interact with each other, share information and learn from each other in a very different way.

<sup>1</sup> <https://money.cnn.com/2016/10/21/technology/silicon-valley-walks/index.html>



# A week in the life of ...

**Caroline Allouf**, Deputy Chief Executive of Camden Carers Service (CCS). She reflects on highlights from Carers Week in June, which aims to raise awareness of carers in the wider Camden community.



**Day 1:** Picture the scene. The sun is shining. You round the corner to Caversham Group Practice, Kentish Town on a Sunday afternoon. To your right you spot a team from King's Cross based Global Generation Skip Garden cooking curry with local pure ingredients, all being served from a milk float. You catch a whiff of Rome in the air coming from the pizza being cooked and served from DoDough Pizza's 1970s Citroen HY van, opposite tables full of homemade cakes, cookies and pakoras (the Midnight Kitchen). The tea urn hard at work. The sound of Virginia singing and playing her ukelele. People standing, sitting, eating, chatting. And that's just the car park! Down the alleyway to The Listening Space – a haven of peace and tranquillity in the heart of Kentish Town. A relaxed craft afternoon session on one table, led by some patients from the practice, CCS's Muhsana creating art on people's hands with henna. Constant activity at the washing up station. Everyone mucking in to wash their plates and cups and then pass on for someone else to use.



Then a spot of rain, and another and then another. Rather than dampen the spirits everyone rallies around. Our next act of the day, The London Sea Shanty Choir (including a GP from Caversham Group Practice) and an eager audience relocate into the reception area. Squashed in like sardines in no time the whole room is singing and foot stamping along to some moving songs of the sea! And as if it couldn't get more magical, as they perform their final shanty to rapturous applause, the rain stops and all file out back into the car park for the final act of the

day. CSI Steel Pan Band. What truly uplifting sounds and sights! Witnessing young local people playing with such focus and passion and then with much pride, Sushi and Juley, 2 Camden carers, along with Angela from our CCS team join them, having had no more than 8 lessons. The rain starts again and yet spirits rise – a community dancing, clapping and beaming all the way.

It was so very special to celebrate the start of Carers Week 2019 in the heart of the community and with



the whole community. So many faces of carers who we know well from CCS, together with many new faces, carers and non-carers. I personally had at least 2 people identify themselves as carers for the first time on the day, and a helper chatted to me about the challenges caring for her father with dementia. People talked of reconnecting with people there who they hadn't seen for years while others made new friends.

**Day 2:** Despite the non-stop rain forcing us to postpone our Carers Week Kew Gardens trip, led by volunteers and carers who have become trained walk leaders, the Creative Carers Collective were still busy in the art room all morning preparing for this year's art exhibition which will open CCS's 25th Birthday Celebration on 8<sup>th</sup> July. I took the opportunity to sneak a peek at some of the artwork and chat to some of the artists. Jen said how she had always considered herself to be terrible at art and has been boosted by being encouraged to be more confident in her own abilities. She is nervously excited to show her work publicly for the

first time. Neil tells me how his Monday morning art session at CCS is the best therapy he could dream of, switching off from all his troubles and being transported to a brighter world for 3 blissful hours. The artwork will be carefully curated by former carers and carers in the group and displayed around the building. I can't believe not only will CCS be 25 years old, but Camden Carers Voice will be 10 years old and Camden Carers Collective 5 years old. It's going to be some celebration!

**Day 3:** Another busy day across the borough. Lou, Nazifa and Myles (on his 2<sup>nd</sup> day in his new role of Older Carers Wellbeing Coordinator) head off to University College Hospital (UCLH), joining up with staff from UCLH as well as Islington Carers hub to run a Carers Week awareness stall in the foyer. A great opportunity to talk to patients, visitors and workers about what we do, offer support for carers whilst the person they care for is an inpatient and talk about our wider services.

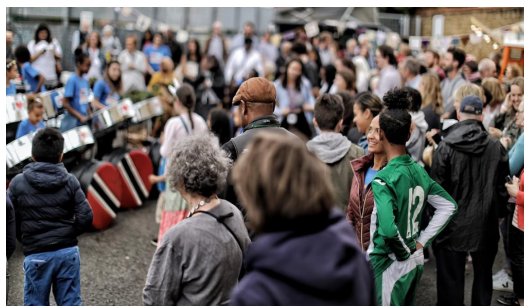
I was at the Royal College of Physicians. What a location, overlooking Regent's Park! We had been invited by the HR department to run sessions around carers in their workforce. A great morning with positive outcomes and some important learning. The plan was to run one session with any employees who identified as carers and another session with managers. A number of employees joined me for their session; no managers came to theirs. While it was disappointing and sadly reflective of the lack of support or priority some workplaces give to their working carers, what it did do was spark discussion and solidify next steps. Initially a group of carers are setting up a monthly informal group during the working day to meet and support one another and look other initiatives which would help them in the workplace. I have been invited back to host an area at the Managers Conference next month – an opportunity to really engage their managers and hopefully get some commitment from the top.

**Day 4:** On to Wednesday. Monika, our Learning Disabilities Lead, and staff from Elfrida Rathbone Camden collaborated to lead a lovely morning of

creativity in the art room for carers of people with learning disabilities and the people they care for.

And what can I say about the working carers event that we co-facilitated with Jo Brown, Ashleigh and the rest of Camden Council's HR Team? It exceeded expectations! A great morning of open and honest discussion about caring and support for carers in the workplace. Stella from Adult Social Care shared her experiences as a carer in full time employment over almost 30 years. Powerful stuff which clearly resonated with others in the room. Next steps were agreed to form a Camden Council Carers Network to provide regular peer support and also to look at what people would want in terms of support from their employer. Camden Council have pledged to use the Carers Passport. Other

key suggestions to be pursued: a Carers Policy, Carer Awareness training for all managers, greater communications to staff about who



a carer is and their entitlements. By the end everyone seemed lifted – and full up from the great spread of sandwiches and drinks provided by Camden Council!

**Day 5:** Sadly I wasn't able to be at this year's Street Party: a real favourite for those caring for someone with dementia and the person they care for. 57 people singing, dancing, eating and drinking. Great too to have the students from Central School of Speech and Drama. We love our ongoing relationship with the students year on year. It's a win-win. They get to better understand the needs of carers in their community whilst using the experience as part of their graded degree and the participating carers enjoy the expertise of classes run by final year drama students.

The reason for my absence was far from disappointing. I was meeting with the delightful Zoe, a RADA graduate with her own small theatre company. Approximately 5 years ago her and a friend wrote and performed a piece relating direct stories of carers. They won a number of awards and took it to Edinburgh Festival. They have been developing it further, having interviewed 50 carers across the country (with the support of Carers Trust, Carers UK). They will perform the new version for the RADA Festival in early July, and they want to perform to local communities as well as to audiences on bigger stages. Their purpose is to help people who are caring to connect and to help those not caring understand the caring role: Zoe has personal experience of caring from the age of 16 for her grandmother who had dementia.

We discussed using our Art Room for their rehearsals, how we can publicise the play widely and secure other theatre spaces to perform it. We have already set up a meeting with The Listening Space in Kentish Town to explore it being performed there, under the stars! I also linked Zoe to Kyro who we are providing some help to regarding his amazing Carer Podcast venture and longer term plans to develop robust online support to carers. There is something so very special about linking one to another and growing a community in the process.

**Day 6:** So Friday 14<sup>th</sup> June 2019. With a tear in my eye I recall our final day. But what a way to go! Wigs, bellbottoms, glitter, props, popcorn, singing, dancing and laughter. It really was a wonderful evening at our Mamma Mia Cinema Sing-a-long!



What made it extra wonderful was that 3 Camden Council working carers from Wednesday's session came along, having never connected with us before. I was also personally proud of my (well trained!) mum who chatted with a lady at the Summer Celebration on Sunday. Her husband had recently been diagnosed with dementia and my mum insisted that she connect with CCS. She has done...and came to Mamma Mia. She passed on her best wishes to my mum!



**So that's it. Carers Week over for another year. However no time to rest.. The weeks ahead are for reflection and not losing momentum to develop what we have created this week.**

## Canine Partners: Lunch and Learn

by Julianna Struthers



At my first Lunch & Learn session, I met the cutest carer. He was the strong and silent type, with dark hair, soulful eyes and a tail. His name is Kingston and he's a Canine Partners assistance dog, fully funded by the NHS.

Many people are familiar with seeing eye dogs, but dogs can help people with every kind of disability. There are dogs trained to assist people with epilepsy, diabetes, PTSD, or anxiety. Canine Partners match dogs like Kingston to adults with physical disabilities.

I was amazed to learn what Kingston can do. He's partnered with Jackie, who uses a wheelchair and has diabetes and epilepsy. Kingston helps Jackie sit up and undress in the morning, puts her clothes in the washing machine, and brings her clean clothes. He passes her shampoo in the shower and helps hold and tug a towel to



dry her. He turns her in bed and pulls the duvet off and on depending on the temperature. He even puts her ATM card into the machine and gives her the cash!

All assistance dogs with Canine Partners are taught three basic commands – retrieve, tug, and push. Retrieve allows the dog to pick up items that their partner has dropped. Jackie once dropped her wallet and chose to ask a well-dressed stranger to pick it up for her – and he ran away with it! Now Kingston can retrieve it for her and he's much more trustworthy. The tug command teaches the dog to open and close doors and to dress and undress their partner. The push command primes the dog to push buttons such as pedestrian light buttons, lift buttons and emergency alarms. Once an assistance dog is matched with a human partner, they can be taught more commands depending on their partner's specific needs. Kingston now knows over 300 commands.

Another important aspect of having an assistance dog is the psychological benefit. Dogs reduce social isolation by providing companionship. In addition, Canine Partners requires their human partners to take their dog outside for a walk every day. This encourages people to interact with society and provides them with some fresh air and exercise. People with disabilities may lack confidence or feel ignored when outside. But when traveling with an assistance dog, people passing by are often interested in learning more about the dog. As Jackie said, Kingston made her visible in a society that had turned her invisible.

During the session, I could see Jackie's bond with Kingston and how much he means to her. He is more than 'just a dog'. He is a friend, a carer, a lifesaver. Before matching with Kingston, Jackie was suicidal, socially isolated, and going to the hospital multiple times a week. Since Kingston, she has begun volunteering and fundraising for Canine Partners – she just came back from South Africa and will soon go skydiving to raise money. She is happy and in control of her life for the first time in years. Her family and friends are also much happier.

Assistance dogs can provide more than day-to-day care and psychological benefits. They can also save lives. They can sense changes in someone who has diabetes or epilepsy and are trained to push emergency alarms and find help. Kingston has saved Jackie's life many times. He has significantly reduced what were very frequent hospital visits by alerting her to her physical and mental health.



Jackie explained that it had been a struggle to get Kingston funded as an NHS carer. She had to evidence everything, as people would constantly tell her that Kingston is 'just a dog'. Jackie was very grateful for the forward-thinking and innovative social worker who suggested including Kingston in her care plan, dramatically improving her life in the process. Although training an assistance dog is an investment, Jackie demonstrated its cost-effectiveness. Many people who have assistance dogs have been able to reduce their package of care. They are also less likely to make costly ambulance calls or hospital visits. Jackie estimates that Kingston saves over £120,000 per year in care costs. In 2018, Kingston prevented 64 ambulance calls, saving the NHS £254,000. According to Jackie's calculations, Kingston has saved a total of £837,000 so far.

Jackie encouraged all staff at Camden Social Care to consider assistance dogs when working with individuals. There is a long waiting list for Canine Partners (about 18 months to 2 years), and they are currently closed to new applications. However, there are several assistance dog charities available and they are definitely worth considering. So, if you would like to learn more about assistance dogs, you can visit Canine Partners' website at [www.caninepartners.org.uk](http://www.caninepartners.org.uk). They also have exhibition days across the UK where people can watch the assistance dogs perform commands and listen to stories from their human partners. I know I'm going to try to make it to an exhibition day!

**Julianna was an OT student on placement in Camden. She now plans to do her Masters dissertation on assistance dogs**



# Decision making in Safeguarding Enquiries

by Nikki Owonaiye

How we make decisions in Safeguarding Adults does not greatly differ from decision-making in the general context of social work in Adult Social Care (ASC). ASC aims to promote people's wellbeing working with people who have been disempowered and disadvantaged. Safeguarding goes a step further to prevent adults from abuse or neglect.

Good decision-making often takes place within the context of limited time, uncertainty, balancing rights and protection, conflicting viewpoints, limited resources and pressure from a range of reasons including volume of work. Pressure to get things right can also arise from expectations from the public, system structures, inadequate supervision, challenging targets, teams becoming territorial and focussing on their own issues. All these pressures could lead to barriers in making good decisions in relation to Safeguarding Adults.

So it is useful to consider some things when attempting to make good decisions in the context of safeguarding.



The first thing to know and which underlies the principles of safeguarding is the centrality of the person whom this safeguarding is about. In other words seeing the person as

the decision maker in their own lives. A working consciousness of this directs the responsibility for decision making to the adult at risk, with the worker supporting the person as far as possible to communicate their views and outline their outcomes. Ongoing work with the adult helps them to reorganise

and re-prioritise their outcomes as time goes on. A working knowledge of the policy context of safeguarding as well as the elements and principles that underpin safeguarding with adults go a long way to support the worker in making good decisions that result in better outcomes for the people who are being safeguarded.

Just as the principles which relate to assessing a person's mental capacity to make specific decisions have now become engrained in us, so do the principles of the Care Act and specifically statutory safeguarding provide a useful tool in making good decisions with people affected by abuse and neglect. So the **6 principles of Safeguarding** go far beyond the ability to just quote them as required.

**Prevention:** strategies are developed to prevent abuse and neglect that promote resilience and self-determination.

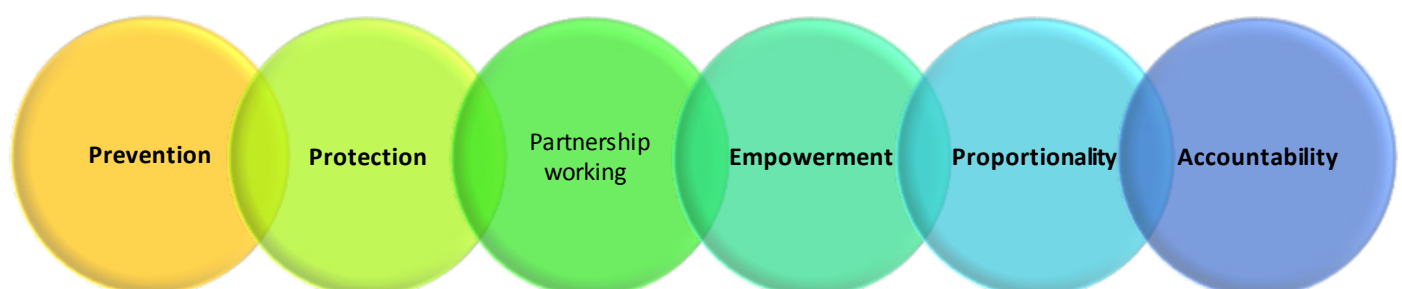
**Protection:** adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.

**Partnership working:** local solutions through services working together within their communities.

**Proportionality:** A proportionate and least intrusive response is made balanced with the level of risk

**Accountability:** transparency in delivering a safeguarding response.

**Empowerment:** adults are encouraged to make their own decisions and are provided with support and information.



According to RiPFA's Good Decision Making handbook, the elements that underpin good decision-making in Safeguarding include: establishing need, establishing eligibility, establishing level of risk (predicting the future), establishing/ determining capacity (where necessary), identifying outcomes, deciding on intervention – ultimately leading to good decision-making.

Wellbeing is at the heart of the Care Act 2014. In safeguarding adults work, this includes safeguarding activities in the wider form not only confined to formal s.42 enquiries. Safeguarding processes must therefore be outcome-focussed, person-led, evidence based and strengths-based (paragraph 14.14, Care and Support Guidance).

Best interests' principles on behalf of those who lack the mental capacity to make their own decisions are important especially in relation to finding out from relatives, carers or persons close to them what outcomes they would have chosen for themselves had they had the mental capacity to choose. (See s.4 Mental Capacity Act, 2005)

RiPFA guidance suggests that evidence-informed decision making involves working through the following questions:



### Summary

- \* Put people's views and outcomes at the forefront of decision making
- \* Involve others to support decision-making
- \* Positive risk taking (good vs right)
- \* Move from over-protection to empowerment
- \* Apply legal literacy

The **SMART** principle enables us to know if we achieved the outcome we wanted: **S**pecific **M**easurable **A**ttainable **R**ealistic **T**ime-bound.

Informed-decisions are made through gathering of facts and information that may be relevant to the decision, interpreting these through critical analysis and utilising relevant sources of information and experience.

Action should begin with the assumption that the adult at risk is best-placed to judge their own situation and know best the goals and outcomes that are paramount for their wellbeing (Pan London document-1:3). Decision-making on behalf of people who lack the mental capacity to act or who have other reasons for being unable to make their own decisions should be evidence-based and strengths based, supporting people to make use of their innate qualities and strengths to make their own decisions.

Individual values can affect how we think and act and can influence our judgements, leading to failed decision making and ultimately resulting in poor outcomes for people. However, by giving the power back to the person, enabling them to express their views and outcomes by directing the course of their own lives, ultimately supports us in making good decisions on their behalf and unconsciously enables us to direct the pressure of having to make 'correct' decisions away from ourselves.

Good decisions do not necessarily have to be the 'right' decision. ***"What good is it making someone safer if it merely makes them miserable?"*** – Lord Munby. The adult at risk should therefore "be the central focus of decision making, determining what outcomes they want in place and be provided with options so that they maintain choice and control'. (Pan London document-1:3).

### References

Care Act (2014)  
 Care and Support Statutory Guidance (2016)  
 Research for Adults in Practice (2013)  
 Good decision-making-Practitioners Handbook.  
 London Multi-Agency Adults Safeguarding Policy

# The learning and development programme matters

by Deborah Gordon



Well colleagues, I can't believe that I have been at Camden nearly 9 months!

Camden is an interesting place with lots going on. The What Matters agenda has dominated a lot of my time. This has proven to be both a challenging and rewarding time for me. When I started at Camden as the OD and L&D Supporting People Lead Officer, I came in hitting the ground running as my manager went off on 3 months paternity leave. In some ways I was left to my own devices which I guess meant I just got on with the work, developing relationships with managers and my team and very quickly gaining an understanding of the organisation and power dynamics.



I have been a dedicated Learning & Development professional for many years. One of the things I enjoy is feeling that the work I do has an impact on an organisation, supporting staff in their individual development, and more importantly making a difference to the lives of residents to whom we provide services.

The What Matters programme will have a significant impact on staff, residents and the diverse partners and organisations we work with. Camden is well on its way to achieving the identified outcomes as set out in the Camden Plan. I would encourage all staff to make every opportunity to sign up for the wide range of practice, learning & development opportunities that are available, which our team has worked hard to co-ordinate for you following discussions / collaborations with teams and managers.

We are excited that the 1<sup>st</sup> cohort of the What Matters Coaching programme will commence on 12 September 2019 and we look forward to helping embed coaching conversation within your practice.

All of the What Matters L&D programme can be accessed at <https://camden.learningpool.com/course/index.php?categoryid=119>.

Please let me or my team know if you have any queries or require further development support at [learning@camden.gov.uk](mailto:learning@camden.gov.uk).



Photograph 'Autumn Old Gloucester Street', courtesy of Martin Hampton