# i Reflect

January 2020 • Edition 21

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

Photograph '5PS early morning', courtesy of Martin Hampton

## In this edition




Social workers will know that they are no longer registered with the HCPC as they moved over to the new regulator Social Work England at the start of December 2019. But do all social workers know that there are now new requirements in relation to their continuing professional development (CPD)?

Please come along to a session being run by Sally Nieman and Marcia Taylor for social workers across adults and children's services. The bitesize sessions (*'A fresh start to social work CPD'*) will:

* familiarise social workers with the new professional standards, particularly in relation to CPD
* clarify the expectations on social workers with respect to recording and evidencing their CPD
* offer support to social workers to ensure that they meet their registration requirements

There are sessions on 10 February, 25 February and 10 March 2020 and they can be booked through the L+D Hub. There is also information about how to meet the standards for CPD on Social Work England's website.

# Finding the Recovery College

by Martin Hampton

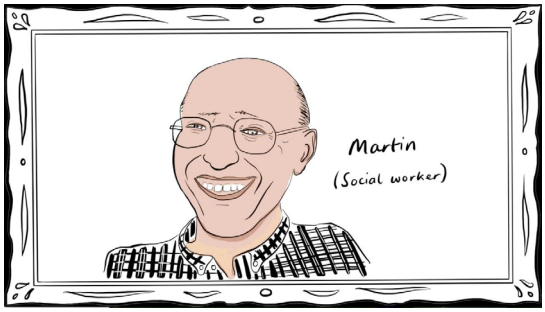
The Recovery College offers free courses on recovery and wellbeing to people aged 18 and over in Camden and Islington. This includes service users, their family and friends, carers, people working in mental health and other services, and members of the public. The courses are all co-created and interactive learning experiences which promote the College's core values:

* to inspire **HOPE** for living well and making positive changes despite life challenges

* to create **OPPORTUNITY** for people to find meaning and to form positive relationships

* to help people gain **CONTROL,** empowering them to make their own decisions and teaching self-care tools.

I attended a Recovery College course and I was intrigued to see the power of collaboration between peers and professionals. Interested in becoming a tutor, I enrolled in the three day course in co-production presented by Iris Dearne and Ksenija Kadic. I learnt about recovery as a personal journey, making sense of and finding meaning in what has happened, and becoming an expert in your own self-care. People on the course came from all sorts of backgrounds and Iris and Ksenija ensured we had great fun.




I was impressed by the approach of co-production between people with personal and professional experience of recovery in many areas of life. As a social worker working in Camden's Integrated Care team, I take a strengths based approach, helping people recognise and make use of their talents and resources and thinking about optimism, local relationships, self-help and community assets. Professionally, I work with hoarding: this is a problem for people who are struggling with 'stuff' in their houses and for health and social care professionals, who become concerned about the risks presented by the environment.

It was wonderful when I first met my peer co-tutor Amy Lennon. Amy has a background in psychology and we both subsequently collaborated and developed the hoarding course, which we have now presented a number of times. I have learnt a lot from Amy and we inspire each other. We read widely from research in hoarding and I think we have seen positive changes with the students who work with us. Using examples from my own social work practice and from a strengths based approach, we have thought about an intentional life and *'A life with less stuff'* (check out: A Rich Life with Less Stuff: The Minimalists on YouTube). Many of our students are interested in Obsessive Compulsive Disorder, cognitive behavioural therapy, *Mourning and Melancholia* (Freud) and even Bion. Amy and I have gone away to research these areas and brought information back to the course. We also use examples of my work with people to discuss the importance of intention and planning.

We all learnt that we mediate our lives through possessions and we often have moments when it gets out of control! We started to look for anything that moves us away from the negative image of people with hoarding difficulties to think about a richer life through learning, an intentional life, a richer life through less stuff, wellbeing and recovery.

During the course, we discuss that memories are inside us, not in things. A 92 year participant with hoarding difficulties told us that she really believed our lives were better 'w*ith less'* and questioned '*what value is?'*. We helpfully discussed how important it is to be deliberate with decisions and planning. It is this idea of a plan of working *with* and not *for* people that fits with the Recovery College's emphasis on Hope, Opportunity and Control. I have learnt so much from students' stories and my work with Amy. Everyone's journey is unique and it has been my great pleasure to contribute towards the Recovery College with Amy.

**There is lots of information about the Recovery College and the available courses:**
**www.candi.nhs.uk/our-services/education-and-employment/recovery-college**

# Small change, big impact

## by Naomi Giles

Reflecting on Occupational Therapy Week, which took place back in November 2019, has increased my awareness of the different ways in which OTs make a huge difference to our resident's lives. This was demonstrated through use of the Royal College of Occupational Therapy's theme: *'Small Change, Big Impact.'* During the week, the OTs within the service shared their stories of working with people in Camden (see panel below for one example). This could have been a small change, such as providing a piece of equipment, but the fact that this means that the person can be fully independent when getting in to the bath, for example, makes a *huge* difference to their life.

Focusing on small changes wasn't intended to undermine the extremely complex work which OTs also do. There are often misconceptions and a lack of understanding around the role of OT within Adult Social Care (ASC); this can lead to frustration and a feeling of being overlooked within the wider multidisciplinary team. With this in mind, it is essential that OTs consistently look for ways to educate and influence their colleagues around their varied role in the service. OTs in ASC don't work in silo; they often collaborate with OTs in the hospital teams, in the Learning Disability Service, in mental health, Community Rehab and in housing. Across Adult Social Care settings, OTs account for approximately 2% of the workforce; despite this low number, OTs are normally responsible for over 35% of referrals which come in to the service.

**A 'Small Change, Big Impact' story by Paul Faddy**

What was the **challenge?**
Mary lives in a residential home. The home's staff were unable to safely transfer her out of bed, so Mary spent 24hrs a day, seven days a week in bed, staring at the ceiling, socially isolated and her sleep pattern was irregular.

What was the **change**?
I arranged a service and repair of a standing hoist in the care home, supplied a sling and demonstrated to the staff how to use the equipment to be able to safely transfer Mary from her bed to her armchair. I also adjusted Mary's armchair so she could sit more comfortably.

What was the **impact**?
Mary is now able to be safely transferred out of bed into her armchair, which enables her to be wheeled around the residential home so she can access various activities, including watching daytime TV in the common room with other residents and eating meals in the dining room. Sitting out also provides Mary with health benefits, including improved digestion, circulation and pressure care management. Mary can now transfer onto a shower chair, which means she can use the shower instead of being washed in bed.

OTs have always worked in a person-centred and holistic way, using the person's strengths in order to overcome any barriers to occupation which they may face. As we move towards a more unified approach with strengths-based work within ASC, it reinforces the approach, which OTs have been taking since the existence of the profession. This is extremely empowering as it demonstrates that the ways in which OTs have been working is the best way to work with our residents. It also gives OTs an opportunity to shine and lead by example, positively influencing their peers and other professions within the workplace.

OTs work with people in Camden in a plethora of ways. Interventions range from provision of minor pieces of equipment, such as bath boards, chair raisers and perching stools, to major adaptations in the form of a level access shower or through-floor lift. OTs can assess for and provide specialist pieces of equipment such as hoists, high-dependency chairs and stair

climbers. We also offer a range of approaches, which include teaching someone about compensatory tactics or effective reablement through smart goal-setting. Each person and their circumstances are different, so OTs are highly skilled and adept at creating a bespoke intervention for the person.

OT week tried to highlight some of our skills but this is only a small snapshot of the role within the service. There were many positives to take from sharing the stories. The stories demonstrated the various ways in which OTs work and the types of interventions that they carry out. We hope that you enjoyed them and that it has encouraged you to have more conversations and develop the collaborative working which is already in place.

# William's story: using relationship based practice

by Vanesha Boolakee

Celebrating positive outcomes is part of strengths based working. I want to share my experience of working in the learning disabilities social work team, and show how building relationships and implementing strengths based practice can have positive outcomes for the people we support.

William has lived in the Kentish Town area all of his life. He had lived in his flat for over 20 years, which was part of a large town house that was used as a learning disability supported living service. Camden and the landlord made the difficult decision to decommission the service as the building was no longer suitable for supported living, due to its layout and overall poor physical condition. William was the only person still living at the property and he needed to move to alternative suitable housing.

William is 63 and he has a mild learning disability, epilepsy, asthma and chronic obstructive pulmonary disease. He has a long history of self-neglect and hoarding, not engaging with services and not maintaining his environment. He is a heavy smoker. Most importantly, he had a routine and a way of life that was important to him and would only accept help on his own terms.

William found the idea of moving from his home very difficult to accept and was worried that he would be moved away from Kentish Town, an area he was familiar with and where he wanted to remain living. He did not want to move without his cat, Shirley, as this was and remains his most important relationship.

In December 2016, I started to work with William and his support provider to establish what was important for William to support his move. William was suspicious of me and what my role was. For over a year and half he did not let me in his flat: I spent a long time talking with him though his front door. Through persistence, patience and continuity of involvement, I was able to build rapport and a relationship of trust with him. It took a long time to gain his trust. I tried to work at a pace that he was comfortable with, and to identify his strengths, establish his wishes and to acknowledge his feelings about the move. I looked to spot moments of motivation that could facilitate change, even if the steps towards it were small.

When I was able to gain access to his home, I admit that I was shocked at William's poor living conditions, the level of clutter, no hot water, no heating, and limited access to electricity. It was evident that William was embarrassed about his living situations; he is a proud man, but he was unable to take the necessary actions to make changes on his own.

His poor living conditions had a number of negatives consequences. He could not cook at home, so he would go to a local café for his meals, but he often

did not have enough money to buy a meal, so was often hungry. He found it hard to wash and maintain his environment, and did not always attend health appointments. He would go to the local charity shops and purchase more items for his flat, which added to the clutter in his home.

It helped to look for the whole person and to understand William's self-neglect in the context of his life history. I feel my work was underpinned by Camden's self-neglect guidance; in particular, I was honest and transparent with William about the risks and the options. I also followed the safeguarding procedures, where historical interventions from the supported living scheme and reviewing arrangements were discussed and fed into quality assurance & contract monitoring processes.

I worked flexibly and creatively with other agencies, such as advocates and community resources (in particular the Camden Society and Outward). I co-ordinated our work to ensure that we all shared the same goals, which were set by William. As our relationship developed, I was able to work closely with William and his network to discuss and establish the conditions that he wanted before he agreed to move to a new flat.

His conditions were:

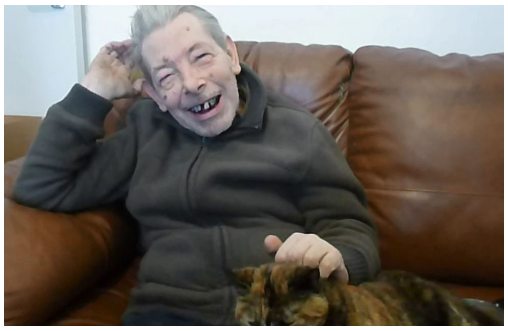
* William wanted to remain living in his own accommodation, and not move to shared accommodation
* William wanted a ground floor flat in Kentish Town
* William wanted a flat with a garden for his cat, Shirley.

It took two years to support William to be able to move to his new flat.

William is now settled in a new flat and he recently allowed me to film him in his new home, sharing his views on what went well and what didn't work so well for him for his move. He shares on film that he felt rushed by the council/providers to move, he felt that all his belongings were taken away from him and he experienced a high level of anxiety about his move with pressure on him from providers and the Housing Association.

On a more positive note, his quality of life has improved significantly. He has a habitable living space of which he is proud. He felt comfortable to allow people into his house to film him about his experiences and gave consent for this film to be shared. For the first time in years, he accepts support with his personal care and daily living, which has improved his health and well-being.

Most importantly, he has the things that are important to him - a home of his own, in the Kentish Town area with his cat Shirley.



**The film 'William's story' can be accessed via sharepoint here or contact Vanesha Boolakee or Richard Lohan.**

# Evaluation matters

## by Emma Watson


I am a Graduate Trainee in Camden. I recently completed a 6 month placement in Adult Social Care and I am currently based in the Learning and Development (L & D) team where I am working on a project around evaluation and impact. This project reflects the importance of effective evaluation within the L & D team as it supports us to continuously learn and respond to the changing needs of individuals and the organisation as a whole.

We currently use evaluation to ensure that the training and learning opportunities we are delivering are of a high quality and fit for purpose. One of the main tools we use to evaluate is post-training questionnaires. We look at people's responses and use their feedback to improve our service; this may mean we decide to use a different trainer or adapt the course content. So please continue to the questionnaire for any courses you attend as we do act on this information.

The current project is looking at what more we can do to evaluate our service and look beyond focusing on peoples experience of face-to-face training. We want to understand the impact the learning and development provided by our service has on individual Camden employees, on teams, on the organisation as a whole and, most importantly, on outcomes for our residents. Understanding impact on residents is a challenge across the council and arguably more so in services which are further removed from residents, such as the L & D team.


An important aspect of understanding the impact of the L & D service is knowing if ***training transfer*** has taken place. This means people applying the new knowledge and skills they gain in training when they are back in their job and seeing an impact on practice. A number of factors impact on training transfer, as shown in the diagram. One very influential aspect of the 'climate' is peer support, such as your colleagues supporting new ways of working. Research[1] shows that if people are not supported, or given opportunities, to use new knowledge or skills in their role, this can have a detrimental effect and lead to a loss of confidence.

As part of the evaluation and impact project, we are looking at a number of activities:

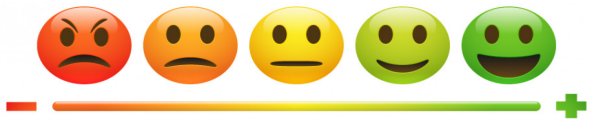
* Changing how we conduct post-training questionnaires to increase response rates and ensure our data is reflective and generalisable. We are currently testing different ways this can be done, including using paper questionnaires, QR codes and offering incentives. We will roll out a new way of conducting questionnaires in early 2020 so look out for this and let us know if you have any feedback

* Conducting focus groups and telephone interviews with training attendees and service managers

* Requiring trainers to give feedback in a more structured way

Another aspect of this project is helping Camden to be an organisation that consistently learns through evaluation and applies new knowledge to improve services. This means that we share lessons learned across the council so that we do not repeat mistakes. We are doing this by connecting with other services, including Adult Social Care and Strategy & Change. For example, we are linking in with the 'What Matters'

[1] Training Transfer: Getting learning into Practice (Ripfa)



evaluation being conducted by the University of Birmingham and NIHR School for Social Care Research. They are conducting research into the impact and outcomes of implementing a strength-based approach within adult social care. They are researching three case studies in local authorities, including Camden. This research will use a mix of data collection methods including: documentary analysis (such as case records) interviews, focus group and survey with staff, beneficiaries and family members. If you have any questions about this please contact Stella Smith.

For any questions, comments or ideas about evaluation and the impact of the learning offered through the L & D team, please get in touch with me at Emma.Watson@camden.gov.uk.

## *Questions for reflection…*

*How do you know the impact of your work (both positive and negative)? How do you use this information to learn and improve?*

*How do you support people in your team to use new learning in their practice (thereby supporting training transfer)?*

*Have you ever learned a new skill from attending training but not felt able to use this in your role? If so, what effect did this have on you?*

*What can be done to address the barriers to training transfer and ensure you can use your new learning in your job?*

# Mental capacity through a strengths based lens by Shabnam Ahmed

So is strengths based practice, like flairs, back in fashion? Some, like me, who have held onto flairs and bootleg pants would say it never went out of fashion. Perhaps, just as new trends emerge in clothing forcing the flairs to the bottom of your cupboard, our systems and bureaucratic processes have got in the way of allowing us to fully practice in a way which enhances strengths based practice. How might this then impact on the approach we take when assessing people's capacity?

My interest generally in how mental capacity is assessed has only intensified over the years. As I have applied curiosity to the topic, what has become apparent to me is the importance of firstly understanding and interpreting the core principles and then thinking about how these are translated into someone's reality through a strengths based lens.

Engaging with newly qualified social workers on this topic has been refreshing as they often apply a curious mind set. They sometimes make observations that more experienced professionals miss as they can see, feel and name the dissonance that becomes the wallpaper for many of us churning through the work. They ask important questions, such as:

* How specific should the decision be?
* What are RIGHT questions to ask?
* How much detail do I give about the mental capacity process to the person when they appear quite confused?
* Do I involve family in the test or should it be just between me and the person?

Firstly, if you are asking these questions as a student and newly qualified, I want to congratulate you and I hope that your supervisors encourage your

curiosity and explore it with you. Secondly, I can reassure you that these questions are ones which continue to haunt the minds of many practitioners.

Assessing mental capacity is not always as straight forward as we would like it to be. It can be particularly challenging when working with people who self-neglect, have hoarding behaviours or in situations where there is fluctuating capacity. Despite the principles guiding our practice, we are human beings with our own values, judgements and bias. We hold views of what is acceptable and unacceptable in society today and this varies from person to person.

I like to think of an image of someone at the edge

of a cliff. Are you someone who leaves the person at the edge of the cliff if you deem them to be making unwise decisions? Or are you waiting at the bottom waiting for the paternal embrace as you deem them to lack capacity? What feelings and thoughts are impacting on the way you might be assessing someone's capacity and influence your analysis and judgement?

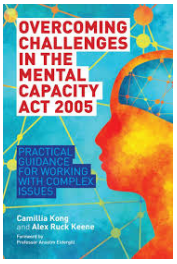
Relationships are central to a good life for most of us and if we think about some of our decisions, we do not make them in isolation. We often want someone with whom to bounce around ideas. Why should it be any different with assessing capacity? The key factor to determine is if the relationship is supportive and enabling or obstructive and disabling (Ruck Keane & Kong, 2019)


When I think about my mother and reflect on her pattern of decision-making, I shiver at the thought of someone assessing her capacity without one of her children present to support her. She has mostly always made decisions through the support of others and through the lens of her religion and culture. I recall an interpreter being booked by the hospital for an important test she was going to have; whilst I support this good practice, it does still present limitations when the interpreter does not have the contextual information about the person's decision making orientation and how best they understand information.

Of course, the second principle of the Mental Capacity Act covers "supported decision making". What practical steps have been taken to support the person to make the decision? If relationships are key for someone in decision making then failing to include the relevant others means a disregard of one of the core tenants of assessing capacity.

There is also the danger of continuously assessing capacity when we are uncertain, so putting the person through this over and over again until the desired outcome is achieved. How might we avoid this? I would suggest again through applying another tenant of the MCA: considering if the assessment can be delayed, particularly for something non-urgent and instead using the time to build a relationship with the person and finding out what factors are going to potentially support decision making. In instances when the assessment of capacity cannot be delayed, such as a hospital discharge, we need to think about if the best interest decision can be delayed or be taken incrementally and avoid permanency.

A colleague recently shared she was having a conversation with an adult she was assessing. She was attempting to get an idea about their insight into their care needs. She asked the adult if he had any carers visiting him to support him during the day. His reply was "carers - no carers". His wife from behind whispered "say helper". She then rephrased the question with the world helper and immediately the adult's response changed, as did the assessor's narrative and choice of words with input from his wife. This example beautifully and simply brings alive in my opinion some of the key messages in Alex Ruck Keane and Camila Kong's insightful book 'Overcoming Challenges in the Mental Capacity Act". If you are someone who undertakes mental capacity assessments, then this is a must read for you to build and extend your thinking and practice around the topic of mental capacity.




To complete a mental capacity assessment when required in my opinion is an intervention which must respect someone's human rights. How it is carried out is the opportunity to bring to life the core principles of the Act, which when done well, epitomise a strengths based approach.

# What Matters research collaboration by Stella Smith

UNIVERSITY OF BIRMINGHAM

Professor Jerry Tew and his team from the University of Birmingham, School of Social Policy, have been funded by the Department of Health and Social Care to conduct a research study into the impact of strength based practice approaches such as What Matters and Family Group Conferencing. They will soon be working with Adult Social Care (ASC) teams in Camden as well as with two other Councils. The research team comprises senior social care academics to lead on each site, with an experienced health economist and research fellow working across.

A major current challenge facing ASC practitioners (and their local authorities) is how to manage limited resources while also more effectively enhancing the quality of life and opportunities of people in situations of vulnerability. The findings from this research will provide useful evidence both in terms of 'how to' and 'how not to' embed combinations of new ways of asset and strength based working that are effective and sustainable.

Through researching the experience of different local authorities at the 'cutting edge' of implementing such strategies, this research study will provide evidence to inform the development of social care policy *and* practice. It will look at how to move beyond more piecemeal innovations so as to be able to deliver a more 'joined-up' approach to enabling vulnerable adults to experience greater wellbeing, social connectedness and support.

In each site, the team will use interviews, focus groups, surveys and analysis of case records to triangulate the experience of people in contact with ASC, their families, managers, practitioners, external stakeholders and partners. These findings will be anonymised and disseminated to the practice community in the form of practice guides, briefing papers and supporting videos that can be used in local authority training and CPD activity, and will be promoted via SCIE, Teaching Partnerships and national / regional Principal Social Worker networks. In addition, participating practice sites will directly benefit from engagement through access to the findings, which they will be able to use within their own practice contexts.

We are looking forward to this opportunity and will greatly appreciate practitioner and manager engagement and involvement in this study.
Please contact me stella.smith@camden.gov.uk with any questions.


I Reflect comes out approximately every 3 months. It relies on contributions from staff so please get in touch with Sally Nieman sally.nieman@camden.gov.uk if you would like to write something or have any ideas about what you would like to see.

Please also get in touch with any feedback as it is always helpful to have comments and views.