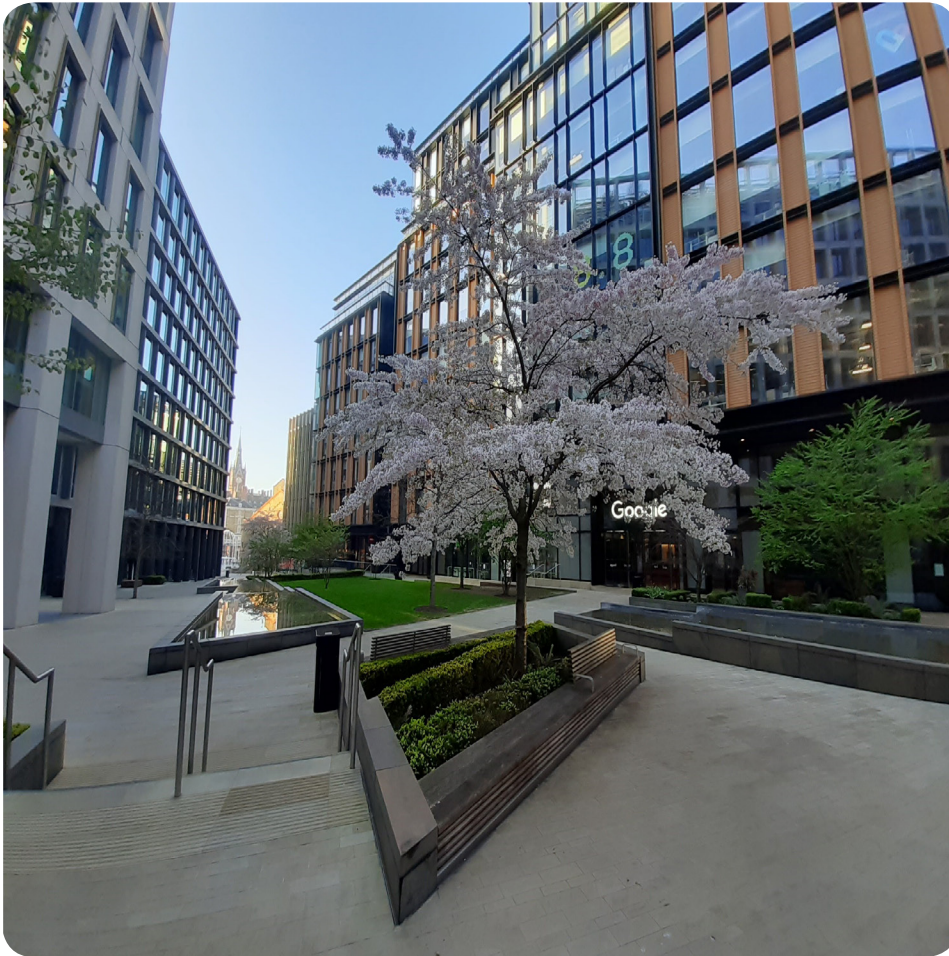


i Reflect

June 2020 • Edition 22

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



Photograph 'Deserted Pancras Square in spring', courtesy of Martin Hampton

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Welcome to a belated issue of I Reflect. I try to put this together about every three months and was preparing for an edition just as the world as we know it shifted and we entered lockdown. I am really pleased that this edition includes contributions which capture the spirit of I Reflect, to share learning and reflect on practice, but through the lens of the multiple changes and challenges we are currently all navigating.

I Reflect relies on the ideas and contributions of staff; we have many regular contributors, many of whom inspire me by their thoughtful expression, but we also want to capture everyone's voice. So if you have a piece or an idea to share, please just email me at sally.nieman@camden.gov.uk. Please also get in touch with any feedback as your comments and views ensure that I Reflect continues to promote reflection, good practice and development in Camden Adult Social Care.

Sally Nieman, Professional Social Work Educator

A day in the life during Covid 19: a CLDS social worker reflects

by Eilis Woodlock



Lockdown Week 4

I started my day working from home – the journey from one room to another was rather uneventful! As a rule, I don't work from home as I like the demarcation between my home and work life. In the old days (pre Covid-19), this was my strategy and it worked for me. We have all been catapulted into working in very different ways, carrying out social work in unaccustomed but new and interesting ways; some I hope to continue with post-pandemic.

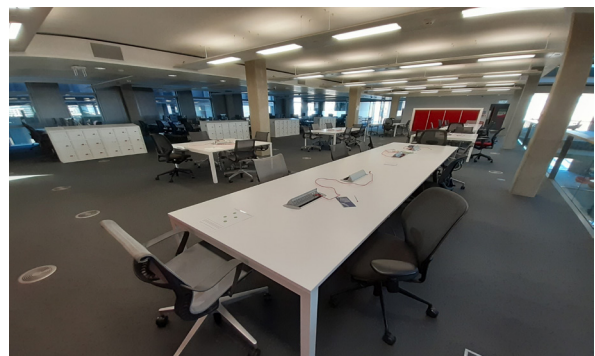
I have a level of cautiousness each morning when opening my laptop at my living room table, as each day is responding to Covid-19 concerns, emergency planning or crisis management. I commonly ask myself, 'What will today have in store for me? Is everyone safe and well?' Some routine tasks and interventions that I would normally undertake instinctively are now permeated with ethical and moral dilemmas. This requires me to stop, pause, reflect and adjust and expand my framework of thinking, accounting for current (and ever evolving) public health advice, the Coronavirus Act, and considerations, such as restrictions versus deprivation, infection control, proportionally and capacity.

I started the morning by reading and responding to emails then making a few phone calls, all Covid-19 related. I had a phone discussion with residential care home staff regarding my client who has a learning disability (LD), autism and behaviours of concern. We talked about how she can be supported safely to have her daily exercise. She requires 2:1 support when in the community and staff can feel like 'three is a crowd' when out, particularly negotiating social distancing with other people around. My client often wants to 'high five' people, so going out at quiet times is critical and requires planning routes carefully for

everyone's safety. We discussed the Government guidance, which specifically acknowledges the needs of people with autism and/or a learning disability, who may need to leave their home more than once a day if it is important for their health. The staff team are doing an amazing job and are so thoughtful towards her needs.

I rang a client who lives alone, he has a mild LD and substance misuse issues. We have agreed to speak weekly during the pandemic. He is very independent and reassures me each time we speak, 'I'm ok....I have previous with dealing with this....' He is referring to having been in prison. We are both aware that not having any meaningful day activities, loss of routine and long days increase the risk of him using illicit substances on top of his Methadone prescription, which could place him at risk of overdosing. Buying from street dealers could place him at risk of exposure to the Coronavirus – are Camden dealers observing social distancing and using PPE? My client laughs at this and we use humour to cover some aspects of these discussions regarding his safety and wellbeing. Having a harm minimisation and staying safe conversation is important during each phone call, in line with making every contact count.

After this, I packed up my laptop and walked to 5PS. I relished every step in the sunshine to the deserted concrete jungle of Kings X. I needed to collect PPE for a critical visit next week. I haven't been to the office for three weeks so the whole area felt very eerie. I feel lucky that walking to work is an option for me, the one hour walk there and back was much needed exercise.



At 5PS I have a choice of desks despite it being 12 noon - pre Covid-19 never a chance! I print and laminate an educational easy read leaflet I had been developing with my SLT colleague, regarding the synthetic drug Spice.

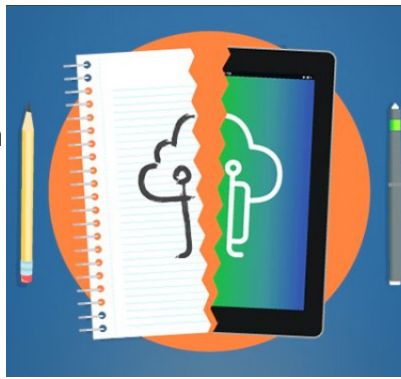
I then made my weekly video call with a client and her carer. Despite a high level of resistance to face-to-face visits pre-Covid, we established a weekly Whatsapp video call after I received a safeguarding concern. The safeguarding aspects of the conversation were tricky but we got through it. Videoing calling in this scenario enabled a more open discussion, helping to establish a genuine connection and congruence.

Today's call was positive: we talked about emergency planning in relation to being a sole carer. The carer agreed to a Careline referral, part of the plan is to teach his sister how to use this if he is ill or unable to mobilise help or support. These weekly video calls have shifted the relationship, being able to draw on crisis intervention models and relationship based practice. The shared 'situational crisis' (a public health pandemic) has enabled development of this relationship by interpreting government guidance together, how best to stay safe in lockdown, how to social distance in a busy borough like Camden, ideas to alleviate boredom, how best to support his sister during this unprecedented time.

In a relatively short period we have explored future goals for his sister, undertaken a carers assessment, a referral to nursing (and an introduction to the nurse via video link together) and a Careline referral. There are cathartic aspects to this pandemic: a crisis can throw up new and unexpected opportunities to support people.

As a social work team we want to retain our learning from using video calls and how we can embrace this practice post Covid-19 and make further adjustments to improve communication and inclusion. We acknowledge our various digital competency levels, which may influence how we work and future training needs. We plan to use SCIE guidance as team to explore this: www.scie.org.uk/social-work/digital-capabilities/ethical-considerations.

There are other challenges of digital exclusion as many clients do not have a mobile phone or tablet or may live with a carer who is not online or is without

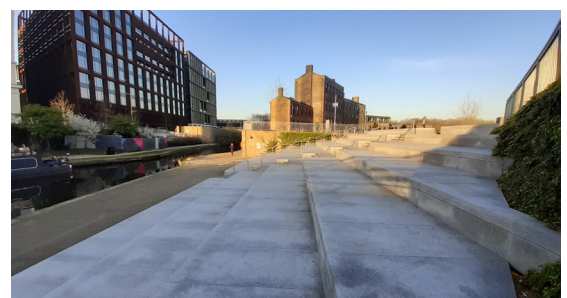


WIFI. These are surmountable! A core role for social work is to challenge the inequalities that our clients face: this pandemic has certainly brought these to the fore in many areas of people's lives and our position in society and level of privilege has often influenced our experience of lockdown. Reflecting on what communication tools a

person with a LD has access to really impacts on how well connected or not they may be during this crisis and how this can include or further social exclude them and their carers.

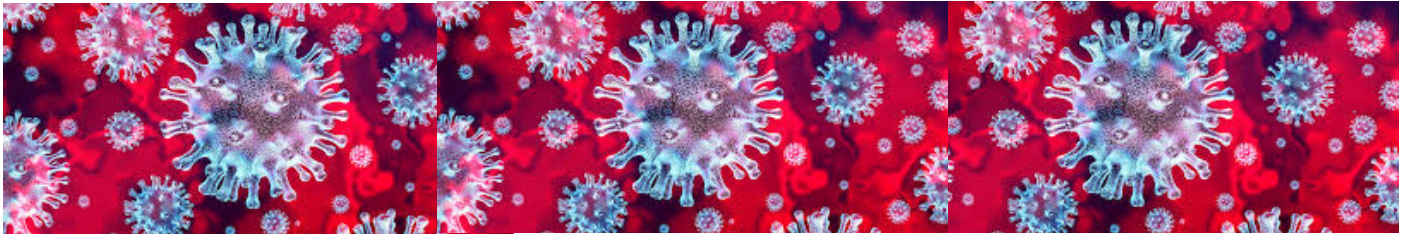
After a socially distanced meeting with the CLDS psychiatrist to attend a virtual ward round together, I watched a webinar: Holding onto the Principles of the MCA during COVID 19 webinar, run by 37 Essex Chambers. I was lucky to get a place as it was oversubscribed. It covered many complex practice issues: carrying out a MCA in these adverse conditions, vigilance in relation to Do Not Resuscitate (this is really important in relation to people with an LD going into hospital), the Coronavirus Act in relation to restricted movements and thinking about people who already have Deprivation of Liberty restrictions in place. Lots of complex information to assimilate at the end of a busy working day! It provided many answers and generated many questions.

I ended my day with a phone call from my manager as we had a few important issues to discuss. Finally my walk back to sunny Hackney after a busy but varied and productive day.



Remembering the new normal

by Shabnam Ahmed



We all know that organisations can spend a huge amount of resource, such as money, time and energy, planning a transformation of their services or carrying out restructuring (as us oldies still call it), only to find ourselves going full circle and often ending up yet again on familiar ground. How many of us have gone through service reviews, transformations and restructures and somehow still not felt satisfied?

This is all too familiar to me as a social worker in adult social care, then suddenly, 22 years into my career, a virus comes knocking at all our doors and the whole world is transformed. The beast known as Corona is fierce; it is strong and it is powerful. We learn very quickly that to fight this beast we must return to our most primal instinct - survival. That intrinsic drive to survive, to fight and to protect is the strongest I have ever witnessed in my life time.



What quickly emerges is an organic restructuring within adult social care, with humanity, love and kindness at its core. Within days, we start to operate without panels and forms; we liberate social workers to exercise judgement and help people with what matters most in these uncertain times: food and medicine, or just a listening ear. We stop othering as for once we are all faced with the same fear – death and the same hope – survival. We realise that there is no us and them. We start speaking to people within our services we have never spoken to before. Strong partnerships form between the various departments within the council. Layers of bureaucracy are removed so practical solutions can be exercised without having to wait weeks for them to be rubber stamped.



We learn very quickly that we have all the resources and skills within the council to transform, adapt and act and there is no need to bring in an external consultant to show us how it is done. All we need is love, a love that is rooted in a desire to act.

As social workers, working with older people and those who are not in the best of health, like the NHS, we witness death often, and it is never easy. However, there is something about our current situation which unleashes a different emotion,

forces us into a new and uncomfortable zone and level of anxiety. I believe it is of being faced with your own mortality and potentially, for the first time, truly knowing that no matter your bank balance, your job title or how good your English might be, you and the person you are helping are targets for the beast and potentially equal targets if you are both from the BAME community. This has been aptly

described as anticipatory grief by Kessler, who added to Kubler-Ross' stages of loss.

When this beast has quenched its thirst and disappears, our world will be a different place. What I hope is that we never forget the lessons it taught us. It enabled us to be the social workers we have always wanted to be. It united us in an intentional way where compassion shaped the decisions and

not the rules set by the masters. For those of us that are still standing in the new world, let us not allow ourselves to build the walls again, to create the divide or look to consultants to come in and show us the way. Let us remember how Covid19 made us more human and intentional in our practice and question what we really need, to do the work we do.

Glass half full

by Cath Millen



Sally suggested I write something for I Reflect about Covid 19 from a senior management perspective. I feel proud to be part of both Camden ASC and the Trust. We had gained some experience of responding to an emergency situation with Chalcotts and learnt from that but nothing had prepared us to cope with a catastrophe on this scale.

Without wanting to minimise the hardship and tragedy that some Camden residents and some of us have been through (and are going through), I think overall we have done incredibly well at supporting the people we work with and each other. I always knew that Camden and Trust staff work really hard and are committed to working with Camden residents but I probably didn't realise how versatile, how resilient and how dedicated we are.

Many of us are working from home, often in less than ideal circumstances, with children or other family members to look after, sometimes with little space and no outdoor space, some of us living alone and some of us in the shielded category. Some of us are redeployed and doing really well at something completely new, some of us are doing overtime and everyone is pitching in.

Despite the adverse circumstances, the good humour and willingness to adapt has been remarkable. For me the most striking thing is that although most of us aren't seeing each other physically, the camaraderie is great and teams are coming together even more than before despite not physically being with each other. I hope that we can keep that going when we come out the other side. Myself and SMT colleagues have enjoyed hosting the weekly "open house" calls and I've really enjoyed the photos and recipes you've sent me, bright spots in often stressful days. I know that a lot of similar activity is taking place within teams and I think it's really important: we are not machines and we don't get to have conversations with colleagues in the kitchen or just passing by any more. I miss the football banter!!!! Although strangely not the football so much..

I've always feared I might be a glass half empty person (Arsenal haven't won the league in 16 years) but think actually I may be a glass half full person (we were invincible the last time we won it!). So, from a glass half full perspective, I think that good things have come out of this terrible situation and we need to keep them. One is that, as adult social care, we are closer than before within and across teams and services and we're closer to our partners too. As with Chalcotts, we've learned that lots of people have skills other than the ones they use in their usual roles and have used these skills. We have become much better at using technology to communicate. We're looking out for each other and the people we work for and I don't think you can ask for more than that.

So thank you for your hard work, your humour, your photos, your resilience and your flexibility and most of all your kindness.



Hope amidst the heartache

by Shabnam Ahmed



Dr Taiwo Afuape once said, “Hope is intrinsically relational, social and a communal process, not something that can be self-generated.” So how do we find hope when we have just witnessed a heinous crime that took the life of an innocent man as he called out to his mother for help? And by a so called protector of the law. George Floyd’s murder and the circumstances surrounding his untimely death came as an earthquake, shaking the core of people all around the world.

United in grief, anger and sorrow, people resorted to coming together in large masses, risking their lives as the coronavirus became a secondary concern and a visiting beast compared to the one that has lived on for centuries. The need to stand close together became the response that seems to give most comfort to grieving humans. Was this a way connecting us to hope?

The murder of George Floyd took me back to the story of the 14 year old black boy Emmet Till, who was brutally killed for saying, “Bye baby” to a white woman in a shop. He was drowned by the woman’s husband and brother and found in a river four days later. I am also reminded of George Stinney, another black child who was 14 and was prosecuted for allegedly murdering two white girls and subsequently executed on the electric chair, only to find 70 years later that he had never been given a fair trial. There are countless incidents of such miscarriages of justice.

The footage of George Floyd and his words “I can’t breathe” will be etched in our minds forever. In the same week we witnessed several American police

officers and military personnel join the protesters by kneeling down to show their solidarity and support. Is this a hopeful sign indicating a droplet of change for the future?

The pain is raw, it is deep and each response bears meaning. Some protest, some like me write, others show their support through spoken word, Haka dance and art. Do we recognise hope through our craft?

There is a tension with hope and hopelessness at opposite ends, whilst we reflect back on centuries of injustice and racism that has dominated and continues to prevail, both visibly and invisibly hidden, within the systems we inhabit. We appear to be in a crisis not only as a result of a pandemic affecting the entire world, but by a threat to humanity if we allow racism, othering and hatred to continue. Historian Rutger Bregman gives us hope in his book, *Humankind: A Hopeful History*, by showing throughout history, in times of crisis, people came together, they cooperated and that is the way we are designed.



To those of you that may be on the end of feeling hopelessness, I want to say to you that I will hold onto your share of hope and in my hopefulness, hope for your return. I am reminded of a verse in Maya Angelou’s poem “Equality”, relevant then and relevant today...

Hear the tempo so compelling,
Hear the blood throb in my veins.
Yes, my drums are beating nightly,
And the rhythms never change
Equality and I will be free.
Equality and I will be free.

Rest in power George Floyd.

The perspective of a children's social worker during Covid 19

by Annette Frewin

Being a social worker during the Covid-19 Pandemic has been really insightful. Many of our families, who have children with additional developmental needs, have found it difficult to know how to understand and respond to their child's ways of communicating, which for a lot of children and young people may be reflected through physically violent behaviours as this is the way that is most accessible to them and makes them feel 'safer'.

For these families, a high level of support has been put in place through care packages and the Covid-19 pandemic has forcibly altered how these care packages are now being delivered, which is a significant change for our children and young people who have difficulties understanding and accepting change.

As a service, we anticipated there to be increased incidents occurring within the home during the Covid-19 pandemic; for some families where there were multiple incidents each day, we have instead seen fewer incidents. Some families have fed back that the pandemic has in fact united them on a closer level, parents have had the opportunity through this pandemic to witness their own resilience that they didn't even know was present until they were placed in a universal situation where resilience was no longer a choice, but a way of life and functioning.

Parents have had the opportunity to spend more time with their children with the elimination of societal pressures and demands. This time has enabled families to learn more about their child's behavioural triggers. It has also awakened their creativity in how they have learnt to plan their days; working in partnership with many of our providers who have been working tirelessly to re-create interactive experiences through virtual forums.

This pandemic has really highlighted to me the core strength of our families, where light has shone upon their unique gifts and strengths which they had built along their journey of navigating up continuous hills. These gifts and strengths have served as beacons of light and inspiration for others, and the tools and resources families already had to climb the continuous hills they faced, is being used as they learn how to navigate up a more complex mountain.

It is times like these that we should all feel honoured to be witness to the growth of our children, families and young people. I believe this pandemic has allowed us to empathise more with our families; despite all being on different paths, we now have the opportunity to embrace the social value of sharing experiences which helps us to 'relate' more to our families, offer hope and take inspiration from them. I feel hopeful that this experience will make professionals and families more unified which is the platform for influencing change...relationship-based practice.



Annette is a social worker in the Children with Disabilities Social Work Team

Celebrating the ASYE

by Sally Nieman

Back in February, I organised an ASYE celebration with Marcia Taylor, my counterpart from Children's Services. With the recent seismic changes to our lives, this celebratory gathering seems like a distant dream. Should I still include this piece?

I reasoned that I should: this was an afternoon to recognise the achievements of social workers across adults and children's services who completed their ASYE in the last year. These achievements still stand and the ASYE remains a relevant part of a social worker's journey.

ASYE? What does that stand for again? It stands for the Assessed and Supported Year in Employment. It is a national programme that *all* newly qualified social workers (NQSWs) are expected to complete when they join Camden. It pretty much does what it says on the tin:

Assessed: social workers are **assessed** against national standards (the Knowledge and Skills Statement) to confirm that they know and can do what is expected of them by the end of their first year of social work practice

Supported: it provides additional **support** to social workers in their first year – extra supervision, reduced caseload, protected time for continuing professional development (CPD)

Year: it lasts a **year**

Employment: it is an **employer led** programme

NQSWs are allocated an assessor, usually an experienced social worker and practice educator, to support them. They have direct observations of



their practice, gather feedback from other professionals as well as from adults and carers. NQSWs must build a portfolio across the year, which includes critical reflections on their work and development as a social worker. It is a lot of work, but it

recognises the extra support social workers need as they start their career.

The annual celebration event was an opportunity to pause and reflect on all the hard work that our newly qualified social workers have done and most importantly to celebrate! It was a relaxed afternoon with tea, cake and champagne (well, prosecco). Martin Pratt talked about how proud he was of everyone's achievements; he pointed out that whatever our ASYE social workers go on to do (and he predicted great things!), they will always be Camden social workers.

Everyone was presented with their certificates by Councillor Jenny Headlem-Wells, the former Mayor.

As the ASYE co-ordinator, I attend regular meetings with all the NQSWs, their assessors and managers throughout their ASYE and I have the privilege of watching them grow and develop in confidence. One of my colleagues pointed out during the event that I must have felt like a proud grandmother. Not so sure about the suggestion that I am old enough to be their grandmother, but I definitely felt proud of their hard work and commitment! I am also glad that we work for an organisation that recognises the importance of the ASYE, and, importantly, of celebrating success.



"On reflection, I am very aware the supportive ASYE has allowed me to develop my core social work values as I now go to build my career. Our ASYE celebration was a very joyful moment" - NQSW

"Step into this experience with butterflies in your bones, a feeling of nervousness so beautiful, you know you are doing the right thing" - Assessor message to NQSWs

Small places

by Martin Hampton

I attended the Research in Practice conference 'Human Rights and Adult Social Care' on 11 March 2020 in Leicester with my social work colleagues Carol Hawthorne and Mark Tucker. With the impact of the coronavirus pandemic, it now seems a lifetime ago. Certainly, a leisurely train ride and the pleasant walk through the friendly, tree lined streets of suburban Leicester seem as if from another time. Yet, an understanding of essential human rights are now more pertinent than ever in the challenging times we find ourselves in.

At the conference, Sanchita Hosali, director of the British Institute for Human Rights (bihr.org.uk) stressed how her charity supports the use of human rights advocacy and approaches to achieve positive social change. In particular, increasing the accountability of public bodies and financial managers to respect and protect human rights in practice and policy. Sanchita reminded us that human rights are a legal framework that can empower social workers and transform services, especially, when social workers are able to use appropriate human rights language at funding panels. For example: 'Clearly under the Human Rights Act 1998, Article 3, my client has a right not to be treated in an inhuman and degrading way and also a right to life, Article 2; both of these, by the omission of care, might be violated'. Sanchita stressed that the Human Rights Act 1998 underpins the Mental Health Act, The Mental Capacity Act, and the Care Act and their codes of practice.



Sanchita argued some human rights especially relevant to Adult Social care:

- The right to Life (Article 2)
- The right to respect for private and family life (Article 8)
- The right not to be tortured or treated in an inhuman or degrading way (Article 3)
- The right to liberty (Article 5)
- The right not to be discriminated against in relation to any human right (Article 4).

Usefully, Sanchita presented an online tool for people using services and social workers, <https://knowyourhumanrights.co.uk/>



This talk made me reflect that using human rights language creates a rights based context, not just a risk based one. I reflected on this, recently, when a situation related to the coronavirus pandemic encouraged me to try to incorporate human rights learning from this conference into my practice. A client was being prevented from leaving (or returning) to a residential provider because of the fear that he might infect other residents with coronavirus. I reminded the provider that the client has the same rights to liberty as anyone else and the right to liberty under the Human Rights Act (Article 5) may be restricted only in explicit and finite circumstances. Under the New Coronavirus Act 2020 my understanding is that the Police have the authority to interfere with this qualified right if they believe that a person is going out for purposes others than those specified in the Act, such as shopping and exercise.

In the presentation 'Social Work, Cats and Rocket Science: A Human Rights based approach to Adult Social Care' presented by Elaine James, Service Manager, and Rob Mitchell, Head of Services, Bradford



Council, both looked at what 'working together' really means. Elaine stated that good human rights and strengths based social work had nothing to do with computer processes, forms or endless meetings but real person centred support that places the person and their opinions as central to our work. Rob said that good social work was getting in the hole with the person to give them a leg up, so the person can scramble out of it, (clinging

onto whatever dignity remains, in my case). Both Elaine and Rob gave detailed examples that good social work requires a capacity for love in all its forms and starts in 'small places'. As Elaine said: 'The acceptance of humans as unique individuals requires a truly creative relationship to overcome rigid and structural discrimination in society'.

This resonates with one of the architects of human rights, Eleanor Roosevelt, who also noted that human rights begin in 'Small places' which she defined as the world of the individual person, where everybody seeks equal justice, equal opportunity, and equal dignity without discrimination.



For information / presentation from the conference: go to www.researchinpractice.org.uk/adults/content-pages/slides/human-rights-and-adult-social-care-partnership-conference/

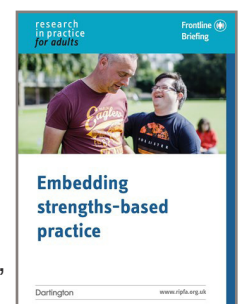
Research in Practice updates by Karen Allen

research
in practice

RiP and RiPFA have become **Research in Practice**, combining our two websites to support joined-up working with children, families, young people and adults. The new website provides easier access to information and resources supporting evidence-informed decision-making. Lisa Smith and Susanna Bowyer, our Assistant Directors, have produced a 'launch' film for the joined organisation and new website – it gives a great overview of the organisation, its resources and how we can support you and your practice (vimeo.com/413079262/c7f93f62f3).

Our new website structures learning around topics identified as key areas of work, for example, carers, autism, supervision, mental capacity, domestic abuse. Resources have also been tagged to key professional frameworks such as the Knowledge and Skills Statements (KSS), the Professional Capacity Framework (PCF), Professional Standards for OT Practice and Care Quality Commission Key Lines of Enquiry. There are enhanced website features to evidence continuous professional development, which can help with meeting the requirements to record CPD if you are professionally qualified. You can also focus on either children and families or adults – and joint Research in Practice Partners (like Camden) - can access everything in one place.

In response to the COVID-19 pandemic we have developed a series of responsive blogs and online learning resources. On this dedicated area of the site, you can access advice and resources to support remote working and publications, webinars and podcasts to support practice and professional development during these uncertain times. Recently blogs on supervision, domestic abuse, digital technology and legal literacy have been added to the Covid 19 page, as well as podcasts and research summaries. Camden colleagues Sally Nieman and Shabnam Ahmed recently recorded a podcast on supervision, and look out for a film on virtual group supervision with some more familiar Camden faces.



Remember, there are a variety of ways to use these resources to support team and organisational learning: targeting specific groups of staff and/or managers, sharing in virtual team meetings or as virtual group CPD session, sharing articles and updates on intranets and in newsletters. One of my roles is to act as the account manager for partner organisations, acting as a link and signposting to resources. I can put together 'learning bundles' for specific areas. I have also been doing some recent online sessions in Camden with my colleague, Louise Johnstone, Using Research in Practice to support you and your practice. Finally, remember, if you have not done so, create an account at www.researchinpractice.org.uk/register/.