

DCC-i Newsletter

June 2022: Summer Edition

As always, we'd love to hear your thoughts and views on our activities, services (or our shiny new look newsletter which admittedly isn't quite as new look now), get in touch in the [usual way!](#)



Introducing the 'rabbit-hole' warning



We have introduced a new symbol throughout our resources and publications, we call it the 'Rabbit-hole'

warning. So, wherever you see this sign in the newsletter, course materials or website there is the opportunity to disappear down a learning rabbit-hole!

...don't say we didn't warn you!

This Quarters Highlights

This year marks 50 years of PRIDE in the UK, and this edition we are highlighting some new developments and including a special feature on social work with Trans people.

Other highlights in this quarters edition include our musings and reflections on the Queen's Speech (or rather the content of it and what it might mean for us as social workers) including some ramblings about #AMHPLife, from our very own @asifAMHP (sometimes most followed AMHP on twitter 😊), and one of Directors, Chloe, gives us an update on the world of PEPS and ASYE, including some of the developments we are getting involved with, with colleagues over at BASW, and some of the support services we are able to offer to your ASYE programme. As usual, contact us to find out more!



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News and Updates

Upcoming BASW Programmes:

Open programmes for BASW members and others are available throughout the year, our sessions this quarter include these options, click on the links for more information.

- Wednesday 29th June, 09.30 – 12.30
[Understanding leadership for wellbeing at work](#)
- Monday 4th July, 09.30 – 12.30
[Principles for Assessing and Quality Assuring NQSW/PE/PEPS Provisions](#)



This is a new programme aimed at experienced PE's and Assessors, also open to placement coordinators.

- Wednesday 13th July, 09.30 – 4.30
[NQSW-Cohort 2 - Session 6 - The right side of regulation: recording with care and critical reflection on learning](#)
- Wednesday 20th July, 09.30 – 4.30
[NQSW - Cohort 3 - Session 6 - The right side of regulation: recording with care and critical reflection on learning](#)
- Wednesday 17th August, 09.30 – 12.30
[PA Cohort 3, Session 2 - Direct observations, gathering feedback and reporting progress](#)
- Monday 19th September, 9.30 – 4.30
[Legal Literacy for PE's, Assessors, Mentors & Coordinators](#)



- Wednesday 21st September, 09.30 – 4.30
[NQSW Cohort 4, Session 1 - Managing Unseen Risk](#)
- Monday 10th October, 9.30 – 4.30
[NQSW Cohort 5, Session 1 – Managing Unseen Risk](#)
- Thursday 13th October, 09.30 – 4.30
[Safeguarding Adults Level 4: Named Professionals](#)
- Wednesday 19th October, 09.30 – 12.30
[APA Cohort 3, Session 3: Assessing the quality of evidence and addressing concerns](#)

Practitioner Forum Update

The next Social Work Practice Development Forum will run on 7th June 2022, 2pm - 3pm.



This forum is facilitated by our Consultant Social Worker and MCA and Safeguarding Lead [Gail Heslop](#).

It's a great opportunity for sharing ideas, learning, and asking those practice questions that stump us all!



It is aimed at any individual in a role aimed within social services / CCGs / NHS or other provider service that is responsible for learning, development, and CPD.

Independent social workers / professionals who want to stay in touch with current practice are very welcome. Professionals in different locations will volunteer to present on a topic and share good practice at each session, but there is no pressure to present you are welcome to just attend and learn.



For our June session, Cumbria Local Authority will be delivering a session on Emotional Resilience and sharing their learning post pandemic and in the new virtual world. We have a short presentation each session and then go into smaller groups to discuss and share ideas.

If you would like to receive invites, please do [let us know](#). There is no pressure to attend every session, just dip in and out as you please.



A Little Reminder: last editions highlights. While publishing an edition once a quarter allows for us to give you all a better insight into the effectiveness and outcomes of our activities (as well as reporting on some of the national developments). It also means that you've had hundreds of emails and slept since then! So, here's a little reminder of some of the services and activities we are involved in or developing.

Also, *we now deliver so much between us, that even we can't remember everything that we do!*

[Contact us](#) for an informal discussion about how we might be able to support practice or CPD in your area or organisation.

- CoP DOL assessments and practice support – need to get ready for LPS, have a Re X backlog to clear? [Give us a ping](#) to see how we might be able to support your workforce.
- Adult Social Care Training.
- Children's Social Care Training.
- Mental Health Training.
- Social Work Skills Training.
- BIA and AMHP Refresher Training.
- PE, NQSW and ASYE Assessor Training.
- Multi-Agency Training – for Police, Education, Medical Staff, Charity Staff.
- Modules for qualifying and post-qualifying social work programmes.
- Action Learning Sets & Practice Support.



- Individual & Group Supervision.
- Learning Events & Workshops.
- Conference Presentations.
- DoLS / MCA Assessments.
- DoLS PRPR / Advocacy services.
- Critical friend scrutiny and review.
- Independent Children's Services – Parenting, Kinship, Fostering and Sibling assessments.
- Independent s42 enquiries, SARs & peer review services.
- Practice Education, ASYE Assessment and PEPS Mentoring.
- Coaching & mentoring.
- Service evaluation needs assessment and research projects.
- Development of competency and governance frameworks and policies.
- Development of practitioner guidance and tools.
- A rocking soundtrack for all our CPD and live development services.

New programmes now available –

- **LGBTQI+ and Gender Identity in AMHP practice** - something that would benefit your AMHP practice? (See our spotlight on feature on p.6, and our special feature to celebrate 50 years of UK pride and highlight trans rights in this edition).
- **Family Time** – targeted at staff that are called on to supervise family contact in Children's & Young People's services.

Ask us for more information about these or if you'd like to talk to us about developing a bespoke offer for your team, service, or organisation.



Spotlight On...Our LPS Offer

Like many others, the MCA bods in DCC-I land have busily been ploughing through the [draft code of practice](#) and [regulations](#) that were issued in March 2022, and which are [open for consultation here](#) until 7th July 2022.

We will publish our response to the consultation in the autumn edition of this newsletter.

There are some real positives of what will become LPS, when we get there, but we, like many other colleagues, have spotted a (read lots of) holes and complexities that need to be thought about a little more before roll-out or we will be moving many of the same issues and bottlenecks into a new system...





...not the plan originally conceived by the clever folks at the Law Commission all those years ago when this stuff first started I'm sure!

In the meantime, we are pleased to be working with several of our LA and CCG colleagues, looking at new systems and processes, training, quality assurance and backlogs among other issues, with a view to supporting LPS implementation once the final version and timelines are announced.

[Contact us](#) to see how we can support your organisation and workforce to prepare for LPS.



Coming Soon!



For those of you who either subscribe individually or have access to an organisational subscription to [Community Care Inform](#), keep a look out for our guide on support planning and the Care Act 2014 coming soon!

Transgender Rights: Conversion Therapy Ban update

For those of you who haven't been following it, the Government issued an initial 6-week consultation (October – December 2021) on developing the legislation to ban conversion therapy for sexual orientation and gender orientation.



This has been undertaken in the context that it is estimated 13% of transgender people been through conversion therapy (open government, 2021). The consultation was extended to February 2022, and we are currently awaiting response / bill.

Hot of the Presses: Queen's Speech

11/05/2022...confirmed that trans conversation practices will not be included in the ban. As a result, the Government has had to cancel its planned "[Safe to be Me](#)" LGBTQI+ conference this year after most of the sponsors pulled out due to the conversion therapy ban excluding trans people.

The government's LGBTQI+ champion has [resigned in response](#), and the [Welsh government](#) is saying the move is unacceptable and are exploring legal options to add trans conversion therapy in the ban in Wales. See their [statement here](#)





Want to know more?

- Stonewall statement - [found here](#)
- BASW Statement on Trans Rights can be [found here](#)

Want to write to your MP about this?

- Campaign pages and information can be [found here](#)



Here at DCC-i we are just plain outraged and stand with the LGBTQI+ community in saying our government and policy makers need to do better!

Spotlight On...LGBTQI+ & Gender Identity



In partnership with some of our Local Authority customers we have been developing an AMHP CPD programme exploring LGBTQI+ issues within the context of a Mental Health Act assessment.

This new programme, developed by Daisy Jackson, one of our directors, with Lizzie Furber, one of our associate crew, inputting and quality assuring, providing both

professional and lived experience to the process, provides AMHPs with the opportunity to reflect on the experience of living step-back and critically in a binary world and the impact that can have on an individual's mental well-being.



The session is a peer led CPD option, we do not seek to claim to be experts, but what we can offer is a meaningful conversation in the context of an adult learning peer experience (which also counts towards the statutory 18 hours CPD).

If you'd like find out more, or book this programme for your AMHP service refreshers this year, or you think a wider practitioner programme would be of benefit for yours / your team / your organisation, [let us know](#), and we'll be happy to develop a bespoke offer for your practice areas.



SPECIAL FEATURE: 50 Years of PRIDE



To celebrate 50 years of PRIDE in the UK, and highlight some of the work we have been developing here in DCC-i land (and out and about with colleagues – see some of our ‘spotlights’ throughout this edition), we asked one of our Crew, Lizzie, to talk to us about trans-rights, why it is important to social work, and why we all need to listen rather than assume we know what is going on in someone else’s head / body / life / networks / space** [delete as appropriate]. So, without further ado, I’ll hand you over to Lizzie (who knows far more about this stuff than I do, both in life and in practice).

Over to you Lizzie...

Pride in Social Work with Trans People?

I recently came out as non-binary at work. I’d angsted at trans friends about the decision and tried to ignore the feeling of inauthenticity tickling at the back of my mind for longer than I’d like to admit.



Then there was a government leak stating that trans people would not be included in the ban on so called “conversion therapy”.

I realised that the importance of visibility as a trans social worker within mental health services outweighed my discomfort at asking colleagues to change the language they used about me and to maybe consider the existence of gender outside of a binary.

So, what took me so long?

The UK is an increasingly dangerous place to be trans. A 2020 Galop survey found that transphobic hate crime had doubled in the last three years, and that was only hate crime that was reported to police. The survey also found that only one in seven people felt able to report incidents of transphobia. In 2021 the Council of Europe Committee on Equality and Non-Discrimination published a report condemning “the extensive and often virulent attacks on the rights of LGBTI people for several years” in Hungary, Poland, the Russian Federation, Turkey and the United Kingdom (Ben Chikha, 2021:2). The report warned that the rights of trans and non-binary people are being rolled back in the UK leading to human rights issues, and that this is being propagated by politicians and others in positions of power. I’m in a position of privilege and relative power, but I can’t ignore this context. And unlike when being open about other aspects of my identity, I couldn’t be certain of support from my social work community.

Are trans rights a social work concern?

We are in the midst of a moral panic that seeks to position the rights of trans people, particularly trans women, in opposition to the rights of children and cis women (Pearce et. al, 2020). Transphobic articles published by major UK newspapers and broadcasters portray trans people as sexual predators and pathologise trans people as deluded or mentally ill.



A dip into the toxic morass of “Gender Critical” Twitter or a certain online forum for mothers could give the superficial impression that trans rights are a safeguarding issue. Given the current climate of polarised views and misinformation, and that research has demonstrated that social workers do not feel prepared by their training to work with trans people (Stevens, 2022), perhaps the lack of engagement around trans rights from (cis) social workers is understandable. However, trans rights are very much a social work concern.



Trans rights are human rights.
Promoting human rights and social justice is core to social work. It's woven throughout our codes of ethics and professional standards. BASW's 2021 position statement on social work with trans people was a welcome interruption to the social work silence on trans issues. It highlights that opposing the oppression, stigma, discrimination and abuse that trans people face is in keeping with the BASW code of ethics and the social work purpose to uphold human rights (BASW, 2021). Trans people face barriers to all forms of healthcare, have higher levels of self-harm and suicide, are more likely to be unemployed or in low wage jobs and more likely to face homelessness than the

general population (Pearce et. al 2020, Galop 2020, McNeil et. al 2012). The 2021 Council of Europe report states that transphobia in the UK breaches Article 14 rights.

In 2020 Women and Equalities Minister Liz Truss spoke about reforms to the Gender Recognition Act 2004, mistakenly conflating the provisions of the Act with enabling access to “single sex spaces”, saying that “appropriate checks and measures” need to be in place regarding who accesses these spaces. This poses questions about self-determination and Article 8 rights.

Trans rights are your rights.
Attempts to challenge or remove rights from trans and non-binary people also impact the rights of cis women, children and other members of the LGBTQ+ community. The main proponents of the “Gender Critical Movement” are predominantly white, middle class, affluent people in positions of power with platforms in the press, universities, and parliament. This movement does not represent the interests of working class, racialised and/or minoritised people.

The Bell & Anor v. Tavistock & Portman NHS Foundation Trust case briefly (from initial judgement in 2020 until being overturned on appeal in 2021) set a judicial precedent that overrode Gillick Competence with potentially dire consequences for under 16s' bodily autonomy. Let's not forget that Gillick v West Norfolk and Wisbech Area





Health Authority related to access to contraception.

“Gender Critical” arguments against trans rights centre around biological essentialism, stating that women have “sex-based rights” that must be protected (see Fair Play for Women, A Woman’s Place UK, etc., ad nauseam).

Sex is presented as immutable. “Males” (incorrectly including trans women) are presented as stronger and biologically predisposed to sexual violence. “Females” are presented as fragile, vulnerable and in need of protection, reminiscent of outdated, misogynist notions of the ‘the weaker sex’ (Pearce et. al, 2020). Some “Gender Critical Feminists” go further to define womanhood by the ability to reproduce (e.g., Suzanne Moore in the Guardian, 2019), previously the preserve of anti-choice, fundamentalist religious organisations.

Other “Gender Critical” groups state that exposing school children to information about gender and sexual identities (e.g., through the Stonewall School Champions programme) is a safeguarding concern, at times equated to grooming. As someone who attended school under section 28, this is uncomfortably familiar.



So, what can social workers do?

- Take an interest and build knowledge: there is a resource list below to get you started, attend training or request it if not offered by your employer, delivered by trans and non-binary people is best.
- Legal literacy: Equality Act 2010 (gender reassignment is a protected characteristic), Gender Recognition Act 2004 (doesn’t actually have anything to do with who uses which changing room or toilet as that is already a matter of self-identification in the UK; Gender Recognition Certificate changes the gender marker on the person’s birth certificate- name change, passport, bank account, etc. can be done without a Gender Recognition Certificate; it’s illegal to ask to see someone’s certificate), Human Rights Act 1998 (Art. 3, 8, 14, among others). Increasingly evolving case law, e.g., Bell v. Tavistock.
- Relational skills: a social work strong point! Approach people with respect, curiosity, compassion. Focus on empowerment and promoting autonomy. Let the person tell you how they identify and how they would like to be addressed, if in doubt ask. Take a trauma informed approach.
- Social model: another social work strong point! Being trans isn’t the problem, institutional transphobia is the problem. Being trans is not a mental illness.



Keeping up to date: PEPS & ASYE

- **Advocacy:** challenge transphobia at work, on behalf of service users, in social contexts.
- **Listen to trans and non-binary people.**



That's all from me for now.... but see the links below for more information and resources.

Lizzie Furber (they/them)
DCC-i Crew & mental health social worker
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Useful Web Links / Resources

- [GIRES](#)
(Gender Identity Research & Education)
 - [Mermaids UK](#)
 - [The Beaumont Society](#)
 - [Stonewall](#)
 - [Gender Identity Clinic](#)
(Tavistock & Portman NHSE Service)
 - [Autism & Gender Identity](#)
(National Autistic Society)
 - [The Scottish Trans Alliance](#)
(Trans and non-binary mental health)
 - [Gendered Intelligence](#)
 - [Dr Ben Vincent](#)
(Research on gender identity)
 - [TRANSforming Futures](#)
 - [LGBT Foundation](#)
-

Our ASYE (and indeed practice education) services are led by one of our directors, Chloe Whittall, who has been out and about working with colleagues in lots of different settings in relation to the developments in ASYE and PEPs.



So, Chloe, what do we need to know and what might be coming over the horizon?

There's a lot going on in the world of Social Work Education Qualification and Consolidation!

In 2021 Social Work England and Skills for Care both published reports which evidenced that a lot more needs to be done to meet the cultural and diversity needs of Social Workers in Training (SWIT's) and Newly Qualified Social Workers (NQSW's) with 35.7% having experienced discrimination.



The research also highlighted the need to support those entering our profession to have skills of self-care, emotional intelligence, and professional resilience in order that they can effectively support the well-being of themselves and the



individuals, families, and communities we serve. In response Social Work England have introduced Qualifying Education and Training Standards (2021), BASW have released the 3rd Edition of the Quality Assurance in Practice Learning (2021) and in September 2022 both the refreshed BASW Practice Educator Professional Standards (PEPS) and the Skills for Care updated ASYE Portfolio documents and guidance will be launched (click on the pics to go to the DHSC or DfE pages for each set of KSS's).



Just a heads up the Knowledge and Skills Statements, KSS are about to become the Post Qualifying Standards (PQS-KSS) and some of you will be thrilled to know there will no longer be separate Critical Reflective Logs (CRL) and Record of Support & Assessment (RoSPA). It will be one combined set of templates...and the same for children's or adult settings!

These key documents are designed to underpin and guide improved Practice, but will only be successful if Practice Educators and Assessors are confident to use them.

It is also critical that SWIT's and NQSW's know that they will be supported to discuss and raise matters of culture, diversity & well-being, when their assessor holds the power to pass or fail them, speaking up can be a real challenge.

We have added several new courses to our PE, ASYE Assessor and NQSW Programmes that have been going extremely well!

We have been giving NQSW's and students a safe space to explore their experiences of managing their own cultural, diversity and well-being needs - whilst giving them the message that by commissioning the course their employer is proactively giving them a voice, valuing them as individuals and promoting best practices.



These courses also enable SWITS/NQSW's to achieve a deeper level of reflection by supporting them to think about how they can use cultural curiosity, celebrate diversity & consider well-being principles to maximise their Social Work Skills in effectively supporting each and every unique person they work with.



We can offer these sessions as half or full days or as part of a wider ASYE Programme that include a wide range of training topics (see our catalogue) and/or action-learning set). For those of you whose number are too low to run your own dedicated programmes, we offer a rolling bi-monthly open programme with BASW. This enables NQSW's who may otherwise be isolated to meet together with peers to share learning & experiences, and to receive training specifically at their level as new to practice.



For PE's and Assessors, we know that time to read & digest research and get to grips with new tools and procedures can often feel like just one thing too many on top of a busy balancing act of priorities.

Our new sessions provide the critical information in an accessible format, highlighting what's new and how to integrate it with existing practice. We include acronym and jargon busting for beginners and good practice examples of paperwork to aid with benchmarking.

From July, sessions will include the new ASYE paperwork, ensuring assessors are ready for the September cohort, and PEPs will be included from September when the refresh is published.

PE's and Assessors are also encouraged to consider culture, diversity & well-being and how this might need reasonable adjustments or a proactive support plan to enhance the learning experience of their NQSW's/SWIT's and maximise success. Crucially they are given the opportunity to reflect on their power and how to manage this, as well as the times where it can and should be used to ensure the workforce is the best it can possibly be. You can book these courses as half day, full day training sessions or as part of a wider PE and Assessor programme ([again more details in the catalogue!](#))

Our other new venture for Social Work Education has been a reflective CPD session for very experienced PE's and Assessors. In partnership with BASW last month saw the pilot of this new CPD session. We are pleased to announce this will now run quarterly; places can be booked via BASW.



These sessions are ideal for independents that can sometimes struggle to fulfil their own CPD requirements meaningfully.

At the request of placement coordinators, the upcoming course on quality assuring placements will be open to L&D, ASYE



The Queen's Speech: Social Work Musings

Leads and placement coordinators. We will also be using that session to gauge interest in future courses for people in these roles.

Our sessions in partnership with BASW are open to delegates from the 4 nations of the UK and we are currently working to ensure that we more effectively meet the needs of Welsh, Irish and Scottish colleagues.

If you are interested in sharing your views on how this is best achieved, we would love to hear from you (crew@dcc-i.co.uk).



Finally, if you are involved in supporting and assessing Social Work Apprentices, we are currently working on integrating these standards and assessments criteria into the sessions.

If you are booking sessions direct for your authority/organisation and you have apprentices, please do flag it with us. If you are accessing a BASW course, please put it on your registration form.

The Queen's Speech this Spring, given by Prince Charles in the Queen's absence, had several areas of interest for social workers and social work practice, this included the Conversion Ban for LGB people (but not trans, which is a shameful reflection of today's politics in our view, but we'll come back to that later). To read the full speech see the official [transcript here](#)

A couple of highlights from the speech for social work to think about (and for those who did not catch the coverage) included:

"My Ministers will publish draft legislation to reform the Mental Health Act [Draft Mental Health Act Reform Bill]."

"My government will ensure the constitution is defended. My Ministers will restore the balance of power between the legislature and the courts by introducing a Bill of Rights [Bill of Rights]".

Both have some significant implications, one being the introduction of a new Mental Health Bill and the other the outcome of the Human Rights Act consultation (something we highlighted in the January & March 2022 editions and which we will be looking at in more detail when the response to the consultation is published).

In the meantime, let's handover to [@asifAMHP](#) (aka #GrumpyAMHP or Tony Deane, our Principal Social Worker and AMHP Lead here in DCC-I land).



So [@asifAMHP](#), what do we need to know about what is on the Mental Health horizon?

The Mental Health Bill 2022: An Update from @asifAMHP
The New Mental Health Act & you & me #AMHPlife

So, the government will over the next year or so, draft legislation to reform the Mental Health Act (MHA).



What is not to like?

They intend to modernise the MHA & promise to make what is basically 1950's legislation, fit for the 21st century. The plan is to give patients suffering from mental health conditions greater control over their treatment & to ensure that they receive the dignity & respect that they deserve.

This new legislation is going to address the existing disparities in the use of the MHA for people from ethnic minorities. But it is going to keep CTOs #JustSayingLike. *"In 2020-21, black people were four times more likely than white people to be detained under the Act, and over ten times more likely to be placed on a Community Treatment Order."*

What is that all about then?

What about us #AMHPs?

Are we part of the problem or part of the solution?

Can I suggest you read [this summary by Mithran Samuel over at Community Care](#) & the responses & make of it what you will.

I am also not seeing any plan to do anything about poverty, inequality & substandard housing etc. You know the import stuff & Social Determinants of health & the cost-of-living crisis. They want to make it easier for people with learning disabilities & autism to be discharged from hospital. They are also amending the definition of mental disorder and the hope is, that adults and children with learning disabilities & autism, will not be detained in the first place. I applaud the intended consequences, but I do wonder about the investment in community provision & alternatives to hospitals & about the unintended consequences & about things like S.117.



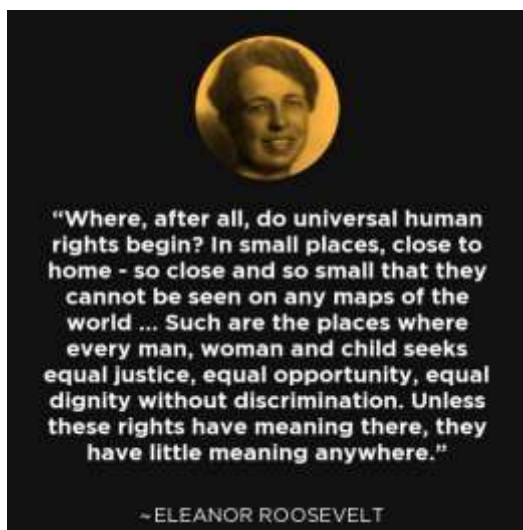
Be careful what you wish for, and it's not just me, smarter people than me are wondering about this stuff

also, see what the ever-learned and plain speaking [Lucy Series](#) has to [say about it here](#).

They are proposing to change the criteria needed to detain people so that the MHA is only used when it is strictly necessary. When the person is thought to be a genuine risk to their own safety or that of others & they are introducing the notion of therapeutic benefit. So, adults and children will in theory, only be detained when it is thought to be of therapeutic benefit to them.



A certain contested diagnosis springs to mind & something about having capacity & about taking responsibility.



Just think about that for a minute, about what that means in practice. I don't think sending people/children 100's of miles away to out of area beds is a therapeutic thing. Plus who gets to decide/assess what genuine or substantial risk is? I suspect that is you & me #AMHPlife & a doctor or two. If you can find a S.12 medic in the dark of the night.

I don't ever speak to any #AMHPs, or indeed doctors, who currently think that they are detaining people/children when it is not strictly necessary. I do speak to #AMHPs & Drs & families who acknowledge that they are detaining people/children because there is no other option or alternative available to safely manage/contain risk.

Imagine you or I don't detain someone, because we don't think there is a

therapeutic benefit & it all goes wrong. I am not sure that I am looking forward to explaining that particular decision (made without the benefit of hindsight & with limited information & under pressure) in the criminal or coroner's court.

There will be more advocacy for people & the Nearest Relative will become a Nominated Person & they will have greater powers to say no & to be consulted about things like CTOs.

Who is funding & providing that advocacy? What does it look like in the real world? What if the person doesn't nominate a person? What if the Nominated Person just says no & no & thrice no & they are not helpful & you think they are unreasonable or unsuitable?

Those really ill people in HMPs will be transferred to hospitals within 28 days. *If there is a bed. There will be a new form of supervised community discharge, that will allow us to deprive people of their liberty. But only the really risky ones.



Remember the MM & PJ cases tell us, that we cannot use the provisions of the MHA (S.7, S.17A or S.41) to deprive capacious community patients of their liberty, even if they are assessed & thought to be really v risky to self or others. What is that going to look & feel like in the real world?



People subject to the provisions of the MHA, will be able to appeal to Tribunals more often & they will be given a statutory care & treatment plan. This plan will be written with them & will set out a clear pathway to their discharge. Some plan that, & of course it will do away with S.117 disputes & funding panels & CHC & CCG squabbles over £s & provide housing with the appropriate level of support & sort benefits & deal with the DWP.

It seems that the proposed & much discussed extension of Section 5 holding powers to the Emergency Department (ED), is not going to be a thing. The solution to the problem of adults/children being assessed as requiring admission, but there being no bed/hospital willing to accept the #AMHP application, is I was told, going to be a none legislative one.

I didn't quite figure out what that answer meant or might look like in a police custody block, when the PACE clock has ticked & tocked. Other than an ever-increasing number of S.136s & other improvised solutions to system dysfunction. It is at this point that I usually mention S.140 anyone?

Did I mention that me & Steve Baker our #CrewCop do joint training for #AMHPs & the girls & boys in blue & the odd Bed Manager?



Last year (1920/21) in England there were 53,239 civil detentions under the MHA & something like 1,520 new restricted patients admitted to hospital for treatment. It is not 53,239 people by the way. It probably equates to about c.35,000 people & it doesn't include people detained on S.136. - complicated this isn't it?

While like many, I really do appreciate the work undertaken by Sir Simon Wessely & his team & the MHA really did need updating & I enjoyed v muchly the odd train trip (consultation event). I can't help but think (unfortunately, I am old enough & was an ASW in 2007), that it is again a missed opportunity to bring about real change. That the problems are not really rooted in the legislation. That it really is about the other stuff - poverty, inequality & substandard housing. About the lack of investment in the community alternatives & early intervention. If we really want to reduce the numbers of adults and children being detained, then we need to stop calling #AMHPs & we need to stop relying on the MHA as the solution to the problem.

We do need to think about risk & perception of risk in a different way & we need to support people & families much better. Otherwise, I fear, that me & others, will simply be writing things like substantial & genuine risk on pink forms & writing that it is of therapeutic benefit & that LD dudes & autistic people will attract another diagnosis. I hope that I am wrong. I fear that I might be right #AMHPLife.



Crew Update

Last edition (March 2022 and [available here](#) if you missed it) we introduced our new adult Consultant Social Workers, and Gail told us a bit about herself and her first few weeks on crew. This time around it's Helen's turn

So, Helen, how has your first three months with the crew been?

Introducing - Helen Kane, Consultant Social Worker (Adults & AMHP).

Hi everyone, I'm Helen one of the new Consultant Social Workers here at DCC-i. I say new, it's been three months now, and what three months it has been! I have been virtually all over the country meeting people, observing different training styles, taking part in Motivational Interviewing skills and of course training.



I am looking forward to seeing you all soon, I will be covering a variety of topics within adult social care including strengths-based approaches which has been, and remains, a cornerstone of my practice within mental health.

Like a lot of us during the pandemic it certainly has been a steep learning curve in terms of tech and skills in IT. The Crew's training and modelling has enabled me to increase my skills and knowledge of teams and multiple screen use.

Thankfully, the crew are in the background should I ever need them. I have really enjoyed attending and being part of the training sessions, it has been an opportunity to reflect and think about my journey in social work so far.

I love to learn new things and develop my practice and the MI skills was an opportunity to build on previous knowledge whilst embracing change supporting my strengths-based approaches especially rolling with resistance.

I can't talk about DCC-i without mentioning the music and the impact this has upon the sessions not to mention my play list.



I have enjoyed listening to the music choices requested during the sessions, as well as the stories and memories associated. I also smile when we get music associated GIFs in teams chat, as it contributes to the shared peer learning experience.

Helen joined us from Dudley MBC in March 2022, where she was Assistant Team Manager and a practicing AMHP. She is a qualified BIA and has strengths-based leadership and trauma-informed practice in her areas of interest.



Look out for Helen on our adult, AMHP and strengths-based programmes in your county (or country) sometime soon.

Associate Update

While we have been busy building and inducting the new Core Crew, that doesn't mean all has gone quiet on the associate crew front.

We have also been building our associate practitioner crew team in the background and continue to work with CCG and LA colleagues to provide additional BIA, COP DoL and s42 capacity for our customers and partners, providing a range of independent assessment and reviews, as well as ongoing practice support. We'll introduce some of the practitioner team in one of our future editions.

As part of our 'better together' mission, we asked for a little update from Alan (Crew Fire Officer) this time round.

So, Alan, how's the first couple of months on the Crew been for you?



After joining the Crew a little while ago, advising from a fire preventative perspective, I have had the opportunity to co-present on self-neglect training programmes.

I have seen the training and have been able to make some useful additions that enhances the programme.

With this in mind, I have more ideas in how I can further develop the delivery of the training and I am working with the team to complete this.

Since working with the team I have been made very welcome and it's great to work with a group that is friendly, open minded, diverse and an eagerness to constantly want to develop.

More from Alan and our 'better together' plans in future editions, so watch this space!



Motivational Interviewing: Our Regular Update

As you know we love to promote MI for its use across Children, Adult and Mental Health Services...we sneak it wherever we can, and we also deliver a range of dedicated programmes.



In Children's services this quarter we saw our first roll-out to Business Support Staff, who get a huge shout-out for being great at completing their E-learning and their Evaluation forms!

The business support staff session was tailored specifically for them including videos from the DCC-I Digital Division (more about this next time, but we have a YouTube channel in development 😊) of role-plays set in receptions where the business support staff were using MI with service users.

The three skills we supported them to learn were building service user/customer/citizen self-efficacy by reinforcing strengths and successes they have noticed, eliciting, and reinforcing motivational statements when they hear them and rolling with resistance to ensure that negative thinking and behaviours aren't entrenched or reinforced, and the person is given opportunities to respond positively in difficult situations.

We were thrilled to see the delegates throwing themselves into skills practice (AKA Role-play) and these are some of the feedback comments we received when we asked, 'what will you try?'

"To listen to them and give them empathy, praise for what they have achieved, help to solve the problem with them"

"All that was taught today, rolling with the resistance and reinforcing positives to get to an outcome"

"Use these techniques when taking calls for Early Help, especially if a parent/carer is distressed"

We asked staff to score their knowledge and skills about MI out of 10, before the course and after, this group had an average score of 3.8 before and 7.7 afterwards, with every delegate confirming they had learnt a skill and all delegate describing themselves as satisfied or very satisfied with the training.



If you are interested in MI for your wider staff group – [please do get in touch](#).

The other course that launched this quarter in the Children's sphere was a day looking at how MI fits in an eclectic framework that also includes strengths-based practice, restorative and systemic approaches, trauma informed care and contextual safeguarding, to name just a few.

Sometimes we attend training, learn new skills, feel inspired but don't quite know how to put them into practice with everything else.



This course tackled just that, and these are a few examples of the feedback so far:



"I will help young people focus on what's going well - within a youth setting it is sometimes noticed that young people have learnt that they will get attention if they come with problems / this is learnt from school too and discourages them from wanting to fix them. No problems no attention - practice where the focus is on strengths will help turn this around and will also encourage them to want solve problems".

"All of it, as all is very relevant to my role. I am now able to confidently write about MI in my analysis of information and what techniques were used, as well as where that person is on the cycle of change model, I will be speaking to my manger about becoming a Champion"

Meanwhile over in adults we have launched a Strengths-based practice and MI course, again building MI into the daily practice of staff who are supporting citizens to own their own care-plan and empower them to make changes, again the delegates rose to the challenge of skills practice (AKA Role Play!) with some delegates even asking for

more opportunities to practice the skills and giving us a fabulous average score of 9.2 out of 10 for Pace and Interactivity! Here are some of their comments:

"Doing this training has been an eye-opener. Tony presented this within the scenarios of what we do every day. I have already taken this course back to my practice as some of the scenarios we were working on are live hence why we were clearly informed by the trainer around confidentiality (which we know in any case, but great it was said)".

"This course has allowed me to think differently on the support that is offered to people and assess motivation for change. We need to start thinking about the changes that the individual wants to make and are ready to make and start from there".

So, if you want an MI Course tailored to your roles or model or practice – [get in touch](#) to arrange a discussion about your needs!

If you are still wondering what the Carrot is all about....

Our e-learning is narrated by members of the DCC-i '5-a-day gang', so far you have met Dave the Carrot – he shows up whenever we talk about MI.

Our newest edition to the vegetable crew (yes that is a thing) is Ringo Peapod, appearing somewhere near you on an e-learning package for the key adult principles – P is for principles after all!



Coproduction in Practice

Behind the scenes conversations with several community network and grass roots organisations are also being had, to develop some of the areas we have listed on our whiteboard 'to-do list' (yes, we do have one!)

Our work themes over the next year, including developing and supporting our expert by experience crew, developing practice guidance, and setting up multi-authority practice forums, is continuing.



We are trialling a few ideas with a few people, and we are hoping to bring more news on our work in this area in the next few months!

In the meantime, watch this space! Want to know more? [Contact us in the usual ways.](#)



Ask Russ #DJRuss

Our regular slot from DCC-i's Deputy Director of Operations and resident #Technerd and #DJ, Russ Long.



So, what tips do you have you got for us this time Russ?

Negative Ions and Wi-Fi

You know the scene, you're in a Teams meeting or Training with several colleagues and you start losing camera quality or sound or both! The weird thing is, you haven't moved, no-one has asked Alexa a question, the children aren't home streaming Netflix or running around in Fortnite on a console, why has your signal suddenly dropped??

There are many answers to this question and one of my favourites is running water and the Negative Ions it creates. Now I'm not saying that there is proven science for this but if you could give me just a few minutes of your time, I think there's a connection!

Are you ready for the Science bit?





What are Negative Ions??

Negative ions are generated in large quantities as air molecules break apart from moving water, like rain showers, rivers, crashing waves, even fountains and waterfalls. Plants, air movement, sunlight and the radioactive decay of noble gases also naturally create them. This is often why we feel the air is electrically charged during a heavy storm!

What do they do - they sound negative!

Never judge a book by its cover (unless it's the Twilight Saga - [Worst book ever list](#)), there isn't anything negative, unhealthy, or dangerous about negative ions. Negative ions are proven to actually be beneficial for the human body while positive ions are harmful! In fact, you will find the highest concentrations of negative ions in natural, clean air, which is why people always feel better after a walk by the beach or a long walk in the countryside.

What is Wi-Fi?

We all use the term "Wi-Fi", to many it's on our phones, home/work internet network, TV's, Smart Appliances, the list goes on! What does it stand for though? I think we all get the 1st bit "Wi" (Short for Wireless) but the "Fi"??? It's often thought to be short for Wireless Fidelity but there is no such thing! The term was created by a marketing firm because the wireless industry was looking for a user-friendly name to refer to some not so user-friendly technology known as IEEE 802.11 (the bit of tech in your device that sends the internet signal).

Wi-Fi is essentially a very advanced digital radio using frequencies between 2ghz and 5ghz in the electromagnetic spectrum, which is around the same area as microwave ovens.

What's the link though???

My thoughts on the connection between Wi-Fi signal and Negative Ions? The usual number of Negative Ions only shoots up when one of the things I mentioned at the beginning of the article, storms, moving water etc. Now, the amount of Wi-Fi signal (Radio Waves) that come from your home router is a constant and doesn't fluctuate, (unless your router is broken).

So, with the outbreak of a storm or boiling of a kettle, you have a lot more Negative Ions suddenly trying to share the same amount of air space as the constant Wi-Fi signal (Radio Waves). Something has to give, and I believe it's a simple battle of numbers, which slowly settles back to normal as the extra Negative Ions dissipate by being absorbed by things that like them, like us, and that's good for us 😊

Have a question (or jukebox request) for our resident #DJ and #TechNerd, then contact him in the usual way

support@dcc-i.co.uk

