



Transcript:

WHAT IS SOCIAL WORK

Rachel Daurat and Lisa Gourley – Services for Older People

- Narrator: 9am at Sunderland's Adult Services, home to the eight teams providing services for older people.
- Rachel Daurat: For the City West division the day starts with a diary share meeting.
Hello.
- Narrator: Heading today's meeting is Rachel Daurat, who is acting up whilst her manager is on leave.
- Rachel Daurat: *A couple of things to just remind us really. The first one is that the new RAS forms, the community care assessment documents.*
- Narrator: Rachel qualified as a social worker nine years ago, and began her career in the team at Sunderland Royal Hospital. She joined older people's service three years ago, and reached a senior level a year later.
- Rachel Daurat: Every team have a diary share once a week. The team managers attend SMT, which is the senior management meeting, and they basically trickle down the information from the directorate.
- Narrator: Also in the meeting is Lisa Gourley, whose social work career began just twelve months ago. Lisa's colleague Bertha has an important issue to raise.
- Bertha: *There was an incident over the weekend, where one of the members of the staff and the manager of the home now wants him out.*
- Narrator: An unwell elderly man has assaulted a carer at his residential home and the home want him to leave. Rachel and the team are concerned that it could be a hasty reaction.
- Rachel Daurat: He has had one incident, and it was a serious incident ...
- Female Speaker 1: I think the challenging behaviour team need to be involved.

Narrator: It's a difficult situation with potentially serious consequences for the elderly man. As acting team manager it's now Rachel's job to speak directly to the home.

Rachel Daurat (Tel): *Bertha said that you wanted to speak to her manager and ...*

Narrator: The man was placed in the home just three weeks ago after he was assessed as being unable to cope living independently. So Rachel already knows his case history.

Rachel Daurat: The gentleman unfortunately lacks capacity to make his own choices about a place of accommodation. He wasn't able to manage his insulin, he wasn't able to judge when he was having a hypo. We had a big case conference where the feeling was in his best interests it would be safer to be within a twenty-four hour care environment. But after that one incident the home managers has been quick to then want him out.

(Telephone) *We haven't really investigated the cause of the incident, we haven't looked at getting psychiatry involved, and furthermore we haven't really looked at the challenging behaviour team, which is accessible for you to directly refer to. To look at changing the home now and him moving out after three weeks, I think it's a bit hasty I feel.*

She is going to refer to the challenging behaviour team, and homes can directly refer to them to get their input as to how to manage someone's behaviour. I have also advised if any other incident happens again she really needs to look at a mental health assessment.

Narrator: As Rachel writes up the case notes, Lisa is heading out to visit a woman who she helped to retain her independence after a serious illness jeopardised it.

Lisa Gourley: She had a brain aneurism back in March, which set her back quite a long way. She spent quite a lot of time in hospital, she spent six weeks in Farnborough Court, which is out intermediate care centre, and then she has had a couple of weeks of reablement actually in her own home. And she has just recently finished that, and we are going to see how she is doing.

Narrator: Sixty-six year old Olive was very poorly when Lisa first met her. It was Olive's best friend Kathleen who persuaded Lisa that there was potential for recovery.

Lisa Gourley: *Morning Olive, how are you this morning?*

Narrator: Lisa needs to be sure Olive is getting all the support she needs.

Lisa Gourley: *Okey-doke, I have just popped in this morning just to see how the carers are doing Olive, because you have just changed over from the girls who were coming previously haven't you?*

Olive: *Yeah.*

Narrator: Lisa spent eight years as a senior care worker in a residential home for elderly people before embarking on her social work degree at Teesside University.

Lisa Gourley: It was general social work, and we did social policy, ethics and values. The counsellor modules I found really helpful, therapeutic communication I found really good; and I find that they have benefited me most since I came here.

Does she just live local does she, your carer?

Olive: *Yeah, aye.*

Lisa Gourley: *Yeah? Does she just live around the corner?*

I probably decided to do older people because it was what I was comfortable with, and for at least my first year of my practice I wanted something I was familiar with.

Lisa Gourley: *Does she treat the home with respect Olive?*

Olive: *Oh yes.*

Lisa Gourley: *Are you happy with the way she ... yeah. And you feel that she is meeting your needs okay Olive? You are happy with that, yeah?*

Because I have worked with older people since I was eighteen, I know their values and things like that, so that has helped. But also because I am now reviewing care homes I have got an idea of how care plans should be devised and stuff like that, so I know what to look for.

So, you will looking forward to going to visit Kathleen in her new house then?

Olive: *Oh yes.*

Lisa Gourley: *Yeah? How do you think you will manage a bus at the moment Olive? How confident would you feel?*

Olive: *I don't know.*

Lisa Gourley: *You don't know? I think maybe a couple of trips with Kathleen.]*

Olive: *Uh-huh, that's good.*

Lisa Gourley: *And then maybe you never know.*

We are focussing a lot more of community living now, and personalisation and stuff like that. And we do get quite a few referrals in for twenty-four hour care, but they are starting to fizzle out now. I think the mindset of a lot of older people, especially here, is that you get to a certain age and that's where you go, but I think we are starting to change that now, and people are accepting support at home, and the extra care schemes that we want to do. So that's really good as well.

See you later, bye.

Olive: *[unclear-05; 48] (speaking together)*

Lisa Gourley: *No bother, bye.*

I think it went really well, it was a positive review. I think Olive is really happy with her new bungalow and her new surroundings.

Kathleen: If it wasn't for Lisa she wouldn't have been where she is now. The doctors told me that she would be in a home all her life, and then Lisa came in and me and Lisa had a talk, and then she got her the bungalow.

Olive: I would rather be here, it's much better.

Lisa Gourley: I think it has been positive for Olive, but also for her family and her friends to watch as well. Three months earlier and we thought she was going to have to go into a nursing home, where her potential wouldn't have been met, because people would have been doing for her, rather than showing her what to do. So it's been a really good experience.

Narrator: Meanwhile Rachel is also out on the road. She is on her way to check up on ninety-four year old Vera who she has recently placed into Sunderland's newest extra care housing scheme.

Rachel Daurat: Extra care is a home for life. It is basically forty or so apartments within a building. It is very much about independent living, yet with the support on hand, so there are care staff available 24/7.

What happened is I received an assessment, to assess Vera's needs on discharge from hospital, and at that point she felt very strongly about not returning back to her property. She has been there about four weeks, so we are going to do a review of how things are so far.

How are you?

Vera: *Oh fine. I feel far better now that I've seen you.*

Rachel Daurat: *Good. I have just come today to see how things are since you have moved into Bramble?*

Vera: *Wonderful.*

Rachel Daurat: *How have things been since you actually moved in, in terms of your flat and ...?*

Vera: *First class. Yes good, and thanks to you.*

Rachel Daurat: *Right, and what about the carers?*

Vera: *Pardon?*

Rachel Daurat: *What about the people who help you?*

Vera: *You mean now, at the minute?*

Rachel Daurat: *Yeah.*

Vera: *First class.*

Rachel Daurat: *Right.*

Vera: *It's everything you said, they help me in every way, all of them.*

Rachel Daurat: *Good.*

I have always wanted to be a social worker since I was about twelve, I think. I went from wanting to be a fire fighter to a social worker. So it's just been wanting to contribute towards helping people, and trying to make things better for people.

Are the carers respectful with you when they are talking to do?

Vera: *Wonderful, yes. They are very helpful.*

Rachel Daurat: I started at the hospital social work team and that gave me excellent grounding. I was there for about six years. You deal with anyone over eighteen, and it's all divisions, and I think that gives you a really wide range of knowledge, and also an understanding about what resources are available for each of those client groups.

Some people do tend to go from the hospital to older person's services, and I was, at that point, really wanting to progress.

So has the move here made you feel a bit more secure about living by yourself?

Vera: *Yes, it has given me more confidence.*

Rachel Daurat: *Good, that's good.*

Vera is an amazing woman, I think, and she felt her life was over, and this has given her a new lease of life is the way she describes it. So what we will do now with Vera's case, I will keep it open for another four weeks, and then what we will do is, it will go back into the review system. So in a year's time – it sounds like a long time away – we will review it again.

Sometimes you don't realise how much you help people. Just seeing how happy she is compared to how she was in the hospital is really rewarding, and it's a part of my job that I absolutely love.

Narrator: Rachel's duties don't stop with immediate service users. Her next call is about a much trickier case. She is on her way to Sunderland's Carers Centre, to discuss how they might be able to help a woman who is struggling to look after her sick husband.

Rachel Daurat: *So he has got quite a high level need. He lives with his wife, and they have minimal support because John really is quite reluctant to accept a lot of support. So it really falls upon his wife, and she has her own health problems, so she is finding it quite difficult.*

Gillian Gardner: *Did you say you have done a carer's assessment for her, already?*

Rachel Daurat: *I have done a care assessment yes.*

Where you are in a situation where someone's really desperate and upset, and if you can't help them, for whatever reason, for example the service user won't accept that little bit more help which would just be amazing for his wife. He has the mental capacity to refuse a service and that is difficult for her to understand, that we can't just overrule him.

Narrator: Rachel and her team deal with situations like this every day, based on assessments made under the Mental Capacity Act.

Rachel Daurat: It is just part and parcel of every day, because we need to be looking people's mental capacity around the huge decisions like change of accommodation. We need to also look at mental capacity around finances, and that has become more and more prominent of late. Part of that is due to personalisation; looking forward to direct payments in terms of people choosing what care they want and where they want it. And what we need to acknowledge is whether people have the mental capacity to be able to manage a direct payment, or a suitable person who can act on their behalf.

Gillian Gardner: *We are taking, perhaps with the carer, to approach the gentleman as to how it would benefit both of them to have respite.*

Rachel Daurat: *Yes yeah.*

It's the emotional side of things for me, you go home and you can't just switch off, you do think about people. You go on leave and you think about what has happened.

Narrator: Rachel will work with the Carers Centre, to ensure that the man and his wife receive as much support as possible.

Back at the office Social Worker Bertha updates Rachel about the man who was at risk of being evicted from his residential home.

Bertha: *... and she said that she is happy to keep the placement whilst she is waiting for the CPNs to do the assessment.*

Rachel Daurat: *Excellent.*

Bye!

Narrator: It's good news for now.

Rachel Daurat: They were happy to retain his placement until the appropriate assessment was done, and then we can look at whether it is appropriate for him to move on or not. So at the minute things are okay.

Narrator: It's now getting towards the end of the day, and a chance for Rachel to catch up on paperwork. As well as Acting Manager she is also Practice Teacher, and on the out of hours rota.

Rachel Daurat: It can be stressful, which is the part of it that I really enjoy. And it really enables you to use the skills you have got in terms of trying to juggle things.

Lisa Gourley: I think challenges, for anybody in social work, are probably always going to be resources, it is always going to money. For all of what people need, you can't always give it to them, and that is quite hard. It is quite hard, and sometimes they can take it quite personally as well. But I do enjoy it yeah. I have only been here a year, but I do enjoy it, and it's been a very quick year, and I have learnt a lot in a year.

Rachel Daurat: I know it sounds really corny but I absolutely love my job, I do enjoy coming to work; I enjoy working with people, I enjoy the different challenges that are thrown at you. Sometimes it could be just simply I come back and someone is not very happy so they want to speak to a manager, so if my manager is not around I would have to do that. If somebody phones in sick then you have to run around trying to get cover for duty, or any appointments that they had. So I love my job in terms of the variety, and I am busy, and I like being busy. And I like people, and I like to think that we can make a difference. And I like to be part of that, like the success stories like Vera.

[End of Recording]