

EVERYONE DESERVES A CHANCE

presentation by Margie pitcher and Kitty Gilchrist
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Opening excerpt from DVD – *Michelle*, Occupational Therapist/Service Coordinator, relates her feelings of distress after first contact with a client living in very unhygienic circumstances. She was upset that she was expected to work in such an extreme environment.

Introduction by Margie : Kitty and I are social workers. We are employed by Domiciliary Care SA, an arm of the state Department of Families and Communities – we are a metro wide agency delivering services to nearly 8,000 frail aged and younger disabled clients. We provide case management and service delivery through 8 multidisciplinary teams comprising allied health staff, personal support workers, domestic assistants and administration staff. We also rely on brokerage agencies to deliver some services.

Today we will be showing excerpts from a recently produced DVD interspersed with commentary, aimed at highlighting the projects underlying themes and intentions. This DVD represents an innovative beginning of a wider **training package** being developed to assist our staff to work effectively in challenging domestic situations.

Our approach to this project comes from a position of acknowledging the diverse skills and knowledge that our staff possess, and we are open and unapologetic in our adoption of a person centred approach.

We feel that the following quote from Etienne Wenger in 2007 reflects our intentions about recognising our work environment as an active place of learning where he writes, “communities of practice are groups of people who share a passion for something they do and learn how to do it better as they interact regularly ... the idea that learning involves a deepening process of participation”. For us this is about wanting to develop, incorporate and hold knowledge at our local practice level in dynamic and creative ways.

Kitty : **Preconceptions** are inevitable in any form of human interaction. When a new referral comes in we can't help creating a mental picture from the presenting data and the initial phone contact. These preconceptions are based on our own values and life experience and our attitude towards involvement can be coloured by previous successes or failures in similar scenarios. We need to remember that this is a two way street in which clients will also harbour preconceptions about community services, which will influence their expectations and receptiveness. At Dom Care SA we have to be mindful that, as government employees, we might carry connotations of authority, oppression and coercion for some of our clients. The referrer will also have preconceptions and expectations of a resolution. This might be envisaged as enforced, permanent removal and relocation; a quick fix that will bypass the client's obstinate insistence on maintaining control. We are hoping that by listening to other workers reflecting on their experiences staff will be encouraged to explore their own preconceptions and responses to these complex situations.

Excerpt from DVD : *Helen*, Team Leader, introduces the DVD explaining its purpose as part of a training package for staff dealing with people who are living in poor domestic situations which create risks for themselves and others. The focus is on recognising the issues but seeing the client as a person, distinct from the environment. *Kitty*, Social Worker/Service Coordinator, says it is important to impart a sense of acceptance rather than criticism; that client's are usually aware of the issues from various clues. *Tim*, Physiotherapist/Service Coordinator talks about the shame which can be felt by clients and carers and the importance of recognising their feelings about their situation. *Derica*, Domestic Assistant, reports on reassuring a client that cleaning his home would not be too big a task for her and that it is how you talk to clients that really matters. *Tracy*, Domestic Assistant, acknowledges that objects hold different significance for different people. Items one person would discard can be treasured by another.

Margie: One of the aims of this initiative is that it will contribute to raising the profile of this work in our agency to a position of being accorded value and worth amongst more of our staff, and that it will further enrich our culture of collaborative team work. Often this area can be rife with value judgements – “people shouldn't be allowed to live like this” “it's disgusting” etc. Whatever the values are that we bring with us to our work they can very easily become evident and impact on the success or otherwise of our interventions. This training provides staff with an opportunity to explore this. To draw attention to, and heighten awareness of, the effect that critical or judging values can have, and how it can be possible to adopt different positions. Values which we will be seeking to encourage and promote are those very core social work and human values of conveying respect and dignity, respecting individual rights of autonomy and client self determination and empowerment.

We have chosen the following excerpts as reflective of this theme, showing some staff and clients noticing **what works** for them and why.

Excerpt from DVD : *Mary-Anne*, Dom Care client, talks about her home situation and the value she places on the attitudes and assistance of the workers, who are seen in *team discussion* about their approach as well as working with Mary-Anne in her home. *Monique*, Paramedical Aide, works with each client's personality and talks about establishing rapport through humour. *Tracy*, Domestic Assistant also mentions humour as she describes the impact that visiting has on people who live very isolated lives. *Julie*, Paramedical Aide, stresses the importance of consistency and not taking any action without the clients consent. *Kitty*, Social Worker, introduces new workers gradually so as not to compromise the relationship of trust already in place. *Tracy*, Domestic Assistant, talks about the need to be positive for the sake of the clients. *Anna*, Social Worker/Service Coordinator reflects on how planning the first contact with a client impacts on progress. She also acknowledges that the attitude of the Domestic Assistant, Derica, was pivotal in gaining the client's trust and acceptance of services. *Michelle*, Occupational Therapist, recognises the importance of maintaining consistency with a small number of staff attending, of setting small manageable goals and working slowly, at the client's pace to build rapport and trust.

Kitty : In our desire to continue building our practice at the local level we have chosen to base our training on the principles of **Reflective Learning**. This process involves the identification and evaluation of the assumptions and values which really underpin our decision making and daily work practices. From this might emerge new theories and knowledge which could challenge and eventually change those practices. Reflective learning encourages the recognition of complexities and uncertainties. It should raise questions about our routine responses, allowing discussion about what really does and doesn't work. It also recognises the value of emotional and intuitive responses in looking for solutions to social dilemmas. Reflection on our deep social, cultural and ethical foundations challenges our usual, automatic assumptions and opens up avenues for learning and development. In Reflective learning experience is valued. People are encouraged to learn from examining real problems and actions rather than from abstract concepts. This is an intentional step away from seeking to impart expert answers or teach solutions. The cycle of Experience, Reflection, Analysis and Planning is a continuum which can inform our practice in the long term. During the training sessions we would be hoping staff can learn and practice these concepts in a safe, positive workshop environment, using as triggers the examples provided by their peers in the DVD.

Excerpt from DVD : *Cally*, Careworker, describes the example her work set for a family who left all the work to her initially. She felt used and like "the hired help" but as she noticed they were gradually doing more for themselves she felt more positive about her input. *Mieke*, Social Worker/Service Coordinator talks about her first encounters with Dom Care clients, *Cliff* and his son *Geoff*, who were living isolated lives in a cluttered home. Cliff describes feeling embarrassed at times by the intervention. Geoff talks about their experience of being sent to the movies by the local council while their house was cleaned and how his dad Cliff didn't like this. It was much better when they worked together with Dom Care staff and the home is better now there is less clutter. Cliff emphasises the importance of taking things slowly and of not liking workers who rush him. *Mary-Anne*, client, says she found it hard to cope on her own without family support and limited life skills and is really appreciative of the assistance she receives. The *team* of staff involved in her care discuss their strategies. *Diane*, Careworker, is heard talking about involving *Mary-Anne*, client, in the planning and implementation of domestic tasks, while they are seen working together in the client's home. *Diane* then joins team discussion back in the office, explaining attempts to reduce a little of the clutter at each visit. *Kitty*, Social Worker, tells of a client who had a mice plague indoors, requiring use of protective equipment when cleaning. The client's inability to tolerate people in her home for very long was respected and accommodated by two staff attending together. While sorting through her belongings, the client demonstrated her feelings of powerlessness and loss of control.

Margie : This section is about looking at the bigger picture, the importance of **team work** and the range of tasks that may be needing attention in these situations. Assisting clients to live successfully in the community can involve working with them or advocating for them in many different ways. It can involve liaising with or even establishing connection with essential utilities. It might be assisting with effective pet management, dealing with government or community agencies. It could be linking people to community resources;

reducing isolation. It is important not to focus on the problem of clutter or hoarding alone as attending to these other issues is often just as, if not more important. Sometimes it will not ever be possible to engage in such issues, or it will take a long time to create a relationship of trust from which to work.

Active team work where conversations are ongoing about what is being done, what is not able to be done or what might be possible to achieve is essential to effective work in the area. Recognising that staff need to have opportunity to come back into the office or feedback their concerns is very important.

Excerpt for DVD : *Tim*, Physiotherapist, highlights the privilege of working in a multi-disciplinary team of people with a wide range of skills and the value of regular discussions with the field staff. *Michelle*, Occupational Therapist, describes feeling more competent tackling the complexities, knowing that she has the backing and support of her team. *Anna*, Social Worker, describes her involvement from referral point to engaging the client in discussions about services, a process which also included the Domestic Assistant who would be visiting regularly.

Kitty : As Margie has just noted, in many of these environments it is not possible, or even always desirable, to remove all the clutter and our goal is rather to make a safe place for the client to live and for our staff to do their work. Awareness of health and safety practices is important but we will not be able to remove all **risk factors**. Both sides of the coin need to be considered because there are always elements of risk in any activity. Every choice we make involves both the possibility of failure and of success. People learn and grow by taking risks and making mistakes. There is a dignity of risk which gives each of us the right to choose pathways along which we expect some risks to occur. Most adults can detect and will resent any attempts to overprotect them. For service providers assessment of the risks inherent in any situation can be very subjective and variable. This often means an exaggeration of the issues and a fear of becoming involved. To try to address this some staff at Dom Care SA devised a risk assessment tool which helped put all manner of risks into some perspective. They acknowledged the risks but measured them against a scale of probability and severity. Challenging home environments present a number of risk factors, mainly related to disease and injury. When examined closely, transmission of disease from bodily fluids and human or animal excreta can be minimized by following the standard universal precautions of wearing protective clothing and rigorous hand washing. Risk of injury to clients and staff relates mainly to tripping or falling on clutter and worn, damaged floor surfaces. Again, if basic care is taken, the risk of injury to staff is minimal. Risk of fire can be a factor when flammable materials are stored close to a heat source and where exits are blocked, but again the likelihood is often lower than the circumstances might suggest. We need to consider the client's capacity to make informed decisions about living with some element of risk, particularly as provision of safety equipment is often compromised by limited space and uneven surfaces. Discussion with the client and prioritization of tasks to be addressed is preferred but strategies will depend on the degree of cooperation present. Likewise staff benefit from the opportunity to acknowledge and discuss concerns about their own and the client's safety.

Excerpt from DVD : *Tracy*, Domestic Assistant, and *Julie*, Careworker, talk about the hygiene and safety risks they encounter in their work, including occasional aggressive outbursts from clients. Protective equipment and a cautious, diplomatic approach are important. *Michelle*, Occupational Therapist, describes a home environment where human and animal excreta were factors and how the Domestic Assistants felt frustrated in their efforts to make any inroads.

Margie : Domestic assistants in this area often express a frustration that they are unable to do the tasks that they assume the system expects them to achieve and that they are not doing their job properly.

As a means of introducing this final segment, **“It’s More than Cleaning”**, I would like to recount a conversation I had some time ago with one of our domestic assistants, who came highly recommended by staff in another team as being a great worker. That she was very patient and respectful with clients, able to develop good rapport and achieve good outcomes. I caught up with her and welcomed her to our team saying that I understood from others how lucky we were to have her on board. She replied that she didn’t understand why they would say that. She didn’t think she was very good at all in this area as she was never able to get all the cleaning done. This is what she thought was expected of her and what she in fact expected of herself. Because of this she was unable to see those other skills which were so valued by the team and that are vital in contributing towards good outcomes. This work is so much more than just about cleaning.

Excerpt from DVD : *Margie*, Social Work Clinician, talks about the positive outcomes and successes. *Kitty*, Social Worker, highlights the value of Dom Care’s capacity to be involved over a long period of time. *Michelle*, Occupational Therapist, now enjoys the challenges of these situations and loves her job. *Cally*, Careworker, learns from her clients what works and what doesn’t and considers that everyone deserves a chance to sort out their problems. *Margie*, Social Worker, emphasises how improving the home environment can restore people’s sense of self worth and identity which can lead to positive outcomes such as reduction in shame, reconnection with family and the community.