

# 7-minute Learning Summary

## Practice Reflection - Angela



### Case Summary

Angela was a 45-year-old, White British woman, who died from skin cancer just 2 months after diagnosis. Angela had an adult daughter and was sole parent to two children, aged 5 and 6, at the time of her death. Angela had a long history of involvement with Children's Services as she had herself been looked after and her adult daughter had been in care. Angela had been an intravenous Heroin user, but she successfully stopped using Heroin for the last 6 years of her life. Angela had chronic leg ulcers as well as back pain and depression. All of this impacted on well-being and her ability to parent her young children. She continued to use cannabis as a means of managing her pain, although this was not understood by all professionals who worked with her. Angela struggled to comply consistently with help offered her and regularly missed appointments or dressed her own legs. Towards the end of her life, the COVID-19 pandemic impacted on her in terms of delays with diagnosis and access to support.

### Summary findings

1. Despite the 'Think Family' protocol, there is no established culture or system of adult and children's social care of children's health providers working together to support a family with different needs 
2. Instability of professional relationships impact on the quality of support provided to people and this is exacerbated when the people are predisposed to not engage or to mask compliance.
3. Unconscious biases impact on professionals working with people who have a history of drug use and those who are care leavers, as a result there is a blinkered approach which leaves practitioners unaware of the wider perspective and makes it easy to walk away from people in need.
4. The importance of the role of fathers is not prioritised and little work is undertaken to strengthen and support these relationships, especially where parents do not cohabit.

### Lessons

## LESSONS

1. It is important for adult and children's health and social care services to joint work cases involving families where the members of the family have different needs.
2. Practitioners should be aware of and refer to the 'Think Family' policies and supervisors should support practitioners to reflect on how to embed this within specific families with multigenerational needs.
3. Developing enduring and trusting professional relationships in health and social care is effective in health promotion and in bringing about changes in behaviour, and, delivering better outcomes for people who use services. Continuity in professional relationships is frequently eroded by a number of factors such as staff turnover, stretched resources and separate pathways for adults and children within services and systems. Identifying a key professional to support adults with complex life histories who struggle to navigate adult social services.
4. Practitioners should be encouraged to empower people to develop expertise in self-managing common conditions such as leg ulcers and to take a holistic and empathetic view of people with complex and traumatic life histories.
5. Adjustments should be made to how services are delivered to adults who complex and traumatic life-histories so they are supported to access the services and support they need rather than regarded as non-compliant.
6. Supervision has a crucial role of bringing critical reflection and respectful challenge to assist practitioners think about how their own values and social norms impact on their views/ support for the families with whom they work.
7. The need for curiosity about fathers of children needs to be highlighted for practitioners in both children and adult social care when working in a family context.