

INTEGRATED CARE
A Discussion Document

by

E. John Crowter-Jones
&
Judith H Morrison

Discussing a fresh approach to care
&
introducing
a new breed of organisation

LOCAL INTEGRATED NOT-FOR-PROFIT
GROUPS

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INTRODUCTION

This discussion document presents personal thoughts, questions and ideas arising out of the authors' experiences as carers and users of the health and social care system for more than a decade.

National political parties say they want to find a fair, affordable and sustainable solution to the problem of providing care for the elderly, vulnerable and disabled. Is there a one-solution-that-fits-all answer? Can a solution be found by politicians? Perhaps the best that national politicians can offer is a framework which allows those on the front line to develop and implement reforms and a range of locally available options.

Can the necessary amount of care be fully funded through taxation? Unlikely. How can taxpayers' money not be wasted? What non-fiscal resources are there which local communities can utilise to improve the quality of life for their family members, friends and neighbours and how can these be organised? And how about the little things money can't buy but which make all the difference to someone's day; these come from common sense, consideration and kindnesses.

This document is far from comprehensive, and some major issues we only mention very briefly. We offer the document in the hope that others will be stimulated to brain storm new ideas and solutions, be creative in their thinking, think outside the box, ask questions, be imaginative, get involved and enjoy being part of the solution.

SUMMARY

Key elements of successful integrated care:

- The solution to social care needs more than money.
- No profits to be made out of life's necessities.
- Government should provide framework to empower grass root solutions.
- Harness and network communities' expertise.
- The seeds of the solution already exists in the many and diverse examples of good practice.
- Sharing, co-operation and involvement improve quality of life for all and saves money.
- Use social care LINGs (Local Integrated Not-for-profit Groups) to link those needing care with support workers.

- Asraya, a new concept to embody small initiatives where individuals create little havens for themselves and a handful of friends.
- Nothing is too taboo to talk about.
- Turn the emotions of loss into energy for change.
- Dynamic, holistic, humanistic changes are what will make the difference.

DISCUSSION

Living on the front line of care

Do the words and phrases used to discuss social care issues entrench our thinking and limit our options for seeing solutions? What does living in the community mean? Who are the people on the front line of care, the ones with the experiences of receiving and giving social care?

When you hear the phrase ‘living in the community’, do you think one has to be in one’s own home to be living in the community? Do you include those living in residential and nursing homes as living in the community? Moving into residential care should be joining a small community which is integrated with, not isolated from, the local community. Appendix 1 contains some ideas for the future organisation of care homes.

There are three main players on the front line, the cared for, the unpaid carer and the paid carer. They are the men, women and children who experience good care or not good care, their relatives who witness and are entwined in such experiences, and those whose work ranges from excellent to atrocious.

In this document we call the person receiving the care the ‘Individual Person’. This emphasises that each person in need of assistance, support, care and/or protection is a unique person and more than a list of symptoms and problems. There are more thoughts about the Individual Person in Appendix 2.

‘Carer’ is a word that should be restricted to the unpaid family members or close friends who make a significant contribution to the Individual Person’s quality of life. Carers are now recognised and have a special role in social care. We feel anyone paid should have the word ‘worker’ as part of their description.

‘Support Workers’ are persons paid to provide one-to-one assistance, support, care and/or protection for Individual Persons. The experience of good Support Workers is an overlooked resource which could be harnessed by changes in how social care is provided.

The three categories of people on the front line are the ones with the everyday experience and knowledge. Understanding this is key to changing society’s attitudes and how social care is organised and delivered. Providing sensible means of linking the Individual Person with a networked group of Support Workers will improve quality of life for all.

Funding

Did you expect us to come up with THE answer to the funding question? We don't think there is one answer to the funding question. Yes, we agree money is needed but it is only part of the answer. Perhaps there are human factors which can influence how care is provided and will make the available money and resources more productive.

An Individual Person's funding is a mixture of self-funding and taxpayer-funding, and sometimes the funding is topped up by relatives or charities.

The move towards Direct Payments for the taxpayer-funded part is welcomed. It is anticipated it will increase the Individual Person's influence on how social care is provided. Local authorities should be the arm of government to oversee the taxpayer-funded part of financing social care but in co-operative ways with local organisations. More is suggested in Appendix 3.

In March 2010 the Charity Commission issued a press release headed, 'Public Sector cuts could create financial black hole for thousands of charities'. Dame Suzi Leather, Chair of the Charity Commission, said,

'Clearly severe cuts lie ahead in both local and central government resources; many local authorities are already identifying spending on the voluntary sector as being vulnerable. There is a real concern that charities which receive money from the public purse to fund their valuable work could find themselves at a financial cliff edge in March 2011.' (www.charitycommissson.gov.uk/RSS?News/pr-downturn4 Accessed 8.4.10)

Concepts of money

What is money? Yes, we all know what money is. But let's look at the concepts of money in a community and money outside the community. Diagram 1 (on the next page) illustrates that the real wealth is the work, skills and goods produced and exchanged by people. Money outside the community loses its intrinsic value. Keeping the organisation and delivery of, and payment for, care within the community served will increase resources and involvement and raise standards.

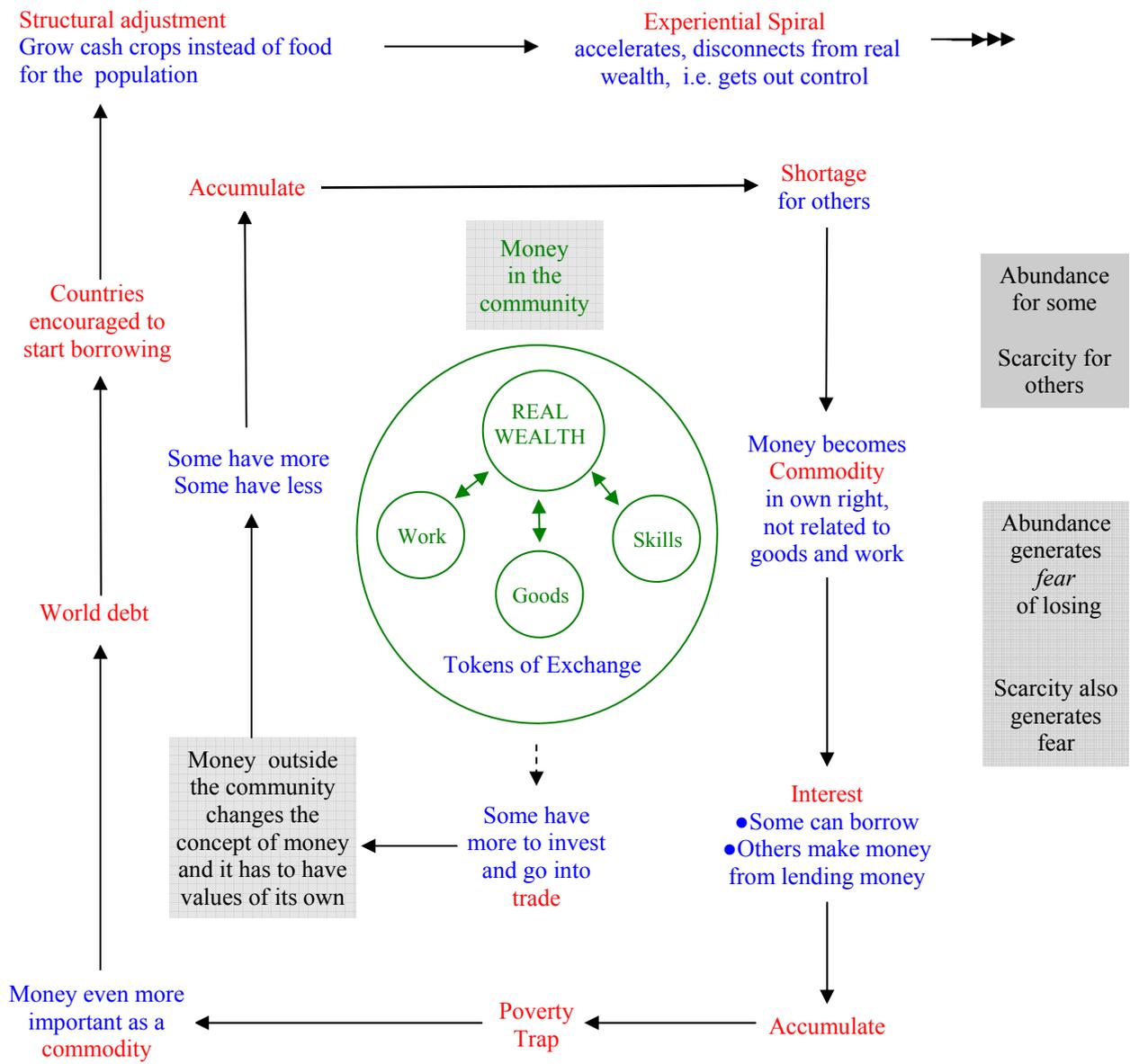
Necessity not luxury

Let's look at a principle being proposed by Matt Stockdale on the At Cost Energy website.

'Welcome to At Cost Energy - where we believe gas and electricity are a necessity to live, not a luxury! We challenge why ANY company should be allowed to profit from something that, in our founder's opinion, is a basic human right.'

www.atcostenergy.com (accessed 4.4.10)

We believe social care is a necessity not a luxury, and question why any company should be allowed to profit from the human needs of members of our society. We are proposing a new breed of organisation, local integrated not-for-profit groups. Such groups will facilitate the management of and access to social care and could be a means of improving quality of life for all on the front line.



*Diagram 1: Money in the Community, Money outside the Community

*Diagram adapted from notes made during talks on a Permaculture Design Course in 2001

Local Integrated Not-for-profit Groups

Local Integrated Not-for-profit Groups (LINGs) will have a variety of forms and functions. They will be formed by members of the community who have the desire to focus their skills and enthusiasm to make a difference to fellow members of their community. This is nothing new. The hospice movement is one of the best known examples.

By giving the concept of such initiatives a name, LINGs, we hope others will be empowered to put their own creativity into action. The effective changes needed in social care will come from within communities, from the wealth of a community's combined experiences.

Government's role should be to facilitate LINGs through minimal legislation and regulation, and attitudes of common sense, service and co-operation (not competition or market forces). Naming and shaming highlights the worst. Let's put the spotlight on the masses of individual examples of the very good and excellent, and use these as beacons to light the way forward.

In this document we will not be discussing the legal status of a LING. But we do question whether current laws and regulations are too cumbersome and user-unfriendly to empower local community initiatives and as such are barriers to reform. It could be that legislation is needed to allow sensible local initiatives and to create new blue-prints for Individual Person and Carer led social care organisations.

Social care LINGs

For illustrative purposes we are outlining a social care LING whose function is to network Individual Persons and their Carers and Support Workers. The core administration of our illustrative LING has:

- a Board of Trustees drawn from local business people with a track record of voluntary work in their community. Also on the board will be co-opted representatives for Individual Persons, for Carers, for Support Workers and for the LING's volunteers if such a network is formed.
- a small clerical staff who administer payments between Individuals Persons and Support Workers and deal with employment paperwork, receive direct payments on behalf of taxpayer-funded Individual Persons, deal with legal and insurance employment matters, organise interview panels and references and checks on new Support Workers joining the LING.
- An interactive website.

Through the LING and its website Individual Persons and their Carers will have access to a pool of Support Workers, and Support Workers will have access to a group of people wanting to employ them. Each group can advertise their requirements and use such parts of the administrative services as they require.

Funding of a LING will be a mixture of payments for services, donations and volunteered time and energy. It is anticipated that the good reputation of the LING amongst Support Workers and their involvement in any wider activities of the LING will reduce recruitment costs and Support Worker turnover. Such savings and no profit to be made by a commercial

company should reduce costs to the Individual Person and provide better rates of pay and conditions for the Support Worker.

A social care LING can have a variety of ‘add-ons’. Some suggestions are mentioned in Appendix 4, Part 1. A network of LINGs might open ways of improving matters in some areas which are too taboo to discuss easily. Two such examples are briefly outlined in Part 2 of Appendix 4.

John Crowter-Jones and Judith Morrison

April 2010.

APPENDIX 1

Part 1

Living in the Community

An Individual Person lives in the community wherever he or she is living. Diagram 2: Living in the Community (on the next page) shows the main options an Individual Person has, plus a new idea which we are calling Aśraya. More on that in Part 3 of this Appendix.

Can there be more fluidity or overlap amongst the options? Could that improve quality of life for Individual Persons and those looking after them?

Part 2

CARE HOMES CAN BE AN INTEGRAL PART OF EVERY LOCAL COMMUNITY

by

Judith H Morrison

I dread the day when living at home becomes too difficult. On that day I will be handed over to strangers, a commercial company claiming they will take care of me. Other strangers employed by public organisations are meant to ensure I'm not abused and receive a minimum standard of care. But anyone with no able and competent relative or close friend is on their own at the mercy of a system that does not have common sense and kindness at its heart. And the prospects are frightening, even if you have a caring relative.

It does not have to be like this and for some it is not. There are residential and nursing homes run by charitable organisations where they provide a home for life. Those living and working at the home form a community which is integrated with the wider, local community where the home is situated.

I would like to extend the idea of integrated care to include all care and nursing homes, and to be a compulsory part of all commercially run homes. I'm suggesting three ideas to initiate discussion and change to allow new ways of caring for disabled and frail persons to evolve. My suggestions are:

- A league of friends for each home comprising volunteers of all ages;
- Daytime activities organised or run by the home's friends, and enjoyed by residents and potential residents still living in their own homes;
- A proportion of beds in homes are available for respite or convalescence after a spell in hospital to relieve pressure on hospital beds.

The league of friends would be the community's eyes and ears on how the home is run

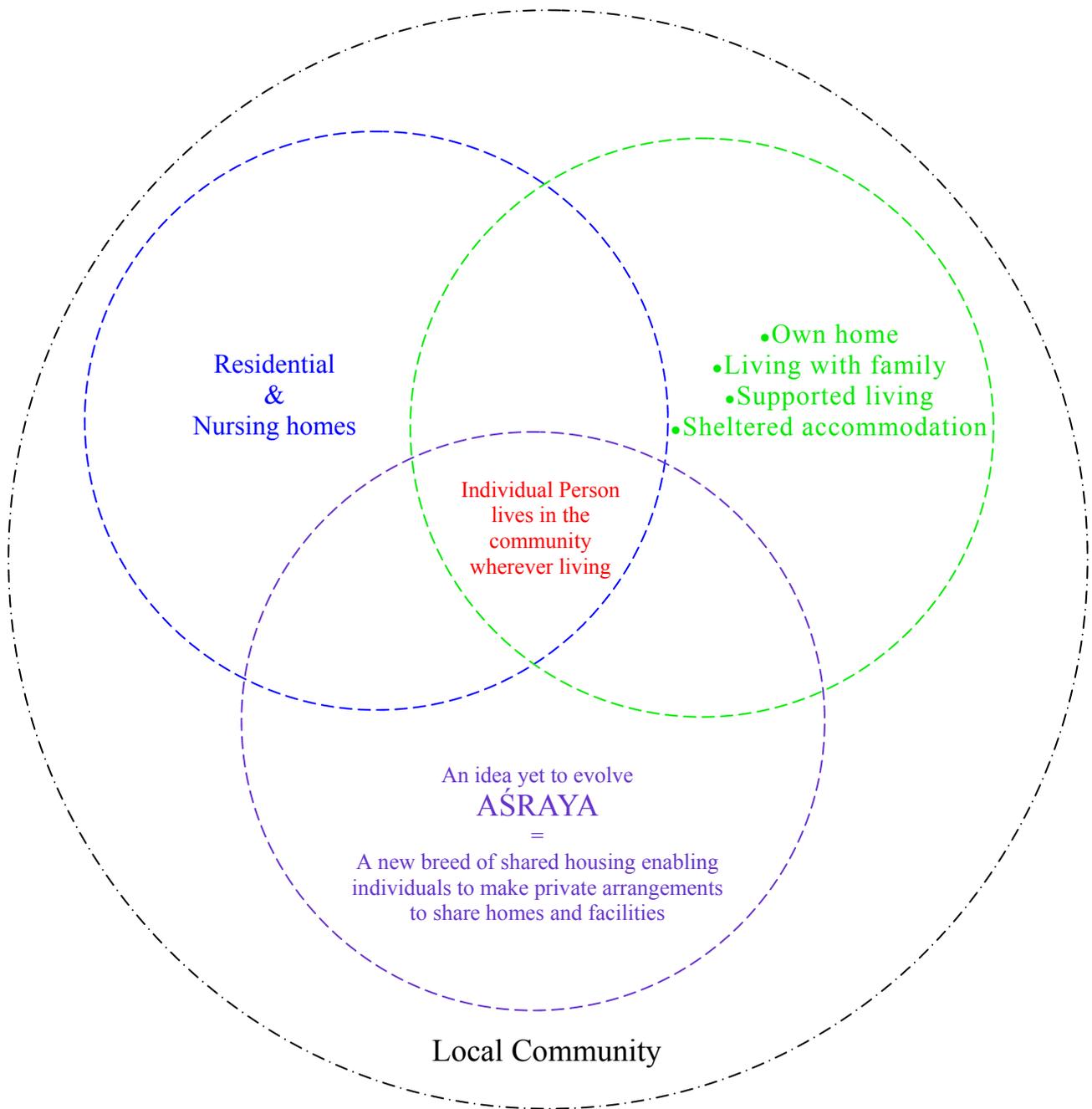


Diagram 2: Living in the Community

and the residents treated, and linked to improved means of reporting and discussing lapses in standards of care and suspicions of abuse. Residents would have improved opportunities to maintain friendships and activities outside the home. League of friends within commercial homes should be independent of the homes' management, and preferable be administered by a local, not-for-profit organisation.

Short visits for lunch, coffee, an exercise class, craft session, games of scrabble or bingo or regular chat with a resident would remove the fear of the unknown and allow potential residents to contribute to making the home a more congenial place to live as well as improving their own quality of life. The home would maintain a confidential record of day visitors which would facilitate temporary admissions for respite or convalescence care.

The process of leaving my own home for good will be traumatic. I do not wish to choose my residential care from a glossy brochure and a Care Quality Commission bi- or tri-annual report. I would prefer to know from a home's league of friends how staff treat residents, how staff are treated by management and how problems are managed. And I would like management to belong to an organisation where compassion is paramount, and making profit from meeting the needs of fellow humans is a necessary consideration only to enable the efficient running of a facility that the local community is content to use.

Part 3

AŚRAYA

Aśraya is a new term for the social care world. It is derived from Sanskrit and shares the same root as the word Ashram. The intention is for the word 'aśraya' to be used to embody small initiatives where individuals create little havens for themselves and a handful of friends and acquaintances.

It is new model of co-operation enabling individuals to make private arrangements to share homes, facilities and care. The concept will evolve and there is no limit to the forms aśraya can take. Some practical changes in laws and regulations may be needed, but for now let your imagination run free.

Some initial suggestions:

- Shared meals — a bread machine and slow cooker make this easy, and to save the washing up each person brings their own plate and cutlery.
- Use the spare bedroom to give a newly bereaved widow or widower a few days company, or someone a few days non-nursing convalescence before they go back to their home, or refresh a Carer with a meal and overnight stay.
- Have a monthly or weekly buddy group to share a hobby, learn a new skill, e.g. playing with a laptop. The main function of buddy groups though seems to be tea and chat.
- Work out new ways of communal living — the baby boomers could revive their student days.
- How about thinking how to share cars and transport. Perhaps the insurance industry would like to join in here as small changes to standard motor insurance policies could make a big difference.
- What about the garden? Share the produce in return for a family looking after it?

APPENDIX 2

The Individual Person

Needing assistance, support, care and/or protection or becoming a carer can happen to anyone at any age. No family can be exempt but each person's circumstances will be unique. Diagram 3: Personal Circumstances shows some of the areas wherein lies the detail. Information helps all involved see the bigger picture, both the limitations and the pluses.

The Individual Person and his or her Carer(s) should automatically be part of the team putting the care plan together. This enables Individual Persons and Carers to create optimum social care plans from available resources.

It will rarely be possible to provide the ultimate, perfect care plan, but it is possible, through good communications, to prevent the Individual Person feeling "done unto" by the system or leaving the Carer feeling ignored.

It is important to remember circumstances are fluid and the Individual Person and those around him or her gain experience on managing a changing situation. An assessment is

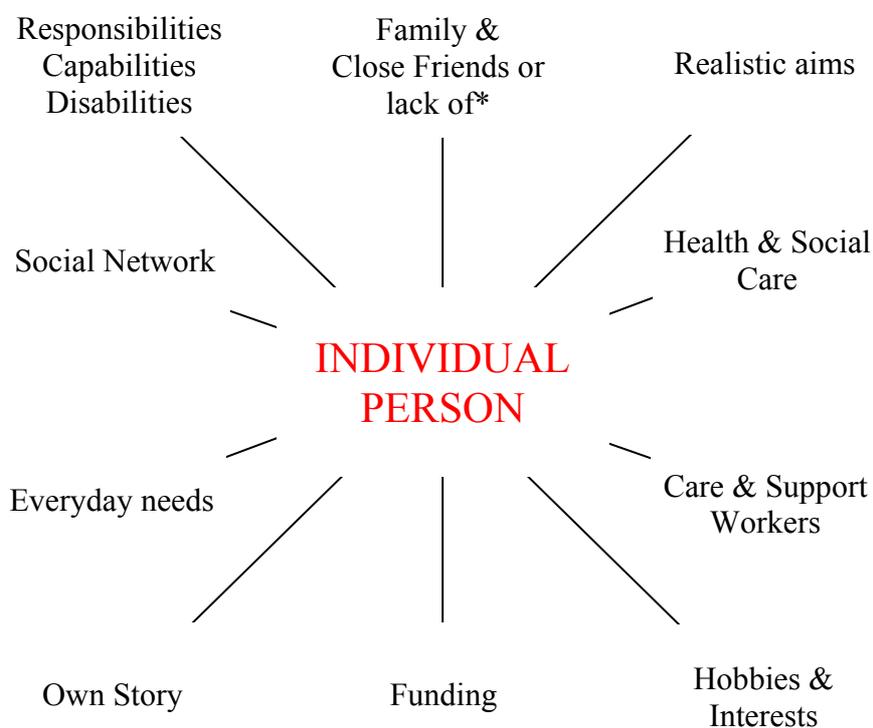


Diagram 3: Personal Circumstances

*Family—Please remember there are Individual Persons who have no family (or no competent family). Family Carers have now been recognised. The extra challenges for those with no family should be recognised. [A separate debate is needed about this.]

just an incomplete snapshot on the date it was done, but good assessments can be useful tools.

There is interaction amongst aspects of health and social circumstances. Diagram 4: Health & Social Care Assessments illustrates this. In our society mental health is a bit of a taboo topic still. There is probably a historical reason for this due to ignorance and fear, but with the advances in science and understanding it is a taboo that should be relegated to history.

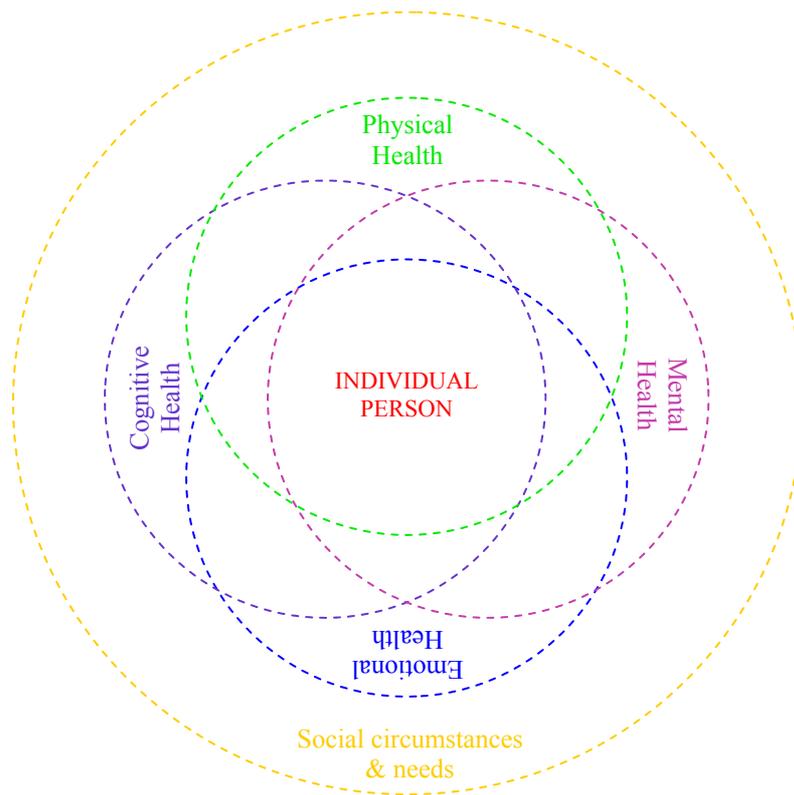


Diagram 4: Health & Social Care Assessments

Emotional, cognitive and some physical and biochemical states of the brain can get lumped together under the mental health services. When this happens it may result in normal emotional states not being recognised and so are classified as illness. In Appendix 5 it is suggested normal emotions are a resource to be harnessed.

APPENDIX 3

Charities are key to providing high levels of care for patients

by
John Crowter-Jones

Care and care homes is one of the biggest challenges facing any national or local government for the foreseeable future, both for providing the service that will be needed and financing the service. What I am suggesting is a complete new outlook incorporating the use of local charities in close association with the local authority/social services. I am proposing control of care and residential homes should be under the control of local people and preferably not externalised to the private sector in any form.

The financing of new care homes and the upgrading of existing homes would be financed by taxpayers. Then local charities would be invited to tender for the servicing, maintenance, staffing, and have control of every day running of the establishments. Profits would be limited to a small percentage to be used for any future upgrading. The return to the local authority should be sufficient to repay the initial cost of building and upgrading of the homes.

The standard of care could still come under the auspices of the national inspectorate as it is at present.

Care for people with long-term illnesses in their own home should also come under the same charities. The emphasis should be on maintaining a very high standard for these people so they could stay in their own home as long as possible thus relieving the pressure for beds both in care homes and hospitals.

I also think modern technology should be adopted to the maximum for care in both care homes and in private homes, for example video links are efficient and could be used for both visual and vocal monitoring, particularly at night.

A selected charity would be responsible for the quality of service and training of carers. Carers should be paid a reasonably good hourly rate. There should be a register of qualified carers with their criminal records certificate and details of their ongoing professional training.

The assessments of service users should still be carried out in a similar way as now. People on direct payments should have full control as to how they use the money to improve the quality of life of the service user. People who do not qualify for any financial assistance should have their needs assessed in the same way, and would then request care through the controlling charity and pay them in the usual way.

I think the governance of the above organisations should be the combined responsibility of local social services and primary health care trusts, and overseen by lay service users and elected councillors.

APPENDIX 4

Part 1

‘Add-ons’ for a social care LING

‘The potential for otherwise isolated ‘housebound people’ to maintain and initiate friendships from their homes is one of the main advantages said to be gained from use of the Internet.’

Alison Sheldon¹

An interactive website gives a LING opportunities for networking with other LINGs and amongst its own members who, in our illustrative example, are the Individual Persons, their Carers, the Support Workers.

The LINGs website will also be used for any additional activities its Board and members agree. Here are some suggestions to encourage stimulation of ideas.

The family and friends of a LING’s members may wish to form a group of volunteers to enrich the lives of Individual Persons and their Carers. Only the imagination will limit the range of activities a LING’s volunteers can engage in. In addition to regular activities one off requests can be made through the website. A LING’s volunteers will probably network with other voluntary organisation in the area and become good at finding solutions to members’ problems.

A social care LING should arrange training for its Support Workers. This would allow the Individual Persons and Carers to have input into the skills and standards they want their Support Workers to have. Thus the training could step outside the box. For example, part of the training could be done by Individual Persons, Carers and experienced Support Workers, or be the type of holistic, humanistic care given by those trained by David Sheard of Dementia Care Matters and shown on the 2009 BBC series ‘Can Gerry Robinson fix Dementia Care Homes?’ (www.dementiacarematters.com)

A LING could have its own in-house Local Trading and Exchange Scheme (LETS) for use by its members and volunteers. The reason for having an in-house scheme is that all those taking part in the scheme will be known to the LING and this will act as a safeguard for those Individual Persons who may be vulnerable to abuse.

So what is a Local Exchange & Trading Scheme? It is a ‘local community-based mutual aid network in which people exchange all kinds of goods and services with one another, without the need for money.’ (www.letslinkuk.net Accessed 10.4.10)

Quoting again from the Lets Link UK web site, ‘LETS use a system of community credits, so that direct exchanges do not have to be made. People earn LETS credits by providing a service, and can then spend the credits on whatever is offered by others on the scheme: for example childcare, transport, food, home repairs or the hire of tools and equipment.’

There is more information about LETS on www.letslinkuk.net

Part 2

Too Taboo to Talk about LINGs

There are some issues that impinge on Individual Persons' lives that are too taboo to talk about easily or even at all. LINGs could have an important role in dramatically improving communications, providing information and giving courage and support to an Individual Person who wants useful help.

A Too-Taboo LING would be a group of individuals knowledgeable and at ease about the topic. They would be a mix of professionals and lay people and well connected to accessing practical help.

The two taboo topics we will very briefly mention here are LBS, which stands for leaky bum syndrome, and abuse. Our comments are just intended to get you thinking and questioning why problems common in our society are too taboo to talk about. Only by talking can solutions be found. And one thing empathetic talking does do is let those experiencing a 'taboo' problem know they are by no means the only person with such a problem.

We have selected these topics for the examples as the first is one where small inputs could make material differences to a person's quality of life. The second one, abuse, is a topic that needs taking out of the domain of the professionals and made the responsibility of the general public. We all have to be part of the solution, and a network of LINGs may be a vehicle to help achieve this, and end the isolation and intimidation which allows abuse to happen.

An LBS LING is likely to be a small sub-group of a volunteer LING, perhaps consisting of retired nurses. They would be part of the local resources available to Individual Persons and Carers through the LING network. They would deal with questions and fears relating to incontinence and its management.

There should be no taboos in discussing any of the body's natural functions. The LBS Ling could also be a lobby group to encourage more and better public toilets as well as more convenient ones for the disabled, i.e. not located in a distant corner on the top floor of a retail store.

The Talk-about-Abuse LINGs needs more space than this discussion document allows. The comments here are drawn from one of the author's personal experiences of three incidents in the five years or so she has been housebound. The first incident was verbal abuse and hostility directed towards her by a worker employed privately to give personal care. Prior to the incident the worker had been satisfactory. The author had no idea what to do, was in shock and asked a friend to phone the worker to tell her not to come back and to deal with paying money in lieu of notice. The second incident was theft of money by an agency worker from an 80 year old friend. The friend was in shock, phoned the author, and made her promise not to tell anyone. After talking with the author the friend did agree to the

agency being informed. The author reported the incident to the agency. The author later discovered that the agency did not follow procedures correctly and it is understood the worker was later reported for stealing from another vulnerable adult. The third incident was family elder abuse affecting another friend. The friend did not want the incident reported to the authorities. Through discussions arrangements were put in place so the friend could ask for help easily should there be any repetition of the elder abuse.

After the second incident the author realised she did not know what happened when suspicions of abuse were reported. She started by talking with Age Concern and then approached the local Protection of Vulnerable Adults (now Safeguarding Adults) team. What happened after that may be a story to report elsewhere. After much persistence she discovered there are multi-agency agreements written by professionals for professionals. She failed to find any information for the people who experience abuse that would encourage her to report suspicions. Some training was available for those working with vulnerable adults. And of course there is now the compulsory criminal records checks!

The author's personal views are:

- Individual Persons can only be adequately protected if there is a supportive ambiance that encourages all Individual Persons, their Carers and all who work with them to talk about any doubts or suspicions;
- any system acknowledges that a high percentage of abuse is by family or non-professionals known to the Individual Person, and there needs to be much sensitivity in how suspicions of family abuse are dealt with;
- Individual Persons know what to do and also know how to get emotional support if involved in such incidents;
- there are safeguards for Support Workers in the event of false accusations;
- the professionals actively welcome and want the involvement of lay people in safeguarding adults;
- the general public should know all about the safeguarding system and can easily make contact to discuss concerns;
- it is no longer taboo to talk about abuse.

Discussing the concept of Talk-about-Abuse LINGs may help bring changes that can prevent abuse in the first place, but to stop it recurring needs Individual Persons to report what they experience

¹Sheldon, Alison 'Changing Technology' in John Swain et al. ed. *Disabling Barriers—Enabling Environments* SAGE Publications 2004

APPENDIX 5

EMOTIONS ARE A RESOURCE

by

Judith H Morrison

Bacon, eggs, butter, flour, milk, sugar, salt, vegetables and fruit were some of the resources lining the shelves of my Yorkshire grandmother's pantry. Resources she used to feed her family. It was second nature to her to use the ingredients to produce the dishes she wanted to make. She understood the potential of the ingredients, how they reacted and interacted together and the variety of ways she could combine and treat them.

My grandmother would not have thought of guilt, anger, anxiety, denial or depression as resources. She would have recognised them of course, but probably as negative emotions to be avoided, controlled or repressed. It would have been news to her that emotions have meanings and useful purposes which can be turned into dynamic resources to improve your quality of life and the lives of those around you. Using the daily stream of your emotions creatively is a life skill and, like cooking, is easy to learn if you have the will to do so.

So what is the trick to turn emotions into a resource? Emotions are social signals which arise when there is change. They are signals you can learn to read in yourself and others. Emotions are also energy. Learning to translate feelings and behaviours into emotions' meanings and useful purposes is the starting point for making emotions a resource.

Dr Trevor Griffiths, a GP, developed a method¹ he encouraged his patients to use when they were weighed down with life problems which otherwise could have resulted in referrals for anxiety or depression. He realised his patients were experiencing unrecognised grief and, in varying guises and combinations, the emotions of denial, shock, anger, guilt and hopelessness — the emotions of loss.

Loss emotions only happen when a person has lost something valued or fears such a loss. Loss causes a process known as grief, which when analysed has different stages from the initial shock to acceptance of what happened. The theoretical stages look neat and tidy on paper but in real life it can be quite a tangle, and the stages overlap and can be revisited time and again. The stages of adjusting to loss and the associated grief emotions are listed in Table 1.

Stage of adjusting to loss	Emotions associated with that stage
1. Recognising loss or potential loss	Shock and denial
2. Preventing loss or potential loss	Anger and guilt
3. Recovering or replacing the loss	Yearning/bargaining and emptiness/powerlessness
4. Accepting the loss has happened	Intermingling of sadness and returning peace

Table 1. Stages of adjusting to loss and associated emotions. (Based on information in *Emotional Logic* Distance Learning Tutorials)

Dr Griffiths realised that the secret to unravelling tangled emotions was in the detail. The big picture was overwhelming but the detail is often overlooked as emotions cascade through you. Once you have a means of getting a handle on even a small part of the detail you get a sense of beginning to move back into control of your life. Dr Griffiths likes Chaos Theory and pulling order out of chaos. His methods are an example of ‘the butterfly effect’ – small changes affect the bigger picture.

In a nutshell, the method Dr Griffiths developed was for the patient to name their losses especially the small and less obvious ones and then link the named losses to loss emotions. This is done on Loss Reaction Worksheets he and his team devised and tested. Once you know how to interpret the sheets you have a means of understanding your emotional patterns. The method gives a structure to move out of the mire and into a renewal of life, as well as giving a means of communicating about emotions in creative ways. That changes how those with whom you live and work respond to you, and how you respond to them, a win-win for all.

Dr Griffith’s methods have been developed into a comprehensive system known as *Emotional Logic*¹. The basics to know are the meanings and useful purposes of seven of the loss emotions, see your emotional patterns by linking named losses to the loss emotions, focussing on small achievable goals, and discovering stepping between bargaining and acceptance is a personal growth point.

Life is dynamic. Emotions are part of the dynamism. Sharing and using emotions creatively in one’s own life will, through the butterfly effect, change society. It could be the beginning of the end of emotional poverty, and that will have a knock-on effect of enriching people’s lives and thus reducing fiscal spending on social problems and contribute towards a solution of funding social care.

¹“*Emotional Logic* provides individuals, organisations, families and charities with the toolkit they need to succeed in the way they manage life and change, build dynamic relationships and move forward. The basics of *Emotional Logic* can be learnt in a day You could learn it in an evening class, or at home using our CD set and toolkit, or with telephone mentoring, or in 1:1 or couples and friends learning appointments, or on day workshops. It’s all about choice, and insight to make reasonable choices when you understand how your emotions arise from hidden losses.

Emotional Logic’s structure gives you reasons to stop telling yourself off for the way you feel. It gets to the roots of your identity. It helps you re-think. It opens up lasting personal development. And... your emotions affect your physical health, and your immune system. If you de-stress with *Emotional Logic*, your body works better.” (www.emotionallogiccentre.org.uk/foryou Accessed 15.4.10)

ABOUT THE AUTHORS

John Crowter-Jones, 84, cared for his wife, Peggy, for more than 15 years before her death in January 2009, and was a carer for his mother when he was a boy. He is a member of, and has recently retired as a trustee, of Living Options Devon, a charity which helps people with physical and sensory disabilities, and he sat on a number of charitable and public involvement committees campaigning for improvements for carers, patients and the disabled.

Judith Morrison, 56, is diagnosed with secondary progressive MS and hearing impairment. Before MS was diagnosed she had studied law, psychology and Ayurveda lifestyle principles, and since diagnosis she has studied Permaculture Design and Emotional Logic. She is the author of *The Book of Ayurveda: A guide to personal wellbeing* and *The Ayurveda Lifestyle Workbook: An easy introduction to using Ayurveda in Western daily life*. *Spinning the Weft: A memoir* is due to be published this year.

CONTACT

The authors are limited in their abilities to respond to emails, so we are not including an email address in this discussion document.

A new section is being created about LINGs on www.enjoylivingcontentedly.com and contact information will be given there.

This discussion document is available in the Articles section of the Enjoy Living Contentedly website (www.enjoylivingcontentedly.com/articles.htm)

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Flexible systems of leadership

'Birds are able to swoop, dive and move in unison because of a democratic decision-making process that gives every bird a say, according to a study.

'Thirteen homing pigeons were fitted with tiny global positioning system backpacks by scientists at the University of Oxford and their course plotted. ...

'Dr Dora Biro said the flexible system of leadership allows the amazing aerobatics because every bird had an influence.'

The Daily Telegraph 8.4.10