Room 1 – Chichester – AM
Chaired by Brian Taylor
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RESILIENCE IN APPROVED SOCIAL WORKERS IN NORTHERN IRELAND

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The aim of the study was to examine the concept of resilience in Approved Social Workers (ASWs) in Northern Ireland. The aims were:

- to gain a better understanding of how ASWs understand and promote their own resilience and the resilience of service users;
- to identify issues in current ASW practice and mental health services;
- and consider how the ASW service could be delivered in the future.

This was a qualitative study primarily using Interpretative Phenomenological Analysis (IPA) to explore the lived experience of ASWs. There were ten ASWs interviewed from one Health and Social Care Trust who had a dual role as an ASW and a Senior Practitioner Social Worker or Manager.
In Northern Ireland, Approved Social Workers are experienced social workers who have undergone further competence-based training in order to be appointed to act as an ASW for the purposes of the Mental Health (Northern Ireland) Order 1986, (Wilson et al, 2005).

The role and legal duties of an ASW are stipulated within the Mental Health (NI) Order 1986.

Within the Health and Social Care Trust where the study was conducted, the majority of ASWs are Senior Practitioner Social Workers who manage a caseload in addition to undertaking the ASW role on duty rota system. However, ASWs may also be social workers who are in a position of management, quite often Team Leaders.
WHAT IS RESILIENCE?

- There are many different meanings associated with the term resilience however this does not decrease the value and importance of resilience.
- According to Kinman and Grant (2011:262) resilience is “a complex and multi-faceted construct, referring to a person’s capacity to handle environmental difficulties, demands and high pressure without experiencing negative effects.”
Themes identified in the Findings include;

- participants’ motivation to undertake the ASW role
- ASW service delivery
- issues identified in ASW assessment and admission process
- the stress experienced by ASWs
- support available for ASWs, service users and carers
- resilience in ASWs and service users
- recommendations for improving Mental Health and ASW services.
Participants were able to identify the factors which they felt made them resilient as an ASW and also those which drained their resilience.

It was evident that for some participants this was the first time they had thought about resilience in the ASW role for both themselves and for the service users they support.

Those that had considered resilience as part of their ASW role tended to be those from mental health background and perceived the concept of resilience as promoting the recovery model in those individuals who required assessment under the Mental Health (NI) Order 1986.
This research study identified key issues that are likely to be contributing factors in reducing service user resilience including; the delays associated with the assessment process such as delays identifying a bed, waiting on support from the Police or Ambulance Service and/or the admitting doctor.

These issues are all systemic and it was recommended that they were reviewed as a matter of urgency in order to ensure the best outcomes for service users subject to assessment under the Mental Health (NI) Order 1986.
STRESSORS FOR APPROVED SOCIAL WORKERS

- Long working hours, managing risk, delays and having additional job responsibilities were all identified as stressors for ASWs in the findings and therefore factors which may cause declining practitioner resilience. The ASWs are often working in isolation with the individual who is subject to assessment under the Mental Health (NI) Order 1986 and therefore the participants have very clearly identified the need for additional practical support. The majority of Emergency Services, including the Ambulance and the Police Service, ensure that two staff members respond to crisis.
ROLE OF CARERS AND NEAREST RELATIVES

- Carers are central to the ASW process. Carers often provide crucial information which informs the ASW assessment. The findings suggest that further support services could be provided to carers of individuals who have been subject to assessment under the Mental Health (NI) Order 1986. The ASW is obliged to provide the Nearest Relative with a copy of their Rights under the Mental Health (NI) Order 1986 following a compulsory admission to hospital. It has been reported that the current leaflets provided are not of a high-quality standard and they should be improved.

- There was a further recommendation that another leaflet is made to provide support information to those who are caring for the individual who requires assessment under the Mental Health (NI) Order 1986 however, are not considered to be the individual’s Nearest Relative.
SUMMARY OF RECOMMENDATIONS

- Provide additional practical supports for ASWs responding to requests under the Mental Health (NI) Order 1986 in the HSCT where the research was undertaken including consideration of a “buddy system” where two ASWs respond to an assessment request.

- Provide additional ASW supervision opportunities.

- Explore additional alternatives to hospital including working collaboratively with voluntary agencies.

- Provide greater availability of mental health services both in the community and hospital settings.

- Review the current Nearest Relative Rights Leaflet and produce a modernised coloured version of the leaflet with additional supports.

- Produce a Carer’s Leaflet for carers of individuals assessed under the Mental Health (NI) Order 1986.

- Provide additional support to Service Users, Carers and Nearest Relatives.

- Provide additional training for those likely to request an assessment under the Mental Health (NI) Order 1986 or be involved in the process including: GPs, Home Treatment Team, Accident and Emergency Staff, Police and Ambulance Service and admitting Hospital staff.

- Review current levels of Out of Trust admissions to hospitals as a means of providing person-centred care.

- Offer recognition to ASWs who are undertaking two job roles, the ASW role and their substantive post as a Senior Practitioner Social Worker or a Manager and consider how they can be better supported in both roles.
THANK YOU FOR LISTENING.

Any Questions?
Playing for Real: towards higher fidelity simulation in preparation for practice learning
Dr Lorna Montgomery
Dr Paul Murphy
Prof Gavin Davidson
Dr Joe Duffy
Innovations and Practice Developments: arts in health and social care

1. What works in preparation for practice skills is central to the debate on how best to prepare social work students for the realities of social work practice.

2. Knowledge based on lived experience is increasingly recognized as having a key part to play in social work education.

3. There is a growing evidence base for the use of the arts in health and social care including: arts based interventions; arts based approaches to professional education; engagement with the arts as promotion/prevention.

4. Debate is focused on the ethics of involving people with ‘real life’ experiences in the education of social work students and the extent to which simulation-based knowledge can adequately reflect real life and address social work competence.
1. To establish and evaluate a sustainable interdisciplinary model of teaching through the inclusion of drama students in social work students’ skills development.

2. To develop intellectual and practical dimensions of advanced approaches to role-play in challenging scenarios through the combined use of drama students and service users in SW student education.
Preparing first year Social Work students for Practice Learning

- 12 theory lectures and tutorials linked to 12 skills lectures and workshops

- Skills workshops facilitated by University tutor and Agency staff

- Three assessed role-plays to assess students’ interpersonal communication skills:
  - peers facilitate the first role play in week 4
  - service user and carer involvement in second and third in weeks 7 and 11
1. Comparing the learning experience of social work students when they were performing role plays with drama students with when they were working with service users and carers.

2. On the Preparation for Practice module: assessed role plays during Weeks 4, 7 and 11 of the semester.

3. One group worked with drama students in Week 4 and then service users in Week 7.

4. A different group worked with service users in Week 4 and drama students in Week 7.
Contribution of both drama students and service users to social work students’ practice development, assessed the following:

- nervousness;
- confidence in use of skills;
- ability to show empathy;
- testing of skills;
- approximation of real life;
- overall rating of the learning experience.

Online survey students experiences: 89 responses (80%)

Focus groups:
- Drama students
- Tutors /Agency
- Service Users
Findings

1. Across the sample, students reported reduced nervousness, increased confidence in the use of their skills, ability to show empathy, greater approximation of the role play to real life practice and higher overall rating of the learning experience between Week 4 and Week 7.

2. Role plays with service users were considered to approximate real life more than those with drama students, regardless of timing, a finding which was supported by qualitative comments.

3. Students also reported that they found role plays with drama students less pressurised and intimidating and that they allowed them to practice their skills without fear of upsetting a ‘real-life’ service user.

4. Younger students (under 30) reported higher levels of nervousness, the opportunity to practice skills with drama students at an earlier stage was a particular benefit to this group.

5. With the exception of nervousness, the ratings of both groups were equivalent at Week 7, suggesting that the drama student/service user model is a feasible and practical alternative to the use of service users in all role plays.
The impact on student learning:
student and tutor comments

- 'The skills workshops were tough but definitely helped to build my confidence, it allowed me to reflect and deal with issues on a personal level that will allow me to become a better Social Work practitioner.' (BSW Student)

- ‘Drama students could think beyond the story whereas the service users were curtailed by their actual reality’ (BSW Tutor)

- They were more nervous with the services users although that’s not necessarily a bad thing…not wanting to cause anyone any harm’ (BSW Tutor)

- A lot of people were commenting on how real they felt it was and there was a lot of emotion with the students in my room, they felt really emotional towards the things I was saying. I think if we prepare well then it will be authentic and real to a certain extent and again if the social work students prepare well then it’s the same kind of cycle of reality. (Drama Student)

- 'Adaptability was key, you had to tailor towards them (the Social Work students) (Drama Student)
1. Our findings suggest there is an important role for **both** drama students and service users working collaboratively to help social work students develop in key areas of social work competence.

2. Other opportunities to work with drama:
   - feedback from drama students
   - potential to explore wide **range** of scenarios/issues
   - Stanislavski’s System of actor training
Supporting Psychological Adjustment and Placement Stability for Care Experienced Children
A Narrative Model Approach

Ms Lynda McGill Team Manager TT-LAAC, NHSCT.
Mr David Hamilton Principal Social Worker for Therapeutic Services and Family Centres, SEHSCT.
Aims and Objectives

• To provide an overview of the Narrative model as a tool to aid communication with children and those caring for them about ‘the tough stuff’ and benefits of this.

• To highlight how the Narrative Model has evolved within the NHSCT and SEHSCT - a collaborative approach.

• Evaluation of the Narrative model post implementation and next steps.
The Origins of the Narrative Model

- Entry into care is challenging for children and young people. They are often unclear about the reasons they came into care or uncertain about what is happening next.

- This challenge and uncertainty can be experienced as emotional pain – anxiety.

- Greater understanding can promote greater placement stability and better outcomes for children (Munroe, 2011; Voypic, 2013; Selwyn et al, 2017).

- Our experience- hard for people to navigate this in a way that children and indeed the adults around them were left feeling safe.

- Exploration of what would be helpful led to the Narrative Model.
Previous ways of working

• Reactive as opposed to proactive
• Challenges to communication
• Refer to ‘expert’
  ➢ Family Centre
  ➢ LAAC Therapeutic teams
  ➢ Regional Life Story Service

• Opportunity often lost to promote psychological adjustment, placement stability and birth family functioning (Coman et al, 2016)
• Munro (2011) - children’s plea for better info, honesty & emotional support throughout the process.
The Narrative Model’s 7 Core Components

1. Caregiver Network
   The caregiving network comprises the important adults in the child’s life, including their carers, statutory link workers/social workers, and their parents if available. Meetings focus on what the child needs to know right now in order to help them adjust to being in care.

2. Use of Narratives
   A narrative is like a story or script that the caregiving network develop about the child’s experiences. It acknowledges the reality of the child’s situation but does so in an age appropriate way. A Narrative gives the child and adults a common language for talking about entry to care. It is best if the narrative is written down and the child has a copy.

3. Delivering the Narrative to the child
   The delivery of the Narrative needs to be well planned in advance and the social worker needs to take time to share the narrative with the child. It is best if this can be done in the placement and if possible, the carer can be present.

4. Responding to the child’s emotions
   This can be a powerful experience for the child and they may have different feelings. The most helpful thing for adults to do in the moment is to accept the child’s emotional response, allow space for them to express it and give lots of empathy.

5. Responding to the child’s questions
   Adults should praise the child for any curiosity about their narrative or other aspects of their life-story. Carers can join the child in their curiosity by becoming a co-investigator and capturing questions in a book or box. As questions arise, these are shared with the social worker so that children can gain answers to their questions in a timely manner.

6. Broadcasting the Narrative to significant others
   The social worker and child agree on the other people the narrative should also be shared with - for example others in the household or a school teacher. At the next contact with the birth parent(s) the social worker attends, and either they or the parent(s) will share the narrative again with the child. Sharing the narrative between the child and important people in their life will ensure the child knows that everyone has the same understanding.

7. Building on the Narrative
   Attend to how the child responds to the Narrative as this indicates what they need help with next:
   - Help talking indirectly or directly with their parents about their pre-care experiences
   - Stories (real or fictional) of other children in care to help them adjust
   - Another narrative about a particular aspect of their lives
   - Life story work to help fill some of the gaps in their knowledge base
   - Therapeutic support adjusting to the experiences they have had
How we feel the Model is helpful:

- Focuses on the child’s need to be supported to understand an aspect of their story - not their whole life story.

- The adults have a framework within which they can agree what needs to be communicated with the child.

- Acknowledges the child’s experiences in birth family. This helps the child to understand and communicate about the experience which supports the adjustment process and becomes a template for managing other difficult conversations in the future.

- Helps build a sense of psychological safety in the here-and-now.

- Adults are supported to respond to the child’s emotions and continue dialogue about important issues.
The Pathway for Collaboration

- Publication of article in Adoption and Fostering Journal 2016
- IFCA and NISCC seminars
- It's good to talk
- Relevance across the Trusts – interest generated
- Narrative Trial in SE Trust 2017 → 2018
- Regional Narrative event Jan18 → Regional Narrative forum Jun18
Processes to test the Model’s Efficacy

• NHSCT Feedback from consultations and training including views of service users.

• NHSCT Social Worker Satisfaction survey 2016

• SEHSCT quality improvement methodology 2017: 100% of carers & SWs reporting improved confidence.

• Systematic Narrative Review – ‘Interventions to improve communication between children and their parents about the reasons why they are in care’ 2017
What change can we make that will result in improvement?

High Level Outcome

- Looked After Children in SE Trust to experience improved stability.

Primary Drivers

- Pathway/process
- Roles/responsibilities
- Local SE Trust context

Secondary Drivers

- Evidenced-based decision making
- Intervention begins at the best time for the child

- Process to engage children in plans being made about their lives (MOMO app / contribution forms)

- Clear expectations for carers
- Clarity of roles/responsibilities
- Carers' understanding of Life Story Work – on-going guidance / support

- SW skills - engaging children
- Set expectations for SW
- Roles/responsibilities
- SW's understanding of Life Story Work – on-going guidance / support

Changes

- Specific model of practice ‘Narrative Model’ used
- ‘Clinic’ provided by therapeutic services to guide & support practice

- Create a Narrative Checklist
- Develop training to be provided to SW management

- Get views of the child to inform engagement

- Training, information & guidance developed and provided for carers
- Information morning on Narrative model
- Training, information & guidance developed and provided for SWs
- Create a Narrative checklist

Outcomes

- Narrative Work provided to 30% of Looked After children known to LAC Teams in SE Trust by October 2017

- Decisions made in Social Work supervision and statutory reviews

- Child-centred care

- Carers’ activation

- Social Work priorities

- Number of Looked After Children who report improved stability.

- Number of carers who report improved stability of LAC in their care.

- Changes in the Life Story Work process
- Engagement of children in their lives
- Improved clarity for carers
- SW skills in engaging children
- SW’s understanding of Life Story Work

- Information morning on Narrative model
- Training, information & guidance developed and provided for SWs
- Create a Narrative checklist
Evaluation of Narrative model post implementation

Training and Consultations

Continued interest in and positive feedback from our narrative training- in house, regionally and externally. Positive qualitative comments from those attending consultations including birth parents.

Helped me to talk honestly to the children about what had happened.

A creative approach to tackling a difficult systemic issue

Systematic Narrative Review

Interventions to aid communication between children and birth parents about why they are in care are supported. TT-LAAC’s Narrative Model potentially addresses a gap.

The emotional wellbeing needs of birth parents are highly complex. They require support to manage the psychological and interpersonal issues they face, not only in communicating with their child but with social workers, foster carers and adopters and to adjust to their current situation.

Social workers and foster carers are central to effective communication and require support and training to manage the complex relationships within the child’s network.

Satisfaction Survey

SW N =18 and C N=54 ranging from 2-23 years post qualification

63% of cases the social worker involved agreed that it was difficult to talk to children about why they were in care.

100% of the social workers in all cases stated that the model had benefited the child and strengthened their confidence as practitioners.

71% of social workers felt that the narrative had a positive impact on the child’s placement.

Importantly no respondents within the survey indicated any detrimental impact on the children from using the narrative model nor did they highlight any reduced placement stability.
A Narrative audit TT-LAAC Nov 16-18

Narrative facts and figures...

Number of cases

Referrals over two years

Closed cases

141

96
Out of the total number of cases, how many had active parental involvement?

- Parental involvement: 96 cases
- No parental involvement: 45 cases
OUTCOME: All Children Looked After Experience Stability

**SET Connects Narrative Work**

**How much did we do?**

- **66 referrals**

**How well did we do it?**

- **100%** Would recommend the service to others
- **100%** Were supported in understanding the quality of their relationship with the child

**Is Anyone Better Off?**

**Feedback Evaluation – % of Carers & Professionals responding with ‘quite a lot’ or ‘a great deal’**

- Supported to understand the possible impact of the child's early experiences: **100%**
- Confidence in addressing the child's needs increased: **98%**
- Supported to understand the child's therapeutic needs: **100%**
- Supported to reflect on how to meet the needs of the child: **98%**
- Helped to identify supports that are needed to maximise the ability/capacity for therapeutic parenting: **100%**

Quotes:

- "Feel very pleased with the positive impact on my children from the work and support provided to me."
- "Extremely informative and therapeutic consultation which has the child very much at the centre."
- "Very person centred and child friendly."
Next steps…

• Focus on key narrative outcome measures respectively in NHSCT & SEHSCT

• Narrative Clinic approach to be expanded and tested regionally

• Involvement of children and birth parents as co-producers to design and evaluate the effectiveness of the Narrative Model.

• Consolidation of the Therapeutic Regional Forum

• Link to Childrens Services strategic direction and social work training

• Focus on outcome measures across Trusts
Further Reading

