Room 3 – Ashley – PM
Chaired by Janice Bailie
R & D Division Public Health Agency

6th Annual Social Work &
Social Care Research in Practice
Conference
Phase One Results, December 2018: Preliminary Data

Dr Paula McFadden, Ulster University in collaboration with colleagues in QUB, Trinity, UCD, NUI Galway and UCC
What was measured and how?

- Demographic information; age, gender, sexual orientation, disability, financial hardship, political opinion, socioeconomic background (self report)
- Motivation to profession
- Empathy Scale (Davies)
- Resilience (Wagnild and Young)
- Adverse Childhood Experience (Feletti)
- Cross Sectional Survey, UU, QUB, Trinity, UCD, UCC and NUI Galway
- Longitudinal study 2018-21
- N = 223
- Why do we want to know?
A Glimpse at Some Initial Findings
Disability

- 29 of the 223 participants identified as having a disability (13%).
- Some students cited more than one disability.
- The most commonly cited reason was ‘mental health’ (8) (incorporating depression, anxiety, PTSD and others), followed by ‘Dyslexia’ (5).
- Other named included physical injury, long term illness (incorporating Crohn’s disease, diabetes, epilepsy and others), visual impairment, hearing impairment, mobility impairment, chronic pain and genetic condition.
Religious Affiliation

All Ireland Student Social Worker Survey

Q13 How would you describe your religious views?

- No religious belief: 214
- Catholic: 9
- Protestant: 7
- Other Christian: 1
- Muslim: 0
- Jewish: 0
- I'd prefer not to say: 0

Answered: 214    Skipped: 9
18 participants chose ‘other’ to describe their religious views.

These included **catholic but not practising**, or identifying with the catholic faith but not all the views of the church (5).

Two others described themselves as ‘**not practising**’ but did not name a religious affiliation.

Participants also described themselves as ‘**spiritual**’, a category incorporating recognising ‘god in nature’ or ‘spirituality in nature’

Other religious views cited included **Taoism, Druid, Judeo-Christian, Pentecostal, Christian, Baptist and agnostic.**
# Ethnicity

![Bar Chart](chart.png)

**Answered: 222 | Skipped: 1**

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<td><strong>Total</strong></td>
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Country of Birth, Social Services User, Care Worker, Paid (Other) Employment

- Q16 – Country born in (55% NI; 45% ROI)
- Q17 – Experience of using social services (27%)
- Q18 – Currently using social services (6%)
- Q19 – Past experience of unpaid care (48%)
- Q20 – Currently care provider (15%)
- Q21 – Past experience of paid care work (51%)
- Q22 – Currently doing paid care work (30%)
- Q23 – Currently working in other paid work (34%)
60 participants (28%) said they had such experience. Of those who added comments, 9 appeared to be referring to receipt of social welfare benefits. 44 referred to receipt of other social services.

Type of service received varied greatly and some participants had experience of more than one type of service.

The largest group (13) had received services as a child, 6 as children in the care of the state, 7 within their families of origin. Of the latter group, the reasons for intervention included parental domestic violence and mental health, individual addiction and attendance at CAMHS, counselling and unspecified youth services.

10 participants had received services as adults. The reasons for this included mental health, domestic violence, physical ill-health, child custody issues, and bereavement.

Fewer than 10 participants had been in receipt of services for their children in respect of child protection, family support, mental health, disability and behavioural challenges.

A small number of participants noted that they were currently receiving services for issues including mental health and homelessness.

A small number of participants had come into contact with social services in respect of adult family members, including when providing care to older relatives.
Only 11 participants stated that they were currently using some form of social services. Of these, 6 were referring to financial welfare benefits.

Other support services included out of home care support, counselling and other social work interventions.
Providing unpaid care to others (own children excluded)

- 15% (32 participants) are providing unpaid care.

- Of the 22 who added comments on this, a number referred to voluntary/community work (7). Of the remainder:

- The greatest number were providing care to parents, followed by grandparents, then younger siblings, then other adult family members.
Levels of Qualifications at Entry, Financial Hardship, and Social Class Identity

- **Q24** – Qualifications at entry – almost 60% with degree or masters
- **Q25** – Financial hardship – 55% from just getting by to finding it difficult to get by
- **Q26** – Class identity – 39% middle class, .5% upper class, 60% working class (further analysis needed - definitional issues are possible – how do we define class in contemporary society?)
32 participants who self-defined as experiencing financial difficulties chose to add a comment regarding this. Comments were diverse but 3 themes stood out:

1. Parenthood, including lone parenting
2. Illness and disability
3. Reliance on loans

Several students were experiencing a combination of these factors.
Financial Difficulties 2: Illness and Disability:

- “I find it difficult to work during the course while also managing my chronic pain and fatigue. Therefore, I've had to take out loans”.

- “unable to work due to injury, only receiving illness benefit and didn't get grant”

- “My partner has a lifelong illness so is currently on disability, I am on the BTEA so we struggle to keep up with bills, school expenses for our sons, college expenses, and travel expenses. It is hard to save any money and we always have to watch what we spend”.
Financial Difficulties 3: Reliance on loans:

- “I am living ok but that is because I took out a massive amount in loans to get by during my program”

- “Books, travel and food all cost a lot of money. I have to work as much as possible even though I get a student loan. It would be great if more financial services were available as I would like to spend more of my personal time studying for my degree”

- “I am using loans to pay for university and living costs”
A general theme of struggling to balance college commitments with the need to work was apparent:

“As an independent student paying my own rent, bills, cost of living, etc., while trying to find a job that will take me around my college timetable, I am living currently on my savings from the summer but again, they are quite small and dwindling quickly”

“I work on a relief contract therefore I only get the hours offered to me. but sometimes I cant take the shifts offered to me because my masters workload is too demanding”

“With having to cut my hours at work, I have found that I am now cutting back on essentials that I would need as heat, shelter and just a basic diet of food are only needed. I have less luxuries plus I have had to borrow money off family in order to pay the rent”.
41 participants chose to comment on this aspect. Reasons given were extremely varied:

“Wish to influence change and anti-oppressive practice from a macro perspective. Hope to be in a position to influence policy change.”

“I like the variety within the job, each day is different and there are so many different sectors of social work to work in.”

“I believe I am very emotionally intelligent and I feel it is a career where I could put it to good use....I hope”
"Being advocate for young people coming from care and encouraging that we have a choice and that we can achieve anything regardless of the challenges that can be faced and against adversity"

"I worked in social care and found it very difficult with long shift work and bad pay. I felt I could not fully provide care for people. I was also assaulted several times and did not feel safe in my job I am hoping social work will be different"

"I want to be able to provide for my children, without having to live hand to mouth."
Standardized Measures

- Resilience Scale – RS14 (Wagnild and Young 1993)
  - Self-reliance, meaning, equanimity, perseverance, existential aloneness

- Empathy Scale - Interpersonal Reactivity Index (IRI) (Davis, 1983)
  - Perspective taking, empathic concern, personal distress, fantasy subscale.

- Adverse Childhood Experience Scale (Feletti et al 1998)
For those who completed the ACEs questionnaire (n=218):

- 20% of participants had 4 or more ACESs
  - Wales Study 14% (Bellis 2016)
- 50% had between 1-3
  - Wales Study 20% (Bellis 2016)
- 30% no ACEs
  - Wales Study 53% (Bellis 2016)
- 12.5% chose not to complete the ACES questionnaire

* Please note these are preliminary results & should not be reproduced or shared
Resilience Scores

- Low resilience = 6%
- Moderately low to moderate resilience = 48%
- Moderately high = 29%
- High resilience = 17%

RS14 is a Likert-scale with 7 possible responses from 1 = strongly disagree to 7 strongly agree. Scores range from 14-98 and all items are positively worded so a higher score means greater resilience. Scores greater than 90 indicate high resilience, 82-90 moderately high, 65-81 indicate moderately low to moderate and 64 or below indicates low resilience.
Methodological Questions

- Meaning of ‘use of social services’
- Definitional differences?
- Use of counselling services
- Child receiving services
- Being a carer of an older person
- Question? Are we all service users in some way?
- Is the sample representative of workforce data in general?
- Under graduate and post graduate students – we will analysis group difference
- NI and ROI differences – need for comparison
Ethical Questions

- ACE questions and ‘skip’ function – opt out
- The need to consider benevolence factors and resilience
- Resilience and empathy questions might raise personal reflection and self examination
- Tutor support and awareness of student support services
- Pre-survey information sessions with student cohorts
- Sensitivity to potential impact and need to provide participation information to ensure structures of support are available and information provided
- Question and answer opportunity – face to face
Social work student population in this sample is not diverse – despite our commitment to social justice, there are barriers to a more diverse range of applications (e.g. disability, gender, ethnicity)

Social work students, although from a range of ages and life stages, are at risk of poverty and discrimination

20% had four or more ACEs, 50% had between 1-3 ACEs and 30% had no ACEs
Useful References

Useful References

Yoga for Youth: an evaluation of the effectiveness of trauma-informed yoga for young people

https://youtu.be/OeEdnDyn7sU
Capacity building and co-creation of knowledge in developing a parenting capacity assessment tool

Mandi Macdonald, Helen Dunn, Donna Dugan, Lorna Montgomery,
Aims

- The aim of the project was to evaluate and develop a model of parenting capacity assessment and intervention in child protection in order to initiate change and transform practice within the HSC Trusts.

- Presentation will focus specifically on project design which explicitly sought to build capacity, and facilitate the co-creation of knowledge in the iterative development of a model.
How the model was developed.
This initial phase involved a process of systematic acquisition of theoretical and research knowledge re parenting capacity, supplemented by practitioner knowledge.
Overview of the model

- Characteristics of parenting
  - Contextual & historical factors
  - Constitutional factors
  - Behaviour patterns
  - Parental belief systems
Second Formative Evaluation:
Iterative development of the Model utilising a co-creation framework

- The evaluation was co-produced between social work practitioners and social work academics with service user feedback at the core.

- The model is being tested and refined in the real world of busy social work teams with complex cases.

- Formative evaluation of the model is built on service users and social work practitioners feedback.
Second Formative Evaluation (2016)

- A senior social work practitioner was appointed in each HSC Trust to implement the model with families where social services had suspected or confirmed concerns about the parenting of children.

- Other support roles

- 50 cases. Criteria for selecting families

- Training and support
Second Formative Evaluation

Families

Time 1
- Consent Form and Information sheet (1 week before evaluation)
- Service User Information Pro-Forma (ongoing)

Time 3
- 5 Parents Interviewed by Evaluator
- Completed Inventories
Second Formative Evaluation

Senior Practitioners

For each family:

- **Time1** On-line questionnaire & Telephone interview
- **Time2** On-line questionnaire & Telephone interview (3rd/4th session)
- **Time 3** On-line questionnaire & Telephone interview (end)
- Focus groups (several weeks after Time3)
During the period of the evaluation, meetings of the learning set (comprising the senior practitioners, evaluators and project lead) took place once every 4 to 6 weeks.

These meetings were structured primarily by systematically taking feedback from each of the practitioners on how they were finding the implementation of the framework.

What challenges arose for them; what seemed to be working well; and what needed to change in the framework to make it more responsive to need.
Third Formative Evaluation (2017/2018)

- This phase focused on cascade training by the five senior practitioners to selected Family intervention Team social workers.

- This included building the capacity of the five social workers to act as trainers and change agents and from there to seek to build the capacity of the selected social work workforce.

- This included an on-line survey with this cohort, immediately after the training with further refinement of the model based on this feedback.

- Capacity building was enhanced through ongoing learning set meetings and co-working cases.
This Team is unique in how it keeps learners at the centre. Front line social workers themselves are deeply embedded in the process, as learners and architects of the model, and later as trainers and change agents.

The Team follows a structured learning process, both of the model and of broader skills around assessment, managing change, interviewing, managing risk;

The model was adapted on the basis of practitioner feedback and is being disseminated to social workers in FIT through formal teaching, co-working and mentoring.
Recommendations

- Co-ordination with other new initiatives and training – preventing overwhelm
- Cascade training and mentoring – learning by doing
- Leadership - Promotion by Senior Practitioners, Team Leaders, Principal Practitioners, Heads of Service, Training Leads
- Accessibility - development of user friendly resource materials to support implementation
- Sustainability - on-going training; mainstreamed in professional education – Universities, continuous professional development; inclusion in HSCB commissioning targets
‘The ability of a group of people to do remarkable things hinges on how well those people can pull together as a team’

Simon Sinek