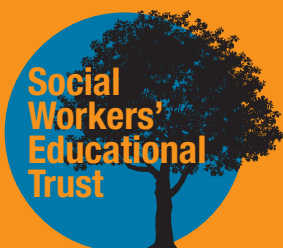# THE ADVANCEMENT OF SOCIAL WORK

STUDIES IN SOCIAL WORK TO MARK THE FIFTIETH ANNIVERSARY OF THE SOCIAL WORKERS' EDUCATIONAL TRUST

1972-2022

Social Workers' Educational Trust

EDITED BY
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FOREWORD BY
MARK DRAKEFORD, MINISTER OF STATE FOR WALES

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Foreword

by the Right Honourable Professor Mark Drakeford MS
First Minister for Wales

Fundamental to the practice of social work is the ability to understand the circumstances of those who need our help.

Understanding is necessary but not sufficient; we also need to be able to deliver the help needed, on terms that are acceptable to all involved. This means enabling those who call on us to remain the most significant authors of their biographies. They are not 'problems to be solved' but individuals in whom we can invest our time and abilities so that they become better equipped to shape their own lives.

The help needed is often practical, urgent and short term but it can go well beyond that too; it can be life-long, deeply personal and highly complex.

Many of the challenges faced by those who turn to us for help arise or are aggravated by wider social structures and power relations. That is why social work, at its best, is an aligned profession; it is partisan, not in a political sense, but in the sense of standing by and standing with those who need us.

For social work to be useful, meaningful and effective, we need social workers who are imaginative, creative, resourceful as well as knowledgeable, technically skilled and professionally managed.

Social work also needs access to the resources of the state and a strong claim on the attention of government. In Wales, in the post-devolution era, there has always been strong support for a distinct and distinctive social work profession as a key force in shaping the more equal, just and inclusive society we want to see.

We may use but must not rely on our intuition, our personal experiences, our enthusiasms nor even our basic training. Social work professionals also need to be open to new ideas, reflective and willing to change.

That is why research of the sort funded by SWET and captured in this book is so important. Social work is a dynamic profession that must constantly reinvent itself to remain relevant in an ever-changing context.

But we must never forget why we are here. We are here to help those whose circumstances require our help and whose resources and networks are insufficient without us.

To make sure that we do not leave behind those who need us most, it is important, as the content of this book demonstrates, that social work itself advances.

Introduction

Changing times, developing practice

David Pitcher

On 12 September 1972, a group of five office holders drew up and signed a deed of trust. This marked the birth of the Social Workers' Educational Trust (SWET), which they had set up *"for the advancement of social work"*. Although not a new profession at that time, this was the very early days of social work as it is practised in the United Kingdom today. And social work has advanced.

Fifty years is a long time, especially in today's rapidly changing world. Many of the issues which today's generation of social workers are called on to address would not have been anticipated by the trustees as they met. This includes the changes brought about by social media and the worldwide impact of Covid-19 and the ensuing social lockdown. Other issues, such as bereavement and the impact of war and conflict, especially on the most disadvantaged, arising out of the human condition, were all too familiar to the social worker of fifty years ago. Still other issues, such as our understanding of [for example] race and gender, may be seen as a natural development from the values held by the social work profession in response to changes in society. Fifty years, then, provides us with an opportunity to reflect: to look at where social work is now through the lens of some of those who have received awards from the Social Workers' Educational Trust.

Three times a year, the trustees have met to consider applications for grants and scholarships from social workers. It is hoped that this book will be of interest to a wide range of readers: those, perhaps on the threshold of a career in social work, wishing to understand how social work is practiced in a variety of contexts; those wishing to glimpse social work 'from the inside'; and those interested in understanding how social work is practised in the United Kingdom. In due course, this volume itself may provide a useful reference for future scholars wishing to know how things were as the twenty first century approaches its first quarter. Thus the twofold aim of this book is to foreground nine different examples of social work practice and research that enables us to celebrate how far our profession has come, and to provide a record of where we are now as the next stage of the journey stretches ahead.

Our book begins with a lyrical account by Michelle Delon of setting up a podcast for social workers as a response to the Covid-19 pandemic. A new technology

addressing a new and unforeseen social situation but embedded in familiar social work values. Then, in Chapter Two, Peter Simcock describes how he has responded to the needs of deafblind people. Here is a condition that has been part of human experience from the beginning but which has been recognised in a fresh and newly empowering way by Peter as he draws on the values within the profession, such as promoting social justice and the right of every person to the fullest participation. Peter shows how the experience of deafblind people is reflected in the marginalisation of research about their experience. Peter is able to draw out the "interwoven" layers of vulnerability felt by many deafblind people.

Sally Nieman responds to another aspect of the human condition – the dependency needs brought about by advancing age – and gives us an insight into just how she is conducting her doctoral research. This will be of particular interest to those who may be considering doing research, which she helpfully portrays as "formalised curiosity", both elements of this being important. In seeking to understand how social workers work with older people in care homes, Sally shows that there is a range of other possible influences on them, and that aspects of good practice need to be "embedded" as well as just accepted as policy.

Jill Bowen, in Chapter Four, takes another theme, that of childhood bereavement, and in so doing imbues the approach to loss as experienced by children with a distinctive social work approach. Jill describes how intervention can be on different levels, and how knowledge can be shared. On the other hand, working with children with higher levels of need does not mean that a social worker needs automatically to look to people from other professions to work with that child, and Jill describes her more specialist training that remains firmly within social work.

As well as the emergence of new issues and technologies, there have been developments in what is seen as best practice. One of these is adoption, especially the adoption of 'older' children. Ellen Paladini-Stone tells us of her experience of being adopted as part of a sibling group. In a striking phrase, she remembers writing down her new name for the first time and thinking, *"Yesterday, I was just 'me' and today I am 'adopted me'."* This eventually guided her into doing doctoral research on finding adoptive placements for larger sibling groups. But the personal has not gone away: Ellen highlights how some social workers may be driven by opinions that are not in accord with policy because of their own feelings of discomfort. In describing her method of research, Ellen explains how she "bracketed off" her own feelings in analysing her data about adopted children.

One of the questions with which the trustees are regularly faced is about applications which combine social work with other bodies of knowledge and practice. What is, and what is not, social work? Natasha Fullerton gives us a good example of this by asking whether there is a place for yoga in social work. As a

social worker who became a yoga teacher, her fascinating chapter shows how social work can draw on the practice of yoga and can also provide an intervention that can be less talk-based and more informal. "Ultimately", says Natasha, "there is a need for other services to work together to provide therapeutic interventions". She gives examples of successful work with young people who have suffered trauma.

In Chapter Seven, Lesley La Croix provides a further reflection on how thinking has developed since her childhood, and how social work has embraced and developed this. The issue here is race, and here Lesley gives us memorable insight into the sometimes confusing experience of growing up as a person of shared racial heritage. Again we hear how she has brought this into her own practice and choice of research area to help children to prevent foster placement breakdown and promote stability. We as readers feel the power of the *"untold story inside you"* telling itself through her work.

Environmental concerns, so much a feature of our thinking today, seem at first glance to have minimal connection with the concerns and practice of the social worker. In Chapter Eight, Sam Pulman makes this connection by showing how "the division between social and environmental justice" can and should be bridged. Sam brings us down to earth with the image of children "touching bark and furry leaves", concluding that *"a child's connection with nature is important in assessment and direct work about the child's well-being"*. Interestingly, although environmental thinking was not completely new when the trustees first met, some would see 1972 as the year in which the environmental movement in its contemporary form began to take shape with the first United Nations conference on the environment at Stockholm and the seminal article by Arthur Galston 'Science and Social Responsibility'[1].

Jenny Simpson's research in Chapter Nine deals with an issue about which the original trustees can have had little idea – the availability of mobile phones and possibility of unrestricted communication through social media. This has had an impact on young people in care and their foster placements. Using true social work principles, Jenny recognises both the need to understand and respect the children who are using this technology, and to keep them safe. Setting down rules or lamenting the pace of change is simply not adequate. Jenny describes how she has devised a toolkit, 'Me and My Mobile' guiding the use of mobile phones in a way that enhances self-determination and draws on the relationship between the young people and their foster carers. This really is the application of social work values.

In the final chapter, Catherine Poulter who herself received a grant and who is a long-standing trustee, tells the story of the Social Workers' Educational Trust. It is

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[1] Galston, Arthur W (1972). 'Science and Social Responsibility: A Case History'. Annals of the New York Academy of Science, 196.4: 223-235

a story that, without Catherine's painstaking work, might not otherwise have been told. It is interesting both in itself, and for the way it provides a microcosm of the development of the social work profession from the days of many distinct professional groups, such as Mental Welfare Officers, Medical Social Workers and Family Caseworkers, to the uniting of social work as a single profession with a recognised pathway for training. In telling the story, we see the names of many whose names deserve to be remembered for their contribution to our profession. Among these is Elizabeth O'Dell, a longstanding trustee and inspirational social worker whom several trustees still remember with fondness. Catherine concludes by making explicit the link between the pride social workers should have in their profession, and the public's confidence in their professionalism.

Former chair of the trust and long-term trustee Beverley Burke concludes this volume with a look into the future, both for the Trust and for the social work profession.

Several of the chapters describe work that is still ongoing and where conclusions have not yet been reached. This is intentional as the purpose of the book is not to provide the reader with accounts of finished research, which are available elsewhere, but to capture the experience of doing the work.

The Social Workers' Educational Trust was formed from funds being brought together from welfare organisations representing specific groups, such as mental health, family casework, 'moral welfare' and others. For a period of time after BASW's formation, individual social workers worked with a generic mix of people. Today, most social work practice is again with people with specific needs or age groups, often within multi-disciplinary settings. Whilst this has led to the development of high levels of knowledge and expertise, it also risks losing sight of social work as a broader discipline. The contributions in this book will help to recapture this unity and breadth.

Most of the chapters here also capture the link between the personal and the professional in terms of the area of social work explored, as well as tracing the development of that interest within their social work career. The result is a range of contributions that showcase the clear values and distinct professional identity which links social works today, both across specialisms. Rooted in the hopes and intentions of the original trustees, they represent a profession that is stretching forward to embrace new realities as well as deepening its knowledge base through high quality and original research to meet the needs of those in need of help.

This is 'the advancement of social work'.

Chapter One

The art of social work podcasting and what it taught me about myself

Michelle Delon

Michelle Delon studied at Brunel University after being challenged to consider a career in social work by a series of posters on her way to work in the City. She lives in London and works as a Specialist Renal Social Support Worker with Imperial College Healthcare NHS Trust and for the London Borough of Harrow designing and running reflective groups for social workers in adult care.

Michelle's twin focus on renal care and work with practitioners has developed into an interest in how social work is practised nationally and internationally, and how an approach to practice can be developed that involves the longer-term building of relationships. Michelle is an advocate of 'slow social work' which is about spending quality time and developing strength-based, effective and nurturing relationships with the people that we work with.

Think back to the Spring of 2020.

The pandemic had started its terrifying hold on the UK.

Countries were locked down. The news was frightening. The streets were empty.

I had just returned from abroad in a panic about being stuck abroad as flights around me were being cancelled. My maternity leave was ending.

The weather was beautiful, and I felt a deep relief about being back home while this crisis was unfolding around us.

On one hand I was perpetually anxious with the worldwide and local Covid situation.

On the other I was so utterly relieved to be back with my family.

With these conflicting emotions, I returned to work.

For the first time in social work history we were fully working from home, and home visits were initially almost all cancelled.

While the pandemic continued, I sat here – at my desk – on the phone, on the computer, assessing, supporting and social working.

And when the initial excitement of working from home wore off, I realised that most days I was spending all day in front of my computer. I was not going for walks, I was not baking sourdough and I was not exercising to Joe Wicks when I had a backlog of people to call and assess and support. I was not even getting the usual commuting exercise I used to have. I walked – from my bedroom to my kitchen to my living room where I sat. All day.

I felt lonely. Where I previously had "my people" (social care tribe) to talk and discuss and reflect on policy, cases, situations on a daily basis, suddenly that outlet was no longer there. I couldn't have a conversation while getting a glass of water. I couldn't bump into someone from another team while making myself a cup of tea. I couldn't discuss a difficult case without making an appointment with my manager over Teams. I could use the online platforms but often I just needed a break from the screen. It wasn't the same.

I started the Couch to 5k (brilliant NHS jogging programme although nearly two years later I am only on week 6). While running I would listen to a podcast and it made me think – how brilliant would it be to interview other social workers while we are both out walking, have a conversation about how we are coping and at the same time, have other social workers listening in. This would give me an excuse to be outside – did I mention that the weather was beautiful that year? – an excuse to talk about social issues and to ease my loneliness. Maybe as well to ease other people's loneliness. Maybe we are all feeling a bit discombobulated in this new way of working. Maybe the pandemic has made everyone scared and worried and challenged about how we manage our lives and social work. Maybe everyone is struggling with the balance of working and getting outside for some exercise? As social workers we often have to "hold" the emotions of the people we work with - but who "holds" us?

A podcast was not initially on my mind. I contacted a couple of social workers that I knew and arranged to interview them over a tele-conference link. The idea was simple. I walk in my neighbourhood and interview, the social worker walks in their neighbourhood and is interviewed, and the social care staff from my organisation walks in their neighbourhoods and listens. We are all connected. This worked really well and I interviewed about seven people in total. There were, of course downsides. I had committed to a concept about being outdoors so even when it was raining, I would walk which became quite miserable. It could be hard for the listeners to hear and sometimes the background noise was distracting to myself and the interviewee. The feedback, however was really positive. People told me they really liked being outside and having a short walk and this gave them a reason to join. People really liked listening to the interviews and, importantly, the interviewees also really liked being interviewed.

However, shortly afterwards my organisation informed me that they were ending the teleconference contract and the idea of a podcast was born.

I raised this with my manager. A podcast! Brilliant idea. I love podcasts. We could do the same concept. I walk and interview, the interviewee walks and is interviewed and the people listening walk while listening to the podcast in their own time. I could reach more people. I could go global.

I had a title that perfectly encompasses my idea.

"Social Work Moves"

It has taken a little over a year and a half for my first episode to be published and the process has taught me a lot about my skills and, importantly made me recognise where my skill set can be improved.

I did some research on podcast development and chose an app based programme 'Anchor' to create and edit the interview. The app itself is easy to use and with a bit of practice I was able to invite the interviewees to the app for the recording. Unfortunately, I quickly realised that the editing of an interview is something I have neither the skill nor patience to do. It is a skill that is extremely precise, and I quickly realised that I needed help with this. The problem was that this help is not free and this is where the SWET award has been essential. I have been able to use the SWET award to pay for a very patient podcast editor (Thanks John) who has been able to take the interview and essentially turn it into a useable and engaging format for the podcast, teaching me some skills along the way.

My first episode was published in February 2022 and new interviews are scheduled for the first Thursday of each month.

There have been a lot of challenges to get to this point and I have, many times questioned whether this is worthwhile, whether my content is interesting and whether people will listen. I very quickly realised that my plan of walking whilst interviewing was unrealistic and this idea was dropped very quickly due to the background noise interfering with the interview.

I have cringed at the sound of my voice and questioned my interviewing skills. I have realised that there is, in fact, a lot of similarities with interviewing social workers for the podcast and interviewing people as part of a Social Work Assessment. It is important to plan the interview but you never know what will come up as a result of the interview and listening back to the interviews whilst editing has also made me see how often I interrupt the interview, and how I often try to find solutions rather than waiting to see what solutions the person comes up with. Luckily my podcast interviewing "fails" can be edited out, but it has made me more aware of how I speak to people within assessments and I hope that it is improving my assessment skills as well!

This project has also really taught me a lot about myself. I was so excited to start

the project but as the reality of publishing a podcast became real, I procrastinated and procrastinated. It made me recognise some hard truths about myself. I think I am really good at initialising concepts and seeing a gap in a service. I am good at getting managerial support (and funding if needed) to start the project. Where I need to improve is to keep motivated as the project continues. This is something that I was aware of about myself prior to starting the podcast but this project has really brought it home to me how difficult it is for me to continue after the initial, new, exciting phase of a project has ended and this has been a challenge that I am currently working through!

This is interlinked with a further difficulty. I have actually found it very scary to put my voice out there into the wide world. I worry about disappointing the interviewee as well as the listeners. I realised that when I am scared about something or when I am not confident about an outcome, I tend to push it away from my priority "to do" list. It made me wonder if I do this when working with people in the community as well? It made me re-evaluate how I manage endings with the people I work with (I have always found endings difficult both in my personal and professional life).

Working on this project I have realised that as a person, I can be quite self-critical – that little voice is always there saying I could do better, do more and I think that this has really impacted the way in which I practice social work. It means that it is really hard for me to say "no" or to differentiate between my role and the role of another professional. I am a social worker but I can not do everything. In reflecting upon the difficulties I have had in getting this podcast up and running, I believe I have also become better at realising that both my professional and personal life has many different responsibilities. I am a social worker but not a housing provider and not a therapist. I am a social worker but I am also a partner, a mother of small children, a friend, a member of my communities. Both the professional life and personal life have huge responsibilities and I frequently ask myself if adding podcasting to this mix is too much. Maybe I should give it up? Or maybe I should look closely at myself and see if the support I provide to people is restrictive or empowering. Maybe by saying "no" I am becoming less stressed by the emotional load and empowering people to find their own strengths.

I had to think a lot about what I wanted from the podcast. I wanted to talk about the impact of Covid-19 and the changes to the way we worked. I wanted to give social workers an opportunity to talk about how the past two years have been. The death of George Floyd in 2020 was also a wake up call for social care services and social work education and made me really reflect on my own education, my privileges, where I fitted into the world and really made me question long established values and where they came from. This also made me increasingly aware that the

system of social work – a sector that I am passionate about and love has also caused harm, in the UK which I was more aware of, but also historically and throughout the world. This has sparked an interest in how social work in different countries has developed and the Eurocentric view of social work that is being challenged in different communities. I ask myself how I can learn about this and from this?

I would also like to use the podcast to raise awareness of different aspects of adult social work. I spent over a decade working for a local authority, working in a hospital discharge team. In this intense, fast paced working environment it was easy to forget that there are so many other versions of social work. Now, having spent many years working within a renal department (slower but just as intense), I see a different side of social work and I have much more awareness of the multifaceted profession we are. As a social worker that identifies with the LGBTQ+ communities, I would like open discussions about what it means to support our communities but also the challenges in having to either hide one's identity or be outed in every new situation at work where I am asked about my children's father ("they don't have a father they have a donor" is not a conversation with a quick ending and often entails more questions).

However, I hesitate to categorise social work into "groups". It could be easy – social work in prisons, social work with LGBTQ+, social work with the travelling communities, renal social work... yet my interest is how we understand and practice social work individually as well as the whole. I am interested in how we can learn from each other and the similarities and differences that we have within our working fields.

I would like to use this podcast as a way that we can express our fears of the past and hopes for the future. I would like to promote our profession in all its messy realities and have a first-hand account of how we adapt to changing organisational, political and societal practice.

Social Work Moves can be listened to for free on Anchor, Spotify and Apple Podcast – and if you enjoy it – please subscribe!

Chapter Two

Developing our understanding of an impairment much misunderstood: Researching the experiences of deafblind people

Peter Simcock

Dr Peter Simcock, who is a Senior Lecturer in Social Work at Birmingham City University, can recall two significant encounters that have shaped his career. Peter's journey into social work began when as an undergraduate studying law, a subject that he loved, he had a conversation with a friend, which led to the suggestion that he could pursue his vision for fairness and empowerment through a career in social work. Legal literacy and a human rights-based approach have remained a cornerstone of his practice and teaching.

The second encounter was with a deafblind person who helped him to see how working with the deafblind community, which is so often marginalised, called on all the creativity and skills in communication that social work is about. Peter says, "I'd have loved her to know what she has done for me".

Peter has brought both his interests together in calling for the deafblind community to be better recognised, and he welcomes such recognition in the Department of Health and Social Care's Care and Support Statutory Guidance. He is also the Chair of the Deafblind International Acquired Deafblindness Network (ADBN) where he uses his rights-based approach and specialist knowledge to raise the voice of deafblind people worldwide, which increasingly includes those in the Global South.

Having moved from practice to social work education, Peter's enthusiasm for social work and using the power of the law as a tool for social justice remain contagious.

Deafblindness, sometimes termed dual sensory loss, is a complex impairment, and deafblind people have been described as some of the most vulnerable in society (Simcock, 2017). Yet, the condition is also a much misunderstood impairment, and despite both its known psychosocial impact and the substantial diversity of the

deafblind population, work with deafblind people has been largely marginalised by the social work profession. In this chapter, I describe the provenance of my long-standing practice and research interest in deafblindness, before exploring some of the challenges that can result in the exclusion of deafblind people from social work research. I then outline the ways in which funding from the Social Workers' Educational Trust helped me to respond to these challenges during my doctoral studies (2012-2020) involving older deafblind people. Recognising that research on vulnerability has principally concentrated on policy analysis and theoretical debate, my study explored the lived experience of the phenomenon amongst adults ageing with deafblindness, a subgroup of the deafblind population about whom little is known. The chapter presents the core findings of the study, paying particular attention to the ways in which misunderstanding contributes to older deafblind people's felt vulnerability, and then highlights the implications of these findings for social work practice in the field. The chapter concludes with some suggested further reading and helpful resources.

Deafblindness: A long-standing practice and research interest

In the late 1990s, I took the opportunity to undertake British Sign Language classes at a local Adult Education College. One day, a representative from a local organisation for visually impaired people joined our class with a request for volunteers for the deafblind social group that she co-ordinated. At the time, my only knowledge of deafblindness was vague recollection of a school lesson about Helen Keller; I was therefore intrigued and duly volunteered. The following week, for the first time in my life, I met a deafblind person. She was profoundly Deaf and registered blind (now termed severely sight impaired). As I sat next to her, she felt my presence and extended out her hand to receive tactual communication. With my then rudimentary deafblind manual communication skills, we muddled through a game of bingo and engaged in conversation. This brief interaction determined the course of my career, such was the impact it had upon me. I went on to complete further academic and professional qualifications and became a specialist social worker for deafblind people.

Very few practitioners specialise in this field, and the social work profession has paid little attention to the condition. A 2020 article in the journal *Qualitative Social Work* exploring the impact of Covid-19 and associated social distancing requirements on touch practices, and the implications for practice (Green and Moran, 2020) illustrates this oversight. The authors consider children in care, people with mental health problems, older people in care homes and bereaved families, but overlook deafblind people, the one group for whom touch is the most important

sense. As Luey (1994) argues, this ostensible disinterest is curious, when one considers the psycho-social impact of the impairment, often more significant than the audiological and ophthalmic matters, and known to adversely affect quality of life (Wittich and Simcock, 2019). Although deafblindness is a minority impairment, prevalence is expected to rise (Robertson and Emerson, 2010), and lack of attention to the condition in social work education appears to be a concern to those in the field:

> We're frustrated that most social work courses don't appear to have a module or aspect to the course that included sensory. We are concerned about where the next crop of sensory social workers will come from (Email to the author from local authority social worker, 2021).

Marginalisation in Social Work Research

In 2010, I left social work practice to take up an academic position. I soon became aware that just as deafblind people are marginalised in practice, they also receive limited research attention, both nationally and internationally (Rönnberg and Borg, 2001, Janssen *et al.*, 2021, Roy *et al.,* 2021). There is a paucity of literature on deafblindness and its consequences, especially UK based research (Kyle and Barnett, 2012), studies focused on deafblind people's experiences (Jaiswal *et al.*, 2018; Roy *et al.*, 2021), and exploration of the impact of the impairment on family members (Lehane *et al.*, 2016). Furthermore, previous studies with deafblind people are critiqued for homogenising the population (Dammeyer, 2015), with study authors failing to make explicit the specific subgroup of the deafblind population concerned. It is important to acknowledge that heterogeneity among deafblind people is not limited to varying features of the impairment, such as aetiology, age of onset, and the interval between impairment of each sense; for example, deafblind people, like the general population, are diverse across, *inter alia*, age, gender, race, and sexuality domains.

Nevertheless, in addition to specialist practitioner authored material and biographical accounts recording the lives of famous deafblind people, such as Helen Keller (Keller and Berger, 2004), published studies do exist. There is a body of clinical research into deafblindness aetiologies (Gullacksen *et al.*, 2011), a range of prevalence studies, and research investigating the psychosocial impact of the condition (Wittich and Simcock, 2019). A particularly positive, recent contribution is the collection of 20 papers, edited by Janssen, Hartshorne and Wittich and published in the open access journal *New Frontiers,* which reports on contemporary research findings in the field (Janssen *et al.*, 2021). With the aim of encouraging

further investigation into deafblindness, this collection comprises studies about congenital, acquired and age-related deafblindness, and covers health and wellbeing, communication and learning, and assistive technology.

Deafblind people are described as 'one of the most challenging [groups] to engage in… research' (Roy *et al.*, 2021, p71). Challenges are both practical and methodological, and contribute to the limited number and variable quality of studies, and deafblind people's lack of involvement in formal research (Heine and Browning, 2015; Tiwana *et al.*, 2016; Simcock and Manthorpe, 2020). Wittich and Simcock (2019) suggest that researchers may shy away from deafblindness because of recruitment difficulties, methodological challenges, and struggles to secure funding. Deafblind people have certainly been identified as a 'hard to reach' group (Kyle and Barnett, 2012; Evans, 2017). Nonetheless, the importance of hearing diverse perspectives and co-producing knowledge with people with lived experience is increasingly recognised in social work research, and as challengingly observed by a participant in the British Institute of Human Rights' recent consultation workshop:

> … there is no such thing as hard to reach groups, there are just easily ignored or forgotten about groups (British Institute of Human Rights, 2021).

As my career in social work education progressed, I recalled my first encounter with a deafblind person, described earlier in this chapter. I reflected on my perception of her vulnerability. She seemed to be very vulnerable, but is this how she felt? Whilst a practitioner, the deafblind people I met demonstrated high levels of independence, resilience, coping and strength. My perceptions of deafblind people's vulnerability were challenged, and I was curious as to their own experiences and views on the phenomenon. I decided to embark on a doctoral study to satisfy my curiosity. However, cognisant of the reported exclusion of deafblind people from research and in the absence of good practice guidance for their inclusion (Roy *et al.*, 2018), I needed to explore how the barriers to their participation could be addressed, as part of this endeavour.

Addressing Barriers to Deafblind People's Inclusion in Research

Before commencing a study involving older deafblind people, I had to consider physical, linguistic and communicative barriers to participation. Harris and Roberts (2003, p14) maintain that whilst it 'takes time and energy as well as determination' to engage those who face such barriers, 'it is clearly possible, and adds to the range

of experiences highlighted by qualitative research'. Recruitment of deafblind participants can be particularly challenging (Evans, 2017; Roy *et al.*, 2021). Although researchers often make use of flyers, posters, and leaflets to raise awareness about a study and seek participants, these are not always accessible to deafblind people (Schneider, 2006; Ellis and Hodges, 2013). There are also challenges in completing research interviews with deafblind people, owing to the multiplicity of language and communication methods used, and insufficient numbers of qualified interpreters with appropriate experience (Oleson and Jansbøl, 2005; Hersh, 2013; Roy *et al.*, 2021).

Very little is written about the practicalities of undertaking studies with deafblind people, although the financial implications and time consuming nature of research involving interpreters is acknowledged (Almalik *et al.*, 2010; Regmi *et al.*, 2010). Support from the Social Workers' Educational Trust (SWET) was fundamental to facilitating the involvement of deafblind people in my study. Monies from the SWET grant (2012) and scholarship (2013) were used to fund membership of Deafblind International and attendance at their international conferences. Such engagement enabled the development of relationships with academics and practitioners in the field. As Liamputtong (2007) highlights, relationships with individuals who are trusted by the population of interest can be a particularly effective way of facilitating recruitment, and some participants were recruited to my study, when it was introduced to them by those I met through my involvement in Deafblind International.

SWET funds were also used to cover the cost of producing flyers and participant information sheets in a range of formats to ensure their accessibility to deafblind people. This included standard, large and extra large print, Grade 1 and Grade 2 Braille, Moon (a system of embossed reading devised by William Moon in 1845), and audio CD. I was also able to commission a local specialist interpreter agency to produce a filmed British Sign Language version of the participant information sheet, with colour contrasting subtitles. Nevertheless, the usefulness of SWET funding went beyond recruitment; it also supported both data collection and data analysis. While face-to-face in person interviews are reported to promote positive rapport and elicit candid responses from study participants (Padgett, 2008), they are also a practical necessity for many deafblind people, especially those using tactual methods of communication. Undertaking the interviews involved travel across the country. Furthermore, it required the use of video equipment to record the interactions and the involvement of specialist deafblind interpreters. These interpreters were also involved in the first stage of analysis, as the video recordings were reviewed and data were clarified. Although this helped ensure rigour and credibility of study findings (Squires, 2009), such extended involvement had

financial implications. The SWET monies assisted with all these matters, enabling the voices of the older deafblind people involved to be heard and authentically represented.

Findings of the Vulnerability and Deafblindness Study

Full study findings are reported elsewhere (Simcock, 2020; Simcock *et al.*, 2022), but here I offer a summary, principally paying attention to the ways in which misunderstanding contributes to deafblind older people's felt vulnerability. The participants interpreted their vulnerability as layered: they explained what they felt vulnerable *about*, what they felt vulnerable *to*, and *when* they felt vulnerable. These layers were not discrete, but interwoven, with instances of one impacting on another. Feeling vulnerable about the future, particularly potential further deterioration in hearing and vision were described, and a range of adverse outcomes to which they felt vulnerable were identified: physical harms or injury associated with falling and accidents, social isolation, and being a victim of crime. Although some participants disclosed fears of being exploited, those involved in the study made little to no reference to feeling vulnerable to abuse, particularly in the context of social care and support.

It was the participants' stories of *when* they felt or feel vulnerable that dominated their interpretations of their experiences, rather more than their descriptions of the matters they felt vulnerable about or negative outcomes they felt vulnerable to. Although telling of times when they felt vulnerable, participants also recounted times of safety and security. Times when participants felt vulnerable were situation and setting specific, and both fleeting moments and extended periods were reported. Such findings strengthen arguments against the categorisation of deafblind people as permanently and immutably vulnerable. The situations and settings engendering vulnerability were individual to each participant. Nonetheless, social settings, losing control or being controlled, feeling unable to withstand challenges, lacking full information, and being in situations where required support was unavailable or ineffective, were shared elements of the vulnerability experience. However, it would be inaccurate to suggest that participants lacked agency or were passive actors in such situations. They adopted a range of strategies and demonstrated creativity in developing solutions to the challenges they encounter.

Participants explained how the experience of vulnerability can be dependent on the responses or perceptions of other people, whether or not these were intentionally antagonistic. Misunderstanding is considered significant in the construction of disabled people's vulnerability (Gill, 2006), and being, feeling and expecting to be misunderstood were all described by participants in my study. For some, feeling

misunderstood began in childhood, but was experienced throughout life, and was somewhat persistent. Deafblindness itself was misunderstood, but also the extent of the impairment, its nature and impact, and participants' behaviour, and linguistic and communicative methods and needs. Family, members of the public and also health and social care professionals were all reported as misunderstanding. One participant critiqued a local authority care and support survey, noting how a perceived misunderstanding of the impact of deafblindness rendered it difficult for his needs to be accurately captured:

> On a recent survey I had to fill in, there's a, do you need help indoors? This was [name of local authority] care and support… Question mark, exclamation mark… I'm fine indoors in my own home thank you. But what about some, another home, place, in the borough. It could be erm, shops, it could be town hall, anything, I need help, all the time.

Participants tried to understand the reasons for such misunderstanding, and identified factors such as ignorance, unconscious incompetence, and comparatively low prevalence rates such that it is outside most practitioners' experience. They also commented on the invisible or hidden nature of deafblindness as a contributing factor. Irrespective of the reasons, being, feeling or expecting to be misunderstood was associated with a range of negative outcomes. It left some feeling reluctant to tell others about their deafblindness, and even led some to decline or refuse to use the aids and assistive technology they were offered:

> That's why I can't use my white stick. Cos I can't use my white stick and then go into work… because people won't understand that.

Participants told stories of how misunderstanding of deafblindness had resulted in them erroneously being perceived as rude or unsociable, and how it negated the effectiveness of their social care support. Social care was adversely affected particularly when participants were misunderstood not only as deafblind people, but also as unique individuals. Such misunderstanding led participants to feel that their needs had been ignored, or contributed to experiences of unrequested help and overprotection.

For me as researcher, an especially moving moment was the realisation that participants had substantially altered my own thinking in relation to the experience of being misunderstood. I have often felt frustrated at the lack of understanding of deafblindness among health and social care professionals. As participants described their own difficulties understanding and explaining deafblindness, and explicitly

acknowledged that misunderstanding was 'no-one's fault', my frustration dissipated, and my perspective became more sympathetic. This was just one of the ways in which the study was personally challenging and emotional, yet also transformative.

Implications for Social Work

Roy *et al.* (2021) assert that deafblind people want to be involved in research. In view of the limited studies to date that do involve them, a priority therefore appears to be determining the most effective ways of doing so, particularly in relation to older deafblind people and those using tactual communication methods. It is positive to note that this work has already begun (see, for example, Skilton *et al.*, 2018, Jaiswal *et al.*, 2020; Bacchini and Simcock, 2020; Roy *et al.*, 2021). The need for future research in the field to be inter-disciplinary is also recognised (Wittich *et al.*, 2016), and I hope that those involved in social work research will be key contributors.

The findings of my doctoral study suggest that social workers should avoid focusing solely on impairment as an indicator of vulnerability, as this risks disempowering deafblind people and provides an impoverished understanding of their experience. Adopting a layered approach to assessment, exploring what deafblind people feel vulnerable about and to, and analysing the situations and settings when they feel vulnerable, may offer social workers a detailed, yet more nuanced understanding of deafblind people's needs and enable the identification of what is important to them. Findings from my study also support calls for increased awareness and better understanding of deafblindness among social workers. However, it is essential that any awareness raising activities transcend knowledge about the impairment and emphasise the diversity of the deafblind population, especially as domains such as ethnicity and gender can impact on the experience of the impairment. For example, particular disadvantages faced by deafblind people from black and minority ethnic communities have been reported (Joule and Levenson, 2008). Such awareness raising activities have the potential to ensure that deafblind people are no longer *mis*understood, but are seen, heard and understood.

Suggested further reading

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Roy, A., McVilly, K.R. & Crisp, B.R. (2021) 'Working with deafblind people to develop a good practice approach' *Journal of Social Work,* 21(1), 69-87.

Helpful resources

Sense (2006) *Fill in the gaps: a toolkit for professionals working with older deafblind people,* London: Sense. www.sense.org.uk/umbraco/surface/download/download?filepath=/media/1 728/seeing-me.pdf

Sense (2014) *A practical guide to implementing the Care Act for Deafblind people,* London: Sense. https://ca1-ecl.edcdn.com/Implementing-the-Care-Act.pdf?mtime=20200303160326&focal=none

National Resource Centre for Deafblindness: https://nkcdb.se

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Chapter Three

Navigating research on social work and care homes

Sally Nieman

Alongside her doctoral research, Sally Nieman works part-time as the lead for social work education in a London borough. She also does independent work and training and is an Associate with Research in Practice (an evidence-informed organisation bringing together research, practice experience and the experience of people accessing services).

Sally has practised as a social worker for over twenty years; much of her early career was in hospital social work, which at the time also saw Sally involved in the community-based aspects of the role.

For Sally, academic research, social work education, and practice have always felt inseparable. Research and learning is not just an "indulgent" activity but has a vital connection to inform what a social worker does. For example, Sally recalls helping an older man prepare for a move to a care home, painstakingly sorting through his possessions with him. He was loath to part with items which may have had limited meaning to others, such as a vast collection of bread-bag clips. Drawing on relationship-based practice and attachment theory helped Sally in this situation.

Social work is about thinking through what is being done within its relational and political context. A current concern is that structural influences together with increasing workload and recruitment demands make it less possible for social workers to think and act creatively. "It feels like social workers are often so busy 'firefighting' at the moment that they have limited capacity to listen to messages from research or to challenge the way the system is run".

For Sally, protecting a space for social workers to think about these things is a big priority.

"Research is formalized curiosity. It is poking and prying with a purpose" – Zora Neale Hurston

To seasoned academics, I might be called an early career researcher. I am undertaking a doctorate in social work and have been a social worker now for 20 years, so my research 'apprenticeship' comes fairly late in my career. There are often references to the challenges for social workers engaging in research and the perceived bridge that appears to exist between research and practice. Yet, in essence, research is just trying to find answers to questions. I think that research is intrinsic to social work and most social workers already possess the curiosity and qualities needed to engage with or carry out research. Opie (2004) suggests research practice is influenced by the researcher's biography, beliefs and perspectives: this has led me to value the experience social workers can bring to research later in our careers. It also means that the multiple roles I inhabit, both professionally and personally, have shaped my research interests and the questions that underpin my doctoral study.

My social work experience has been in adult social care, predominantly working with older people. I currently work in a London local authority as the lead for social work education and professional development. This is a role which influences the practice and development of social work staff in adults' and mental health services, working with social work students and newly qualified staff as well as experienced social workers and managers. Learning can be 'niche' for specific roles and practice areas in social work: my role gives me an overview of practice cutting across all settings in adult social care, as well as strong links with children's social care and external stakeholders. I also work directly with people as an independent Best Interest Assessor (BIA), a role mandated by the Deprivation of Liberty Safeguards (DoLS), which aims to uphold the rights of people who lack capacity to consent to their care arrangements in care homes or hospitals.

With the advent of the Care Act 2014 and its emphasis on strengths-based practice (I will talk more about this later), I started to notice that the imperative for practice change seemed focused on people living in the community, not on older people in care homes. As a BIA, I also observed that the lens through which social workers are encouraged to see people living in care homes is focused on their *needs* rather than their *strengths*. These seeds of inquiry started to grow in my mind. Conscious that my current role focused primarily on the development of others, I wanted to extend my own skills and feed my natural curiosity and passion for learning (it must be the social worker in me!). So in 2018, I started a professional doctorate in social work at the University of East London (UEL). It was part-time, in my own time. The taught modules in the first two years were crucial as they jumpstarted my skills and confidence in planning, organising and critically engaging with research at doctoral level. I have now moved onto the thesis stage where I am expected to carry out original research and complete my thesis.

I initially applied to the Social Workers' Educational Trust (SWET) in October 2018 asking for a contribution towards the course fees and I feel fortunate to have received an annual grant since then. This has enabled me to work steadily towards the intention I summed up in my first application: "I want to develop and extend my research skills and to engage in practice-based research which I hope will make a difference and create new knowledge in my professional field." I will leave it to the reader to judge how I might be delivering as I describe my research study and share my reflections about its importance.

What? So What? The rationale for my research study

And so the seeds of my research grew from my practice observations and started to take root as I reviewed the literature. I was led down numerous paths before deciding on my research focus: to explore the role of social workers working with older people in care homes in England and the personal, professional, organisational and structural influences on social work practice in this area.

There are nearly 350,000 adults aged over 65 living in around 15,000 care homes in England (ONS, 2020), and according to the Alzheimer's Society, about 70 per cent of those people have dementia or severe memory problems. Perceptions of care homes as predominantly negative (DEMOS, 2014) seem to sit in tension with the emphasis on strengths-based practice, promoted across adult social care in England and underpinned by the Care Act 2014. This legislation has moved away from process-driven approaches which focus on risk and a person's deficits to an emphasis on a person's strengths and potential (DHSC, 2019). It resonates with social work's values of promoting social justice, self-determination and enhancing well-being.

It has been argued that the value that policy discourses place on independence reinforce a narrative of failure, pity and burden when thinking about frail older people with complex needs (Nelson-Becker *et al.*, 2020). This supports the perspective that moving to a care home is the last resort, when attempts to promote independence have failed (Blood and Guthrie, 2018).

The literature suggests that the social work role in relation to care homes is largely transactional. It appears to focus on managing risk, responding to abuse and 'placing' people into care homes or completing care plan reviews. There is limited focus on building relationships or supporting well-being or psychosocial needs. I started my career in palliative care social work, where social workers support psychosocial needs at the end of life. There is a defined role for palliative care social workers (Association of Palliative Care Social Workers, 2016), who are routinely employed in hospices in the UK. I found a gap in the literature in describing a

defined role for social workers in care homes, despite the issues of transition and loss experienced by people living in care homes in the later stages of their lives.

In contrast, outside of the UK, there is a role for social workers in promoting psycho-social care in care homes and supporting the well-being and collaboration of staff, residents and their families. Social workers work in care homes in countries in Europe and in Australia, and federal law in the USA requires nursing homes with more than 120 beds to employ a full-time social worker (Bern-Klug *et al.*, 2018).

The apparent contradiction that strengths based practice is part of policy but may not be embedded in practice with older people living in care homes provides a backdrop to my research. The role of social workers in relation to care homes in England is not an area that appears to have been researched before. Looking at the influences at a micro, meso and macro level might help us to understand the many complexities in this area and unpick the contraction of why it seems that social work with older people in care homes in England concentrates on more transactional tasks, despite the focus on strengths-based practice. This might help us to think about what the tensions and challenges might be, and how social work can better support older people living in care homes and their families though an important phase of their lives.

When I started exploring this topic, I had not anticipated that the Covid-19 pandemic would boost the relevance of this research. The pandemic has highlighted the absence of social workers from care homes and amplified policy deficiencies in how we support older care home residents and the need to promote their rights. Despite social workers' professional commitment to social justice and promoting rights, do we always challenge the status quo? Certainly there was limited challenge from the profession around their need to access care homes and residents, despite the ethical dilemmas raised by some commentators describing what has happened in care homes during the pandemic as statutory neglect (Jolly, 2020). Cox (2020) discusses the inequalities that Covid-19 has exposed and suggests that US social work should have a key role in dismantling barriers and working to promote people's rights. It feels like a timely opportunity to explore how we might reframe the narrative and extend the social work role with care home residents, especially when the pandemic may be encouraging society to revert to a more protective, risk averse and deficit-focused stance

So with all this in mind, my research aims to involve social workers in exploring their role in working with older people in care homes and examine the influences on practice, at an individual and professional level, and more widely at an organisational and structural level. My research questions are:

- What influences social work practice with older people in care homes?
- How do social workers conceptualise their role?
- What tensions and dilemmas do social workers experience working with older people in care homes?
- What is good social work practice in this area and what are the possibilities for developing it?

My methodology and research progress

I have designed my research as a small-scale exploratory study which will use qualitative methods. Within the limits of what one doctoral researcher can do, I have decided to focus on accounts from social workers, whose voices are often not prominent in research about what they do or the possibilities for change. I received ethics approval in September 2021 and have started to gather my data using focus groups and one-to-one interviews.

A focus group is a discussion with several participants which uses the group process to stimulate discussion and allows the researcher to gather information on a specific topic (Linhorst, 2002). One of the main strengths of focus groups as a research method is the way in which participants can share their thoughts and feelings in a social context, which can offer insights on their attitudes and what might influence their views (Morgan, 2019). My rationale for using this method is that the inter-relational dynamics of the group will uncover views, encourage practitioners to consider new perspectives and most importantly reveal some tensions and wider influences on practice at a micro, meso and macro level.

The interviews I am carrying out will complement and build on my data, by exploring the tensions and dilemmas that social workers experience personally and professionally in relation to care homes as well as thinking about possibilities for practice or role development. I am using semi-structured interviews, influenced by a narrative approach. My rationale for using this approach is that the stories people choose to tell might reveal more organically their attitudes and emotions and highlight the influences on their practice. It also mirrors the idea of the 'narratives' society has around care homes. Prompting participants to think about positive examples and less than positive examples may encourage people to be honest and balanced in their narratives, particularly around an area that attracts a negative discourse.

My ethics approval covers collecting data 'remotely' to account for the context of the pandemic so I am using MS Teams to run my focus groups and interviews. An analysis of the pros and cons of virtual focus groups and interviews is not the subject of this piece, but it is worth highlighting the practical and timesaving benefits

of online data collection which minimises travel and provides a rough-round-the-edges transcription through MS Teams. There are challenges too which have meant adapting my research frame. For example, I am running a greater number of smaller focus groups with a more structured approach to accommodate the way people interact online.

The next stage is to look at the emerging themes and see how they fit (or don't!) with my original ideas.

Some reflections

A survey examining the state of adult social care research activity (Rainey *et al.*, 2015) identified that, while research is considered important, there is limited capacity within local authorities for practitioners to be involved in research. Doctorates in social work are relatively rare and there is limited structured support for practitioners or academics who want to follow this path (Morriss, 2018). Perhaps for these reasons, at the start of last year, I began to question my motivation for undertaking a doctorate as I was frustrated by my lack of time to develop my research or a clear plan about where it was leading.

My motivations echoed the findings of an US study (Bradley *et al.*, 2021) which identified flexibility, professional satisfaction, scholarly leadership and practice informed research as the main drivers for undertaking a doctorate in social work. But this led me to think about my professional aspirations and the reasons for engaging in my research, alongside full-time working commitments. Perhaps it was serendipity that my reflections coincided with a funding call by the National Institute for Health Research School of Social Care Research (NIHR SCCR) for applicants for career development awards. I decided to apply and I was successful. The award has allowed me to reduce my hours working in the local authority to focus on completing my doctorate, develop my research skills, expertise and capacity, and develop the relationship between research and social work practice in adult social care. It is allowing me to dip more into the 'world of research', use opportunities to link research and practice and bend the trajectory of my career towards research.

Alongside this I have also valued the support of the SWET – the grant each year towards my course fees as I have moved from the taught stage of my doctorate to the thesis stage has inspired me to feel that there is some value in what I am doing. I have been able to chart my progress through applying each year and feel proud of how much I have learnt and its effect on my personal and professional development. Most importantly it has given me the confidence to embark on a research project which, now with the help too of the NIHR SCCR award, I hope will contribute some new knowledge to social work practice. My doctoral study is

having a significant impact on my development as a professional, an educator and a researcher. It has helped me to realise that my passion lies in building and strengthening research interest and capacity in adult social care generally and social work specifically.

Social workers' voices are generally under-represented in research, which I think is inconsistent with their passion for social justice, but as I start to run focus groups and interview social workers, I am struck by their passion and by how much they have to say on my topic. As I start to immerse myself in the data I am collecting, I can't help but think of Yoda's words: "always more questions than answers there are" and how this resonates with curious social work practice. But in exploring the complexities of professional practice, focused on social workers' voices in an area of research that is traditionally underfunded and overlooked (Nelson-Becker *et al.*, 2020), I hope to make a small contribution to social work practice with older people living in care homes.

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Chapter Four

How can social workers make grief 'everyone's business'? A psychoeducative approach to bereavement support for children and young people

Jill Bowen

Jill Bowen, who has been a social worker for twenty-five years, has always been interested in "people and how they tick". Her discovery of social work, however, did not happen straight away. Jill studied psychology and practiced as a nurse, and it was while nursing as part of a leprosy control project in Brazil that she first encountered social work. She now feels that each step of her journey into social work has contributed something to her practice working with young people and their families in a hospice setting. Social work brings together all her interest in human relationships, advocacy and effective communication.

For Jill, self-care – "maintaining invisible boundaries" – is a vital aspect of social work, and this has enabled her to thrive and remain fresh working in palliative care, a field of work that many people might think of as stressful. Jill has benefited from the way her families have enabled her to think more deeply about life. She also values the South Wales "Valleys culture" with its strong community support despite significant levels of deprivation.

"There is always something new to learn, and something extra you can add", says Jill. She remains strongly motivated and is just about to start a university course in Child and Adolescent Mental Health.

Blaenau Gwent in the valleys of South Wales has a population of around 69,000 people. It is one of the most socially deprived areas in Wales. Using the 2011 Census, the Public Health Wales Observatory states that the highest percentage of children in poverty and the greatest concentration of most deprived areas are in the South Wales valleys.

Hospice of the Valleys in Blaenau Gwent provides a 'hospice at home' service which includes specialist nurses, health care assistants, complementary therapists, welfare rights advisors and social workers. As a social worker in the family support

team I am one of two social workers. We provide practical, emotional and social support to patients and families pre and post bereavement. Work may be family support, 1:1 and group and telephone support. Since the Covid-19 pandemic the team has also worked virtually, and continued to see people in our small garden area, allowing face to face support in times when traditional home visits were curtailed. We also deliver education events and work in partnership with local organisations. The hospice also provides a service supporting people with dementia and their carers. Referrals are accepted for all people aged eighteen and over with a life limiting illness.

I began working for the hospice in 2012. My employment as a social worker had moved from statutory work following qualification in 1997 to working within the third sector in 2004. From this time I worked with people who had a cancer diagnosis and their families. When I started work at the hospice, bereavement support was provided by social workers, primarily to adults. Although the hospice has always provided pre and post bereavement support to children and young people (CYP), referrals to the team were few.

The team decided to look at the reasons for this. Was there a need for such a service to children in the borough or not? Were local CYP receiving support from other sources? Our scoping exercise involved reaching out to services to children including schools and local authority children's services and specialist mental health services to determine how bereaved CYP were supported in Blaenau Gwent. Through conversations with school staff and the local authority, we realised that there was a need for bereavement services for CYP. This stemmed in part from a lack of formal bereavement support agencies in the borough. Although there were national bereavement charities working within Blaenau Gwent, there still remained a lack of awareness within the local population of where to access support for CYP. We also knew that as two social workers we could not plug the gap by offering to support every child in the borough, yet excluding many young people from support by limiting services to those whose family member had received hospice support before death, did not sit within our social work values of fairness and equity. By scoping the need for CYP bereavement services within the borough we had inadvertently set out on a path that we could not turn back from. We needed to find a way to enable all young people to access support if needed, rather than exclude people due to lack of resources, something which seemed inherently unfair.

The majority of the referrals for CYP to the hospice were from statutory agencies, which suggested that 'death, dying and bereavement' were not topics which were routinely addressed and CYP were more likely to be referred for counselling to an outside agency rather than receiving support 'in house'.

Akerman and Statham (2014) suggest that bereaved children's needs are not recognised as the responsibility of any department or aspect of children's services.

This is in view of statistics which show most young people (92%) in the UK will have been bereaved of someone close to them by the age of 16, and 6% will have experienced the death of a parent (Ribbens McCarthy, 2007). Referrals regularly ask for 'counselling' for a CYP following a close bereavement, with an expectation that 'counselling' in the immediate aftermath or even months after a death will take away the pain and sadness of the death. Many adults can be uncomfortable when talking about death and the referrals often stemmed from a reluctance to address the topic of death with a CYP coupled with an idea that not talking about a bereavement with a young person will 'protect' them from grief. We believed that if we could offer training to other professionals to support bereaved young people then this would hopefully negate a need for a referral to our team. We set about contacting every school in the borough, offering them a free training session on supporting bereaved CYP. We were able to access support and ideas via bereavement websites that have resources for professionals, such as Winston's Wish. This helped us develop our sessions within the schools. The engagement with the schools 'model' has been a theme for other bereavement charities and I became aware of a network of professionals around the UK who were having similar conversations about offering equitable support for all bereaved children. It also became apparent that even though more professionals were receiving 'training and awareness' around supporting bereaved CYP there was still a need for more specialised input for those with more complex grief. This was the beginning of my search for additional training to help the team provide the most appropriate service to CYP based on need and evidence. Always looking to research to inform evidence based practice the 'Advanced certificate in child bereavement training' at St Christopher's hospice was a course that looked a good fit for the team, allowing us an opportunity to immerse in the latest research to enable us to provide an equitable and appropriate service to all CYP in Blaenau Gwent. The next step was to determine how the course would be funded. As a charity the hospice has to look closely at all expenditure. As well as course fees, additional costs would include travel costs to and from London and occasional overnight stays during the course. SWET were able to support the additional costs which enabled me to enrol on the course.

The training at St Christopher's hospice helped define what research tells us about the needs of bereaved CYP in terms of support and suggested that the people who know the young person best are the most appropriately placed to offer support, rather than parachuting in 'experts'. This helped me feel our team were on the right track in promoting awareness and training to those who were already present in the CYP's life. It gave me confidence to develop bereavement work with families and adopt a family approach to support when appropriate.

As social workers who are experienced in working with CYP and families, there

appears to be a drive that 'counselling' is the most appropriate response to a bereavement. There appears to be a belief among some social workers that their skills in communication, assessment, use of theory, values etc are not transferable into bereavement support and they therefore need to refer on.

The course at St Christopher's hospice taught me that we can all play a part in supporting bereaved CYP. Ribbens McCarthy (2005) outlined a number of factors that could affect a child's reaction to a close bereavement: The family's socio-economic status, cultural background, circumstance of the death, relationship of the child with their parent pre death, and the wellbeing of the surviving carer in terms of vulnerability/mental health. Bereaved children with learning difficulties may experience more loss and have more complex needs (McEnhill, 2010). These are all areas of family work where social workers are specialised to provide appropriate assessment of need, support and information. Social workers are at the heart of working in areas where need is greatest and are best placed to assess bereavement needs. Grief and bereavement needs should not be taboo areas that can potentially be overlooked in an assessment.

With important exceptions such as the Harvard Child Bereavement Study in the 1990's (Worden) and Christ's Bereavement Outcome Model (2000), research on the impact of childhood bereavement or the effectiveness of interventions to support bereaved children tends to involve small sample sizes, lack of comparison groups and rarely considers how effects change or develop over time (Ribbens McCarthy, 2006). Most studies on grief have focussed largely on white protestant adults (Lloyd, 2002). Worden and Christ's work has shown that bereaved children need adequate information in age appropriate language in order to learn about and accept the death. They need fears and anxieties addressed and reassurance they are not to blame. Children and young people need support with overwhelming feelings and validation of their feelings, involvement and inclusion, continued routine activities and opportunities to remember. Worden also says that 'children learn how to mourn by observing mourning behaviour in adults' and so they need to see how others grieve and mourn. CYP do not necessarily need formal counselling services to address these needs. If parents, carers and professionals have training around the needs of CYP then they can be the primary providers of support.

Although one size does not fit all it became apparent to the team that we could offer awareness sessions, training workshops, for families and community groups and give them the tools to address the needs of bereaved CYP and reassurance that they can make a difference. Munro (2010) offers the premise that bereavement is a normal life experience and 'counselling' pathologises the grief process, and goes on to suggest that less intensive interventions make sense as part of a preventative, public health approach, particularly as the need (for a service) could outstrip available specialist

resources. To illustrate this, the team received a referral for bereavement support for a six year old who had recently experienced the death of her father. The referral asked for bereavement counselling as the child (A) 'would not talk about her father'. Due to the child's age I assessed the needs of the family unit, namely child A, her brother, (4 years old), and surviving partner and mother, B. It became apparent that the financial hardship due to the father's death was having a significant effect on the family. Mum, B was now a single parent. Her partner had been the main income provider and she had defaulted on mortgage payments. Dealing with her own grief and financial worries, she tried to protect her children from her anxieties and grief by not showing any feelings, crying at night or when the children were in nursery. When she was with them she said she 'painted on her smile'. By talking through the needs of bereaved children mum was able to show her grief through sadness and tears, giving A the opportunity to do the same. Talking about her partner to her children, her willingness to answer questions (or admit to not knowing the answers) to questions about death, dying and 'everafter' enabled A to express her own feelings. Family work re housing and financial entitlements supported the family to reduce their anxieties for the future, whilst learning to cope with their grief together as a family. Social workers as well as other professionals who engage with families are ideally placed to offer this level of support albeit with a minimal amount of training in bereavement.

The course introduced me to the Child Bereavement Network charity which sets out an example of what good provision for bereaved CYP and their carers looks like. They advocate that all services working with CYP and families have a role to play in supporting grieving children. They indicate the type of support and who should access this in terms of a 'bereavement pyramid'. The pyramid maps onto the three-component model of support recommended in the NICE guidelines. Those at the apex of the pyramid will need specialist outreach due to vulnerability and trauma. It is anticipated few young people would enter this category. At the wide, bottom level of the pyramid, they maintain all bereaved CYP should receive a supportive response from existing networks and receive information about support services. The middle layer of the pyramid encompasses those needing 1:1 support or an easy to access consultative process, to agree who and what could help a family. Using this model our team has strived to ensure our skills are focussed on those requiring level one and two input whilst enabling through education and training other professionals to provide often adequate and appropriate bereavement support to the majority of CYP.

Stokes *et al.* (1999) in her discussion on developing services for bereaved children advocates that the way forward is through community-based children's services. These services should be available to all bereaved children and should include educational programmes, resources and advice which is prompt, non-stigmatising, culturally responsive and accessible. Education and training sessions within local

schools, community groups, local authority children's services and services for people with learning difficulties have been a focus for our team, reassuring and enabling others to support bereaved children and recognising when (and if) to refer to our bereavement service or signpost for more specialist support. Schools providing pastoral services to CYP were often overlooked as areas that were effectively supporting bereaved children and partnership working with some pastoral teams in schools has been a useful resource. In conclusion, the bereavement team at the hospice continues to push forward with our vision, which in conjunction with other bereavement practitioners and agencies aims to make grief 'everyone's business' in a way that is helpful to most children and young people. As Munro (2010) wrote 'it is vital that the capacity and resource is developed amongst the communities and professional networks in which children already live and in which they can grow and develop even in the presence of tragic loss'.

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Chapter Five

Experiencing large sibling group adoptions

Ellen Paladini-Stone

Having worked with vulnerable children and families for a number of years in the United States, Ellen Paladini-Stone decided to complete a Masters degree in Social Work. She then moved to the United Kingdom, where she has continued to practice for over ten years. Ellen helps to manage an Early Help service and is also a professor at an American university, delivering courses on-line. She also does independent work and practice tutoring while studying for a PhD.

Having this breadth of experience has helped Ellen to gain a wider view of social work. "Sometimes I feel despair with how social work is presented here", she says, seeing how the profession can be misrepresented in the media. She has learned how social workers, if they are to "weather the storm", need to be advocates for themselves and realistic about the limits of what they are able to do. She is aware of the "awesome responsibility" social workers have to carry. Sometimes, social workers need to be "just stubborn"!

Ellen is the co-vice chair of BASW's International Committee.

Being the middle child of a sibling group of five certainly has its challenges. One of the challenges is you are never alone – always striving for a brief moment of solitude from the bustling noise of a busy household. However, being in a large sibling group also has its joys. One of the joys is, you are never alone – always having the comfort of another person close by.

My family was also in part created through adoption. My step-father adopted me and a younger sibling, while my two older siblings were not adopted. This was not controversial – they were a bit older, had closer ties to their father and therefore adoption was not suitable for them. I had one day off school for court: well, actually it was the judge's chambers and just the judge was present. He seemed pleasant enough, said something about my dad adopting us, which I didn't really understand but everyone thought it was a good idea, so that satisfied me enough. I returned to school the following day. As on any other school day I sat at my desk, had my pencil

in my hand to begin on the morning writing assignment. In the upper right hand corner was the space for my name. What's my name? I stopped suddenly. I had no idea how to spell my complicated new surname. That's when it clicked – something was definitely different now. Yesterday, I was just 'me' and today I am 'adopted me'!

It is no surprise that I found myself drawn to a career in adoption social work. Over the years of helping to create families through adoption, I also recognised the pain and loss in adoption. All adoptions begin with a loss, in some degree, for both the adopter and adoptee. I became interested in how to help mitigate loss for children, having seen so many children in large sibling groups being separated into smaller, more adoptable, sibling pairs or singletons. I needed to develop a greater understanding about large sibling group adoptions. This chapter is a small part of my thought process as I make sense of my research journey.

In my role as an adoption social worker, it became apparent that there was a lack of scholarship on the topic of large sibling group adoptions. I also noted that children in sibling groups of three or more tend to wait for an adoptive home and many are never placed for adoption. This inspired me to undertake research to address this gap in professional knowledge to help gain insight into the lived experiences of adoptive families where three or more siblings were adopted together.

The first task was to uncover what is known about large sibling groups and adoptions. With the majority of adoption occurring in the UK being domestic adoptions from care, it is important to note that children in care are likely to have been exposed to neglect or abuse. Although the needs of specific children in care will vary, there are some generalizations that can be assumed based on policy and research. Children who are in care have experienced some degree of abuse or neglect over varying periods of time including the possibilities of in utero, organic or non-organic limitations either physically, mentally or emotionally that will require a great deal of awareness and understanding from their prospective adopters (Barone & Lionetti, 2012; Becker, Jordan & Larsen, 2007; Bosco-Ruggiero, 2014; Feeney, Passmore & Peterson, 2007; Houston & Kramer, 2008; Kadushin & Seidl, 1971).

Owing to adverse life experiences, some children have developed coping strategies which may manifest as attachment and behavioural difficulties. Farnfield described children in care bring "ghosts" of their past experiences which "influence children's behaviour towards one another and their carers" but remains unseen by their adoptive parents (2009, p7). These "ghosts" and coping strategies are learned experiences and skills which can have a lasting, detrimental impact on sibling relationships since there can be a correlation between high conflict between parents to children and sibling to sibling that can place siblings at risk to "drift apart" (2009, p6). One conclusion which may be drawn from this research is that adopters will

need to be attuned to the potential emotional experiences of their adopted children and to try to "see the ghosts" of the children's life experiences to reduce the potential conflict triangle that threatens to damage the sibling and parental relationship.

Although attachment difficulties can hinder the children's likelihood of bonding with a caregiver, some research suggests positive outcomes for future attachment (Archer, 2003; Feeney *et al.*, 2007). A small scale study of 20 adoptive families with children adopted between the ages of 3-5 confirmed previous research using adult attachment interviews to establish early attachment for adoptive parents and determined an insecure attachment style for children was higher when the relationship between the child and biological parents was "inadequate and children are exposed to extreme life events such as institutional care" (Niemann & Weiss, 2012, p291). Niemann and Weiss' data supported adoption as an opportunity for children to catch up on secure attachment (Van IJzendoorn & Juffer, 2006) and "to partially resolve traumatic experiences" because "having at least one parent with a secure state of mind regarding attachment was a protective factor against children's attachment insecurity" since children with attachment concerns from their past experiences will require more emotional resources from their adoptive parents (2012, p694). Although this research offered an optimistic outlook on the potential for adoptees to recover from their traumatic experiences and form positive attachments to their securely attached adopters, this study cannot be generalized due to its limitations in sample size and age range.

Siblings have shared experiences which tie them together and help to make sense of their lives by offering a kind of cohesiveness or emotional continuity through the various phases of their lives. Sibling relationships are the longest familial relationships people are likely to have. However, sibling relationships can be complex. Some siblings who have experienced abuse and neglect could display maladaptive interpersonal relationship skills which makes their relationship strained or sometimes abusive. Research suggests it is important to maintain these sibling connections when a child has already experienced the loss of his or her parents and wider family network (Argent, 2008; Hegar, 2005; Hegar & Rosenthal, 2009; James *et al.*, 2008; Leathers, 2005) yet many factors are at play to prevent some siblings from maintaining this relationship in care.

The value of a sibling relationship is personal and unique to the individual. The nature of a sibling bond can be complicated and is dependent on several factors including birth order, age and sex. Sibling relationships can be summed up as the influence of the interpersonal relationships alongside the shared life experiences between children in a family unit (Timberlake & Hamlin 2nd, 1982). The value of the sibling relationship may not be obvious to outsiders since the closer the involvement between the siblings, the harder it becomes for the outsider to

understand what is being "reciprocated" (1982, p547). In this way, sibling relationships can be difficult to decipher.

Another complex issue in sibling dynamics is that of the nature of the child's "rapidly changing" family situations which includes the addition of more children being added to the family and the children learning to adapt to their ever changing circumstances (Kosonen, 1996, p831; Ward, 1984). Children in care may have experienced inconsistent family situations due to lifestyle choices of their parents and that maintaining the sibling relationship "may be one means of sustaining continuity" when they are so often denied consistency (1996, p813).

A study of Scottish children in care revealed the most critical times of sibling separation are "at the points of entry and leaving care" which could include separation for adoption (Kosonen, 1996). Though similar to other research, (Kadushin & Seidl, 1971; Kosonen, 1996) placement at the time of entering care is essential to the likelihood of maintaining sibling relationships, Leathers also found that when "children who had been placed consistently with the same number of siblings throughout their stay in foster care were much less likely to experience a placement disruption than children with other sibling placement patterns" (2005, p810). The crucial point of entry times in care indicate that social work teams need to consider the long term potential outcome for the children entering into care in order to avoid sibling separation only due to practical matters of resource family availability.

Similarly, Wulczyn *et al.* found "with respect to whether siblings are placed together, we found that sibling group size was associated with togetherness. Generally, larger sibling groups were less likely to enter care together" (2005, p762) owing to the dynamics within the family at the time of intervention. An American study, based on observations of 1415 different children in care, found that "children and youth who are placed with one or more siblings are significantly more likely than others to feel emotionally supported, to feel close to a primary caregiver" (Hegar & Rosenthal, 2009, p676).

Rushton, Dance *et al.*'s (2001) research recognizes the complex and often underappreciated task of assessing a sibling relationship to determine if they should remain together or apart. Rushton, Dance *et al.* wrote that "aside from the decision to remove children from their parents, decisions about separating or maintaining siblings in placement must be one of the most taxing demands on child care social workers" (2001, p42). The two most common explanations of children being placed separately given by social workers in Rushton *et al.*'s research was they entered care at different times and that the needs of at least one of the children required a separate placement (2001, p43). Ultimately, this research falls in line with other sibling placement research which indicates "greater stability, at least in the short

term" when siblings are placed together in care (Rushton *et al.*, 2001).

Understanding the emotional loss of sibling separation should not be underestimated since the sibling relationship, as stated earlier, is complex and reciprocal which can lead children to "often feel that they have lost a part of themselves, compounding separation and loss issues associated with foster care" and do not have their natural support network of siblings to help them process their grief (Timberlake & Hamlin 2nd, 1982, p549). This research stressed the importance of maintaining sibling contact and also speaks to the future emotional needs of the children and the "potential natural support network provided" in their adulthood which will be diminished or abolished if separated whilst in care (Timberlake & Hamlin 2nd, 1982, p548). Yet conversely, and perhaps confusingly, the emotional impact of siblings is not always reflected in social work practice. Wedge's research of 160 children surveyed in foster and adoptive placements found "relatively little attention was given to siblings' interaction with one another; where it was mentioned it has apparently little bearing upon the decision to split or to maintain a given group" (Wedge, 1991).

Moreover, it is thought that some social workers have opinions that differ from policy on sibling separations because "the complexities and ambiguities of sibling relationships and the feelings they might elicit in us are uncomfortable to work with" (Thompson, 2015, p130) and "semi-psychological reasons are more a symptom of workers' fears and stereotypes" with fears around the child's needs being so great that it would overpower the adopters ability to parent (Ward, 1984, p325). Ward (1984) points out it is important to note an apparent negative sibling relationship is not indicative of an insignificant sibling relationship. Research has suggested it is most appropriate to separate siblings when there is evidence of an ambivalent relationship, rather than a negative one (Barone & Lionetti, 2012; Farnfield, 2009; Feeney *et al.*, 2007).

Although "separation of siblings in care or accommodation is contrary to both the statutory requirements" in the UK and "to the stated policy of many agencies to place siblings together" it is often not practicable and is not universally applied as it is dependent on available resources (Kosonen, 1996). Having legislation and policy guidance does not necessarily equate to practice as Ward and Thompson identified.

The lack of available families to look after sibling groups creates a clear discrepancy between policy, research and practice. Without available families to support large sibling groups, social workers are under pressure to separate siblings not because of a maladaptive relationship but because of a systemic failure to provide suitable family placements at times of crisis. This problem was described by Ward as being "tantamount to governmental neglect" and reported that with

appropriate support to families and "aggressive recruitment" more families for large sibling groups can be found (1984).

The literature established the importance of maintaining sibling relationships and also the importance these relationships play throughout a child's life. The research also acknowledged that adopters require awareness and understanding about the needs of adopted children. However, the number of available families willing and able to take on large sibling groups are few and far between, causing sibling separation in many cases. But what do we know about the large sibling group adoptions that have taken place? There is a dearth of information that speaks to the lived experiences of large sibling group adoptive families. It is important to learn about these adoptions from adopters and adoptees. It is hoped my research will demystify these relatively rare adoptions and gain a better understanding of their needs. I was able to recruit 26 participants for this study, five of whom are adoptees and the remaining are adopters. Some adopters were interviewed as couples, some were single. I remain incredibly impressed and touched by how generously each participant shared their emotional stories of their adoption journeys. I will remain forever grateful to each of them for being so open and wishing to share their stories with me.

Their experiences will be interpreted through an Interpretative Phenomenological Analysis (IPA) research design. Smith (2009, 1997) developed IPA as a research strategy in the study of human existence and the way in which things are perceived as they appear in the consciousness. As it will be applied in this study, IPA will gain a deep understanding of large sibling group adopter and adoptees experiences. This strategy is influenced by work of phenomenological theorists such as Husserl, Heidegger, Sartre and Merleau-Ponty. IPA places importance on recognizing each player in the research exists within a social world of objects, relationships, culture, language and concerns. The main premise of IPA is to explore 'embodied' experiences and how people make sense and give meaning to their experiences (Chapman and Smith, 2002). IPA focuses on "people's understanding of their experiences" (Smith *et al.*, 2009, p47), which can only be accessed through interpretation of these experiences. The dynamic relationship that exists between the part and the whole is a hermeneutic circle (Smith, 2009) – a cycle which can only be understood by referring back to the part and the whole and back again. IPA follows this type of cycle because it is not linear, and the researcher needs to move through each segment as well as the whole to analyse the data. Further to this concept, is the "double hermeneutic" circle which is the phenomenon of the researcher also being a player in the research (Smith, Flowers *et al.*, 1997). Whilst the researcher is attempting to understand the participant, the participant is simultaneously trying to understand the researcher. In this way, there

are several influences being drawn from both the researcher and the participant (Smith, 2009).

In order to limit my own influences into the research I will attempt to "bracket" off my experiences. "Bracketing" as described by Husserl, is the ability to place aside one's own biases and values – in other words, it is the attempt to recognise my own biases and park them to the side temporarily to try to see the research from an objective point of view. However, I must also accept to expect this to be an impossibility, as outlaid through a critical realist lens. The critical realist takes into account the external social influences on people while "attempting to make sense of social reality" (King and Horrocks, 2010, p10). It also accepts while trying to understand reality, one cannot completely remove all bias because we are human and therefore, fallible (Bhaskar, 2013).

I take a reflexive approach by being continuously aware of my own position and the impact these values may have on the analysis. The benefits of IPA in this research includes its clear structure for the research and analysis. The cyclical element of the analysis of data gives an added strength to the research and ensures recognition of reflection and reflexivity.

This research is an exploration of the lived experiences of adopters and adoptees in large sibling group adoptive families through a process of me trying to interpret the participants experiences while they are trying to express them. This is the human experience of large sibling groups adoptions interpreted through the thoughts, ideas, expressions and statements of a person with the lived experience of these things colouring their view of them. There is, of course, a set of biases being brought to the topic by myself. As a researcher, I must attempt to avoid any influence that will skew the results. Like the proverbial butterfly who caused a hurricane, I must be mindful of my power to make such an impact. The only thing I can do is to constantly try to orient myself to my own judgements, make the conscious effort to acknowledge these notions and set them aside to avoid my interpretations being skewed from the perspective of a social worker, an adoptee, a member of a large sibling group, a mother, and so on. This requires a vigilant mindfulness throughout the research process. The reflexive part of the research means I need to thoroughly understand my positioning in the research.

SWET has been very kind to provide support and a platform on which to discuss these issues and highlight the importance of having gained a deeper understanding about the experiences of large sibling group adoptive families.

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Chapter Six

Is there a place for yoga in social work?

Natasha Fullerton

Brought up in Scotland, Natasha Fullerton trained as a social worker at Glasgow Caledonian University after ten years in retail as social work felt like "a move to what I want to do with my life". She found that training to help others began with being able to understand herself. Her journey of self-exploration was to lead her further. After completing her course and the end of a temporary social work contract. Natasha took up the opportunity to travel which led to the start of her interest in and training in the practice of yoga.

Working as a social worker, Natasha felt that "something was missing" in conventional ways of practising. In aiming to help the people she was working with to "become a better version of themselves" Natasha drew on her training in yoga and used yoga techniques as therapeutic interventions in her work with young people within the criminal justice system, those with communication disorders and young people and their carers. Both social work and yoga seemed compatible, being person centred and focussing on "who I am as a human being".

Natasha who describes herself as a mixed-race person living in Scotland who "never knew my dad's side", made the decision to reconnect with her Ghanaian heritage. Natasha and her partner have recently moved to Ghana where she is beginning to use yoga to work with traumatised children and adults in schools and community centres. On each stage of her journey, Natasha has met others on similar journeys: she also works as a coach with women who are on their own journeys from trauma and exploring their legacy. She hopes to develop her work, perhaps through the development of a holistic healing or wellness centre which provides trauma informed therapeutic work as well as yoga.

Since its beginnings, social work practice has focused on developing people who use its services potential by promoting their strengths, agency, hope and self-determination (BASW, 2018).

As recognised by emerging research (Shroff and Asgarpour, 2017; Bridges and Sharma, 2017) yoga is now recognised as an alternative therapy for various physical, mental, emotional conditions, including stress, anxiety, depression, and anger management, as well as improving overall mood and quality of life. These are the very outcomes social workers seek to improve. However, despite the positive findings coming out of current studies, integrating yoga as a method of intervention in social work is still a very controversial approach which needs to be further explored to prove its efficacy as an intervention that can instil and promote lasting change in people who use social work services. One of the aims I have in life as a mixed-race woman who has experienced plenty of discrimination in my life has been to change the stereotypical attitudes that are so widely held about the practice of yoga.

My own challenges in life were the reason I decided to become a social worker. Having come out the other side of hardship despite many setbacks throughout my life I often wondered how some people never manage to turn their life around. I believed and still do that everyone has the right to live their life to their full potential and my aim is to support people to realise and fulfil this in the work that I do.

When I decided to study social work in 2012, I never imagined that it would be the catalyst to unravelling and deeper understanding of many traumatic events in my life. I realised that I had been affected by several Adverse Childhood Experiences and the part this had to play on a lot of the unhelpful behaviours I kept repeating in life. However it did not equip me with the tools to heal the hurt and pain that I was harbouring.

In 2016, six months after completing my social work degree and taking on a temporary role in a Children and Families Duty team with a local authority in West of Scotland I decided to go travelling. This was to be the start of a life changing journey of self-discovery and self-healing. During my time abroad I was fortunate enough to learn and practice yoga with experienced teachers in places renowned for yoga such as Nepal, India, Thailand and Bali. Despite practicing yoga on and off for years, like many I had always viewed it as nothing more than a physical exercise to stretch and increase my flexibility after a gym session. But my perspective on yoga completely changed after experiencing its healing and deeply transformational potential.

Like many people who "find themselves" through yoga, I do not recall a pinnacle moment that led to the changes in myself. But I do remember the uplifting feeling and sense of peace yoga gave me as I finally learned to become present in my body, something I had subconsciously avoided for many years.

After spending several months learning about different ancient yogic systems, I decided to complete a 200-hour Yoga Teacher Training Course in India in 2018. Upon completing my teacher training, I was so excited to share this wonderful

practice and thought it would complement my social work practice, as I identified several similarities between the principles of yoga and the core values and aims in social work.

When I returned home to Scotland, I started work in a newly developed social work role as a Young Person Throughcare and Aftercare Criminal Justice Social Worker in a local authority in Central Scotland. My main responsibilities were to support care leavers involved in the criminal justice system or at risk of offending integrate into community successfully. One of the advantages of this role was the opportunity to help develop new, creative, and innovative ways of working with the young people.

I had a vision that I could implement some of the therapeutic healing tools and practices of yoga in my intervention methods to empower the young people to rediscover themselves and begin to realise their own potential in life. However, trying to incorporate the therapeutic aspect with this service user group whose lifestyles were very chaotic proved to be difficult as it was mainly taken up providing them with practical support, as well as managing young people who were subject to court orders.

For those who are not familiar with yoga, it is going to be very difficult to imagine its proper practice, as it is stereotypically discounted as a woolly exercise in which middle class women wear Lycra and contort themselves into bendy shapes. However, yoga is far more than a physical practice, there is science and philosophy behind it. Yoga is not simply an exercise you do on the mat, but a discipline that encourages you to take the tools you learn off the mat into daily life to cultivate balance, peace, and a deeper conscious awareness of yourself that leads to happier and healthier lifestyle choices that benefit not only you but the people around you. Additionally, yoga philosophy teaches people the value of kindness, respect, compassion and remaining non-judgmental which are akin with social work values.

In ancient Indian Sanskrit, yoga means to "unite" – to unite our body and mind with our breath to find inner peace. Yoga is a practice of deep self-enquiry as it allows us the opportunity to retreat inwards and slow down, lending space to more awareness of our thoughts and our bodies and get to the root of our unhappiness (Iyengar, 1965).

Over time as a yoga teacher, I have observed this newfound awareness in my students, as they start to develop better internal controls and learn strategies to calm their anxious and overwhelmed minds and to safely release trauma. When this shift occurs they noticeably become more confident in themselves as they reconnect with their bodies and spirit which empowers them and increases their feelings of self-worth, self-esteem, self-love, and self-confidence. Yoga can also help people to develop communication, patience, determination, assertiveness, and teamwork skills

through specific types of yoga such as partner yoga or more disciplined styles like Iyengar Yoga as well as support inclusion as friendships are created with like-minded people with the attendance at regular classes.

These are some of the many reasons why yoga is explained as life changing and becomes a way of life for those who practice it. Anyone in a social work role will also see how its regular practice correlates with the outcomes that are often set out interventions and care plans, such as managing destructive emotions.

During my time working with care-experienced young people they have often voiced that all they want is to be loved, valued and listened to. However, due to the trauma they have experienced many of them are unable to self-regulate their emotions and this often manifests as mental health and behavioural problems such as anger, anxiety and depression. This creates barriers to services due to people's negative judgement of them.

It is also recognised that rising issues in the mental health of children and young people is a serious concern, with services such as Child and Adolescent Mental Health Services unable to meet referral demands (Scottish Government, 2019).

Ultimately, there is a need for other services to work together to provide therapeutic interventions where possible. Yoga places a focus on fostering change through the mind and the body working together. I believe that incorporating yoga into intervention methods more traditionally used within social work, such as Cognitive Behavioural Therapy, could provide a refreshing change from 'sitting and talking'. For thousands of years, yoga has been widely used as therapy. We in the West are slowly catching up with the idea that yoga can be utilised to heal our mind and body and complement other therapies (Anodea, 2004). However, it must be practiced on a regular basis to have an impact.

When integrating yoga into my social work practice, I kept things simple like teaching the young people breathing techniques to help them calm their anxiety or help manage stressful situations for example before a meeting with professionals. We know that our breath is connected to our emotions and when we become mindful of our breath, we can use it to regulate our sympathetic (fight or fight mode) and parasympathetic systems (rest and digest response). Essentially, we can change the way we feel and learn to control our emotions and behaviour simply by learning to control our breath (Birch and Mason, 2018).

Yoga also involves physical postures. In a typical yoga class, it is common for teachers to adjust students in postures to ensure they are in the posture correctly and for them to fully understand it in their own bodies. However, in order to ensure that professional boundaries are maintained and that both the young person and I were safeguarded, I have not done this. There is much debate in the world of social work when it comes to the ethics around appropriate touch with service users. I do

believe in the benefit of service users learning to understand and feel safe through the interaction of touch with others. This could be explored in more depth through specialised trauma informed and focused yoga classes where teachers have received training to manage the risks and sensitivity around movement practices with individuals and groups which may bring back any traumatic memories (Emerson, 2011).

One of the issues that I have observed in many of the young people I have worked with during my time in social care and social work has been their lack of purpose in life. This can lead to addiction as people seek something outside of themselves to numb the pain and dissociate from their issues rather than face and deal with them (Turner *et al.*, 2018).

An important element of yoga is the awareness it shines on such areas of our life so that we can move past the hurt and achieve healing. The practice of yoga asks us to reflect openly and honestly on who we truly are and what our own truth is. Nonetheless I am aware this can be problematic because not everyone is ready to deal with these questions or emotions that arise. However social workers already have the necessary skills and emotional intelligence to manage such scenarios.

This is what makes the practice of yoga such a good intervention method as it incorporates both top-down approaches such as mindfulness and bottom-up approaches in the physical exercises to support emotional regulation providing people with the internal tools to cope in external environments (Van der Kolk, 2015).

I believe there are many similar parallels between the principles of yoga's philosophy and social work theories and models of practice. For example, assessment and intervention tools such as Getting it Right for Every Child (GIRFEC) and Outcome Star, used to improve people's physical, emotional, mental health and wellbeing and help them achieve a greater sense of purpose. It is like the non-linear system of Patanjali's Ashtanga Eight Limbs of Yoga that teaches us how to live a meaningful and purposeful life. You could say a list of steps to make people feel better (Blinow, 2017).

In the Eight Limbs of Yoga system the first two limbs are called the *yamas* and the *niyamas*. These teach us moral, ethical, social, and personal principles or goals that we can work towards to live in peace and harmony with others, but most importantly with ourselves to promote better health and wellbeing (Iyengar, 1965). Indeed, at the very heart of social work is the emphasis on values such as the respect for the equality, worth, and dignity of all people (SSSC, 2016).

The next five limbs include physical and mental practices to promote an awareness of our self through our mind and body with the Eighth Limb emphasising the importance in reaching enlightenment which in modern day terms

could be seen as realising our potential and ability to lead a more fulfilled life. This mirrors Maslow's Hierarchy of Needs and the end goal of seeking self-actualisation a familiar model of working utilised by social workers when assessing the needs of service users (Crawford and Walker, 2010).

Another system of yoga known as The Chakra system which discusses seven stages of individual development also has several similarities to Maslow's Hierarchy of Needs and Eric Erikson's eight stages of psychosocial development, from infancy to adulthood (Crawford and Walker, 2010). Interestingly, during one yoga training course that I attended, the teacher claimed that psychologists such as Carl Jung and Sigmund Freud whose theories are commonly used in social work practice were influenced by eastern yoga teachers who came to the west.

In order to gain credibility and implement yoga safely, confidently, and professionally I decided I wanted to further my personal and professional development on issues affecting my social work practice that yoga could potentially support and so I applied to the Social Workers' Educational Trust (SWET) for funding support to do a Yoga Therapy and Mindfulness for Addictions course with The Minded Institute who provide yoga therapy education and training to yoga and health professionals to work with mental and physical health conditions (The Minded Institute, 2022).

With the support of the SWET I was able to enhance my skills and knowledge in therapeutic yoga and include an innovative and unique approach to my practice backed by evidence-based research.

This training enabled me to confidently engage and offer trauma informed support to the young people I worked with to address their addiction incorporating yoga techniques specific for people's recovery from addictions. With the aim of achieving outcomes such as positive behaviour change and improved emotional, mental, and physical well-being, as well as increasing their resilience to the ongoing challenges they faced.

This proved a welcome and less formal social work approach to establishing and maintaining relationships with some young people. One of the young people I supported was able to have her support plan tailored to incorporate a more therapeutic approach in treating her alcohol addiction which included yoga sessions with myself and acupuncture sessions with her Barnardo's worker to work on outcomes such as manage her withdrawals from alcohol symptoms and improving her relationship with her self-care.

I was also fortunate that SWET further funded me to complete a Teen Yoga course. Amid challenging times, yoga can provide a toolkit to teenagers. This course not only supported me to implement specific ways of working with teenagers but additionally it also helped me to gain skills to educate parents and carers on how to

support the young people they looked after through different approaches such as taking part in fun yoga practices together as a way of bonding.

This course also helped me to further tailor and adapt my skills to engage an often hard to reach age group and supported effective working relationships with them through a unique and unexpected approach. Furthermore, I was able to share my knowledge with other colleagues and services through staff development days and equip others with the tools to incorporate elements of yoga and mindfulness into their practice.

Understandably, incorporating such a diverse person-centred approach like yoga into my social work practice incurred many challenges including the conflict of interest between the care versus control aspect of my role and the ethical problems that arise from trying to support people to feel empowered whilst maintaining professional boundaries and upholding statutory duties and other obligations that restricted people's freedom. Also, as I was responsible for ensuring that they complied with the conditions of their court order and writing reports for the court which often condemned the actions of the young people. It was difficult for some of them to open up and trust my intentions.

Another factor that caused difficulty in implementing regular yoga sessions within my practice with the young people was the chaotic lifestyle many of them had which included homelessness and addiction issues so understandably practicing yoga was not their main priority and it was unrealistic to expect them to sustain constant contact when they had so many other challenges in their life.

For yoga to be effective and create lasting change as previously mentioned it needs to be practiced on a regular basis. And on reflection the service user group I was working with were not stable enough in their life to maintain the practice. However often seeds can be planted and when the time is right, they may return to the practice having experienced the benefits of it.

In the United States, Canada and elsewhere, yoga is widely implemented within a clinical social work and criminal justice context as a method of intervention (Prison Yoga Project, 2022). In the United Kingdom, it is being used in prisons as a method to rehabilitate prisoners and provide them with a sense of hope and purpose in their lives (The Prison Phoenix Trust, 2022). As a tool for intervention, it still has a way to go before it is seen as an evidence-based practice, but I do hope that we are progressing in this direction.

I would love to see this being thread into the aftercare and rehabilitation of prisoners released into the community where weekly yoga classes replaced an element of their supervision appointments where appropriate, given the benefits the practice offers. Also committing to a weekly yoga class could be a more enticing way to achieve an outcome such as committing to weekly supervision appointments.

There are also numerous studies supporting the theory that yoga can improve our mind-body awareness and self-regulation with recent research also suggesting yoga can also support conditions regularly seen in service users such as attention-deficit/hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), substance abuse, and mood disorders (Birch and Mason, 2018). The evidence would propose that yoga-based interventions are effective as 'mind-body' medicine to complement mental health treatment plans and provide less of a reliance on pharmaceutical medicines that often mask the root cause by only treating the symptoms.

On a positive note, the UK Government has, over the past few years, got behind the use of yoga in therapeutic settings and General Practitioners are socially prescribing yoga in various pilots across the UK as a way to support peoples physical and emotional health rather than prescribing medication. This is reported to have resulted in a fall of 28% in visits to General Practitioners (Yoga in Healthcare Alliance, 2022).

Additionally, the National Health Service (NHS) now offers yoga as part of rehabilitation programs for people and a specific yoga training course professionals can complete to teach yoga to patients, the NHS also provide free yoga classes to support staffs' health and wellbeing.

Even the education system in certain parts of the UK have realised the benefits of yoga for children and young people and have incorporated it into their school curriculum. During my time in social work, I recognised that use of yoga as an effective early intervention for schools and put together a proposal to provide free yoga and mindfulness classes to children with a particular focus on children and families involved in social work services in an initiative the local authority was running for a project that would improve the services offered by the council. Unfortunately, my idea was not successful, and I believe this was due to its lack of immediate cost-effective benefits and measurable outcomes. However, I believe that a regular yoga practice in schools can improve outcomes such as behavioural issues, educational attainment, family, and peer relationships and reduce school exclusions.

Unlikely as it may seem at the moment, I would love for more opportunities where social work roles looked specifically at providing specialist therapeutic services rather than having to outsource to third sector organisations.

In these current times of financial difficulty and a lack of resources available in social care services, I feel certain that yoga could provide a cost-effective and therapeutic way to support a diverse range of people and communities including older adults, Black and ethnic minorities groups, people with chronic illnesses such as cancer and dementia.

As outlined throughout this chapter yoga is a practice that can be adapted to

anyone and anybody making it an inclusive, non-discriminatory, and non-judgemental approach that could be considered when trying to instil positive change in others as it seeks to empower people to realise their full potential through techniques that are free to all of us, all it takes is the belief, time, motivation, and some discipline.

However, service users can often be prevented from accessing services like yoga in their community due to social and economic barriers so my main aim as a mixed-race woman who has experienced plenty of discrimination in my life has been to change the views and stereotypical attitudes about the practice. I believe everyone should have the opportunity to experience the healing and therapeutic benefits of yoga.

Although I was unable to implement yoga as an evidence based effective model of practice during my time as a social worker, I am hopeful that it will have a place in the toolkit of social workers in the years to come. I believe if social workers are being actively encouraged to develop diverse, innovative and creative practice to support the people they work with then there is enough research emerging to support yoga as an evidence-based model of intervention.

Of course, due to the complexities of social work and the people we work with it is imperative that any new methods of working do not place individuals at risk, and I recognise that if yoga was to be introduced to social work then specialised training should be undertaken so that the integrity of social work and the ancient practices of yoga are upheld.

As much as I believe it is important to uphold the ethics and long underpinned values of social work I also believe that social workers need to take risks in the profession by remaining open to new ideas that can help the profession to evolve and grow which may mean challenging the embedded bureaucratic system and organisational structures, policies, and procedures.

As social workers work collaboratively with Health and Education services, I feel the profession could benefit from looking at the research and practice in America to find ways to effectively implement yoga into its practice model.

When it comes to the future of social work, I would love for yoga to not only be incorporated as a therapeutic intervention for service users, but also provided to workers as an optional part of their training to deal with the demands of the role.

Social workers are under a huge amount of pressure and stress, and I believe a regular practice of yoga would not only help them to understand and embody the benefits as a self-care practice, but also support their relationships with their service users and prevent burnout by learning techniques as an antidote to stress.

Due to not being able to fully integrate yoga into my social work role I decided to take a risk and leave my social work role to focus on teaching yoga to

disadvantaged and vulnerable groups in my community. This led me to create my own yoga studio as a social enterprise to support people in my local area to participate in classes in a safe environment without fear of being judged or discriminated against due to their life circumstances. This has included supporting people in addiction recovery, teenagers disengaging from school, woman trauma survivors and older adults with dementia.

Today I continue to add to my therapeutic toolbox which includes over 300 hours of training including Anatomy, Afrikan Yoga, Yin Yoga, Restorative Yoga, Yoga Therapy and Mindfulness for Addictions, Yoga and Mindfulness for Autism and ADHD, Yoga for Women's Health, and Trauma-Informed Yoga.

My future plans are to one day open my own healing and wellness centre to continue to support peoples health and wellbeing though yoga and other holistic therapies.

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Chapter Seven

The journey to permanency for children, foster parents and professionals

Lesley La Croix

With a career in social work behind her, Lesley La Croix describes herself as still "passionate about social work" and "passionate about children". Her motivation for ongoing study and personal growth is very personal, is rooted in her early childhood experiences of education and work experience in social care as a black woman.

Her vision for social work is for it to return to its "original form", listening to children and families and working out plans together. Her inspiration comes from "Walking the beat", always "giving a little bit of myself". It saddens her to see social workers burnt out and leaving the profession as a result of pressure from "statistics and targets".

Lesley has spent many years in practice education and is regularly contacted by former students, some of them senior managers, to thank her for helping them to get "where they are today". She finds that her personal, practice and management experiences enable her to challenge practice in a way that she could not have done earlier in her life.

Lesley has always loved reading, 'cracking the spine and learning'. In addition to this chapter and her doctoral thesis, she is working on a semi-autobiographical book that will encompass and communicate her lifetime experience. Proper recognition of diversity remains an issue for social work. In Lesley's words, "There is still a lot of work to do".

"Do today what you don't want to do tomorrow." This has been my mantra for many years. I consider myself a proactive and innovative leader that empowers, supports, and leads others to try and activate positive changes.

I was born and raised in London to a white mother and Black Caribbean father who came to the UK in the 1960's seeking work and to start a family. My father was a diligent worker and I recall both parents working every day from a young age and being cared for largely by my white grandmother. During secondary school education, I became the person people wanted to talk to, tell their problems to and

I knew from the age of 13 I wanted to be a social worker and work in some form of 'helping role'. Following school, I completed a 2-year social care course at college and then worked across several children's homes in the late 1980s. I have since been working within Social Care for 35 years. In addition to work, I have combined learning and studying various training courses as essential to my personal growth. My focus has been inclusivity, permanency, and striving for change. With a strong desire to 'make a difference' and advocate on behalf of children and young people working in a solution focussed way across various social care settings has been both insightful and empowering.

As a Black woman of mixed heritage, I feel a strong desire to 'make a difference' and advocate on behalf of children. As a Practice Educator/Assessor for newly qualified social workers and those undertaking post-graduate studies such as practice education, there is a huge sense of responsibility in my role as mentor and educator. What I mean by this is that throughout my career many students I have supported and assessed have told me that they have felt inspired by my vision and personal journey to keep learning new things and have valued my teaching style confirming that I have been instrumental in their personal career development. For me, this fills me with pride and a sense of humility but also with a belief there is much more to do.

As a child, I always had a book in my hand and loved the library. One day I came across Maya Angelou's *I Know Why the Caged Bird Sings* (Virago Press, 1984) and I felt an instant connection to a wider struggle in the world and that racism can be expressed and felt in different ways. I realised I needed to consider race, gender, occupation as a factor in my personal development and reflect on the deeper meanings and impact within the workplace.

"There is no greater agony than bearing an untold story inside you" Maya Angelou: I have become increasingly aware over the years that being female and Black limits you to moving from direct practice to management. I have experienced an imbalance across senior management and social care which appeared dominated by white males in more senior positions. Through years of practice and readiness for managerial roles I experienced numerous setbacks feeling disempowered while reaching out for more strategic positions. An example of this was in the early '90s when I prepped for a deputy manager's position in a children's home having been encouraged and prompted to apply by colleagues only to lose out to the position to my white male gay colleague who had only been doing the role for a year. I later found out that the Local Authority was actively trying to promote the anti-discriminatory practice agenda and 'needed to be seen' to have more gay and lesbian members of staff in senior positions – they had a target to meet and that year it was not black (BAME) members of staff. I was starting to learn the political

agenda had a major impact on building the foundations of organisations that were set up to care, mentor and support children and systemic racism was ingrained within the fabric of institutions. I realised there are parallels with black children in care who often feel disadvantaged and judged by their ethnic and cultural identities and not given the push to reach a higher potential. Social Care and the education system encouraged inclusion and 'access to opportunities but the lived experiences of many young people confirmed the barriers associated with race, identity, and the lack of opportunity for many young people of colour.

In the early 1990s when I was having my children, a mother of two boys and two girls aged now from 24 to 31, I came across a book that made me reflect on my own identity quite deeply and those young people with whom I worked. This was *Black, White or Mixed Race?* (Tizard and Phoenix, 1993). I found this book pivotal in my journey of understanding my own identity in terms of dealing with social and systemic racism within the workforce. Having a white mother and Black father we were told we were half-caste, and we should hold no real allegiance to either the black or white culture. This is what my mother told me, suggesting I should be grateful to be in this privileged position in having caramel skin, a sprinkling of freckles, soft manageable hair, and wow my siblings had blue eyes like their mother! although mine are brown it was not until much later, I truly appreciated my beautiful brown eyes. My children who I shared with my Black British husband are black, the genetics strong on their father's side, for me this acknowledgement was important to acceptance of my own identity and how I needed to raise my children. To become a strong role model as a mother and aspiring social worker for the children and young people with whom I worked I now identified as a Black woman and avoided every opportunity to expand on my ethnic background through surveys and HR documentation. This seemed futile and unnecessary.

The awareness of self, identity, and positionality in the world was a key motivator and spurred me on to work hard to achieve my goals and to continue to reach out for higher positions. The trajectory through education and social work grew out of a desire to achieve positive outcomes for vulnerable people, particularly children and young people in the care system who like me were a little lost as a child.

As a Black woman with the various knockbacks, I felt truly motivated to keep going and considered that perhaps education and training might open more doors for me and provide more long-term stability for my children and the young people who needed my support. Little did I know my two daughters were observing closely and one grew to love art and became a secondary school Art teacher (art was my love at school) and the other a social worker, working initially in child protection and then made the transition to social work within fostering.

After qualifying as a Therapeutic counsellor and then social worker I went on to

achieve a Master's in Education and Training from Kingston University, where I gained a love of research and a passion for learning and 'discovering people's truth'. I am currently working towards a Doctor of Education Degree where I study part-time at Brunel University. The focus of my research and interest is around the journey, permanency for children, foster parents, and professionals.

Interestingly my focus now is not to achieve that higher position such as a Director or a high-grade lecturing professor I simply wish to achieve my doctoral degree and retire in a few years thankful for having achieved my goals. Life does that to us, encourages re-evaluation through personal growth, love, loss, family, and change.

I consider it essential to remain firm in one's conviction and have courage and an intercultural perspective to activate pedagogy that nurtures growth and organisational change and my approach to teaching and leadership now focuses on empowerment and transparency and opportunities for change.

In relation to my area of interest each day thousands of children and young people enter homes of families who previously are unknown to them and often without warning or prior introduction become their fostering family. This can be both a positive and negative experience for a child.

It is important to consider why children become 'looked after' – the contemporary term for children who are cared for (Hill, 2018) – and to appreciate the circumstances that have led to them being separated from their biological parents.

Generational poverty, concerns about a child's safety, welfare and bereavement are all too familiar and resonate with me as a professional working in the field of social care today; although there is more structure and legislative guidance to inform practice and processes. The importance of 'interagency working, good communication around assessment, planning' is key (Beek, M and Schofield, G, 2004, p269). Today the complexities of caring and overseeing and making decisions about children who are fostered involve several professionals, caregivers, and services. Ultimately a decision as to securing their longer home within a family such as foster care is made in court. Shah (2021, p1) states 'there is no standard case in the childcare system, each child's case will take its journey depending on the facts'.

The 'journey to permanency for a fostered child' and the role of a professional or organisation has parallels because there has been a struggle for acknowledgement, acceptance and to be heard.

Establishing positive foundations of love, care and stability for a child born before the 20th and 21st century have been fraught with danger, uncertainty, and mixed priorities.

In an article exploring the shortage of foster carers in the United Kingdom, The Fostering Network (2021) cited a broadcast (BBC, 22/11/12) that emphasised the need to recruit and retain more fostering families stating, 'Children in care in

England could hit almost 100,000 by 2025'.

The article also highlighted a need for 7,300 new fostering families in England, a net increase of 1,005 new foster families in England from 1st April 2020 (The Fostering Network, 2021).

It is hoped my final research paper will have a pivotal effect on the professional network within social care for children to lay permanent foundations with families.

SWET has provided financial support to my journey every step of the way from undertaking shorter modules to more recently the commencement of the Doctorate programme. These grants have been gratefully received and the board have embraced my desire to develop my knowledge, and research skills over the years.

Having witnessed the impact of family and placement breakdown maintaining oversight of fostering households is a huge responsibility. Within the role of a Researcher, there is a desire to 'shine a light' on the injustice and disadvantage of the most vulnerable members of society, i.e. 'Looked After Children' (LAC) within the care system.

I am currently in year 2 and preparing to undertake a casework research enquiry to understand contributory factors to placement breakdown, staff retention and explore the impact on children's ability to achieve permanency with family's long term. Each module and area of study moving forward in the doctorate programme will link to my final thesis. I will use my positionality in fostering services to capture pedagogical practices and themes related to disruption across the professional network showing the impact on children's ability to thrive and achieve stability in foster care. This I will do through the lens of carers and professionals and the voice of children to examine contributory factors related to children experiencing placement breakdown in foster care.

'We must lead the way in our belief and philosophy that permanency is best'

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Chapter Eight

Sustainability as a wider concept in social work education

Sam Pulman

Sam Pulman qualified at the University of Plymouth and practised for over twenty years as a social worker with children. Living in the South West, she saw how connecting with the coastline, the moors and the woodlands brought a sense of restfulness in her demanding work. Increasingly, Sam knew that this should be a resource accessible to the children she was working with too.

Sam felt that social workers were under pressure to "fix the problem quickly and close the file", often leaving many underlying issues unresolved. If our aim is to help children be "the best version of themselves" into the future, work with them needs to be more broadly based. Sam calls this "slow burn" social work, akin to planting a seed. Social workers use their relationship skills best by helping children, many of whom may be displaced by interventions, to gain a sense of belonging including placed-based identity with the natural environment. Family, friends, the physical and the natural world are all lifelong resources. The relationship between the natural world and the social difficulties people face should, Sam believes, inform our assessment and practice. She calls this way of working as "connecting people, places and spaces".

In addition to her doctoral studies, Sam volunteers with outdoor education and citizen science, such as shoreline surveys. Anemones are her favourite species. Sam helped a group of inner-city children discover the life in rockpools, and to become curious and confident about being outside with nature.

This chapter discusses the gap in contemporary social work theory and practice about the natural environment and concepts of sustainability as a core subject in social work education. I then explore what epistemology and ontological approaches could inform an eco-socio signature pedagogy to prepare social work students for practice in times of global change and uncertainty.

A broad range of literature has shaped this discussion, particularly environmental social work models although, none are embedded into mainstream social work education or applied social work practice. Key literature that influenced this research includes the Person in Environment Model (PIE) model (Gitterman *et al.*, 2021) which is a strength-based approach to individual's resilience in their social environment, and the systemic clustering of interaction with people and places over time that supports individual well-being. PIE does not fully consider the natural environment or the 'state of place' such as play areas, recreation and wild spaces that contribute to individual and community well-being. Bronfenbrenner's (1979) Ecological Systems Theory (EST) used in child development expands the construction of self through exchange with the social environment, but with a little creativity impact of the natural environment can easily be included in the EST model. For example, the social work student is at the centre of the system. Surrounding the student is the micro system, usually the family unit, and often the blueprint for environmental behaviours such as recycling, conservation or turn and burn. The next layer is the mesosystem about influences outside the home such as peer views, university sustainability policy, and university groups to upkeep a green space, green internships etc. The exosystem is about indirect influence such as mass media reporting on natural disaster, COP 26 climate meetings, and environmental movements. The macro system is about societal culture and social practice such as sustainable development legislation and environmental policies to manage and protect the natural environment. Finally, the chronosystem provides maturity and experience for the social work student or practitioner to reflect on their position within a sustainability context, and the interaction with each layer of the EST that shapes environmental attitudes, behaviours and choices.

All the above-mentioned sustainability type concepts require social workers to get creative and reimagine existing model to address global crisis and co-build an eco-socio sustainable future that we all want.

Personal context

My practice experience is predominately within statutory social work and safeguarding duties with children and families. My journey started as a frontline social worker, and progression to a manager. More recently I held roles as an independent chair in child protection and for children in care, and as a Local Authority Designated Officer (LADO). Critical reflection from supervision, and the oversight and scrutiny of reports, found repeat patterns and gaps in social work knowledge about the child's connection with the natural environment that supports the child's well-being. Therefore, the aim of the research was to explore what

knowledge and skills social work students need about global eco-socio issues to prepare for practice, and how skills could be applied locally in practice.

This research explores the position of higher education providers and their willingness to include sustainability concepts as emergent contemporary social and environmental issues in the curricula. A sample of first- and second-year students from a BA (Hons) Social Work course were asked if the environmental and sustainability subjects are important, relevant or of interest in their training. Additionally, participant observation of trainee teachers in an outdoor learning setting provided a trans-disciplinary comparison of what could be offered to social work students to develop their practice and sustainability thinking. This data is currently being analysed.

Social work values

It may seem at odds to write separately about social work values as these are implicit throughout practice, but perhaps the division between social and environmental justice should be addressed. The findings of my earlier research with qualified social workers (children) showed the core business safeguarding took precedence over sustainability concepts. Barriers included high workload, lack of time to reflect or engage in research, and habitual ways of working where alternative concepts are not considered to support the child's welfare. Current data analysis will inform an eco-socio theoretical framework and assessment tool. This means social work assessment can identify the child's connections with the natural world, that supports the child's environmental identity. For example, places to play, space to socialise, places to seek refuge, or space for creativity and to imagine.

One perplexing finding from the research was the recognition that environmental justice was important to human well-being but prominent polices such as the United Nations Convention on the Rights of the Child, the Universal Declaration of Human Rights, and the Sustainable Development Goals were not linked – yet all policies map a co-dependency between social and environmental needs. The connections between people and place have been discussed by social work scholars for a long time, but the natural environment and sustainability thinking is not included in current social work curriculum which, means social work students are not prepared to critically reflect contemporary global crises or systems thinking about eco-socio solutions.

The Social Workers' Educational Trust

The SWET award served several purposes. Firstly, it provided recognition from

BASW that this research could develop social work practice, and therefore investment of the award was granted. Secondly, the award supplied an opportunity to be part of the SWET anniversary, and for this research to reach a greater audience.

Problems and challenges

The challenges to this research have been multiple. Covid-19 greatly delayed data collection and there appeared a general sense of inertia to take part in research. Added challenges included encouraging higher education institutions to take part in some radical research. Access to social work students was difficult without disrupting teaching time and getting face to face contact through lockdown restrictions. Lastly, making changes to the curriculum, habitual narratives, and dominant discourse about what social workers need to know, should know, and could know about helping the people and places they support is never easy. The key to successful research is persistence and keep reaching for your goals.

Several key texts have influenced the eco-socio theoretical framework and assessment tool. Not all of these are social work texts although, that should not be a hinderance as sharing ideas across paradigms and specialist interests helps to develop new theory and emergent practice models. For example, Capra's (2015) systems view of life emphasises that all life is intra-related and co-dependent on one large planetary eco system. A social work perspective could utilise the systems view as a strength-based model of practice to map community strength and risk. On a small scale this might include access to a health centre, school, or the availability of public transport. It could highlight the deprivation of an area that needs improvement, such as green spaces or creating safe neighbourhoods. A global example of a systems view is the recent COP 26 conference with shared goals to reduce carbon, invest in fair sustainable development and ensure that systems that support life can thrive. It is also an opportunity for social work to reinvent itself and have a voice in climate matters. This research considers the system view of life as a key text for sustainability concepts in social work education and practice. Applying this to social work education, Crews and Besthorn (2016) argue for an eco-social work pedagogy set across three main principles of environmental awareness i.e., what struggles are happening for people and planet. Secondly, a deep ecology approach helps social work students to connect with the natural world, understand the cycles of nature, and to notice when this is out of balance. The final principle of the eco social work pedagogy asks social workers to actively do something. This is about social work being mobile, able to respond to global crises, educate others, and make lasting meaningful change for people. Action is fundamental across social

work genres. For example, Dominelli's (2014) green social work model rethinks structural inequality through policy development, financial accountability, and generating self-sustaining outcomes for communities. The second part of the research paper looks at concepts of sustainability which will enable social work students to use this in their future work. For purposes of this discussion there are several examples already used within social work practice such as critical reflective practice. This is a crucial tool as it asks students or practitioners to pause and think about their interactions with their other people, the surroundings, and how decisions are made that impact on the outcome of the work. Experiential and participatory pedagogies from field practicum are part of the same continuum of learning, and shape professional identity and competency. This research currently explores if immersive and experiential pedagogies such as outdoor learning placements can connect social work students with environmental and sustainability concepts in social work education.

International links

There are varying debates about signature social work pedagogies that best prepare social work students for contemporary practice although, none of the below perspectives are from the UK. Earls Larrison and Korr (2013) argue linking the classroom with placement i.e., is what is taught in class relevant in the field. However, agreement on what is a contemporary issue is dependent on political governance, national discourse, and geographical setting of social work courses.

There are growing articles about a shift towards eco-social work (Boetto, 2017) and discussion about environment-based curriculum content (Boddy *et al.*, 2018) but this is yet to be realised in social work education. There are transnational social work bodies such as the International Federation of Social Workers (IFSW, 2020) who promote community and environmental sustainability practice. Similarly, the International Association of Schools of Social Work (IASSW) are one of the lead agencies for World Social Work Day in March 2022, with a theme of co building and eco-social world, with new global policies for everyone and the sustainability of the planet (IASSW). The aim of sustainability as a wider concept in social work education is to prepare social work students for global concerns and transnational practice.

A case study

Observation from an outdoor education training day for trainee teachers revealed some interesting perspectives about why this type of training experience was

important. For example, one trainee teacher explained that they wanted to know about connections with nature as several primary aged children asked questions about the planet being poorly and were worried about climate change and animals dying. The trainee teacher spoke about managing the child's eco-anxiety. To transform the anxiety into an eco-joy, the trainee teacher was going to explain basics of the eco-system and connection with nature through the development of a nature garden in the school. Nature bingo cards were also going to be developed so the children could name trees, plants and insects. Pedagogical approaches included project work about nature, and experimental learning from being in the garden such as touching bark, furry leaves and exploring what the garden held. The research data is still in analysis, but early findings suggest a child's connection with nature is important in assessment and direct work about the child's well-being. A sustainability module in social work is currently being developed.

Concluding reflections

This research paper provides a prompt debate at point of climate crisis and requires a profound rethinking of how social workers prepare for practice and connect with the people and places they support. Social work seems to have fallen into two distinct categories of a process-driven statutory model, and other types of specialism. This seems a tragic waste of the rich generic theory and knowledge within the wider profession. There is a lack of evidence based and research-based approaches about curriculum content for a new generation of social workers that face growing humanitarian and planetary crises. It is not possible to look at global concerns in isolation, due to the co-dependency of social and environmental rights. Social workers need a knowledge base about the natural environment to help with sustainable recovery. All systems models can be re-imagined connecting people with place. Once the research data is analysed a social work module will be developed and contribute to the growing momentum of new ways of preparing social work students for practice in times of uncertainty and change.

Some key reading

IFSW (2021) *Social work and promoting community and environmental sustainability*. IFSW. www.ifsw.org/product/books/social-work-promoting-community-and-environmental-sustainability/ *A useful guide to explore what is meant by environmental sustainability and how this is applied to practice.*

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Chapter Nine

The 'Me and My Mobile' research project

Jennifer Simpson

Dr Jennifer Simpson is a Black female senior lecturer in social work at Nottingham Trent University and has worked in higher education for over a decade. Prior to this, she practiced as a social worker with children and young people in the East Midlands. Jenny describes herself as someone who spends time thinking and writing about how social work is changing.

Technology, says Jenny, has given us new ways of connecting with each other, and opened up new ways of hybrid working. Social work and social work education needs to be able to engage with this whilst maintaining its fundamental, person-centred values such as negotiation, mediation and working in partnership. In fact, she has seen that the use of electronic communication can open the way to the more effective practice of these values. For example, you will see in her chapter how she holds the view that risk management has to be approached by recognising the agency of the young person rather than just by imposing control.

Jenny traces her realisation about this new way of working, which she calls 'Twenty First Century social work' back to a time ten years ago when, as a practitioner, a young person had gone missing for three days. Amid the frantic concern, none of the professionals had tapped into the fact that the young person was using her mobile phone to communicate with people who were not known to them. It was this incident that led to her PhD and the development of the 'Me and My Mobile' project.

The origins of the 'Me and My Mobile' research project stem from first-hand knowledge of social work practice in fostering. When I was in practice, what I witnessed on a daily basis was the tremendous efforts made by foster carers to meet the needs of individual children and young people placed in their care. The same was true in relation to the work of practitioners, whether they were Child or Supervising Social Workers, in terms of effectively supporting all parties and meeting legislative requirements.

What was also witnessed was the advent of the use of the mobile phone and how it became a daily part of the lives of adults and young people. It was noted that as early as 2009 concerns began to be raised regarding the way in which young people in care were making use of mobile phones for the purposes of contacting their birth parents and other members of their familial network (Cooper, 2009; Schofield *et al.*, 2009 and Stephenson, 2009). These early concerns marked the start of a digital revolution within fostering and adoption. In sum, the concept of 'traditional' contact was being challenged, as was the associated practice that supported it. It was noted by Oakwater (2012); Simpson (2013); May-Chahal *et al.* (2014) and Sen (2015) that young people were using mobile devices and social media to get in touch with family and friends independently of their social worker or foster carer. It was this state of affairs that led to a PhD study that posed the following questions:

- Do young people in care make use of mobile communication devices and the Internet for contact with their familial and friendship networks, and if so, how is this carried out?
- Does the use of mobile communication devices and the Internet enhance or hinder communication between young people in care and individuals from their familial and friendship networks?
- How do foster carers and social work practitioners negotiate and manage contact that is undertaken through the use of mobile communication devices and the Internet by young people in care?

The findings of the PhD study exposed a complex picture that saw young people in care using mobile devices and social media to engage in informal communication with their familial and friendship networks. The young people did not view their actions as 'contact' but, rather as staying in touch. When asked about the difference between staying in touch and contact, they referred to the spontaneity and control they had in terms of when, with whom and how they communicated. This was in stark contrast to their experience of contact organised and managed by their social workers, and which can be characterised as formulaic and rigid (Simpson, 2019 and 2020). The response of foster carers and social workers was that they considered this type of engagement by young people in care as a risk to their wellbeing and safety. It was also noted that little value was given to technology assisted contact, when compared to the contact taking place face-to-face (Simpson, 2019).

Other findings that resulted from the PhD study included the way in which foster carers managed the access young people in their care had to mobile phones and the Internet. It was identified that, on a day-to-day basis, management and access

to mobile devices and the Internet took place on a transactional basis. The Wi-Fi could be turned off and on at will by the foster carer and was dependent upon the circumstances in the foster home at the time. These included whether the young person in care was behaving appropriately, or not. Above all, there was a lack of appreciation on the part of foster carers about the extent to which the use of mobile devices and the Internet were an integral part of the young peoples' lives. It was apparent that the management of mobile devices and the Internet were not exclusively based on unsupervised contact. Rather, management and access appeared to be linked to controlling and managing the behaviours of the young people in care, both within and without the foster home. Additionally, the rules and regulations that the foster carers had in place and how they were applied, tended towards behaviour management, with little room for negotiation (Simpson, 2019).

The findings from the PhD also made reference to key studies concerned with how the role and nature of care being provided by foster carers was radically changing to accommodate digitalisation. The Online Foster Carers Survey (Guardian Saints, 2016) and the Children's Commissioner Report (2017) *Growing up in Digital Care* recognised that foster carers found it difficult to manage mobile phones as they were not able to apply the controls to these devices in the same way that they could do for computers and Wi-Fi. Furthermore, foster carers spoke of the limited support they received from social workers to manage the challenges of Internet and smartphone use seemingly indicating a lack of knowledge and skills (Macdonald *et al.*, 2014; Simpson 2016; Greenhow *et al.*, 2017; Willoughby, 2019 and Simpson, 2020).

Such a gap led to the consideration of a tool for both foster carers and supervising social workers that could enable them to:

1. Communicate effectively and knowledgeably with children and young people in care about their Internet and mobile phone use.
2. Explore how children and young people in care keep themselves safe whilst online and provide support with this.
3. Negotiate the use of mobile devices and the Internet in the fostering setting whilst taking into account the wishes and feelings of the child or young person.

The realisation of the toolkit happened as a result of the funding from the Social Workers' Educational Trust. This funding allowed for the development of the toolkit that was informed by the experiences of young people in care, foster carers and supervising social workers. Their experiences were key to ensuring that what would eventually be created would speak to all concerned. The funding also led to the

formation of a training course for foster carers and supervising social workers. The course sought to present important messages in relation to the use of all digital devices and the Internet, including both the associated opportunities and risks. Additionally, the funding allowed for the premise that, digital parenting is a difficult terrain to navigate and therefore, as a way forward, it is best navigated *alongside* the young person in care, rather than independently of them. Consequently, the training course focuses on developing skills in relation to mediation and negotiation that can be used with young people in care. These skills are further supported by a range of resources in the form of a graphic novel; template agreements; and a 'Causes for Concern' tool that allows both foster carers and young people to raise concerns, as well as identify ways forward to resolve any misunderstandings or difficulties. Simply put, the 'Me and My Mobile' toolkit seeks to take advantage of the relationship that exists between the young people in care and their foster carers. This emphasis reflects the importance for young people in care maintaining their existing relationship with their foster carer and others and to avoid the immediate and long term effects of placement breakdown (Khoo & Skoog, 2014 and Sen and Broadhurst, 2011).

It is important to note that the creation of the 'Me and My Mobile' toolkit has been informed by social work values such as those respecting the right to self-determination. This means recognising that young people can and do exercise choices on a daily basis and these are to be respected. Another value that is embedded is promoting the right to participation which is grounded in empowerment. Consequently, when applied to young people in care it involves empowering them in all aspects of the decisions and actions affecting their lives, including the use of technology.

Up to this point it could be assumed that the implementation of a research project that included working with young people in care, foster carers and supervising social workers, would be easily achieved, given its aim. Unfortunately, this was not the case as negotiations for the project with a local authority were finalised two months before the national Covid-19 lockdown. Ironically, an area of emerging research and social work practice had now become centre stage as a result of the pandemic, as old and young alike were communicating via virtual means. During this period all aspects of social work practice, including contact, changed (see Neil *et al.*, 2020) and local authorities were solely focused on their newly defined statutory responsibilities (Department of Education, 2022 and Baginsky and Manthorpe, 2021). This meant that there was little time or resources for a small scale study, despite its timeliness and relevance. The project was delayed by a period of approximately seven months. During that time the local authority that had committed to being involved had changed its mind and another had to be sought.

Furthermore, the way in which the research had to be carried out also changed in the sense of having to move to online focus groups and training. Again, the irony of the situation was striking.

A new local authority was successfully found, and the project began in earnest once again. Currently, the project has reached the stage where the online focus groups have been undertaken, the training course for foster carers and supervising social workers has been developed. That said, the project continues to suffer the effects of the pandemic in that coming out of lockdown in terms of changes such as the social care workforce moving to homeworking, and the potential increase in demand for services (Baginsky and Manthorpe, 2021). Nevertheless, the relevance of, and need for the study has not waned. The period of lockdown due to Covid-19 led to the wholesale adoption of digital technology and communication by many adults, children and young people (Ofcom, 2021). The Children and Parents Media Use and Attitudes survey 2020/21 identified that in 2020 nearly all children aged between 5-15 years of age went online. Added to that, just over half used social media sites or apps rising to 87% of 12-15 year olds (Ofcom, 2021, p2). Other results from the survey indicated that parents found it harder to manage their children's screen time and they also had to relax some rules regarding their children's online activity. Importantly, parents understood the need for their children to maintain their friendships (Ofcom, 2021, p2). Parents also reported that they were concerned about their children's online use. They cited concerns such as harmful content, bullying; the amount of time spent online; their children giving out details to inappropriate people, and commercial organisations collecting their children's data (Ofcom, 2021, p34). Unsurprisingly, the survey noted that parents are committed to keeping their children safe, and to this end they made use of parental control software. However, just over a third of those parents who completed the survey made use of this technology. One reason given for this result was that parents of older children aged between 12-15 years of age were of the opinion that they could bypass the controls (Ofcom, 2021, p37). However, parents did not just rely on technological solutions; they also spoke to their children particularly those who were younger, compared to those aged between 12-15 years of age.

Early results from the 'Me and My Mobile' project mirror the experiences of the parents who took part in the Ofcom survey. Yet, there were also instances based on the account of the young people who took part in the project where foster carers departed from the survey results. Details were shared regarding confiscation of mobile phones. One young person in care commented:

"If I get my phone confiscated it is not because of something I did on the phone. It will be for something else." (Young Person, A)

Another young person said:

*"I've seen that for my younger foster siblings it's a punishment to take away their phones." (*Young Person, B)

Rules and regulations that were put in place by foster carers reflected a 'my way or no way' approach, leaving the young people with little room to negotiate. One young person shared details of her first night at a new placement:

"It was my first night, I was quite upset, and I just wanted to call my parents and I remember getting my phone taken away because apparently I wasn't allowed to make calls at night. My carer came in and said I wasn't allowed to phone at night. It was literally my first night, I was like, really distressed and it really upset me." (Young Person C)

As for the foster carers, they too painted a mixed picture of opportunities and challenges. Some carers spoke about the difficulties of trying to get young people in their care to keep the rules:

"Lockdown has broken a lot of the rules that was in my home." (Foster Carer B)

Foster carers also spoke about opportunities to use digital technology positively:

"I did use my phone a lot more during lockdown. I would say to them, let's try and do something new. So, we went on YouTube. I would say, 'Let's see what's on YouTube'. We said we are the YouTube people. We were doing things it was not an issue." (Foster Carer A)

However, there was also examples of foster carers sharing details in relation to the use of mobile devices and the Internet by young people in their care and how this negatively affected the placement overall. A case that exemplifies this involved a young person who moved into her new foster home and stated that she should be allowed to make use of her mobile phone at all times. On hearing this, the foster carer recounted that she attempted to manage the situation by setting up curfew periods and seeking support from the young person's social worker. The foster carer explained that her response was based on the fact that she had noted that the young

person had shared with her that viewing her friends online had made her feel depressed and inadequate. Furthermore, these feeling were leading to the young person staying in her bedroom for long periods of time and isolating herself from others. The foster carer also stated that when she discussed the issue with the young person's social worker she was not provided with any support. As a result, the use of mobile devices and the Internet continued to be a source of heightened tension to the point the placement broke down.

This case example demonstrated that whilst the foster carer was alert to the risks associated with excessive mobile phone use, she had not adequately appreciated the complexity of the young person's virtual experience, which was on the one hand, essential for maintaining connection with others, and on the other, led to feelings of envy and inadequacy (Appel *et al.*, 2016). Through the discussion had with the foster carer as part of gathering her perspective and experiences, she shared the fact that the discussion had caused her to begin to reflect that what was required was a different approach. One where she should have asked the young person more questions about her mobile phone use and the way in which it made her feel.

All of the above speaks to the ongoing tension and the need to enhance the digital caring skills of foster carers, thereby making the need for the 'Me and My Mobile' training and toolkit even more pressing. The said 'Me and My Mobile' training was delivered almost a year later to a number of foster carers and Supervising Social Workers over two sessions. The first session was concerned with focusing on the foster carers' concerns and also 'myth-busting', which gave an opportunity to provide facts about the use and abuse of digital devices and the Internet. Foster carers then moved on to focussing on the complexity of caring and how it had fundamentally changed. The second half of the training was delivered a week later, and it was here that the 'Me and My Mobile' approach of mediation and negotiation was introduced. Foster Carers worked through a case study and practiced a range of skills that would enable them to de-escalate tensions and conflicts whilst maintaining the necessary boundaries to keep the young people in there care safe.

Feedback regarding the training sessions was sought as part of noting if the training was achieving its stated objectives, and whether carers were thinking differently. The feedback was:

> *"I would recommend this as useful training as it takes away the anxiety about young people and their mobile phones."*

> *"I learned that compromising builds trust in the relationship and that is what it is all about."*

"This training gave me a way forward after a worrying time with my foster child - I have had the conversation with them and it has reassured them that I want to help not to blame."

"The negotiation tools are really useful. The training gave me perspective on the reality of what young people use and want their phones for. It gave me perspective on the risks and positives of young people's phone use and helped me see the bigger picture."

"This training helped me see what is going on and it has inspired me to learn more about different apps so I can ask the right questions when communicating with young people to understand what they are doing and encourage honesty, openness and trust. The young person should be treated as an individual and we should remember they are human too. They use their phones for the same reasons we do."

The Supervising Social Worker commented:

"My feedback is it gave me insight into what foster carers deal with daily. The tools can be used across all sorts of topics and encourage young people to be honest and feel cared for. It gives me the confidence to support carers and young people regarding their phone use and communication."

On receipt of the feedback there was mixed feelings of elation and relief. Nonetheless, to simply believe that a training course and an accompanying online toolkit will resolve the complexities of digital caring is to believe that fostering is practised in a vacuum. There are other influences, though not immediately apparent, that are taking effect. These include the prevailing discourses related to vulnerability and risk. The discourse of vulnerability is informed by the external threats posed by the Internet, smartphones and other digital devices. Additionally, there has been, and continues to be, an ongoing reference to the 'innate' vulnerability of children in care that stems from their status and life course that marks them out as markedly different to other children. Likewise, their adverse experiences are more often than not perceived as multiple vulnerabilities (Brown, 2015). This was echoed by Young Person B:

"I feel like it's the foster care system. I know that sounds a bit bold of me to say. They identify you with your problems. Social Workers say like, he's got behavioural issues. So, instantly I feel like the foster carer is setting these rules for him before he's even turned up, and these rules sometimes don't work." (Young Person, B)

Acknowledging the point made by the young person this does not detract from the genuine concerns regarding the use by children and young people in care's use of digital technology as well as the Internet. These concerns come in the form of the content they are exposed to, those with whom they are in contact with, and also their conduct online (Livingstone and Brake, 2010; Fursland, 2011; May-Chahal *et al.*, 2014 and Sen, 2011 & 2016).

Concerning risk, Livingstone (2010) states that what is lost in attention grabbing headlines about children and young people misusing or being harmed by digital devices and the Internet is not a nuanced account of the experiences of children and young people. This is especially the case for those children and young people who are in care. Livingstone follows by stating, *'the Internet both shapes and is shaped by children's lives'* (2010, p16). In other words, one cannot reach a straightforward conclusion that the use of digital devices and the Internet always results in risk and harm. Such a view has been reinforced in recent studies by Wilson (2016) who found that young people in care were able to exercise self-care through the use of digital devices, as part of a strategy to block out current stressful situations and stay calm. Similarly, Roesch-Marsh and Emond (2021, p141) in their discussion on the importance of friendship for children and young people in care, draw the conclusion that the motivation to protect and/or minimise risk has led to the tendency towards risk aversion. Meaning that there is often a lack of appreciation regarding how the 'digital environment' may create alternative places for friendship and support.

In concluding this chapter, it is acknowledged that the use of mobile devices, the Internet and social media by children and young people in care is not only a growing area of research but also practice. In both the areas of research and practice there is the underlying need to hear the voices of children and young people in care much more. A failure to do so may lead to the continuation of discourses of vulnerability that are in danger of reducing the level of skill, knowledge and adaptability required by children and young people to deal with the everyday services that are now digitised. It is appreciated that this area of research is a symptom of a much wider debate that is related to fundamental issues involving children's rights, corporate parenting, the rights of parents, safeguarding and wellbeing. Foster carers, practitioners and researchers alike cannot avoid this debate; it is messy, hard and thought-provoking. However, for the sake of the good outcomes that we want to see in the lives of children and young people who enter the care system, it is worth pursuing.

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Chapter Ten

The Social Workers' Educational Trust: A short history

Catherine Poulter

Dr Catherine Poulter was just fourteen when she decided that she wanted to be a social worker and started to volunteer to gain experience. Her first job in social work was as a trainee in 1971 just as the Seebohm reforms were being implemented. She qualified as a psychiatric social worker and worked in Mental Health and Adult services in the North West of England and South Wales. She also lived and worked in Zambia using her professional skills in practice and research.

Improving the quality of social work has been a major commitment. She has an MSc in Psychiatric Social Work and a Doctorate in Social Work, for which she received an Ann Cummins Scholarship. She was nominated by BASW and appointed to serve in the first three years of the Care Council for Wales. She was involved in developing the framework for regulating the workforce and subsequently served on Fitness to Practice panels for eight years.

Catherine was a member of the BASW Cymru committee and the Editorial Board of Professional Social Work magazine. She has been a trustee of the Social Workers' Educational Trust since 2010. Since retirement from the local authority, she has worked in research and inspection.

The Deed of Trust that established the Social Workers' Educational Trust is dated the 12th September 1972. The Trust was established by the British Association of Social Workers (BASW) in order to meet three objectives:

- The education of trainee and qualified social workers and all other persons involved or engaged in social work in any way in all matters affecting or relevant to social work.
- The education of members of the public in the nature of social work.
- Research into and development of the means and substance of such education aforesaid.

The trustees were permitted to commission or undertake the study, writing, publication and the distribution of all types of literature, films, records, tapes and any other medium of communication insofar as relating to social work.

They could also convene meetings, conferences, school workshops, lectures and/or seminars on social work.

The original trustees were appointed by BASW and all new trustees are approved by the BASW Council. BASW also has the power to remove trustees should this prove necessary.

The Trust deed has underpinned the work of the Trust, without alteration, since 1972.

The Trust was established at a time of significant change for social work. The report of the Committee chaired by Lord Frederic Seebohm was published in 1968. The review of the social services functions of local authorities recommended that a single social services department should be established in local authorities that would encompass children's departments, welfare services, home help services, mental health, social work and social care functions provided by other organisations. The recommendations formed the basis of the 1970 Local Authorities and Social Services Act. Over the next few years, staff who had previously provided services to a single group were brought together into one department and became 'social workers'. The transformation was concluded in 1974 with the transfer of hospital social workers from the health service to local authorities.

Social work had developed from disparate roots over the previous century. Organisations were established to support individual professional groups, including the provision of training and research in some instances. There was a recognition that these organisations would need to come together to achieve the aims of the Seebohm Commission and work started on enabling this to happen. This culminated in the inauguration of the British Association of Social Workers on 24th April 1970. This was a month before the Act that established Social Services Departments received royal assent.

There were nine founding organisations. These were the Institute of Medical Social Workers (previously known as almoners); the Association of Psychiatric Social Workers; the Association of Child Care Officers; the Association of Social Workers (who had non-specialised roles); the Association of Moral Welfare Workers (who worked mainly with unmarried mothers and their children); the Society of Mental Welfare Officers; the Association of Family Caseworkers (who mainly worked with families). The members of the National Association of Probation Officers decided not to join the new organisation.

The first trustees came from a range of social work backgrounds.

Peter Leonard was the first professor of social work at Warwick University, founding the Department of Applied Social Studies in 1973 and initiated the MA in Social Work. He was the youngest member of the Seebohm Committee. In 1987 he moved to McGill University in Montreal to be Director of the School of Social Work.

Dame Eileen Younghusband was a pioneer in social work training. She was the author of two reports funded by the Carnegie Trust in 1947 and 1951 in which she firstly made the case for a university-affiliated school of social work that would combine research with a fifteen- month diploma course and subsequently advocating a more generic training (Bamford, 2015).

George Pratt was the Inner London Deputy Chief Probation Officer. Prince Charles heard him speaking on the radio about young people who had no jobs or any support and asked to meet him. That meeting led to the establishment of the Prince's Trust of which he was a founding member and chairman. As well as roles in a number of organisations, he was a founder member of BASW and a governor of the National Institute of Social Work.

Margaret Eden was a well-respected psychiatric social worker who was the Principal Social Worker at the Maudsley Hospital for twenty years.

Enid Warren applied to the Institute of Hospital Almoners to do the year's training course in 1925, having previously completed a two-year social science course. She became President of the Institute of Medical Social Workers.

Social Work Education

The development of a single profession of social work after the Local Authorities Social Services Act in 1970 required a change in training to gain professional qualification. Until the establishment of the Certificate of Qualification in Social Work in 1971, training was specialised and control located with professional and government bodies. One example was the establishment in 1947 of the Central Training Council in Child Care by the Home Office. Until 1954 those wanting to qualify as a hospital social worker had to complete the training course provided by the Institute of Almoners. The Institute, and the Association of Psychiatric Social Workers only accepted membership applications from people who had completed training courses they had accredited.

From the early decades of the twentieth century, degrees or diplomas in social science were seen as appropriate for people wishing to become social workers. However, only a small minority held these qualifications. Research published in the Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services in 1959 found that only 8% of people working as welfare or mental

welfare officers held a social science qualification. 70% had no qualifications and amongst the remainder, the most common qualification was the Relieving Officer's Certificate or the Scottish Poor Law Diploma, rooted in the Poor Law legislation (Younghusband, 1959).

During the 1960s the number of training courses increased and were accessible in more areas of the United Kingdom. 'Unfortunately, in the rush to expand basic training post-qualifying courses were almost non-existent until the mid-1970s.' (Younghusband, 1981). The expectation that academic staff would carry out social work research was also largely unrealised in 1970.

The establishment of Social Services Departments from 1970 led to increased demand from people who had previously not been eligible for services. Despite the increased number of social work courses, there was still a shortage of qualified staff. There was an expansion of managerial roles which gave people who were qualified (however recently) opportunities for promotion. The front-line workers were often unqualified, working with a generic caseload and supervised by people who may only have had experience of one type of social work.

The need for the establishment of a Trust promoting Social Work Education at this time of significant change must have appeared overwhelming.

Financing the Trust

The Trust was established with a donation of ten pounds from BASW. However, the main source of funding was the transfer of existing bequests from the organisations that joined together to form the British Association of Social Workers. At the first meeting of the Trustees on 14th November 1972 four sources of funding were discussed. The Margaret Ashdown Bequest was transferred from the Association of Psychiatric Social Workers. The Institute of Medical Social Workers contributed the Marion Perfect Bequest, the Kate Lewis Fund and the Anne Cummins Scholarship Fund. The Anne Cummins Scholarship which was established in 1936 to support health-related social work research continues to be awarded annually and is registered as a separate charity.

The Trust received further bequests over the years. For example, in 1978 there was a bequest of £1505 in memory of Mary A Lane who was a psychiatric social worker at the Maudsley Hospital; in 1980 a fund in memory of Margaret Eden, who was one of the first trustees, was established; in 1981 a fund was set up in memory of Enid C Warren who was also a founding trustee; in 1990 a legacy of £2000 was received in memory of May W Barber; in 1992 a decision was made to set up a fund in memory of Anthea Hay who worked at Brunel University. Unfortunately, as the bequests were used directly to provide grants, funds became

depleted and in September 1995 there was concern that the deeds of covenant were running out.

Funds have been received from other sources. In September 1993 a donation was received from the funds remaining when the Mid-Yorkshire Certificate in Social Services Scheme (CSS) was wound up. March 1996, £6000 was donated by the Lancashire Certificate in Social Services Scheme as the funding was no longer required but with the direction that the fund should be used for former students of the Lancashire scheme. In 1999 the Gwen Swire fund was set up to provide support to women managers who were qualified social workers with financial assistance to enable them to undertake further professional education and training in order to develop their career in social work management. In 2013 the Welsh Organisation of Practice Teachers ceased to operate and passed £2500 to the Trust to be used for grants for applicants living in Wales.

For a number of years SWET held an auction at the end of the BASW AGM which raised useful sums in a fun way that raised the profile of the Trust.

These sources of funding were important but the mainstay of financing and supporting the Trust has been BASW. After a proposal in 1977 to set a voluntary contribution of 25 pence per member was abandoned, the 1979 BASW AGM voted overwhelmingly to add 25 pence to subscriptions to support SWET and in 1989 BASW and SWET signed a deed of covenant. However, in the early years of the 1990s BASW had financial difficulties which affected the funds received by SWET. In 1990 no money was received from BASW and in 1991 £1000 was received instead of the expected £6000. This required the Trustees to restrict the number of grants awarded. BASW recovered and growing membership has resulted in a healthy income to SWET.

Grant applications

The first trustees resolved not to provide support for people undertaking training to become social workers as there were insufficient funds. At that time local authorities were seconding people to become professionally qualified and means-tested grants were available from local authority educational departments for the university-based one-year Certificate of Qualification in Social Work. However, there were no grants available for people attending colleges of further education which provided the two-year CQSW courses for people who did not hold a social science degree. The numbers of people applying for support fluctuated from one or two to twelve in October 1979 and 50 in 1986. People who were asking for this type of support were referred to the Frederic Seebohm Trust that was established to support mature people seeking to change career to social work.

In July 1998 the Trustees wrote to Paul Boateng, the government minister with responsibility for social services, about their concerns that the student loan system was not supporting mature students wishing to train as social workers. At that time only 11% of students registered on social work courses were seconded by their employers which was a reduction from previous years. The reply, received in October, was not particularly helpful.

Four applications for grants were received at the second meeting in November 1972. One was for support with qualifying training, which was refused. One was for a course that had already started, which was also refused. £25 was agreed for the purchase of books and more information was required about a request to support an educational visit to Holland.

Requests to support overseas study tours were received fairly frequently in the early years of the Trust. This included the 'educational visit to Holland, a 'study programme in Denmark', and a 'study tour of day centres for offenders in France, Belgium, Holland and Denmark'. At the third meeting of the Trustees in April 1973, a suggestion was made that a travelling scholarship should be established for social workers to study topics that would support the development of social work, either at home or abroad. However, this does not appear to have been established and in March 1974, it was decided that there would be no further support for short study visits. While the Trust still receives applications for overseas travel, these are invariably for conferences rather than for study tours or exchange programmes.

There have been some changes over the years in the content of applications. Some have now been consigned to history. As well as requests to support training for social work qualifications, other examples include the refusal of a grant to preserve social work records, the award of the SWET Scholarship in 1991 for a study of 'The use of computers in the formulation of care plans for the elderly' and in 1975 an award made for the study of 'The social component of senility'.

One aspect that has remained consistent from the earliest days is requests for support for training to develop psychotherapeutic skills. These have included family therapy; family and marital groupwork; group psychotherapy; psychodynamic studies and training to become a psychotherapist. Training in general counselling has also been a feature of requests across the decades. Applications for support to pay for personal psychotherapy to meet the requirements of some programmes has consistently been declined as this does not meet the aims of the Trust.

Applications are now received for training that did not exist in the early years of the Trust, either because of changes in legislation or practice developments. Examples of these changes are support for Approved Mental Health Practitioner and Best Interest Assessor training and Systemic Theory.

In the 1970s the focus was on ensuring that social workers had a professional

qualification. However, applications were received from social workers studying for master's degrees from the earliest years. At the eighth meeting in July 1974 there was a discussion about the increase in the numbers of social workers working towards masters' degrees. At that time the Department of Health and Social Security did provide some grants for social workers wishing to do masters degrees. Probation Officers were not eligible for these grants as noted in approval for an application for support to do a MSc in advanced social work in 1978. The annual report in 1979 noted that 'It was encouraging to see that a number of applicants were able to submit plans for part time study for a higher degree and thus help social work to acquire the academic respectability which is needed if social work is to take its rightful place in the field of higher education.'

Applications received by the Trust in the 1990s contained many more requests for support to do masters degrees and social workers holding masters' degrees are no longer unusual. In the past two decades there has been an increase in applications by social workers doing doctorates either as PhDs or professional doctorates leading to a doctorate in social work. It is possible that in time social workers who have completed doctorates will be less of a rarity than it is currently.

As well as supporting individuals, the Trust has also provided funds to support particular projects.

- In 1973 funding was provided for the Margaret Ashdown Library in the Maudsley Psychiatric Hospital.
- In 1975 an offer was made to support students at the Tavistock Institute but this was not required.
- In 1991 funding of £500 was provided to York University to support five students and £1000 to the Marylebone Centre Trust to assist students on the multi-disciplinary diploma and master's programmes in Primary Health and Community Care.
- In 1995 a grant of £1000 was made for the production of a film to mark the centenary of the establishment of medical social work.
- Currently SWET funds support the British Association of Social Workers Knowledge Exchange Fellowship Scheme.

A recurring concern has been that few applications for grants have been received from social workers specialising in work with older people. Applications have come predominantly from social workers specialising in child care and, to a lesser extent, from mental health social workers. The reasons for this are no doubt complex but is, none the less, disappointing.

Research and practice development

The Trust has supported research and practice development since 1972. This has been through awards to individuals. The range of research topics has been broad, demonstrating the curiosity inherent in the social work profession. As well as grants, there have been specific awards to support research. Some awards are no longer made as the funding for them was exhausted. The award established in memory of Mary Barker who was the first chairperson of the editorial board of *Social Work Today*, supported research or practice development related to social work in mental health, probation or social work education until 1993. Awards were made to fund interviews with children in a child guidance clinic where computers were being used and a study of 'emotional intactness of elderly dementing persons.' The Margaret Eden, Enid Warren and Anthea Hay awards also ceased because of lack of funds. Before they ceased, awards were made to support a small study of direct work with children in a Lothian Family Reconciliation Service, Quality measurement in Mental Health services and a Comparative Study of facilities provided by health, social services and education for school leavers with mental handicaps.

The Anne Cummins Award has supported health-related research throughout the fifty years of the Trust. The SWET award was established in 1988 to support social work research. Both are awarded annually. There have been years when the trustees have decided not to make awards because applications have not met the standard expected.

In 2016 a new award was established in memory of Elizabeth O'Dell who was a long-standing trustee. The award was developed to enable practitioners working in an established project to engage in innovative practice, designed and informed by principles intended to uphold the dignity and respect of older people, to share their knowledge and experiences with others. The award should be used by the successful applicant(s) to contribute to the training and development of practitioners, or the dissemination of best practice through the publication of a practice paper or article, running of a workshop, or a particular training event.

The award was designed to promote research and practice development amongst social workers specialising in work with older people. Sadly, despite promotion of the Award, it has never been awarded because no applications have been received.

In 1979 a proposal was made for SWET to organise a study tour of the Strathclyde region. However, this did not proceed because of the cost and the lack of detailed plans. No further efforts were made to organise similar events.

In the late 1970s and early 1980s SWET organised both lectures and a series of seminars. A publication titled 'Worlds within Worlds' was produced in November 1978. following one series of occasional lectures. A lecture was organised at the

Institute of Psychiatry in 1986 but there do not appear to have been any further lectures.

In April 2007 the trustees of SWET organised a conference titled 'Be Inspired!' in London. The conference was made possible by funding from a bequest from Dame Eileen Younghusband. The aim was to inspire better practice as well as showcasing practitioner research by people who had received awards from SWET. The day concluded with a panel discussion on 'A society without values has no value.'

Since that event, the Trust has focussed on publicising and awarding grants and scholarships.

The Future

Fifty years on from its foundation, the work of the Social Workers' Educational Trust is still relevant. Social work is now a degree-entry profession. There is an expectation and a regulatory requirement that social workers demonstrate research-informed practice. SWET will continue to support learning and development and promote and encourage social work research. Social workers should feel proud of their profession and the public should feel confident in social workers' professionalism. We face the start of the next fifty years with confidence.

Further reading

The content of this chapter has been sourced from minutes of the Social Workers' Educational Trust meetings and other documents that are held at the Modern Records Department at Warwick University. The SWET archive is stored in boxes so is not available digitally. The MRD holds the archive of the British Association of Social Workers and many other social work organisations. Sources for the history of social work:
https://warwick.ac.uk/services/library/mrc/research_guides/social_work

There is also material from individuals. There are 126 boxes of documents left by Dame Eileen Younghusband, one of the founding trustees of the Social Workers' Educational Trust. An insight into the early history of social work can be gained from a series of interviews that Alan Cohen conducted with some of the early pioneers of social work. The 26 interviews:
https://warwick.ac.uk/services/library/mrc/archives_online/speakingarchives/socialwork/interviews

This chapter also draws on material from:

Bamford, T (2015) *A Contemporary History of Social Work*. Bristol: Policy Press.

Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services chaired by Dame Eileen Younghusband (1959) London: HMSO.

Younghusband, E (1981) *The Newest Profession. A Short History of Social Work*. Community Care/IPC Business Press.

Epilogue

Producing new knowledge for social change

Beverley Burke with SWET Trustees Stephen Bunford,
David Pitcher, Catherine Poulter, Jon Bolton, Ian Ford,
Fran Bunkall, Karen Hillson and Deb Solomon

This publication was put together to mark, as well as celebrate, the first 50 years of the Social Workers' Educational Trust (SWET). The Trust, which established as an independent charity in 1972, continues to give financial support to social workers wishing to further develop their professional knowledge base and skills, either by undertaking further study or engaging in practice informed research. Social work requires practitioners, amongst other things, to be intellectually curious, ethically aware, and resilient, if they are to take up the challenge of working with complex experiences and situations of people who are in need of help. Through the provision of a range of grants, awards, and scholarships the Trust plays an important role in enabling practitioners to work more confidently within a profession which is morally complex, intellectually demanding and emotionally challenging.

The landscape of practice has changed during the last 50 years. Globalisation, the rise of neoliberal ideologically based social, political, and economic policies, resource constraints, managerialism, and bureaucratisation all impact on social workers meeting the increasingly complex needs of people accessing services. Speculating about the future of SWET fifty years after it was set up is not an easy task, given the dynamic nature of social work.

However, what can be said is that SWET's role as a provider of grants will not change. We will continue to support requests for funding, which reflect the commitment of social workers to enhance their knowledge, improve practice and contribute to the development of services that places people at the forefront of service delivery. We will add to our portfolio of grants and scholarships and keep informed of educational and training opportunities and developments within social work as well as develop the public profile of the Trust. We hope that the publication of this book not only celebrates the work of the Trust, but it is hoped that readers will be informed about the Trust as well as stimulated by its contents.

The chapters in this publication reflect a small proportion of ideas that have been financially supported by the Trust. It is hoped that readers of this anniversary publication will be inspired to develop their own research ideas and apply to SWET for funding, as Trustees we believe that active engagement in learning and undertaking research by social work practitioners will support the profession in remaining relevant and responsive to social change.

Work on the book took place during two recent global events, so it is important to highlight them here. These are the Covid-19 global pandemic and the death of George Floyd, an African American man in America. These events caused many to reflect on their personal values and professional experiences as well as stimulate discussion about the nature, role, and function of contemporary social work. The contested concepts of power, and inequality were scrutinised and critiqued. The tensions and relationship between personal, social, and professional values were explored to gain new understandings of how to respond sensitively, show care, compassion, and concern to the 'other'. We continue to live with the long-term effects of the pandemic, which has not only highlighted the levels of inequality, the depth of poverty and deprivation within communities, but also how disruption to the way social, welfare and health services are delivered has meant that social work practitioners have had to find new ways of demonstrating, maintaining, and sustaining, empathetic relational practice. The murder of George Floyd, at the hands of the Minneapolis police in America, led to protests and Black Lives Matter demonstrations and campaigns across the world leading to a questioning of the meaning of contested ideas about 'race', racism, identity, and ethnicity as well as directing attention to the further development of anti-racist policies and the restating of the professions commitment to engage in practices which are humanitarian, relational, honest, authentic, ethical, and informed by the lived experiences of diverse service users and carers. We have all in some way been changed by these global events and many have engaged in discussions and debates, engaged in research, or written papers, articles, books, produced podcasts and so on and in so doing have contributed to the development of ideas and the wider debates regarding social work.

The authors of the chapters in this book are actively engaged in not only acquiring knowledge but producing new knowledge through the process of research. They are actively involved in 'the advancement of social work'.

A final word

The Social Workers' Educational Trust relies on the work of volunteers. Without their skills, knowledge, passion, and commitment the work of the Trust could not continue. Equally the work of the Trust would not be possible without the excellent administrative support provided by Helen Randle.

We would like to acknowledge the tireless and patient support of Helen Randle, of BASW's Policy and Research Team, in making this book possible.

The Editors

Dr David Pitcher

David has been practising as a social worker for 38 years. He currently works in child and adolescent mental health [CAMHS] in Plymouth. He has been a trustee of the Social Workers' Educational Trust since 2007, having himself benefited from a grant and a scholarship to study the role of grandparents within adoptive families.

David has a particular interest in supporting the child's wider family, including grandparent carers, and he edited *Inside Kinship Care* [Jessica Kingsley Publishers, 2013]. He is also interested in resolving conflict within families and has qualified and practised as a Family Mediator. David is actively involved in the charity Supporting Social Work in Malawi.

David lives in Saltash, Cornwall and he sees the Brunel Bridge and the Tamar Bridge, which he crosses every day, as the perfect metaphor for the connections a social worker builds between people.

Beverley Burke

Beverley is a Black female and a senior lecturer in social work at Liverpool John Moores University and has worked in higher education since the 1990's. Prior to this she worked for a year in her home town of Coventry as an unqualified Youth and Community Worker. Beverley qualified as a social worker in 1981 and worked for Liverpool Social Services until 1990.

Beverley's work outside of the university has provided her with a range of experiences which has informed her teaching. Beverley is a member of an Adoption Panel and is also a Board member of the international peer-reviewed academic journal *Ethics and Social Welfare*. She was joint editor of the Practice Section of this journal for 13 years, and in this role she supported and facilitated services users, carers, practitioners, students and academics to write about the ethical dimension of their personal and practice experiences. Beverley's interest in oppression, inequality, and injustice has informed several publications written independently and with others in the areas of anti-oppressive practice, values and ethics.

Beverley has been a trustee of the Social Workers' Educational Trust since 2011.

These essays, by recent award winners from The Social Workers' Educational Trust, illustrate the variety of ways in which social work is practiced in the 2020s.

Fifty years after the founding of the Trust, social work practitioners continue to work out the principles of social work as a profession, responding to new developments within society and developing new knowledge whilst remaining true to its core values.

This collection will be of interest to everyone involved in social work practice and education, from those considering it as a profession to students, experienced workers, academics and everyone seeking to know what contemporary social work is about.

Social Workers' Educational Trust

www.socialworkerseducationaltrust.org.uk

**A printed copy of this book can be purchased at
https://shop.basw.co.uk**