

SOCIAL WORK



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Andrew Pirie Marketing Director

"We strive to publish useful and inspiring content in every issue of Social Work News. It's a pleasure to have the opportunity to explore so many different areas of social work practice."

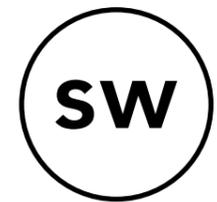


Amy Dawson Contributing Editor

"There is more academic content in here before than ever; it's been really interesting to talk to different people about new models of practice and evaluation. I hope that you find it inspiring."



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Editorial foreword.

Welcome to the first edition of 2020. This issue, we're continuing to highlight some fantastic social work initiatives taking place across the country; from Chroma (page 06), the organisation focusing on creative therapies, through to Sister System (page 18), the charity supporting girls within the care system. We are always fascinated to learn about the array of different projects taking place within social care settings and we hope that this inspires you to consider alternative resources that could positively impact your practice.

We have an interesting interview with Family for Every Child (page 12) about the impact of sexual violence against boys, whilst our Social Work Circle looks at whether we could be inadvertently victim-blaming (page 34). In our legal insights column (page 28), we find out how we can spot the signs of financial abuse. We're also sharing information about a new model of social care (page 10) and details on how you can successfully evaluate the progress of your social work projects (page 30).

Each issue, we want you to feel inspired and learn new things. We're working hard to establish a magazine which can be a beneficial CPD resource and to do this, we need your support. If there's anything in particular you would like featured in the magazine (perhaps an interview with a high profile person or a spotlight on a charitable/community initiative) then please get in touch. We always say that this is your magazine, which is why we want you to feel empowered to let us know what you would like to read. To send us your suggestions, please email press@mysocialworknews.com or find us on social media via [@myswnews](https://www.instagram.com/myswnews)

As always, we hope you enjoy this issue – please let us know any comments or feedback!



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Owen Dye Art Director

"It's great to get your feedback on the design of the magazine, and we hope you love the 2020 design refresh as much as we do. We're working hard to bring you a magazine you feel reflects you and your work."



Gemma Raw Marketing Executive

"We always like to share details of innovative projects and our feature interview with Chroma is a must-read. It's exciting to learn how drama & creative therapies can support people of all ages."

News bites



GAME OVER

Children's Commissioner recommends changes to gambling laws

Anne Longfield, the Children's Commissioner for England has urged the government to make changes to gambling laws over fears that children and young people are spending money on 'in-game' purchases.

Towards the end of 2019, she published a dedicated report; "Gaming the System" which explored children's perceptions towards online gaming. With 93% of children playing online games (such as FIFA, Fortnite and Roblox), the report provided detailed insight into how they feel when they are making 'in-game' purchases without any idea as to the value of the reward. There are concerns that the ease of purchasing these 'rewards' and the risk of losing them could be linked to gambling.

Within the report, the Commission has made a series of recommendations including:

- *Allowing players to track their historic spend on 'in-game' purchases and incorporating maximum daily spend limits, which should automatically be turned on for children*
- *Amending the definition of gaming in Section 6 of the Gambling Act 2005 to regulate loot boxes as gambling*
- *Online games should be a focus of digital citizenship lessons in schools, rather than lessons focusing exclusively on social media*

You can read the full report and its recommendations at childrenscommissioner.gov.uk



University research shows the impact of technology within adult social care

In a previous issue of Social Work News, we published an article which explored research from the University of Suffolk and how technology can be used within adult social care. Throughout 2019, the University has been involved in the design of mobile app, Tribe, which aims to connect people searching for support with community initiatives.

Users looking for help can use the app to browse support services in their area; whether it's looking for a local dog walker, personal care service or someone to help with simple tasks. Responses can be found from community groups, voluntary organisations and even members of the public. What's more, the user has full control over who they choose to help them. It is thought that the app could help prevent minor issues from escalating for vulnerable citizens and that the low-level support could have an enormous impact on local communities.

The University of Suffolk is currently conducting usability testing for several organisations (such as Tribe) to develop technology that is simple and easy to use for older people.

If you would like to get involved in a pilot project or see how Tribe can be beneficial for your location, contact michael.vinall@bronzelabs.co.uk



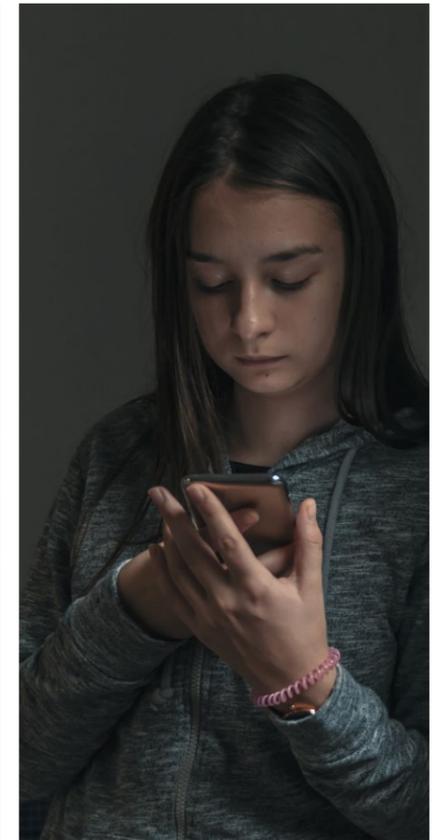
New figures on Deprivation of Liberty Safeguards (DoLS) released

NHS Digital has released the latest DoLS statistics for 1 April 2018 to 31 March 2019. The Mental Capacity Act 2005, Deprivation of Liberty Safeguards England 2018/19 report provides a breakdown of available data at local, regional and national levels.

Key findings show that in 2018/19, there were 240,455 applications for DoLS relating to 200,225 people. Since 2014/15, there has been a 15% increase in applications each year.

There were 216,005 applications completed in 2018/19. Completed applications have also significantly increased each year – by an average of 36.3% in the past four years.

According to the report, just 22% of the proportion of standard applications were completed within the 22-day statutory timeframe. The average length of time for all completed applications was 147 days. You can read the full report at digital.nhs.uk



Are young people 'addicted' to their smartphones and mobile devices?

Research from the Kings College London has suggested that almost a quarter of young people are so dependent upon their smartphones, it's like an addiction.

Researchers analysed 41 separate studies involving more than 42,000 young people under the age of 20 and found that one in four are using their phones in a way consistent with behavioural addiction. Issues found included people being 'panicky' or 'upset' if denied access to their phones, unable to control the amount of time spent on the phone and using phones so much it became detrimental to other activities.

The study has warned that these behaviours could lead to severe consequences for mental health and could be linked to a variety of issues including poor sleep, depressed moods, increased stress and impact upon academic achievements.

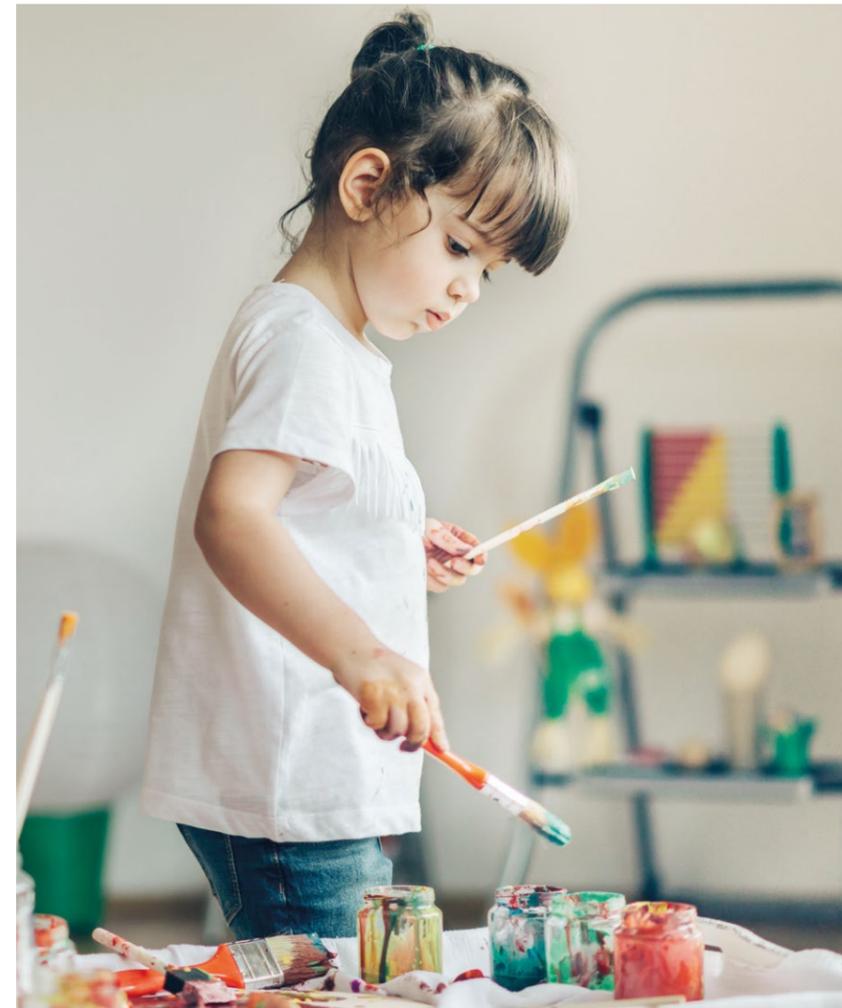
Report author Dr Nicola Kalk, from the Institute of Psychiatry, Psychology, and Neuroscience at King's College London says:

"We don't know whether it is the smartphone itself that can be addictive or the apps that people use. Nevertheless, there is a need for public awareness around smartphone use in children and young people, and parents should be aware of how much time their children spend on their phones."

Read the full report at bmcpopsychiatry.biomedcentral.com

How creative outlets can provide essential therapeutic support for children and adults

Creative arts therapies such as music therapy, art psychotherapy and dramatherapy are effective in helping both children and adults cope with difficult situations. We speak to Daniel Thomas, Joint Managing Director of therapeutic service Chroma, to find out why it's so important to establish non-verbal methods of expression.



When we first pick up the phone to Daniel to find out more about Chroma's services, we're excited to learn about how the creative arts therapies can be used to support both children and adults. Within previous issues of Social Work News, we've covered many different types of therapy (notably talking therapies and play therapy), so we're always keen to find out about new ways of working.

Daniel's passion for what he does is immediately clear; as well as being the Joint Managing Director, he is also a Health and Care Professions Council (HCPC) registered music therapist, as are many members of the Chroma Senior Management Team and Board of Directors. It's something that they take extremely

seriously – they believe that if they know what great therapy looks like, ensuring that the services they provide are hugely effective in supporting both children and adults. Chroma work closely with social services, health care settings and education providers.

Post-adoption support

A core part of their work is in helping children and young people, post-adoption, feel part of their new family. Daniel tells us why this is so important:

"Within the framework of post-adoption, we deal with children who have been removed from their birth families for a variety of reasons which can include abuse, neglect or early life trauma. These issues

“

A family won't necessarily need support throughout their entire lifetime, but we believe they should always be able to come back to their post-adoption support team when they need that extra support”

Daniel Thomas, Joint Managing Director of therapeutic service Chroma.

can have a profound effect on that child's personal development – for instance, they may struggle to self-regulate or manage their emotions and it can be hard for them to feel part of a safe family group. We believe that when a child joins a new family, it's not the end of the story – it's just a part of the process. The new family may be left to deal with the impact of what happened to that child during the time spent with their birth family.

"Their anxieties or difficulties can be sparked off in stages, so we work in a systemic way to think about both the child and the parents. We create a safety net to support them by working alongside social workers to identify manageable goals, whether that's simply being able to sit down together and enjoy a family breakfast or helping them to get to school on time. Our therapy is about understanding emotions and slowing processes down so that the child knows what may trigger them and empowering them with the knowledge of how to calm themselves down."

Daniel firmly believes that lifelong post-adoption support should be available for children and parents in order to ensure that they are able to cope with changes that life may bring. He says:

"A family won't necessarily need support throughout their entire lifetime, but we believe they should always be able to come back to their post-adoption support team when they need that extra support. In our view, the State should make a lifelong commitment to the family as the family has made a commitment to the child."

There is a misconception about what music therapy and dramatherapy are; it's not about performing. It's about using a creative force to address childhood experiences through non-verbal forms. Daniel explains that traumatic memories can be held in a different part of the brain, so it's important for children to find non-verbal ways of explaining how they feel such as playing music, choosing art materials and colours, characterisation or even mask making.

“

If we can increase a walking speed by 10cm per second, their risk of falling decreases by 7%”

Daniel Thomas, Joint Managing Director of therapeutic service Chroma.

Find out more

Visit wearechroma.com to find out more about Chroma's services. Social work teams can book in for a free, no-obligation case consultation by ringing 0330 440 1838 or emailing referrals@wearechroma.com



“Using volume or colour can help explain something – e.g. loudly playing the drums or using the colour red can link to anger. We can then start to play softer music which helps a child to realise that they are calming down. In a way, we retrain their brains to move between a state of being calm, excited or angry and giving them the tools to come back down again. It enables the child to have more capacity to self-regulate and it's why art therapies are so important”.

As practicing therapists, the Chroma team has worked closely with social work teams to establish a referral process that is swift and effective. Their services are funded by the Adoption Support Fund (ASF) which ensures their resources remain accessible to all. During the initial introduction, the Chroma referral team will have a free, no-obligation consultation where they request as much case information as possible, allowing them to prepare a fully costed case proposal on behalf of the social worker. Where possible (and with their consent), the team also speaks to the adoptive parents which allows them to establish a fully bespoke therapy service that is suited for that child.

Daniel says “Social workers have such a unique perspective, as do the parents, but perspectives aren't always the same. It's helpful to see how they may be thinking differently. As part of the case consultation, we look at what outcomes we can expect - a social worker may say one thing, but a parent may say something different. In our view, the case consultation is the start of the process. It's about working with the family and social worker in a systemic and therapeutic way.”

Making referrals easy

The Chroma team has used their experience to create fully prepared plans which are ideally suited for social workers' needs. They also provide the plans in a format which can be copied and pasted into funding proposals at specific word limits. The whole process has been designed to allow social workers to present the information into their chosen portal, ready to be sent off for approval. The result is a hugely effective service that sees many social workers return time and time again because they know how beneficial the therapy can be.

One thing that sets Chroma apart from other service providers is their commitment to holistic therapy. When it comes to adoption, they believe that support for parents is just as important. They have recently launched a new collaboration with Relate which specifically offers free post-adoption counselling services for adoptive parents whose child is working with Chroma.

“Our service provision funded through the ASF can only be used for the child, so we've always been limited in what support we could provide parents. We approached Relate to see if they could work with us and they have been absolutely brilliant. We now have a strong collaborative approach where Relate can use their experience and knowledge to provide up to six hours of individual therapy which is provided to parents free of charge” explains Daniel.



He continues: “As the fifth largest provider through the ASF, we strongly feel that as an organisation which accesses taxpayers' money, we have a responsibility to use our size and reputation to make collaborations like this happen. It is great that we can work with organisations like Relate to improve the lives of families which will make a real difference to outcomes.”

Providing specialist dementia care for older people

Chroma also works hard to support older patients. They have relationships with hospitals, care homes and occupational therapists to provide support particularly to those affected by dementia.

Neurologic musical therapy has been proven to be effective in stimulating the brain and re-engaging the sensory motors. For those who may have been impacted by a brain injury or progressive illnesses such as a stroke, Huntington's disease or Parkinson's disease, rhythm can really fulfil physiotherapy outcomes.

Daniel explains: “Someone with Parkinson's disease, for example, may lose access to everyday memories and words, but melodies can be very 'sticky' in your mind. Recent research shows that dementia does not take away musical memories which is why we use melody as a type of scaffolding. In our sessions, we can use functional language such as “can I have a cup of tea” and say them to a memorable tune such as “Twinkle

Twinkle Little Star'. We find that the repetition of the melody can help them to start bringing back their functional language skills. It builds on the part of the brain that hasn't been compromised.”

Although musical therapy can be extremely powerful, Daniel stresses that it can evoke painful memories as well as positive ones. That's why he recommends that social workers always use HCPC registered Arts Therapists, who are able to deal with the psychological and emotional side of therapy.

With older patients, particularly in care home settings, Chroma can work in group environments, as well as with individuals. Depending upon the referral criteria, the team can help improve walking speed of patients through simple exercises such as toe raises and pre-walking exercises through to walking. This is an important part of what Chroma does – they recently conducted research which showed that neurologic music therapy could prevent falls in those aged 65+.

“Fall risks lower as walking speed increases. If we can increase a walking speed by 10cm per second, their risk of falling decreases by 7%. This shows us that the faster you walk, the better your daily independence can be; someone who walks slower may require greater personal care. From a budgetary perspective, our research clearly demonstrates that working with a neurologic music therapist can potentially have a huge cost-saving for social work or hospital teams.”

GEMS; a new social care model

As we head into a new decade, it's time to look at how social workers can think more creatively about their approach to working with children and families. As we start to think more about how to empower sustained change with complex families, we hear about a new model of social care called GEMS which has been devised by Dr. Emma Maynard, Senior Lecturer in the School of Education & Sociology, University of Portsmouth.

Here, Dr. Maynard tells us in her own words about GEMS and explains how local authorities wishing to participate in the trial can get involved.



Imagine if every family you worked with not only improved but went on to lead fulfilled and happy lives long-term. Imagine if we could somehow halt the revolving door of intervention, relapse and re-referral, and stop seeing the same faces again and again. According to research, 54% of families come back within 5 years, and many of them multiple times. It is a staggering figure for a service stretched beyond capacity, especially when those relapses signal extended risk and disadvantage. Imagine if changing the way we understand family change might help us reset this pattern.

Here in Portsmouth, we are daring to imagine with a new intervention. From analysing narratives of parents recently closed to social care, I spotted links between how people experience threat, intervention and change, and made a link between this and how people learn at a deep level. Imagine, for example, the difference

between your worker helping you make a change and then leaving – and you making your own change and continuing to nurture your family after they have gone.

Could this signify the difference between those that come back and those who don't?

Threat and why it matters

In this area of work, family stories are typically about living in a state of chronic threat.

The systemic nature of that threat can make dysfunction seem normal – we all have our own version of what we see as normal, and context is everything. This can lead to people not seeing the need for change and staying in situations not because they are pleasant, but because they are understood.

While practitioners might be confident in the need for change, their interjection could be unsettling for the

family and lead them into more difficult terrain before things start to improve. We arrive with a bagful of agendas and powers. We assert our authority simply by being there – even at an early help stage, families are aware of the consequences of disengaging. And so, we layer threat, on top of threat, and start a conversation about things being at fault, and the need for change. While we might share a confidence that we are there to help, but families do not always perceive our arrival in the same way. Meg, parent to a teenage boy arrested for supplying drugs states; "I wondered how interfering they would be... would they take him away? Was it going to be a case that they would constantly be on my back, that I would never get rid of them?"

The idea that we pose an additional threat is an uncomfortable one to wrestle with – but thinking about how we, as human beings, respond to threat can help us understand the families we invest our time in.

When our sense of a normal and stable environment is challenged, we feel deeply threatened – this is known as cognitive dissonance, and the urge to reduce that feeling is as strong as hunger and thirst.

We respond to this in one of three distinct ways.

- *Some learn quickly, adapting and thriving in the changing environment. Evolution has shown us that adaptation is key in survival, so perhaps these are our most successful families.*
- *Secondly come those who deny that uncomfortable feeling by playing it down. We see this in the families who refuse to engage, or who are seen to be engaged and making improvements, only to reveal their true state at another point of crisis.*
- *Finally comes the group who strive for belonging but have not learnt as the first group has. These families are those who work hard at change and for who we see improvements, only to return to social services. Why? Perhaps because the change is not theirs. It came not from them, but from us, seeing them across that divide is a complex process.*

Learning for change

Thinking about social intervention as learning is not usual, but it is useful. Learning which transforms takes us way beyond facts to an emotional and cultural space in which we can test, practice, fail and reflect. I suggest, that if we want to prevent further risk and re-referral, it is transformation we seek. And we have a golden opportunity which is currently overlooked. I'm talking about repositioning case closure as a critical time of transition into sustained change. The one time in the life cycle of a case where the power dynamic can become more level and the tone can change.

GEMS; Empowering sustained change in complex families

In creating GEMS, I have brought together the lived experience of families, and thought about the complexity of the transition to sustained change through learning, recognising that looking like you have changed and actually changing are two different things.

I have many examples of my own. Improving my exercise regime and giving my full attention to the subjects I tolerated at school only to ditch them as soon as possible – they were things I would do if told, but not with my heart. I wasn't doing those things because they felt right to me – but to satisfy someone else. And so I asked, what happened when eyes were no longer watching over that change. Did I carry on? No. Unless ignited by my new challenge, I reverted to my comfort zone where I knew I was on safe ground.

So, GEMS focuses on moving the family into a space where change is theirs; inspired by their own lives and priorities. In a process led by the family and supported by the practitioner they develop a thick description of what has changed and crucially, what they like about that change. GEMS strives to see the family take optimistic ownership of their past, present and future.

Does it work? I don't know! Over six months we will be trailing and reviewing the outcomes. Maybe it will just be another thing we tried, But just imagine if it worked!



Would you like to join the pilot trial?

We're currently piloting GEMS as a new model in social work and early help, and we're keen for local authorities to join our trial. If you would like to find out more about the model or get involved, please get in touch. All conversations and thoughts are welcome.

Email: emma.maynard@port.ac.uk

Dr. Emma Maynard is Senior Lecturer in the School of Education & Sociology, University of Portsmouth. She is a Doctor of Education (EdD), a Chartered Psychologist and a Senior Fellow of Advance HE.

Remember that sexual violence affects all genders

Worldwide, 1 in 6 boys experience sexual abuse. This shocking statistic highlights the need for professionals to ensure support services are set up to effectively help every single person who has been a victim of sexual abuse. To find out more about the growing issue, and understand why new worldwide charter, United for Boys, has been set up to engage with professionals around the world, we speak to Amanda Griffith, Chief Executive from global network, Family for Every Child.

Can you tell us who Family for Every Child is and what you do?

Family for Every Child is a global network of local grassroots children's organisations. Our membership works together with 36 members in 35 countries across six continents, to share experience and best practice. This international collaboration ensures that we learn from each other and that locally-grown ideas get the global attention they deserve.

Our members have years of experience in addressing factors leading to children being separated from their families and work within their countries to inform the changes that need to be made in their alternative care.

What can social workers learn from peers about the best ways to protect children from sexual violence?

New models of supporting children affected by sexual violence are being developed all around the world, and as part of the United For Boys signatory network, social workers in the UK have an insight into new models of practice being developed worldwide.

This reflects the network's belief that no single country has a monopoly on good ideas – they can come from anywhere and we are committed to sharing them so others can learn and adapt them to their own context.

You recently published your report 'Caring for Boys Affected by Sexual Violence'. What did you discover?

'Caring for Boys Affected by Sexual Violence' was published by Family for Every Child in 2018.

The study highlights how harmful societal norms related to childhood, sexuality, gender and masculinity perpetuate sexual violence affecting boys, increasing their vulnerability and contributing to under-reporting.

It is estimated that 1 in 6 boys worldwide experience sexual abuse. And whilst girls continue to be the gender principally affected (estimated at 1 in 4), the abuse suffered by boys can often fall under the radar.

The report acknowledges the global efforts to protect girls from sexual violence over recent decades but spells out that more must be done to include boys to the fullest extent in prevention and response efforts.

The study suggests that a multi-layered prevention and response strategy is needed to reduce vulnerabilities and risk factors, identify boys who are at greater risk, address those risk factors early and intervene when sexual violence occurs.

It's anticipated that the number of boys affected by sexual violence is actually much higher as many do not report it. What is preventing young boys from talking to someone about their trauma and how can we react to this?

Social norms around gender roles are a key issue. If boys report sexual violence, this can position them as 'weak' and play on thoughts that they should have been strong enough to defend themselves.

In many countries, if the perpetrator is also male, boys can be criminalised for coming forward with their story due to strict laws on homosexual behaviour. The process of legal action can be off-putting and intimidating for both girls and boys. But for boys, there can be an additional layer of internalised shame.

Sometimes, families may prefer to keep things under wraps due to a perceived social stigma they may attract.

Initiatives developed by Family for Every Child members around the world include educational programmes on what it means to be a boy or a man; improved sex education that includes issues around sexual violence, delivered in ways that can resonate with children of all genders; support services that are not off-putting to boys because they are primarily targeted at girls.

How can social workers look after victims if they haven't disclosed it?

The key piece of advice here is to support a child based on their behaviours. It may be that the child is a survivor of sexual violence but has not have disclosed it to the social worker and is being supported for other reasons. It is not necessarily required that a child discloses past experiences of abuse if they are already receiving help. The focus should simply be on helping them to overcome and manage their trauma.

Social media and online gaming can put young boys at risk of grooming. How can we educate boys to protect themselves?

Social workers need to keep up-to-date with the latest gaming and social media platforms. From Fortnite and Roblox, to Snapchat and TikTok, social workers must be aware of how and where boys are interacting online.

Children will have been taught about staying safe online at school, but boys with low school attendance may have missed out. Social workers may need to go back to basics and tell them not to talk to strangers or share any personal information online.

Many support services for victims of sexual violence are geared up to support girls and young women. Can you explain what you mean by this?

Support service staff may be more used to working with girls and women and may not have the experience to support boys and young men effectively.

The physical environment at support services may give off unwitting female gender cues. For example, piles of women's magazines on the tables. In terms of advertising their services, posters are still more likely to be found displayed in female toilets rather than male.

How can we ensure that support services in the UK are accessible to all?

We need to ensure services are gender-specific. We know that a one-size-fits-all approach will almost certainly be skewed towards supporting girls and young women, as this was historically their starting point.

I would suggest dropping all assumptions about gender and abuse, and starting again from a gender-specific perspective. Bring boys, young men and non-binary people that survived abuse into a consultation process and use their experience to help redesign services.

Awareness-raising amongst potential referrers needs to stress that sexual violence affects all genders. Support services must be acutely aware that the use of language and imagery in publicity materials is speaking to all genders.

Boys and girls who are victims of sexual violence are affected differently. Can you give a description of the differences?

Male survivors of sexual violence are more likely to externalise their distress by showing aggression at home and at school. There are also high chances of them running away, with older victims perhaps getting in trouble with the law or turning to drugs and alcohol. Whilst these behaviours are often interpreted as the young person posing a risk to others, their behaviour could be an indicator that harm has occurred to them.

Girls are more likely to internalise their pain, becoming withdrawn and showing symptoms of anxiety conditions, including eating disorders. On the other hand, some girls may increase their sexual activity and repeat the trauma to feel in control.

However, there's as many similarities as there are differences between how different genders may react to sexual violence - there are not two clear cut paths.

United for Boys is a global charter that is looking to make real changes that would improve support for boys affected by sexual violence. Can you explain how local authorities can pledge to sign the charter and what it involves?

We're calling out for brave organisations, willing to commit making a change for boys affected by sexual violence. Signatory organisations will be able to access tailored support and guidance from Family for Every Child, as well as being able to publicly display your commitment to tackling sexual violence affecting boys by using our campaign materials and badge.

Find out more

For more information about Family for Every Child or to pledge your support for the United for Boys charter, please visit familyforeverychild.org

Are you using the most suitable language when talking to or about autistic individuals?

As social work teams work closely alongside autistic individuals; we take a look at how language is continually evolving. Kathy Carter, author of the book 'Autism from A to Z' shares some insights into how social workers can ensure that they are using the correct language and terminology.

Those working in the field of social work are experienced in using a strengths-based approach. But where autism is concerned, it can be difficult to juggle the language required under autism's diagnostic criteria, with the more modern language of neurodiversity that many autistic people prefer.

Find out more

Learn more about language and labels through Kathy's book, 'Autism from A to Z'. A limited number of review copies are available free of charge to social work professionals. To benefit from this generous offer, please email spectrabloguk@gmail.com

In the next issue of Social Work News, Kathy will be writing exclusively for us about whether autism's 'deficit model' can affect outcomes for young people's mental health. She is seeking contributions from readers to find out your experiences. If you would like to share your insights, contact her directly via the email above.

What is the preferred language?

Anyone involved in the children and family's sector will be familiar with the advice for supporting autistic people with provisions such as the SPELL framework:

1. *Structured*
2. *Positive (approaches and expectations)*
3. *Empathy*
4. *Low arousal*
5. *Links (with the individual's networks)*

As a social worker, are you using the most suitable language when talking to or about autistic individuals? Firstly, let's remind ourselves of what autism is.

It is now widely thought to be a lifelong difference in neurological processing. It features (at varying levels, as it is a spectrum) key differences in areas of social communication and interaction; restricted or repetitive behaviours, and sensory challenges. Diagnostically, both the current draft of the ICD-11 (the World Health Organisation's 'International Statistical Classification of Diseases and Health-Related Problems' and the DSM-5 (the American Psychiatric Association's 'Diagnostic and Statistical Manual of Mental Disorders') advocate the diagnostic term Autism Spectrum Disorder (ASD). However, outside of diagnostic circles and in everyday parlance, 'autism' is generally a preferred term, from an autistic individual's perspective. Continued use of the term 'ASD' when liaising with autistic individuals and their families emphasises the 'deficit' model.

Using the word 'autism' instead of ASD emphasises the strengths-based approach, recognising autism's differences without repeating the word (or inference of) 'disorder', which many autistic people dislike.

Functioning labels

Next, let's consider 'high-functioning' and 'low-functioning'. These functioning labels are still in the autism vernacular, where some educators (and professionals in the local authority and healthcare services) are concerned. Traditionally, someone with an Asperger Syndrome-type autism diagnosis may be described as being high-functioning, whilst someone non-verbal or with intellectual disabilities may be described as low-functioning. Now, an autistic individual is more appropriately described as having high or low support needs.

Anyone advocating for autistic people could find that the aforementioned functioning labels present a problem; the 'lower-functioning' autistic individual may feel inferior. They could have additional learning, communication or processing challenges; however, a named degree of functioning is really a perceived position of functionality in the environment, rather than autistic functionality. Many autistic individuals previously deemed as 'low-functioning' (who may communicate in different, non-verbal ways), who have created great

works of creativity, from art to literature. Furthermore, the struggles and challenges of a supposed 'high-functioning' autistic individual are not necessarily recognised using these terms.

It is often the co-existing conditions that the individual may or may not have, alongside their autism, that affect support needs.

Also, the phrases 'severe' and 'mild' are not always helpful terms. One issue to consider is that in cases where 'severe' is used, it's unlikely the autistic individual has a say in how they're being described. The majority of autistic individuals are able to communicate and can have input into the language used to describe them.

Identity or person first?

Do we use identity-first language e.g. 'Jane is autistic' or person-first language e.g. 'Jane has autism'? Opinion seems fairly evenly split.

Many autistic individuals prefer to say they are autistic, rather than they have autism. Third parties, e.g. care workers, parents and educators, can be more likely to use the term 'has autism' rather than 'is autistic'. Critics of person-first language believe it separates the person from the autism, when in fact, this is impossible to do! Ideally, ask the person how they prefer to be described.

Practical tips to educate families

If you're working closely with families who have children diagnosed with autism, I have a few practical tips which may help you educate them about what autism is.

1. *Autism is widely thought to be a set of neurology configurations affecting processing abilities. The NHS states: "Being autistic does not mean you have an illness or disease. It means your brain works in a different way from other people." It's always important to remind families of this.*
2. *Autism does not equate to low intellect. Around half of all autistic individuals are said to have an average to above-average intellectual ability. Co-existing, intellectual disabilities (defined by the NHS as 'A group of disorders characterised by a limited mental capacity and difficulty with adaptive behaviours, such as social interactions') are cited by the National Autistic Society as being at between 44-52% in autistic people.*
3. *Speech and communication differences are not necessarily intellectual indicators. Communication is a complex cognitive and motor activity. Conditions associated with autism can affect communication – e.g. some autists may be non-verbal, with apraxia of speech. However, a communication difference is not necessarily an intellectual disability.*
4. *Try to use identity-first language, e.g. 'Jane is autistic' and refer to a diagnosis as 'autism' instead of ASD to help parents move away from the deficit model if the autistic individual prefers this language.*

Providing support to hard-to-reach groups through special yoga

As social prescribing becomes more mainstream, we take a look at how social work teams can use physical activities to provide care to hard-to-reach groups. We speak exclusively with Jyoti Manuel, who has supported children with special and additional needs for more than 25 years. Jyoti is the founder and director of Special Yoga, an organisation which provides a therapeutic service to children using yoga as its foundation.



What is Special Yoga and why is this service so effective for children with additional needs?

Special Yoga is a not-for-profit organisation providing training in therapeutic yoga to children, young people, and adults with special and additional needs. Yoga and mind-body breath techniques have been evidenced as practices that calm the nervous system and reduce tension and anxiety.

We design and deliver training programmes primarily to paediatric professionals, teachers and teaching support staff in both mainstream and special needs schools. We also offer a range of courses for parents and care workers, which provide both nourishment and support, as well as leaving them with the tools to share with the people in their care.

We support the practitioners that have trained with us to keep best practice for the children in their care.

Is there anything you do differently to traditional yoga sessions?

Yes, our practice involves sharing a toolbox of different pathways using various aspects of yoga, which include movement, breath, relaxation, massage, sound healing and mindfulness. Our teaching adapts the practice to support individual needs and abilities.

You work with adults as well as children, does the process differ?

It can do. The underlying intention is the same, which is to bring the person into a calm and peaceful state.

The pathways to that may differ from age-to-age, condition-to-condition, person-to-person.

Yoga is known to help with a variety of concerns including establishing calm and organised mental states, improving concentration, reducing hyperactivity, releasing tension and reducing fear, frustration and stress. How does Special Yoga achieve this?

There is more and more scientific evidence of the efficacy of these practices. It is now recognised that both awareness and control of the breath are a primary tool in regulation of the nervous system.

Children and young people with special needs will generally have a compromised nervous system and are often in stress response. They are also likely to have high amounts of cortisol in the body. Studies show elevated cortisol in children and young people with special needs in situations that would be considered benign by their typically developing peers.

Furthermore, it is suggested that chronic stress and cortisol levels rise as children get older. One of the many things that deep breathing and yogic practices do is to lower cortisol. Importantly it also increases levels of GABA, an inhibitory neurotransmitter, which promotes calm throughout the system including promoting alpha brainwaves and is the major inhibitor to a stress



response. Low levels of GABA are found in both anxiety and depression. Research in 2007 and 2010 by Chris Streeter, MD at Boston University, found that after just one hour of yoga practice individuals had increased levels of GABA.

You've worked closely with schools to bring special yoga directly to children. What have teachers said about the impact of the service?

One of the most challenging elements of a teachers' job is regulating and managing behaviour. With the ever-increasing inclusion of children with special and additional needs, and a reduction of financial support to help them, teachers need tools to help bring practises into their classrooms in order to create calm, so the children are able to concentrate, as well as to manage their own stress levels.

Teachers are very happy to have accessible short manageable practises that they can implement during the school day, which has a profound and immediate effect on them, and in turn enables them to deliver short practises that positively impact the children.

You've also worked with charities and community groups. How can social work teams and local authorities learn more about how special yoga can be seen as a beneficial resource when they are working with children and adults with additional needs?

We offer bespoke training to charities, community groups, as well as within education and healthcare. Our training programmes are created following a detailed consultation so that the training outcomes meet the specific needs of teams and their service users.

For those interested in learning more about how Special Yoga's therapeutic interventions and practices can assist with their work with people with additional needs, there is a variety of information on our website.

You've used yoga to help children identify, understand and regulate emotions and behaviours. Have you any practical tips that you can share with our social work audience?

Mindful breathing is a good practice for everyone to bring attention to the present moment. It helps calm the stress response, strengthen attention skills, promotes brain integration, offers better sleep and strengthens self-awareness.

In moments of stress, the practice of a longer exhale and a slower inhale will calm the system and balance the parasympathetic nervous system. Breathe in for the count of six and out for the count of six. It needs to be practiced for at least 2 minutes for the heart to rest.

A very useful exercise to do with children is the tree pose. Stand and focus on your feet; this helps to reduce overthinking and bring our energy downwards. Lift one foot up and put it on the inner calf or inner thigh of the other leg. As we focus on our feet, keep your eyes still and stabilise yourselves in the position. With this, the nervous system will calm.

Another good exercise for children is the bubble practice, where a child can visualise a bubble around themselves. Ask them to take a long breath in and breathe out and visualise their breath blowing a beautiful, coloured soap bubble that surrounds them. Within the bubble, they can choose how to behave. So, we might feel to stamp our feet or any other expression of how we feel at the moment. Outside of the bubble we do not express our reactivity. The concept is to work towards self-regulation by cultivating awareness of the choices we make and how our behaviour impacts on those around us.

Find out more

If you would like to learn more about Special Yoga, please visit specialyoga.org.uk

“

This service is very much needed and wanted by young women”

Okela Dougla, Charity founder.



Sister System

Taking a unique approach to mentorship, Sister System is designed to help improve confidence, self-esteem and boost socio-economic prospects for girls who have grown up in the care system. We speak to charity founder Okela Douglas to find out more about their innovative work and learn why the charity has been such a success.

Sister System is a Haringey-based organisation which provides intensive therapeutic mentoring and nationally accredited qualifications to young girls who have grown up within the care system. Founded by Okela Douglas and Geraldine Washington, the charity differs from other mentoring programmes as it is devised specifically to help create a positive, empowering and progressive space for young women. It seeks to improve their socio-economic prospects by equipping them with the tools and strategies to enable them to engage with education, boost their aspirations and improve their mental health.

Since the charity launched two years ago, almost 40 girls have been through the programme and there is clear evidence of how it has positively impacted them.

Okela explains “We wanted to create a space for young women which was both positive and progressive, rather than taking a ‘poor you’ mentality which is often faced by those within the care system.”

“Our ethos is to create a community of young women who can support each other out of the confines of a specific service provider. We give them the tools to fulfil their own potential and connect with others who have had similar experiences, so these skills are with them for the rest of their lives. Our programmes of frontline and peer support can last for up to nine years, allowing us to build strong relationships with the girls and young women who come to us.”

Your mission is to empower girls to live a happy life, free from abuse, engaged with education and with positive mental health. That’s a big goal!

For us, it’s about providing support to girls from the age of 13-21 who were living in or transitioning out of the care system. We want to help them build long-lasting and trusting relationships throughout their adolescence, with their peers as well as members of our team.

A key part of our working is in providing education to those who are unable to sustain mainstream schooling. As an approved open college network centre, we can deliver courses from Level 1 through to Level 4; this covers GCSE to degree level. We need to engage girls with education, so our accredited courses are flexible – we offer workshops on weekends and evenings. We are also hoping to launch an e-learning portal so they can study from home. Our learning could be delivered remotely, or on a one-to-one basis. It’s about working flexibly to find a method that suits the individual.

We also provide networking opportunities which are based upon subjects that interest them. These workshops are often led by members of our ambassador programme and they are an opportunity to discuss topics important to them. If we can make positive connections and peer relationships, their mental wellness and emotional wellbeing are

supported. Looking ahead, this is an important part of ensuring that each person feels entitled to live a fulfilling life, and they are happy and able to move away from their past trauma.

We also aim to help them understand what a happy, positive relationship looks like. Sadly, many girls in care have already been a victim of abuse, so we explore themes such as ‘Me, Myself and I’, ‘Sex, Drugs, and Social Media’ and ‘Who are you and who am I’ to give them the tools to avoid or recover from what could be an abusive relationship.

Finally, our mentor matching programme allows each girl to feel they have someone to talk to in structured or unstructured ways, to help them meet their aspirations.

As part of your mentoring programme, you compete a lot of due diligence before you match the ‘big sisters’ with their mentees. What skills do you equip them with before they can officially start mentoring these young girls?

We have five separate programmes available, each with its own individual strength. One is a leadership programme about finding a voice and understanding effective communication. We need to ensure that we can help key members of our team to get to know each other and find out how they can work together.



If this is successful, the mentor is registered for a further leadership qualification as well as peer mentoring (these are Level 2 qualifications which are equivalent to GCSE level). It is important that they are able to graduate.

Across these modules, we dovetail the Sister System programme, where they then do some soft delivery before being matched with a younger girl to mentor. Each prospective mentor needs to work with us for at least a year before we start having these conversations. A key part of their success is understanding how to meet outcomes within our theory of change. They need to show their competencies in the skills needed to be a peer mentor before they can start facilitating networking events or education opportunities.

What support is given to mentors?

It's a huge responsibility. I advocate for therapeutic supervision and this is something we offer to everyone because our work is so emotive.

It's important, as an organisation, we acknowledge this and give everyone a chance to talk about how they feel because they may be having extremely difficult conversations with their mentees.

We work in a way that enables everyone to support each other. As social workers will know, reflective

practice is integral to everything we do. We need to ensure that our team is continually motivated and supported – and if we can provide them with this skill, then they are equipped with a tool which will remain with them throughout their lives.

Sadly, research from the NSPCC suggests that 1 in 3 girls in care will be sexually abused. How are you working with girls to prevent them from becoming victims of abuse?

Within our mentoring programme, we acknowledge that these girls come to us having already been through a traumatic experience. In many instances, the girls simply do not know what an abusive relationship looks like.

Clearly, we cannot say that we can prevent them from ever becoming a victim of domestic abuse. But we can empower them through interventions so that they can recognise the signs of danger and be able to keep themselves safe both in reality, and online.

We work closely with specialist partners to help them talk about their experiences and have a safe and positive space to do so. We want to talk about what a healthy, functional relationship looks like; whether that's with a friend, a sexual partner or within the family home.

By doing this, we're raising emotional and mental resilience. It's giving them the ability to navigate themselves and find their voice to walk away from a negative relationship or ask for help and feel confident enough to recover from a situation.

Sister System is a course that runs for up to nine years, from the ages of 13-21 (or even 25 through our ambassador programme). The impact of working with girls within the care system isn't something you can do in just a few months.

Our programme needs to be flexible according to age and maturity levels. It's about working with their personal development and understanding where they are within their adolescence. It's about giving them the right knowledge at the right time so that they have strategies in place to continue building their resilience.

You talk a lot about using your mentoring system to improve the socio-economic wellbeing of young women growing up in the care system. Why are girls more likely to be Not in Education, Employment or Training (NEET) than boys, and how can social work teams address this?

Often, these girls' vulnerabilities are compounded by a lack of positive healthy role models and relationships. This means they are more likely to be in abusive relationships and can become economically dependant. They may not finish education or sustain employment which increases the likelihood of them being NEET.

There is also an assumption that girls may have greater responsibility within the home, particularly if they have a young child to care for. This is why it's important for social workers to acknowledge that we need to find some sort of resource which is sustainable. It's about finding a solution that fits the girl.

Girls may need more guidance and support in helping them to realise their professional aspirations. When they are referred to us, we can put that village of support around them to help achieve their dreams. For example, if she wants to be an economist, we can help her to work with someone in that sector to build professional relationships and conversations. We need to give knowledge and nurture aspirations for this.

We agree that this is far beyond the scope of social work teams, and it's not fair that one statutory service has this responsibility. That's why we see our delivery model as a bolt-on package, allowing us to work with social services to meet an individuals' needs.

Ultimately, as a sector, we need to stop working in silos and start working together to forge strong relationships that enable people to collaborate together.

How do girls find your services?

We have a mixture of self-referrals as well as ongoing referrals through statutory partners and partner organisations. We're based in Haringey, so we work closely with our local authority.

We also have relationships with the exploitation panels, schools, social work teams and CAMHS. These referrals come to us because we are funded to deliver these programmes.

When it comes to self-referrals, our website and social media channels have been hugely successful, so it's an area we want to continue to expand. The messages we receive from young girls are incredible, and it's clear that they are hearing about what we are doing via word-of-mouth.

Find out more

For more information about the Sister System programme, visit sistersystem.org or email programmes@sistersystem.org





Building meaningful relationships in dementia care

Following the publication of her latest book, *'Holding Time: Human Need and Relationships in Dementia Care'*, Dr Esther Ramsay-Jones talks to us about the importance of relationship-centred care. Using her professional and personal experience, she shares insights into how social workers can make a positive impact on those affected by dementia.

Read Dr Esther Ramsay-Jones' book

Holding Time: Human Need and Relationships in Dementia Care by Dr Esther Ramsay-Jones, Free Association Books, £14.99 (September 2019)

Buy online at freeassociationpublishing.com

You've recently written a book about relationships in dementia care. In your role as a psychodynamic psychotherapist, how have your experiences shaped your perception on how social workers can build meaningful relationships with adults affected by dementia?

Over time, I have seen first-hand how important the relationship between a social worker and person with dementia can be – and also with family members.

There has to be an openness and curiosity as a starting point. Making assumptions around best interests for a person with dementia can lead to a shutting down of relationships. Often the work, particularly in my field in palliative care, is about how to support a person's sense of self when life is feeling increasingly precarious. Sometimes, that might mean that a professional becomes an auxiliary mind for someone with dementia, but this has to be based on an attuned understanding and knowledge of a person; not a sort of imagined construct. It's also about tapping into pockets of knowledge which may be held in different places within multidisciplinary teams and families. It is about having a sense of life history and becoming as responsive to emotional need as we are to pragmatic need.

Beyond this, I think we often talk about choice and control, at least in UK dementia care policy, but this is often embedded in a relational context; people make choices in conjunction with others who are in their network of support. Sometimes a social worker might be the only person in that network, which is why attentive listening can make all the difference. There is also the reality that, when service provision is threadbare in certain areas, choice is invariably limited so there is a policy-practice gap that professionals are trying to work with. This may result in letting people down which subsequently makes relating very difficult.

You have first-hand, personal experience of dementia – was it hard writing a book that had such close connotations?

It's often the case that in professional encounters with people we are relating to at a somewhat intimate level, emotions can be stirred up by individuals who may remind us of people who have been part of our lives.

In part, this is impossible to avoid since our minds hold memories, histories and textured emotional landscapes. I began working in dementia care partially because my grandmother lived with Alzheimer's for some time; and of course, some of the people I have worked with have reminded me of her and what she experienced.

Working within the field and writing about it has not been easy at times; not simply because of personal experience, but because bearing witness to people's gradual decline and increasing levels of dependency can be painful. Sometimes we underestimate the impact of being alongside moments like these.

You want your book to contribute towards the general movement of improving care for those living or working with dementia. How does the book do this?

Increasingly, people are talking about relationship-centred care in the field of dementia. This book is about the way in which good professional care relationships can, in a Bionian sense, offer some people with dementia a more containing experience. One that can minimise anxiety and help people with dementia to feel a little safer in a collective care home context. It is also about encouraging organisations to demonstrate a high degree of commitment to the emotional learning and reflexivity of its care home staff.

You describe your book as being the "voice of people... who are often unheard or underacknowledged". How can we make sure that the experiences of those affected by dementia are listened to by policy and decision-makers?

I recently heard Wendy Mitchell, author of 'Somebody I Used to Know', speak about her experience of living with dementia and what helps her in daily life. Increasingly, and thankfully, the voice of people with dementia is heard and engaged with at a policy level; the National Dementia Strategy itself was underpinned by many stakeholder events.

That said, I would argue that the voice of care staff is manifestly absent from many discussions, and numerous care workers report feeling undervalued and unheard. In my experience carers can make a hugely valuable contribution to knowledge generation and can provide desperately needed insights into the disconnect between the lived experience, policy and theory.

You also talk about how psychotherapy can help people with dementia – how can psychotherapists work alongside social workers who are supporting people with dementia?

In palliative care, this takes place in multidisciplinary meetings, through clinical supervision and informally in corridors. Psychotherapists and social workers can support one another by sharing slightly different perspectives; often this is complimentary, a marrying of the internal and external need that people have.

A model that I have some interest in is the work discussion group (see Rustin and Bradley's book, 'Work Discussion') which has been used in family and children's services. Jennifer Wakelyn's work with babies and young children – 'Therapeutic Approaches with Babies and Young Children in Care' – explores the potential of psychoanalytically informed therapeutic observation as a way of supporting social work and other professionals in this context. I wonder whether this model of practice could be applied to transitions to residential and nursing care for people with dementia?



You lecture for The Open University about death, dying and bereavement – as a society, how can we open up conversations about end of life care in a compassionate yet professional way?

Clarke (2018) talks about the Western world having been a historically death denying culture, more recently moving into times of 'death revival'. On some levels this seems to be the case. Coalition Dying Matters and the UK hospice movement have both done a lot to open up conversations around death. In addition to this there are death cafés and grieving narratives beginning to appear on social media.

As professionals, I don't think we can force the issue of death on individuals we are working with who have life-limiting conditions. Many of us defend ourselves against thinking about our own mortality for different reasons, so there has to be a balance between inviting people to share their thoughts and recognising when someone isn't quite ready to think about it. Being diagnosed with a terminal illness can be a huge shock and once-felt certainties can be upended. A one-off meeting to discuss advance care planning can simply be too intense and anxiety-inducing. If time is available, difficult conversations need to take place within a trusting, established relationship and incrementally over time.

Nonetheless, I do think it is important we bring the decline of health and dying into a public thinking space, rather than splitting these experiences off and colluding with an overarching narrative of independence, individualism and wellness; one that arguably takes a punitive stand against the 'failings' of the body and mind that dying and death inevitably brings.

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There has to be a balance between inviting people to share their thoughts and recognising when someone isn't quite ready to think about it.”

Dr Esther Ramsay-Jones.

Council spotlight

We speak to Richard Hancock, Director of Children's Services at Tameside Metropolitan Borough Council to find out about their latest Ofsted report, current priorities and ambitions for the future.



department, but also more widely within the local multi-agency safeguarding arrangements and political leadership. Among the examples of key improvements which have been made, Ofsted highlighted the scale and effectiveness of early help services, which have been strengthened through our locality-based model.

Inspectors also found that our new MASH is ensuring referrals about children who are a safeguarding concern are dealt with quickly and appropriately. Our 'edge of care' team works intensively with families to ensure that children only come into care when they need to.

Your ambition is to "provide outstanding children services to support local children and families". What steps are you taking to meet this ambition?

Although we have now been judged as 'requires improvement to be good', we see this as just the beginning. We are maintaining a clear focus on improvement; particularly on the quality of practice but also including additional developments to enhance our multi-agency early intervention and prevention services, edge of care, permanency and fostering.

We have chosen to maintain a multi-agency and independently chaired Children's Improvement Board to provide oversight, challenge and drive to our continued improvement, but also to lead on sponsoring and enable innovation. A place to share learning, unlock barriers and drive new models of delivery without the constraints of organisational boundaries.

Ofsted noted that your locality-based model is "strengthening the effectiveness of early help services." Can you tell us more about this?

As mentioned, this has been a specific area of focus which has brought together multiple agencies. This includes health, schools, education, children's social care and the third sector on a locality footprint in order to provide the most appropriate intervention for those families who require support.

This team works together to ensure that local children and families receive timely and appropriate support. Referrals can be received through our single Early Help Access Point, "stepped down" from the MASH or through any of our partners.

This has been enhanced by the development of a Team Around the School approach, which has now been rolled out to nearly 50 schools with more planned for the future. It seeks to enhance the support available even further than our formal local early help arrangements, by building on the expertise and skills of our colleagues in schools to identify and intervene effectively at the earliest opportunity.

You've been working hard to promote kinship cases to Special Guardianship Orders (SGOs). Can you tell us more about your work to achieve plans of permanence for children?

We have had a particular focus on SGOs as a route to permanency and this year launched a new policy, which makes it possible for all carers, whether they be kinship, in-house foster carers or Independent Fostering Agency



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We have worked extremely hard to improve the quality of social work delivery across services”

Richard Hancock, Director of Children's Services at Tameside Metropolitan Borough Council.

In your most recent Ofsted Report (July 2019), inspectors noted that you've made significant improvements over the past three years, classifying you as "requires improvement to be good". Can you tell us about the improvements that you've implemented?

We have worked extremely hard to improve the quality of social work delivery across services; including the introduction of our Heart of Practice and delivery model Signs of Safety. We have invested in additional staffing, training and development to support this; including a now well-regarded Assessed and Supported Year in Employment (ASYE) programme and more recently a second supported year in practice.

Much of our work has been in partnership and we have placed a particular emphasis on a whole system approach, working closely with partners on the development of our locality-based early help offer, early help access point and Multi-Agency Safeguarding Hub (MASH). It was this approach that was recognised by Ofsted as delivering clear improvements. The report noted a "much strengthened whole council commitment to improving the quality and impact of children's services" in the Borough. They added that this has not only been the case within the children's services



(IFA) carers to consider permanency through a SGO without detriment. This has been further enhanced by a package of post SGO support available to all carers.

Significant work is also being undertaken to improve our focus on permanency across the service, and this is a key priority for the Looked-after Children (LAC) management team and our Independent Reviewing Offices (IRO) service.

Most of your social workers have manageable caseloads but Ofsted highlighted that some still have a high quantity. What are you doing to tackle this?

We have increased our permanent workforce which has reduced caseloads on average across the board, but we are aware that for some individual workers they still remain too high. This is partially linked to the

recruitment of a number of social workers in their first year of practice. We anticipate a positive impact on caseloads across the service as they move through their ASYE year, where caseloads are protected, and into their second year in practice.

We are also working hard through our MASH, Early Help Access Point and Early Help offer to appropriately manage demand coming into the service. We are beginning to see reduced numbers of contacts, referrals and child protection activity, bringing us closer in line with our statistical neighbours, which will also have an associated impact on caseloads.

How do you share and communicate news between frontline social workers and senior management teams?

We have the usual formal mechanisms for the sharing of information such as regular newsletters, briefing notes, meeting schedules and performance scorecard data. But we also recognise the strength and impact of relationship-based practice not just with the children and families we support but also with each other.

This helps to shape how our leadership team engages with the workforce; they are accessible and available to support and deal with the difficult work we can face on a daily basis. We also meet regularly in both all-manager and all-staff forums.

When it comes to training, how are Newly Qualified Social Workers (NQSWS) supported at the start of their careers and what continued career

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If you would like to work for Tameside Children's Services, then find out more about the vacancies available by visiting sanctuarysocialcare.com/jobs or by calling 0333 7000 026.

development is available for more senior practitioners?

We see NQSWS as a major element of our social work recruitment activity; this was originally driven by a shortage of experienced social workers, but we also saw the benefits of growing a workforce from its roots.

We have a comprehensive and well-resourced ASYE offer which is delivered in partnership with one of our stakeholder universities. We are also committed to a protected induction and a service welcome delivered by the directorate and senior leadership team.

We have also developed a framework to support the 2nd year in supported practice, including professional forums and university advanced CPD modules.

The continued professional development of social workers is recognised as essential, not only in maintaining social work professional registrations, but also in ensuring we have a suitably skilled, knowledgeable and capable workforce that is best placed to deliver high quality services.

Practitioners are supported with access to essential training and also areas of specialised assessment practices as well as having the opportunity to take lead roles in the delivery of Practice Education for social work students, Lead practitioner roles for our Signs of Safety practice model and support the delivery of the Safeguarding partnership development agenda.

How is great social work practice valued and recognised?

We have needed to take a whole system approach to set quality practice standards and the performance framework that builds the scaffolding around our work.

In our service improvement work, we have not assumed we all knew what great practice was. We have worked hard to define best practice, and through our performance frameworks and supported development, we are starting to evidence this.

Recognising great social work practice is a natural part of who we are as a service and the culture we promote. Through the Director of Children's Services' (DCS) newsletter, teams and individual staff are routinely recognised for their achievements. Recognising best practice within teams is also promoted through the sharing of exemplars, this helps in building team cohesion and maintaining high standards.



Spotting the signs of financial abuse

Financial abuse is one of the most common safeguarding challenges faced by social services. It has the power to devastate society's most vulnerable and situations surrounding the issue can be extremely complex. We spoke to Hugh Jones, a Court of Protection lawyer from Hugh Jones Solicitors, to learn what to do if you suspect that one of your clients is a victim and why when it comes to financial abuse, intuition is a social worker's most valuable skill.

What exactly is financial abuse?

Financial abuse takes many forms. As well as the obvious examples of theft and fraud, it also includes being put under pressure in relation to money, misuse of benefits and direct payments, or not purchasing items for the protected party in a bid to preserve assets.

Who is most at risk of being affected by financial abuse?

There are several key risk factors that increase the likelihood of someone becoming a victim of this type of abuse. Unsurprisingly, risk increases with age and elderly people make up a significant proportion of victims within the UK. Individuals lacking mental capacity, such as those with dementia, severe learning difficulties, brain injuries and mental health illnesses, are also very likely to be affected.

Sadly, the abuse tends to be at the hands of those closest to the victims. This could be people such as relatives, carers or lasting powers of attorney, which is why it can be so difficult to unravel.

When does the Court of Protection become involved?

The Court of Protection appoints deputies to make decisions on financial or welfare matters for people who lack mental capacity.

One type of deputyship is property and financial affairs, which relates to managing areas such as paying someone's bills or organising their pension.

How many people are affected?

According to a report by Age UK, in 2018 over 130,000 people over the age of 65 have suffered financial abuse – that's almost a fifth of the UK's older population.

When you consider that these figures only relate to elderly victims, the potential overall figure is huge. This demonstrates how important it is for those working with vulnerable people to look out for the warning signs.

What are the signs to look out for?

Financial abuse can be subtle and is hard to detect. Instinct often plays a huge part in uncovering a case, but there are some indicators to look closely for:

- *Transfer of property to family member or friend*
- *Unexplained withdrawals from an account – particularly when the victim is in a care home*
- *Regular transfers between accounts*
- *Money held in someone else's name*
- *Changes to a will – particularly once an individual's capacity becomes questionable*
- *Signatures on cheques that don't match*
- *Unpaid bills or care home fees when someone is appointed as lasting power of attorney or deputy*
- *Changes within a home, such as little furniture and fewer electronics or personal items*
- *An individual becoming isolated*

If these sound familiar and you suspect financial abuse, you should report the case to the police. If it is a deputy or attorney suspected of financial abuse, the Office of the Public Guardian (OPG) should be contacted.

What steps would the OPG take when presented with concerns?

The OPG has a statutory duty to protect people in England and Wales who lack the mental capacity to make decisions about their health and finances.

Upon receiving a report, the OPG will investigate concerns and has the power to obtain bank statements for the protected party. If further steps are required, the OPG will apply to the Court for suspension, discharge or replacement of the deputy/deputies and/or suspension of any existing enduring or lasting power of attorney. In many cases, the Court will appoint a professional deputy chosen by the OPG, known as a panel deputy, to replace the previous deputy or attorney.

Find out more

To find out more about financial abuse and other Court of Protection matters, visit hughjonesolicitors.co.uk

Sharing evidence of best practice

Evaluating social work practice is important to ensure that positive outcomes are being achieved. What Works for Children's Social Care is an organisation focusing on collating evidence of best practice and sharing this with practitioners and decision-makers from across the sector.

We speak directly to Head of Practice, Anna Bacchoo, to find out more about the importance of evaluation and about how local authorities can get involved with their innovative Practice In Need of Evidence (PINE) programme.



What Works for Children's Social Care (WWCSC) is looking to establish an evidence store of 'tried and tested' interventions which have proven effectiveness. Why is this so important for the future of the social work profession?

We feel passionately that high quality evidence about what works can lead to improved outcomes for children and their families. Therefore, we are setting out a comprehensive programme of work to improve evidence in children's social care. The first step is to collate existing evidence and make it accessible.

Working with our research partners, Children's Social Care Research and Development Centre (CASCADE) at Cardiff University, we have summarised existing systematic reviews and academic studies which are presented in easy to read, bitesize formats in our Evidence Store, which is available on our website.

We have also rated each entry in the Evidence Store in terms of effectiveness and the strength of the evidence available, making it quick and easy to understand what the evidence says about a particular intervention.

What is the PINE programme and why is it relevant for social work teams?

In the process of setting up our organisation, we have engaged widely with local authority social care teams. We saw that there is excellent practice happening in organisations across the country (regardless of Ofsted rating) but in the vast majority of circumstances, there was no evidence to demonstrate that practice is making a difference to families.

Although we have many practitioners who are committed to being evidence-based in their approach, we were struck by a lack of resources and opportunity to undertake evaluations that would generate evidence about what works. So, we created our PINE programme to identify practice in social care organisations which lack a robust evidence base but practitioners believe to be working. The programme supports these social care organisations to evaluate their own practice using robust methods.

It's very important for practitioners to understand what works, so they can use effective ways of working with people and ultimately see improved outcomes.

You're working with several local authorities already (including Bath and North East Somerset Council, Brighton and Hove City Council and Royal Borough of Greenwich) to help them identify practices which have the

potential to show evidence of success. What is involved in these evaluations?

We have designed a process for organisations to evaluate their own practice using a website called the PINE Portal. Organisations are supported by WWCSC team members to move through the stages in the process, including clearly defining their intervention and theory of change, gathering and analysing data that answers a bespoke evaluation question.

How long does the process take?

The length of the process will depend on the resources available within the social care organisation to work on the PINE Portal and on the complexity and maturity of the intervention being evaluated.

However, we envisage that in most cases it will take 9-12 months to complete a self-evaluation.

Currently, you're researching into the most effective ways of multi-agency working. Why is this so important and what are you hoping to achieve?

We know that there is an increasing trend towards multi-agency approaches to safeguarding, particularly in response to emerging and contextual risks. Policy and legislation require statutory organisations to work together to safeguard vulnerable children, but there is a dearth of evidence about how to do that well.

As a first step towards building that evidence, we've decided to use the PINE Programme to identify examples of multi-agency working that could add to the evidence base.

You are commissioned by the Department for Education (DfE) and you work alongside CASCADE at Cardiff University - although you are very much focused upon children's social care in England, you do take research from international social work teams. What can UK practitioners learn from our global colleagues when it comes to exceptional practice?

Much of the existing evidence base for interventions in children's social care is from international research. Whilst this is important and can be informative, it would be preferable to have relevant local research about what works for children and families domestically.

Our Evidence Store currently has a number of international studies in it, but we look forward to building an evidence base about what works in local authority social work practice.

“

It's very important for practitioners to understand what works, so they can use effective ways of working with people and ultimately see improved outcomes.”

Anna Bacchoo, Head of Practice.



You say that your research projects need to focus upon four key elements; impact, nuance, usefulness and empowerment. Why are these elements so important?

As a 'what works' centre, we are committed to researching the impact of social care interventions on outcomes for children and families. However, we understand that answering an impact question alone may not be enough to give the sector a rich understanding of the narratives and experiences of people practicing and receiving interventions. We see impact and nuance as going hand-in-hand.

We want our research activity to influence practice, but we won't achieve that if it isn't useful. At the outset of a piece of research, we need to be able to identify

who will use that research as part of their role - and that could include anyone from a case-holding social worker to a policymaker in government.

Our fourth principle is about empowerment. We don't see ourselves as an organisation that tells the sector how to do good social work. However, we feel we can elevate and enrich the evidence base about what works, thereby providing the sector with high quality information that can inform their decision-making.

Find out more

Access to the Evidence Store can be found online at whatworks-csc.org.uk. If you would like to become involved in the PINE programme or receive more information about What Works in Children's Social Care, email wwccsc@nesta.org.uk



“I have observed social workers in child protection regularly passing leads to police who are seemingly muddled about their roles and responsibilities. How is the profession addressing this?”

Sue, Retired Senior Social Worker and Practice Assessor

My initial response, as a social worker who has predominantly worked in safeguarding services for children, is that it is not a representation of child protection social work I recognise. However, on reflection, I acknowledge that when there is a joint child protection investigation this will often mean you are working with urgent and high risks such as child sexual exploitation and violence.

Furthermore, the intervention will require a rapid response. This might require busy professionals to drop everything they are doing and respond or, as you say, pass on the lead – which may only be for the initial intervention. Or you could be in a situation where the lack of available professionals means that a joint visit to see a child or other family member happens later than

expected or does not take place at all. This is all before the assessment, analysis and decision-making occurs.

There is a crucial distinction between what is happening between two professionals and the wider perception of what is happening. Nevertheless, I think this question is important and raises a wider issue of whether the process is understandable to all professionals and family members who are involved. Perhaps an area for development is creating a common understanding of thresholds and perception of risk as well as process.

The ongoing concern is this is made harder in a culture of diminished resources. We have less time to reflect and debrief within our own teams and the families we work with, let alone debriefing colleagues from outside our individual agencies and places of work. I'd be very keen to open this question up for further comment and it is perhaps something for BASW's Policy, Practice and Education Groups (PPEGs) to address.

Gavin Moorghen, Professional Officer, BASW

“My main area of concern is the emotional wellbeing of social workers

who feel overwhelmed and do not have a safe place within their workspace to reflect on visits or difficult meetings etc. All looked-after children should also be given the opportunity to automatically engage in a therapeutic service which will provide them with support regardless of how adverse their experiences are.”

Amy, Newly Qualified Social Worker

Awareness around these risks is essential if we are to move forward safely and effectively in practice. Extensive research evidences that stress, compassion fatigue and vicarious trauma can have an impact on us as practitioners. Finding safe places to buffer these threats is a priority if we are to remain experienced, talented and passionate professionals.

Supervision is your initial safe place, an environment that allows you to explore the 'you' in your work, in addition to other essentials. We know is not always the

Ask the Expert

We find the answers to questions that you're asking. In our 'Ask the Experts' column, some high profile figures from the social work profession answer your questions. If you'd like to submit a question for a future issue of Social Work News, please email press@mysocialworknews.com or find us on our social media channels @myswnews

case, but remember you have a responsibility to put your 'stuff' on the agenda – if you don't take it, you can't work with it.

To balance this, we as individuals also have a responsibility to take care of ourselves and each other. We are seeing many 'creative' practices adopted by teams and individuals to support wellbeing. Creating a caring culture is vital, it doesn't have to be lengthy or expensive. Examples include peer support sessions, group supervision, walk and talk lunchtimes, whinge-free Wednesdays and book clubs to name just a few. Peer support in its many forms, alongside supervision, is what we hear works for you.'

Sass Boucher MSc, Research Director, SelfCare Psychology

There is an inherent problem with making judgements about adversity - the individual, the context of adversity and recovery will determine the impact on the child. To decide whether each looked-after child should be able to access therapy not only makes a judgement about the child, but about the therapy. Therapy should not denote a deficit in functioning, but rather a supportive environment in which to make sense of experience.

At the very least, we can assume that all looked-after children have experienced dramatic changes in environment, and that their relationships with their parents and carers will have been in a state of flux. As a result, they automatically find themselves in a different position from the rest of their peer group. So, even at the most reduced level and setting aside the likelihood of deep-set severe trauma, why would we deny displaced children a safe environment in which to make sense of experience?

Dr. Emma Maynard, Senior Lecturer in the School of Education & Sociology, University of Portsmouth

“How can we reach more potential foster carers in the 21st century?”

Sarah, Principle Fostering Manager

As you may already be aware, there has been a number of research studies undertaken on this and the evidence clearly shows that the recruitment and retention of foster carers is essential in delivering an

effective and sustainable foster care service. However, there is evidence to suggest that the demands of and negative stereotypical have all been contributing factors in deterring people from becoming foster carers.

There needs to be a better understanding of the barriers. What is the general public's thinking in respect of the role? Often, this perception can be a negative one. So how can we change this? There needs to be a radical overhaul of the system in order to firstly recruit, and secondly, retain more foster carers.

The promotion of 'foster care' as a profession should be a focus. Offering training, qualifications and a financial reward could attract those who currently perceive fostering as a volunteer-based service.

All too often foster carers are perceived as 'unqualified' and seen in a negative light. However, they will understand the children in their care and are best placed to promote the wellbeing and potential of that young person. Their expertise and voice should be at the centre of the professional network and planning. Transforming the perception of the fostering service in the public domain needs to be high on the agenda within all local authorities.

The use of local recruitment campaigns coupled with a consistently high local profile is needed. Many authorities run a 'one-off' annual or bi-annual campaign which does not have any real impact. Why? Because it will be viewed by a limited audience and will not get any continual promotion or exposure. This is what is required if we are to encourage more people to apply.

The use of specialist marketing techniques and ongoing tailored campaigns, using local press, word-of-mouth, young people who are/have been fostered, foster carers and local networks, for example. Targeting local people to promote that everyone can be a foster carer must be the objective.

In addition to this, we need to encourage a more simplified pathway for future foster carers; there needs to be a clear effective procedure so that anyone who expresses an interest is followed up in a timely manner.

Liz Hewitt, Head of Service, Innovate Services

Meet the Panellists



Gavin Moorghen, Professional Officer, BASW



Liz Hewitt, Head of Service, Innovate Services



Sass Boucher MSc MBACP, Research Director, SelfCare Psychology Ltd



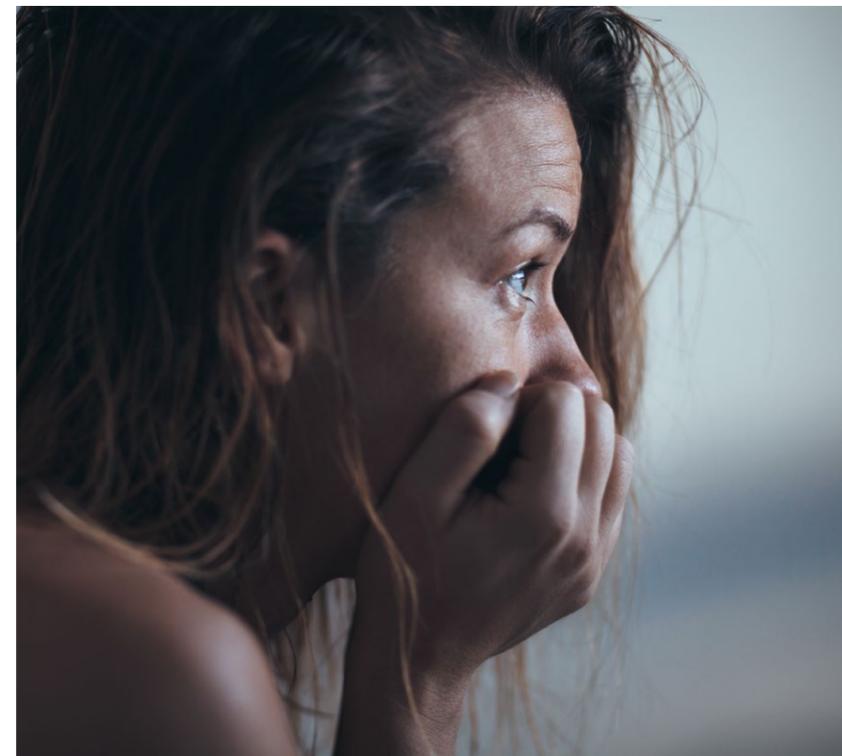
Dr. Emma Maynard, Senior Lecturer, University of Portsmouth

The potential for victim blaming in social work

We all like to believe that we take a non-judgemental and balanced approach to social work. After all, that's what we're trained to do. But what if we don't realise that we're not as fair as we thought we were? Social worker Mark Monaghan shares why a training conference opened his eyes to how easy it can be to inadvertently blame victims and how it has changed his approach to his work.

Find out more

Access to the Evidence Store can be found online at whatworks-csc.org.uk. If you would like to become involved in the PINE programme or receive more information about What Works in Children's Social Care, email wccsc@nesta.org.uk



Austerity doesn't care who it makes paupers of, or where they are on the social spectrum. Poverty and stress are everywhere, it is ever-present within all facets of our society.

Victim blaming is no less prevalent in domestic abuse where victims (usually women) have been conditionally reprimanded for not making the 'correct choice'. Therefore, they are further oppressed as they have been held to ransom in relationships which often ingrain them to passivity and a lack of control.

We want to safeguard children and work in partnership, forming relationships with the family. In my experience, child protection conferences are a place where professionals can perceive what is happening within a family situation. Domestic abuse has been prevalent during these events and we do little to protect and safeguard the parent and children from further harm. So, on top of the pressures that the parent has from their partner/ex-partner, they have further angst from the professionals who often, without trying, compound the issues meaning victim-blaming can occur.

A regular dilemma is where the children want contact with an abusive parent. The other parent allows this as it is the child's right, and then is scolded for allowing the contact. Paradoxically, they may face further abuse if they didn't allow the contact. We need to think about this and what our role is plus the language we use.

When I was guided to this principle, I found it a revelation and reflected that no matter how much we try and put ourselves into the shoes of someone else, we simply cannot do it. It takes honesty to say, 'I may have got that wrong' or 'did I write or say something that added a lot more pressure to that family situation'. The fact that we are involved means there is already a tension present.

What I have learnt the most was that we really need to think and not have pre-conceived notions as to what a situation is going to be like.

It was a real lightbulb moment for me as there was an academic who was explaining it very clearly. You take a deep breath, move uncomfortably in your seat and acknowledge that you may have done this with the best of intentions in mind. You then understand how that may have impacted the family you've worked with. Best of all, you discuss this with the group and they may not see the issues or be in a place to acknowledge them.

Work humanely, ethically and understand how your interventions affect people. What you write and say will have an impact, don't add another layer of victimisation to people who have endured enough already.

I always believed that I had practiced social work with children and families in an open, honest and transparent manner. However, I attended training earlier in the year where it really brought home to me what I was doing and how practice affects those we work with.

I recently attended Dr Jessica Eaton's course on victim blaming, which I had not really heard of previously. Two issues that really came to my mind during the course were neglect and domestic abuse. Neglect is a very strong precursor to what social workers must manage on a regular basis in the field of child protection.

There are scenarios where children and young people are likely to live in an environment that is not healthy or suitable, given the conflict that they may be involved in.

When we look at neglect and safeguarding children, there are many occasions that require social care involvement. Neglect can take varying forms. If we take financial neglect as an example, when social workers consider neglect, we may be looking at a home situation, the provision of food, clothing and

the necessities for living. Having completed many assessments over the years, going into someone's home and making a judgement call is a difficult task. If someone is struggling financially, do they have mental health issues or are they making life choices that prioritise their needs over that of their children?

As social workers, when we go into people's homes it is with the intention of protecting and safeguarding, not to cause offence or devalue people. However, by the same token we do need to make judgements. There is a major difference between choices made and neglect due to examples such as poor life skills or potential learning difficulties. This is potentially value-laden and requires one to see beyond the direct picture in front of you. You only need to talk to some professionals and you get great variance into what may be considered as neglectful. I have heard a lot of things such as 'there were plates dirty on the side'. Common sense tends to disappear at times. When a referral or report comes to social care, this invariably means an assessment and the start of an extremely testing time for the family.

Being the only social worker in the family

This issue, our social worker returns to tell us her experiences of dealing with social work-related issues within her own family. We're sure some of you may be able to relate to her difficulty in combining personal issues with professional experience.

As always, if you're inspired by our social work circle and you'd like to share your own thoughts and opinions, or have a great idea for a topic, please contact us via press@mysocialworknews.com

I have often lamented the fact that I don't have a 'useful' practical skill, like plumbing or the ability to change locks. How much more useful would it be if I could build my own kitchen extension or re-wire a house? I have friends whose family members are painters, solicitors and builders and I admit, I'm envious. However, I'm sure many of us have been approached on occasion by relatives or friends of friends to ask for advice. I've lost count of the number of times I've been asked about care homes, assessments, how best to get a social worker allocated, benefits advice, and on one occasion, whether I felt a child needed a psychologist.

to respect an individual's dignity and to empower them have caused resentment and accusations of not 'being interested'. I've tried to encourage keeping all discussions person-centred; issues around capacity and human rights have been ignored. As a result, my opinion on certain family members has changed. I've been disappointed, surprised and appalled by some of the views they've expressed. I'm frequently torn between making professional suggestions and, as a family member, yelling at them to stop being so controlling and dogmatic.

Family dynamics and group work formed a significant part of my social work training (and I have enough experience of both in a professional capacity to last a lifetime) but working within my own family has been a deeply unpleasant and discouraging experience. All the family history, sibling rivalry, old arguments, unforgiven slights mixed together with fear and anger have created a toxic atmosphere. I know it's not unique – after all, this is what the bulk of my caseload looks like. But when it's one's own family it's a thorny path to navigate. It's certainly made me question my own social work skills.

“

How much more useful would it be if I could build my own kitchen extension or re-wire a house?”

Social Worker.

More recently though, I have had to struggle with my own extended family around the care of an elderly relative with dementia. As someone who has worked in later life in both local authority and health settings, I was approached for advice which I was happy to share. I suggested various ways to speed up the process of referral, offered guidance on terminology and told them key words to use when speaking to their GP. I contacted local services, obtained contact numbers and signposted them to local resources.

Now the family is divided. Some members insist on 'doing something immediately', have held numerous 'family conferences' and impose their own proposals without much consultation (to alleviate their own feeling of fear and impotence). My gentle suggestions

My family is experiencing grief, fear and denial. It's just like any other family would react and that's what I need to remember. Their expectations may well be different to mine but in order to get through this period relatively unscathed, I've had to come up with a new strategy, involving slipping into 'practitioner mode' every now and then, without my dearest and not-so dearest noticing. The boundary between professional and personal has gone. I need to remember that this is not a case for me to assess and create a care plan for. After all, once this storm has passed, they will still be my family. I'll still have family occasions to celebrate, birthday cards to send and obligations to uphold. That has informed how I've decided to proceed; with respect, with caution and with realistic goals. How have others in similar situations managed? I'd be interested to know.

Edge of Care Programme scoops Children & Young People Now award

At this year's Children & Young People Now Awards, Innovate CYPS was awarded the Social Work Award for its Edge of Care programme at Enfield Borough Council. The award recognises the initiative that has made the biggest contribution in transforming the life chances and opportunities for vulnerable children and young people.

Transforming life chances

Enfield Borough Council commissioned Innovate CYPS to provide 80 children and young people with statutory social work and non-statutory therapeutic support.

Many of the children and young people presented with complex care needs, mental health and parental attachment issues and only 45% were in education. They were also familiar with the social care system and faced the very real threat of child criminal exploitation, child sexual exploitation, knife crime, county lines and gang infiltration.

The Innovate CYPS Edge of Care team was carefully structured to account for these challenges and worked intensively with children, their families and carers to resolve their issues; not just temporarily but for the long-term.

A child-centred approach

Collectively, they worked with two cohorts of 40 children and their families for six months, followed by a further six months support to sustain positive change.

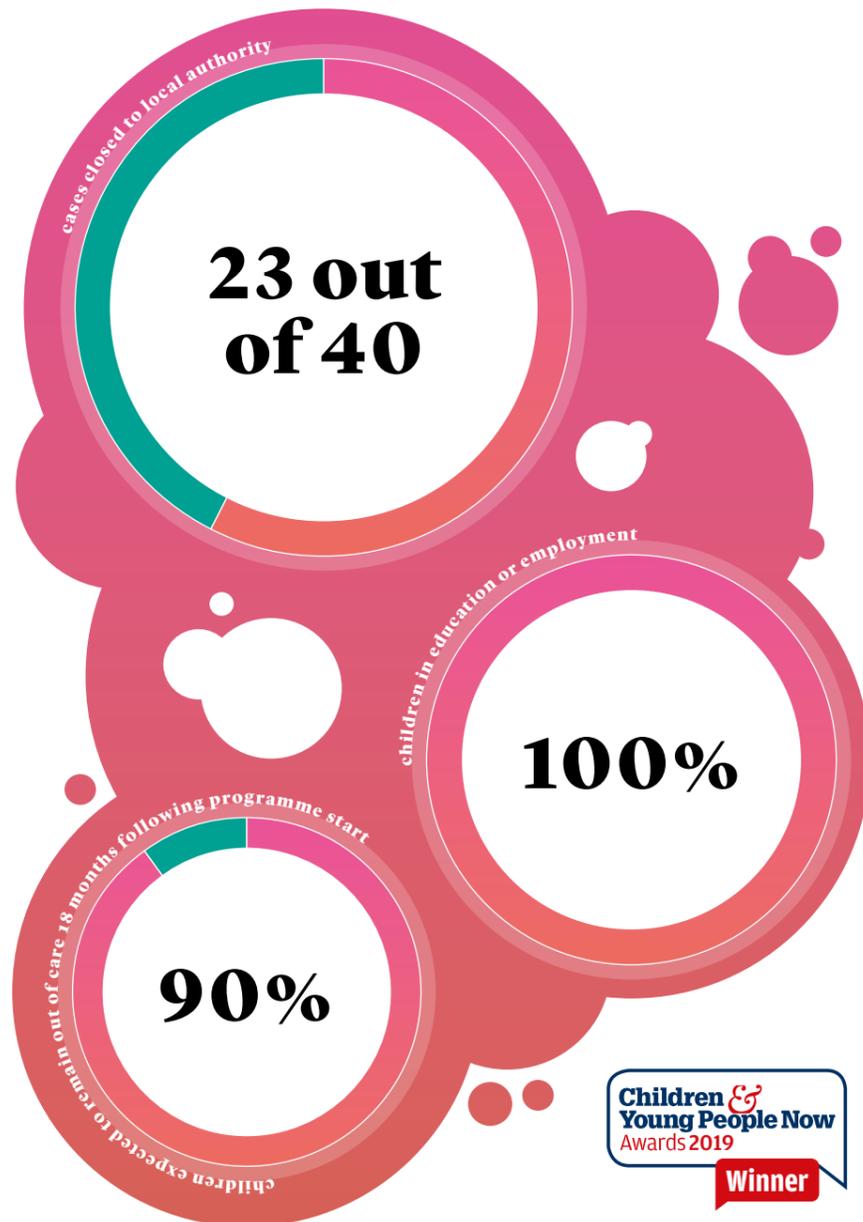
The team also worked closely with local schools to understand the complex needs of each child and find a way to keep them within the school environment and off the streets. Youth participation activities were also introduced that gave each young person the opportunity to rediscover a sense of place within their local community.

Securing positive outcomes

The judges of the Social Work Award category noted how impressed they were with the results from cohort 1; results that are showing a similar pattern with cohort 2, which is due to end in January 2020.

Find out more

Want to find out more about the Edge of Care programme? you call us on 0330 9000 100 or contact us via email at info@innovateservices.com



“

The Edge of Care programme is not about delaying the inevitable, it is about affecting change in the long-term and giving children and young people the chance to lead happy, fulfilling lives. The CYP Now award recognises this.”

Liz Hewitt, Head of Children's Services and project-lead.

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