Principal Social Worker's Practice and Learning Bulletin April 2022

Welcome to April's edition of the bulletin

Hello everyone, in this month's bulletin I have started with an article about Autism as April was Autism Awareness month. The Workforce and Learning Service, jointly with Children's Complex Health and Disabilities Team ran an awareness workshop for the service. It is important that we practice inclusivity and we equip ourselves with the knowledge to allow us to practice that way.

Also included in this addition is learning from a Stage 2 complaint and learning from Serious Case Reviews. As usual there is lots of training available; dates are listed on the back page - book a date!

As always, please let me know if you want to see something in the bulletin or want to contribute.

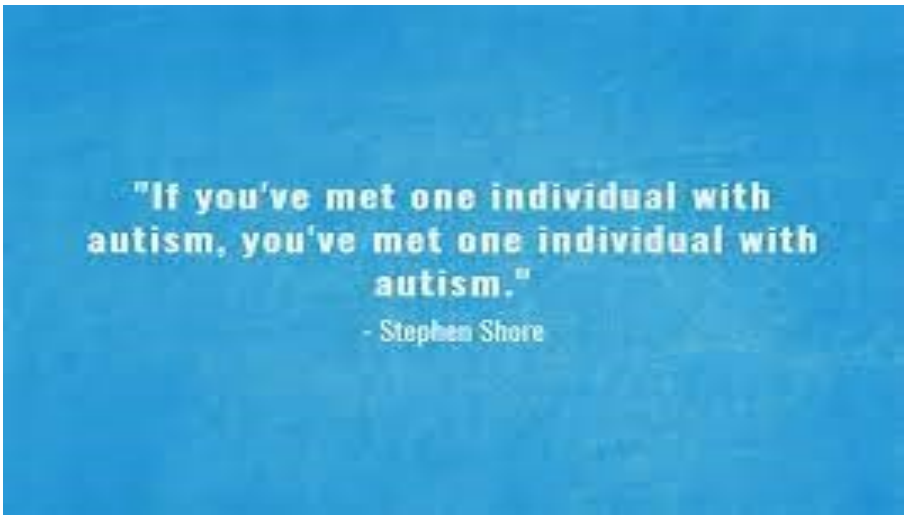
Best wishes

Traci Taylor

Principal Social Worker/Service Manager

FOCUS ON PRACTICE

EXPLAINING AUTISM



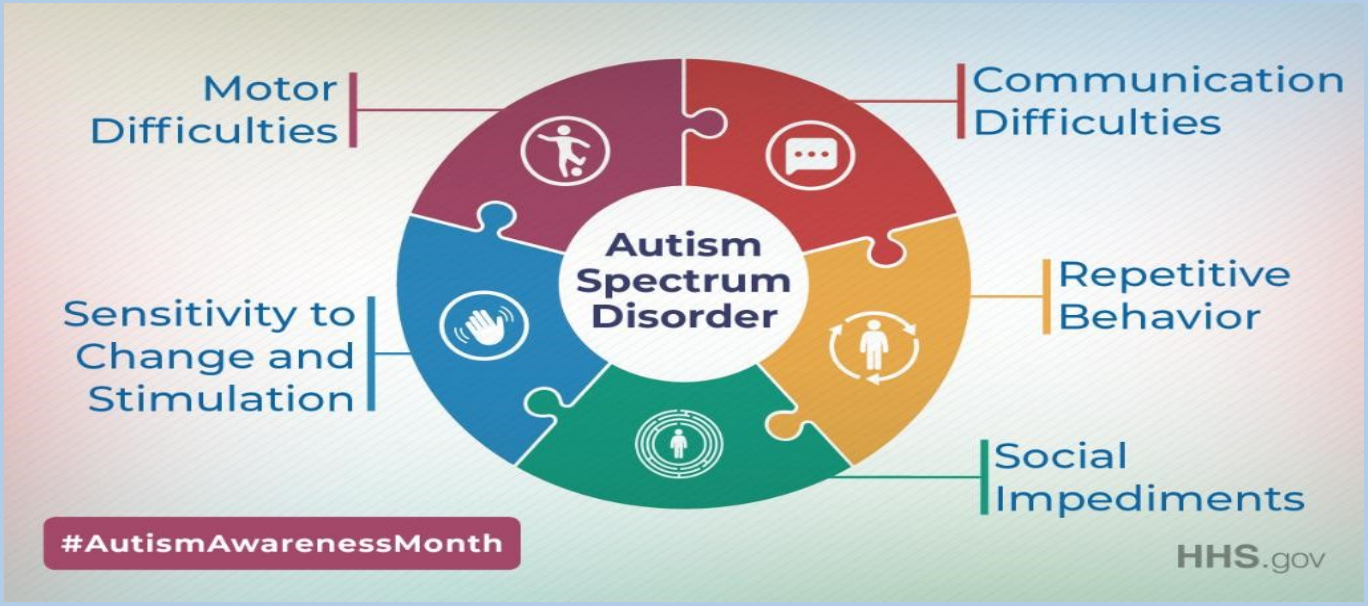
I have deliberately chosen this quote to start this article because, in a nutshell, it says everything that I want you to take away from reading this. We are all unique and this is regardless of whether you have a diagnosis of Autism but also highlights that people with autism are individuals in their own right and all experience Autism differently so we cannot make assumptions about their experiences.

What is Autism?

Autism is a lifelong developmental disability which affects how people communicate and interact with the world. One in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK. It is a spectrum condition and affect people in different ways; for example, some people with Autism Spectrum Disorder (ASD) may have advanced conversation skills whereas others may be nonverbal. Some people with ASD need a lot of help in their daily lives; others can work and live with little to no support.

ASD begins before the age of 3 years and can last throughout a person's life, although symptoms may improve over time. Some children show ASD symptoms within the first 12 months of life. In others, symptoms may not show up until 24 months of age or later. Some children with ASD gain new skills and meet developmental milestones until around 18 to 24 months of age, and then they stop gaining new skills or lose the skills they once had.

As children with ASD become adolescents and young adults, they may have difficulties developing and maintaining friendships, communicating with peers and adults, or understanding what behaviours are expected in school or on the job. They may come to the attention of healthcare providers because they also have conditions such as anxiety, depression, or attention-deficit/hyperactivity disorder, which occur more often in people with ASD than in people without ASD.



What signs and symptoms do I need to be aware of when working with children and young people?

Social communication and interaction skills can be challenging for people with ASD

Examples of social communication and social interaction characteristics related to ASD can include

- Avoids or does not keep eye contact
- Does not respond to name by 9 months of age
- Does not show facial expressions like happy, sad, angry, and surprised by 9 months of age
- Does not play simple interactive games like pat-a-cake by 12 months of age
- Uses few or no gestures by 12 months of age (for example, does not wave goodbye)
- Does not share interests with others by 15 months of age (for example, shows you an object that they like)
- Does not point to show you something interesting by 18 months of age
- Does not notice when others are hurt or upset by 24 months of age
- Does not notice other children and join them in play by 36 months of age
- Does not pretend to be something else, like a teacher or superhero, during play by 48 months of age
  Does not sing, dance, or act for you by 60 months of age

Restricted or Repetitive Behaviours or Interests

People with ASD have behaviours or interests that can seem unusual. These behaviours or interests set ASD apart from conditions defined by problems with social communication and interaction only.

Examples of restricted or repetitive behaviours and interests related to ASD can include

- Lines up toys or other objects and gets upset when order is changed
- Repeats words or phrases over and over (called echolalia)
- Plays with toys the same way every time
- Is focused on parts of objects (for example, wheels)
- Gets upset by minor changes
- Must follow certain rules
- Flaps hands, rocks body or spins self in circles
- Has unusual reactions to the way things sound, smell, taste, look or feel
- Has obsessive interests

Other Characteristics

Most people with ASD have other related characteristics.

These might include

- Delayed language skills
- Delayed movement skills
- Delayed cognitive or learning skills
- Hyperactive, impulsive, and/or inattentive behaviour
- Epilepsy or seizure disorder
- Unusual eating and sleeping habits
- Gastrointestinal issues (for example, constipation)
- Unusual mood or emotional reactions
- Anxiety, stress, or excessive worry
- Lack of fear or more fear than expected

It is important to note that children with ASD may not have all or any of the behaviours listed as examples here.

Screening and Diagnosis of Autism Spectrum Disorder

Diagnosing autism spectrum disorder (ASD) can be difficult because there is no medical test, like a blood test, to diagnose the disorder. Doctors look at the child's developmental history and behaviour to make a diagnosis.

ASD can sometimes be detected at 18 months of age or younger. By age 2, a diagnosis by an experienced professional can be considered reliable [1]. However, many children do not receive a final diagnosis until much older. Some people are not diagnosed until they are adolescents or adults. This delay means that people with ASD might not get the early help they need.

Diagnosing children with ASD as early as possible is important to make sure children receive the services and supports they need to reach their full potential.

Practice improvement can be achieved in lots of different ways; however, our most effective learning is often through the feedback we receive from the people we work with and use our services. This can be through compliments, which David Johnson features in his newsletter and from complaints made to us. The learning from complaints features in this bulletin.

There has been a recent Stage 2 complaint which has highlighted our responsibility to respond to complaints quickly and effectively. We have a clear complaints policy which outlines how complaints are dealt with and the timescales that we need to respond to the complainant.

In this particular complaint, this was not done within those timescales and resulted in the complaints manager becoming involved and caused a significant delay in an outcome for the family which causes undue distress.

If a parent or carer, child or young person wishes to complain about our services then please advise them of how to make a complaint; in a number of incidents a formal complaint can be avoided if there is open communication and a commitment to resolve any issues. However, if they wish to pursue a formal complaint.

How can a complaint be made?

- Complaints can be made by letter, telephone, email, via the Council's website or by personal visit to a Departmental or Council office. Where the complaint is made via the telephone or during a visit, notes should be taken and the complainant should be asked to agree that the terms of reference are correct.
- A complainant should not be told that the Department will only accept a complaint if it is put in writing.
- Communication with a complainant can be done electronically with the complainant's consent. Confidential or sensitive information should be sent using the Council's secure e-mail system.
- The Council is committed to Equal Opportunities and will make facilities available to assist individual service users in making a complaint including translation facilities, face to face meetings and information being made available in other formats.

Managers are responsible for responding to formal complaints and can access the complaints policy via Bradnet.

SERIOUS CASE REVIEW

Abuse of Autistic boy went unnoticed by social care and teachers

Nathan*, who had autism and mobility problems, was five years old when his teachers started to notice injuries on his body. Despite the fact such injuries were spotted throughout his primary school life, it was not until he was 11 that a child protection referral was eventually made. It was also wrongly assumed his injuries were self-inflicted, the serious case review found.

A failure of teachers, social workers and those in health to accept anyone could abuse a disabled child was a major factor in their inability to protect him. Due to his communication difficulties he could not tell anyone about the abuse.

The Review found that there were poor links between the school and social care which led to the school not feeling confident to report the matter.

We know that children with disabilities are particularly vulnerable to abuse and less likely to be able to alert someone to this abuse; they are also less likely to receive support and protection when they have been abused. **Why are children with disabilities more vulnerable to abuse?**

- Parents/carers can more easily become stressed with the demand placed on them by parenting a child with a disability
- Children with a diagnosis that can affect their behaviour, such as Attention-Deficit/Hyperactivity Disorder ADD/ADHD) or autism or other conduct problems, may be more likely to experience physical abuse because parents can become frustrated by the child's behaviour.
- Children who are less able to do things independently rely more on adults for their care may be more likely to be sexually abused or neglected by adults.
- Abusers may take advantage of children who have difficulties with communication, hearing or who don't understand social situations well and are more likely to experience sexual abuse.

Professionals sometimes have difficulty identifying safeguarding concerns when working with Deaf and disabled children (NSPCC, 2016). I t's vital that everyone who works with Deaf and disabled children understands how to protect them against people who would take advantage of their increased vulnerability.

Misunderstanding the signs of abuse

- It's not always easy to spot the signs of abuse. In some cases, adults may mistake the indicators of abuse for signs of a child's disability.
- A child experiencing abuse or attempting to disclose abuse may self-harm or display inappropriate sexual behaviour or other repetitive and challenging behaviours. If this is misinterpreted as part of a child's disability or health condition rather than an indicator of abuse, it can prevent adults from taking action.
- Injuries such as bruising may not raise the same level of concern as they would if seen on a non-disabled child. Adults may assume that bruising was self-inflicted or caused by disability equipment or problems with mobility.

Lack of education on staying safe

Personal safety programmes and relationships and sex education (RSE) are not always made accessible to deaf and disabled children, and not always taught in special schools. This can be for a number of reasons:

- teachers may not realise they need to teach RSE to children with disabilities
- parents and professionals may think young people with learning disabilities shouldn't have relationships or sex
- teachers may feel they need more training about how to deliver RSE to children with disabilities
- school governors may not approve RSE being taught in a different, more accessible way
- the school may prioritise other subjects over RSE
- sex and relationships education may not be taught in a way that makes sense to young people with learning disabilities.

Increased isolation

Children with disabilities may have less contact with other people than non-disabled children, because they have:

- fewer out of school opportunities than their peers
- fewer opportunities for spontaneous fun with friends
- less access to transport
- less provision for appropriate toilets and changing facilities
- difficulty finding out about accessible events

This means they have fewer people to turn to if they need help or support.

They may be further isolated if they:

- need carers to take them out
- have restricted independence because they use a wheelchair or require a sign language interpreter
- live away from home at a residential school.

Children with disabilities and their families may have limited access to support systems. Support may not be available due to lack of funding or it may not be appropriate for the child's physical, emotional or cultural needs. This can make it difficult for parents to provide the care their child needs and add to the pressure of caring for a disabled child.

Dependency on others

Children with disabilities may have regular contact with a wide network of carers and other adults for practical assistance in daily living including personal intimate care. This can increase the opportunity for an abusive adult to be alone with a child.

If a child is abused by a carer they rely on, they may be more reluctant to disclose abuse for fear that the support service will stop.

Caring for a child with little or no support can put families under stress. This can make it difficult for parents to provide the care their child needs and can lead to a child being abused or neglected.

Inadequate support

It can be difficult for any child who has experienced abuse to get the support they need, but disabled children may face extra problems.

- Disabled children are less likely to tell someone about experiencing abuse and more likely to delay telling someone than their non-disabled peers.
- Adults may not understand or respond to a disabled child's safeguarding needs.
- Communication barriers may prevent adults fully understanding what the child is telling them.
- Some adults may not focus on a disabled child's views.

If abuse is reported to the police and/or children's social care, the response may be affected if professionals lack skills or experience in working with disabled children.

TRAINING AND DEVELOPMENT OPPORTUNITIES

Practice Educator training

4 May day 3 assessing values.

10 May day 4 assessment and PCFs.

12 May day 5 managing concerns and report writing

Assessment Planning in Care Proceedings

17 May - 1 to 2.30pm

15 June - 9am to 10.30am

Court Skills Training - Writing Court Statements

25 May - 1 to 2.30pm

Trauma Workshop 1 - Understanding and Recognising the Impact of Trauma: Trauma Informed Practice

5 May 10 to 12

17 May

19 May 1 to 3pm

Trauma Workshop 2

5 May 10am to 12pm

19 May 1pm to 3pm

Trauma Workshop 3

6th May 10am to 12pm

12th May 10am to 12pm

24th May 10am to 12pm

Neglect and Poverty Aware Practice—this workshop is face to face

10 May 1.30am to 4.30pm

16 May 9.30am to 12.30pm

24 May 1.30am to 4.30pm

Lead Practitioner Module 2: Early Health Assessment and SMART Planning

10 May 3.30 to 5pm

24 May 3.30 to 5pm

Lead Practitioner Module 3 Team Around the Family and measuring Impact

11 May 3.30 to 5pm

26 May 3.30 to 5pm

Motivational Interviewing

18 May 9 to 11am

Courageous Conversations for Practitioners

18 May 1 to 2.30pm

25 May 3.30 to 5pm

30 May 9.30 to 11am

Supervision for Team Managers and Practice Supervisor

17 May 10am to 1pm. This is face to face in MMT104

Induction

3 May 9am to 5pm. This is face to face in MMT104

If you have not already done so please set up your learning accounts with the following; both are excellent sources of information, resources and webinars.

Research in Practice: www.researchinpractice.org.uk

Children's Social Work Matters: www.childrenssocialworkmatters.org

As a learning organisation feedback is really important to us to make sure that we are getting things right. Please have your say about the training and development being offered via your evaluation forms as we are using this feedback to adapt our workshops.

CPD EVENTS

For the attention of qualified social workers who need to be registered with Social Work England for their role.

Social Work England are offering drop in sessions for you around the CPD requirements to keep your registration live. There is now a requirement that we upload two pieces of CPD instead of the one.

CPD drop-in sessions for Yorkshire (May – July 2022)

Date / time	Link to join
Thursday 26th May 2022 16.00 – 17.00	Click here to join the meeting
Friday 10th June 2022 13.00 – 14.00	Click here to join the meeting
Wednesday 22nd June 2022 12.00 – 13.00	Click here to join the meeting
Thursday 7th July 2022 15.00 – 16.00	Click here to join the meeting
Friday 22nd July 2022 10.00 – 11.00	Click here to join the meeting

CPD and the new requirements (national online workshops)

The series of online workshops focusing on CPD, the changes to the requirements and how to meet the requirements for this registration year. Please see the following link for more details and to book a place CPD and the new requirements (workshop) Tickets, Multiple Dates | Eventbrite—this link will be sent to Team Managers to circulate.

Thank you to everyone who has sent responses, feedback and suggestions for Practice and Learning Bulletins.

Keep them coming in.