

Principal Social Worker's Practice and Learning Bulletin May 2022



Welcome to May's edition of the bulletin

Hello everyone, May is Mental Health Awareness Month so I have focused some of our learning in this bulletin around both child and Adult mental health. It is important that we all have an understanding of mental health to ensure we are inclusive in our practice.

It is also important that we look after our own mental health and wellbeing and I have included some services you can access as an employee

Also included in this addition is learning from a Stage 2 complaint

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

Mental Health Awareness



What Is Mental Health?

Mental health is just like physical health: everybody has it and we need to take care of it. Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. It also helps determine how we handle stress, relate to others, and make choices. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse.

Good mental health is important at every stage of life, from childhood and adolescence through to adulthood. However, research shows that mental health problems affect one in four people in any given year. This ranges from more common problems such as depression and anxiety to rarer problems such as schizophrenia and bipolar disorder.

You will be working alongside a number of your colleagues who are experiencing mental health problems which could be a long term diagnosed condition or a short term episode which is often a reaction to something. It is hidden from sight so it is important that you do not use judgemental language and that you equip yourselves with knowledge about mental health, especially as you are very likely to be working with a child, young person or their family member who is experiencing poor mental health. Many factors contribute to mental health disorders, including

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but if the right help is available. People with mental health disorders can get better and many recover completely but for some this is a long term condition that needs to be managed through medication and/or therapy.

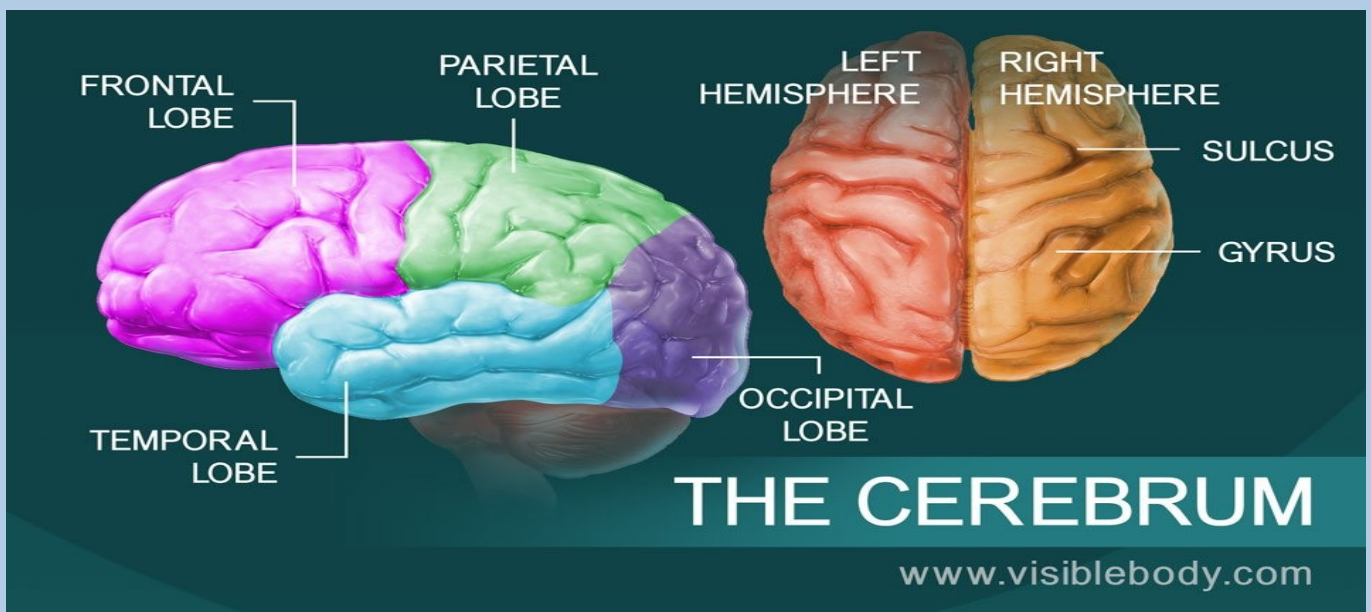
Biological Factors in mental health disorders

Sometimes mental health disorders have biological causes. Some of these biological risk factors include chromosomal and chemical abnormalities, genetic predisposition, medical illness, poor response to medication, poor sleep, substance abuse, brain damage, and already having a mental health disorder.

Research suggests that some mental health problems may run in families. For example, if you have a parent with Schizophrenia you are more likely to develop schizophrenia yourself. But no one knows if this is because of our genes or because of other factors, such as the environment we grow up in, or the ways of thinking, coping and behaving that we may learn from our parents.

Although the development of some mental health problems may be influenced by our genes, researchers haven't found any specific genes that definitely cause mental health problems. And many people who experience a mental health problem don't have any parents, children or other relatives with the same condition.

The human brain is extremely complicated. Some research suggests that mental health problems may be linked to a variation in certain brain chemicals (such as serotonin and dopamine), but no one really understands how or why.



Some psychiatric medications work by acting on chemicals in the brain, and there's lots of evidence to show that medication can be effective in treating some symptoms of mental health problems (although drugs don't work the same way for everyone).

Poor Mental health or Mental Health Disorders are very personal and be hard to understand, so the idea that there could be a distinct physical cause for difficult thoughts, feelings and behaviours might make it feel easier for people to talk more openly about their experiences although there is still a stigma attached to mental health problems so for a number of people talking about this is difficult for them.

In our work with children, young people and families we will come across those who are experiencing mental health disorders and problems and so it is important that you research what their particular problem so that you understand their reality and can openly talk about this with them; I often see written in assessments 'mother has mental health problems' but what does this mean? What does it look like? what is the impact on their life and what is the impact on the children (if any?).

We can be afraid of things we do not understand and this may lead to oppressive or judgemental practice.

Personality disorder diagnosis can be a particular area that is not understood, again, there are times I have read in assessments that a parent has a personality disorder without any explanation about this (there are a number of different personality disorders); this lack of understanding can lead to disproportionate recommendations being made. However, it is important to remember that alongside any other complicating factors this needs to be fully explored within the assessment keeping children central to your planning by understanding if there is an negative impact on the child

Life experiences, such as trauma or abuse.



Initial reactions to trauma can include exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, confusion, physical arousal, and blunted affect. Most responses are normal in that they affect most survivors and are socially acceptable, psychologically effective, and self-limited.

Indicators of more severe responses include continuous distress without periods of relative calm or rest, severe dissociation symptoms, and intense intrusive recollections that continue despite a return to safety. Delayed responses to trauma can include persistent fatigue, sleep disorders, nightmares, fear of recurrence, anxiety focused on flashbacks, depression, and avoidance of emotions, sensations, or activities that are associated with the trauma, even remotely.

Most people who experience trauma have no long-lasting disabling effects; their coping skills and the support of those around them are sufficient to help them overcome their difficulties, and their ability to function on a daily basis over time is unimpaired. For others, though, the symptoms of trauma are more severe Disorder and Acute Stress Disorder , but trauma is also associated with the onset of other mental disorders—particularly substance use disorders, mood disorders, various anxiety disorders, and personality disorders.

Trauma also typically exacerbates symptoms of pre-existing disorders, and, for people who are predisposed to a mental disorder, trauma can precipitate its onset. Mental disorders can occur almost simultaneously with trauma exposure or manifest sometime thereafter.

The logo features a central red speech bubble with the text 'MENTAL WELLNESS ADVICE' in white, uppercase letters. The speech bubble is set against a background of a 2x4 grid of colored squares: light blue, orange, light green, and light orange in the top row; light pink, light green, yellow, and light blue in the bottom row.

MENTAL WELLNESS ADVICE

There are plenty of organisations who can offer support and advice about mental health for you or someone who you are working with ; most have websites that provide information that you can research to help inform you so that you can have knowledgeable conversations and include information in your assessments; these are just a few.

www.nhs.uk/mental-health/children-and-young-adults

www.nhs.uk/mental-health

www.mind.org.uk

www.youngminds.org.uk

www.turning-point.org.uk

Support for Bradford MDC employees

GP

If you are concerned about your mental health, you should make an appointment to see your GP.

Talking therapies

Talking therapy is for anyone who's going through a bad time or has emotional problems they can't sort out on their own. Bradford District Care Trust offers a free talking therapies service known as IAPT, Improving Access to Psychological Therapies. This free service is open to any employee whose GP practice is located in Bradford, Airedale, Wharfedale or Craven. They offer a wide range of treatment including; stress management evening class, counselling, cognitive behaviour therapy, self help guidance and relaxation techniques. You can self refer to the Service; they will assess your needs and offer treatment where necessary. It is important that when you self refer you give the code LA1; this will ensure that if you need any treatment you will be prioritised.

For employees living outside the district, your GP will be able to refer you to your local IAPT service.

Employees can [self refer for talking therapies \(Word\)](#).

Mental Health Support Service

The Mental Health Support Service is for anyone in employment who has a mental health condition (diagnosed or undiagnosed) that has resulted in workplace absence or is causing difficulties for the employee to remain in work. This includes employees experiencing stress, depression, anxiety and other mental health issues. It is a free, confidential service which provides employees with workplace mental wellbeing support and advice for six months. This Service is funded by Government's Department for Work & Pensions and delivered by Remploy in partnership with Access to Work.



Learning from complaints

Dealing with complaints is not always the favourite part of anyone's role; however they are an important way to learn about our practice and what needs to improve.

When a complaint is made it is a managers responsibility to consider the complainants points, investigate the points in the complaint and, based on evidence either;

- Uphold the complaint—the complaint was appropriate and a good service was not received.
- Partially uphold the complaint—some parts of the complaint were appropriate.
- Not uphold the complaint—there is no evidence to uphold the complaint.

This is known as a stage 1 complaint; if the complainant is unhappy with the response they can request a Stage 2 process whereby their complaint is investigated by an Independent person and an Investigating Officer.

The learning for us in May comes from a Stage 2 complaint. Our practice learning from the outcome of this complaint focuses on the importance of completing necessary documentation for children when they come into the care of the local authority; specific to this complaint is

- **Pathway Plan** -A Pathway Plan is written to plan how Children's Services are going to support a young person to live independently and is co-written with the young person. It includes things like health, education, training and employment, family and social networks, identity, money and accommodation. The plan should be reviewed every 6 months.
- **Personal Education Plan**—The personal education plan, or PEP, forms part of the wider care plan and is a statutory document for all of our children. The PEP should promote aspirational achievement in education with our child's needs at the centre of this; support is given from the Virtual School to ensure that Peps are completed and are of a good quality; the PEP is used to track progress and identify support needs.
- **Health Care Assessment.** -Each child should have a LAC Health Assessment soon after being placed and then at specified intervals; as set out below. The purpose of LAC Health Assessments is to **promote children's physical and mental health** and to inform the child's Health Care Plan and ensure that the placement meets the child's holistic health needs.

Additional learning from this specific complaint is a reminder that children and young people should be made aware of the local offer and how to sign up to the children in care council.; The offer is in the process of being updated and can be accessed via Tri-x.

Emily Rhodes is the Participation Officer; if you need advice and support re participation then please invite her to one of your Team Meetings or contact her on Emily.Rhodes@bradford.gov.uk

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.childrensocialworkmatters.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 26 th May 2022 16.00 – 17.00 | Click here to join the meeting |
| Friday 10 th June 2022 13.00 – 14.00 | Click here to join the meeting |
| Wednesday 22 nd June 2022 12.00 – 13.00 | Click here to join the meeting |
| Thursday 7 th July 2022 15.00 – 16.00 | Click here to join the meeting |
| Friday 22 nd 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.

**WE APPRECIATE
YOUR FEEDBACK
THANK YOU!**