Post qualifying learning can improve a Social Workers critical thinking ability

Brenda Horgan
Professional Advisor, NISCC
February 2016
WELCOME

- Background
- Aim of evaluation
- Methodology
- Analysis
- Recommendations
NISCC promotes continuous professional development through Professional in Practice

Gains from post qualifying education*

• Potential to develop confidence and critical reflection
• Positive direct impact on social work practice
• Gains optimised with a collaborative approaches to delivery of education
• Gains optimised within Learning organisations can enhance transfer of learning
Critical thinking

“a core competency in the development of professional judgement, a hallmark the social work profession” (Deal and Pitman 2009, p.88)

• Teaching critical thinking strategies - general, infusion, immersion and mixed approach (Abrami et al 2008; Ennis in Tilbury et al 2010)

• Measuring critical thinking standardised generic v discipline specific tools (Brunt 2005)
MSc PD Research Methods Programme
Aim of Evaluation (1)

- To measure candidates critical thinking ability before and after engagement on a PiP Programme*
- To measure the candidates perception of their confidence of and frequency in using knowledge to inform their practice before and after engagement on a PiP Programme*
- Measure has there been a change in the scores before and after

*Professional in Practice Approved Programme
Methodology

It's a rather interesting phenomenon. Every time I press this lever, that post-graduate student breathes a sigh of relief.
Methodology (2)
Measurement tools used

**Measure 1- Californian Critical Thinking Skills Test (CCTST)**
- Standardised test
- 34 items taken over 45 minutes
- Overall score
- Scale scores (Analysis, Inference, Evaluation, Deductive and Inductive Reasoning)
- Reliability and validity

**Measure 2- Questionnaire**
- Demographics
- Relies on self-assessment
- Self-efficacy in using research *(Holden 2002, Rixon 2012)*
- frequency at which they apply research and theoretical knowledge to practice *(Rixon 2012)*
Methodology (3)

- Participants - qualified social workers enrolled onto two NISCC Approved Programmes
  - Programme One n=11 / Programme Two n=24
- Ethical considerations
- Pilot Process
- Data collection process
Analysis

Measure One – CCTST

- Overall Score
- norm referenced percentile ranking
- scale scores for analysis, inference, evaluation, induction and deduction

- cut scores as indicators of likely performance

Superior – strong – moderate – weak – not manifested

(Faconie 2013)
Methodology (5)

Analysis

Measure One - CCTST

SPSS*(Parametric Tests)

• Independent-samples t-test compare the pre-programme mean scores between 1 & 2
• A paired sample t-test compare the means between pre - post
• An **effect size statistic (Eta squared) was used to calculate the effect size

SPSS (Non-Parametric Tests)

• Wilcoxon matched pairs signed rank test
• An **effect size statistic was used to calculate the effect size

*Statistical Package for Social Sciences
** Cohen in Pallant (2010)
Findings (1)
Statistical and practical significance

• Statistically significant Improvement in critical thinking scores
• Mean Overall, analysis, inference and inductive reasoning score remained in ‘moderate category’
• Evaluation & deductive reasoning moved from ‘not manifested’ category to ‘moderate’ category
• The eta squared statistic (0.34) indicated a large effect size
• A score of 2 or more points on the CCTST, overall score is indicative of a strong effect (Faconie 2013)
Distribution of the mean difference scores from pre to post programme for each candidate
Findings (2)
Statistical and practical significance

• Increase in self-reported confidence of using knowledge to inform their practice
• Increase in frequency levels of using knowledge to inform practice
• Score in relation to confidence in applying theory to practice had a large effect size
• The other scores had a medium effect size
Recommendations (1)

- Social workers across the range of sectors and settings should have access to post qualifying programme provision.

- The data generated from this service evaluation should be used as preliminary data for a larger scale research project.

- Programme providers should review their teaching content and the model used to teach and assess critical thinking to determine how programmes can best optimise critical thinking gains.
Recommendations (2)

• The critical thinking sub scales deemed important for social work should inform programme content

• Educational programmes should continue to foster confidence in use of knowledge and develop the skills associated with a ‘knowledge minded practitioner’
We need to accept the fact that what we are doing is measuring with the aim of reducing the uncertainty about the contribution made, not proving the contribution made.

John Mayne, 1999
Developing Community Connections:
From Presence to Contribution

Jemma Ennis-Dawson
Project Manager

Denise Galbraith
Community Connections Coordinator
Overview:

• Positive Futures: Who we are!

• Setting the context

• Developing Community Connections

• Project findings

• New learning and next steps
Positive Futures
Achieving Dreams, Transforming lives.

Our Mission:
• Working together to achieve dreams and transform lives.

Our Values:
• We put the people we support first – always
• We see possibilities and opportunities
• We challenge the status quo and aren’t afraid to lead the way
• We look for new, creative, better ways to do things
• We aim for excellence
• We don’t give up – if it needs to be done, we believe it can and will be done
• We are accountable and realistic
• We can show that a small investment in community–based approaches saves considerable money in the long run
• We can prove that our services make a big difference in people’s lives
• We welcome helpful feedback
• We believe in the value of partnership working and proactively seek out partnerships
Why do we need to develop Community Connections?

• Bamford Review (2005)

• Transforming Your Care
  – Personalisation and Self-directed support agenda

• Supporting people to live the life they want, the way they want
  – Barriers individual with a learning disability encounter when in the community
Bridging the ‘gap’: Research and Practice
To develop relationships between individuals and their communities as well as mentoring staff working in health and social care services to work in more creative and flexible ways when utilising community resources.
Methodology:

- People we support
- Working with local communities and community groups
- Staff who work in Health and Social Care professions
People we support
Working with local communities and community groups
Staff who work in Health and Social Care professions
Impact on Social Work and Social Care

“Reflect on current methods of practice, recognising the need to work in a more person centred way.”

“See the person first”

“to slow down and use person centred tools to find out what the individual really wants.”
Summary and Conclusions

What have we learned?

- Personal Level
- Community Level
- Structural Level
- Risk Enablement
  - Positive Risk Taking Approaches
What's Next?
ESTABLISHING THE DEMAND FOR A COMMUNITY DEVELOPMENT PROGRAMME WITHIN THE "PROFESSIONAL IN PRACTICE" (PIP) FRAMEWORK:

Maureen Devlin
Head of Social Services Workforce Development & Training SHSCT

Fergal O’Brien
Promoting Wellbeing Manager SHSCT
Background and Rationale

- **Aim:** Establish demand for PiP accredited CD Programme for SW

- **Policy Context Includes:**
  - A Strategy for SW in NI
  - Transforming Your Care
  - Personal and Public Involvement
  - Statutory duty to consult
  - SW Research and Continuous Improvement Strategy
  - Regional Community Development Strategy
  - Making Life Better

- **Rationale:** Framework Specification for all Social work students identifies CD as an essential component in undergraduate SW programme. Gap exists in post qualifying framework for SW
Methodology

- **Steering Group**: Representatives from Trusts, NISCC, HSCB, Voluntary & Community sector, Academic Institutions

- **Project Lead**: SHSCT Promoting Wellbeing Manager became project lead one day per week Sep 15 – March 16 funded by HSCB

- **Questionnaire Via Survey Monkey**: Designed in consultation with Steering group, HSCB Research lead and HSCB Training Commissioner

- **Survey Targeted at**:
  - SW Heads of Service/ First line managers/ Senior Managers/Practitioners/Trainers
  - Voluntary and Statutory Sectors

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Respondents

- Statutory: 96
- Voluntary: 8
- Total: 104

Total Numbers

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KEY FINDINGS FROM SURVEY
Need for training on the use of community development (CD) approaches within social work

For you as a social work manager: 72% / N=75

For social work staff in your organisation: 92% / N=96

Total responses: 104
<table>
<thead>
<tr>
<th>SW Strategy: - eg</th>
<th>SW Manager</th>
<th>For SW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>58%</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>N = 60</td>
<td>N = 57</td>
</tr>
</tbody>
</table>

- Contribution to person centered services
  - 62%  
  - N = 64  
  - 76%  
  - N = 79

- Partnership arrangements with service users, communities, other disciplines, agencies and sectors
  - 88%  
  - N = 92  
  - 85%  
  - N = 88

- Service users communicating difference social work makes; articulating role of SW in improving/safeguarding wellbeing of individuals, families and communities
  - 63%  
  - N = 66  
  - 67%  
  - N = 70

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## Transforming Your Care

<table>
<thead>
<tr>
<th>Transforming Your Care: - e.g.</th>
<th>SW Manager</th>
<th>For SW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>N = 29</td>
<td>N = 33</td>
</tr>
<tr>
<td>– “Home as the Hub”; maximizing independence; re-ablement</td>
<td>49%</td>
<td>52%</td>
</tr>
<tr>
<td></td>
<td>N = 51</td>
<td>N = 54</td>
</tr>
<tr>
<td>– Personalization of care and increased direct control (including self-directed support)</td>
<td>52%</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>N = 54</td>
<td>N = 59</td>
</tr>
</tbody>
</table>
## Community Development Strategy for Health and Wellbeing

<table>
<thead>
<tr>
<th>Area</th>
<th>SW Manager</th>
<th>For SW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Development Strategy for Health and Wellbeing</strong>: e.g.</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>N = 41</td>
<td></td>
<td>N = 37</td>
</tr>
<tr>
<td><strong>Partnership working</strong></td>
<td>85%</td>
<td>81%</td>
</tr>
<tr>
<td>N = 88</td>
<td></td>
<td>N = 84</td>
</tr>
<tr>
<td><strong>Community profiling/asset building to promote greater choice of services</strong></td>
<td>59%</td>
<td>50%</td>
</tr>
<tr>
<td>N = 61</td>
<td></td>
<td>N = 52</td>
</tr>
<tr>
<td><strong>Legal structures and governance within community/voluntary sector</strong></td>
<td>41%</td>
<td>45%</td>
</tr>
<tr>
<td>N = 43</td>
<td></td>
<td>N = 47</td>
</tr>
<tr>
<td><strong>Improving outcomes for services users and carers through contracts with Vol sector</strong></td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>N = 73</td>
<td></td>
<td>N = 62</td>
</tr>
<tr>
<td><strong>Sustainability: community skills and knowledge; funding, community infrastructure</strong></td>
<td>63%</td>
<td>53%</td>
</tr>
<tr>
<td>N = 65</td>
<td></td>
<td>N = 55</td>
</tr>
<tr>
<td><strong>PPI</strong></td>
<td>56%</td>
<td>46%</td>
</tr>
<tr>
<td>N = 58</td>
<td></td>
<td>N = 48</td>
</tr>
<tr>
<td><strong>Community planning</strong></td>
<td>52%</td>
<td>40%</td>
</tr>
<tr>
<td>N = 54</td>
<td></td>
<td>N = 42</td>
</tr>
</tbody>
</table>
## Social Work Research and Continuous Improvement strategy 2015-2020

<table>
<thead>
<tr>
<th>Social Work Research and Continuous Improvement strategy 2015-2020: - e.g.</th>
<th>SW Manager</th>
<th>For SW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of frontline staff, service users and carers, used to inform commissioning and investment in research, evaluation and audit</td>
<td>35% (N = 36)</td>
<td>35% (N = 36)</td>
</tr>
<tr>
<td>Research, evaluation or audit activity promotes the principles and practice of PPI, equality and human rights</td>
<td>64% (N = 67)</td>
<td>60% (N = 62)</td>
</tr>
<tr>
<td>Critical thinking on community development approaches</td>
<td>62% (N = 64)</td>
<td>50% (N = 52)</td>
</tr>
<tr>
<td>How community development influences research</td>
<td>48% (N = 50)</td>
<td>43% (N = 45)</td>
</tr>
</tbody>
</table>
### Making Life Better Strategy

<table>
<thead>
<tr>
<th></th>
<th>SW Manager</th>
<th>For SW</th>
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</thead>
<tbody>
<tr>
<td><strong>Making Life Better Strategy:</strong> e.g.</td>
<td>34%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>N = 35</td>
<td>N = 26</td>
</tr>
<tr>
<td>Tackling inequalities in health</td>
<td>56%</td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td>N = 58</td>
<td>N = 49</td>
</tr>
<tr>
<td>Social model of health</td>
<td>62%</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>N = 64</td>
<td>N = 57</td>
</tr>
<tr>
<td>Translating CD policies, theories and models into practice to improve health and well being</td>
<td>59%</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>N = 61</td>
<td>N = 48</td>
</tr>
</tbody>
</table>
Qualitative comments re strategies

- Help Probation Managers understand role of community development
- Promotion and enablement of self directed support
- Families Matter; Children's Services Planning
- Bamford objectives to empower and promote social integration for people with LD and MH issues, and reduce stigma
- Think beyond HSC - SW's also work in Education/Justice - just as relevant
- Needs to be wider than social work should also encompass social care
## Type of Community Development Programmes Preferred

<table>
<thead>
<tr>
<th>Type of Programme</th>
<th>SW Managers</th>
<th>For SW</th>
</tr>
</thead>
<tbody>
<tr>
<td>PiP accredited module</td>
<td>45%</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>N = 47</td>
<td>N = 44</td>
</tr>
<tr>
<td>Short course for which staff could gain PiP credits via Individual assessment route or PiP Credit Accumulation system</td>
<td>55%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>N = 57</td>
<td>N = 62</td>
</tr>
<tr>
<td>3 years Community Development Masters Programme</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>N = 16</td>
<td>N = 13</td>
</tr>
<tr>
<td>Combination of above options</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>N = 52</td>
<td>N = 52</td>
</tr>
</tbody>
</table>
Release of social work staff to attend a Community Development training programme

- 2-4 days
  - 85%
  - N = 88

- Longer period
  - 17%
  - N = 18
1-2 days/month like current PQ (7 responses)

It is difficult to do lengthy courses due to workload

.... From a logistical, operational, capacity and resource perspective, I would suggest that a modular pathway facilitating a small number of individuals who wished to secure a Masters Award would be appropriate but not a prior academic (requirement?)
Overall Comments

Social workers are key to community development. This would be a great idea.

I believe Community Development should be an intrinsic part of social work......

However on a practical note placement of Social Workers in Community Organisations would need to be increased in order to develop and strengthen the links...

I would be concerned that that social workers within the Statutory system do not have the capacity to / time to more that they are doing already.

I think that this programme is a very good idea but until the role of community development is better understood within the statutory sector, it may not lead to the desired change in thinking and practice.

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I commend this initiative. I feel there is a need to consolidate and significantly develop the social care workforce's knowledge and skills base in community development approaches linked to a dynamic evidence base as part of a focus on equipping the workforce to respond to the overarching service delivery resource and policy challenges.

I warmly welcome this development as I think it is an area that we within the Social Work profession have a limited understanding of.

Service users moving from daycare - community have benefitted from care and support of daycare staff - important to include social care staff in training to bridge transition from daycare to community for some service users.

As the regulator for the workforce .......... We are keen to support the development of Community Development approaches and are keen to have this learning and development recognised within the PiP Framework.
Discussion

- Disparity between support for strategies and components
- Low response from voluntary sector?
- Key themes included partnerships; improved outcomes for users/carers; person centred approaches; evidence based practice
- Training relevant for social care staff outside scope of survey
- Relevant outside Health & Social Care staff eg Justice, Education
- 55% support for PIP accredited module or short courses for which staff gain credits via Credit Accumulation or Individual assessment routes (pros and cons)

Survey limitations:
- Sample
- Timeframe
- Limitations of survey monkey
- Limited range of strategies
Conclusions

- The survey provides evidence to support developing CD modules within PiP framework which will ensure the current gap in post qualifying training is met.

- CD Training would help deliver a range of health and social care strategies impacting on social work.

- Survey provides clear evidence of themes/content of training programmes, e.g., partnership work, personalisation, user/carer involvement, maximising resources, creating positive outcomes for service users and carers and creating evidence base for SW.

- Concrete example of bridging the gap between research and practice.

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Way Forward

- Steering group agreed that accredited modules should now be developed
- Partnership with Agencies and University of Ulster (UU) established
- Internal discussions ongoing between SW and CD departments in UU
- Statement of Intent to NISCC March 2016
- Content to be agreed via focus groups (voluntary/community and statutory sectors)
- Timeframe: aim for first course available 2017
THANK YOU
AUTISM AWARENESS: HITTING THE RIGHT TARGETS

PROF. KAROLA DILLENBURGER, DR LYN MCKERR & DR JULIE-ANN JORDAN
• In **Northern Ireland**, 2.2% (1:45) of school population recorded as having autism (DHSSPS, 2015)

• **UK Millennium Cohort Study** (n=13,287): parents reported rates of 3.5% (1:29) when children were 11-years old (in 2011).
AIMS

• To identify levels of public and professional awareness regarding autism

• To investigate how best resources could be directed for an autism awareness campaign (mandated by the Autism Act (NI) 2011).
Anonymised one–to-one surveys on autism awareness for NI

- Members of the general public – Northern Ireland Life & Times Survey (NILTS, 2012)
- Primary school children (Year 7)- Kids Life & Times (KLT, 2014)
- Young people (16 year olds)- Young Life & Times (YLT, 2014)

On-line anonymised QUB surveys - statutory & private sector professionals
RESULTS: RESPONSES

- NILTS (2012) n=1204 (adults)
- KLTS (2014) n= 2319 (children in Year 7)
- YLTS (2014) n= 1034 (16 year olds)
- Professionals’ survey (2014) n= 798 (569 employed by HSC Trusts- 10% involved in social work/welfare)
NB 2.7% KLT and 3.1% YLT participants stated that they had autism themselves.
LANDMARK CAMPAIGN

Register Your Home or Building
See Who’s Lighting It Up Blue
KNOWING SOMEONE PERSONALLY

% who knew someone with autism personally

<table>
<thead>
<tr>
<th>Category</th>
<th>KLT (%)</th>
<th>YLT (%)</th>
<th>NILTS (%)</th>
<th>HSC professionals (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43</td>
<td>72</td>
<td>51</td>
<td>56</td>
</tr>
</tbody>
</table>

Legend:
- KLT
- YLT
- NILTS
- HSC professionals
UNDERSTANDING AUTISM: CHILDREN & YOUNG PEOPLE
CHILDREN & YOUNG PEOPLE: FEELINGS ABOUT PEERS WITH AUTISM

- Living next door: 40% (KLT) vs. 82% (YLT)
- In your class: 45% (KLT) vs. 77% (YLT)
- Getting extra help in class: 81% (KLT) vs. 90% (YLT)
THE WAY FORWARD: KEY FINDINGS

Need for carefully targeted awareness training

• Better access to tailored training for professionals (skills rather than just awareness)

• Training for classmates especially in primary schools, more focus on positives

• Continued major national & international campaigns-e.g. Autism Speaks ‘Light it up Blue’, NAS Schools’ autism awareness raising week- public awareness is generally good, but should be monitored
Inclusion improved by Peer-mediated interventions (PMI) (e.g. Watkins et al 2015; Zhang & Wheeler, 2011) rather than information alone

Our recent research shows:

- Students with ASD wanted more input into peer education
- Teachers (& some parents with autism) recommend ‘buddy’ system of support
- Training should be sensitive
- General public awareness good, more information needed on usefulness of evidence-based interventions and improving outcomes
CONCLUSIONS

Need to engage with

- Young people with ASD
- Parents
- Range of informed, experienced professionals and voluntary groups

To identify a balanced approach to improving autism awareness in schoolchildren, and to implement evidence-based interventions to improve inclusion.
ACKNOWLEDGEMENTS

Thanks to all the participants who gave their time to complete the surveys, to those who contributed to study design and to ARK for support and expertise with the LTS modules.

Some of this information (regarding NILTS and professional attitudes and training) is drawn from findings from a 3-year project funded by OFMDFM.
• ARK (Access Research Knowledge) surveys (NILTS, KLTS, YLTS) available at [http://www.ark.ac.uk/](http://www.ark.ac.uk/)

