

Surrey CWD podcast

- Judy Cooper: Good morning, and welcome to this Community Care *Employers' Own* podcast, brought to you today by County Council. I'm Judy Cooper, and today we're going to be talking about social work and children with disabilities.
- This is an opportunity to learn more about this specialist field of children's social work – the day-to-day work, the various challenges and practice dilemmas, as well as some of the highlights and rewards.
- An who better to tell us than members of Surrey's children with disabilities team? I'm joined today by Corrie Haxton and Marie Green, who are both advanced social workers, Aimee Gillett, a newly qualified social worker on her ASYE year, as well as Steve Howe, who's a team manager. Thank you all so much for joining me today. [0:00:41.9]
- Steve Howe: Good afternoon.
- Judy Cooper: So perhaps as a way of introduction, I wondered if we could start off with how you all got into this area of social work and how you came to be working at Surrey. Corrie, if we start with you. [0:00:54.4]
- Corrie Haxton: So I worked in various professions, or caring roles, during my earlier years. I was a manager in a residential home for adults with learning difficulties for a while, and then I kind of got to the stage it was worth having a qualification to match the roles that I'd done, and so I did a Master's in social work. And then that kind of naturally led onto applying to work as a social worker with Surrey.
- I actually worked with a variety of teams in Surrey before I really settled in the children with disabilities team. The disabilities team has really been a place where I've found myself to be kind of at home, the best place for the skills that I had, and just a satisfying place to be working now.
- Judy Cooper: And Marie, what was your journey here? [0:01:42.9]
- Marie Green: Yeah, well similar in a way, but a lot less experience with children's services. So my background is I was a welfare assistant, or teaching assistant, in a special needs social. So I had nursery nursing qualifications. At that point the passion was disability but I can't tell you the key point of that. I just know in my childhood I had a friend who had spina bifida, and so I felt protective of her as a friend, and that seemed to lead me into disability.
- So I worked as a welfare assistant in schools for a number of years, and then due to changes in my personal life I got divorced and I needed a job that was going to get me onto a career where I could

earn money for my two children. I thought it was going to be either teaching or social work, and I ended up choosing social work. And I think, yeah, it felt like a bit of a career and it definitely is that, a career and as passion now.

Judy Cooper: Ah, lovely. And Steve, what about you? [0:02:36.8]

Steve Howe: I've been in social care just over 30 years now. I've spent a lot of my time in London with various local authorities. I spent 16 years in residential care. I moved up to Surrey from when I was living in London. I hadn't actually planned to come into children's disabilities. I'd interviewed for a post and was later contacted and asked if the kind of skill-set that I had would sit quite nicely with complex needs, children with disabilities. This is where I've been for about 14 years now.

Judy Cooper: Oh wow, amazing! That's really interesting. You've all had different journeys into it. But Aimee, you're just starting out in your career. What drew you to this area of social work and to Surrey? [0:03:25.3]

Aimee Gillett: Yes, so I don't have the vast experience that some of my colleagues do, but I started out working in the non-statutory voluntary sector with children in London who were at risk of exclusion from school, running a mentoring scheme. And it was there really that I decided I'd like to pursue working with young people in complex situations.

I then took the frontline course into social work where I was based in Kingston, and that was a really intensive year of placement. And it was on this placement really that I thought I'd like to get into children with disabilities, due to some shadowing work that I did. And I was working alongside a very experienced social worker, and what I really found fascinating was the sort of longevity of the work. I found that really interesting because she was able to get a real in-depth understanding of the families' needs and the stresses that can impact on a family and a child with a disability. So the emotional difficulties and impact that that can have, and how to support and come up with a really robust plan.

So that for me was sort of what drew me in. But also, like Marie, a bit of a personal experience in my own life with family members. So I think that had always resonated with me a bit as well.

Judy Cooper: Yeah. Because it strikes me that working with children with disabilities is quite a unique, sort of specialist field of social work. Steve, I'm just wondering, would you say there are any special skills or attributes that social workers in this area need, and are they different to those you might need, say, working in an assessment team or a child protection team, for example? [0:05:01.1]

Steve Howe: I suppose there's certainly a skill that comes to mind immediately. We work with a lot of children who sadly are non-verbal, and certainly it's a real skill trying to capture the voice of the child, in terms of their views and their wishes, and trying to really capture what the lived experience is for that child. You know, what is it like for that child to live within that environment? What is it like for that child in different environments, at school, if they're actually in a respite provision or having short breaks somewhere? It's a real skill really trying to get in

tune with the voice of that child and trying to really bring that child to life.

Judy Cooper: Yeah, okay. Marie, would you agree with that? [0:05:49.6]

Marie Green: Yeah. I think skills in social work are always transferable. So I think if I was encouraging a colleague who wanted to come into the CWD from another team, then certainly skills are transferable. You know, your analysis skills, your assessments, your identifying needs in the family. But I think the specialist bit about disability is you do have to have a level of empathy and compassion. As Steve said, you need a set of skills to try and hear the child's voice, and that might mean direct work that will take some time. So really, if you're going to work with a family with a child with a disability, you do need time and they need time to get to know you and be able to respond in kind. So I think definitely those sort of skills.

You're dealing with grief as well. Families are grieving, maybe not having the child they expected or having a child with a disability that could have been caused by illness or an accident. So you're dealing with grief and you need a set of skills to work with the family around that as well.

Judy Cooper: There's probably lots of people listening to this podcast who are thinking they've never worked in this area before but it might be something they're interested in. So I wonder if we could talk through the day-to-day workload of the team, of your week. Marie, if we start off with you, could you talk us through a range of cases that you're dealing with at the moment? [0:07:06.0]

Marie Green: Well, I mean, typical caseloads tend to vary. So in terms of capacity we could be holding 15, 20. Some of those might be siblings because sadly there are sometimes more than one child that's disabled in the family. If you were starting from a referral coming in, we have a duty week where people sit on duty and receive contacts in for referrals for children with disabilities. We'll screen those, or what you call triage those. We have what we call eligibility criteria. If the child meets that criteria then we're offering an assessment either at what we call Level 3 or Level 4, so depending on the complexity of need they'll be at Level 3 and Level 4. So the service we all work in – so all the people on this podcast – we're all in Level 4 services. So we're dealing with the very complex children, very complex in terms of their disability but there may also be safeguarding or parenting concerns as well.

So we might be doing a child and family assessment which will take around 30 days to complete. You'll be gathering information from schools, health people, the family itself, and any other relevant people looking at the child, observing the child maybe in different settings. And then you'll be coming up with a care plan, which will be a care package of home sort, of either day support or a dual care package of respite and day support. And that could be direct payments, it could be done as an overnight respite depending on the needs.

Another option of that, or outcome, is to go to what we call a disability funding panel, a resource panel where you're requesting that care

package. And then you would be setting up that care package. So those are some of the things we might be doing in a day.

Judy Cooper:

Corrie, would you have anything to add to that? [0:08:40.7]

Corrie Haxton:

You know, I was just looking back through my diary and trying to think what a typical week would look like. And of course there aren't any typical weeks 'cause you never know what's going to come in and what might crop up.

But you can guarantee most weeks there'll be a couple of child-in-need reviews, you need to go out and meet with professionals, meet with family, see how families are getting along.

And then there will inevitably be the tasks that come out of those. Like Marie says, panel comes up once a month. There's always things about taking families to panel and updating care packages for people. We've started working on safeguarding cases more recently, and so there's work around perhaps talking to legal representatives or having legal meetings sometimes.

And also just keeping families kind of well-informed about what's going on with those sort of things as well. Normally there'd be at least one visit to a family, if not a couple of visit during the week. We have to see our children on a regular basis. And that means in all sorts of settings. There's a proportion of our children who are looked-after and so there's all the sort of procedures and things that go around that. And sometimes we see them in residential homes, sometimes we see them maybe in a children's hospice, in their own homes, in schools. So it's great to go out and see them in a variety of different places, and we learn a lot by just observing them in some of those different places too.

Judy Cooper:

And Aimee, is it different for you? What have you found to be the most challenging tasks that you've faced so far? [0:10:16.1]

Aimee Gillett:

Yes, I would concur with what others have said about the range and variety of work that we have. There's lots of legislative frameworks, different legislation that we have to draw on, which is quite fast in children with disabilities, the Care Act, the Children Act, Children and Families Act and the local offer. So it's quite varied in that sense, but then on other days you can be out with a child making mud pies, as I was yesterday in a garden. So it's hugely varied, and that's what keeps it so interesting.

I think in terms of a challenge, coming into this field from a safeguarding perspective, for me, one of my biggest fears, which I think I share with other colleagues, was communication and how, as Steve said, you were going to communicate with a child who perhaps doesn't use language and is non-verbal. And I found that really daunting when I first joined the team. How was I going to get that right? How was I going to inform my analysis and make that analysis comprehensive if the child wasn't able to talk to me? And I've reflected on that a lot and come away with different solutions that I can apply to try and be a bit more brave with children.

One thing I'm really amazed by is how much children within this team can surprise us. A child who perhaps has had lots of labels put on them and might have a typical age range cognitively could actually do something else in huge amounts of excel and be really good at, say, reading, perhaps. So I think it's about really being brave, trying new things, trying different types of communication, direct work, and seeing what works. Because so much can be gleaned from that in terms of gathering children's views and wishes, which then informs analysis, and outcomes are usually better when you get that right.

Judy Cooper:

That does strike me as the unique part of this type of work, is like you say, working with children who are non-verbal and struggle within communication. And also that relationship with parents. It must be quite different to other parts of children's social work. Marie, does this make it more or less difficult to keep the child at the centre of your thinking? [0:12:27.6]

Marie Green:

Yeah, I think it has its challenges but I think because we're working with families longer-term, we mentioned earlier about – I think Aimee mentioned it – about building that relationship with parents. That's key because if we build good relationships with the families we do have to sometimes remind parents that we have to be child-focused and bring the child back to the centre, because often when parents begin to tell us their journeys and stories, some of that is steeped in their grief. So it can be about themselves.

And of course when we're listening to families there's always a point in the visit where you just listen to what they've got to say about themselves, but then you have to move them onto the child, which is what you're here for. But it is hard, and because of the type of work we do, we have to show compassion and listening skills are very vital in this job. And so I think when parents are suffering, when they're finding things difficult, we do need to down-tools a bit and say, 'Well look, I'm listening to what you're saying,' and maybe signposting them to where they need to get to, to have support in their own right, i.e. counselling or managing the grief of their child's disability.

But I think one of the things we have to remind ourselves as professionals and practitioners in this field of disability is to keep being child-focused. So I think that's a constant journey, constant reminder.

Judy Cooper:

Okay. And Steve, I can see that you'd like to come in on this. [0:13:46.1]

Steve Howe:

I was just going to say that, you know, the importance of...when we're undertaking visits to see children and families, that we have a purpose for our visit, and we possibly do some planning prior to our visit. And it's okay to say to a family, 'On this occasion I'm just going to focus on direct work with your child.' Or the sibling group. I think sometimes we can get pulled into the kind of parental issues and concerns and frustrations. So that's why the planning is so key, that we do say to families, 'When I come round on Friday I'm just going to focus on your child. We're going to do this, we're going to try this activity,' or, 'I'm going to seek this engagement.'

- Judy Cooper: Okay, interesting. And Corrie, how often in your experience does it happen where you feel a child's rights and needs are actually in opposition to what the parents might feel? [0:14:46.1]
- Corrie Haxton: I wouldn't say it's a common dilemma. I think with the majority of parents we work with they genuinely have a good insight into their children. But it does happen. As it does with any child, there's a risk of parents only sort of taking over. And that's why we are increasingly working with the safeguarding cases where we actually need to switch that focus back onto the child, identifying where parents are struggling but just keeping that focus on them.
- And I think perhaps particularly as children are getting older and moving towards adult services, we can really help parents on that journey to think about their aspirations for their child and what they actually have potential to fulfil as an adult, and how as a parent they can feel able to step back.
- Judy Cooper: Marie, if you're thinking about when something becomes a safeguarding case, are there other things that would start to raise safeguarding concerns that are unique in this particular area? [0:15:55.3]
- Marie Green: When we have safeguarding concerns we're reliant on, you know, evidence-building, actually. Because often, as has been mentioned, we have children who are non-verbal or have very limited verbal communication so they're not able to tell us how something may have happened, as a non-disabled child would be able to do.
- So when we have concerns they are going to be around physical care. So if a child might have bruising, and might have bruising in an area that would be personal care, or might have bruising that would be covered up by clothing that's discovered by a carer or somebody outside of the home, you may have neglect issues and that may be over a period of time. So we talked about doing visits and doing reviews, and the same concerns are coming up in those reviews, same concerns are coming up in your visits. That could be around meals, it could be around medication regime, equipment, all sorts of areas that you perhaps wouldn't consider for a non-disabled child.
- Judy Cooper: Okay. And Steve, is this an area where thresholds are particularly difficult to judge? [0:16:56.0]
- Steve Howe: In my experience, all the time you're piecing together hopefully a picture. It's not necessarily cut-and-dry, easier or harder. You know, all the time it's about trying to piece together what information we have. And sometimes, in conclusion, that means that subsequently we have to have some very difficult conversations with some of our families, in terms of our assessment, in terms of what we believe is best interest for their child, for their children.
- Judy Cooper: And Aimee, that phrase of 'best interest', that's obviously a constant issue in any social work, working with people with disabilities both in adults' and children's. How have you found dealing with that, as a newly qualified social worker? [0:17:40.2]

- Aimee Gillett: It's a good question. As has been mentioned before, it is about a fine balance. But I think if we're working in a very transparent way and always bringing it to the outcomes of the child, I think that's a successful way of approaching these sort of sensitive areas.
- And I think also, if we're thinking in systemic terms, bringing it back to the parents and what they want and their best hopes for their child. So trying to be more inclusive of all the family and putting the child at the centre of that is a really good way of approaching situations like this.
- And I think the things that we're learning as an organisation, bringing in motivational interviewing, being systemic in our thinking, are all tools that are helping us to be sort of more solution-focused with a family. Not denying that there are real challenges, but I think as a working model I think that's helpful.
- Judy Cooper: I know in the years gone by there used to be a lot of talk about all professionals needing to have higher aspirations for children with disabilities. Steve, do you feel that that has now changed? Have we moved past that as an issue? [0:18:50.9]
- Steve Howe: I think we're certainly moving forwards in terms of our kind of aspirations for children with disabilities. We're working with some very complex and vulnerable children within our society, and certainly I think there has been a shift in terms of our thinking, in terms of wanting the best outcomes for our children with disabilities. And I think we're certainly moving in terms of our improvement programme to actually achieve that in a number of areas to promote best outcomes.
- Judy Cooper: Okay. And Corrie, in your work how do you go about determining the goals and ambitions for each child, ensuring that they are high enough without being unrealistic? [0:19:37.7]
- Corrie Haxton: So I think it comes back to that collaborative work. It comes to trying to really know the children well through the observation, seeing them in a variety of settings, so that we can be advocating well for them, in terms of what we see their potential to be.
- It's school, and obviously the schools have a lot of expertise in terms of direction they've seen children go and where they see those potentials.
- And ultimately it should be reflected in the plans that we're making, the child-in-need plan and any other plans. That then becomes that cohesive document where we're really advocating for the progress, the small steps perhaps, that lead to that greater progress.
- Judy Cooper: Okay. Okay, brilliant. And we've talked about best interest, and the other issue that often comes up when working with people with disabilities or people with mental health problems is deprivation of liberty safeguards. Does anyone have a case where this has been an issue? [0:20:39.3]
- Corrie Haxton: So I've worked on a case recently that's been to court around deprivation of liberties. It is something that, if I'm honest, we're only

just sort of starting to grapple with it. But I think that all of us will see more and more of these cases because for a large number of our children, particularly when they're hitting that 16- and 17-year-old age bracket where there's that bit of uncertainty about...well, parents are no longer in a position to agree to their deprivation. But the majority of our children don't actually have capacity to consent to it themselves, and so we're needing to be working on their behalf to make sure appropriate measures are in place. And for the child that I did that with, actually it related more specifically to her physical disabilities, which prevented her from perhaps leaving a placement even if she had have wanted to. Not that she wanted to in this case, but had she wanted to. And commonly they'll be around children with autism, where perhaps there are levels of restraint being used, physical restraint such as doors, medication, and sometimes where restraint is used, if there is sort of aggressive behaviour, for example. In my case it was quite a good learning curve. There were quite a lot of documents to complete going through courts. I was fortunate that there were no contentious areas with it, and so I was able to work really well with the residential care home she was in, with parents, and with our legal support. When it went through, the judge was also really encouraging about the way the local authority had acted on this one. So all round it was a very positive experience for me.

Judy Cooper: Steve, would you agree with Corrie that this is becoming an increasing area of work? [0:22:29.8]

Steve Howe: Absolutely. And just to add, I was actually present with Corrie at that court hearing. The judge had indicated that...and I think her words were that Corrie had done a sterling job in terms of keeping this child central to the care planning. But no, as Corrie has indicated quite rightly, I think we're going to see more and more, certainly children, taking that pathway. And I think that's only right in terms of children's rights, and certainly children who are approaching adulthood, 16, 17. We kind of get somebody's orders in place as we promote their wellbeing.

Judy Cooper: We've talked a bit about the challenges and some of the practice dilemmas. I wondered if now we could start to think about some of the highlights of working in this particular area of social work. So I wonder if each of you could briefly tell us what's been the most inspiring or uplifting or rewarding moment that you've had working with children with disabilities so far? And Aimee, I wonder if we can come to you first. [0:23:29.8]

Aimee Gillett: One thing I can think of is I'm working with a young lady who has very complex needs in terms of respiratory difficulties. She has a tracheostomy. And for years and years it was always deemed that she would need to remain on that tracheostomy, and actually more recent months, due to her about to undergo a major operation, they've taken her off her vent for some hours within the day. And actually, the liberation and the joy that she has experienced because of this demand that was on her that's been removed, has been absolutely astonishing to see, and the independence that she's gained.

So in terms of a sort of medical success, that for me has really stuck out because it's just changed her quality of life. However, I appreciate and recognise that's not always going to be the case for all of our children. You know, there are lots of different occasions I could recall, but I think for me, sort of doing the direct work and spending the time with children is really lovely.

Judy Cooper: Marie, what about you? [0:24:33.6]

Marie Green: I could say a few, but I think the one that came to mind, I've got a young man who's 17, due to be 18 later this year, and I've actually known him and worked with him for about 5 or 6 years on and off. But when I first met him, he elected not to speak to me. He would only speak through his mum. So he was diagnosed with autism, ADHD and some learning difficulties, probably more moderate now. One of the things he was very gifted at was music. So we targeted some of his support, his care plan, around developing that gift of music. So he had some guitar lessons and music lessons, and ended up having a music mentor. And he's actually gone on to go to a music academy, actually. This is very unusual for children with disabilities. He has to have a one-to-one at all times, needs transport to get there. But this is incredible. And he could actually make a career of this. When I go now he'll play me some songs on his keyboard, which we helped to fund, and he will actually engage with me. I can actually take him away in a room on my own and talk to him now, which I couldn't do before. And we celebrated in his last review before he went onto college with his mum, who's a single mum. So that story for her is very emotional. It makes me emotional even speaking about it. But yeah, just an amazing outcome for a young man who wouldn't even speak when I first met him.

Judy Cooper: That is just an extraordinary transformation, isn't it? How wonderful to have been able to witness that. Steve, what about you? [0:26:00.7]

Steve Howe: I think over the years, to be honest with you, I've had many highlights that kind of keep me working with children with disabilities. But seeing how my team support and encourage each other, you know, is a highlight for me. Seeing how the workers advocate for children and families, put the time and energy into making a difference is a highlight.

There's been many times where I'll say to my team, 'Just listening to people meeting makes me particularly proud that I'm the team manager in that team,' and seeing workers really going the extra mile to affect change and make a difference.

Judy Cooper: Oh it does, it sounds really rewarding. Corrie, what about you? [0:26:42.8]

Corrie Haxton: I guess one of the things that really motivates me is absolutely working my hardest to try to push through outcomes for families that I know that they need. And sometimes that can be against some quite difficult opposition, 'cause some of these are very expensive packages. But that's when I really get a lot of motivation, is when I can really push as much as I can to get the right things for those

children, and then it happens and you see its success. And that's brilliant.

And often we won't even perhaps get to know how much difference we've made in children's and families' lives. But recently, because I was promoted to advanced social worker, I had to leave a number of my families. At that point I got some absolutely wonderful feedback from families who just took that opportunity to say how much difference it had made for them. And it was really touching. It was beautiful.

And of course that's not why I do it. And it doesn't come from all families. And some families you know are not in a position to ever say thank you, and shouldn't ever feel they need to. But it's still a joy when you are able to hear it, I think.

And some of my other highlights would be the unexpected things that you never know that you're going to get into. I had a really rare opportunity to meet with a family whose child had unexpectedly been born with a disability. Parents were in a real state of shock and uncertainty, fear, had no idea what choices they had and were just completely overwhelmed. Although it was incredibly difficult, it felt like such a privilege to be allowed alongside that family at that time. They really opened their hearts to me, and I was able to help them sort out some of their emotions and just sort of think through that process. But it was just the privilege, I guess, of being able to be there for them at that time.

Judy Cooper:

It sounds as if they were lucky to have you there with them at a key period of their life. So I know Surrey, as part of its improvement journey, has been doing a lot of thinking about children with disabilities. So I'm just curious as to what are some of the changes that you've already seen as part of that improvement journey, or what changes are on the way. Aimee, I know you mentioned some right at the beginning of this conversation. [0:29:08.2]

Aimee Gillett:

Yeah. I think as a newly qualified, some of the changes that have been brought about have supported me in my induction period. Marie is my supervisor. I'm not saying this just because she's here, but the support she's provided me with has been fantastic. And I think the academy that set up the ASYE programme just really ensure that everything is really streamlined, that new social workers have a protected caseload, and that the training is really comprehensive. So from a perspective of somebody who's doing their ASYE, I feel that the sort of journey into statutory work on a day-to-day basis, having removed the study side of it, is really comprehensive, really robust, and very supportive.

Judy Cooper:

Okay, brilliant. And Steve, what about you? [0:29:54.7]

Steve Howe:

As my colleagues have indicated, we have for the past year kind of looked at what would be our nine priorities, for example in terms of... I think one of my colleagues mentioned earlier, our disability resource panel and how workers would present and send applications to panels for funding, for care packages of support. And we've looked at another area of improvement, to kind of configure around children's

continuing care and how we work with our health services, how we work with our education partners. We're looking at our thresholds in terms of children being presented at the front door and how we really focus on what the referral information has been provided. We've had a number of steering groups. From those steering groups we've had various kind of practice documents that have come out. And we're kind of starting to embed some of those changes, some of that learning. When certainly authorities have been working in a particular way for a number of years, sometimes making that shift is very gradual. But I can honestly say in terms of children with disabilities, we're really starting to see, I think, some of the benefits moving forward now, as we begin to embed some of those kind of new methods.

Judy Cooper: And Marie, what about you? What changes have you seen coming through? [0:31:16.0]

Marie Green: I don't think I said this at the beginning but I've actually been – I was counting it today – I've actually been in the children with disabilities service for 17 years this year. I've been part of more than one restructure. Over the years, children with disabilities always feels like it's the odd children's team that sits out there somewhere but it doesn't quite fit into...some of our colleagues in other teams don't even know what we do, or they don't think we're qualified social workers. Or they think we're health people. And I feel like we've got a voice now. So Steve's right. We're not quite there yet, but I feel for the first time in a long time that we're not just speaking about doing things, we're actually doing them.

Judy Cooper: Brilliant. It sounds exciting. We've just got time for one last question, and like you say, this is an area of work, I think probably not just in Surrey but across the country, that a lot of social workers don't know an awful lot about. So I was just wondering, what advice would each of you have for someone who was considering moving into this type of social work? Perhaps if we start with you, Marie. [0:32:15.2]

Marie Green: You know, Corrie's a prime example...Corrie, I hope you don't mind me sharing this. Corrie was actually interested in coming to CWD. She was working in another team – I can't remember, Corrie, was it assessment team? In order to help her, she came and shadowed our team and I happened to be on duty that day, so that was brilliant for me 'cause I got to know Corrie and would call her a friend, actually. So we actually worked alongside each other for a day, or for a few hours anyway. So shadowing the team is a key thought, you know, ringing up somebody that you might know in the team and having a chat with them, calling the team manager and asking what we do. This job won't be for everybody so we're not disillusioned on that fact. We know it's not for everybody. But the work we do and the positives we can achieve with children with disabilities outweighs the challenges. For me, anyway.

Judy Cooper: Brilliant. Corrie, I hadn't realised this connection, that you've actually been on this journey. What would your advice be? [0:33:05.8]

Corrie Haxton: [laughter]

Judy Cooper: Sorry, Corrie? Sorry?

Corrie Haxton: No, no, that's lovely, Marie. It's great you shared that. And absolutely it was great to have the opportunity.

My advice would be if this is something that you're interested in then absolutely follow it. There are so many good things to be had from working with CWD. I struggle with interviews myself, and I would just encourage people to be prepared for those, to think about the legislation, think about the direct work with children, pick the brains of those people around you. You know, I've had some really supportive input from colleagues just before going for interviews, just to kind of get some ideas. So don't be daunted by that. Just draw on those around you. We'd love to see some new people come and join us at CWD.

Judy Cooper: So Aimee, what about you? If anyone else was a newly qualified social worker, what would you say if they were thinking of starting out in this area? [0:33:56.2]

Aimee Gillett: I think it's testament, really, to the teams that we've got some staff members here that have been here for a long time. So I would say that the support that you will receive will be amazing, because I think people genuinely in these teams want you to succeed, to do well, and want to support you to grow in your professional development.

And I would say that that support is really vital to sort of learning and development and your confidence as a new staff member. So you will always find that the people surrounding you will be supportive and that, I think, is really fundamental.

And you will never be bored. So if you want to challenge yourself it's the perfect team to come into, and you'll have good learning from it, definitely.

Judy Cooper: And Steve, the last word goes to you. What advice would you have? [0:34:43.6]

Steve Howe: I think I would say sometimes, until we take a moment, step back, and really reflect on what our capabilities are, what our limitations are, our strengths, our weaknesses, really looking at our skill-set, you know, you never know. And I would encourage anyone to pick up the phone. Sometimes people can be put off by application forms. You know, they'll read through a job description, a specification, and kind of think, 'Could I do that?' There's no harm in picking up the phone, have a conversation with someone from the CWD service. It would certainly assist you to kind of make an informed decision in terms of whether you want to pursue a career, a role in the children with disabilities service.

Judy Cooper: Good advice, and what a testament as well to this team and the work. That's all we have time for today, I'm afraid, so it just remains for me to thank my guests today. So thank you Corrie, Steve, Marie and Aimee. Thank you everyone for listening. I hope you'll agree with me that I think it's been a fascinating insight into working in this field of social work. I've certainly learnt a lot, so I hope you have too. I'm Judy Cooper, and until next time, goodbye.

