



Historical and Contemporary Synopsis of the Development of Field Education Guidelines in BSW, MSW and Doctoral Programs

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Working with Service Users in Relationship-Based Social Work: A Research Based Review of Practice and Intervention.

Beckett

Introduction

This paper is a reflective research-based analysis detailing my work with two individuals using the pseudonyms “Abigail” (a “looked after child” with bipolar disorder) and “Bailey” (an Unaccompanied Asylum-Seeking Child with dyslexia and depression). Each review analysis rests upon the Professional Capabilities Framework (PCF) that reflects my learning and demonstrates social work ethical principles and values. This work conforms to international and relevant professional ethical guidelines. All work was completed with ethical approval; permissions were granted by completion of a formal agreement and overseen by a manager or supervisor, including verbal and written/signed consent. In so doing, this work presents a rationale for professional decision-making and synthesizes relevant legislation and literature which underscore the salient points for each analysis. These validate the methodology for upholding equality and the human rights of all the service users with whom I worked within respectful partnerships, in which I take feedback from their experiences and seek to develop my relationship-based practice (McColgan & McMullin, 2017). The methodological approach taken was asking for volunteers to participate in this work; data collection and analysis was through storying and extraction of pertinent themes arising from thematic analysis. The notion of theorising from data, a significant part of Grbich (2012), is that extrapolations can be made from the linguistic analysis of the sentiments expressed by participants. Moreover, a linguistic analysis overlay was applied, using coding as a device for organizing the data emerging from the key themes ascertained from the service users.

The overarching intention of this work is the empowerment of social workers to share both positive and negative experiences, something which underpins Sicora (2017), who wrote about

learning from mistakes and how they help form and develop practice. The methodological approach based upon case studies is applied here (Yin, 2018). Moreover, the importance of this work is that this is original, first-hand practice and offers a bridge in the gap in the knowledge of social work practice from practitioners who are in training and developing early careers in the profession.

Working with Abigail

“Abigail,” a 16-year-old service user with bipolar disorder, is classified as a “looked after” child (Children Act, 2004) in voluntary care. My first encounter with Abigail was after she had refused a medical examination/psychiatric assessment in which she could participate, potentially contributing to the placement breakdown. Crucially, I needed to establish familiarity in our relationship to ensure positive foundations for practice-based social work. Therein, I could develop an understanding of her life and her future needs and aspirations. I undertook an Assessment, Intervention, Moving On (AIMs) assessment for Abigail in the form of an Electronic Personal Education Plan (EPEP), comprising a record of required procedures to fulfil her educational potential and considering risk and educational mapping (Hyder & Tissot, 2013).

Prior to any work with Abigail I implemented a Risk Assessment, to which consent was given. This drew upon Whittington’s (2007) schema, recognising that via risk assessment a practitioner can evaluate risk situations, decisions, or events using a sliding scale labelled “likely-to-unlikely” and “harmful-to-beneficial.” I gathered, with the support of experienced practitioners, information for formulating the risk likelihood for Abigail; importantly, it underlined Abigail’s views about her own mental health. Bipolar disorder is such that Abigail’s mood could alter throughout the day

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from great highs to lows and even having suicidal ideations. My awareness of Abigail's condition essentially determined daily incidences. I based my assessment upon Moras' (2006) Depression Beliefs Questionnaire (Version One), which examines individuals' ideas about their mood disorder, possible causality and prognosis beliefs, medication role, therapeutic interventions, and other pertinent issues like stigmatization. For example, Abigail believed her friends and family were secretly angry with her, although they restrained themselves; she felt both they and society judged her and had not accepted bipolar as a recognised condition, especially when in the mania stage. Abigail reported being elevated and wasting huge sums of money on unrequired items. Later, when her mood stabilized, she was upset about such monetary waste on unsolicited, surplus "junk." Moreover, it could be argued that the vivid language she used captured the flux of her state of mind; but she also felt that on reflection, she was no longer defined by the illness but could look objectively at it.

As a result of the questionnaire, I asked Abigail to identify a prognosis and work towards helping herself. Initially, devising an intended intervention plan involved us discussing her actions. Within this framework I asked her, without seeking to impose my own agenda, what she desired from my time with her. Under Every Child Matters (2003), I wanted her to achieve her wishes to "make a positive contribution." Abigail requested that I listen, give her talk opportunities, and advocate for her if she found herself in need of this type of work. Referring to ECM, I used the Common Assessment Framework (CAF) to assess holistic needs. Brammer (2010) writes, "A key element of the Every Child Matters strategy is the introduction of the Common Assessment Framework (CAF), which supplements the Framework for Assessment" (p. 192). Gathering information about previous incidents gave a clearer idea and a fully orbbed perspective of this multifaceted condition in shaping selfhood within the current context.

Drawing upon cognitive therapy principles and psychological interventions within

social work practice, my work sought to implement Beck's schema of managing behaviours. Beck (1979) contended that effectively managing bipolar can include cognitive skill utilization for: a) emotional waves and behavioural impulse evaluation, b) hopefulness and subsequent suicide likelihood improvement, and c) objectively analyzing positive and negative life decisions. Using Beck's (1979) management notion, we explored impulse wave examples, Abigail's presentation of these, and their personal effects. Taking a large sheet of paper, we analyzed extreme elation (mania and hypomania) sentiments and then extreme depression sentiments; for each section, possible causes of the condition and recorded behaviour extremity examples were analyzed. Abigail explained that while in mania stage she believed she could conquer all and was "dangerous." She was unaware of her existence in this stage, despite its frequent occurrences. During mania, she enrolled in courses, bought expensive items, travelled to places unnecessarily, and performed irrational acts, such as using social media to promulgate opinions, which often emerged from mania episodes rather than firmly held convictions. Yet when depressed her mood was particularly low. She recorded feeling her mind was "possessed" by blackness and she could not see clearly. Her vision was through a distorted lens. Here Abigail was susceptible to suicide attempts; her notes indicated that her mood was at a critical low, and she had taken several unsuccessful overdoses and had tried to jump from her bedroom window.

Hence, Abigail exhibited behaviour of two extremities and felt uncontrolled during either of these situations. Seemingly, Abigail could evaluate these situations when she was not in one of these two extremes. However, Abigail could not ascertain how to manage herself during the mania or depressed states. I therefore targeted my intervention at collaboration with Abigail to help her overcome these anxieties attached to either state, control stress levels, and to help manage an episode of either extreme (Kasper & Montgomery, 2013).

My ultimate work with Abigail involved

investigating her long-term picture of healthiness and being equipped to manage episodes, without detracting from Abigail's individualized identity/selfhood. This was important for Abigail to work towards the achievement of her future educational potential/desires. Conveying bipolar was not who she was became a significant feature of this intervention. This was because she felt her identity was interwoven within the diagnosis, rather than it being a disorder which occasionally impacted her mental health and ability to cognitively reason at particular points in her life.

Against this background, social interventions included the creation of a life contact genogram for her, including the role of significant others. The importance of highlighting her support network was to underline how supported she was, evidenced from her patient notes, and to remind her of these contacts when she felt unwell. A positive aspect of this diagrammatic representation was that the burden was then lifted from Abigail's partner, who worked part-time and could not always be contacted quickly. Abigail explained that her extended family could help support her, and although Abigail disliked calling them, she recognized that her partner should not be solely responsible for her care. Providing feedback, Abigail explained that the diagrammatic approach was a clear, useful way to present information.

On the reverse side of the paper we mapped out selfhood, positioning Abigail centrally and placing other influencing factors around this. I justified this by the need to look futuristically, beyond the disorder, and to evaluate what Abigail may desire to do—a key feature of the "Human Givens Approach" (Tyrell & Griffin, 2013). I deliberately omitted mentioning the bipolar, waiting for her to raise this. Abigail stated that prior to my interventions, she had viewed her life through the bipolar lens. Bipolar had been her life and identity. However, my attempts to foster identity issues had helped her to see for the first time that she was a human being, not controlled by bipolar. Bipolar was a small, fragmented part of her life, not an overwhelming overlay upon selfhood. Contrastingly, her future plans

remained nebulous and non-specific. Thus, I moved her forward, using small, measurable, achievable, realistic, and time orientated (SMART) targets, toward constructing three targets she could aim for in the short-term, medium-term, and long-term, one target per period. Through this approach, the development of her initiative was achieved. Abigail explained, "I feel I have a new lease of life. Thank you."

This work contributed to Abigail's development and also to my colleagues' professional development, since I collaborated with them, disseminated key findings, and offered possible strategies that I found effective which they could consider. For example, viewing the disorder not as an overarching "problem" but seeing the person for who they were, who was at the present facing issues, was an important factor in promoting effective intervention and helping change to occur smoothly. Motivating Abigail to actively analyze stressors, and asking her how to reduce stress or possibly remove it, was significant in promoting wellness and reducing the likelihood of depression or mania. Using Tyrell and Griffin's (2013) philosophies and approaches to stress reduction, I devised a template, beginning with the person (self) in the center, thought showering ideas around the outside, and maintaining a clear section entitled "What can I do?" This was aimed at stimulating action expressed by Abigail; my template was based upon a combination of relaxation activities and practical steps to promote recovery and/or reduce anxiety and enhance self-efficacy.

From a professional development perspective, I have grown as I have reflected upon how I have undertaken the above tasks and how I may seek to do them differently in the future. The openness to learn from practice is a key principle of effective practice and is a tenet of this work. Trevithick (2012) says, "The professional use of self is a term that describes the use of self-knowledge or self-awareness in professional practice to aid understanding and action" (p. 110). Such reflection in and on action, explored by Schon (1991), was useful in my professional practice development. Using a "critical friend," advocated by Altrichter, Posch, and Somekh (2009), gave

me a critical perspective on my strengths and the limitations of my current practice. Consequently, when working with “Bailey” (see below), I confidently made contact with other practitioners to explore how I could fully assist Bailey. This testifies to my learning journey and indicates my professional development.

Working with Bailey

“Bailey,” an Unaccompanied Asylum-Seeking Child (UASC) and a Syrian national aged 17, who was due to complete a Pathway Plan, was transitioning from the Local Authority Care (LAC) service into the Leaving Care Team of “Barnardo’s.” Bailey held an Application Registration Card (ARC) that records an asylum claimant’s photograph and personal details, indicating their submitted claim under Article 3 of the European Convention on Human Rights (ECHR). Interventions with Bailey included completing the Pathway Plan, employing a holistic approach to help him with aspects such as accommodation, money management, and access to service provision. This was important as Bailey wished to ensure compliance with the UK Home Office and hoped to: a) live long term in the area, b) finish his Level 2 College English for Speakers of Other Languages (ESOL) course, and c) continue to study, hoping to set up a business in the City Centre. For the benefit of this work, I shall focus the scope of this analysis upon the specific attention I gave to his requested area, namely management of his dyslexia/specific learning difficulties (SpLDs) and depression. Moreover, the link between depression and dyslexia is becoming more widely established (Burden, 2005; Alexander-Passe, 2013), as is the potential detrimental impact on mental health of being “looked after” (Carroll, Cameron, Brackenbury, Grundy, & Hill, 2017) combined with the trauma of seeking refugee status (Baraitser, 2017).

On meeting Bailey, I adopted Coulshed and Orme’s (2012) Assess, Plan, Intervene, Review and Evaluate (ASPIRE) schema. Attempting to create an accurate picture of the situation using assessment data, I discussed with Bailey his

perceptions of improving himself at school, since in his view this was his springboard to a “better future,” but he felt discriminated against on account of his dyslexia (Human Rights Act, 1998). Although this approach is methodologically critiqued (Goodley, 2011), it provided a structured approach to work with Bailey, which is helpful when working with a non-native speaker who found the clarity of strategic practice beneficial. Thus, examination of the principles of anti-discriminatory practice and how provision could assist Bailey (Special Educational Needs and Disability Code of Practice, 2014) revealed they [educational establishments] must make reasonable adjustments, and the Equality Act (2010) cites reasonable adjustments should be made in Section 20 (1). The Children and Families Act (2014) also carries implications for catering to those with dyslexia, as it is classified as a Special Educational Need (SEN; Rooke, 2015).

Following Bailey’s comments about feeling as though he was incapable of meeting academic challenges, I inquired into his reasons for his belief that he was being discriminated against and its method of manifestation. Bailey explained that he was “written off” by some of his tutors as a “thick” child - this stigmatisation and labelling had remained with him throughout his education. Having only recently been diagnosed with dyslexia, Bailey found it a difficult concept to assimilate, explaining that when reading his assessment report, he simply wanted to “curl up and die,” adding that it “made awful reading” and “made me feel useless.”

With this in mind, the initial task after assessing Bailey’s needs was to work towards helping him cope with his remaining college work and raising self-esteem, owing to his difficulty with accommodating his dyslexia and his UASC status. Using the overlay of ASPIRE, I sought to isolate the determinants affecting Bailey, adopting a task-centred approach towards social work intervention. Teater (2014) explains, “The three basic sequences are: (1) exploring problems, (2) establishing goal(s) and time limit(s), and (3) developing tasks” (p. 191). These three key tasks are understood as preparation, task, and

evaluation.

The first step involved isolating the most pertinent issues, and the second included mutually agreeing upon and refining intervention targets based on the use of SMART planning for Bailey's educational needs on his Pathway Plan, with an eye toward specific developed tasks at stage three of Teater's schema. From my established teaching background, I drew upon my experience of writing Learning Objectives (LO) and Success Criteria (SC) as methods for viewing predicted learning and measuring success; I ensured that targets set contained a measurable element which could be realistically assessed. Understanding Bailey's perception of the most important issues was of value in shaping the wording of the SMART targets. Epstein and Brown (2002) write, "Task-centred practice is a technology for alleviating specific target problems perceived by clients, that is, particular problems clients recognise, understand, acknowledge, and want to attend to" (p. 93). I employed Trevithick's (2012) sentiments when developing Bailey's tasks; as she notes,

"This strategy involves working in close collaboration with service users - and others - to agree specific goals or outcomes and to identify what steps, tasks, or 'building blocks' need to be undertaken to achieve those goals" (p. 354).

I signposted and initialized some inquiries about Bailey's dyslexia, and the tasks selected by Bailey enabled him to access help and support. Bailey found reading challenging, and as English was an additional language this made understanding the words even more difficult. One key issue facing him was that which was also seen in Abigail: seeing himself for who he was, separate from the diagnosis of dyslexia. Bailey and I also focussed upon his performing certain activities to discharge himself from the LAC home, as he felt "shut in" and needed to do activities which promoted a sense of autonomy.

Bailey noted that as a UASC, removing himself from the area was problematic, as he still experienced difficulties with his transition from Syria to England. Thus, we role-played scenarios and practiced how he could act in different

situations. Drawing upon my knowledge of literacy and drama, I used role-play characteristics to guide Bailey in managing social situations and conducting business transactions. Through simulation involving an adaptation from Kempe and Tissot's (2012) approach to working with those with SEN, I hypothesised that Bailey should be given the skills to actually practice the procedures we discussed. This would empower him to implement the skills he found difficult and problem-solve himself. The foundation for adopting this schema was that kinaesthetic learning would provide Bailey with chances for success in a scaffolded supported environment, so that real life situations were easier to manage.

Further, advocacy was used to help Bailey apply for courses, assist with writing applications, and make telephone calls for activities focussed upon non-academic socialization pursuits, such as sport and craft/hobbies that reflected his natural abilities when back at home (Flutter & Ruddock, 2004). The rationale for advocacy, rather than a task-centred approach, was that depression, dyslexia, and ESOL made him reluctant to apply for courses, and the paperwork involved deterred him. However, when he did speak to me and displayed some of his skills, he evidently excelled on a number of topics. Trevithick (2012) argues, "At the heart of task-centred work lies the importance of utilizing, extending and consolidating service users' strengths and abilities to address key issues..." (p. 354). I surmised that if we discussed topics and I left Bailey to complete tasks, he would abandon them, because he lacked the confidence to do so autonomously; therefore, the third stage of intervention was developed specifically tailored tasks. Moreover, we completed the forms together and then I encouraged him to attend these booked sessions, offering to go along with him for the first introductory week to ease his nerves, if he wished, and he liked the initial support.

As part of the reviewing and evaluating process within ASPIRE, I requested Bailey's feedback on my work with him, and he stated that the "SMART targets are good at being practical having clear ideas and ends." I also ascertained his views on whether the activities

had met the SMART targets' success criteria; Bailey was overwhelmingly positive and noted that he was much more confident in life and, with the help of the dyslexia tutor, he could believe that he would pass the final stage of his college work. With respect to experiencing low mood, Bailey stated that

“...getting out playing rugby and just leaving the home, not cooped up in my room, has really helped. Before, the walls used to come in on me; now I have much less time confined in a small space. I think that's done my health better.”

Sicora (2017) argues that practitioners should reflectively review their work. Therefore, I obtained client and colleague feedback and self-assessed my work and intervention overall. As a point for development, I postulate a greater use of “summarizing” could have facilitated an enhanced understanding of Bailey's situation, especially when summarizing what was understood, and I could have ensured that Bailey's subjective experiences were accurately recorded, especially because his first language was not English.

I continually assessed Bailey's mood over a few weeks and monitored his performed activities by using a weekly overview activity log. He occasionally showed some signs of slippage, which he readily addressed by revisiting the SMART targets. The cyclical nature of assessing, intervening, and reflecting is lauded by Bruce (2013) and is pertinent in this case, producing highly successful outcomes. Finally, I was able to demonstrate professional leadership by disseminating this type of approach and its success in this case to some colleagues, who looked at my report and PowerPoint presentation on the pertinent points of learning. Meanwhile, colleagues' feedback was “that's impressive and has helped me – thanks” in reference to the approaches taken and how I methodically employed Teater's three-staged schema explored above. In addition, feedback was made about how effective the employment of LO and SC teaching principles was and how these transferrable skills offer generalizability beyond my work with these service users to their own practice. A specific

key to success was that I sought to listen to the anxieties Bailey was facing, particularly the stress of managing as a foreign person in England with dyslexia; using the knowledge of dyslexia I have both experientially and academically, I was able to recognize some of the stress associated with SpLDs. Moreover, my interventions sought to convey empathy and practical support while continually assessing Bailey and asking for feedback to enhance practice.

Reflecting Upon the Work with Abigail and Bailey

I have used Altrichter et al. (2009) to augment research-based rigor to the pertinent points arising from this work, in particular with reference to the cyclical plan, assessment, and review of practice. Consequently, I have used the salient points emerging from case study examples to help facilitate my conduct and use this as a sounding board for reflection based upon research models and exemplars. This further helped develop self-awareness and facilitated reflective practice, as a “critical friend” was able to critique my work and offer ideas for amplification and professional development. This directly fed into the report I wrote and offered to the senior management.

My work with both Abigail and Bailey has facilitated reflective practice, since they have provided constructive feedback for self-development (Moon, 2004; Sicora, 2017). Consequently, I have gained greater insight into the most important points from a service user's perspective and sought to use some of the underpinning theories to work effectively with them on the issues that they have felt empowered to discuss. To illustrate this, Bailey's reflection enabled him to devise a list containing factors/ events that he assumed had affected him throughout his life, and methods of overcoming them. As Teater (2014) explains, “This approach seeks to work with clients and not on clients, and stresses the importance of the client directing the course of the work together” (p. 118). Bailey highlighted that he was determined not to self-harm, believing it may be fatal; he suggested

that he gradually work on reducing the length of time between episodes of self-harm and expressed his appreciation at being listened to by someone who took the time to be reflective and to develop their practice.

Seeking both service users' feedback was an important aspect of community social work engagement and scholarship. Assessing Bailey's wishes was imperative in the development of how things worked out in practice. He explained that he considered me "respectful and easy to speak with." However, they noted a weakness in my approach, commenting that I should improve my interpersonal skills; for example, I should ensure that I do not come to a situation with a pre-determined agenda or blinkered overlay with how they were feeling or the best possible course of action to take. This was important as one individual's experience of, for example, managing dyslexia is different than another's, and although the features of dyslexia affect different aspects reading accurately and fluently and written orthography, no one experience is exactly the same as another. However, what was commended was my ability to convey empathy and help develop a way forward for them. Abigail described my approach as "good at helping me to think" and noted that my work with her was both challenging, encouraging her to question her own views and find solutions, but also supportive, in that I was present if she needed help and advocacy. These are principles found in Tyrell and Griffin (2013); namely, practitioner client support allows the client to think issues through and discover solutions of which they may be incapable alone, rather than the practitioner being the solution provider.

I consider that my work involved, according to Rose (2012), "The client self and the therapist self jointly [creating] the therapeutic relationship and its outcomes..." (p. 2). Moreover, effective social work involves continuous self-review of practice and developing a greater sense of research-informed practice to the significant benefit of enhancing service users' lived lives and their ambitions of moving from "then to now."

This work has specifically sought to put service users at the heart of practice and taken

account of their feedback. It has highlighted the needs service users with depression, dyslexia, bipolar, and speakers of other languages may have. Thus, the benefit of spending time, working in respectful partnerships, building relationships, and evaluating actions on a cyclical review process has been justified and accentuates the need for further research in this field. As relationship-based social work is multi-faceted, it takes account of both the external empowerment and support of the service users and internal relationships with practitioners holding the emotional and intellectual aspects of the profession (Ruch & Julkunen, 2016). The points made in this work are illustrative of the nature of social work, and the specific involvements of the author and are indicative of practice, offering some illumination of how relationship-based social work can offer transformative practice.

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