



Testimonial

Soyeb Aswat, Social Worker Lead, LYPFT

In 2010, I was involved in setting up an archery group to divert young people in the south Asian community away from drugs and gangs. The Drug Service was not being accessed by these young people, so I explored with the young people the reasons for this. They couldn't relate to the service as they did not see anyone working there that looked like them and they didn't want to be seen going into the Drug Service as this would have been frowned upon by the Community (stigma attached). I therefore worked with a project that looked at engaging with the community elders and leaders to get their support and to find out what was needed to combat the issues of drug and gangs. We worked with an organisation called 'Making Space,' to develop a multi-lingual resource pack in Urdu, Punjabi, and Gujarati.

Whilst studying on a research module at the University of Lancaster, I became interested in the role of spirituality in communities. For my dissertation, part of my degree in Social Work/AMHP training, I compared medical and spiritual models when understanding mental health issues. I believe in the importance understanding different perceptions in mental health and using both models to support people's mental health and wellbeing. For example, someone's perception of hearing voices might be that it's 'jinn' or demons speaking to them.

In 2018, I joined a Spirituality Group at the University of Huddersfield which aided my interest and research around spirituality, looking at raising awareness within professionals of what spirituality is and the role of spirituality within professional practice.

Within my role as Social Work Lead, I am really keen to ensure that social workers understand that research should be part of their duty and role, and it also fits in with the need for evidence-based practice and interventions.

I have worked with the SWY Research and Development Team and 'Think Ahead' students to explore what impact the makeup of a team has on the community they represent and work with. In our initial study with a small number of participants, we discovered that a predominantly White British teams case load was not representative of the community it was working with whereas a diverse team tends to attract a diverse caseload that is more representative of the diverse community it serves. In addition, details of cultural diversity and spirituality could be included in relevant care plans. I am now keen to further develop this study with a larger cohort and in order to do that will need an academic collaborator and to apply for a suitable research grant.