Guide to the Standards of Proficiency for Social Care Workers

Domain 4

written by social care workers
for social care workers

Edited by Dr Denise Lyons and Dr Teresa Brown

Acknowledgements

Hollie Brown Quail (March 2011 – May 2020)

Adam Lyons (February 2010 – June 2020)

Foreword

One of the most beautiful gifts in the world is the gift of encouragement. When someone encourages you, that person helps you over a threshold you might otherwise never have crossed on your own **(John O' Donohoe 1956-2008).**

We were very privileged to receive many gifts of encouragement for this project and we are delighted to include their voices as the foreword to this e-book.

Bernard Gloster (Chief Executive Officer TUSLA Ireland's Child & Family Agency, previously a social care worker and health services manager).

In late 2020 I had the pleasure of writing the foreword for a special edition of the Irish Journal of Applied Social Studies (IJASS) all of which focused on the competencies and development of the social care profession. In that journal, I had the pleasure of reflecting on a book preview as follows; "If you want to engage more on the 80 proficiencies, then the book preview by Denise Lyons and Teresa Brown is a snapshot of what is up ahead. This is an e-book with a chapter on each proficiency (that's a lot of reading), but it has all the hallmarks of being compelling because of the style of capturing the voice of social care workers with their understanding and experience of the proficiencies now set out to be achieved. That e-book might well be the basis within which the proficiencies, when they are reviewed, and no doubt they will be in the future, will be considered against that lived experience of the worker. The worker has so much to achieve in this new set of proficiencies..." I am delighted now to welcome that same e-book available for all to consider and reflect on. The format and style approach is particularly attractive as each domain has its own book within a book and that certainly means that social care workers and students can go to and indeed go back to specific parts and reflections. Written by social care workers, it is for social care workers and educators a unique opportunity. With 75 contributors, the base of experience and reflection is wide and rich. Enjoy Reading.

Mark Smith (Professor of Social Work University of Dundee Scotland, esteemed author, academic, and keynote speaker).

I am delighted to have been asked to provide this brief endorsement for this project and the five e-books that constitute it. I know both Denise and Teresa having served as external examiner for both their doctoral viva voces and it is great to see them bring their manifest commitment to and wide knowledge of social care to this project. The results of their labours are both comprehensive and impressive. They have taken the five CORU generic domains of practice and their associated proficiencies and have prevailed upon a host of experienced professionals to customise these for social care in a series of freely available e-books. It is a vital task the editors have taken on. Practice standards are of little use if they exist only in some codified and abstracted form. They only achieve any utility if they are grounded and contextualised in the messiness and ambiguity of social care practice. And this can only be done by those who have encountered and negotiated this complexity in their everyday practice. So, these volumes are, avowedly, written by social care workers for social care workers – each proficiency is explored and considered though a social care lens anchored in practice. Being anchored in practice, the books provide a rich and credible resource for practice educators in their work with students, but they will also generate discussion and reflection in staff teams. What struck me in perusing the list of contributors is just how broad a base social care is developing in Ireland – it is a profession coming of age. There are eighty chapters between the volumes and while there is rightly some overlap, most are written by different authors. This exercise will itself enhance the status, confidence and identity of the profession. Each of the contributors, but most especially Denise and Teresa, have given the profession a gift that comes from within the profession itself and is all the more valuable for these origins.

Pat Brennan (Director of first social care programme (childcare) in Kilkenny 1971-1981, child care consultant, author).

There is no way I could do justice to this 2021 publication 'Guide to the Standards of Proficiency for Social Care Workers'. It contains eighty contributions from highly qualified and experienced authors. The range of knowledge, research, qualifications, experience and education/training is quite stunning. This guide is a huge compendium, starting with the key term: Social care is … a profession that requires an in-depth understanding of and interest in people. Practice is centred within the relationship between you and another person. Social care work places an onus on the worker to constantly reflect on her/his attitudes, physical and mental health and ongoing ability to focus on and be present with the service user(s). The work is emotionally and physically challenging because you use your self as the 'tool' (Lyons 2013). Every possible aspect of the work of social care is essayed with added examples, key terms, cases, tasks, tips for educators, references and biographies. All the time rooted in best practice, in accordance with legal and statutory requirements, underpinned by social justice and human rights. The emphasis is on human relationships with clear and principled explorations of what can be a fraught area of endeavour and task. In the long run, education and training are central, enabling students to move through knowledge to wisdom so that they do not work 'to the book', but to the reality and the needs of their clients. The main tool being the 'Self. It is an astonishing, comprehensive articulation of the work. It will surely remain the fundamental text with regard to social care for many years to come. This then should give all those in anyway involved in social care great confidence in themselves and in their profession. It must also give substantial standing within the whole welter of professions concerned and involved with the citizens and agencies of this State. An outstanding achievement, heartiest congratulations to all concerned (Pat Brennan, Kilkenny 2021).

Noel Howard (First Social Care Ireland Media Spokesperson, Editor of the CURUM, Leader in the professionalisation of social care work, to name a few of his many roles within social care over his long career).

The editors of this work took on a gargantuan task. Not only did they succeed in that task, but the results are foundational for those who are and will become part of a profession faced with another gargantuan task – making a difference in the lives of those with whom they are privileged to work. Social care workers simply have their own personalities, forged by their past and influenced by their experiences and training, to bring with them to do what they do each day. Denise and Teresa have delivered a rich, comprehensive touchstone, covering the myriad aspects of what that is all about. Moreover, it is written by the real experts, who know in their hearts and souls the loneliness of despair, the stultifying jargon of bureaucracy, the humbling lived experience of misery and failure as well as the uplifting light of the small steps of success. The editors and contributors are to be congratulated and thank you for the touching dedication.

List of Contributors

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Dr Teresa Brown is a social care worker currently lecturing on Social Care degree and masters' programmes in the Technological University of the Shannon: Midlands Midwest TUS. Teresa has extensive experience as a social care worker in Northern Ireland, Ireland and Romania. She has practised in the areas of residential care, secure care and child protection/family support. Teresa is currently a board member of Social Care Ireland and an active member of the Irish Association of Social Care Educators (IASCE). Her PhD, completed in 2016, focused on social care workers' experiences of relationship-based practice.

Caroline Coyle is an artist, poet and social care lecturer at the Technological University of the Shannon Midlands Midwest, and a PhD candidate at the Women, Ageing and Media (WAM) Research Centre, University of Gloucestershire, UK. Her study utilises autoethnographic and poetic inquiry to explore older women's identity through their participation in rituals at the Celtic Festivals of the Seasons at Uisneach, County Westmeath. In 2021, she co-founded Global Perspectives in Social Care/Child and Youth Care, which held its inaugural (virtual) symposium that June under the theme of 'Reimagining the Relationality of Social Care/CYC Practice in the Pandemic through the Arts, Nature, Spirituality, Education and Other (ANSEO)'.

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Cathy Murphy is a social care worker who began her career with Beam Services Carlow. She left Beam Services to work in Delta Centre for four years before returning to Beam Services as a social care worker. She has worked on the national New Directions committee. She is currently studying Management and Leadership in the University of Limerick.

Imelda Rea divides her work in Technological University of the Shannon: Midlands Midwest (formally AIT) between lecturing in Social Care degree programmes and working as a community connector with the College Connect project, connecting with people who experience multiple marginalisation, supporting them on their journey into higher education, and beyond, as a student support worker. Imelda has worked in residential care, youth training initiatives and is a volunteer in community radio. She has an MA in Child and Youth Care and degrees in both Social Studies and Community Development.

Table of Contents

Domain 2

	Foreword		III
	List of Contributors		V
24	Domain 2 – Proficiency 1	Evonne Mushonga	209
25	Domain 2 – Proficiency 2	Shauna O'Regan	217
26	Domain 2 – Proficiency 3	Vicki Anderson	225
27	Domain 2 – Proficiency 4	Eleanor Lyons	231
28	Domain 2 – Proficiency 5	Deirdre Berry	239
29	Domain 2 – Proficiency 6	Paul Hogan	249
30	Domain 2 – Proficiency 7	Ailish Jameson	257
31	Domain 2 – Proficiency 8	Garreth McCarthy	265
32	Domain 2 – Proficiency 9	Maeve Dempsey and Collie Patton	275
33	Domain 2 – Proficiency 10	Bernie Breen	285
34	Domain 2 – Proficiency 11	Gillian Larkin and Marian Connell	293
35	Domain 2 – Proficiency 12	Natasha Davis-Dolan	309
36	Domain 2 – Proficiency 13	Des Mooney	319
37	Domain 2 – Proficiency 14	Gráinne Powell	327
38	Domain 2 – Proficiency 15	Des Mooney	335
39	Domain 2 – Proficiency 16	Marian Connell	347
40	Domain 2 – Proficiency 17	Tanya Turley and Diane Devine	357

Domain 3

	Foreword		III
	List of Contributors		V
41	Domain 3 – Proficiency 1	Audrey Moore	371
42	Domain 3 – Proficiency 2	Noel Howard	379
43	Domain 3 – Proficiency 3	Lorna O'Reilly and Jamie Grennan	385
44	Domain 3 – Proficiency 4	Victoria McDonagh	395
45	Domain 3 – Proficiency 5	John Balfe	403
46	Domain 3 – Proficiency 6	Gráinne Ridge	411
47	Domain 3 – Proficiency 7	Orla Dowling	417
48	Domain 3 – Proficiency 8	Jacqui McCann	427
49	Domain 3 – Proficiency 9	Sheena O'Neill and Caroline Costello	445
50	Domain 3 – Proficiency 10	Claire Barry	455
51	Domain 3 – Proficiency 11	Michael McCarthy	467
52	Domain 3 – Proficiency 12	Grace O'Flynn	481
53	Domain 3 – Proficiency 13	Dawn Murtagh	493
54	Domain 3 – Proficiency 14	Marie Nolan	503
55	Domain 3 – Proficiency 15	Deborah Brady and Fiona Brannelly	511

Introduction

Wednesday, 31 May 2017 was a landmark date. On that day CORU launched the Standards of Proficiency for Social Care Workers and started the clock ticking towards statutory registration. CORU was assigned the task, under the Health and Social Care Professionals Act 2005, of establishing the criteria for all twelve professions included in the legislation. CORU designed the standards of proficiency to include five domains, and the first four (professional autonomy and accountability; communication, collaborative practice and teamworking; safety and quality; and professional development) were deemed generic, forming the general guidelines for all twelve professions. Domain five, described as profession-specific (SCWRB 2017), was adjusted to suit each discipline.

This book is a professional response to the standards of proficiency, written entirely by social care workers for students, workers and educators. Here the voice of social care workers is at the centre of each standard of proficiency, providing a valid, meaningful and practice-rich discussion. The book has a single chapter on each of the eighty proficiencies. Each chapter represents the writer's understanding of the proficiency they have chosen and offers insights into the context in which they work, their professional relationships, and how these shape their professional identity as social care workers. A lot of practice is performed intuitively and draws on personal and professional knowledge and experience built up over a lifetime.

The standards of proficiency are portrayed as a threshold framework for creative and informed practice that views service users as central to social care work. Here the worlds of practice, policy, research and regulation are brought into much closer proximity, presented as an integrated practice-informed body of knowledge with the relationship at the core. The keywords and language of the proficiency are explored and considered though a social care lens anchored in practice. A unique section of each chapter is called 'Social Care is …', in which the author explains what social care practice means to them, based on their knowledge and experience. The aim here is to provide as many perspectives as possible on what this evolving profession means to social care workers. Reflections of practice are drawn upon from the 'coal-face' using fictional case studies to maximise students' engagement with the proficiency. The final section of each chapter contains 'Tips for Practice Educators' with a focus on how they might teach the proficiency as practice educators, using practical exercises, reflective questions, quotes and points to consider. The social care workers involved have given their time and expertise to help strengthen the profession and their contributions are a testament to their competence, generosity, passion and pride in social care work.

- Social care worker is a protected title, and the preferred professional title by authors in this publication. In some chapters, authors have used 'social care practitioner', and 'social care worker' interchangeably.
- The Case Studies included in this eBook are either completely fictional, or loosely based on real people. In all cases, names and identifying details have been changed.
- Remember all the links in the chapters and references list are live, so use them to find other relevant resources to support your practice and education.
- This book was written by 75 of us, for you, so enjoy.

Chapter 56 – Cathy Murphy

Domain 4 Standard of Proficiency 1

Be able to engage in and take responsibility for professional development.

KEY TERMS

CPD

Professional reflective learning/critique

Supervision

Responsibility

Engagement

Social care is ... an ever-evolving rollercoaster of new skills and professionalism. You are often going to hear the words upskilling, training, retraining and refresher course. These words will become your best friends in upskilling. Where and when you find employment, you will generally be provided with a lot of these training sessions, which is good; but just remember that these are regulatory training sessions – ticking a box – another great phrase you will soon get used to.

Welcome! Student, this is where your training begins and never ends. Your social care education only starts with your formal academic training; it continues throughout your career as a social care worker, in the form of continuing professional development (CPD).

Try not to think of professional training as 'just ticking the boxes'. Whether you are working with the Traveller community, adult or child disability services, alcohol and drug misuse or homeless services, you will be forever learning about yourself and your profession. Embrace it, learn from it and use it. In your line of work, you are going to meet a lot of people with a variety of different needs. Essential to your professional development is the question of how you can further develop personal and professional skills in order to assist a person in his or her life.

Through my career I have involved myself in CPD, including:

- Mandatory training: SAMS (safe administration of medication), epilepsy training, safeguarding – this is very important
- Studio 111 – training that involves behavioural support for people with challenging behaviour
- Autism training
- Probation reviews
- Supervision
- Self-research – when I hear something I have never heard of before I tend to ask about it or research it
- At the moment I am attending the University of Limerick and studying a management course
- I have also worked on the national New Directions policy, which will eventually encompass all areas of day service (New Directions is a vital part of your training; you will find a lot about it on the HSE/New Directions website).

All of this can be achieved if you believe in yourself. When asked if you would like to take part in some kind of training or to be a part of a team working on a new project, go for it. This is how you learn. We have all been in a situation where we feel we do not know enough about a certain subject, but the only way to learn is to immerse yourself in it. Remember that other people in that room all started the same way – you learn on the job. Also, as a side note, interviews are great for CPD, but do not

be disappointed if you do not get the job. Ring your interviewer and ask for feedback. If in the future there is an opportunity for advancement in your workplace or another area of the job you would like to try, GO FOR IT! Not getting the job does not mean you are not good enough; it just means you need more experience.

Continuing Professional Development (CPD)

CPD is a combination of methods and techniques that will enable you to manage your professional growth. It looks at the person in his/her totality – remember, in social care you are working with people and your personality and experiences are going to contribute to your learning and understanding. CPD happens in many different ways in different services. My CPD experience has been through probation reviews, supervision meetings, and also those times when you think 'I should have done that differently' or 'I did not handle that very well'. I once worked with a service user who was quite obsessed with using the computers. He would come in first thing in the morning and stay there all day. Which of course was not healthy. So I decided that he should not have the computer any more. Without any consultation with the service user, I explained to him that there would be no more computer time. Of course, this did not go down well. The computer did not survive that day as the service user tipped it on the floor and broke it. In reflection, I understood that I had no right to tell anyone when they should and should not do what they want. It was all about the language I used. Instead of saying 'no more computers', I could have had a conversation and asked him what he would like to do instead of using the computer, or asked him to sit with me and make a visual timetable that included the computer but other activities as well. It turned out the service user was bored and found it difficult to engage in other activities.

This reflection on your experiences and how you learn from them is part of CPD. As you sit in class, in your bedroom or kitchen, or wherever you might be reading this, it is very difficult to understand how this works in practice, to be able to visualise what actually happens when physically working in the area of social care.

CPD is any activity that contributes to a professional's learning and development. It can be as diverse as completing a course, reflecting on work practices through supervision or researching a new technique or reading a related article. The activity (i.e., action) can be viewed as CPD, as long as it enables the Social Care Worker to apply this learning through reflection or practical application in their professional life (SCI 2019: np).

Reflective Cycle (Gibbs 1988)

If a social care worker is not engaged in CPD, this can be detrimental to the service user. One resource to support you in understanding how learning is continual is Gibbs' reflective cycle, which can provide you with the building blocks for reflecting on your professional practice to date and areas

you can develop. Social care is so diverse and changeable: very often policies and procedures are updated and developed, and these have to be read and understood. If there is a policy on fire safety, for example, it is your responsibility to read and understand it. These policies are there to help you and the service users. This is CPD. Many times, a new service user will attend your service and you will need to get to know this person, their way of communicating, their diagnoses (if it is something you haven't heard of, research it) their life experiences, their family life, their school life. You will also have to think of the ways you communicate so that you are understood; you will have to think outside the box and adapt. This is why we as professional social care workers are constantly learning and updating our work practices.

Professional Reflective Learning Using Gibbs' Reflective Cycle

Graham Gibbs developed his reflective cycle in 1988 (Gibbs 1988). It was intended to give structure to learning from experience. It offers a framework for examining experiences, and given its cyclic nature it lends itself particularly well to repeated experiences, allowing you to learn and plan from things that either went well or didn't go well. Essentially, Gibbs suggests that there are six sections in the reflective cycle: description, feelings, evaluation, analysis, conclusion and action plan. The reflective questions in the following diagram were created by John Murphy of Beam Services, Carlow, to support staff in a day service for adults with an intellectual disability, to reflect on their professional reflective learning.

Pick one of the following case studies and use Gibbs' reflective cycle as a guide for professional reflective learning.

01 Description
You describe what happened in general including:
What happened? Where did it happen? When did it happen? Who was there? What did people do? What was the outcome of the situation?

02 Feelings
Your own feelings and thoughts about the experience:
What were your feelings during and after the situation? What did you think other people were feeling? What were you feeling after the situation? What do you feel about the situation now?

03 Evaluation
Your evaluation of the experience, both good and bad. It is important that you are as honest as possible, because your assessment of the situation will play a huge part in forming an action plan later. What was good and bad about the situation? What were the positives? What were the negatives? What do you think you and others present contributed to the situation?

04 Analysis
Were you able to make sense of the situation overall? Why did things go well? Why did things not go well? What knowledge yours or that of others present can help you understand the situation?

05 Conclusion
Conclusion about what you learned and what you could have done differently. What did I learn about the situation? How could this situation be a more positive one for all concerned? What extra skills do I require to help in such situations? What else could I have done?

06 Action Plan
Draft an action plan for how you would deal with similar situations in the future, or general changes you might find appropriate. This is the most important section, as it not only plans for what you will do differently but how you will make sure it happens. If you had to do the same thing again, how would you do it differently? How can I gain the extra identified skills needed? How do I ensure that I can carry out the agreed action plan?

Case Study 1

John has been working in a new service for three months. He has been a social care worker for ten years but this is only his second place of employment. John has never had a probation review before. He feels a little nervous about it. John's line manager, Tony, is conducting the probation review and he has asked John to write down how he feels he is doing in the job. John feels he is doing fine. Tony explains to John that there are few areas he would like John to improve; for example, his paperwork needs to be more up to date. Tony also states that he feels John works very well with the service users. At the end of the probation review Tony writes action plans for John on areas that he feels he may need to improve and dates by which these are to be achieved. Your first probation review may seem a little stressful, but it is not a moment where someone tells you how bad you are at things, it is for you to understand the professional critiquing and how to reflect on the information you receive. CPD means setting yourself professional objectives and goals and measuring how you reach them.

Case Study 2

Mary is an 18-year-old who has just finished school and has started in her first day services. Mary is verbal, autistic and has sensory processing issues. Mary has been attending St Andrew's day centre but has been relocated to your centre. She arrives with a small file. You introduce her to everyone and they ask her lots of questions. Mary starts to become agitated, then Tom, another service user, turns on the radio quite loudly and walks over to Mary and asks her to dance. Mary responds by physically lashing out at Tom, hitting him on the arm, then she covers her ears and begins to shout. All the other services users become very upset and feel unsafe. Another staff member removes all the other services users to a different area where it is quiet and turns off the radio. Once Mary begins to calm, staff members bring her to the multi-sensory room to aid her in self-regulating her anxiety.

Now set out an action plan using the template below:

TASK 1

Using Gibbs' reflective cycle, write about an event or situation, explain how you felt at the time, analyse it, evaluate it and reach a conclusion about the event. Do this in your own time.

Objectives	Activities	Indicators of Success	Target Dates

Supervision

Supervision in its basic form is where management or leaders support your professional development so that you provide the best standards of care. Supervision should take place at regular intervals. In a supervision meeting, your last supervision meeting will be examined and the goals and action plans that you have had to achieve will be looked at. This can feel a little daunting, but once you establish a beneficial and supporting relationship with your manager/team leader it will be of great benefit.
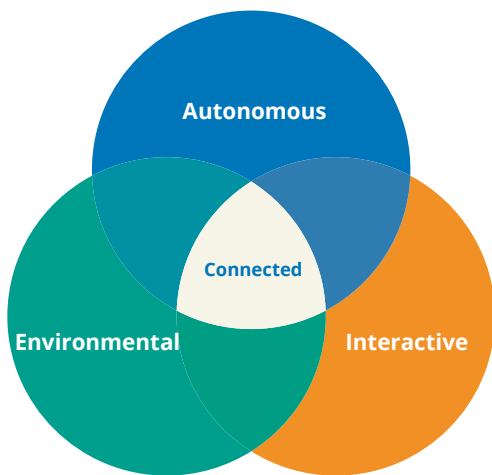
The functions of supervision include:

- Supportive

  In this area your manager/team leader is there to support you when work becomes a little difficult; if you are finding certain areas hard, such as time management, dealing with other staff or service users. It is not a counselling session but a way of helping you get ideas on how to manage these situations.

- Educational/development

  This area focuses on a skill you may lack that either you or you manager/team leader has noticed. You may be asked to take a course, or maybe they would like to offer you a course. Do not be afraid to ask for educational development. If you see a course that you feel may help you in your job, ask about it. This shows great enthusiasm and willingness to develop new ideas within the organisation.

- Supporting problem-solving

  You will sometimes find yourself in a situation where your problem-solving skills need to come into play. We do not as individuals have all the answers all the time; this is where you tackle a problem and get your manager/team leader to advise on how to solve it. It is an opportunity for you to ask whether your idea would work or not.

- Line management: observing development

  More often than not, in any type of workplace, line managers will observe your work. This enables the manager/team leader to understand the areas in which you need extra support. It is not a test – it is for your CPD. A good supervisor should be able to observe you and support you to work to the best of your ability (Hughes 2010).

In my workplace you can choose to have informal or formal supervision. The difference is that in informal supervision you can meet with your supervisor at any time, when you feel it is required or when your supervisor feels it is required. Formal supervision involves more work but is very rewarding. It involves three- or six-monthly meetings. My supervisor will email me when the appointment is set. At this point I go back over my last meeting and make sure that stany goals that have been asked of me are completed. If I have not reached all my goals I will be honest with my supervisor and explain that maybe I needed a little more support in these areas. My supervisor will then ask what kind of support I need to achieve these goals and these will set as goals for my next supervision, along with new goals. These goals can be as simple as making sure that the cleaning sheets are filled in properly or how to communicate with family members, psychiatrists, physios or GPs.

Good supervision is helpful, not only for professional development but also to give you a sense of job satisfaction and a willingness to perform well. Sometimes you might have 'bad supervision'. When this happens, you can be left feeling unmotivated. 'Burnout is also associated with workers' perception of their relationship with the supervisor, not just whether they received help or support. In Mena and Bailey's study of child welfare workers in the US, workers' sense of rapport within the supervisory relationship was related to job satisfaction' (Carpenter *et al.* 2012: 9).

LEADER
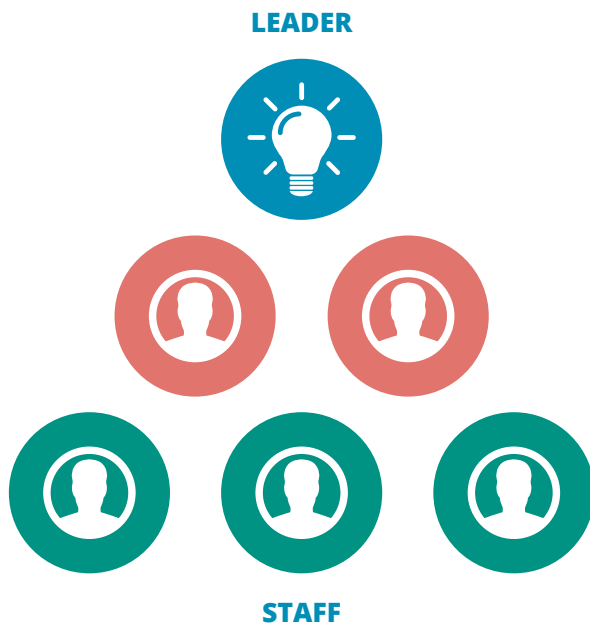
TASK 2 Look at the picture to the left. What do you think it is trying to say?.

CONSIDER

'Keep the credit to yourself and remain small, give it to others and grow ... The choice is yours' (Maleki 2014)

STAFF

Supervision needs to be at the right time, in the right environment, with an experienced supportive supervisor and a committed supervisee (Hughes 2002).

- **The right time:** Supervision needs to take place when you and your supervisor have organised a specific time, so that neither of you is distracted. This will also give you time to think about the areas you want to discuss.

- **The right environment:** This is very important, it can be difficult to have supervision when your supervisor is sitting across from you behind a desk. Supervision should be professional, but it should also feel relaxed, with no interruptions.

- **The right supervisor:** Supervision is not a counselling session; it is not a place to display all the things that are being done 'wrong'. It is a place to learn and grow. A good supervisor should be supportive and point you in the right direction. An experienced supervisor should be able to make you feel that you are supported and they should make you feel motivated to continue with your professional development for the good of both you and the organisation.

- **Committed supervisee:** This is where your CPD really comes into play. You are the guardian of your own development. Yes, you will have days when it is really tough, and you may feel that you have had enough. This can happen, especially if are considering working in the area of challenging behaviour. You need to use all the resources around you, mainly your supervision. You need to be committed to the process of learning from experience, reflecting on situations and bringing this to your supervision.

Responsibility

When working in the area of adults with intellectual disabilities, challenging behaviour can be very common. It can be stressful and difficult, but that's okay – many jobs are stressful. That's where you need to be aware of how you feel and use your colleagues for support. For me, personally, I love my job. You will not find another environment where having a cup of tea and a chat with a service user and other colleagues is a big part of your day. Where life continues in different ways for everyone. When you realise that you are important and that you are making a difference.

When you begin your first employment don't be afraid to ask questions. Every individual is different and, no matter how much experience you have or may not have, it is important to use all resources available – new and historical files, risk assessments, personal care plans – read it all, and then read it again. Also, staff are a huge resource, *but* sometimes a culture in an organisation is hard to change, for example you may have a great idea for a programme to work with an individual and you will hear 'We tried that before' or 'Good luck with that.' The difference is that the individual has never worked with *you*. No idea is a bad idea. This is where your professional learning comes into play: Did that programme work? Did it not work? What can I do differently to gain a better outcome for the service user? This is how you take responsibility for your professional development and learn to engage with it. Ask questions, use your supervision time to learn how to reflect and improve your professional development. Supervision is an excellent means of insightful learning.

It can be very easy to just go to supervision and sit and nod, 'tick another box'. Who would that help? It is your responsibility to use the resources that are handed to you. Social care is not born from a vacuum. It takes learning and evolving from all involved. You may have experienced three-way meetings and supervision meetings in college, and these are for your college development – for you to pass or fail – but supervision in the workplace is about you and the organisation. Work experience and three-way meetings will be the closest you will get to professional supervision – so *use them*. Your college experience and your professional work experience is where your CPD journey starts. Bring this learning into everything that you do, be it college, work experience or life. An idea can be triggered from your experiences that can give a service user as independent a life as possible. How do we engage in CPD? 'Active engagement in CPD is vital to ensure that health and social care professionals continue to have the up-to-date knowledge and skills necessary' (SCWRB 2018).

Engagement

Engaging in CPD basically means good listening and understanding; it is a record of your knowledge and of the skills you are learning along the way. It requires reflecting on good and bad situations, participating in your reflection. This does not have to be done at the time of supervision; it is an ongoing, evolving practice. You will get better at it over time – it takes practice. This is why you have to engage in and be the significant cog in the wheel of your CPD. Another way for you to engage is to take part in any training that is provided; research where and how you can upskill. My advice is to start looking now. Websites like www.HSEland.ie have free short courses you can pack into your CV.

I hope you found this chapter useful. I do understand it can be very difficult to visualise what it is like on the floor. Just remember that you are in control of your professionalism and your professional development as a social care worker. There are days when you will question your choice, but let me tell you there are days when you will be so proud of yourself and your work, they will outweigh those 'questioning days'. Positivity begets positivity. Remember, life is short, so make sure that you laugh at least once a day while on the job!

⚡ Tips for Practice Educators

1. Focus on Reflective writing. Writing a paper academically is important, but students should try focus what the outcomes of learning are in relation to which field they hope to get into.

2. Try role playing different scenarios:

   - Look at scenarios of challenging behaviour, how a service user may become agitated over a loud noise and lash out and hit other service users or staff members. What should the student do?

   - Look at a scenario where a service user may disclose information of abuse; this can be used for sexual, financial, emotional or physical abuse. (Bring in safeguarding here.)

   - Keep it simple. For example: Service user A, non-verbal, would like to know how to make a cup of tea. This person is autistic, can understand but cannot verbally communicate. Ask the students to make a PECS (picture exchange communication system). Also have them work on 'now and then' cards.

   - All this information can be easily sourced from websites such as lessonpix or AsIam.ie.

3. Explain and explore the different areas of social care, what can you (the student) do once you leave?

4. What we as social care workers do out of college is very difficult for a student to visualise.

5. Make learning collaborative and hands-on.

6. Organise trips to different day centres, residential centres, homeless centres, etc. (Many organisations would be happy to give tours and explain what they do.)

7. Use a lot of situational case studies.

8. Collaborate with social care workers in the community, ask them to come in and explain what they do.

References

Carpenter, J., Webb, C., Bostock, L. and Coomber, C. (2012) 'Effective supervision in social work and social care', Research Briefing 43. SCIE.

Gibbs, G. (1988) *Learning by Doing: A Guide to Teaching and Learning Methods.*

Hughes, J.M. (2010) 'The role of supervision in social work: A critical analysis', *Critical Social Thinking: Policy and Analysis* Vol. 2.

Maleki, S. (2014) 'Good supervisors vs bad supervisors', Series #3: 'Giving credit to trainees'. Available at <samanmaleki.blogspot.com>.

Mena, K.C. and Bailey, J.D. (2007) 'The effects of the supervisory working alliance on worker outcomes', *Journal of Social Service Research* 34(1): 55–65, cited in Carpenter, J., Webb, C., Bostock, L. and Coomber, C. (2012) 'Effective supervision in social work and social care', Research Briefing 43. SCIE.

SCI (Social Care Ireland) (2019) *What is Continuing Professional Development (CPD)?* Available at <https://socialcareireland.ie/continuing+professional+development-cpd/>.

Social Care Workers Registration Board (2019) Social Care Workers Registration Board code of professional conduct and ethics. Dublin: CORU Health and Social Care Regulator. Available at https://coru.ie/files-codes-of-conduct/scwrb-code-of-professional-conduct-and-ethics-for-social-care-workers.pdf.

Chapter 57 – Adrian McKenna

Domain 4 Standard of Proficiency 2

Understand the need to demonstrate evidence of ongoing continuing professional development and education, be aware of professional regulation requirements and understand the benefits of continuing professional development to professional practice.

KEY TERMS

Reflection

Why continuing professional development?

What's the benefit of CPD?

Where do I access CPD templates?

How do I identify what CPD credits I can use?

Integrating CPD into practice

Embracing regulation and CPD

Social care is … about us as individuals taking opportunities to enhance the skills, knowledge and experience that we already have and to understand how we can better support ourselves and those we serve.

When we enter into the social care field we bring with us certain skills, knowledge and experience. If we are coming directly from college, a lot of what supports us can be theory-based, as we may have limited frontline and personal experiences of care to draw upon. If we have been working in services for a long time and we are now about to enter the register as a professionally qualified social care worker, we may have extensive frontline experience, life experience and indeed may have extensive theoretical experience. Irrespective of whether you are beginning your studies in social care or have been working in the profession for many years, best practice requires continued learning through continuing professional development or CPD. The Health and Social Care Council defines CPD as 'the means by which health and social care professionals maintain and improve their knowledge, skills and competence, and develop professional qualities required throughout their professional life' (CORU 2013). Central to learning about your practice and professional life is a process called reflection.

Reflection

To be able to evaluate and reflect critically on your own professional practice you need to understand what reflecting or reflective practice is. Reflection, at its core, is stopping and taking a very in-depth and overarching look at any given situation. John Dewey defines reflective thinking as 'active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends, constitutes reflective thought' (Dewey 1933: 9). Reflecting on what we need to do to make sure that we are looking after our CPD needs can be a relatively simple process. You first need to identify the knowledge deficit in your current practice and

analyse why that deficit exists; then you need to explore how this new learning would benefit your practice and those you serve; and then you need to look at the most effective way of gaining that knowledge. When you have reflected on all those areas you are ready to take part and evidence CPD.

Why CPD?

Why do we need to evidence our ongoing CPD? When you register with CORU you will be required to amass 60 CPD credits over a 24-month period. The credit system will be based on one credit for every hour you acquire 'new learning'. In other words, if, as part of your professional development plan, you decide that you need to do TCI or MAPA or some other crisis intervention training, and all you require is a refresher that will take seven hours on one day, you would not award yourself seven CPD credits for that refresher training, you would only award yourself one credit per hour for anything new you learned; whereas if you were sent on a training course, took part in a seminar or went to a conference and it was entirely new to your learning, then you would award yourself one CPD credit per hour of that training.

TASK 1

Register at www.hseland.ie and complete the PDP e-learning module.

What's the Benefit of CPD?

One of the great skills in understanding the role of CPD is understanding and accepting the benefits of professional development and how it supports improvements in your professional practice. It is important for us as social care professionals to have a strongly reflective, analytical and critical look at our professional development as it is used to support ourselves and those that we serve in our services. CPD is entirely about supporting the very vulnerable individuals we work with and giving them the best and safest service that we can possibly give. If we do not take the position of evidencing through a CPD journal, we are letting down ourselves, the organisation and those we serve. The whole point of the CPD journal is to analyse what training you have, to look at what training you need, to dig deep into why you feel you need that training and then to plan how that training is going to look for you. (Below this piece you will see an example of a CPD portfolio.)

When participating in the supervision process your supervisor should help you look at your developmental needs. This is where the decisions can be made on how and what you will need to do next to develop your own CPD portfolio. You must first take a historical look at your experience, your education and your skills and when you understand what you have already, only then can you develop what you need to improve. We are not just talking about theoretical knowledge but a very wide breadth of skills, personal, interpersonal, theory, concepts, real-life skills and physical skills – it's a wide construct. When you've developed your PDP (personal development plan) and have looked at your continuing education as part of that, a decision can be made as to how you structure it; what are the learning activities? This is interesting because in social care everything is potentially a learning opportunity and, as mentioned above, one hour of new learning is one CPD credit.

How do I identify what CPD Credits I can use?

Ask yourself, what are your learning opportunities? Over a two-year period you will have to achieve 60 CPD credits. If you have supervision once a month over two years you probably do ten, maybe eleven, each year. If they are strong supervisions you would probably be able to give yourself half a credit for each, based on new learning, so over the 24 months you will amass 11 or 12 credits. If you do one team meeting a week, over the year you might attend 45 to 50 meetings. Again, if they are one hour long, you may get half a credit per hour, amassing 20 to 25 credits that year. If you attend conferences and are learning something entirely new to you, you award yourself one credit per hour of new learning. If you are writing something new, maybe a policy for your organisation, journal articles or blogs, and it's new learning, you have one CPD credit for each hour of new learning. If you return to study and do a new course at third level in something in which you have no experience at all, there's probably going to be a hundred contact hours and up to 50% of those will be new learning. This is how you try to integrate your new knowledge and skills into your CPD.

Integrating CPD into Practice

Once you've learned something new, you need to develop a way of using it in an experiential way, otherwise a you just lose the ability to work with it. For example, if you're working in a service where communication for a service user is a difficulty and within that service they are using Lámh as a means of communicating and you don't have Lámh, then you put that in your CPD plan, talk to your supervisor, get some funding to do the course. When you have completed it, you will have to weave it into your daily life skills – now it is not just a theory or a concept but a very physical space, it's something that you need to practise, like a professional singer who needs to practise to maintain a high standard. The more practice you do, the better communicator you become and your client base will really benefit from that.

Case Study 1

When I worked in young people's services, I was key working a young person whose relationship with his mother was completely broken down and he had little or no contact with her. I knew I would have to engage with her quite a bit. I understood that if I built up a very strong and trusting relationship with that young individual, in time I could build a trusting, caring relationship with his mother; then, reciprocally, he would see that as being a positive thing. Over the period of three years we managed to put this young man's relationship with his mother back on a better footing. I had studied attachment theory and used some of my knowledge to support myself, the young person and his mother.

TASK 2

1. How would you integrate CPD into your supervision? Discuss.
2. Look at CPD opportunities over the last six months and decide how many CPD credits you would have awarded yourself.
3. Using the CPD template below, how you would plan your CPD for the next year? Look at what you know, what you need to know and how you can gain that knowledge.

Embracing Regulation and CPD

Regulation of social care is imminent. As social care workers our training enables us to be reflective and flexible practitioners. In our daily work we adapt and change practice to suit the ever-changing needs of those we serve. Adhering to the regulations will require us to embrace CPD and to weave it into our daily practice. As outlined above, we are constantly learning and part of that process will be in defining what our CPD requirements are, planning and recording how we complete the 60 credits and being honest about how we identify the new learning. It is not a difficult task because it is something we are already doing.

Example Record Templates – Adrian McKenna 2019/2020			
Name:	Adrian McKenna	**CORU Registration Number:**	12345
Audit period from:	July 2019	**Audit period to:**	July 2020

Implement			Evaluate & Reflect	
Date and time spent When did you undertake this learning activity?	**Type of Learning Activity** What was the name of the activity?	**CPD credits** Approx. 1 CPD credit for every hour of new or enhanced learning achieved	**Learning Outcome** What have you learnt through completing this activity? How have your skills and knowledge improved or developed?	**Impact on practice** How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role?
August 2019	Supervisee Training	21 credits over 4 days	What a supervisee (can be SCW or manager) needs to bring to the supervision process, how we are influenced by our supervision history. What effective supervision looks like in a social care setting. How to work with the Kolb learning cycle and the competence matrix. Understanding what influences our learning styles allows me to find a way with my supervisor that best suits me.	Participating in supervision is what underpins the work we do. Understanding the process and how much influence the self has is at the core of self-development. Looking at my own practice in a safe supervision relationship allows me to explore my strengths and lesser strengths. I use the learnings both as a supervisee and supervisor.

Implement			Evaluate & Reflect	
August 2019	HR investigation	14 credits over 2 days	This training has taught me the importance of defining and setting the parameters for an investigation and sticking to that, of being conscious of natural justice in the work setting and of providing a fair and equitable platform for those being investigated and those being asked to take part in the process too.	This piece of training has reinforced for me how important boundaries are in social care settings. When conducting an investigation it is important to stick to the agreed parameters and if other related issues become apparent during an investigation that these are recorded accurately during the interview and may need to be followed up by another investigator at another time. In my current role this training has strengthened my resolve in tackling an issue that could lead to someone losing their job/career. I am confident that I can be thorough, fair and Impartial.

Implement			Evaluate & Reflect	
August 2019	CISM training	14 credits over 2.5 days	This training is international best practice in helping teams who have to respond to traumatic situations. It looked at structuring a response team and the skills required; how best to respond when a traumatic event or situation occurs; the time frame for an effective intervention; the responsibility of the organisation to the care of the workforce; and the initial defusing and moving on to the debriefing. It went on to look at how to assess the ongoing supports needed for a team in times of crisis and the supports the CISM team require themselves.	I have taken the opportunity to use the skills learned in this training in some recent traumatic events within the service I'm based in and externally in other services. Because this training is very structured and has a strong template to follow it is easily implementable. This training requires two CISM team members to support the individual/team involved and therefore there are natural built-in supports for us as well. The CISM training has enhanced my capabilities as a frontline manager and allows me have access to a support mechanism that is ordinarily only taught to frontline emergency crews.

Review	Plan
What do I want or need to learn in the next 12 months?	What learning activities will I do to achieve this in the next 12 months?
Administration of Naloxone training	Participation in a one-day training course with an advanced paramedic
Critical incident stress management (CISM) refresher training	Participation in a one day refresher with the CISM team
Therapeutic crisis intervention skills (TCI) training	Participation in a one-day refresher with a TCI instructor
Clinical supervision training	Look at available training in clinical supervision at Level 9

> **Tips for Practice Educators**
>
> 1. Help your student to develop a PDP (personal development plan) outlining what they know and the gaps in their knowledge that can be supported during placement.
> 2. Ask your student to draw up a CPD template and record their 'new learning', as identified in the PDP.
> 3. Introduce a CPD communication session as part of your team meetings where each member of staff discusses the new learning they have received that year and gives a short presentation on the key points.
> 4. Ask the student to give a presentation to the staff team on their new learning on placement, for example theory to practice, where they select a relevant theory and discuss how this applies to the settling and the care provided.

References

CORU (2013) *Guide to Continuing Professional Development*. Available at <https://socialcareireland.ie/continuing-professional-development-cpd/>.

Dewey, J. (1933) *How We Think*. New York: Heath & Co.

SCI (Social Care Ireland) (online) 'What is Continuing Professional Development (CPD)?'

Chapter 58 – Delores Crerar

Domain 4 Standard of Proficiency 3

Be able to evaluate and reflect critically on own professional practice to identify learning and development needs; be able to select appropriate learning activities to achieve professional development goals and be able to integrate new knowledge and skills into professional practice.

KEY TERMS

Core values and belief systems

Impact of your past

Use of self

Trauma-informed

Learning activities

Social care is … a working relationship with self and others which is based on the right to respect, dignity, empowerment, choice and self-determination.

Underpinning this proficiency is an understanding that in order to reflect critically on our professional practice we need to understand the role of values, attitudes and beliefs. The importance of critically reflecting on our practice is a consistent theme in the social care literature; however, from my experience as a family support manager how we do this warrants more attention. This chapter adopts a three-pronged approach to critical reflection: values, attitudes and beliefs.

Values	A value is a measure of worth that a person attaches to something; values are reflected in the way we live our lives, e.g.,'I value my job.'
Beliefs	Ideas that are accepted to be true, even though they may be unproven or irrational, e.g.,'I believe in life after death.'
Attitude	The way a person applies or expresses their values and beliefs through words and/or behaviour, e.g.,'I hate college.'
Use of Self	The merging of a practitioner's professional training, knowledge and techniques with their personal self, which includes personality, belief systems, life experiences and self-awareness, to support a client in a therapeutic relationship.

Core Values and Belief Systems in Professional Practice

Core values can relate to a personal, business or professional setting. The importance of reflecting on our own practice starts with an awareness of factors that shape our practice. Values are inherent to a person and can help them to distinguish right from wrong. When a person or business cannot identify their core values, it can become very difficult to plan for or achieve a clear vision of the life or business that is wanted. When a person is clear on their values and beliefs, they can assess their actions and behaviour accurately. Some core values have been transmitted to us through the family or the community in which we live or grew up. Core values should not be viewed as a fixed asset or definitive list; they are malleable. Some core values may strengthen over time, while others are adjusted due to personal growth and development, the impact of life experiences, or the personal processing of societal pressures or influences. We make a conscious decision to adjust or change

our values when they are no longer in alignment with who we believe ourselves to be or our future vision of the type of person we want to become. Below are some reasons why it is important for social care workers to be aware of the core values they hold:

1. Define the essence of your character (who are you when no one is looking).
2. Reflect the situations and topics you stand for and care about as a person.
3. Communicate to others your philosophy of life.
4. Guide your behaviour and influence the decisions you make in life.
5. Guide your behaviour and influence your actions when working professionally with others.

TASK 1

Make a list of your most prominent personality traits. Identify how these traits can act as strengths and limitations when relating to those you support in professional relationships.

Studies have demonstrated that while a theoretical knowledge base and mastery of skills are fundamental to social care work practice, better outcomes with people are achieved when a social care worker demonstrates authenticity and can harness their personality traits as a therapeutic tool when working with others (Edwards & Bess 1998; Baldwin 2000). To do this effectively we as practitioners must take time for self-discovery, so that we are presenting our 'authentic self' at all times.

TASK 2

Reflect on the following points and discuss how this information is relevant to your professional practice.

1. What are my strengths and limitations regarding skills, knowledge and aptitude for professional practice within the social care sector?
2. What people and goals in my life are most important to me?
3. What aspects of myself am I unwilling to compromise in relationships or employment?
4. What are the factors that motivate me or drive me into action?
5. What does success look like to me?

Additionally, belief systems do not necessarily relate to our religious or spiritual orientation, rather they help us to organise and make sense of the world. It is important as social care workers to ensure that we are not imposing our own values or belief systems on those we work with; by doing so we fail to honour the individual's personal life journey and right to self-determination. We must be cognisant of developing strong foundations in all our helping relationships by demonstrating empathy, congruence and unconditional positive regard (Rogers 1957). Each person is unique, and each person has developed a unique worldview.

Impact of Your Past on Professional Practice

This section explores the impact of adverse childhood experiences (ACEs) and life experience on personal and professional identity formation and your practice. Since 1995, the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study has assembled evidence of the effects of ACEs on people's life outcomes. In the original study, two-thirds of more than 17,000 subjects who filled out confidential surveys about their childhood reported having experienced at least one ACE (ten being the highest number of ACEs the test accommodates). The ACE test is divided into three groups: abuse, neglect, and household challenge. People with higher ACE scores are at increased risk of experiencing anxiety, panic or depressive disorders, of becoming an alcohol or substance user, of engaging in promiscuous sexual behaviours, and of developing obesity, heart disease and cancer. ACEs in the general population are common and many individuals have experienced at least one ACE in childhood. Some population groups in society are more vulnerable to experiencing ACEs because of the economic and social conditions in which they live.

Anda *et al.* (2004) identified that employers and medical practitioners have difficulty managing relationship issues, absenteeism, emotional distress, substance abuse and somatic symptoms in employees who are not addressing the impact of their own ACEs on work performance. We cannot thrive as individuals or practitioners while we are still learning to survive the impact of our past life experiences and trauma. We need to acknowledge how common trauma is and to understand that practitioners and clients alike will have their own unique relationship with trauma. Becoming personally and professionally aware of trauma-informed practice requires us to make a paradigm shift from asking, 'What is wrong with the person?' to 'What has happened to this person?' (Harris & Fallot 2001) or indeed from 'What is wrong with me?' to 'What has happened to me?' As professionals we can commit to undertake training in trauma-informed care so that we become more aware of approaches to supporting ourselves and our clients in ways that enable us to feel safe, seen, heard and respected.

Think of a time when you asked for help from a professional or person in authority and did not feel safe, seen, heard or respected. What was it about the other person's response that created a sense of personal discomfort for you? What would you do differently today as a practitioner faced with the same situation?

The nature of the social care system can often create a fast-paced and action-based practice whereby 'doing' is often a more predominant model than 'thinking' within the daily interactions with others. As social care practitioners we are required to work in a reflexive manner, and this does mean taking the time to stop and explore the conscious and unconscious factors influencing our 'doing' with others. Reflexivity enables us to identify what aspects of our life experiences are resonating with the stories of those we support and what aspects are triggering uncomfortable feelings or unprofessional responses in our working relationships. This reflection is core to understanding the gaps in our knowledge, the areas of professional practice we need to improve, to identify learning and development needs.

Learning Activities

This section provides examples of learning activities and tools to help you identify and achieve your professional development goals and integrate this new knowledge and skills into your professional practice.

1.   Frozen, Unfreezing and Flourishing Practitioners

Frozen practitioners are those whose values and belief systems are rigid and uncompromising; they view the world with a fixed mindset. They may be new to the field of social care or may have become rigid in their practice due to resistance to change, poor management, lack of supervision or compassion fatigue. Through the supervision process they may be encouraged or challenged to unfreeze their thinking and explore the interplay between their personal and professional values and belief systems.

An unfreezing practitioner has begun to develop a greater awareness of their personal attitudes and motivating factors which act as the foundational structures to their values and belief systems. With new-found knowledge and insights, the practitioner develops new skills from which personal and professional behaviour changes can be seen. Over time and with commitment the practitioner can easily recognise how their values and belief systems can be utilised for the benefit of self and others within the field of social care.

A flourishing practitioner will be proactive in utilising supervision as a tool for self-discovery and deepening professional practice. This practitioner is acutely aware of their own values and beliefs but also ensures that they do not allow their personal biases or prejudices to impact on the working relationship with others. They adhere to strong ethical boundaries and self-care practices to nurture their relationship with self and others.

Characteristics of the Frozen, Unfreezing and Flourishing Practitioner		
Frozen	**Unfreezing**	**Flourishing**
Unaware of their personal bias and prejudice.	Is becoming aware of their personal bias and prejudice.	Ensures own biases and prejudices do not enter the working relationship with others.
Unaware of their values and beliefs.	Can identify some of their values and beliefs.	Can clearly identify own values and beliefs.
Cannot accurately assess own strengths and weaknesses.	Becoming aware of own strengths and weaknesses.	Clearly identifies own strengths and weaknesses.
Is resistant to feedback, constructive criticism or mentoring relationships.	Is open to feedback, constructive criticism, or mentoring relationships.	Sees feedback, constructive criticism or mentoring relationships as mechanisms for improving own practice.
Does not value the supervision process as a tool for ongoing professional development and discovery.	Is engaged in and appreciates supervision as a tool for ongoing professional development and discovery.	Supervision is viewed as a tool for deepening ongoing learning, development and discovery as a practitioner.
Responds to working with vulnerable population groups in a 'one size fits all' approach.	Is becoming flexible in their response to working with vulnerable population groups.	Experienced in design and delivery of evidence-based approaches to working with vulnerable population groups.
Refuses to utilise or disengages from opportunities for ongoing professional development.	Participates in opportunities for ongoing professional development.	Opportunities for ongoing professional development are viewed as mechanisms for improving own practice.
Does not engage in reflective practice.	Is becoming familiar with reflective practice as a means for learning and development.	Reflective practice is used to identify how the worker experiences themself in the work they do with others.
Cannot identify when poor boundaries are present with staff, clients and stakeholders.	On reflection or with guidance can identify when poor boundaries are present with staff, clients and stakeholders.	Adheres to strong ethical boundaries when working with staff, clients and stakeholders without support and guidance.
Cannot identify when they are displaying characteristics of compassion fatigue or burnout.	Understands the key characteristics of compassion fatigue and burnout and monitors self accordingly.	Adheres to strong self-care practices to combat the onset of compassion fatigue or burnout.

2.   The Supervision Process as a Tool

Effective social care workers know when to seek help with processing personal and professional concerns, stressors and experiences. The supervision process is an invaluable tool for social care workers through which self-discovery and professional development can take place. Within this space the practitioner is constructively challenged and supported to integrate new knowledge and skills into professional practices. Other chapters have focused on the role, purpose and functions of the supervision process (see Chapters 60 and 79). The focus here will be on how the practitioner can become more responsive and take responsibility for their own ongoing growth, development and needs within the context of the supervision process. Working in partnership with the supervisor, the practitioner looks at the therapeutic relationships they are engaged in, and they explore how their personality, values and belief systems are resonating with, supporting or impeding another's growth. By focusing on the reflexive cycle, the practitioner is provided with space to identify key learning and to integrate this new-found knowledge with tangible working practices that will be mutually beneficial for the practitioner and client within the therapeutic relationship.

Reflexive cycle of supervision to identify how personal values and beliefs are impacting on the therapeutic relationship with clients (Crerar 2021).

Case Study 1

The Reflexive Model of Supervision

Emer is a third-year student attending her placement in a local family resource centre. Emer has been asked to shadow the family support worker, who is currently working with a women's group whose members are predominantly single parents, with low educational attainment and who are long-term unemployed. The family support worker has noticed that Emer seems to have a low frustration tolerance with the group participants' viewpoints when topics such as barriers to education and employment are discussed in the group. Emer has been noted as telling the ladies that 'there is plenty of opportunity to return to education' and 'plenty of jobs out there'. This has led to some group members feeling 'demoralised' and 'ashamed' of their life circumstances. One member of the group has refused to return to the next session unless Emer apologises for her comments. Emer does not see an issue with the comments she has made. Emer has been asked to use the reflexive model of supervision to identify how her personal values and beliefs have impacted on her therapeutic relationship with this member of the group.

Phase 1. The goal of the therapeutic relationship between Emer and the women's group was to provide Emer with practical experiences of understanding and supporting vulnerable client groups while attending field placement. The background history of the group, the group's socio-economic circumstance and the individual life circumstances of each member were discussed with Emer so that she could connect with the experiences of each individual.

Phase 2. Emer has identified that she finds the group conversations frustrating. She believes that each of these women had a choice to have children and have a choice to return to employment or education. She feels some are unwilling to change their life circumstances.

Phase 3. Emer has identified that she comes from a home where two parents are present and there is no history of unemployment. Her parents have instilled in her the values of hard work and study. Her parents are supporting her financially to attend college.

Phase 4. Emer recognises that her own family and life situation is not the same as those attending the women's group. Emer identifies that she has been supported during early childhood and adolescence to complete her education and continue her studies at college. Emer identifies that she has had role models to demonstrate the benefits of engaging in education and employment. She identifies that she has grown up in a home free from the effects of poverty.

Phase 5. The supervisor and Emer discuss the reasons for early school leaving and long-term unemployment which are actively presenting within the group. Emer develops a greater awareness of the complexity of the barriers which are preventing group members availing of education and employment opportunities. She acknowledges her previous opinions and beliefs relating to the group's dynamic were limited and biased. Emer agrees to sit with and listen to each group member's personal story at their next meeting.

Phase 6. Emer returns to the group and apologises for her low frustration tolerance with the group. Emer begins to actively listen to each person's story and connect with the impact of each person's lived experiences. She becomes more compassionate towards the group members' situations. The group members note feeling 'less judged' by Emer.

3.   Use of Self in Social Care

The term 'use of self' can sometimes be confusing for a novice practitioner to understand and to embody. The 'use of self' relates to the combination of values, skills and knowledge gained through study, in conjunction with one's personality traits, belief systems, cultural heritage and life experiences (Dewane 2006; Lyons 2013). Understanding self is central to critical reflection on your professional practice. Schneider-Corey and Corey (2002) note that it is essential for those working in the therapeutic professions to be aware of one's own identity, feelings, limitations, strengths and frustrations so that they can relate to and support their client better. They assert:

> *'A central characteristic for any therapeutic person is an awareness of self – including one's identity, cultural perspective, goals, motivations, needs, limitations, strengths, values, feelings, and problems. If you have a limited understanding of who you are, you will surely not be able to facilitate this kind of awareness in clients.'* (2002: 32).

Kaushik (2017) argues that knowing self is a precondition to knowing others. How do we learn to use self in the field of social care? There must be a willingness to construct and deconstruct our concept of who we are, our values and our beliefs as we grow and mature within our personal and professional identities. This journey of self-awareness requires space for critical reflection on our professional practice and space to identify learning and developmental goals that can equip us with new-found knowledge, skills and attitudes to support our maturing professionalism.

In the literature there is a clear message of what people value in the professional working relationship with practitioners (Lyons 2013). MacLeod (2008) notes that an effective practitioner is one who is experienced by others as a 'friend' and 'equal'. Beresford *et al.* (2008) define those qualities as going the extra mile and sharing aspects of oneself, which are both important for relationship-based practice. Understanding oneself and sharing one's life experiences can often be a powerful tool for effective change and validating the life experiences and trauma of people we support within the field of social care. Yet inappropriate self-disclosure can lead to the people we work with losing confidence in our abilities as social care workers. There is a fine line to walk between effective and ineffective self-disclosure of our own life experiences. As a rule, we should always review with a line manager the appropriateness of the self-disclosure prior to presenting it to those we work with.

> **Reflexive Activity for Self-Disclosure**
> 1.   Is the disclosure for the benefit of the client?
> 2.   What is the goal of me sharing my experience?
> 3.   How will this self-disclosure benefit the person I am working with?
> 4.   Am I sharing my experience because the client's story has resonated or triggered a response within me?

4. Self-Care as a Tool for Self-Discovery

All too often the last person a social care worker nurtures is themselves. Obstacles to self-care often manifest as a lack of energy or motivation, shouldering too many responsibilities and the unwillingness of the practitioner to appear vulnerable and seek help. The consequences of poor self-care can be detrimental not only to the worker, but to the clients and professional organisation in which one works. Failure to value the importance of self-care practices can result in emotional or physical exhaustion – compassion fatigue – or vicarious retraumatisation, which can ultimately lead to professional burnout and a practitioner leaving the field of social care. The development of a self-care plan will act as a protective factor against such issues. In effect one needs to provide space for peace and healing from the therapeutic relationship which you are holding and find ways to energise and thrive. Meeting one's basic physical, mental and emotional needs through rest, nutritious food and adequate exercise is essential. Thereafter, finding ways to generate love, joy and happiness through relationships, hobbies and life adventures can help us energise. Recognising that a practitioner's most foundational instrument is themselves should shift the focus from self-care being an afterthought to making it an essential element of one's own wellbeing, which should be valued and nurtured.

Worksheet 1 Self-Care Action Plan

SELF-CARE ACTION PLAN			
Communication and Connection Practices	**Rest and Relaxation Practices**	**Survival and Stress Practices**	**Health and Hobby Practices**
Current Practices:	Current Practices:	Current Practices:	Current Practices:
New Practices:	New Practices:	New Practices:	New Practices:
People who can support me:			

Personal Goals		
Short-term (6 months)	**Medium-term (1-2 years)**	**Long-term (3+ years)**
Professional Goals		
Short-term (6 months)	**Medium-term (1-2 years)**	**Long Term (3+ years)**

Conclusion

Social care professionals are human beings who are as vulnerable as any other to the life events and challenges we are faced with. Each practitioner enters the field of social care bringing with them a unique sense of self and unique life experiences from which their world view is shaped. To this end, it is important that we spend time with the 'self' and come to understand the values and belief systems from which we operate. The self we bring to the people we work leaves a lasting impression on their life course. It is important therefore that we can truly empathise, connect and respond effectively to promote growth, healing and empowerment in others. Self-care and supervision are powerful tools that can provide a safe place for us as social care practitioners to explore and work through our own dilemmas while simultaneously refining the 'self' we bring to our therapeutic relationships. Additionally, the need for social care workers to share ideas and experiences in this area is pivotal for adding to the body of social care knowledge which students and practitioners can access and learn from.

References

Anda, R. F., Fleisher, V. I., Felitti V. J., Whitfield, C. L., Shanta R. D. and Willainson, D. F. (2004) 'Childhood abuse, household dysfunction, and indicators of impaired worker performance in adulthood', *Permanente Journal*, Winter, 8(1): 30-8, doi: 10.7812/TPP/03-089.

Baldwin, M. (2000) *The Use of Self in Therapy* (2nd edn). Binghamton, NY: Haworth Press.

Beresford, P., Croft, S. and Adsheal, L. (2008) '"We don't see her as a social worker": A service user case study of the importance of the social worker's relationship and humanity', *British Journal of Social Work* 38: 1388-407.

Cooper, A. (2012) 'The Self in Social Work Practice: Uses and Abuses', paper presented at the CSWP/ Essex University Day Conference, 'How to do Relationship-based Social Work', Southend, 13 January 2012. Available at https://www.yumpu.com/en/document/view/22204117/the-self-in-social-work-practice-uses-and-abuses-andrew-cooper

Dewane, C. J. (2006) 'Use of self: A premier revisited', *Clinical Social Work Journal*, 34(4).

Edwards, J. and Bess, J. (1998) 'Developing effectiveness in the therapeutic use of self', *Clinical Social Work Journal* 26(1): 89-105.

Harris, M. and Fallot, R. D. (eds) (2001) *Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services*. San Francisco: Jossey-Bass.

Kaushik, A. (2017) 'The use of self in social work: Rhetoric or reality?', *Journal of Social Work Values and Ethics* 14: 1-21.

Lyons, D. (2013) 'Learn about Your Self before You Work with Others' in K. Lalor and P. Share (eds), *Applied Social Care: An Introduction for Students in Ireland*. Dublin: Gill and Macmillan.

McLeod, A. (2010) 'A friend and an equal: Do young people in care seek the impossible from their social workers?', *British Journal of Social Work* 40: 772-88.

Rogers, C. (1957) 'The necessary and sufficient conditions of therapeutic personality change', *Journal of Consulting Psychology* 21, 95-103.

Schneider-Corey, M. and Corey, G. (2002) *Groups: Process and Practice*. Pacific Grove, CA: Brooks/Cole.

Chapter 59 – Caroline Coyle and Imelda Rea

Domain 4 Standard of Proficiency 4

Understand and recognise the impact of personal values and life experience on professional practice and be able to manage this impact appropriately.

KEY TERMS

Understanding

Recognising

Impact of personal values

Impact of life experience

Professional practice

Managing impact appropriately

Social care is … the creative engagement of relationality as a therapeutic working medium used within the life space of an individual or family; to communicate, inspire, guide, support, advocate for, and empower that person or family to realise their potential in their unique life journey.

TASK 1

Consider a time when your personal values and/or life experience impacted on your professional practice. Describe how you managed this impact.

Understanding and Recognising Personal Values and Life Experience

Our personal values shape the way we negotiate our pathways through life. They provide a contextualised framework interwoven with our unique understandings, viewpoints, morals and beliefs. Our life experience and personal values influence the choices we make in our life journey, how we relate to, and construct our relationships with others and how we view, comprehend and make decisions. Once we understand the threshold concept that our personal values can consciously and subconsciously powerfully influence and impact each of our relational experiences, then we can explicitly recognise how our personal values and beliefs affect our daily decisions and behaviour, in everyday life, work, education and professional practice (Cousin 2006).

By understanding and recognising our personal values and beliefs, and knowing the impact of our personal values and life experience, we can prepare and plan to manage the impact when we encounter values and/or beliefs that are different from or jar with ours in our professional practice as social care practitioners. Attributed to the philosopher Socrates is the saying, 'To know yourself is the beginning of all wisdom', and what we know about ourselves, how we know it and how, as a result of knowing, we can instinctively 'nod to this acknowledgement of knowing oneself' in our everyday personal and professional relationships is the foundation of effective social care practice. Fenton highlights the paramountcy of self-awareness in social care work, stating 'Our epistemological position (typologies of knowledge-what we know and how we know it) is a valuable insight for each practitioner to be aware of as it is we ourselves that are our most valuable tool in working with young

people' (2019: 42). Lyons, in her earlier work on self-development in the social care context, notes that 'Central to the student's ability to develop as a competent practitioner, is their knowledge of self, and how their upbringing, experiences, values and beliefs affect their ability to work with vulnerable people' (2007: 1). By developing an awareness of self, one gains a heightened intuitiveness of the internal and external working versions of self. This personal self-development lends itself to internalising how our complex selves can impact the authenticity, quality and effectiveness of the relationality between us as the social care worker and the people we support; the relational space between the carer and the person being cared for.

SCWRB – Standards of Proficiency Toolbox (Illustration by Rea 2021).
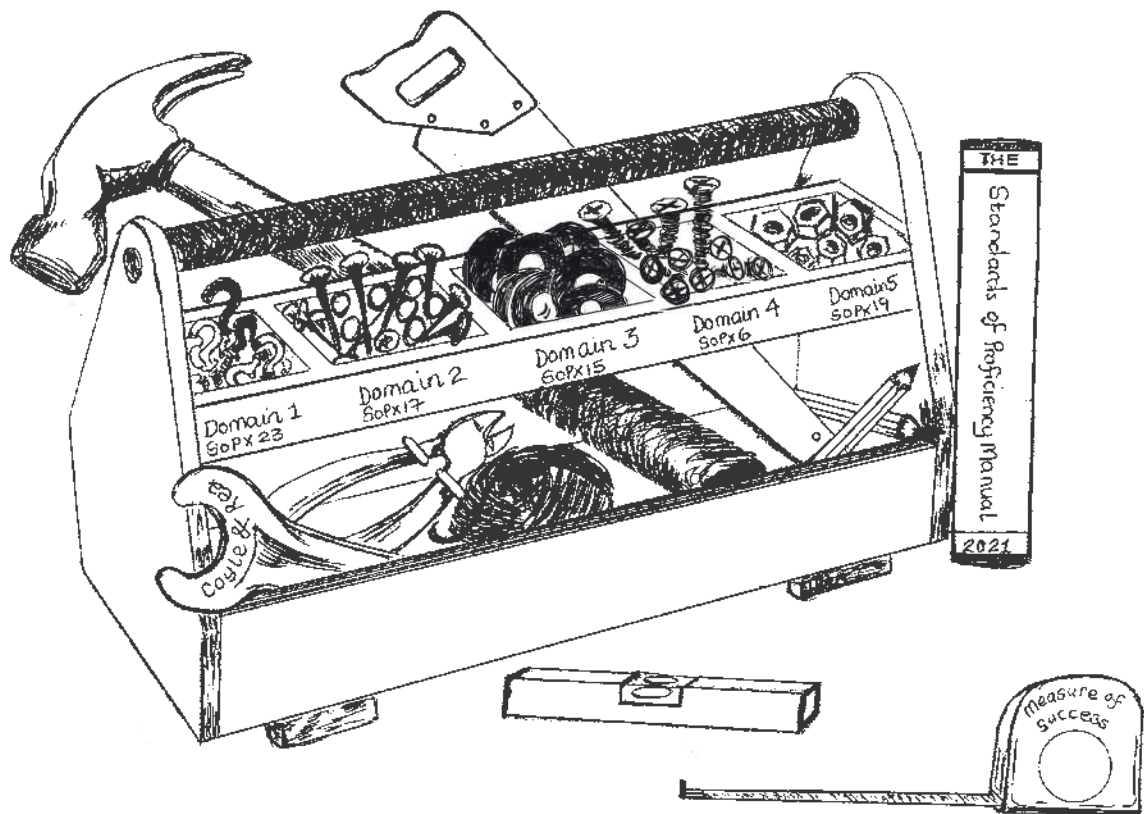
With regard to SCWRB's standards of proficiency, it may be helpful to visualise the Standards of Proficiency (SOPs) as being represented by a 'toolbox of social care skills and knowledge' with each of the proficiencies being a tool which students can aim to acquire, practise and develop on their academic and practice placement journey. Subsequently, graduates are required to possess the complete toolbox of social care skills and knowledge to gain access entry on the social care register. Any skilled craftsperson will attest to the fact that using the correct tool/s (one which is fit for purpose) makes all the difference to the end result. Regularly caring for and maintaining the tools of your trade is essential, as is embracing new tools, techniques and training with which to elevate one's skill level.

One of the tools required of graduates under Domain 4 Professional Development is to understand and recognise the impact of their personal values and life experience on their professional practice and to be able to manage this impact. Our values, attitudes and life experiences provide a template for how we develop and interpret relationships with others as we navigate through life.

Values: Our personal values are the degree of importance we attribute to certain beliefs, which motivates us, directs us in our ethical behaviour and guides the way we live our life. As individuals we may have shared and different values, e.g.,being kind, advocating for others, being honest and valuing family and community. External influences, such as generational, cultural and/or religious factors, may impact on how we prioritise these values.

'Values are attitudes or feelings about the worth of people, objects or activities. Individual values can be conflictual, and are contained within a value system, the adopted set of values influenced by culture, family, religion and society' (Lyons 2007: 14).

Attitudes: In practice, the term 'attitude' is often used as an umbrella expression covering such concepts as preferences, feelings, emotions, beliefs, expectations, judgements, appraisals, values, principles, opinions, and intentions (Bagozzi 1994a; 1994b, cited in Jain 2012: 2). Our attitudes are constructed psychologically in relation to our values and beliefs; how we think about, evaluate and feel about things, people, places, experiences. According to Jung (1971), attitude is a 'readiness of the psyche to act or react in a certain way'. Our attitudes directly influence our behaviour and can change as the result of our experiences.

Our life experiences: Our life experiences shape our identity and impact on how we live our lives. What we experienced and how we remember past experiences, what learning, if any, arose from those experiences, and how experiences can trigger emotions have the potential to govern our future interactions across the life course. Developing self-awareness of one's own identity entails reflecting on the knowledge of one's cultural background and heritage, including but not limited to one's race, gender, sexual orientation, socioeconomic status, ethnicity, biases and prejudices.

Race: Ireland, once a homogenous nation, is now a multicultural society with people of many different nationalities making their home here. In social care, it is important to familiarise oneself with cultural competence and the cultural competence self-assessment questionnaire (Mason 1993). 'The Census 2016 Profile 7 Migration and Diversity report shows that the 535,475 non-Irish nationals living in Ireland in April 2016 came from 200 different nations. Polish nationals were the largest group with 122,515 persons followed by 103,113 UK nationals and 36,552 Lithuanians. Just twelve nations each with over 10,000 residents – America, Brazil, France, Germany, India, Italy, Latvia, Lithuania, Poland, Romania, Spain and the UK – accounted for 73.6% of the total non-Irish national population' (CSO: online).

Gender: Globally throughout history certain groups in society have been discriminated against on religious, legislative, political and social policy grounds, which in turn have been used to reinforce structural inequalities. Notably in Ireland, with its unique historical and cultural intertwining of State and Church patriarchal governance and control, women have been discriminated against. In their book *Producing Knowledge, Reproducing Gender*, Corcoran and Cullen identify the broader historical factors which determined gender inequality in Ireland, highlighting the revelations that have surfaced in the past few decades:

> '*In contemporary Ireland gender equality and claims for women's interests have featured in a series of public issues that have exercised the media, political elites, and public opinion. These include, waves of revelations about the fate of unwed mothers and babies subjected to state and church control; women's rights and access to reproductive health care; sexual harassment and assault specifically within the cultural and creative industries; and the legal system's approach to rape allegations*' (2020: xvii).

Sexual orientation: The impact of shared values is powerful. For example, the Criminal Law (Sexual Offences) Act passed through the Oireachtas on 24 June 1993, decriminalising homosexuality and leading the way for a more open and inclusive society. The people of Ireland have pushed for greater change and acceptance in society for LGBTQIA (lesbian, gay, bisexual, trans, queer/questioning, intersex, asexual) people, leading to the 2015 referendum on same-sex marriage rights, which passed into law in November of the same year. The popular vote enabled Ireland to become the first country in the world to extend marriage equality to same-sex couples by popular vote.

Socioeconomic status: Socioeconomic factors such as occupation, education, income and housing affect the way we live our lives. Unemployment, ill health, lack of adequate education and housing are strong indicators of health and wellbeing in later life (Bronfenbrenner 1979). According to the *Healthy Ireland: Framework for Improved Health and Wellbeing 2013-2025*:

> '*Health and wellbeing are affected by all aspects of a person's life; economic status, education, housing, the physical environment in which people live and work. Health and wellbeing are also affected by policy decisions taken by Government, the individual choices people make about how they live, and the participation of people in their communities.*' (Government of Ireland n.d.)

Ethnicity: For decades in Ireland research has evidenced active political and societal discrimination against Travellers (Mac Laughlin 1999). Every aspect of Travellers being othered in Irish society, from accommodation to education, has been well documented. Various attempts to assimilate the Traveller minority illustrated resistance to accept Travellers as culturally distinct with their own ethnic identity. One of the major changes in Irish history was in 2017 when the Irish government recognised Travellers' ethnic identity.

> '*Our Traveller community is an integral part of our society for over a millennium, with their own distinct identity – a people within our people ... As Taoiseach I wish to now formally recognise Travellers as a distinct ethnic group within the Irish nation. It is a historic day for our Travellers and a proud day for Ireland.*' (An Taoiseach Enda Kenny, 1 March 2017, Pavee Point n.d.)

This recognition brought with it the call for organisations, large and small, to address their values systems. The beginnings of a ripple effect is evident. In education alone, the first national access plan (Achieving Equity of Access to Higher Education in Ireland 2005-2007) identified Travellers as a specific group to be prioritised and included in successive plans. A National Action Plan for increasing Traveller participation in higher education was launched in 2019. Despite legislative and policy developments in recent years, many Travellers still experience racism, health inequality, marginalisation and discrimination based on the values and beliefs of a few, all of which impacts on opportunities to progress at the same level as their settled counterparts (Omidi 2019; McGinnity *et al.* 2017). Reflecting on the knowledge of one's cultural background, heritage and intersectionalities helps us to gain an understanding of how these intersections of self give rise to one's attitudes and values, and consequently make up our unique, multifaceted, complex identity of self. Once there is recognition and understanding of self, we can begin to process, understand and manage our bias.

Bias and prejudices: Bias is a prejudicial unfair inclination against a certain person, belief or group. In Wahler's study 'Challenging social work students' bias', she notes that:

> '*All students have individual bias, that can affect their judgment and ability to utilise professional values when interacting with marginalised groups in social work practice. While traditional cultural diversity courses often address racial, ethnic or sexual minorities, many students are biased against other groups that may not be included*' (2012: 1058).

As a social care worker, it is vital to reflect and consider one's bias and prejudices. You may be working with certain groups in society (apart from racial, ethnic or sexual minorities) such as substance misusers, alcoholics and addicts; domestic violence victims; people with mental health challenges such as schizophrenia, bipolar and borderline personality disorder. Johari's window, a graphic model which is used to help people to understand their own self-awareness, and their relationships with their self and with others, would be helpful here in realising what is known and unknown to self and what is known and unknown about self to others (Luft & Ingham 1955).

How do we know we are biased? Wahler's (2012) study proposed a four-step teaching methodology to help students self-identify and challenge their own biases and prejudices:

1. Consciousness-raising
2. Identification of the target group
3. Education and exposure of the targeted group
4. Self-reflection.

Classroom groupwork and individual exercises may be undertaken in order to raise consciousness of the group or groups against whom the students have the strongest bias. In commencing consciousness-raising of a group, students are asked to identify a group or groups in society that they are uncomfortable or frightened of working with. Once the groups are identified, students then participate in writing exercises on the reasons why the particular groups were chosen. Through class discussion and debates, stereotypes and assumptions about the group are explored, and, hopefully, as in the findings from Wahler's study, challenged. As part of the first step of consciousness-raising, students are also asked to prepare a 'brief, out of class self-reflective assignment to explore their family of origin, and peer groups values, beliefs and stereotypes regarding the targeted group and note any differences or similarities between their social circle idea of the group and their own' (2012: 1063-4).

This exercise allows the student to reflect on the different influences which may affect their own bias. Researching, gathering, disseminating, sharing and presenting information about the targeted group in relation to oppression, discrimination, stigmatisation and social injustices provides an opportunity for other students to see and understand the impact of bio-psychosocial factors and determinants. One way in which this information may also be captured is in an interview with a social care worker who is already working with the targeted group, to gather their opinions about societal stigmatisations towards the group. (Wahler offers detailed questions for this interview (2012: 1066).) Self-reflection exercises and written work are vital throughout the different steps of challenging your own bias and prejudice process. Writing in a reflective diary or journal is conducive to processing, negotiating and making sense of your individual thoughts and feelings. According to Wahler (2012:1067), 'Previous studies have suggested that exposure to and engagement with different types of individuals can reduce bias and prejudice (Comerford 2003; Swank & Raiz 2007; Eack & Newell 2008; Chonody *et al.* 2009)'.

Meeting, talking with, visiting and interacting with members of the targeted group can help the students see, hear, gather information and learn from another perspective. Space and time are then made for class reflections on changes that may have occurred as a result of, e.g., hearing members of the targeted group talk; or a realisation of one's own familial influence; or gathering evidential research into the relationship between oppression and the targeted group. When we understand our own bias and prejudice, we can know ourselves, we have the ability to acknowledge the potential for bias within us. As findings from Wahler's study conclude, 'Once students are aware of bias, understand issues affecting particular groups more fully, recognise effects of injustice and oppression and experience stories or relationships with people in the targeted group, beliefs can change' (2012: 1068-9).

The ability to recognise the effects of oppression, injustice and bias is a developmental process in our academic and life journey. Consistent self-reflection and self-reflexivity enable us to be honest with oneself in acknowledging personal bias. According to Bolton, 'being reflexive is finding strategies to question our own attitudes, thought processes, values, assumptions, prejudice and habitual actions, to strive to understand our complex roles in relation to others' (2009: 13).

It is also important not to be too hard on oneself if a realisation through reflection means that a personal bias must be acknowledged. Understanding the impact of socialisation, values, religious, cultural and other external influences will help us in this regard. In the social care context, becoming cognisant of how attitudes and feelings may impact on relationships with children, families and people who are supported gives us the capacity to recognise our own bias. Learning from our lived experiences identifies that personal values are fluid and can be developed and modified throughout the life course. In professional practice as a social care worker, a key skill is evaluating all intrinsic factors which have the potential to affect an outcome and then having the confidence that you have made the best possible decision.
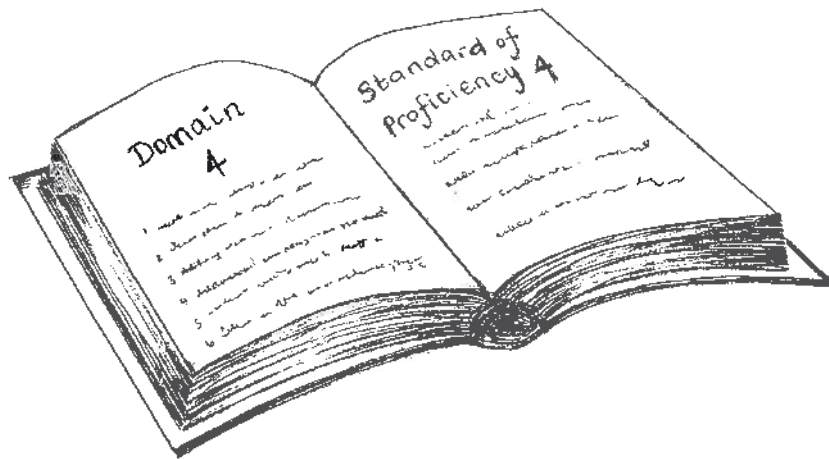

Image (Rea 2021)

Case Study 1

Kathy had commenced a 10-week work placement in a family resource centre in Galway and in her first week she was scheduled to work with a family recently arrived in Ireland. The family, originally from Syria, had moved from an emergency reception and orientation centre into their new home in Galway six weeks earlier. They are just one of many refugee families who arrived in Ireland from Syria via a refugee camp in Lebanon.

Although Ireland is no longer seen as a monoculture, most foreign nationals, like many new immigrants in other countries, have tended to live in more densely populated towns. Kathy is 19 and grew up in the far west of Connemara with Irish as her first language. She was very anxious at the prospect of working with an ethnic minority family as she had very little experience of cultures other than her own. This would be the first time that Kathy was to work with refugees; it was in fact the first time Kathy would have worked with people other than Irish. Kathy was also very aware of the lack of community engagement relating to a direct provision centre being built for asylum seekers locally and wondered how she would reconcile her own personal values, fears and biases. She was also unsure how the family would settle into the local community.

On the first day the Syrian family arrived into the resource centre, they came with their two daughters aged six and five years. Kathy was surprised at the level of English the children had, having assumed that this would be a barrier. Kathy had not sought clarification from her supervisor as to how the staff communicated with the family to organise the visit. Arrangements were initially made via an interpreter; however, on the day of the visit the parents arrived with the children only, and conversation with the parents was significantly limited as a result. Kathy thought the father did not to want to engage during the visit as he often looked away. Kathy enjoyed her time with the girls – when asked what they liked about Ireland, both replied 'music'.

The next week when the family arrived, Kathy had brought something along with her to share with the girls, hoping to engage them more fully and build trust. Kathy was an accomplished fiddle player and when everyone was settled, she brought out the instrument and played 'Galway Girl' for the children. While she was very happy the children enjoyed her playing, Kathy was overwhelmed by their father's response. Gesturing to be given the fiddle, Kathy reluctantly obliged, the father took it gently, tucked it under his chin, raised the bow and played 'The Fields of Athenry'. And there, in a few bars of music, a connection was forged – in some ways, they did speak the same language.

Kathy learned a lot about herself and her assumptions and how her lack of life experience had influenced the decisions she was making. What Kathy had judged as rude or dismissive actions from the father during the first visit was explained by the interpreter who was present at the second visit as being his way to hide his embarrassment that he could not communicate in English like his children.

Kathy's supervisor suggested that she ask questions in advance of the work she is included in during placement, so that she can research the culture and the context of this family's arrival in Ireland. The manager praised Kathy for her initiative with the fiddle; however, she advised Kathy to investigate and reflect on where the family came from, how they were fleeing from their homeland because of civil war and might be traumatised.

When Kathy reflected on working with this Syrian family, she realised that, as a result of her lived experience there had been a shift in her perspective and a recognition that personal values are not fixed but are fluid and have the capacity to expand and evolve with exposure to new experiences. Being aware of one's biases enables oneself to manage their impact in a given situation. Each life experience has the propensity to develop our self-awareness to a higher level, which in turn builds on our ability to view each new situation through a holistic, non-judgemental, strengths-based social justice and advocacy lens.

<table>
<tr><td>**TASK 2**</td><td>Reflect on a time when your belief system had the potential to impact negatively on your work or personal life. What learning came from this?</td></tr>
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Impact of Personal Values and Life Experience on Professional Practice

Caroline Coyle

Social studies lecturer in AIT. Focusing on the therapeutic use of drama in the social care context.

Image Rea, 2021

Imelda Rea

Social studies lecturer, Community Connector (MEND) and Student Support worker in AIT.

Image Rea, 2021

Below are our personal experiences of how personal values and life experience have enhanced our professional practice.

From chapter author Caroline Coyle: In my experience of working in residential care, having knowledge of oneself is central to the work of a social care worker. Being grounded in oneself can be sensed by the young person in care. Having a strong internal locus of control, self-awareness and self-reflectiveness enables the young person to acknowledge you as a safe place to go to. For the young person, knowing that you will act as a buffer for their heightened emotions provides an opportunity for the young person's needs to be identified, and a relational space to empower the young person to understand their exposed needs. A life facilitated in a non-traditional care setting is for many an extremely difficult and trying time in their emotional, social and intellectual journey. How their own values and belief systems are developed at this point can be bolstered with the opportunity to link with positive role models to expand and develop their world perspective. An important time indeed, which requires those charged with caring for children and young people to be mindful of their own attitudes to and level of awareness of those who share their world.

My personal philosophy when working in a social care context is to utilise creative methods such as poetry, writing, storytelling, drama, dance and art for various physical and psychological therapeutic benefits, e.g.,to promote inclusion, forge pathways into the community, to provide a liminal space for the self to develop through interrelationships with others.

I have been using poetry, poetic inquiry and collaborative communal poem-making in my relational practice for many years, and these innate personal values have automatically transferred to my teaching philosophy. As a social studies lecturer focusing on the therapeutic use of drama in social care, I use the creative methods of arts-based media for collaborative participatory groupwork between the students and people we support in the community to facilitate individual critical reflection and learning on a deeper level.

From chapter author Imelda Rea: Core personal values – the things that are most important to us, the characteristics and behaviours that encourage us and guide our decisions – may not be fully our own true values after all. Discovering our values and identifying if these values run parallel to our work practice requirements may involve, as suggested below, analysis of self. We should not disregard

or devalue current personal values automatically, however; we should take the time to understand what they are, how they developed within us over time and together with personal life experiences, so that we as practitioners can use the best of what we are to positively impact on others.

In my experience of working in residential care, it was essential to review personal values and learn how to manage them. Thinking about what exactly they were/are, to dissect the influences over one's lifetime and consider how this can work in a positive or negative way in professional practice. Not understanding or recognising that our personal values and life experiences impacts our decisions could be the barrier to truly engaging with people we support. In the early 1980s in the UK, my introduction to working in residential care was a baptism of fire and is worlds apart from the current structure of child-centred care. The number of children in some residential homes were, at times, too high for the number of staff. Even without a formal social care education, I was prompted to review and manage the impact of my personal values. Upon reflection, many of the opinions I thought were my own were simply the absorbed opinions of others, with little analysis of those opinions or of how acting on them would impact on a supported child or young person.

It is worth noting that hard-won connections can be quickly lost from a lack of self-awareness; it is therefore essential to identify the roots of the 'personal' values we carry within us and consider, if they are one's own, in this moment in time, fair and just. We may also have to re-evaluate the language we use as our personal values may not be reflected when we use outdated terminology.

Imelda's professional practice is informed now by her lived experiences, her further developed personal values and her educational journey to date. Caroline's professional practice is informed by her lived experience as a social care worker working with young people in residential care; her personal values of inclusion, advocacy and social justice; and her use of creative methods as a means of participatory engagement and self-reflective tools of inquiry.

Graduating as a social care worker is important to ourselves, our family and our employers. However, the right values, behaviours and attitudes to work effectively with people who need care and support is vital and should be consistently demonstrated in our day-to-day care of others to show the value we place on all we work with and for. We have both travelled extensively, living and working outside Ireland for many years, and in doing so have gained experience of diverse communities. It is often not until we move outside our 'comfort zone' that we really understand what it can feel like to be different or in a minority. Our beliefs and values may be in sharp contrast to those around us and may be challenged by others as a result.

It is important that social care workers have the ability to be open-minded, willing to examine all viewpoints and, if needed, to alter their perspective towards others. A productive and comfortable place to examine this area of self can be in a structured group session. The perspectives of other individuals, shared within a group setting, can offer a wealth of different viewpoints, and generate self-reflection.

Appropriately Managing the Impact of Personal Values and Life Experience

While understanding and taking ownership of the influences of our values and life experiences on one's practice, the student must be cognisant of implementing strategies to manage the impact of these influences:

- Be open to the concept that your perspective can change.
- Actively train to increase self-awareness ('Sharpen the Saw').

- Make a conscious decision to be reflective. You may find that keeping a reflective diary or journal to 'write out' your feelings will help.

- Make yourself aware of how your personal values, attitudes and life experiences have the potential to influence your decisions and behaviours.

- Acknowledge that cultural, religious and gendered bias exists and may be inherited through a country's collective consciousness and/or a colonial psyche.

- Reflect on your cultural background, heritage, familial, cultural and/or religious influences.

- Familiarise yourself with the evidential research and information relating to the various groups you may be working with in social care.

- Make note of the groups in history which have been specifically discriminated against and research these groups with regard to oppression and social injustice.

- Utilise Bronfenbrenner's bioecological model to understand the external influences of ecological systems on children's development.

- Complete some of the self-reflective exercises on bias.

- Acknowledge a bias which becomes apparent. In the context of a situation which challenges you, breathe, recognise the bias, acknowledge it, and move on.

- Aim to complete a placement which you know will challenge you, your bias/es and your personal values.

- Engage in continuing professional development (CPD). Through CPD, theoretical and experiential learning, self-awareness is developed on an ongoing process across the life continuum.

- Knowledge of cultural awareness and implementing cultural competency in one's professional practice is ethically and legally imperative in modern Ireland.

Conclusion

Throughout students' academic journey, emphasis is placed on promoting the practice of self-awareness through reflection, enabling the student to understand and recognise the impact of personal values and life experience on professional practice.

Acquiring a critical understanding of the key threshold concepts of theoretical perspectives in social care empowers students to apply an effective relatability of theory to practice in the practicum; to deal with the everyday challenges which may arise; and to appropriately manage the impact of their personal values, biases and life experience in the authentic experiential learning space.

☀ Tips for Practice Educators

In order to achieve this proficiency the student will need to understand and recognise the impact that their own personal values and life experience may have in any given scenario, case study or real-life situation.

The student will need to manage this impact on self and others, negotiating differences or challenges along everyday pathways in the social care context.

Invite the student to consider the sociological impact of how their own cultural, socioeconomic, religious and moral background (socialisation) has impacted on making them who they are today and who they aspire to be in the future.

Raise for discussion the concept of the fluidity of personal values and consider the changing nature of the impact of one's own lived experience.

Learning opportunities can be provided for students in class-based placement preparation, utilising case studies for interpretation and recognition of personal values and biases.

Examples of case studies based on social care issues may include the following:

LGBTQIA	Ethnic minorities
Travellers	Community development
Older people	Cyberbullying, social media
Social isolation	Residential and alternative care, foster care
Disability	Youth and youth work
Asylum seekers	Intergenerational solidarity
Physical, sexual or emotional abuse or neglect of children	

Invite students to reflect on how they would respond to the case study as a social care worker and, from their responses, to identify their personal values that impacted their decision. Once these personal values are recognised, the student then can begin to identify strategies to manage the impact of their personal values and life experiences.

Prior to entering student placement or new social care work environments, students should inform themselves of the organisational values and how these values are demonstrated in the culture of the organisation.

Understanding and being aware of how our thoughts, attitudes and behaviours may impact those we are working with in the social care context is vital. Being able to identify, recognise and manage the impact of one's own life experience and values is indicative of a reflexive and effective practitioner.

Small-group discussions in a safe space (with guidance on appropriate self-disclosure and adherence to confidentiality) enable students to focus on self-reflection and becoming self-aware and reflexive. Group sessions provoking reflection must allow enough time for students to draw together their responses, share these with the group and be open to peer learning.

One must be cognisant that interactions of this nature, whether facilitated remotely or face to face, have the potential to draw unresolved issues to the fore. Student support services within the institution, e.g. counselling, should be identified, with encouragement to avail of these services if required, to promote student wellbeing.

Understanding oneself and what motivates self is an enabler to care for others.

References

Bolton, G. (2009) 'Write to learn: Reflective practice writing', *InnovAiT* 2(12): 752-4, doi:10.1093/innovait/inp105.

Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.

Cousin, G. (2006) 'Threshold Concepts, Troublesome Knowledge and Emotional Capital: An Exploration into Learning about Others' in J.H.F. Meyer and R. Land (eds), *Overcoming Barriers to Student Understanding: Threshold Concepts and Troublesome Knowledge*. London and New York: Routledge.

Covey, S.R. (2004) *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change*. Bath, Avon: Simon and Schuster.

Corcoran, M.P. and Cullen, P. (eds) (2020) *Producing Knowledge, Reproducing Gender: Power, Production and Practice in Contemporary Ireland*. Dublin: UCD Press.

CSO (Central Statistics Office) (online) *Census 2016 Profile 7 – Migration and Diversity*. Available at <https://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile7-migrationanddiversity/> [accessed 3 January 2021].

Fenton, M. (201) *Social Care and Child Welfare in Ireland*. Empower Ireland Press.

Goffman, E. (1956) *The Presentation of Self in Everyday Life*.

Government of Ireland (n.d.) *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025*. Available at <https://assets.gov.ie/7555/62842eef4b13413494b13340fff9077d.pdf>.

Hanley, J. (1999) 'Beyond the tip of the iceberg: Five stages toward cultural competence', *Reaching Today's Youth* 3(2): 9-12.

Jain, V. (2014) '3D model of attitude', *International Journal of Advanced Research in Management and Social Sciences* 3(3): 1-12.

Jung, C.G. (1971) 'Psychological Types' in *Collected Works*. Princeton, NJ: Princeton University Press.

Lalor, K. and Share, P. (2009) 'Understanding Social Care' in P. Share and K. Lalor (eds), *ApbCare* (2nd edn). Dublin: Gill & Macmillan.

Luft, J. and Ingham, H. (1955) 'The Johari window: A graphic model of interpersonal awareness'. *Proceedings of the Western Training Laboratory in Group Development*, Los Angeles.

Lyons, D. (2007) 'Just Bring Yourself', master's thesis. Technological University Dublin, doi:10.21427/D7F622.

Mac Laughlin, J. (1999) *Nation-Building, Social Closure and Anti-Traveller Racism in Ireland*, *Sociology* 33(1): 129-51. Available at <http://www.jstor.org/stable/42856019> [accessed 16 January 2021].

Mason, J.L. (1993). *Cultural Competence Self-assessment Questionnaire.* Portland, OR: Portland State University, Multicultural Initiative Project.

McGinnity, F., Grotti, R., Kenny, O. and Russell, H. (2017). *Who Experiences Discrimination in Ireland? Evidence from the QNHS Equality Modules*, Irish Human Rights and Equality Commission. Available at <https://www.ihrec.ie/app/uploads/2017/11/Who-experiences-discrimination-in-Ireland-Report.pdf> [accessed 12 December 2020].

Omidi, Niloufar (2019) 'Travellers' culture is part of the country's intangible cultural heritage, but is ignored, rejected and marginalised, Brainstorm, RTÉ, 23 October. Available at <https://www.rte.ie/brainstorm/2019/1023/1085102-is-part-of-irelands-cultural-heritage-in-danger-of-extinction/> [accessed 6 December 2019].

Pavee Point (n.d.) *Recognising Traveller Ethnicity*. Available at <https://www.paveepoint.ie/wp-content/uploads/2015/04/EthnicityLeaflet.pdf> [accessed 10 January 2021].

Social Care Workers Registration Board (2017) Standards of proficiency for social care work. Dublin: CORU Health and Social Care Regulator.

Wahler, E.A. (2012) 'Identifying and challenging social work students' biases', *Social Work Education* 31(8): 1058-70, doi: 10.1080/02615479.2011.616585.

Chapter 60 – Adrian McKenna

Domain 4   Standard of Proficiency 5

Understand the importance of and be able to seek professional development, supervision, feedback, and peer review opportunities in order to continuously improve practice.

KEY TERMS

Supervision

Feedback

Learning cycle

Peer review opportunities

Personal values

Social care is … a profession that allows us to use a personal connection to maintain trusting, caring and supportive relationships to help the vulnerable individuals that we work with grow, develop and be the very best version of themselves that they want or choose to be.

TASK 1

Read Chapter 57 and write your own definition of professional development. List all the activities I completed as part of my continuing professional development.

Supervision

This chapter focuses on three main areas of professional development: supervision, feedback and peer review opportunities. To help you develop your practice, supervision is the tool that is at the core of what we do in social care. Having had the opportunity in the past to work with really experienced supervisors has certainly added to my professional practice. The abiding thing for me is when supervisors make you feel very safe, allowing you to express yourself honestly, which I believe is one of the first parts of the social care worker development process. If you are not honest with yourself, you cannot be honest with someone else and if you are not honest with someone else, it is not possible for supervisors to support you on your professional journey. Engaging in and taking responsibility for professional development in social care normally starts with the supervision process. The hope would be that you will have a well-trained, experienced social care professional as your supervisor, and part of your supervision would be your developmental process. The Tony Morrison model of supervision identified personal development as one of the four tenets of supervision. The objectives and functions of supervision are described by Morrison as:

- competent accountable performance (managerial function)
- CPD (developmental or formative function)
- personal support (supportive or restorative function)
- engaging the individual with the organisation (mediation function) (Morrison 2005).

TASK 2

Register at www.hseland.ie and complete the PDP e-learning module.

This process requires you and your supervisor to collaboratively look at a personal development plan. In the first instance you look at where your development is currently; you do this by constructing a historical narrative around your education, experience and desires so that you can then look forward and identify the deficits in your practice, knowledge, skills and development. It can be a simple, straightforward process and there is plenty of support available to help you do this. The HSE have an e-learning module of professional development planning which is certified and can be completed in under an hour.

Feedback

Supervision is very much about feedback. The supervisor takes what they see, what they feel and what has been said to them in relation to your performance and feeds that back to you in a supportive, gentle and coaching way. An example of that from my career is summarised in the following case study.

Case Study 1

My supervisor said to me that he didn't feel that I was very aware of the effect I could have on a room when I entered it. I wasn't entirely sure what he meant by the comment and I asked him to explain it further. He then challenged me to explain what other people in a room might see when I enter. I gave a description of how I might appear to others, but I was very much off the mark. My supervisor explained that as a very big man, standing well over six foot, with earrings, tattoos, beard, bald head, the whole works, can appear quite intimidating. He continued: I didn't actually need to say anything when I entered a room because my physical presentation was being interpreted as intimidating. This comment resonated with me, especially from the time I worked in detention services and residential homeless services for young teenage boys. Based on their experience of the world, someone who looked like me was viewed as a natural threat, and therefore when I entered a room I could change the vibe of that room very quickly by just being there.

TASK 3

1. How would you feel if you received this feedback in supervision? Discuss
2. Have you ever received feedback from a supervisor that enabled you to 'see' yourself from a different vantage point?
3. Describe how your own physical presence may be perceived by the different people we work with in social care.

This is how great supervision really helped me to understand that when I enter a space like that, I need to use my vocal, visual and caring skills very quickly to help calm that room space and change the misinterpretation of my physical presence. In my own practice as a supervisor I look to use the self in concrete examples in order to support learning for my supervisees. I will happily use positive and not-so-positive examples of my practice down the years to invite those I supervise to engage in their own narrative.

I supervised a social care worker in homeless residential service who was having difficulty asserting his leadership in a team setting. When we delved into the issue, they were struggling with the possibility of upsetting colleagues or being seen as not backing up a colleague. We looked at past examples of the times when I had peer reviewed his work skills and practice and how he felt afterwards. He was fixated on the 'challenge' aspect of communicating feedback to colleagues, viewing the process as entirely negative. When we explored this further, his internal narrative was focused on the feelings of 'you have failed so now you get punished'. When I asked the supervisee to compare our feedback session with giving feedback to colleagues, he could see that I was doing the same thing with him, giving feedback, but using a learning, developmental process and analysing the experiences through the stages of experiencing, thinking, reflecting and acting.

Learning Cycle

I like to remind those I supervise of the value of Kolb's learning cycle (Kolb 1984). Kolb showed us that the four stages in the 'cycle of learning' are the central principles of his learning theory. The 'immediate or concrete experiences' are the basis for 'observations and reflections'; the 'observations and reflections' are then distilled into 'abstract concepts' which presuppose an action that can be 'actively tested', creating new experiences, which are observed and reflected upon. When you combine that model of supportive supervision with the concepts of servant leadership you have a caring supportive model that holds people accountable, but in a way that helps them to thrive in the supervision process and not be afraid of it.

Servant leadership is very much what it says – it is leading by serving. It has been said that servant leaders put the needs of others before themselves, which is a distinctly social care process. These leaders quietly nurture and support followers as they shift authority to them, which fosters follower confidence and personal development (Northouse 2016). When the servant leader's goal is the shifting of authority and the strengthening of their peer(s), you can see how that would facilitate good, honest, robust feedback, leading to honest, supportive peer reviewing.

The peer review process is something that all social care workers should be comfortable with or at least open to. There are many models available, such as the 360-degree process, and these formal models can work if the team and the individual are open to the process. They are based on a series of questions that your peers have to answer honestly. Taking that feedback can be very, very challenging for you; but if you assume that if someone who is peer reviewing is being honest, well, then you have to look inside yourself and challenge yourself.

Peer Review Using the Johari Window

A particularly good tool to use when we are involved in this process is the Johari window (Chapman 2003). it is one of the few tools out there that has an emphasis on 'soft skills' such as behaviour, empathy, co-operation, inter-group development and interpersonal development. It is a useful model because of its simplicity and because it can be applied in a variety of situations and environments.

This diagram is included by kind permission of the author, Alan Chapman.
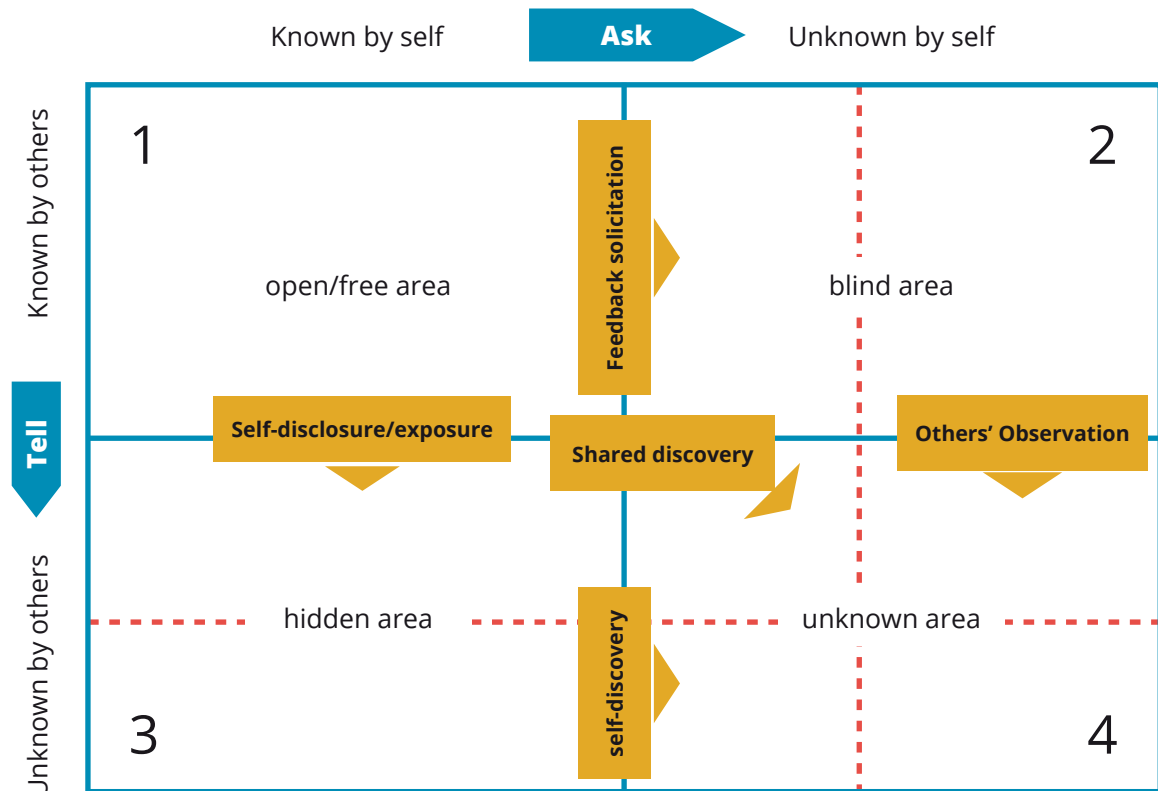
The Johari model has four quadrants. The first quadrant is your 'open area' – what we know about ourselves and are willing to share. This is where the trust in the working relationship is built, by disclosing to and learning about each other. As well as helping the individual, this strengthens a team. Then we have our 'blind area' – this is where someone in the group becomes aware of an aspect of us that we don't recognise or refuse to see. With the help of honest feedback and supportive supervision we may be able to change some of these aspects. The third quadrant is the 'hidden area' – where we may actively try to supress or hide aspects of ourselves from others. This is particularly challenging when you are exposing yourself to high levels of openness and honesty. Finally, the fourth and most challenging quadrant is the 'unknown area' – this is unknown to you and unknown to your colleagues. This quadrant can never become exposed if you do not engage honestly with others. The general premise is that over time the balance between the four quadrants can change. For example, if you decide to be more open with a colleague and tell them something you had previously kept hidden, this increases your open area and decreases your hidden area. It is also possible to increase the open area by seeking honest feedback from peers; this in turn can decrease your blind area. If the culture of an organisation allows for this depth of analysis in the supervision process, you will be working in an incredibly supportive caring team.

Professional development and a commitment to improving and developing your practice requires you to continuously challenge your sense of self. If we do not understand who we are, where we are, what triggers us, what keeps us happy, what makes us sad, what frightens us, what angers us, how we fit in a team; if we do not work on continuing professional development; if we do not look for continuous feedback in supervision – well, then we cannot continually improve our practice. In this case, what we are talking about is us having the ability to critically analyse our professional practice, and one way to do that is to develop a very strong working relationship within the supervision process. As social care professionals, we need to be mindful of the impact of our own personal values and life experience on the individuals we work with and for. Although one would believe that this in itself is a simple thing to do, it is by the very nature of humankind complex and in need of some consideration.

Personal Values

Personal values are the things that are important to us, the characteristics and behaviours that motivate us and guide our decisions. As an example, maybe you value honesty. You believe in being honest wherever possible and you think it is important to say what you really think. When you do not speak your mind, you probably feel disappointed in yourself. It has been suggested that it is from our early childhood experiences that we begin to form the core beliefs and values that influence the way we judge ourselves, others and the world at large (Beck 1995). In Ireland, and indeed worldwide today, anybody who is not a part of the hegemonic culture may find themselves being the victims of oppression and marginalisation. All sub-groups in society, whether they are ethnically diverse, religiously different, identify a different orientation or sexuality or are measured by economic strata, can attest to that marginalisation and oppression. As social care workers we only have to look at the public discourse surrounding the marriage referendum, the Eighth Amendment referendum and the continuing discourse in relation to the Traveller community and those seeking asylum in Ireland. With that being said, it does not take a huge leap of faith to assume that we as social care professionals may share those prejudices too. If we are influenced by our personal values that are formed by these prejudices rather than a professional value system, it could be potentially challenging for us to understand, work with and take part in an ethical decision-making process with any marginalised individuals, groups and communities. Moreover, we could contribute to social care becoming an element of oppression in a modern Ireland.

> ### 💡 Tips for Practice Educators
>
> 1. Complete a Johari window task within the supervision setting. Ask the student to look at themselves using the four quadrants, then you, as supervisor, do the same.
> 2. Look at a piece of work or a work-based scenario and ask the student to look at the scenario from a Kolb learning cycle perspective.
> 3. Look at understanding servant leadership and how it might work in a social care setting: https://www.greenleaf.org/what-is-servant-leadership/
> 4. What does supervision mean to you, the practice supervisor, and the student? Do you see the value in the process? See: https://www.iriss.org.uk/resources/insights/achieving-effective-supervision

References

Beck, J. (1995) *Cognitive Therapy: Basics and Beyond*. New York: Guilford Press.

Chapman, A. (2003) *The Johari Window*. Illustration included with the permission of the author.

Dewey, J. (1933) *How We Think*. New York: Heath & Co.

Kolb, D.A. (1984) *Experiential learning: experience as the source of learning and development.* Englewood Cliffs, NJ: Prentice Hall

Morrison, T. (2005) *Staff Supervision in Social Care: Making a Real Difference to Staff and Service Users* (3rd edn). Brighton: Pavilion.

Northouse, P. G. (2016) *Leadership: Theory and Practice* (7th edn). Thousand Oaks, CA: Sage Publications.

Self Awareness (2013) 'Understanding the Johari Window Model'. Available at <https://www.selfawareness.org.uk/news/understanding-the-johari-window-model>.

Chapter 61 – Francis Gahan

Domain 4 Standard of Proficiency 6

Understand the importance of participation in performance management activities for effective service delivery.

KEY TERMS

Effective service delivery

Performance management

Activities

Social care is … a profession that allows you to become the change that you want to see in the world. Those who become social care workers will often find their own happiness and fulfilment in caring for and supporting others.

TASK 1

How can performance management activities influence the standard of support that social care workers provide for service users?

Introduction

Although performance management is a relatively new concept in the provision of social care in the Republic of Ireland, there is no doubting the benefits of such a process if carried out in the correct spirit and manner (Carbery 2013). Performance management is increasingly becoming central to unlocking the success of a social care organisation and in ensuring that the social care worker is best placed to provide effective support to those they care for. While descriptions of performance management derived from other sectors such as industry or economics might seem impersonal or unrelated to 'caring' work, there is value in applying this concept to social care practice, if the focus and intent of one's work is to promote the wellbeing, empowerment and autonomy of those they support. It is well understood that such outcomes are best achieved through the medium of the relationship that is built and maintained between service user and social care worker. As such, performance management in social care work must focus on ensuring that the conduit through which the work is carried out (the relationship) is managed, maintained and positively reinforced. Logically, if the goal is to maintain fertile and fruitful relationships, the social care worker must ensure that they too are fit to support service users, willing to engage in self-care and supervisory support and eager to embrace the concept of performance management that will ultimately result in better outcomes for service users.

Performance Management

Armstrong (2014) describes performance management as the continuous process of developing the performance of human resources within an organisation. This, as Corbett (2016) suggests, requires the alignment of individual and team goals to the strategic aims of the organisation. Rostam (2020) also outlines the need for the continuous appraisal and development of individuals and teams within an organisation. He suggests that this must be carried out on a cyclical basis to allow for continuous communication, support leading to skills development and increased performance of staff members and organisational teams.

Performance management has evolved from an operational concern to one that plays a strategic role in the achievement and outcomes of an organisation. Thus 'social care' has adopted principles from performance management, with good reason. While the outcomes of manufacturing and commercial industries often differ greatly from the outcomes associated with social care work, there are many benefits to the adoption of the concept of performance management by the social care profession. However, it is essential that we take heed in applying such principles to 'caring work' to ensure that performance management is done in a manner that is both appropriate and beneficial to those we support, to social care workers themselves and to social care organisations. Performance management in social care should be seen as a more fluid and organic concept than in other sectors because the nature of social care work itself is ever-varying and ever-varied. There are numerous service types supporting service users with a multiplicity of human need and each individual service user will inevitably have unique personalities, strengths, limitations and needs.

Performance management is a career-long engagement that social care workers and organisations should use to ensure the best possible care is provided for those they support. It occurs even before a social care worker is employed by a social care agency. Before they secure employment with an organisation, they will most likely be interviewed for the position. This can be seen as the first step in the performance management process. Interview panel members will need to be satisfied that the potential employee holds the appropriate skill and knowledge levels to work in the organisation. They will also ascertain the interviewee's level of desire to care for service users of the organisation and this will give some insight into the value systems and motivations of the individual.

While explicit performance indicators such as the level of training and experience of staff members needs to be managed to ensure that the skills and knowledge of a staff group are maximised, there are also implicit performance indicators that should be acknowledged and monitored through the performance management process. Implicit performance includes aspects of our practice with a service such as how we communicate and relate to others, how we feel and think about our work and what motivates us to care for others. The culture and norms of an organisation and the collective motivations of a team can affect these. These can in turn influence how individual social care workers consume knowledge and how social care workers work and think about the work they do. Therefore, it is a necessary part of performance management to ensure that the individual and team values and attitudes in an organisation are aligned with the core values and principles of social care work. This implies that those who manage the performance of social care workers must ensure that employees of a social care organisation practice in a non-judgemental, non-discriminatory and empowering manner.

Effective Service Delivery

Organised social care delivery and the outcomes associated with social care work are very different from those of manufacturing, economic and commercial organisations, which are usually concerned with generating financial profit. In education, practice placement allows students to apply theory to the work of social care and to hone their skills in the work. Such an opportunity also helps students to appreciate the true values of the work and the principles underlying social care practice, and to understand the desired outcomes of such work, thus instilling the meaning of effective service delivery in the social care student.

One way to gain an understanding of the meaning of effective service delivery in social care is to examine definitions associated with the work. Lalor and Share (2013) have interrogated a variety of definitions and while they consider that social care practice cannot easily be tied to one single, comprehensive definition, they provide common strands or factors which are central to all aspects of the profession. These include 'shared life-spaces', 'support', 'protection' and 'advocacy'. Most notably,

definitions of social care provide that the work is fundamentally based on a relationship that is built and maintained between service user and worker. Thus, the 'relational' aspects of the work must be considered essential to effective service provision.

Social care has traditionally been differentiated from other professions mainly by virtue of the centrality of the relational aspects of the work and the reliance on the relationship that is formed between the social care worker and service user(s) in achieving 'desired outcomes'. Relationships are therefore seen as the crux of the work and essential to the achievement of positive outcomes for service users. Social care is about human development, knowledge of 'the person' and trust in relationship-based practice as the catalyst for human growth and healing. Therefore, performance management in the social care sector should be intrinsically concerned with both the individual's and team's ability to hold the relational aspect of service provision at the heart of their practice and to support service users in meeting their own goals, which are ultimately central to organisational outcomes. Building and maintaining relationships requires specific approaches, attributes, skills and value systems. Performance management activities provide an opportunity for support and advice in sustaining these principles.

Such principles are often inherent in the mission statements and vision of social care organisations and apparent in the principles and policies that guide the work. Organisational guidelines also set out the desired outcomes of the work that social care workers engage in every day. Organisational goals are included in the continuous support of staff and are central to evaluating, managing and supporting the performance of a staff team. Therefore, organisational policies will be in place to promote best practice and to ensure that all staff and service users are treated fairly and with dignity. These might include a dignity at work policy, supervision policy, complaints procedure policy and a staff appraisal policy.

Performance Management Activities in Social Care Practice

Social Care Ireland (2015) describes continuing professional development (CPD) as a process whereby social care workers continuously broaden their knowledge base, skills and expertise. By engaging in CPD activities social care workers ensure the maintenance of high standards of conduct and practice, which will ultimately lead to increased benefits for those who are supported and advocated for in the work. It is advisable that social care workers consult with and get feedback from their line managers and supervisors in deciding on CPD activities.

CORU provides that social care workers 'must make sure that [their] knowledge, skills and performance are of a high quality, up to date and relevant to their practice'. Registrants are 'required to maintain and develop professional competence by participating in continuing professional development' (CORU 2013: 13). CPD is central to ensuring that standards of practice are maintained and social care workers who register with CORU must engage in 30 hours of CPD in each year of practice. They must also maintain a CPD portfolio of development activities that they have engaged in as part of professional performance development.

Such activities can include active engagement with supervision and mentoring, participation with a professional body or learning from online sources (see CORU 2020). In a sense CPD is about monitoring and maintaining one's own standards of practice and while CORU has the authority to audit individual CPD portfolios, it is the responsibility of the social care worker to ensure that they engage in what might be coined 'self performance management' and to choose activities that will allow for their own continued development.
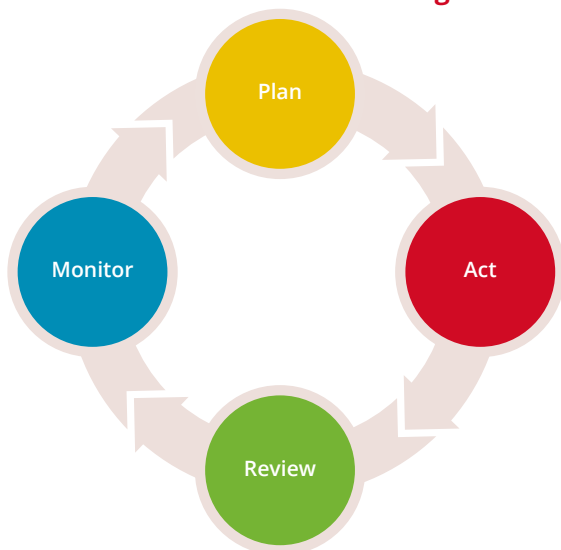
Supervision is another performance management activity that social care workers engage with during social care practice and social care educational programmes often provide in-depth theoretical training in the principles and practices of supervision in social care. Morrison asserts that 'the overall aim of supervision is to promote best practice for clients by maintaining existing good practice and continuously striving to improve it' (2003: 46). Furthermore, Hawkins and Shohet (2006) suggest that the importance of supervision in practice cannot be overestimated as it serves to support workers who are often involved in the complex and emotionally involved relational work of social care. Such work often requires much personal and emotional involvement and supervision provides the opportunity for the worker to be supported in overcoming challenges in practice, to flourish and develop through guidance, counselling and direction, as described by Page and Wosket (1994). Kadushin and Hawkins (2003) consider that supervision is involved with the examination of one's effectiveness in practice and it requires the worker to evaluate issues such as professional strengths and limitations, personal effectiveness and even one's personality. Supervision has three main functions, according to Morrison (2003): support, accountability and education. The table shows some practice examples of the functions of supervision and potential responses to such examples.

Function	Example	Response Through Supervision
Support	A social care worker in a residential child care setting discusses an incident when a child they had been supporting became extremely upset and began crying uncontrollably. The social care worker found this situation distressing as he knew that the child's mother had recently died. The social care worker was unable to console the child at that moment. It also evoked memories of the loss of his own mother when he was a child. This added to the emotional response of the social care worker.	The supervisor provides a quiet space for the social care worker to talk about the incident. They both discuss the incident and the supervisor provides feedback on the positive aspects of the social care worker's actions during the incident. They discuss the emotional response of the social care worker to the incident and the impact that this has had on him. They may decide that counselling support is required for the social care worker to deal with any unresolved feelings associated with the death of his mother when he was a child. Support and advice is provided in relation to how the social care worker might manage a similar situation in future and support the child with their loss.
Accountability	A new infection control policy has been introduced in a day care service for older people due to an outbreak of a dangerous virus in the community. The supervisor is tasked with ensuring that all employees in the day service are adhering to the policy.	During supervision, the supervisor provides the social care worker with a copy of the infection control policy and discusses the practicalities of implementing such a policy. The supervisor enables the social care worker to ask questions and discuss any uncertainties about implementing the policy. They may review progress of this in following supervision sessions.

Function	Example	Response Through Supervision
Education	A supervisor observes a new employee interaction with an older man with Down Syndrome who is non-verbal. The supervisor notices that the older man is trying to communicate that he wishes to have his lunch at a local restaurant. The social care worker misinterprets the man's non-verbal communication and does not respond in a way that acknowledges the request of the service user.	In supervision the supervisor spends time discussing the needs of the service user and his preference to eat out at a local restaurant. The social care worker is educated on the non-verbal communication of the older man and what such communication might represent for him. The supervisor may ask the social care worker to study the behavioural support plan of the older man to gain further knowledge. The service user may also wish to be involved in providing additional training for the social care worker and the supervisor may organise and support this training. The social care worker is encouraged to ask questions and a supportive atmosphere is provided.

The Child and Family Support Agency, Tusla, contends that effective supervision practices should be at the core of organised support for children and families (Tusla/HSE 2013). It says that equal responsibility must be shared by the organisation, supervisor and supervisee to ensure proactive engagement with the process. Indeed, the need to ensure ongoing effectiveness and performance of social care work is evident in national guidelines, for example the *National Standards for Residential Care Settings for Older People in Ireland* (HIQA: 2016) and the *National Standards for Children's Residential Services* (HIQA: 2018). These policies clearly state that an organisation must have in place a robust system for staff supervision and appraisal and that social care workers are supported to continuously engage with these as part of effective service provision and performance management.

Process of Performance Management

Process of Supervision

Formal *staff appraisal* is also a mechanism by which social care organisations promote performance management. The Health Information and Quality Authority (HIQA) provide that 'each individual staff member's performance is formally appraised, at least once a year' (HIQA 2018: 67). Appraisal is a more formal process than supervision. It is a systematic review of the performance of a social care worker over a period of time – usually a year. It involves setting new goals, reviewing previous goals and evaluating the job role (Morrison 2003). It is also necessary to consider aspects of an individual's performance during appraisal processes that have been positive and to identify areas of practice that require improvement. This allows both the social care worker and the organisation to record and monitor performance and this should be carried out in line with organisational goals and with the needs of service users in mind. It is advisable that performance management activities and appraisals be undertaken with reference to SCWRB's *Standards of Proficiency for Social Care Workers* (2017) and *Code of Professional Conduct and Ethics* (2019), ensuring that any aspects of a social care worker's practice requiring additional attention, support or training are addressed.

The Importance of Performance Management in Social Care

It is possible that through life experience and employment in other sectors, some people have come to see the process of performance management as a tool for addressing poor standards of work or a mechanism of control for organisations and managers to keep workers 'in line'. This might have occurred due to a lack of understanding or application by former managers of such a concept in previous work situations. This is not a helpful way of framing performance management in social care. While performance management systems have become increasingly common in many sectors of employment, they are now a constant feature of social care practice in the Republic of Ireland. However, in human service work, performance management should be considered a continuous process of reflection on the culture, norms and beliefs of an organisation and not a process through which organisations can maintain dominance and control over their workforce. Moreover, Handy (1999) suggests, performance management should be a mechanism by which we can continually review the traditions, values and work practices of our place of work.

Possible Outcomes for Effective Performance Management
- Clarify job roles, responsibilities and expectations
- Enhance individual and group productivity
- Develop employee capability and effectiveness through feedback and mentoring
- Align behaviours and values to organisational ethos and mission
- Improve communication between staff and management
- Improve outcomes for service users
- Promote self-care

On achieving the minimum educational standard of a Level 7 degree from an approved education provider (SCWRB 2017), graduates will have met a minimum standard of education, knowledge and skills which will allow them to register with CORU and to work safely and effectively in practice. The profession also requires that registrants engage in the process of CPD to ensure that social care workers continue to build on their own standards of practice and on those of the profession itself. Furthermore, caring work can often be challenging due to demands associated with emotion, relationships and dependency, and this can have consequences for social care workers such as occupational stress and even burnout. The importance of performance management also comes into play in supporting staff members to identify occupational stress and to address any issues that may be causing such difficulties.

While social care is a profession that can yield significant personal and moral reward, it also requires that social care workers be cognisant of its challenges and engage in reflective practice and self-care. This is also where performance management and supervision can be effective, providing the opportunity for staff to reflect on their practice, and identify training and development activities which will encourage professional development and self-care. A supportive and understanding work environment and team is essential to this process. Furthermore, an organisational culture that is non-judgemental and supportive of the development and wellbeing of its human resources is also crucial in managing and improving the performance of staff.

As considered earlier, those who write about and indeed those who have experienced social care work agree that the 'relationship' is central to the caring task and to the successful outcomes of the social care organisation (Howard & Lyons 2014; McHugh & Meenan 2013; McCann James *et al.* 2009; Hanlon 2009). Therefore, performance management in social care work must place considerable emphasis on ensuring that the conditions within a social care organisation allow for the growth and maintenance of effective relationships in supporting those in their care. Performance management activities allow for a space where a manager/supervisor can provide advice on how a social care worker might change or enhance their practice to develop or maintain their relationships with service users, other staff members and other professionals.

Education and training programmes in professional social care provide students with knowledge that will enable them to begin to understand the needs of those they will support in their career. This includes knowledge of principles of respect, empowerment, social justice, advocacy and non-discriminatory practice. Training and education also provides the opportunity for the development of practice skills and the application of the necessary attributes to the work through practice placement. These skills and attributes include communication and people skills, self-awareness, empathy, inter-agency collaboration and the ability to reflect on one's work for personal and professional development and for one's self-care. But there is a need to be ever aware throughout a person's career of one's performance in practice; one's strengths and limitations. This is necessary so that social care workers can ensure that they are as effective as possible in supporting others to achieve their goals or to overcome problems in their lives.

While social care work is increasingly adopting principles of performance management for effective service delivery, this needs to be carried out in a manner that continues to hold the needs of the service user at the heart of service delivery. Social care workers care for a diverse range of service users who may be experiencing disadvantage, vulnerability or marginalisation, including people with a disability, people who are homeless, older persons, people with substance dependency and families experiencing difficulty. Organisations and individuals who continue to embrace principles of performance management should continue to believe in the relationship as the key determinant of effective service delivery and adapt performance management activities to support this.

The type of work engaged in by social care workers is, by its nature, extremely varied and in turn it requires a varied and broad range of skills, attributes and a considerable degree of knowledge to deliver effective support. This can be both a rewarding and a challenging experience for those who choose social care as a career. The choice of an individual to opt for such a vocation must be respected, rewarded, and supported. Therefore, it is necessary that organisations and social care workers who are driven to support others experiencing vulnerability, dysfunction or distress in their lives appreciate the importance of participation in performance management activities for effective service delivery, self-care and to help others meet their physical, emotional and social needs, achieve their goals and live fulfilled lives.

> ### 💡 Tips for Practice Educators
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> Practice educators should provide information to students about the process of performance management in their organisation, the activities employed to manage performance of staff and the responsibilities of those involved. Such information might be in the form of a discussion or the provision of agency policy documentation and forms associated with recording and monitoring practice performance.
>
> Practice educators can provide a discussion about the importance of performance management during supervision. It would be useful to carry out a 'mock' appraisal with the student during the latter stages of placement, using normal procedures and forms, and to support the student in identifying training and CPD opportunities to address their development needs at that point.
>
> Practice educators should encourage the development of reflexivity and reflective practice in their students' work. This can be done by encouraging the use of a reflective journal, which the student can use in reflecting on their own work performance during supervision meetings. The student should be supported in developing their critical thinking skills when reflecting on the work of the organisation and on their strengths and limitations as a social care worker.

References

Armstrong, M. (2014) *Armstrong's Handbook of Performance Management: An Evidence-Based Guide to Delivering High Performance* (5th edn) London: Kogan Page.

Carbery, R. (ed.) (2013) *Human Resource Management: A Concise Introduction*. London: Palgrave Macmillan.

Corbett, K. (2016) *Performance Management in Irish Public and Private Sector Organisations: Moving Towards Multicultural Performance Management Practice*. Dublin: Technological University Dublin. Available at <https://arrow.tudublin.ie/buschmarcon/162/> [accessed 1 March 2021].

CORU (2013) *Framework for Registration Boards Continuing Professional Development Standard and Requirements*. Dublin: Health and Social Care Professionals Council.

- 2017) *Standards of Proficiency for Social Care Workers*. Available at <https://www.coru.ie/files-education/scwrb-standards-of-proficiency-for-social-care-workers.pdf>.

- (2020) *CPD for Social Care Workers*. Available at <https://coru.ie/health-and-social-care-professionals/education/continuing-professional-development/cpd-for-social-care-workers/> [accessed 7 November 2020].

Handy, C. (1999). *Understanding Organisations*. London: Penguin.

Hanlon, N. (2009) 'Valuing equality in Irish social care', *Irish Journal of Applied Social Studies* 9(1): article 3, doi:10.21427/D7X72R. Available at <https://arrow.tudublin.ie/ijass/vol9/iss1/3>.

Hawkins, P. and Shohet, R. (2006) *Supervision in the Helping Professions* (3rd edn). Maidenhead: Open University Press.

HIQA (Health Information and Quality Authority) (2016) *National Standards for Residential Care Settings for Older People in Ireland*. Available at <https://www.hiqa.ie/reports-and-publications/standard/national-standards-residential-care-settings-older-people-ireland> [accessed 1 March 2021].

• (2018) *National Standards for Children's Residential Services*. Available at <https://www.hiqa.ie/reports-and-publications/standard/national-standards-childrens-residential-centres> [accessed 1 March 2021].

Howard, N. and Lyons, D. (2014) *Social Care: Learning from Practice*. Dublin: Gill & Macmillan.

Kadushin, A., and Harkins, D. (2003). *Supervision in Social Work* (4th edn). New York: Columbia University Press.

Lalor, K., and Share, P. (2013) 'Understanding Social Care' in K. Lalor and P. Share (eds), *Applied Social Care: An Introduction for Students in Ireland* (3rd edn, pp. 3-18). Dublin: Gill & Macmillan.

McCann James, C., de Róiste, Á., and McHugh, J. (2009) *Social Care Practice in Ireland: An Integrated Perspective*. Dublin: Gill & Macmillan.

McHugh, J., and Meenan, D. (2013) 'Residential Childcare' in K. Lalor, and P. Share (eds), Applied Social Care: An Introduction for Students in Ireland (3rd edn), pp. 243-58. Dublin: Gill & Macmillan.

McIntyre, D. (2001) 'Overview, history, and objectives of performance measurement', *Healthcare Financing Review* 22(3): 15.

Morrison, T. (2003) *Staff Supervision in Social Care*. Southampton: Ashford Press.

Page, S. and Wosket, V. (1994) *Supervising the Counsellor: A Cynical Model*. London: Routledge.

Rostam, A. (2020) 'The history of performance management at the workplace'. Available at <https://www.researchgate.net/publication/339337330> [accessed 1 March 2021].

SCI (Social Care Ireland) (2015) *Continuing Professional Development Policy and Portfolio for Social Care Workers*. Available at <https://www.socialcareireland.ie/wp-content/uploads/2016/03/CPD-Portfolio.pdf> [accessed 7 December 2020].

Social Care Workers Registration Board (2019) Social Care Workers Registration Board code of professional conduct and ethics. Dublin: CORU Health and Social Care Regulator. Available at https://coru.ie/files-codesof-conduct/scwrb-code-of-professional-conduct-and-ethics-for-social-care-workers.pdf.

Tusla/HSE (Child and Family Support Agency/Health Service Executive) (2013) *Staff Supervision Policy (Standard Operating Procedures and Interim Standards)*. Available at <https://www.hse.ie/eng/about/who/qid/socialcareapplframework/hse-staff-supervision-policy-eg-child-and-family-agency.pdf> [accessed 1 March 2021].