

RECLAIMING SOCIAL CARE PRACTICE

THINKING CRITICALLY ABOUT RELATIONSHIP-BASED
PRACTICE AND MOVING CLOSER TO CHILDREN AND
FAMILIES

SOCIAL CARE IRELAND CONFERENCE

30TH MARCH 2023

PRESENTER: MARIE DIVILLY

MY PRACTICE JOURNEY:

Social Care Background: 2002-PRESENT



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graph TD; A[Social Care Background: 2002-PRESENT] --> B[High support Residential care – boys unit (3 years)]; B --> C[Mainstream residential – 10 month project transitioning children who were in long term residential care to foster placements.]; C --> D[Outreach and support service / residential placement for teenage girls (7 years)]; D --> E[Social work dept (10 years)];
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High support Residential care – boys unit (3 years)

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Social work dept (10 years)

PRACTICE BASED STORY - JESSIE

- The story of Jessie and the impact of relationship-based practice
- “to look away...and only see the behaviour is to ignore the patients' essential humanity” (Scanlon, 2017:117).



- According to CORU (2019), social care is ‘a relationship-based approach to the purposeful planning and provision of care, protection, psychosocial support and advocacy in partnership with vulnerable individuals and groups who experience marginalisation, disadvantage or special needs.

(Guide to the standards of proficiency for Social Care Workers – Domain 1, 2012:11)

TRADITIONAL ROLE OF THE SOCIAL CARE PROFESSIONAL

The key person involved with the family – relationship-based work.

Parenting support

Direct work on many issues such as anger management, social skills, anxiety, self-harm and suicidal ideation, personal safety work, supporting foster placements, supporting access visits etc...

Planned work based on the “needs” of the family./child.

Emphasis on the process rather than the outcome – flexibility for adapting based on the changing needs in the family/ individual.

Consistent and reliable support.

BARRIERS IN SOCIAL CARE WORK PRACTICE

There is a shift away from relational direct work “responding to the needs of children” and more emphasis is being placed on the task / outcome - brief interventions.

Time constraints and lack of social care staff

Administrative duties

Disconnect from families and children -
“System supports the technical task and blocks the role of relating” (Halton, 2015).

Disputes over pay and conditions.

(Reference: Recruitment and retention in social care work in Ireland :A Social Care Ireland Survey 2021).

WHAT DO THESE TRENDS MEAN FOR THE WORKER/ MYSELF?

- Administration/bureaucracy – lack of creativity. Lack of growth and development.
- De-skilled work.
- Compassion fatigue and burnout
- Managing anxiety associated with risk and fear for professional safety. “Ticking the box to ensure you are covered becomes the priority”.
- **Story of Sally** -



COMPASSION FATIGUE AND BURNOUT – WHAT IS IT?



“While burnout and compassion fatigue are related, they are different. Burnout is the physical, mental, and emotional exhaustion from prolonged and excessive work-related stress. Compassion fatigue results from internalizing and being impacted by the emotions and trauma of those who are suffering.”

- Nina Ahuja, MD

STUDY OF COMPASSION FATIGUE, BURNOUT AND SELF-CARE IN CLINICIANS WORKING WITH TRAUMA SURVIVORS (KILLIAN , 2008).

Participants of this study identified several key risk factors in developing work stress and compassion fatigue:

1. High case load demands and/or workaholism.

2. Personal history of trauma

3. Regular access to supervision

4. Lack of a supportive work environment

5. Worldview (overabundance of optimism or cynicism etc)

6. Ability to recognize and meet one's own needs (ie. Self awareness).

Examples from a 2008 study:

“I think I get overwhelmed, and overwhelmed for me comes in two forms: I get physically, emotionally and mentally exhausted, and I also become emotionally shut down, and I am not as emotionally responsive to people. I feel like I don’t have any more to give; it is all used up and gone”.

“When I wake up in the middle of the night, and I can’t go back to sleep because my head is going through everything that happened that day, that’s a red flag for me. Trouble sleeping is a major sign that I am over stressed”.

“I think that sometimes for me forgetfulness is also a sign when I am trying to do too much and can’t remember all the things I need to complete. ..I lose track of time. I sometimes lose days. I don’t even realise what day it is or what the weather is like outside”.

(Killian, 2008:35).

WHAT HAPPENS IN OUR WORK WITH CHILDREN?



Inconsistent, unpredictable professional in their life. Reinforcing a feeling of “I’m not good enough”. Potentially mirroring other adults in their life who provided inconsistent care.



Mistrust – difficult to build a therapeutic relationship.



Emphasis on “getting the work done” as opposed to the individual. (Ticking the box). Work not meaningful.



Potential dis-engagement.



Inconsistent, unpredictable professional in their life. Reinforcing a feeling of “Our family is not good enough”.

Potential disengagement.

Anger and resentment of services.

More likely not to ask for help if in difficulty


WHAT DOES THIS MEAN FOR THE FAMILY?

“I’VE LEARNED THAT PEOPLE WILL FORGET WHAT YOU SAID, PEOPLE WILL FORGET WHAT YOU DID, BUT PEOPLE WILL NEVER FORGET HOW YOU MADE THEM FEEL.”

MAYA ANGELOU

CURRENT BARRIERS IN SOCIAL CARE PRACTICE - WHAT DOES THIS MEAN FOR THE ORGANISATION?

Is this a reflection of wider society and the increasing struggle for resources, time and staff?

- According to (O’Sullivan, 2018), “Irish research and reports published by the Child and Family Agency suggests that the environment facilitating the social work task is uncertain, under-resourced and overburdened in terms of workload”.
 - Between 2015 and 2019, TUSLA experienced a 30% increase in referrals and only a 1% increase in the social care workforce. (Clarke and McMahon, 2020).
 - There is increased privatisation through “contracting out”. The expertise is being projected out of the organisation.
 - Pay and conditions for social care professionals are directly impacting employment.
 - Unsociable working hours have an effect on affordable child care in a profession that is predominantly female.
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WHAT NEEDS TO BE CONSIDERED?

“...practice is influenced by organisational cultures, office designs and forms of staff support”

“vital ..for organisations and managers to create the conditions that enable practitioners to be reliable, by ensuring they have the time, the emotional support and the space to think clearly and critically about their work”
(Ferguson et al, 2020:2).

THE MUNRO REPORT 2011 –U.K.

In the U.K., The Munro review of child protection systems (2011) identified many organisational attributes that brought professionals further away from children and families. Some valid points from this review that directly relate to the current trends we see in Irish social care practice include:

- a defensive system that put so much emphasis on procedures and recording that insufficient attention was given to developing and supporting the expertise to work effectively with children, young people and families.
- Practitioners and their managers told the review that statutory guidance, targets and local rules had become so extensive that they limited their ability to stay child-centred. The demands of bureaucracy reduced their capacity to work directly with children, young people and families.

THE MUNRO REPORT 2011 -U.K.

The review recommended that

- inspection should be conducted unannounced to minimise the bureaucratic burden.
- instead of “doing things right” (following procedures), the system needed to be focused on doing the right thing (checking whether children and young people are being helped).
- Increasing the expertise of the workforce required investment... skilled help could enable more children and young people to stay safely with their families, bringing significant savings.
- The career structure hampered the development of expertise, both in the individual and in the profession in general, because promotion leads too quickly to leaving direct work with children and families. A more varied career path and a stronger voice for practitioners in management was recommended.

(The Munro Review of Child Protection: Final Report A child-centred system, 2011).

WHAT CAN YOU DO?

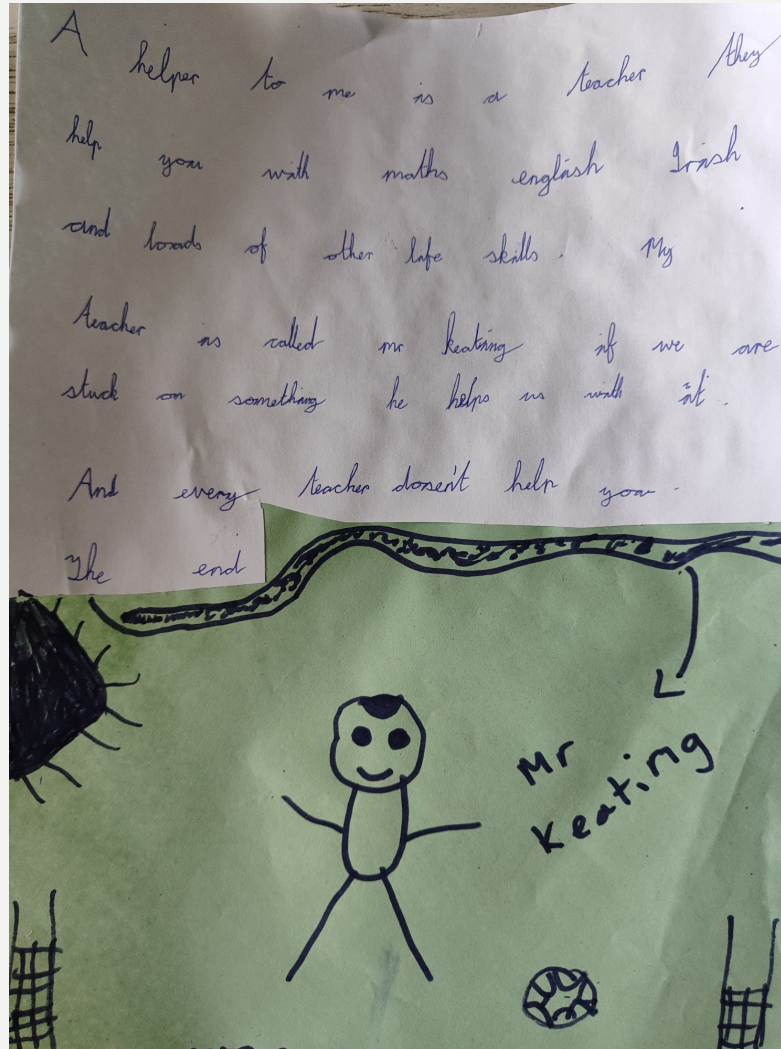
- Social care professionals have a responsibility to work within their professional remit.

“Acting in the best interest of service users is the foundation of professional boundaries and as such, as a social care worker you are ‘always accountable for what you do, what you fail to do, and for your behaviour’ (SCWRB 2019: 14).

WHAT CAN YOU DO?

- Ensure you are getting regular supervision (every 4-6 weeks). You have a right to Supervision. ...”the lack of good supervision (ie. that allows time for reflection rather than being directed at case management) presents the real danger of unsafe practice” (Cross, Hubbard & Munro, 2010:13).
- Blurring of work-life boundaries is negatively associated with employee happiness through increased emotional exhaustion. (Pluut & Wonders, 2020).
- Reflective practice and self-care – think about your transitions

THROUGH THE EYES OF A CHILD - A HELPING RELATIONSHIP BETWEEN A CHILD AND A PROFESSIONAL



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