



Evropská unie  
Evropský sociální fond  
Operační program Zaměstnanost



# Practising Self Care in Social Work

Pam Firth

International Consultant in  
Psychosocial Care. Joint Chair  
EAPC Task Force  
[p.firth97@btinternet.com](mailto:p.firth97@btinternet.com)





# Managing and Developing Yourself

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- What are the demands?
- Complex legislation: Safeguarding
- Growing proportion of people over 65 years
- The very old
- Have to do more for less
- In much of Europe growing number of displaced people



# Managing yourself

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- Work life and home life balance.
- Managing time
- Agency containment
- Renzenbrink (2011) says its important to practice **“Relentless Self Care”**



# Demographics

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- The International Federation of Social Workers (2012), states that global trends suggest that by 2030, 13% of the world population will be over 65 years old.
- In the UK approximately 500,000 people die each year and about two-thirds of those are more than 75 years old and a third are over 85 years old. (Leadbeater and Garber, 2010).
- 17% increase in Dementia for over 80,s
- By 2030 people over 65 years old will account for 86% of the deaths. The demands for social workers will increase.





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# National Health Service and Social Care in UK

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- Includes social workers in NHS.
- High level of sickness absence rates and are highly stressed
- NHS employs 1.3 million people and sickness absence costs £2.4bn
- In social care agencies qualified social workers only work for an average of 8 years.



# Reduction of Stress and Burn out

- Big issue in health and social care where workers are involved in an intensely emotional experience with people and their families
- How can they stay in touch with peoples' needs without withdrawing?
- Supervision, case reviews and debriefs are all important if workers are to be cared for and feel valued



# Reduction of stress and burn out

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- Can address such issues as blaming, bullying and splitting which can arise when the needs of staff are not understood
- Need to focus on the organisation's primary task
- Cannot compensate for poor conditions and poor management



# What is “burnout”

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- Overwhelming emotional exhaustion
- Feelings of cynicism and detachment from the job
- Sense of ineffectiveness and lack of accomplishment



*(Maslach, Schaufeli & Leiter 2001)*

# Compassion Fatigue

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- Is described as almost identical to post traumatic stress disorder except that it applies to those affected by the trauma of another ( client)
- Shares some characteristics of “burnout”



*Figley (2002)*

# Debrief

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- Useful after difficult incident /incidents.
- Needs to take place within one to three days after the event or events.
- Important to have all those involved present.
- Chance to communicate with each other and check out perceptions.
- Off loading can be important.



# Schwartz Rounds are used in UK health Care

- Schwartz rounds are supported in the UK by ---
- *The Point of Care Foundation*. Based on experience of Ken Schwarz
- These rounds provide an opportunity for staff from all disciplines to reflect.
- Focus in a structured way on the emotional aspects of the work.



# Ken Schwartz's story

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- 1994 Ken Schwarz an American health attorney was diagnosed with terminal lung cancer.
- He found what mattered most were the simple acts of kindness from his caregivers
- “the unbearable made bearable”
- Idea of emotional labour of health and social care professional needs addressing.



We need to more than just 'HEAR'



# Social Work and Supervision

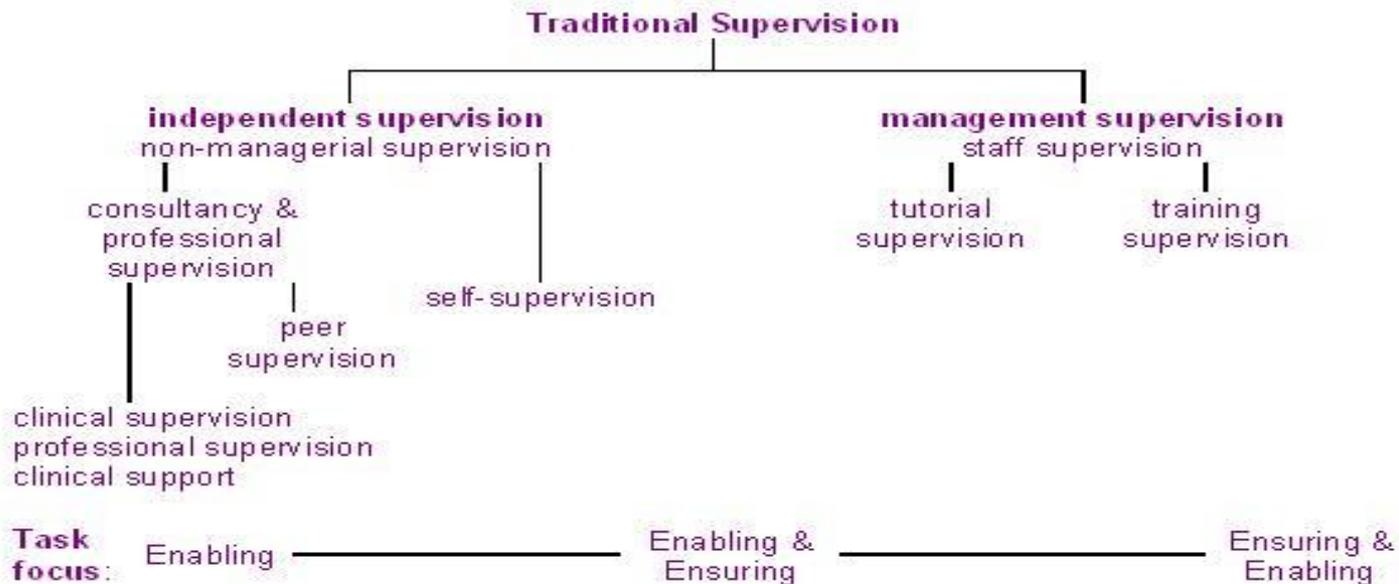
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- Long history of supervision in social work as opposed to nursing
- Need both managerial and clinical supervision.
- Cornerstone of professional practice
- Emphasis on improving the therapeutic proficiency of the workers
- Availability in a crisis without stigma
- Some evidence about the power inequalities e.g. managers/case supervisors
- Supervisors sometimes lack training

# Types of Supervision

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- Management or clinical?
- Need for both –why?
- **Management** focus on case loads/tasks and often led by manager.
- Focus on the agency task
- Delivery of service
- Quality control



**Categories of supervision: a family tree** (Morton-Cooper and Palmer, 2000, p. 143)

# Clinical Supervision

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- In the UK often led by an external supervisor
- Has a contract with the agency
- No management responsibility
- Focus on reflective practice



# Clinical Supervision

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NMC (2002) Suggests that clinical supervision has the following benefits;

- Safer Practice
- Reduced untoward incidents and complaints
- Better focussing of education and professional development
- Better assessment
- Reduced stress amongst staff



# Clinical Supervision (continued)

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- Improved confidence and professional development
- Improved levels of sickness or absenteeism
- Greater awareness of accountability
- Better input into management appraisal systems
- Better managed risk and better awareness of evidence-based practice



# So---what is Clinical Supervision

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- It is about empowerment not control
- Confidence building
- Building self esteem
- Growth and support model
- Self reflection and self awareness encouraged
- Educating
- Ensuring quality of care



# Reflective Practice (Freshwater 2007)

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- Circular nature of the learning (Kolb 1984)
- Awareness of uncomfortable feelings and thoughts
- Critical analysis of the situation
- Development of new perspective



# Integrated Description of Clinical Supervision Proctor(1988)

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- A useful way of considering the stages and processes
- **Formative** developing skills/understanding through reflection
- **Normative** importance of professional and organisational standards
- **Restorative** the supportive elements of supervision



# Who attends ?

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- Determined by the context, what type of agency
- Single discipline
- Multi-discipline



# Multiprofessional Supervision

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## Benefits

- Sharing
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- Learning
- Valuing



# Individual or group?

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- Often determined by the agency context
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- Sometimes a whole team seen together
- In group supervision it is important to understand **group dynamics.**



# Evidence

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- Lack of empirical evidence about the benefits and outcomes of supervision
- Butterworth et al (1997) in a multi site evaluation offered some measurable evidence that supervision protects as well as supports staff
- Driscoll (2000) highlighted the practical tasks involved in introducing supervision
- It requires time, money, education and the management to support the role of supervisor and supervisee



# Evidence

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- Kelly et al (2000) studied clinical supervision of Mental Health Nurses in N.Ireland. Main findings;
- Uncertainty amongst practitioners about the value.
- Muddle about models—management. quality control vs. the personal/professional development interface.
- Meaning and purpose
- Training deficits and lack of supervisors



# Evidence

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- **Edwards** (2005) again with Mental Health Nurses
- Longer sessions rated more highly
- Choosing the supervisor= higher rating
- More often led to more satisfaction for supervisees if supervisors themselves
- **Hyrkas** (2005) All sectors of nursing in Finland
- Group supervision less effective
- Female staff rated supervision more highly than males
- Older staff rated it more highly
- Frequency was important



# Finally

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- Skill demands are high
- Requires compassion and resilience to counter “burn out” and “distancing” as coping strategies
- Clinical supervision needs to be part of a strategy to support educate and care for all staff and volunteers
- It needs to be valued by managers. Sufficient time and money needs to be made available by organisations to make it effective



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