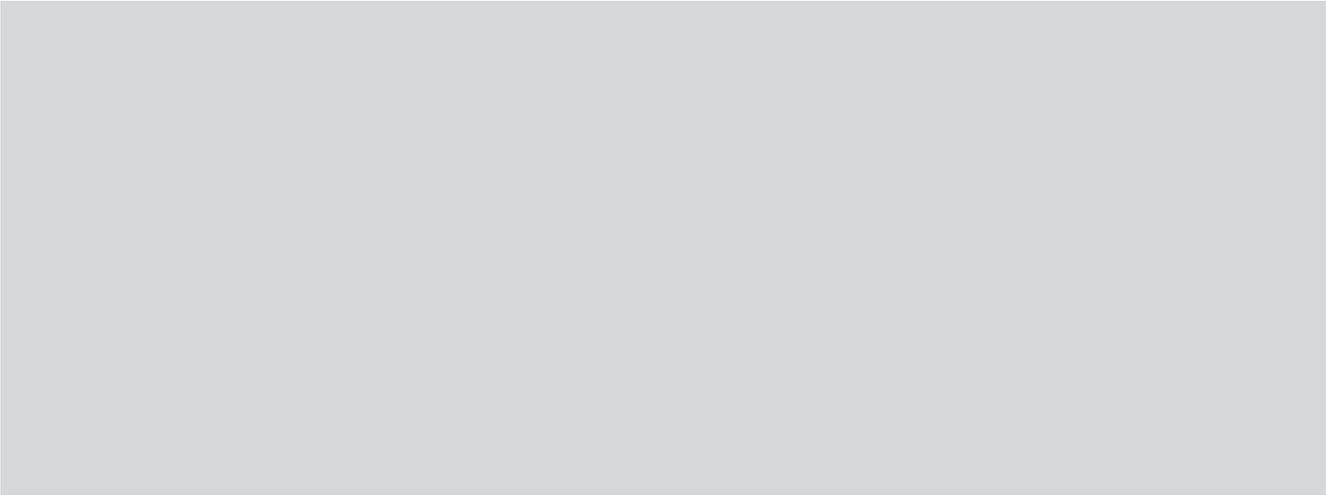


Introducing Social Work



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Introducing Social Work

Edited by
Jonathan Parker





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15

Looking after yourself as a social worker

Jo Finch

Chapter objectives

The aims of this chapter are:

- to examine how social workers can effectively look after their health and wellbeing, given the demands and challenges of practice;
- to explore what stress and burnout are and the damaging and adverse impact they can have on us, our practice, and service users;
- to highlight the importance of assertiveness in prioritising our own health and wellbeing and developing a work-life balance.

Introduction

Social work is a very stressful occupation, not least because of the daily exposure to human suffering and distress, working in organisations that are subject to intense

political surveillance and inspection regimes, and the constant state of change. Social work is also a much maligned and misunderstood profession, often seen as failing in terms of either removing children from their parents inappropriately, as in Cleveland and the Orkney Isles, or else failing to spot obvious signs of abuse and neglect, resulting in children's deaths at the hands of their parents or carers (see Chapter 17). This chapter reviews research on what can exacerbate stress for social workers alongside an examination of compassion fatigue, secondary vicarious trauma and resilience. To begin, however, we explore why we need to look after ourselves as social workers.

Why is looking after ourselves important?

The question may seem obvious, but it is an important one to ask, as well as something we should remind ourselves of on a daily basis. The first answer is that we cannot do our jobs effectively, that is, contain and manage the daily stresses and challenges of practice, if our wellbeing is compromised; wellbeing in this sense meaning both physical and mental wellbeing. In other words, we cannot look after others if we cannot look after ourselves first. An obvious analogy is an airline safety demonstration, whereby passengers are advised to put on their own oxygen masks first, before helping others (Grant et al., 2014; Maclean et al., 2018). Looking after ourselves, in its widest sense, will ensure our practice is reflective, thoughtful and decision making accurate and safe. It will ensure our relationships with users of social work services are the best they can be, and that we maintain our capacity to listen to and effectively contain other people's emotional distress (Cooper, 2018). We should, of course, have due regard for ourselves, whatever occupation we are in, and it is far from selfish that we focus on our own health and wellbeing. It is important to acknowledge at the outset that there is not currently the evidence to suggest that social work is more stressful than any other caring profession (Lloyd et al., 2002) but all caring professions will inevitably contain stressful elements, in terms of the close proximity to other people's emotional and physical suffering and distress (Cooper and Lousada, 2005). Indeed, the social worker's role in any speciality should be the promotion of the wellbeing of others, and as such we must also promote our own wellbeing and that of our colleagues. Stevenson (2014), writing in the context of promoting wellbeing in early years settings, argues that practitioners much recognise how essential their own wellbeing is, if they are to be able to form bonds with children (or young people and adults) that are personal as well as professional. Clearly, service users will be impacted by high staff sickness levels, as well as staff whose conduct is impacted adversely by suffering from stress. The chapter now goes on to explore how significant an issue workplace stress is, both in general terms and within social work in the UK.

The extent of the problem

The CIPD (2018), in their annual report of health and wellbeing at work, noted that in the public sector, mental ill health, followed by stress, is the main reason for long-term sickness absence, with mental ill health the reason cited for the most short-term

sickness absenteeism. The same report also noted an increase in stress related absences across a number of professions. Similarly, the Health and Safety Executive (HSE), on their website, report that 11 million days are lost at work due to stress and, indeed, employers have a legal duty to protect workers from stress. Research commissioned by the British Association of Social Workers (BASW) in 2018 found that working conditions of social workers overall are poor (compared with other comparative professions) and are 'adding to high levels of stress, presentism, job dissatisfaction and intentions to leave both the current job and the social work profession as a whole' (Ravallier and Boichat, 2018, p5). Nonetheless, it is not all doom and gloom, as the research on stress and wellbeing more generally focuses on what can help, which will be discussed later on in this chapter. The discussion for now, however, considers what stress and burnout are.

What are stress and burnout?

Stress is a normal part of everyday life; indeed it can be essential for getting up in the morning and for completing everyday tasks, or indeed helps us to finish a last minute task. Stress describes the physiological process of hormone release when a person experiences a shock or a threat, i.e. the fight or flight response, originally identified by Selye (1955). Selye (1975) later identifies different types of stress: eustress – which is related to situations when stress enhances functioning; stress which is a reaction; and a stressor which is something that causes distress, i.e. when stress continues unresolved and can lead to negative outcomes. Stress, therefore, is more than a physiological reaction; indeed, Maslach et al. (1996) described stress as the emotional as well as physiological reactions to stressors. Stress is defined by the HSE (2007) as the 'adverse reaction a person has to excessive pressure or other types of demand on them' and the Mental Health Foundation defines stress as 'the degree to which you feel overwhelmed or unable to cope as a result of pressures that are unmanageable' (2018).

The term burnout is used to describe the process whereby the worker becomes cynical and disengaged. In other words, they may fail to respond professionally to other people's distress and concerns. Maslach and Leiter (1997) describe this very evocatively. They argue that burnout has occurred in a worker when they experience

the dislocation between what people are and what they have to do, it represents an erosion in values, dignity, spirit and will – an erosion of the human soul. It is a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it is hard to recover ...

(1997, p17)

Croucher (2010) argues further that a burned out worker may display detached behaviours, is likely to be exhausted, with motivation and drive severely impaired, and may feel an overwhelming sense of helplessness and hopelessness.

Activity 15.1

Stress and impact

Consider the following questions before reading the next section.

1. Have you worked with someone who you felt was suffering from stress?
2. What behaviours did they exhibit?
3. What was the impact of your colleague's stress on you and others around them?
4. What was the impact on service users?

The impact of stress

Long-term exposure to acute stress can have significant implications for the health and wellbeing of individuals and cause a range of short-term physical health issues, such as stomach aches, headaches, and skin complaints, as well as longer term health issues. Indeed, medical research has found that long-term exposure to stress is a contributory factor in the development of metabolic syndrome, which is a risk factor for the development of type two diabetes (Chandola et al., 2006), cardiovascular disease (Rosengren et al., 2004) and stroke, angina, coronary heart disease and hypertension (McEwen, 2008). There are also the poor health outcomes associated with maladaptive stress related behaviours, i.e. excessive consumption of alcohol, smoking or risk-taking activity.

Stress can therefore impact on us in three distinct ways: physiological, emotional and behavioural. It is worth noting that stress impacts on us in different ways at different times. Some common physiological reactions to stress can include: aches and pains, headaches, muscle tension, exhaustion, sleep disturbances, indigestion, hair loss, disturbance of normal bodily functions, and exacerbation of skin problems, such as eczema or psoriasis to name but a few (Maclean, 2011).

In terms of the emotional impact of chronic stress, feelings we might normally manage easily become overwhelming. Therefore normal everyday feelings, for example, frustration, being miserable, feeling tense, angry, anxious and under pressure may become exacerbated, all of which in turn can impact on our wellbeing both physically and emotionally. It can become a difficult vicious cycle to break out of and, in turn, may lead us to engage in certain behaviours to manage the physical and emotional effects. It is easy therefore to use particular coping strategies, which may work in the short term, but add to the cycle of adverse physiological and emotional impacts. For example, feeling overwhelmed with work tasks may hinder sleep, which makes us tired and exhausted during the day, which may make us increase caffeine intake, which may then, in turn, impact on quality of sleep. Similarly, we may respond to stress by over- or under-eating, which may impact on stomach complaints, which may then impact on future food choices.

Whilst we may not have control over our workloads, or other organisational pressures, it is important to stress that what we do have a choice about is how we appropriately respond to these pressures. The first step, therefore, in managing stress

is to ensure our behavioural responses to the issue at hand are positive rather than negative. So, avoiding the more obvious negative response, such as increasing alcohol consumption, additional caffeine intake and indeed excessive consumption of chocolate!

Activity 15.2

Stress

Identify the physical and emotional symptoms you experience when under stress and consider the positive and negative behaviours you engage in as a result.

Vicarious trauma and secondary traumatic stress

The term vicarious trauma or secondary traumatic stress refers to the stress caused by being in close contact with other people experiencing trauma. Figley (1995) defines it as:

the natural, consequent behaviours and emotions resulting from knowledge about a traumatising event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatised suffering person.

(1995, p10)

Chrestman (1999) argues that symptoms of secondary traumatic stress (STS) can mirror those of people suffering from post-traumatic stress disorder (PTSD) and could include intrusion, avoidance and arousal behaviours and reactions (Figley, 1995). Intrusion refers to re-experiencing the traumatic event, through dreams, flashbacks or intrusive thoughts (Bride, 2007). Avoidance concerns avoiding any stimuli or situation that may provoke memories of the traumatic event. This may include avoidance of particular people or space, or avoidance of thinking about the traumatic event, resulting in some instances in memory loss of the event (Townsend, 2018). Arousal symptoms can include anxiety, irritability, anger, hypervigilance and difficulties falling or staying asleep (Newell and MacNeil, 2011). Bride (2007), in an American study of 282 social workers, found that almost 98 per cent of the people they worked with had experienced trauma and their interventions focused on supporting service users with trauma. Bride (2007) found that the majority of social workers in the sample experienced low levels of STS symptoms, whereas a small number were showing severe symptoms of STS. Bride (2007) concludes from the findings that, independent of any other trauma that social workers may directly experience, the rate of PTSD in social workers due to indirect exposure to trauma is twice that of the general population. The chapter now goes on to explore compassion fatigue.

Compassion fatigue

The term compassion fatigue is often used interchangeably with the terms burnout, vicarious trauma and STS as discussed previously. Indeed, the interchangeability of terms in use

in the literature is noted by Kapoulitsas and Corcoran (2015). Whilst there may be subtle nuances between the differing terms used, the term compassion fatigue may be a more appropriate, and perhaps less pathologising and medicalising term to use in social work contexts. Essentially, therefore, compassion fatigue refers to the response associated with the exposure to other people's stress and trauma; it can affect an individual's emotional wellbeing, and importantly can be accumulative, i.e. the adverse impacts can build up slowly and over time. Therefore practitioners must be vigilant and self-aware, as will be explored later on in this chapter.

Case study 15.1

Juliet has been a social worker for 15 years. She has worked in child safeguarding and now works in the Looked After Children team. You have noticed her cynical approach to the work, to change in policies and procedures and an increasing tendency to make negative comments about the children and young people she is working with. In the context of your reading so far, consider what might be happening and why.

What factors contribute to stress and burnout in social work?

There can be a range of external factors that contribute to social workers' stress and burnout as well as a person's individual capacities, or resilience, to manage the demands of social work. It is important to consider both environmental and individual issues. As discussed earlier, being in close proximity to other people's trauma or stress may be a contributory factor to social workers experiencing stress, and indeed secondary trauma.

Research summary

A study by Gibson et al. (1989), focusing on occupational stress in a sample of 176 Northern Ireland social workers (which also included managers), found that whilst social work staff felt positive about their roles and social work in general, many reported that they felt a significant amount of work-based stress. Stressors included: too little time to undertake work, with associated feelings of not being able to meet their own expectations, pressures of external deadlines, a lack of agency in influencing decisions particularly around resourcing, and lacking a sense of personal accomplishment. The study utilised two standardised schedules, the General Health Questionnaire (Goldberg, 1978) and Maslach Burnout Inventory (Maslach and Jackson, 1981). The study found that one third of social workers reported psychiatric morbidity, which includes somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. The study found this was higher than teachers and nurses (who were also included in the study), and the general population of Northern Ireland. In terms of the burnout inventory, less than the norm were experiencing burnout. It was disappointing to note that, in this study, supervision was reported as not being effective in ameliorating workplace stress. Given the study took place in 1989, the impact of the Northern Ireland Troubles might have also played a potential part in the findings.

More general research on workplace stress found that stress increases when workers have high demands coupled with low control in their working lives (Langer, 1983). A systematic review of stress by Coyle et al. (2005) amongst mental health social workers found that contributory factors to workers feeling stressed included role conflict, role ambiguity and fulfilling statutory responsibilities. Stress increased when workers felt a lack of achievement, high workload and not feeling valued as an employee. The HSE management standards identified six areas that can impact on employees experiencing stress (Health and Safety Executive, date unknown, [a]). These include:

- **Demands.** This refers to workload, work patterns and the general environment.
- **Control.** The extent to which employees feel they have control (or agency) over their work.
- **Support.** This includes encouragement, sponsorship and resources provided by the organisation, as well as from the line manager and colleagues.
- **Relationships.** This includes promoting positive relationships within organisations and working to avoid conflict, as well as managing behaviour from employees that might be considered unacceptable.
- **Role.** This concerns the extent to which people understand their roles in an organisation and how the organisation ensures employees do not have conflicting roles.
- **Change.** This concerns the way that organisational change is managed and communicated within the organisation.

As can be seen, public sector organisations, by their very nature, will inevitably be in constant flux and change, not least due to austerity, and, because of austerity (not least the closing of support services) demands on services have inevitably risen and so workloads will be demanding. Further, the role of the social worker has always been a challenging one, not least the perennial role conflict between care and control.

What factors mitigate against stress and burnout in social work?

As stated at the outset of this chapter, this is not intended to put anyone off becoming a social worker. It is a stressful job, but research from across professions and disciplines evidences a range of organisational and individual practices that help support practitioners to effectively manage the day-to-day stresses and challenges of the job. There are two competing theories or approaches about managing and dealing with stress (Lazarus and Folkman, 1984). The first one is known as vigilant coping, in other words active coping or finding solutions to address or remove the initial cause of the stress, and emotion focused coping. Emotion focused coping involves approaches which try to find ways of more successfully or positively managing emotional distress (Carver et al., 1989). In terms of the first approach, one strategy concerns support in the workplace (as identified in the HSE six management standards discussed earlier). The Health and Safety Executive (date unknown [b]) has produced a useful guide in the appendix of a report (pp62–64) about positive management responses to the six areas that can cause stress in employees. It also details negative management responses that can exacerbate stress. This is useful in itself, i.e. perhaps one can assess the responses of those in authority around them (including practice educators) as well as use it as a reflective guide to consider one's own response to service users and colleagues.

Activity 15.3 (with one worked example)

Having knowledge of what can potentially cause stress in workplaces is useful and the following asks you to reflect on these areas. Consider the worked example and add your own thoughts to the other fields.

Table 15.1 Stress in the workplace

Potential work place stressor	Currently on my social work programme, placement, or as an NQSW or SWer on a scale of 1–10 1 = negative 10 = very positive	What can I do to manage this? Positive strategies and coping skills?
Demands – this refers to workload, work patterns and the general environment.	<i>It is very busy, as I am managing my placement and my university work. Currently at number 2. I feel quite overwhelmed at times.</i>	<i>I am organised and I have prioritised completing my mid-way portfolio. I have a week off and will focus on my course work. I know this is time limited.</i>
Control – the extent to which employees feel they have control (or agency) over their work.		
Support – this includes encouragement, sponsorship and resources provided by the organisation, as well as from the line manager and colleagues.		
Relationships – this includes promoting positive relationships within organisations and working to avoid conflict, as well as managing behaviour from employees that might be considered unacceptable.		
Role – this concerns the extent to which people understand their roles in an organisation and how the organisation ensures employees do not have conflicting roles.		
Change – this concerns the way that organisational change is managed and communicated within the organisation.		

Collins (2008) identifies a number of what he termed 'positive focused coping strategies' (2008, p1177) which can be usefully employed. These include planning, suppression of competing activities, restraint and seeking out social support. Colleagues may also be a primary source of support for social workers (Gibson, 1998; Smith and Nursten, 1998; Thompson et al., 1996; Um and Harrison, 1998). Linked to support within the work place is the protective impact of supervision (Lloyd et al., 2002; Collins, 2015). Lloyd et al. (2002) noted further that high workload was manageable if support levels were high. Indeed, research by Wilkins et al. (2018) argued that there was evidence to support the claim that good supervision can help individual social workers to improve their self-efficacy, confidence, resilience, retention and stress levels. A concern, however, has been raised about the purpose of supervision increasingly concerning management oversight and surveillance, rather than providing a supportive and educative function (Beddoe, 2010). Morrison (2007) identified that help seeking activities were also useful in combatting stress.

Wagaman et al. (2015) explored the extent to which social work practitioners' levels of burnout and STS would be mitigated by practitioners' skills in developing and practising empathy. The study argued that if practitioners can learn and develop their empathic skills and practise them consistently, then it will protect, to some degree, the practitioner, and will promote 'compassion satisfaction' rather than compassion fatigue. Compassion satisfaction is 'the positive feelings about people's abilities to help' (Stamm, 2010, p8).

Resilience is a concept that is often used in social work, both in terms of service users we may work with and ourselves. You will have heard the word used on your social work training course and, indeed, being resilient to the stresses and strains of social work is positive. As Grant and Kinman (2012) argue, resilience can be defined as the ability to manage and overcome stressful situations, or indeed negative life events, and 'find personal meaning in them' (2012, p605). Grant et al. (2015) therefore advise that techniques to improve self-awareness, reflective ability and developing emotional literacy were significant in helping social workers develop resilience. A word of warning, however, in that the focus on individual resilience can be criticised because it locates the problem within the individual, rather than taking the structural issues into account. The next section of the chapter, therefore, focuses on employers' responsibilities.

Promoting wellbeing: employers and employees

The HSE is a governmental regulatory body which aims to reduce workplace accidents, workplace deaths, and injuries at work. They also include workplace stress as a potential workplace hazard. The HSE ensures all employers conform to various legislation and policies to ensure worker safety. Employers have a duty to promote the wellbeing of employees. The Management of Health and Safety at Work Regulations (1999) requires employers to identify what could cause stress at work and enact measures to combat stress. Health and safety at work, therefore, encompasses more than just physical risks but also risks that may cause psychological harm. As such it is worth locating your employer's (or if you are a social work student, your placement agency's) policy relating to workplace stress. Of note in these policies is that it remains your responsibility to inform your manager (or practice educator) that you are suffering from stress.

Many large organisations have in service occupational health advisors, or indeed can refer you to externally contracted occupational health advisors. Often you can make a self-referral and your manager or human resources departments do not have to be informed, but often if you require 'reasonable adjustments' in your workload and working conditions then a manager's referral is required. The important point to note is whilst organisations have duties of care to employees, employees must also raise issues that impact on their health and wellbeing. It is also important to be aware of your own organisation's policy around managing workplace stress. Of course, when you are a student social worker on placement, those employers will not view you as an employee, and so if you are impacted by stress then you must discuss this with your practice educators and university tutor. Universities also have duties of care towards their students. There has been a lot of media interest recently in how universities support students with issues around wellbeing and supporting students with mental ill health. What is clear, as a would-be professional, is that you need to be open and honest about any health or personal issues that may impact on your ability to meet the course requirements.

Self-care in action

There are lots of resources available to support you to develop and practise self-care, although a few examples are provided here. Maclean (2011) advises keeping a stress diary to check how many of the usual stress symptoms a social worker might experience in their day-to-day work. Devising a self-care action plan may also be a useful strategy, or indeed using, either individually or collectively, the self-care cards produced by Collier and Boucher (2019). There are 50 cards to choose from, including useful self-care strategies such as:

- take ten minutes to plan tomorrow's lunch;
- take a walk;
- allow yourself five minutes to day dream.

A really lovely but simple idea by Maclean (2011) is that of creating a 'Stress Aid Kit' (2011, pp122–123) – this could be individually, or a team could devise their own Stress Aid Kit. Maclean (2011) asks us to consider what we would have in such a kit. For example, some music, treats, positive photographs or images.

Key points summary

- There are a number of international studies that focus on stress, burnout, compassion fatigue, vicarious trauma and STS experienced by social workers.
- Social work can be considered a stressful occupation, like many other caring professions in direct contact with distressed and vulnerable people.
- The importance of being alert to stress symptoms is clear, as well as engaging in positive coping strategies rather than negative coping behaviours which will only cause further physical harm and tend to exacerbate stress.

(Continued)

(Continued)

- Whilst employers have legal responsibilities, it is important we also take responsibility for managing our health and wellbeing. In other words, a proactive response in managing our wellbeing is necessary in social work. Devising a self-care plan, therefore, and engaging in positive self-care activities, rather than behaviours that can cause harm in the long term, is an absolute must.

Suggested further reading

Maclean, S. (2011) *The Social Work Pocket Guide to Stress and Burnout*. Litchfield: Kirwin Maclean Associates.

Grise-Owens, E., Miller, J. J. and Eaves, M. (eds) (2016) *The A-to-Z Self Care Handbook for Social Workers and Other Helping Professionals*. Harrisburg: The New Social Worker Press.

Collier, K. and Boucher, S. (2019) *50 Acts of Professional Self Care for Social Workers*. Litchfield: Kirwin Maclean Associates and Self Care Psychology.

Grant, L. and Kinman, G. (eds) (2014) *Developing Resilience for Social Work Practice*. London: Palgrave Macmillan.

Useful resources

The HSE have produced a useful stress checklist covering the six key areas that can contribute to work place stress: <http://www.hse.gov.uk/stress/standards/pdfs/indicatortool.pdf>

The HSE have produced a talking toolkit with managers in mind, but this is nonetheless a useful resource for thinking about how our own stress may impact adversely on those we work with: <https://www.hse.gov.uk/stress/assets/docs/stress-talking-toolkit.pdf>