The Importance of Education in Self-Care in Social Care Work Programmes for the Professionalisation of Social Care Work

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Abstract

This article outlines approaches to self-care in a third level social care programme in Ireland with a view to establishing and maintaining a social care worker's well-being in line with requirements by CORU, as part of the professionalisation of social care work. It explores the importance of self-care for social care work practice, the challenges which can impact a worker's wellbeing, the CORU *Standards of Proficiency for Social Care Workers* (SCWRB 2017b) related to the self and self-care and the functions and theories associated with experiential group work. It then further considers how group work approaches can prepare a student for professional practice, especially in relation to common difficulties such as burnout, lack of support and workplace violence. Helpful educational supports for self-care and resilience are also outlined.

Keywords: Self-care, experiential group work, social care work, challenges, professional practice, CORU.

Introduction

This article addresses approaches to self-care in social care work education with a focus on the importance of self-care for professional practice. It looks at the meaning and importance of self-care, identifies challenges related to self-care in practice and the theoretical base and approaches used in a social care work education programme. It emphasises the role of experiential group work in helping social care workers (SCWs) achieve CORU's relevant *Standards of Proficiency for Social Care Workers* (SoP) (SCWRB[1], 2017b), while simultaneously confronting various professional challenges such as workplace violence and burnout.

The World Health Organisation (WHO) (2013, p.7) defines *'"Health"* as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". It goes on to define self-care as "the ability of individuals, families and communities to promote, maintain health, prevent disease and to cope with illness and disability with or without the support of a health care provider" (ibid, p.158). The WHO (2013) contends that promoting self-care practices will benefit all people and groups in society, as it empowers them to make informed decisions related to their health. We are all conscious of the need to look after ourselves and are constantly reminded to do so with messages such as "mind yourself", or

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[1] Refers to the *Social Care Workers Registration Board* who developed the standards and criteria for Social Care Work programmes. CORU's *Standards of Proficiency for Social Care Workers* are also referred to as "CORU's standards", the standards, or SoP for short.

"look after yourself" or "take care", "be well", and "stay safe". When we delve a little deeper, we discover different aspects of the self which require continuous nurturing and sustenance as we move through life. As noted by the World Health Organisation (2013) many issues are encompassed within self-care such as health, hygiene and other environmental and socio-economic factors. Kennefick (2006, p.213) stated "The principle tool of the social care worker is the self" thus emphasising the necessity to pay attention to the individual needs of the social care worker as they transition from student to social care professional. Kennefick further remarked "The self is not an entity – a static object that can be examined and dissected. The self is more usefully conceptualised as a process or an activity" (ibid, p.215).

Self-care is an ongoing sustained and intentional lifelong process. From the authors' experience the self is complex and multi-dimensional, encompassing physical, emotional, mental, social, spiritual, sexual elements as well as creative processes and experiences. All of these dimensions make up a human being and so it is a challenging notion when we try to drill down and explore the idea of self-care or try answer the question– *what does it mean to care for oneself*? It can sometimes seem and feel like an onerous task to engage in *self*-care and tend to all of the parts, but it is the sum of these parts that make up the whole. Looking after each aspect of the self will have a bearing on the overall holistic wellbeing of the individual. As will be explored in this article, there is an obligation on social care workers to know themselves- their strengths as well as their vulnerabilities and limitations.

Why is Self-Care Important?

The difficult nature of the social care and social worker role, due to the various demands of the job, have long been recognised (Bressi & Vaden, 2017; Collins, 2016,2020; Fenton 2016; Robson, 2016). CORU's definition of social care work (CORU 2020), shows the immense responsibility put on workers to support, care for and work in partnership with people across a range of social groups. The importance of self-care practices for the worker was highlighted recently by Fay (2019), Murphy (2019) and O'Sullivan, (2019) at the annual Social Care Ireland conference. The role of educators was also emphasised in promoting self-care for students of social care work on their social care pathway (Johnson & Long, 2019). As educators we have a duty of care to social care trainees and we have a responsibility to inform and educate students on the responses to these challenges, in particular with regard to the need for self-awareness and self-care (Greene, 2017; Lyons, 2009; Molloy, 2019). Not only is this important for lifelong practice, it is also an important component for the approval and monitoring of social care programmes in line with CORU's *Standards of Proficiency for Social Care Workers* (SCWRB 2017b). In response to the regulation of the sector, as part of the key criteria (SCWRB 2017a), educational institutions need to evidence how students will meet *all* CORU standards upon graduation in order to gain approval as a social care course. All students therefore must meet the standards on self-care which are identified later in this article. Students need to be "fit to practice" as part of their professional role (CORU, 2020).

According to Mech-Butler and Swift (2019, p.50) self-care is important to social care workers so that they can achieve balance in their personal and professional life and "...sustain themselves in the challenging work environment." Moore et al., (2011, p.1) state that self-care is vital for students as they prepare to be practitioners, "…who are not only effective in working with all aspects of the clients" total selves, but who are themselves healthy. They are not prepared to be good practitioners unless they have first learned to care for themselves". The hope is that in having self-care embedded as an integral part of the course, students will

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prioritise their own health and wellbeing as they go about the professional occupation of caring for and encouraging the people they support. Greene (2017) argues that self-awareness and the capacity to be self-reflective are unmistakeably interrelated with the process of self-care. There needs to be an emphasis on enabling and supporting students to develop these skills as part of their education and training as social care workers (Greene, 2007; Keogh & Byrne, 2016; Lyons, 2009; Mech-Butler & Swift, 2019). Moore et al. (2011, p.1) expound the belief that "Self-care enhances wellbeing and involves purposeful and continuous efforts that are undertaken to ensure that all dimensions of the self receive the attention that is needed to make the person fit to assist others".

To paraphrase American author Audre Lorde (2017), caring for oneself is not self-indulgence, it is self-preservation. In order for students to help and support others in challenging environments, it is the authors' contention too, that students, first and foremost, need to learn how to care for themselves.

Challenges Faced in the Social Care Profession

There are many challenges faced by social care students and graduates which can have a negative impact on professional practice. Amongst them are, being at risk of harm from behaviours of concern[2], burnout experienced from fulfilling such a key role, and a lack of support from management in facilitating key areas such as supervision and continuous professional development (CPD). Experiencing workplace violence is often perceived as part of the social care worker's role (Keogh & Byrne, 2016; Mech-Butler & Swift, 2019) with residential services, especially children's services, showing high rates. In addition, SCWs in disability services can experience high levels of violence (ibid). Associated with this violence are various consequences such as burnout, stress, absenteeism, job dissatisfaction and difficulty working within a professional status (Mech-Butler & Swift, 2019). Keogh and Byrne's (2016) research also illuminated the accepted culture of violence, the enormous impact on personal and professional practice and the lack of support for workers. While training was recommended for "*managing*" workplace violence (ibid), further analysis was seen to be needed as to *why* these behaviours are commonly faced by workers in practice (Williams & Gilligan, 2011).

CORU's *Standards of Proficiency for Social Care Workers* task workers to recognise *all* behaviour of individuals, including challenging behaviour, as a "*form of communication*" (SoP 2.17), with the role of the social care worker being to relate and to develop and implement strategies to support the person (SCWRB, 2017b, p.6). As noted by Fay (2019) "If something feels too big for the present moment…assume it's undigested life experience from the past". Reports on social care worker's experience of violence as a result of challenging behaviour, focus more so on the aftereffects, rather than proactive preventive measures for the service user, as well as the staff. Keogh and Byrne (2016, p.79) called for students to be "*prepared*" by social care courses for workplace violence. As educators we do not prepare students for violence, nor does CORU require it. It is necessary for educators to encourage a deeper understanding of the needs of people worker's support, ideally, for example, through a positive behaviour approach (PBS) (Bild 2020; An Cuan Regional Support Service, 2014). This approach focuses on supporting the person who engages in behaviours of concern, when the behaviour is *not* happening, in order to reduce the likelihood of it occurring again. It does this by supporting the person in an individual way, by trying to determine the function of the

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[2] The new term used by SCWs in practice (An Cuan Regional Support Service 2014) which better highlights the function of behaviour. The term "challenging behaviour" will also be used, as reported by the literature.

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behaviour and improve the service user's quality of life. In line with PBS, CORU's standards challenge the worker to see their key role in assisting the person they support, who engages in behaviours of concern.

Molloy (2019) noted that emotional labour and professional burnout are often part of the social care and social worker role, with organisational and individual factors playing a part. Molloy (2019, p.4) cites Shankar and Kumar (2014) who suggest that "burnout occurs when workers cannot safely distinguish and distance the emotional requirements of their job from their sense of self". Nagel et al. (2016) found that when workers are not prepared emotionally, they often leave the workplace and indeed the profession. Relating to this, Mech-Butler and Swift (2019, p.27) reported that from the violence experienced by workers, 17% were left questioning their professional capacity and 37.9% "report fear of undermined professional capacity". 85% of social care workers linked violence in the workplace to burnout and poor job satisfaction (ibid). The lack of self-care measures for social workers also has a huge impact on professional practice, compromising health and wellbeing and contributing to chronic stress, compassion fatigue and burnout (Jackson, 2014). It is therefore understandable that workers in the helping professions, may reconsider their chosen profession. However surely this can be avoided by improved training along with enhanced supervisory support, long called for with respect to social care workers (Keogh & Byrne, 2016; O'Neill 2005; Williams & Gilligan, 2011), might address this problem. While the need to *support* those in the helping professions who work with vulnerable groups has long been established (Bressi & Vaden, 2017; Fenton, 2016; Greene, 2017; Jackson, 2014; Robson, 2016), there is the risk that workers may have to go it alone. Grootegoed and Smith (2018, p.20), contend that in social work, emotional labour is not afforded enough recognition and therefore dealing with the implications such as ethical stress from the demands of the job "…becomes a very private affair: workers are held accountable for their own mental health, whilst the conflict that induces their daily stress proves difficult to resolve individually".

Nevertheless, traditional, distinct approaches to self-care for people who work with vulnerable groups, are not always seen as the way to go (Collins, 2016; Robson, 2016). When looking at the concept of self-care, there is a risk of individualising responsibility and therefore absolving the state/organisations of responsibility for the conditions in which social care/social work staff are expected to work (Bressi & Vaden, 2017; Collins, 2020; Fenton, 2016). This critique shows that more needs to be done, such as changing work structures and being more cognisant of the relational aspect of the work. Bressi and Vaden (2017) for example, differentiate between the personal and professional self when reconsidering approaches to self-care. Organisational support to promote and provide for the needs of workers often comes in the form of supervision and training, as well as through continuous professional development. According to Mech-Butler and Swift (2019, p.31) organisational support needs to "…be implemented on a more systematic basis". They also claim, that where organisational supports are limited, "…individuals stressed the need to engage in self-care practices to maintain their physical and mental health. Moreover, participants acknowledged the importance of training and continuous professional development" (ibid, 2019, p.52). It is suggested by Zellmer (2004–2005), citied in Moore et al (2011, p.7-8) that, educators of social work students who are preparing them for lifelong careers, "... examine the phenomenon of burnout and the various contributing factors and encourage students to develop a strong sense of self-awareness". For Mech-Butler and Swift (2019, p.60) "…promoting self-care practices within organisations could possibly reduce the negative consequences [workplace violence] experienced by social care workers". This

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highlights the need for education in self-care that will integrate measures to help reduce burnout and the impact of violence on the social care worker.

Supports, such as supervision and maintaining CPD requirements are also a key part of registration and upholding standards. Group support, group and/or peer supervision also help the worker develop a sense of self, self-care skills, and self-awareness as well as the ability to reflect and to challenge work practices. There needs to be a culture of openness and transparency, acceptance and accountability within organisations. Acknowledgement of vulnerabilities should not be punished but instead used as learning to improve support and to help galvanise the team to support not only the service user, but the worker too. Molloy (2019, p.16) noted that while organisations do have a responsibility for the needs of workers:

> …the workers see themselves as being active in ensuring that they are self-aware.… It was also identified that participant's self-awareness, reflection processes and emotional intelligence is what really contributed to professional burnout *not* occurring. Burnout prevention involved participants and organisations being mutually responsible for protecting each other's and service user's best interests, thus promoting professionalism.

The need for a rounded approach in practice is evident here. Byrne (2016) outlined some of the issues and implications of mandatory CPD requirements, such as organisational barriers and the ability of workers to commit to the requirements. She believed that professional development is not just about adhering to standards, but a reflective cyclical process where the individual worker and support from the organisation have complementary roles to play. While Byrne (2016, p.25) appropriately states that, "For many, regulation is closely associated with recognition as a profession. Yet regulation alone does not constitute professional status. This must be driven from within the profession itself, by developing a shared professional identity...". In order to achieve this, education providers play a key role. Attention to the self-care needs of students, to prepare them for their role as a professional, is paramount, as is building their capacity for resilience and stability in the helping professions (Collins, 2016; Bressi & Vaden, 2017; Fenton, 2016; Lyons, 2009; Robson, 2016). For social care workers, it also addresses a range of CORU's *Standards of Proficiency for Social Care Workers* (SCWRB 2017b).

CORU's Standards of Proficiency on Self-Care

As students and educators are already keenly aware, social care courses must apply for approval with CORU (the Health and Social Care Professionals Council) which was established by the *Health and Social Care Professionals Act* 2005 (as amended) (CORU, 2020). Significant *Standards of Proficiency* for the social care worker directly related to aspects of the *self* and *self-care* are as follows:

Domain 1- Professional Autonomy and Accountability

- 1.18. Be able to take responsibility for managing one's own workload as appropriate.
- 1.20. Be aware of and be able to take responsibility for managing one's own health and wellbeing.
- 1.22. Be able to evaluate the effect of their own characteristics, values and practice on interactions with service users and be able to critically reflect on this to improve practice.

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Domain 4 - Professional Development

- 4.4. Understand and recognise the impact of personal values and life experience on professional practice and be able to manage this impact appropriately.
- 4.5 Understand the importance of and be able to seek professional development, supervision, feedback and peer review opportunities in order to continuously improve practice.

Domain 5 - Professional Knowledge and Skills

- 5.13 Be able to integrate self-awareness, communication, working in partnership and professional judgement into professional practice to meet the need of the service user and empower them to meet their full potential.
- 5.19. Demonstrate an understanding of the importance of one's own personal growth and development in order to engage in effective professional practice whilst developing the personal skills of self-care and self-awareness in the role.   (SCWRB, 2017b, p.5-10)

These standards put the onus on the worker to *develop* the skills of self-care and self-awareness in an effort to maintain their own health and wellbeing. We can help students to meet the standards relating to their personal and professional development while preparing for practice by encouraging them to recognise and tend to aspects of the "self" as well as helping them to identify the needs of people who require their support (Lordan et al., 2003; Lyons, 2009; Williams & Gilligan, 2011). In light of the challenges faced in practice, being proficient in the standards will go a long way to help protect one's self and the person who requires support. It is incumbent, now obligatory, on educators, students and placement providers to produce social care graduates capable of registration as social care workers (SCWRB, 2017a). How can this be achieved?

Education in Self-Care Practices

Role and function of experiential group work

This section outlines *one* approach used to educate students in the practice of self-care as they prepare for social care work practice. The guidance provided herein is inherent and implied in the experiential group work component of the professional work practice (placement) preparation and review modules in years *one* and *two* of a level 7 Social Care Work Programme. Placement preparation and review classes are delivered weekly as lectures and tutorials as well as 1.5 hours weekly of group work also referred to as *experiential group work* (EGW) and/or *personal development* (PD). The focus in this article is specifically on areas covered in years one and two of the programme, with some brief reference to year three and the overall benefits of EGW. Years one and two of group work lay the foundation for the development of core proficiencies of social care work, with the role of self-care naturally emerging as part of preparing for future practice, as evident in the areas covered below. Students are facilitated to discover methods and options available to them to ensure they look after themselves while engaging in the often challenging, and more often, fulfilling role of the social care worker. This section will outline approaches used in group work to address and explore how students can do this in tandem with their education in theoretical concepts, which will help frame their future practice. Notably, as well as highlighting a worker's well-being, the CORU standards (SoP 2.16) state that social care workers should be able to "Understand the principles and dynamics of group work in a range of settings and be aware of the role of

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different facilitation techniques to improve outcomes and enhance the participation of service users in care" (SCWRB, 2017b, p.6).

Group work is based primarily on Carl Rogers' ideas of "*experiential learning*". Rogers (1983) listed five defining elements of significant or experiential learning noting "It has a quality of personal involvement; It is self-initiated; It is pervasive; It is evaluated by the learner and Its essence is meaning" (p.20). A holistic and humanistic approach is used. Scaffolding begins in year 1 of group work as students are encouraged to explore their understanding of what it means "to help" and to reflect on their capacity to help, and/or support and/or care for others as they begin to develop their practice. For group work the arrangement of chairs in a circle is widely considered optimal as it makes for open conversation and dialogue (Bohm, 2004; Freire, 1972). The introduction of ice-breakers and fun activities helps the group to gel in the early stages. Corey and Corey (2003, p.328) offer some helpful guidance and tips to students on "*getting the most from a group experience*" e.g. commit yourself to getting something from your group by focusing on your personal goals; practice your attending and listening skills; take responsibility for what you are accomplishing in your group; respecting and maintaining confidentiality (ibid, p.328-330).

The lecturer becomes the group facilitator, whose role it is to help the students to navigate this new way of learning which many find daunting in the initial stages. That lecturer/facilitator ideally would have some training and experience in group work and facilitation skills. A therapeutic background would be a distinct advantage along with a working knowledge of transference and counter-transference. The role of the facilitator across the 3 years of the social care programme is to guide and direct students to assist them in creating a safe interactive space which they can use to:

- Learn practical skills such as respect, appropriate behaviour, self-disclosure, boundaries and active participation - e.g. turn taking; not talking over others; giving everyone a chance; taking a risk,

- Identify rules and limits governing confidentiality e.g. times when you cannot guarantee confidentiality,

- Develop intra and interpersonal skills – e.g. start noticing what is going on for self in terms of somatic responses and notice how you and other group members respond, react and interact,

- Take time to consider and learn about self-care – e.g. How you can support yourself to meet your needs – academic as well as physical and social,

- Value life experiences – e.g. acknowledge all experiences (though they may vary) as significant, e.g. mental health issues, bereavement,

- Open themselves up to hearing and seeing different perspectives – understand and learn from each other and see there is merit in adapting to other ways,

- Build confidence – e.g. speaking out and sharing; taking a risk in a safe space builds trust and belief in one's abilities,

- Improve communication skills – observe verbal and non-verbal cues; ask questions,

- Understand Rogers' person-centered approach (1995) for the development of the therapeutic relationship, the "core conditions" of genuineness, acceptance and empathy (Thorne, 1994, p.117) – learn the importance of honesty and integrity; be respectful of and appreciate difference; remain non-judgemental.

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At the beginning of group work each year rules/guidelines around confidentiality, a non-judgemental approach, equal and voluntary participation are set and agreed and this creates a safety and structure within the group to "hold" students as they settle in and progress. Students get an opportunity to voice their hopes, fears and expectations. A cohesive unit begins to form. This cohesion has been defined as "a sense of togetherness, or community, within a group" (Corey, Corey, & Corey, 2008, p.153). Using the SMART principle (Specific; Measurable; Achievable; Realistic; Time sensitive) students are encouraged to identify their short and long-term goals and the space acts as 'a container' for the myriad of feelings expressed during the forming stages of group work. This is particularly beneficial for the 1st year student as he/she transitions to 3rd level and begins preparing for practice as a social care worker. Common goals at this stage range from "doing well in assignments" to "qualifying in their chosen profession"; from "making new friends and settling in" to "making a difference in the world".

In *year 1,* students are introduced to Maslow's Hierarchy of Needs (1943) and Glasser's 5 basic needs in Choice Theory (1999). Using both Maslow and Glasser's theories, one of the authors devised a 'Coping Skills Questionnaire' to assist students to personally identify their own needs and to observe and to reflect on how they are meeting these needs and managing the tasks associated with this stage of their development, education and training i.e. developing trust and intimacy, autonomy and initiative, identity and integrity. Students are asked to examine their own processes (their thoughts, feelings and behaviour) in relation to looking for help and support to satisfy their needs. This in turn, gives them some understanding and insight into working towards meeting the needs of people they support and the CORU principle (SCWRB, 2017b), that all behaviour, even automatic, sometimes inappropriate, challenging or even violent is an attempt to meet (albeit often unconsciously) some desire or need.

Physical and safety needs generally are the priority for students at the beginning– e.g. finding one's way around campus, settling in to new accommodation/living arrangements; issues around cooking, hygiene and budgeting. Questions abound with regard to college, programme requirements and assessments. Discussion gradually moves into other, more social and personal realms as the group becomes a more cohesive unit. This is just one example of how practical skills are nurtured and self-care has begun. In line with SoP 5.13, students can use these personal experiences in group to inform their practice.

The development of personal qualities, the identification of personal values and the attributes of the ideal social care worker are explored using the "ideal helper" list designed by Corey and Corey (2003, p.13). This helps students to recognize not only what is important to them, but also to identify their own strengths and vulnerabilities. This creates the impetus to set further learning goals for themselves. It is through the exploration of these "ideals" that students also become conscious of the "shadow" (Jung, 1959). Students begin to see that they may not have endless patience, or may not always be sympathetic to the needs of others. Lyons (2009, p.124) describes this as "…not a sign that you are a bad worker but a reflective practitioner and someone who accepts that there is an opportunity for self-learning in every experience". An awareness and acknowledgement by students of a shadow side and their own vulnerabilities, is often followed by a move towards the acceptance and assimilation of these characteristics in themselves, and a step towards a willingness to accept others' vulnerabilities too. Knowledge of this concept helps also when looking at Freuds' defence mechanisms in year 2. This leads students to a gradual understanding of what non-judgemental practice, empathy and compassion is all about in line with SoP 1.22.

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The topic of 'feelings' when introduced to the group, can bring to the surface a range and variety of responses from anxiety and fear to curiosity and enthusiasm. Consequently, a range and variety of creative responses is called for in dealing with the topic of emotions and emotional wellbeing. Fun activities, storytelling, art/drawing, worksheets e.g. sentence completion, and journaling all work in the process of 'normalizing' feelings. These novel and diverse methods help students to identify, acknowledge and accept a range of emotions and aid in the healthy expression and exploration of feelings. Over time, the therapeutic value of talking things out is acknowledged and the experience of catharsis may arise.

The reflective cycles (Gibbs, 1988; Johns, 2000; Kølb, 1984; Schön, 1984), which provide a template to learning from experiences, are useful tools to assist students in the practice of journaling and the art of reflective practice, key to personal and professional development. Questionnaires based on the stages of the reflective cycles can be provided to assist students with this task and it is good practice in preparing students for maintaining their reflective journals while on placement. Furthermore, in year 1 students are introduced to Goleman's (1998) ideas on emotional intelligence[3] which bring further clarity to the issue of personal responsibility in choice and decision making. While this is in line with SoP 1.20, emotional wellbeing is not specifically referred to in CORU's standards. From year one, the group becomes the "conduit" through which self-awareness, reflection and self-care skills develop.

In *year 2* of the programme, the issue of self-esteem, which plays a pivotal role in the maintenance of one's well-being and self-care, is addressed. Branden's (1995) *6 pillars of Self-Esteem* are useful to draw upon in groupwork to help develop positive self-esteem[4]. This enables students to accept the challenge of "practicing" the concepts as identified and owning their behaviours in response to situations, learning and adopting new ways of doing things. As the choices and decisions they make come under conscious exploration, there often follows a recognition of lifestyle changes they may need to make as they develop their professional identity, embodied in SoP 5.19. Having students create positive affirmations or gather inspirational quotes for themselves also encourages them to create resources to help build resilience (Satir, 1988).

In year 2 also students learn about and have personal experience of the various theories and concepts surrounding groups, e.g. stages of group development; leadership styles; group roles; communication styles. This enables them to better understand the complex nature of social care work from the perspective of building and maintaining relationships and developing awareness of the various dynamics at play. Students look at how to create conditions for change through to supporting and challenging the client using a variety of interventions. During group work students are supported in developing their verbal and non-verbal communication skills, specifically to develop active listening skills and to learn how to listen and respond effectively to *both* themselves and others. Students focus and observe, listen attentively and begin to attune themselves to nuances in communication. This takes patience and courage on behalf of the students as they gently challenge each other to become more open and congruent in terms of identifying their needs and exploring what they can do to meet them. Over time students get a sense of the power of the group and experience the comfort of shared or common experiences. This is further emphasised in the psycho-social helping skills module in year 3 of the programme.

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[3] Self-awareness; self-regulation; motivation; empathy; social skills (See also, Burton & Dimbleby, 2006).
[4] These pillars are the: Practice of Living Consciously; Practice of Self-Acceptance; Practice of Self-Responsibility; Practice of Self-Assertiveness; Practice of Living Purposefully and the Practice of Personal Integrity

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Students also work together in a co-operative and collaborative way to explore stress relevant to social care work, e.g. trauma, post-traumatic stress, vicarious traumatisation, compassion fatigue and burnout. With this knowledge of stress - the causes, symptoms, effects of stress on the body, and strategies for dealing with stress - they can identify tools and techniques to manage it, thus aligning with SoP 1.20. Paying attention to diet, exercise and rest, mindfulness, walking in nature, listening to music, prioritising time with family/friends/pets and even learning to say '*no*', are examples of how students look after themselves. Students report that challenging/reducing/eliminating negative self talk, moving away from what they describe as 'toxic' relationships, reducing work hours, organising e.g. making a "to-do" list, developing assertiveness, engaging in meaningful conversations with like-minded people, acknowledging loss(es) and accepting what is, *all* help in reducing stress and promoting wellbeing. Practice preparation and review modules which include group work are ideally set up to encourage students to discuss and confront salient practice issues[5] as well as to encourage the use of supervision to help and support them in their practice. In year 2, other topics covered, include theories on grief and loss, theories on change processes (organizational and personal), conflict strategies and defence mechanisms. The exploration of these enable students to become more aware of helpful and unhelpful patterns of behaviour in their own life as well as preparing the groundwork for informing future practice. Yalom (1970) citied in Yalom and Leszca (2005) described 11 important therapeutic factors which he ascribes to group psychotherapy e.g. instillation of hope; group cohesiveness; and universality. Experiential group work is not group therapy, however some of the factors Yalom describes are nonetheless evident in experiential group work and students name these in their reviewing of their group work experience. Having this knowledge is empowering for students to help them cope with the demands of the work, identify ways in which they can care for themselves, prevent burnout, build resilience and manage stress.

The benefits and challenges of EGW

According to Moore et al (2011, p.8) in relation to social work students:

> …the intensity and severity of client problems encountered by social work students can at times seem overwhelming. This professional stress coupled with the responsibilities of student life and the activities of daily living that they encounter make the need for the inclusion of self-care in social work curriculum all the more crucial.

Similar to social care, the social work curriculum has been recognised as requiring further input aligned with self-care practices (Collins 2020) to meet the needs of students, with Bressi and Vaden (2017) also noting the need to incorporate theory, as is done throughout this programme. According to Molloy (2019, p.16) "Participants identified that the more information they had available to them, then the better they could cater for the needs of service users". By year 3, students have a clearer understanding of the demands of the role, which is especially relevant to SoP 1.22 and 5.13.

Experiential group work is not without its challenges. The process relies heavily on people opening themselves up to the experience of group work. This helps with personal and professional growth, especially in light of SoP 1.20, 4.4 and 5.19. Mental health issues can negatively impact ability to attend and engage, or students may find it difficult to seek help or to report their ongoing issues (AHEAD, 2018). Therefore, it is imperative that college student support services, such as one to one counselling are readily available if required. Facilitating

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[5] For example, unreported workplace violence (Keogh & Byrne, 2016; Mech-Butler & Swift, 2019).

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students to learn about self-awareness, reflection and self-care, and helping and supporting them to realize the importance of these for future work is challenging. Students do not always recognise why *they* are the focus, especially in their first year. The benefits may not be seen or appreciated until professional roles are taken up (Johnson & Long, 2019). Interestingly the National Adult Learning Organisation (AONTAS) also noted the need for self-care practices for *educators* in third level due to the levels of stress and burnout they are experiencing as they support the diverse needs of all of their students (AHEAD 2018).

Appraising group work

Share (2003) identified the importance of educating social care workers who are adequately trained to meet the needs of people who require support in society, through assessment of learning. Approaches utilised in EGW outlined above are all key to helping students achieve the CORU standards across the learning cycle. Students' abilities and competencies in the area of practical as well as reflective skills are assessed in a range of different ways. From the outset students are encouraged to maintain *reflective journals* to develop self-awareness and to monitor their own personal and professional development over the lifetime of the group. Reflective journals are useful for developing personal awareness and growth in caring for others in professional practice (Greene, 2017). Students are given guidance, prompts and questions to aid them in the process of journaling. The journal itself is not graded. Students "reprocess their notes into an essay" (Moon 2004, p.156). The final assessment for year one is the compilation of their journal/diary entries into a coherent piece of work identifying significant learnings. New insights into the idea of caring for oneself usually form an integral part of this work. Weekly class topics and delivery are inextricably linked to the learning outcomes, the successful completion of which would be difficult to achieve if the student was not present. Attendance is monitored as per CORU's requirement (SCWRB, 2017a).

Oral presentations on some of the aforementioned theoretical concepts are used as a formative assessment tool. Individuals select from one of the listed topics, form small groups (max 3), research their chosen topic and then present using the VARK modalities (VARK, 2020) to educate their peers, thus facilitating different learning styles, i.e. visual, auditory, reading and kinaesthetic. Students are expected to link theories to self, group and to social care practice and to apply the knowledge to the work they will undertake i.e. to use theoretical frameworks to guide their future practice. Students write about personal life experiences linked to theoretical concepts covered and are required to evaluate these in terms of their possible positive and/or negative impact on, and relevance for future professional practice. This ties in with the requirements of CORU's SoP identified above (in particular SoP 4.4).

Practical skills are also assessed as part of the experiential group work. Students are given a (non-exhaustive) list of personal qualities and skills important for the social care worker role, e.g. honesty and integrity, respect, patience, assertiveness, presence, openness, which they can work on improving throughout the duration of the programme. While the facilitator and the students have a role in creating a safe space for students to develop these qualities and skills, the fact that they are being assessed can make it difficult for some students. The reality is that all students are on their own personal journey and small steps made could be considered milestones for some. By year 3 and prior to graduating it would be expected that all students would have achieved the standards as set out by CORU, to enable them to apply for registration.

When sought, student's views on and experiences of group work[6] were wide-ranging with some students recognising the need to establish and maintain well-being with one stating:

> …doing this course, you worry about a client's wellbeing, not your own…. It was so beneficial to take time out to reflect on our busy day to day lives, to be able to share with a group knowing there would be no judgement, and to learn skills that would help us as workers and in life itself, after all how could we help others if we couldn't help ourselves?

Others stated it helped them identify, "…why we react / do certain things. Essentially getting us thinking introspectively and starting to learn to be self-aware which is essential." (Johnson & Long, 2019). Initial apprehension about engaging in group work and being "out of your comfort zone" was reported with students going on to say "…that is exactly what is needed to realize your own potential". Students were able to recognise that their personal development was essential to their professional development (ibid). These views reflect those noted by social work students in Lordan et al (2003) who recognised that their personal growth and learning would have a positive impact on their professional practice. Participants in a social work programme were quoted as saying:

> I am more confident about what I'm doing and more willing to challenge agency decisions which disempower the staff. I am much more aware of the clients' right to make informed choices and to empower them as far as possible.

With another saying "1 can stand back more and reflect on my actual practice, I have tuned in more to the needs of my client from a more positive perspective" (Lordan et al., 2003, p.48-49).

Self-Care Education - A Necessity for the Social Care Student?

Molloy's (2019, p.14-15) research highlighted the importance of education in preparing social care workers for practice with a participant quoted as saying "…number one is your qualification, your educational background". All participants identified self-awareness and reflection as key to their role in developing relationships and supporting others (ibid). Reflection and self-awareness skills are not always taught in social care programmes with theoretical concepts being the focus in some (Greene, 2017). Also, while self-awareness and reflective practice are key aspects of self-care, they are not always a priority for social care workers *in* practice (Greene, 2017; Lordan et al., 2003). With the lack of emphasis on self-care in education, there is a need to begin self-care practices in the helping professions through education to prepare the worker for professional practice (Collins, 2020; Jackson, 2014; Molloy, 2019; Williams & Gilligan, 2011). According to Collins (2020 p.10) "…establishing effective self-care practices for all students during qualifying education can lay the foundations for effective self-care practices in the future as a qualified worker". Once registered with CORU, workers will need to maintain CPD requirements to demonstrate that they are keeping up to date on learning and that they are fit to practice, part of which may include reflective practice worksheets (Byrne, 2016).

Experiential group work is an example of one approach which can help nurture self-care, insight and skills in line with CORU's *Standards of Proficiency* (SCWRB, 2017b). These highlight personal and professional responsibility for well-being and an ability to work in

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[6] These were voluntarily submitted by students in advance of SCI conference 2019, see Johnson & Long (2019).

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partnership with the person in their care who requires support, even in challenging environments. Balancing the needs of both worker and service user means the responsibility is two-fold; equip the social care worker with the tools for self-care and self-awareness which they can develop in social care education, then that worker can be the one to promote quality of life measures for service users. When we reflect on the seven SoP identified earlier, the qualified social care worker should be able to manage their workload and be able to understand their own personal and professional growth, and maintain health and wellbeing in their support of others. They can do so by engaging and being informed and supported through for example, experiential group work across their social care work education. Fitness to practice, maintaining ethical standards (SCWRB, 2019) and fitness to study (SCWRB, 2017a) also need to be considered to ensure the student is cognisant of the importance of self-care practices in professional social care work.

Conclusion

This article emphasises specific CORU's standards for workers' personal and professional wellbeing related to self-care, in advance of the professionalisation of social care work. It highlights some challenges faced by workers in practice. It identifies theoretical links and the various approaches used in EGW/PD in one social care programme. The key message is that students need to be supported through the learning cycle to understand the importance of self-care in caring for others, especially in light of requirements by CORU. CORU's standards remind us that the worker's wellbeing, as well as that of the service users is paramount. The promotion of individual wellbeing through the medium of group work helps build resilience over time and contributes to long term health and wellbeing for professional practice. The authors believe that third level institutions should consider personal development for professional development through the mechanism of experiential group work, as a pathway to achieving CORU's *Standards of Proficiency for Social Care Workers*.

About the Authors

This piece is written from the perspective of two social care educators. Dr Aoife Johnson is a qualified social care worker and full-time lecturer. She is involved in social care work, teaching & learning and research modules, and is part of the social care placement team. Deborah Long, a full-time lecturer, holds an Honours degree in Counselling and is responsible for the design and delivery of the personal development components of the social care work programme, and is also a member of the placement team.

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