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Implementing Reflective Practice as an Integral Component of Professional Supervision within a Social Work Department

Aisling Coffey

Royal College of Surgeons in Ireland

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Implementing Reflective Practice as an Integral Component of Professional Supervision within a Social Work Department

Aisling Coffey

A Dissertation Submitted in Part Fulfilment of the Degree of MSc in Leadership, Institute of Leadership, Royal College of Surgeons in Ireland

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Declaration Form

Declaration:
“I hereby certify that this material, which I now submit for assessment for the Project Dissertation Module on the MSc in Leadership is entirely my own work and has not been submitted as an exercise for assessment at this or any other University.”

Student’s Signature

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I would like to acknowledge my social work colleagues. This project would not have been possible without their commitment to continuous improvement and seeking excellence within social work service delivery. I similarly wish to acknowledge senior management who supported the implementation of this project within our service.

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Lastly and by no means least, I would like to thank my partner, Clement, who listened patiently and kept me grounded over the past year. I wish to dedicate this thesis to my nephews, Cillian and Callum, who are commencing on their educational pathways. I hope that they will share the value of education held by our family and strongly promoted by the tireless and selfless efforts of their grandmother.
Abstract

Aim: The project aimed to implement reflective practice as an integral component of professional supervision within a social work department.

Rationale: Social work is a complex and contested profession, operating in uncertain and unpredictable contexts, requiring careful professional judgements that can have profound impact on service-users. A number of high-profile inquiries have found deficits within the profession to critically analyse practice and manage complexity. These reports place key emphasis on the need for reflective practice within supervision as a critical means of providing safe, high quality services. However there is evidence that social workers are not getting the opportunity to reflect on practice and that supervision has become overly managerial and prescriptive. As a practicing social worker, the writer was aware of the complexity within which the profession operates and wished to support and empower colleagues in complex professional decision-making to enhance safe, high quality social work services. The writer was conscious of trends toward the predominance of managerialism within supervision and sought to rebalance the process to incorporate critical reflection as an integral component. The writer was also aware that such an initiative was aligned with agency policy, corporate goals and regulatory requirements.

Change Process: Project implementation was guided by the HSE Change Model and involved an educational presentation on CORU SWRB “Standard and Requirements for CPD”, a staff survey on learning needs relating to reflective practice, a workshop on reflective practice within supervision and the development of a prompting and recording tool to support engagement in reflective practice on a monthly basis within supervision.

Evaluation & Results: Project evaluation involved regular consultation with the social work departmental team, documentation review and survey feedback. From a quantitative perspective, 80% of team members engaged in and recorded reflective practice on a monthly basis within supervision. Qualitative feedback highlights the perception of team members that the project has enhanced their professional decision-making capacity, supported them to meet requirements of registration, re-established supervision as a forum to analyse complexity and enhanced knowledge of reflective practice.

Conclusion: By developing the capacity of social workers to engage in reflective practice within supervision, this project supports the delivery of safe, high quality services and empowers social workers to meet requirements of statutory registration, comply with agency supervision guidelines and support the achievement of corporate goals.
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<td>CPD</td>
<td>Continuing Professional Development</td>
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<td>DOH</td>
<td>Department of Health</td>
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<td>DoHC</td>
<td>Department of Health and Children</td>
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<td>HIQA</td>
<td>Health Information and Quality Authority</td>
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<td>HSCP</td>
<td>Health and Social Care Professional</td>
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<td>HSE</td>
<td>Health Service Executive</td>
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<td>Irish Association of Social Workers</td>
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<td>OD</td>
<td>Organisational Development</td>
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<td>ONMSD</td>
<td>Office of the Nursing and Midwifery Service Director</td>
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<td>PQSW</td>
<td>Professionally Qualified Social Worker</td>
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<td>Principal Social Worker</td>
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Chapter 1 Introduction

1.1 Introduction

"The job social workers do is critical to the nation. They play an essential role in protecting children and young people from harm and in supporting people of every age. The work they do can be difficult and very demanding, requiring careful professional judgements that can make all the difference to those they serve" (Social Work Task Force, 2009:3).

As a practicing social worker, the writer was aware of the complexity within which the profession operates and wished to support and empower colleagues in professional decision-making to enhance safe, high quality social work practice. This dissertation outlines the writer's journey in implementing a change project that would achieve this goal.

As the dissertation introduction, this chapter commences with an overview of professional social work supervision and reflective practice. The rationale for the project is outlined, followed by the organisational context and the writer's role. The aim and SMART objectives of the project are presented before summarising and concluding.

Chapter 2 presents the literature review informing the project. Chapter 3 outlines the change process guiding implementation, while chapter 4 provides an evaluation. Finally, the dissertation concludes in chapter 5, with a critical discussion of the experience of leading change, the project's impact, strengths and limitations as well as recommendations for future improvements.
1.2 Professional Social Work Supervision

Professional supervision is well-embedded in social work and has been integral to the development of the profession (Kadushin, 1992; Tsui, 2005; O'Donoghue & Tsui, 2015). The following definition is used by two Irish statutory agencies employing social workers (Child & Family Support Agency (CFSA), 2013:4; Probation Service, 2014:5), as well as by prominent writer on social work supervision, Tony Morrison (2005, 2009; Morrison et al, 2009; Morrison & Wonnocott, 2010):

"a process in which one worker is given responsibility to work with another worker(s) in order to meet certain organisational, professional and personal objectives. These objectives are competent, accountable performance, continuing professional development and personal support" (Harries, 1987)

More recently the Health and Social Care Professions (HSCPs) regulator, CORU, has defined professional supervision as "an interactive process between two or more practitioners within a safe/supportive environment, designed to enable a continuum of reflective critical analysis of care, to ensure quality health and social care services" (Social Work Registration Board (SWRB), 2015:38), thereby placing a key emphasis on the reflective component within.

The Health Service Executive (HSE) states that "the aim of supervision is to ensure the provision of safe, quality services, delivered by employees who are supported, engaged and participate in continuous professional development" (HSE, 2015a:6). Morrison (2005) highlights the four functions of supervision as:

1. Competent, accountable performance (managerial function)
2. Continuing professional development (developmental / formative function)
3. Personal support (supportive/restorative function)
4. Engaging the individual with the organisation (mediation function).
In terms of agency and regulatory requirements for supervision, there are robust guidelines, standards, and policies within TUSLA. "Children First: National Guidance for the Protection & Welfare of Children" (Department of Children & Youth Affairs, 2011) and the Health Information and Quality Authority (HIQA) "National Standards for the Protection and Welfare of Children for Health Service Executive Children and Family Services" (HIQA, 2012) highlight the requirement for social work supervision. In 2013, TUSLA published a staff supervision policy and standards document making the practice mandatory (Child & Family Support Agency (CFSA), 2013). The Probation Service (2014) similarly has a "Staff Supervision Policy" making supervision mandatory. The HSE (2015a), which employs social workers within its health services, does not have a current policy on supervision, but published the "HSE/Public Sector Guidance Document on Supervision for Health and Social Care Professionals" in 2015. This guidance document acknowledged the role of supervision in the provision of safe, quality services but did not make the practice mandatory. Aside from agency requirements, as a regulated profession, all social workers are legally obliged to "seek and engage in supervision in professional practice " (SWRB, 2011:11), regardless of service setting.

1.3 Reflective Practice
Boud et al (1985:19) define reflective practice as the "intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understanding and appreciation". More recently, CORU has defined the practice as "the engagement of the practitioner in analysis of experiences leading to new insights into him/herself and/or his/her practice" (SWRB, 2015:39). These two definitions similarly place emphasis on the role that analysis of experience plays in practitioner learning and development. Leading social scientist, Donald A. Schon (1983), believed that reflection takes two main forms:

1. Reflection-in-action involves having the presence of mind to reflect on situations as they are happening so that one's positive influence and impact can be maximised. It entails the avoidance of slipping into unthinking routines and uncritical practice.

2. Reflection-on-action means reflection after the event, weighing up what happened so that plans can be developed and lessons can be learned.
Since Schon’s publication, many professionals including doctors (Bok, 1984), teachers (Calderhead, 1989) and nurses (Johns, 1996) have begun viewing reflection as central to developing professional capacity. Reflective practice is a core element of training, practice and continuing professional development for HSCPs (Rolfe et al, 2001; Health and Social Care Professionals Education and Advisory Group, 2013), including social workers (Ixer 2010; Durville et al, 2013), occupational therapists (Association of Occupational Therapists of Ireland, 2010) and radiation therapists (Chapman et al, 2009). To support reflective practice there are a number of models available for healthcare professionals, including learning researcher, Graham Gibb’s (1988) Reflective Cycle, professor of nursing, Christopher Johns’ (1996) Model of Structured Reflection and learning theorist, David Kolb’s (1984) Experiential Learning Cycle.

1.4 Rationale

1.4.1 Reflective Practice as Integral to High Quality Social Work Service Delivery

As previously outlined, the writer is aware of the complexity within which the profession operates. Reflective practice is a response to the realisation that social work is a complex and contested profession operating in uncertain and unpredictable contexts (Ruch, 2007; Ixer, 2010). Reflective practice is of fundamental importance to ensuring that social workers have the knowledge and skills to understand complex situations, engage in critical thinking and provide effective intervention (Wilson, 2011; Ixer, 2010; Brandon et al, 2008; Morrison, 2005). CORU has similarly articulated the connection between reflective critical analysis and ensuring quality health and social care services (SWRB, 2015). This project sought to develop the capacity of social workers to engage in reflective practice to support complex decision-making with a view to enhancing safe, high quality practice.
1.4.2 Statutory Registration and its Implications for Supervision and Reflective Practice

The recent regulation of the profession legally obliges social workers to engage in supervision (SWRB, 2011) and CORU has placed emphasis on the reflective component within (SWRB, 2015). Outside of supervision and within practice more broadly, CORU place significant emphasis on reflective practice referring to it "as one of the defining characteristics of professional practice" (SWRB, 2015:39), a view first articulated by Schon (1983). This project sought to empower social workers to meet regulatory requirements around reflective practice and supervision with confidence and competence, as well as being able to clearly articulate how they are meeting these requirements.

1.4.3 Re-establishing the Key Role of Reflective Practice within Professional Supervision

Similar to CORU placing emphasis on the reflective component within supervision (SWRB, 2015), a number of national and international standards and policy documents also view supervision as a key mechanism through which social workers develop the skills and capacity for reflective practice (Aotearoa New Zealand Association of Social Workers, 2015; Australian Association of Social Workers, 2014; Probation Service, 2014; CFSA, 2013; Department of Health, Social Services and Public Safety, 2008). Yet despite the acknowledged importance and centrality of reflective practice (SWRB, 2015; Ixer, 2010; Ruch, 2007), there is evidence that social workers are not getting the opportunity to reflect on their practice and that supervision can be overly managerial and prescriptive, driven by statutory requirements and risk management (Adamson, 2012; Peach & Horner, 2007; Taylor, 2014; Noble & Irwin, 2009; Morrison & Wonnacott, 2010). This project sought to re-establish the key role of reflective practice in social work supervision by very deliberately making it an integral component of the process.
1.4.4 Identification of a Learning Need and a Desire for Change
Social workers within the writer’s department identified the desire for increased knowledge and learning on reflective practice, acknowledging that despite the importance of reflection, opportunities within professional supervision and elsewhere to engage, were not being utilised to best effect. This project sought to address this learning need and desire for change by contributing to the enhancement of the team’s knowledge and learning on reflective practice.

1.5 Organisational Context and the Writer’s Role
The writer is a recently appointed Principal Social Worker (PSW) within a HSE non-acute hospital setting. Within the hospital, the social work department consists of five members, a PSW, a Senior Social Worker (SSW) and three Professionally Qualified Social Workers (PQSWs). As the PSW, the writer is responsible for the leadership and management of social work service delivery and holds responsibility for ensuring the provision of professional supervision for staff members. Within the department professional supervision is provided on a one-to-one basis, with the PSW providing supervision to the SSW and one PQSW. The SSW provides professional supervision to two PQSWs. Supervision sessions occur monthly and are approximately 90-120 minutes in duration.

1.6 Aim & Objectives

1.6.1 Aim
The aim of the OD project was to implement reflective practice as an integral component of professional supervision within a social work department.

1.6.2 Objectives
Objectives are specific statements on outcomes to be achieved in meeting the above aim. The HSE endorses the use of SMART objectives, those that are specific, measurable, achievable, realistic and timed (HSE, 2008). In implementing this project, the SMART objectives are as follows:
1. By 30th October 2015 all departmental staff will have attended a presentation given by the writer designed to raise awareness of CORU SWRB’s "Standard and Requirements for Continuing Professional Development".

2. By 12th November 2015 all departmental staff will have completed a survey (appendix 1) to identify their existing attitudes, knowledge and learning needs in relation to engaging in reflective practice.

3. By 30th November 2015 all departmental staff will have attended a workshop facilitated by the writer (appendix 2) designed to meet identified learning needs from the earlier survey and enhance staff confidence and competence in engaging in reflective practice.

4. From 1st December 2015–31 March 2016 all departmental staff will be engaging in and recording at least one reflective practice discussion on a monthly basis during professional supervision.

5. From 1st December 2015–31st March 2016 the project will be a standing agenda item of monthly departmental staff meetings to provide a continuous feedback mechanism on its implementation as well as celebrating gains and addressing any barriers to full implementation as soon as possible.

6. By 31st March 2016 all departmental staff will be surveyed (appendix 3) to capture their perception of the impact of the project on decision-making practices, ability to meet requirements of registration, supervision processes within the department, knowledge of reflective practice, and views regarding future direction to support engagement in reflective practice and continually improve.

While objectives 1–5 represent some of the processes followed in project implementation, objective 6 was designed to collect evaluation data to establish the project impact in terms of the aforementioned rationale, and will be discussed in chapter 4.

1.7 Summary and Conclusion

As a dissertation introduction, this chapter provided an overview of professional social work supervision and reflective practice. The rationale for project implementation was outlined followed by the organisational context and the writer’s role. The chapter concluded by presenting the aim and SMART objectives. The next chapter is the literature review informing the project.
Chapter 2 Literature Review

2.1 Introduction
This chapter is a systematic type literature review relating to the role of reflective practice and professional supervision within social work. This chapter commences by outlining the search strategy informing the review followed by a critical analysis of the literature sourced, under three emerging themes:

1. The Rise of Managerialism and the Emergence of the “Risk Society”: The Impact on Reflective Practice within Social Work
2. Growing Concerns about Failings within Social Work Services and the Implications for Reflective Practice within Professional Supervision
3. Separating Supervision Functions: The Rise of Clinical Supervision

The implications of the review findings for the project are examined before concluding.

2.2 Search Strategy
To search for peer-reviewed journal articles, the writer used databases containing allied health and social science research, including PubMed, CINAHL, PsycINFO and SocIndex. Search terms used to perform both keyword and subject-heading searches included the truncated term "reflect*" to capture reflect, reflection, reflective and reflective practice; "supervision" to capture a variety of terms used in social work including, professional supervision, clinical supervision, case-work supervision and management supervision and "social work", to search for discipline-specific literature. A date parameter of 2000-2015 was chosen to examine the recent research on the topic. Grey literature, mainly government commissioned reports and inquiries on health and social services from the United Kingdom (UK), were frequently cited in the peer-reviewed journal articles. To review this information from its primary source, these reports and inquiries have been included in the literature review.

While the title and abstract of over 60 articles were examined, more than 25 articles and over eight inquiry reports were chosen for inclusion in this review based on their relevance to the project. The articles sourced were written in the UK, Australia, New Zealand, United States, Sweden and Germany.
2.3 Review of Themes

2.3.1 The Rise of Managerialism and the Emergence of the "Risk Society": The Impact on Reflective Practice within Social Work

From the late 1970s, public sector management in many western countries transformed in response to demands for increased accountability, efficiency and effectiveness over limited financial resources (Tsui, 1997; Bruce & Austin, 2000; Peach & Horner, 2007; Ruch, 2007; Noble & Irwin, 2009). This new style of management featured increased managerial control of professional behaviour and the introduction of performance management systems, containing detailed targets and performance indicators (Bradley & Hojer, 2009; Munro, 2010a).

Within social work, the rise of managerialism meant a shift from long-term therapeutic casework towards short-term focused assessment work, ensuring target-driven compliance, practice audit and task completion (Fook & Askeland, 2007; Laming, 2009; Bradley & Hojer, 2009; Noble & Irwin, 2009; Munro, 2010a; Taylor, 2014). Running concurrently with the growth in managerialism was the widespread concern that reflective practice was being weakened as a result (Fook & Askeland, 2007; Noble & Irwin, 2009; Bradley & Hojer, 2009; Wonnacott, 2012; Taylor, 2014; White, 2015). A high profile review of child protection services in the UK explicitly warned that "reflective social work practice is being put in danger because of an overemphasis on process and targets" (Laming, 2009:32), while Professor of Social Work, Vicky White (2015:252), makes the stance that managerialism has pressurised social workers towards becoming "unreflective people processors".

This predominance of managerialism to the determinant of professional practice was criticised almost 25 years ago by Professor of Social Work, David Howe:

"British social services departments are experiencing a heightening of the tension between notions of professional expertise, linked to ambitions of prevention and post-investigative treatment, and the managerial concerns of a hierarchical bureaucracy…There is growing concern that the tensions are being resolved inappropriately by tighter managerial control over practitioners, with more emphasis on procedures for child protection but with less support for enhancing professional tasks. Tasks such as working with difficult-to-engage parents and trying to improve parent/child relationships are being moved from the centre to the margins" (Howe, 1992)
While almost 20 years later Howe’s views were echoed by Professor of Social Work, Eileen Munro: "too often in recent history, the child protection system has, in the pursuit of imposed managerial targets and regulations, forgotten that its raison d’être is the welfare and protection of the child" (Munro, 2011a:8) and "compliance with existing procedures, rules and audit regimes is the key focus of appraisal rather than whether those procedures, rules and so on are the best way of protecting children" (Munro, 2010a:1139).

Occurring alongside the rise of managerialism is the emergence of what sociologists term the "risk society" (Beddoe, 2010), a society that is organised in response to risk, aspiring to control the future and preoccupied with safety. Professor of Social Work, Liz Beddoe (2009; 2010; 2012), has written about how this sociological understanding of risk has been extensively applied to social services for over a decade resulting in greater surveillance of professional activities to the detriment of reflective practice. Social workers work with vulnerable and marginalised individuals, who are often the subject of discussions around vulnerability, danger and risk. Beddoe (2009; 2010, 2012) and Ruch (2007) are of the view that social policy and management have addressed these risk issues by developing a range of tools to identify, assess and manage risk in an attempt to predict and control these individuals. These practices lead to defensive professional interventions governed by check-lists and risk assessments, what Ixer (2010:86) terms “formulaic-based practice”, where procedural matters supercede client need, and the focus is less concern about the right decision and more about a defensible position (Beddoe, 2009; 2010; 2012).

In terms of the "risk society's" impact on supervision, Peach & Horner (2007:229) concur with Beddoe (2009; 2010; 2012) finding that modern social work organisations are suffering from "the conviction that no mistakes are tolerable and, therefore, the sole goal of supervision is in danger of becoming the elimination of risk through micro-management and surveillance of practitioners and their outcomes". Taylor (2014) and Adamson (2012) similarly note increased managerial oversight of risk management procedures at the expense of reflective practice within social work supervision.
While reflective practice in supervision is noted to be weakening under the impact of micromanagement, surveillance and a proliferation of risk assessment procedures, ironically some writers view reflective supervision as being the key to addressing concerns of vulnerability and risk. Beddoe (2010), Ruch (2007) and Ixer (2010) share the view that reflective practice within supervision provides the forum for the critical inquiry necessary for best practice in complex, risky and unpredictable circumstances. Beddoe (2010) and Ixer (2010) view such supervision as preserving practitioner self-confidence in the face of uncertainty, conflict and competing interests. Similarly, in a qualitative study exploring the experiences of front-line social workers, Bogo et al (2011) found that rising micromanagement and over-surveillance was leading to a loss of professional confidence and was experienced as being critical and undermining of professional practice.

While Beddoe (2010), Ixer (2010) and Ruch (2007) endorse the use of reflective practice to deal with risk and uncertainty, Webb (2006) is not as optimistic remarking that while critical reflection is a popular concept within social work, practitioners will struggle to engage in the face of public anxiety and intolerance of risk. While Beddoe (2010), Adamson (2012) and Taylor (2014) view reflective practice as being an alternative to increasing managerial surveillance of professional activity, Gilbert (2001) holds a contrasting view that reflective practice itself is a mode of surveillance disciplining the actions of the professional.

2.3.2 Growing Concerns about Failings within Social Work Services and the Implications for Reflective Practice within Professional Supervision

There have been a number of high-profile inquiries in the UK within the past 15 years examining failings within child protection services. These inquiries and related reports have drawn attention to deficits within the capacity of the social work profession to critically analyse practice and manage complex dynamics. These reports have emphasised the role of supervision and reflective practice in preventing adverse outcomes for vulnerable children and improving future social work practice.
In 2000 Victoria Climbie, an eight-year-old girl living in London, died as a result of abuse and neglect. This child had been in contact with social services and other authorities prior to her death. Lord Laming, a former social worker, was asked to make recommendations on how such an event may be avoided in the future. Laming’s report, “The Victoria Climbie Inquiry” made reference to a number of failings in child protection practices including the “woefully inadequate” supervision for frontline staff” (2003:11). Laming placed critical significance on supervision as "the cornerstone of safe social work practice" (2003:211). In relation to reflective practice, the report explicitly criticised the absence of reflection, analysis and evaluation of the child's circumstances (Laming, 2003).

A further review, "Analysing Child Deaths and Serious Injuries: What Can We Learn", published in 2008, concluded that effective and accessible supervision was essential if social workers are to develop the critical thinking required to understand cases holistically and complete analytical assessments (Brandon et al, 2008). Connected to the previous theme examined within this review, the report stated that supervision needed to move away from checking and accountability towards a process that helps the social worker "to think, to explain, to understand" (Brandon et al, 2008:106).

Following the high-profile death of 17-month-old Peter Connolly in London in 2007, Lord Laming was again commissioned to report on the effectiveness of arrangements for safeguarding children. Peter Connolly had been engaged with the same social services as Victoria Climbie seven years earlier. Laming (2009:32) examined many aspects of social work intervention and among his findings expressed concern that:

"the tradition of deliberate, reflective social work practice is being put in danger because of an overemphasis on process and targets, resulting in a loss of confidence amongst social workers. It is vitally important that social work is carried out in a supportive learning environment that actively encourages the continuous development of professional judgement and skills. Regular, high-quality, organised supervision is critical".

Laming (2009) went as far as to recommend that time for reflective practice should be a statutory obligation of social work employers.
In addition to Laming's review following the death of Peter Connolly, a social work taskforce was also appointed to review frontline services. The report (Social Work Task Force, 2009), similar to Laming's (2009), highlighted how high quality reflective supervision was an essential element of good social work practice. The report found that social workers were not having access to this type of supervision which was leading to a reluctance to think critically or creatively about professional judgments and was resulting in mechanistic approaches to practice. The importance of reflective practice within supervision was again echoed a year later by the Social Work Reform Board (2010).

In a further development, Professor Eileen Munro was commissioned to conduct an independent review of child protection services in England in 2010. This three part review (Munro, 2010b, 2011a, 2011b), highlighted the central importance of supervision skills that enable reflective practice. Munro emphasised professional supervision as the core mechanism by which social workers develop the skills to question the evidence-base on which they are assessing a child's needs and making decisions on interventions to safeguard a child's welfare (Munro, 2011a, 2011b). Munro, similar to the reports already cited, clearly connects reflective practice within supervision to reducing the likelihood of adverse events when she states "supervision, which provides the space for critical reflection, is essential for reducing the risk of errors in professionals’ reasoning" (Munro, 2011a:11-12).

Within Ireland, there have been 29 inquiries and reviews into child abuse and child protection failings (Buckley & O’Nolan 2013). Focusing on the "Roscommon Child Care Case" as the most recent example that makes reference to supervision and reflective practice, this inquiry found insufficient training in the provision of professional supervision for supervisors and supervisees, which the author believed would have contributed to overall quality control, reflective practice and support for workers (Gibbons, 2010). The report made recommendations in relation to standards and frequency of professional supervision in addition to social workers engaging in reflective practice (Gibbons, 2010).
A common theme arising within these inquiries are concerns about the capacity of social workers to critically analyse their practice and manage complex dynamics. Each report highlights the key role of supervision and of reflective practice within, in developing safe social work practice. However despite the recommendations for regular, high quality and reflective supervision going back to 2003, there is some evidence that the quality of supervision has not changed or has actually deteriorated since Laming’s first report (Martin et al, 2010).

2.3.3 Separating Supervision Functions: The Rise of Clinical Supervision

Given the tensions between organisational demands for managerial oversight and accountability to the detriment of reflective practice, and the importance of reflective practice within supervision to safe, high quality social work service provision, there is international debate (Peach & Horner, 2007; Bradley & Hojer, 2009; Noble & Irwin, 2009; Beddoe, 2010; Munro, 2011a; Beddoe, 2012; White, 2015; O’Donoghue & Tsui, 2015) about whether one supervisor can meet these competing needs or whether these roles need to be divided into separate supervisory arrangements to be achieved effectively. While the practice of clinical supervision, supervision separate from the line manager, has been in place in other professions, social work has a long history of supervision being provided by the line manager and within the agency. Social work supervision literature also refers to the supervisor balancing multiple functions, one of which is an administrative or managerial function, as well as developmental, support and mediation functions (Kadushin, 1992; Richards et al, 1990; Tsui, 1997; Bruce & Austin 2000; Morrison, 2005; Wonnacott, 2012; O’Donoghue & Tsui, 2015).

However given the international debate, clinical supervision has begun to emerge within the social work profession. In situations where there is a separation of supervisory functions, this often leads to a tripartite arrangement where the social worker is part of two separate supervision processes. The first process, often referred to as clinical or external supervision, aims to provide opportunities for reflection, professional support and development and is often conducted with an external supervisor. The second process, referred to as managerial or administrative supervision, aims to satisfy managerial demands of accountability with the worker’s line manager taking a key role (Clouder & Sellars, 2004; Peach & Horner, 2007; Bradley & Hojer, 2009; Noble & Irwin, 2009; Carpenter et al, 2012a; Beddooe, 2012).
Since the late 1990s, there has been an increasing trend in New Zealand towards the separation of clinical supervision from administrative/managerial supervision (Beddoe, 2012) with many social workers accessing supervision outside of their agency. This external supervision may be instead of, or in addition to, line management supervision (Beddoe, 2010). Within Australia, there is some evidence that social workers are exploring alternatives, including paying for private external supervision to obtain reflective opportunities for practice and knowledge development (Noble & Irwin, 2009).

Bradley & Hojer (2009), examining the Swedish context, have documented the practice of social workers accessing externally contracted group-based clinical supervision, which predominately focuses on the personal support and professional development needs of supervisees and has an active reflective element within. This external supervision is often combined with a system of internal supervision from the line manager which focuses on administration, case management and accountability. Some criticisms of external supervision have been voiced by Swedish line managers who view external supervisors as over-paid and with a tendency to exceed their authority, interfere in the affairs of management, lack awareness of agency requirements and current practice (Bradley & Hojer, 2009).

Within the UK, the “Newly Qualified Social Worker Programme” (Children’s Workforce Development Council, 2009) saw the separation of supervisory functions, within a programme designed to provide new workers with structured reflective supervision in addition to, and separate from managerial supervision. When the programme was evaluated (Carpenter et al, 2012b), various supervision arrangements were analysed, including where line managers provided both managerial and reflective supervision, and arrangements where the reflective function was provided by a separate supervisor, either internal or external to the agency. The evaluation found no evidence that any particular arrangement was more successful than another. However, similar to Sweden, the use of external supervisors generated criticism from line managers relating to role confusion and the perception that external supervisors lacked awareness of current practice, while supervisees criticised the external supervisor’s lack of power to adjust caseloads (Carpenter et al, 2012b).
In Ireland, social work supervision within two statutory settings, TUSLA and the Probation Service, is delivered by the line manager and is designed to meet both the organisational demands for managerial oversight and accountability as well as reflective practice, professional development and support needs of the worker. Both agencies cite Morrison’s (2005) four functions of supervision as the basis on which they implement their supervision polices (CFSA, 2013; Probation Service, 2014). However outside of the social work profession, there is a trend towards clinical supervision to facilitate reflective practice within other disciplines. Recently published “Clinical Supervision Framework For Nurses Working in Mental Health Services” (The Office of the Nursing and Midwifery Service Director (ONMSD), 2015) defines clinical supervision as “regular, protected time for facilitated, in-depth reflection on clinical practice” (ONMSD, 2015:11) and states that “clinical supervision has emerged both internationally and in Ireland as a means of using reflective practice and shared experiences to support continuous professional development” (OMNSD, 2015:9).

While it may appear that the separation of functions provides the key to offering social workers the opportunity to reflect in supervision, Beddoe (2010; 2012) warns of the risks attached to separating the functions of such a complex process, including ambiguity about dealing with poor performance, lack of clarity about duty of care, potential for collusion, a deepening gulf between management and practice and concern that the dissonance between organisational goals and professional focus remain unaddressed. Similarly Bradley et al. (2010) critique external supervision as being too removed from the practice organisation, thereby diminishing professional efficacy to exert pressure for organisational change, as the supervisor’s ability to mediate between the supervisee and management is diminished by their external status. While Busse (2009), commenting on a German context, expresses concern that the rise in external supervision has essentially turned a key social work professional activity into a privatised commodity.
This writer is inclined to concur with Beddoe (2010), Morrison (2005) and Wonnacott (2012) who view good supervision as requiring constant attention to balancing its four functions. Bradley & Hojer (2009) similarly cite positive supervisee experiences when a balance between competing functions is struck. Beddoe (2012) views as inevitable the tensions between managerial accountability and professional autonomy within social work supervision. She views the ability of supervisors to hold these tensions within a trusting relationship as an essential supervisor competency. Beddoe (2012) cautions that the alternative appears to be the total removal of reflective supervision to the private sector, leaving internal supervision in statutory agencies at the mercy of dominating managerial concerns.

2.4 Summary of Findings and Implications for this Project
This literature review has raised the writer's awareness of the socio-political influences of rising managerialism and risk management practices on both the social work profession and its supervision practices. The writer is cautious that the criticisms of these emerging trends could result in a tendency to view the managerial aspects of a supervisor's role negatively. However, the writer does not dispute the need for accountability in social work practice, but rather endorses the need for balance in supervisory practices to incorporate Morrison's (2005) other three functions.

While the literature review highlighted publishing failings concerning social work practice and deficits within the capacity of the profession to critically analyse practice and manage complexity, these inquiry reports place key emphasis on the need for reflective practice within supervision as a critical means of delivering safer social work practices. Therefore, the writer is optimistic that there is an evidence-base and support to challenge the influence of external factors and pursue a balanced form of supervision where reflective practice is integral.

The review examined the emergence of clinical supervision internationally as a means of reinstating reflective practice within social work supervision. While this separation of functions may appear to offer social workers the opportunity to engage in reflective practice, there are also criticisms of this trend and the writer is inclined to conclude that the balance of functions, not their division, is key to effective supervision.
2.5 Conclusion

This chapter was a systematic type literature review relating to the role of reflective practice and professional supervision within social work. The chapter commenced by outlining the search strategy informing the review. This was followed by a critical analysis of the literature sourced under three emerging themes:

1. The Rise of Managerialism and the Emergence of the Risk Society: The Impact on Reflective Practice within Social Work
2. Growing Concerns about Failings within Social Work Services and the Implications for Reflective Practice within Professional Supervision
3. Separating Supervision Functions: The Rise of Clinical Supervision

The implications of the review findings for the project were examined before concluding. The next chapter will outline the methodology used in undertaking this project.
Chapter 3 Organisational Development Process

3.1 Introduction
This chapter outlines the process guiding project implementation. It commences by introducing the concept of organisational development (OD), critically reviewing OD approaches and outlining the rationale for the use of the HSE Change Model. The chapter then provides an overview of the activities involved in implementing the project, before summarising and concluding.

3.2 Critical Review of Approaches to Organisational Development
The need for change in the health service is unquestionable. The current system is unfair to patients; it often fails to meet their needs fast enough; and it does not deliver value for money. The system is facing major challenges including significantly reducing budgets; long waiting lists; capacity deficits; an ageing population; and a significant growth in the incidence of chronic illness. It is simply not possible to address these challenges within the confines of the existing health system. We must implement large-scale change that delivers fundamental reform (Department of Health (DOH), 2012:i).

This need for change is a constant feature of health service delivery (HSE, 2008) and a key challenge for all healthcare managers (McAuliffe & Van Vaerenbergh, 2006). However in a time of unprecedented change, our views of how and when planned change occurs, who leads and controls it, and what contributes to its success are changing (Cummings & Worley, 2009).

Organization Development is an applied field of planned change that uses behavioural science knowledge to increase capacity for change, as well as improving the functioning and performance of organisations. It differs from other change efforts, because of its focus on building the organisation’s ability to assess its current functioning and achieve its goals, as well as its whole-system orientation, which examines the organisation within its environmental context (Cummings & Worley, 2015).
There are a broad range of definitions in existence, each with a slightly different emphasis. Cummings & Worley (2015:2) state that they have incorporated most of the competing perspectives into their definition of OD as "a systemwide application and transfer of behavioural science knowledge to the planned development, improvement, and reinforcement of the strategies, structures, and processes that lead to organisation effectiveness".

Other principles underpinning OD not explicitly covered in the definition above, include its emphasis on encouraging collaboration, teamwork, participation and creating "win-win" solutions for individuals and the organisation (French & Bell, 1999; McAuliffe & Van Vaerenbergh, 2006).

OD Models consist of a series of phases or steps (Senior & Swailes, 2010) and have developed over the years. One of the earliest and most influential models was Kurt Lewin's (1951) Three-Stage Change Model which viewed the change process as (1) unfreezing the existing organisational equilibrium, (2) moving to a new position and (3) refreezing in a new equilibrium position. Lewin's early framework brought simplicity and clarity to a complex area (Coulshed & Mullender, 2006; Marquis & Huston, 2010) and its conceptualisation of change as a process has dominated OD theory (Senior & Swailes, 2010). However the model has also been widely criticised for the simplicity in which change is viewed as movement between some discreet or fixed states, ignoring organisational complexity and the turbulent conditions organisations operate within (Burnes, 2004). Critics argue that organisations are never "frozen", much less "refrozen" and far from being a one-off event, organisational change is ever-present, continuous, multi-directional and multifaceted (Hardiman, 2010; Griffin, 2008; McAuliffe & Van Vaerenbergh, 2006).
Another key contributor to change literature is John Kotter, a retired Harvard Business School Professor. Kotter formulated a model for successful change based on the eight most common errors made by organisations involved in transformation (Kotter, 1995; 1996). His model has been deemed to be among the most influential recent contributions to change management (Hardiman, 2010) but has been criticised for lack of formal evaluation (Appelbaum et al, 2012). More recent OD theories acknowledge that change is a non-linear, complex process, involving dynamic movement reflecting the realities of change (Senior & Swailes, 2010). Burnes (2004) describes a universal desire for one clear and practical change theory, but contrasts that desire with a reality where there are a multitude of confusing and often contradictory theories. Burnes (2004) concludes that ultimately there is no one theoretically holistic and universally applicable approach to change and each approach has strengths and weaknesses.

3.3 Rationale for OD Model Selected
Notwithstanding the acknowledged limitations of choosing any one model, the writer used the HSE Change Model as a framework to guide project implementation. Grounded in an OD approach, the model places a strong focus on the people aspects of change (HSE, 2008). It is both evidence-based and culturally sensitive to the Irish health services, guided by a comprehensive literature review of change management theory, undertaken by the Health Policy and Management Unit in Trinity College Dublin (McAuliffe & Van Vaerenbergh, 2006). Its emphasis on well-planned, effectively implemented and sustainable change, with a strong focus on listening, communication, engaging stakeholders and facilitating their participation (HSE, 2008) appealed to the writer. While not linear, the model frames a step-by-step approach to planning, implementing and evaluating change. This discipline, organisation, and structure were aligned to the writer's preferences (Briggs-Myers, 2000) when working. The writer maintained an awareness of Burnes’s (2004) view that there is no one theoretically holistic and universally applicable model and noted that the HSE framework had drawn on many sources in its development (HSE, 2008), including Kotter (1995), while the writer supplemented the model with aspects of Lewin’s framework (1951) and other analytical tools. The writer was unable to find research critiquing the HSE model specifically, an issue which raises queries about its reliability and is an area for further research.
3.4 OD Model

The HSE Change Model (HSE, 2008) (Figure 1) is a stage and step model based on the four stages of the project management lifecycle:

1. Initiation
2. Planning
3. Implementation
4. Mainstreaming

Figure 1 HSE Change Model

While these stages are presented sequentially, the model acknowledges that change is continuous and the stages are interrelated and influence each other. Within each stage there are between one and three steps to follow. The next section will provide an overview of the four stages and seven steps, outlining the practices engaged in implementing this project.
3.4.1 Initiation

Step 1: Preparing to Lead the Change

The Initiation stage involves one step of preparing to lead the change by early planning and scoping to help build a solid foundation, mobilise support and create readiness to lead the change. The stage is also crucial to making a strong business case. (HSE, 2008). Given that between 70-80% of change initiatives fail (Hardiman, 2010; Beer & Nohira, 2000), the HSE Model pays particular attention to the initiation stage, as experience indicates that energy spent in the early stages contributes significantly to the successful implementation of change (HSE, 2008). The initiation stage of this project took place during August-September 2015, prior to the writer commencing in post as PSW. Guided by the HSE Change Model (HSE, 2008), the writer focused on the drivers and level of urgency, leadership, organisational readiness, opportunities to enable the change and the expected impact and outcomes. The result of these endeavours contributed to a draft business case.

In terms of identifying the drivers for change, the writer reviewed social work literature, regulatory requirements, agency policy and strategy. This review examined:

1) Literature on the themes and developments emerging in social work service delivery. This research was used in chapter 1 and was the foundation for the literature review in chapter 2.
2) CORU "Code of Professional Conduct and Ethics for Social Workers" (SWRB, 2011)
3) CORU SWRB "Standard and Requirements for Continuing Professional Development" (SWRB, 2015)
4) "HSE/Public Sector Guidance Document on Supervision for Health and Social Care Professionals (HSCPs)" (HSE, 2015a).
The literature review highlighted reflective practice as integral to quality social work service delivery, particularly in ensuring that social workers have the skills to understand complex situations and engage in critical thinking (Wilson, 2011; Brandon et al, 2008; Morrison, 2005; SWRB, 2015), but also provided evidence that social workers are not getting the opportunity to reflect on their practice (Adamson, 2012; Taylor, 2014; Peach & Horner, 2007). The review found that supervision, traditionally a key mechanism for developing reflective practice (Aotearoa New Zealand Association of Social Workers, 2015; Australian Association of Social Workers, 2014; Probation Service, 2014; CFSA, 2013; Department of Health, Social Services and Public Safety, 2008), had become overly managerial and prescriptive (Hanlon, 2007; Morrison & Wonnacott, 2010; Noble & Irwin, 2009). From a regulatory perspective, social workers were legally obliged to engage in supervision since 2011 (SWRB, 2011) but in March 2015 CORU defined supervision for social workers, placing key emphasis on the reflective component within, and supervision's role in ensuring quality services (SWRB, 2015).

In February 2015, the HSE published a guidance document on supervision for HSCPs (HSE, 2015a), which similar to CORU, viewed supervision as integral to ensuring safe, quality services, as well as a mechanism for employee support, engagement and development. In terms of agency strategy, in March 2015 the HSE published its first strategic plan since 2008 (HSE, 2015b), placing key emphasis on high quality, safe health services delivered by engaged staff who continually developed their practice.

After examining the publications above, it was the writer's view that there were strong drivers for social work engagement in high quality supervision which contained opportunities for reflective practice. Such practice had a strong literature base, was a regulatory requirement, was aligned with agency policy and supported the HSE’s achievement of corporate goals.
Following this detailed review of the drivers for change, examination then turned to the expected outcome and impact, the degree of urgency, organisational readiness, opportunities to enable change and leadership. Concerning outcome and impact, a project which empowered social workers to engage in reflective practice within supervision would have the expected outcome of supporting the worker to develop their skills for critical thinking and understanding complex situations. The expected impact of this outcome would be the achievement of agency strategy in promoting safe, high quality practice. There was a degree of urgency to engage in such practice given the publication of recent regulatory requirements (SWRB, 2015; 2011). Given the aforementioned alignment of such change to agency policy and strategic goals, the writer believed the organisation would embrace such change. In terms of opportunities to enable the change and its leadership, the writer was due to commence in post as a PSW in late September 2015. One of the key responsibilities of this role was ensuring the provision of professional supervision for staff. This new role and job responsibility gave the writer a mandate to lead the change project.

The result of the initiation stage was a draft business case for the project with a vision centred on the promotion of safe, high quality social work service delivery, underpinned by the aforementioned drivers for change. Given that the writer had not commenced in post at this point and therefore had not had the opportunity to meet the staff team, nor senior management within the setting, some items within a fully developed business case, such as resource requirements and a stakeholder analysis were postponed to the planning stage.

3.4.2 Planning
The purpose of this stage is to create a critical mass of support and readiness by engaging staff and key stakeholders in creating a shared vision for the future. A communication plan to share the vision is developed, a sensitive response to impending change is critical as is helping people to develop the required skills, knowledge and competencies for change (HSE, 2008). Within the model, the planning stage involves three steps of building commitment, determining the detail of the change and developing an implementation plan (HSE, 2008).
Step 2: Building Commitment

To create a mass of support for the change, mapping and engaging key stakeholders was essential. The HSE (2008) suggests considering stakeholders in terms of their level of interest in the change and their ability to influence its outcome. Mapping out key stakeholders and influencers, and engaging them on a formal and informal basis, will help get an early sense of the opportunities and concerns of these groups. It also assists in planning the level of communication and engagement required with each individual or group (HSE, 2008). Table 1 displays the stakeholder analysis undertaken in late September 2015, when the writer commenced in post. The two high-interest, high-influence stakeholders were prioritised for immediate communication.

Table 1  Stakeholder Analysis

<table>
<thead>
<tr>
<th>HIGH</th>
<th>INFLUENCE</th>
<th>KEEP SATISFIED</th>
<th>MANAGE CLOSELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>↑</td>
<td></td>
<td>Hospital management</td>
<td></td>
</tr>
<tr>
<td>LOW</td>
<td>↓</td>
<td>Social work team</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MONITOR</th>
<th>KEEP INFORMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital colleagues</td>
<td>HSE Training, CORU, CPD Officers &amp; IASW</td>
</tr>
</tbody>
</table>

LOW → INTEREST → HIGH
In engaging and communicating with the social work team, the writer met each member individually initially, to understand their roles, their views on departmental service provision, professional supervision, regulatory requirements and other priorities. In these discussions, the writer adopted an appreciative inquiry approach. Appreciative inquiry is a strengths-based philosophy to OD, focusing on engagement and collaboration (Cooperrider et al, 2008). Such a strengths-based approach is aligned with theories and perspectives used within social work, such as the strengths perspective (Saleebey, 1992) and solution focused interventions (de Shazer, 1985) as well as developments in positive psychology (Seligman & Csikszentmihayi, 2000; Seligman et al, 2005) and positive organisational behaviour (Luthans, 2002). As a new manager, the writer wished to gain trust, promote team confidence, commitment and partnership in professional and service delivery matters through the use of such affirming conversations.

The writer then met the team as a group and shared a vision of achieving excellence in social work service delivery and listened to feedback on how the team could collaboratively build on its strengths to continually improve. Team members identified a number of issues they wished to address including supervision processes and support in meeting requirements of registration. The team saw regular, high quality professional supervision as integral to safe, high quality service provision. The team also expressed a strong desire for increased knowledge and learning on recently introduced regulatory requirements, including engaging in reflective practice. Team members within the department acknowledged that despite the importance of reflective practice within social work, opportunities within professional supervision to engage were not being utilised to best effect and the team wished to address this. A key concern raised at this point was related to the amount of time it would take to implement new structures, time potentially taken away from service delivery. The writer also voiced concern relating to her role as a new manager, a person without a pre-existing working relationship with the team. The writer acknowledged that it would take some time for the team to have trust in the writer, an issue discussed further in chapter 5.
At the same time that communication was occurring with team members, the writer engaged with the other high-interest, high-influence stakeholder, hospital management. The writer proposed a project in the area of reflective practice within social work supervision, highlighting the aforementioned drivers for such a project. The initial response was positive and further detail was sought, which was ultimately presented as a business case. Around this time the writer also communicated with other heads of department, paying particular attention to other HSCP managers given shared regulatory requirements. The writer also engaged with other hospital colleagues, advising them of the project, offering to share learning and welcoming any comments. The writer also used professional networks within the IASW to consult on the project and receive valuable feedback.

**Step 3: Determining the Detail of the Change**

To determine what needed to change to implement the project, the writer used some tools to analyse the environment and develop an implementation plan. The writer used the learning gained at initiation stage, the appreciative inquiry process, team discussion and preliminary discussions with hospital management and other colleagues to undertake a SWOT analysis.

The exact origins of the SWOT analysis are unclear, with some writers (Marquis & Huston, 2010) stating that it was developed by Albert Humphrey, a business and management consultant, at Stanford University in the 1960s and 1970s. The SWOT analysis is a useful technique for understanding an organisation’s strengths and weaknesses, and for identifying the opportunities open to the organisation and the threats it faces. Strengths and weaknesses are often internal to the organisation while opportunities and threats generally relate to external factors. A SWOT analysis allows an organisation to develop a strategy that can capitalise on its strengths, uncover opportunities, understand and take action on its weakness and reduce or eliminate the risk from threats in the environment (Iles & Sutherland, 2001). The SWOT analysis (table 2 below) was used by the writer to analyse the strengths and needs internal to the team as well as the opportunities and threats externally which may impact on the project.
<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Strong team desire to enhance learning and implement structures to meet regulatory requirements</td>
<td>❖ Need for educational input on regulatory requirements</td>
</tr>
<tr>
<td>❖ Strong team desire to enhance learning on reflective practice</td>
<td>❖ Need for educational input on reflective practice</td>
</tr>
<tr>
<td>❖ Strong team commitment to enhancing supervision practices</td>
<td>❖ Concern regarding time requirement to engage in new processes</td>
</tr>
<tr>
<td>❖ New manager committed to empowering team to meet regulatory requirements and promote reflective practice</td>
<td>❖ Lack of prior working relationship with new manager and need to build trust</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Strong literature base supporting project</td>
<td>❖ Lack of prior working relationship between the writer and hospital management.</td>
</tr>
<tr>
<td>❖ Project incorporates regulatory requirements</td>
<td>❖ Potential lack of support for the project from hospital management</td>
</tr>
<tr>
<td>❖ Project aligned with agency policy and corporate goals</td>
<td></td>
</tr>
</tbody>
</table>
Following the SWOT analysis, a force field analysis was undertaken to further understand the project context and assist in determining the detail of the change. The Force Field Analysis Framework was developed by Kurt Lewin, referenced at the beginning of this chapter. Lewin (1951) was of the view that the status quo was maintained by driving and restraining forces working in opposition. The driving forces are those seeking to promote change while the restraining forces are those keeping things as they are. For change to occur there must be a shift in the balance between these forces, by either strengthening the driving forces or weakening the restraining forces (Hardiman, 2010; McAuliffe & Van Vaerenbergh, 2006). The force field analysis (table 3) assisted the writer in understanding the factors that were driving the change and potential areas for resistance. It also guided the writer as to how ready and capable people were to embrace the change and identified the actions needed to support people to develop the skills, knowledge and competencies for change to occur.

Table 3 Force Field Analysis

<table>
<thead>
<tr>
<th>Driving Forces (+)</th>
<th>Restraining Forces (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Staff interest and willingness to engage</td>
<td>❖ Concerns about time required to engage in new processes</td>
</tr>
<tr>
<td>❖ Writer interest and willingness to facilitate change</td>
<td>❖ Lack of relationship with and trust in new manager / change facilitator</td>
</tr>
<tr>
<td>❖ Supportive research base</td>
<td>❖ Knowledge gaps in relation to regulatory requirements</td>
</tr>
<tr>
<td>❖ Statutory regulation</td>
<td>❖ Knowledge gaps in relation to reflective practice</td>
</tr>
<tr>
<td>❖ Agency policy and strategy</td>
<td></td>
</tr>
</tbody>
</table>
Step 4: Developing the Implementation Plan

Through the use of the stakeholder, SWOT and force-field analytical tools, the writer further engaged with key stakeholders, the social work team, and developed the implementation plan. Central to this implementation plan was the need to reduce the impact of the restraining forces. The writer developed an initial action plan (table 4 below), to reduce their impact. It was through this initial action planning to reduce the impact of restraining forces that the final collaboratively agreed implementation plan for the project was developed and will be discussed below.

Table 4  Action Plan to Reduce Impact of Restraining Forces

<table>
<thead>
<tr>
<th>Restraining Forces (-)</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Concerns about time required to engage in the practice</td>
<td>1. Promote the importance of protected time for supervision &amp; reflective practice within</td>
</tr>
<tr>
<td>2. Lack of relationship with and trust in new manager / change facilitator</td>
<td>2. Develop rapport and trust with staff team by displaying authenticity</td>
</tr>
<tr>
<td>3. Knowledge gaps in relation to regulatory requirements</td>
<td>3. Provide educational presentation to the staff team on regulatory requirements</td>
</tr>
<tr>
<td>4. Knowledge gaps in relation to reflective practice</td>
<td>4. Survey team to identify learning needs in relation to reflective practice. Facilitate a workshop to address these needs.</td>
</tr>
</tbody>
</table>
In terms of action 1, the writer was aware that frequent and consistent communication was critical at the stage (HSE, 2008) and endeavoured to "communicate relentlessly" (HSE, 2008:10) with the team and other stakeholders about the centrality of reflective practice and supervision to safe, high quality service provision. Action 2 and issues in relation to trust and leadership style will also be discussed in detail within chapter 5. Actions 3 & 4 were opportunities for the writer and team to engage in professional learning and set the scene for the development of a collaboratively agreed implementation plan.

The writer facilitated a presentation on CORU SWRB "Standard and Requirements for Continuing Professional Development" (SWRB, 2015) in October 2015. This presentation covered the emphasis the regulator placed on reflective practice as central to practitioner learning and development. It examined CORU's definition of supervision, which placed key emphasis on the reflective component within and reviewed the legal requirement for social workers to engage in supervision. This presentation created momentum and strengthened the existing driving forces of team interest and willingness to engage in the project.

Following this presentation, the team sought educational input on reflective practice. Team members were surveyed (appendix 1) to identify their existing attitudes, knowledge and learning needs about engaging in reflective practice. This survey was used to prepare a workshop (appendix 2) delivered by the writer on reflective practice in November 2015 designed to meet these identified learning needs and enhance staff confidence and competence in engaging in reflective practice. It was during a focus group following this workshop that the implementation plan was collaboratively developed and agreed. The plan entailed the team deciding to use a certain model of reflection within supervision. The team choose Tony Morrison's (2005) Supervision Cycle (figure 2 below), an adaptation of Kolb's Model of Experiential Learning (1984). The rationale provided by the team for choosing this particular model was related to familiarity. Kolb (1984) was referenced by CORU (SWRB, 2015), was used within practice teacher training by the universities and was endorsed by the IASW within their CPD and supervision materials, while Morrison's adaptation (2005) was used within HSE Supervision training in which team members had previously engaged.
The implementation plan also involved the team seeking the development of a tool to prompt or support their engagement in reflective practice. Following the development of this tool (appendix 4), the team planned to engage in and record at least one reflective practice discussion on a monthly basis during professional supervision from December 2015. The team wished to regularly review implementation of these new processes and therefore another aspect of the implementation plan was having the project as a standing agenda item of monthly departmental staff meetings from December 2015. Finally, it was imperative for the team and project that the entire process was evaluated within a number of months and the final aspect of the implementation plan was as an evaluation process at the end of March 2016.
3.4.3 Implementation

Step 5: Implementing Change

The implementation stage involves one step of implementing change. The purpose of this stage is to ensure the implementation plan is meeting objectives and that the change process is on track. Implementing the agreed actions should now be clearly visible and momentum needs to be sustained (HSE, 2008).

This stage occurred from December 2015–March 2016. All team members were engaging in and recording at least one reflective practice discussion on a monthly basis during professional supervision. As PSW, the writer was collaboratively engaging in this process with the SSW and one of the PQSWs in their monthly supervision sessions. As well as facilitating these team members to engage in reflective practice, the writer was role-modelling the new processes for these staff members, who in turn were change agents collaboratively engaging in and facilitating reflective practice for two PQSWs and a student social worker, who joined the department during the life cycle of this project.

The writer engaged in regular informal consultation with team members and the student on placement on the implementation of the new practices. As a standing agenda item at team meetings, further feedback on the project's implementation was received. Valuable feedback about recording practices queried by one team member lead to corrective action regarding the use of service-user identifying information within the prompting and recording tool. One staff member sought further support in facilitating the new practices. The writer and this staff member held a discussion on this team members learning needs and held a joint session together with a further team member where the writer role-modelled the practice.

The writer continued consultation with other stakeholders on the project, including colleagues in the IASW, a HSE Training Specialist, and the HSE-funded CPD Officer group. The writer brought feedback from these sources back to the team with a view to sustaining momentum.
3.4.4 Mainstreaming
The purpose of this final stage is to integrate and sustain new ways of working and to support the use of new skills and practices in everyday activities. It focuses on systems of evaluation and continuous learning to increase readiness and capacity for ongoing service improvement (HSE, 2008). The mainstreaming stage involves two steps of making it "the way we do our business" and evaluating and learning (HSE, 2008).

Step 6: Making It "The Way We Do Our Business"
Central to this step is an acknowledgement of what has gone well and what people have achieved. Each team meeting from December 2015–March 2016 was an opportunity to discuss the project's implementation, celebrate successes and identify any potential barriers to implementation. The writer used the March 2016 team meeting to officially acknowledge the achievement of the team in implementing these change processes and sought to nominate the team for an IASW social work award. To ensure these changed practices were fully integrated into departmental procedures, the writer amended the department's supervision guidelines to reflect their inclusion and incorporated the new practices into the departmental induction programme.

Step 7: Evaluating and Learning
Mechanisms for formative evaluation were planned for and incorporated throughout the short life-cycle of this project, while a summative evaluation took place during the last week in March 2016. The details of this evaluation and learning from the change process are discussed in the next chapter.

3.5 Summary and Conclusion
This chapter outlined the process involved in implementing this OD project. It commenced by introducing the concept of organisational development and critically reviewed OD approaches. This was followed by a rationale for using the HSE Change Model to guide project implementation. The chapter then provided an overview of the activities involved in project implementation, before summarising and concluding. The next chapter provides an evaluation of the project.
Chapter 4 Evaluation

4.1 Introduction
This chapter begins with a discussion on the significance of healthcare evaluation. This is followed by an overview of data collection methods and evaluation types used in this project. The evaluation results and key findings are presented and analysed. The plan to disseminate learning from the project is outlined before summarising and concluding.

4.2 Significance of Healthcare Evaluation
Evaluation is of central importance within healthcare, providing the evidence required for effective decision-making at all levels of the system and across all areas of care provision (Butler, 2002). Within the recently published HSE Corporate Plan, the Director General made a commitment to "continue to evaluate and reform how we deliver our health services over the coming years to ensure we get best outcomes and best value for money" (HSE, 2015b:2). This commitment has built on an ambitious reform agenda dating back over 20 years to the foundations laid by "Shaping a Healthier Future" which similarly recognised the importance of "constantly measuring and evaluating quality" (DOH, 1994:4).

Of critical importance, is the integral role evaluation plays in quality assurance and patient safety (Department of Health & Children (DoHC), 2008). Healthcare professionals must stay informed of best practice and have the systems in place to monitor and evaluate service provision so that safe, high quality care is delivered (DoHC, 2008). This emphasis on clinical governance requires staff to specify the clinical standards that they intend to deliver and then demonstrate, through valid measurement tools, that the required standards are being met (HSE, 2014). As well internally evaluating care provision, the health service is operating within an evolving regulatory environment where bodies such as the Mental Health Commission, HIQA, and CORU publish frameworks governing care delivery and professional conduct. These regulatory bodies have the legal authority to evaluate service provision and professional conduct against their published frameworks, highlighting how evaluation in healthcare is continually the focus of both internal and external review.
4.3 Data Collection Methods

This evaluation drew on primary sources of data from two surveys, a number of focus groups and content analysis of supervision records. In considering what methods to use to collect data, the writer examined quantitative, qualitative and mixed methodologies. Quantitative methods seek to assign numerical values to an aspect of the person, organisation or event while qualitative methods seek to record and understand people’s experiences and the meaning they give to events and behaviour (Lazenbatt, 2002). Mixed-method approaches, where the data collected involves gathering both numeric as well as text information, so that the final database represents both quantitative and qualitative information, have gained prominence in social and human sciences (Creswell, 2003). Within healthcare, the practice of multi-disciplinary working has lead to the call for greater pluralism in research evaluation methods requiring the use of mixed-method approaches (Lazenbatt, 2002).

Recognising that all methods can produce reliable, valid data (Lazenbatt, 2002) as well as having specific limitations and biases (Creswell, 2003), the writer chose a mixed-method approach, which if placed on a continuum between quantitative and qualitative (Creswell, 2003) tended to be more qualitative in nature. The writer was influenced by Lazenbatt (2002) who presented the viewpoint that the quantitative tradition reflects a top-down approach where interventions are delivered to participants described as subjects, while within the qualitative tradition, participants are seen as collaborators, knowledgeable people with a stake in the utility of the findings. The writer viewed the qualitative tradition as more aligned with the collaborative and participative characteristics of an OD approach to change (McAuliffe & Van Vaerenbergh, 2006). Additionally, the writer was influenced by MacDonald (1996) who states that qualitative research methodology can provide rich information on process and outcome, providing greater insights into not just if, but how, and why, certain intervention achieved their objectives.
4.4 Evaluation Types
Ovretveit (1998) described several types of evaluation including formative and summative evaluations. Formative evaluation involves the collection of data during the project, which can be feedback with the aim of improving it further while summative evaluation involves the retrospective measurement of outcomes against targets. McNamara et al (2010) suggest that both forms of evaluation are necessary when developing a programme and the evaluation of this project incorporates elements of both. In terms of formative evaluation, the survey prior to the workshop on reflective practice, supported the writer to tailor the workshop to identified learning needs. The focus group following the workshop facilitated the team in seeking additional resources to engage in reflective practice. Discussing the project at monthly departmental team meetings served as a forum to share feedback on the project's implementation. This feedback was used to make improvements to the project as it was being implemented and address any barriers to full implementation. A summative evaluation took place at the end of March 2016, where the project was measured against the achievement of its aim and six stated objectives.

4.5 Evaluation Results
This section outlines the key findings from the evaluation of this project. Lazenbatt (2002:71) defines evaluation as "a method of measuring the extent to which a set of actions achieves its stated objectives". The results below focus on the extent to which the project's six objectives have been achieved by presenting quantitative and qualitative results. These findings are followed by an analysis of the results.

Objective 1: By 30th October 2015 all departmental staff will have attended a presentation given by the writer designed to raise awareness of the CORU SWRB's Standard and Requirements for Continuing Professional Development Quantitative and qualitative methods were used to assess the achievement of this objective. Quantitatively the writer calculated the percentage of the team who attended this presentation and found that four out of five or 80% of team members attended. The team member who was unable to attend later engaged in a one-to-one overview of the presentation with the writer. Qualitatively the writer conducted a brief focus group at the end of the presentation to get feedback on awareness raised and
views regarding how we could meet these requirements. Arising from this focus group was team member feedback regarding their increased awareness of the centrality of reflective practice to practitioner learning and development and the key emphasis placed on reflective practice by the regulator. It was within this focus group that the team sought an educational input specifically on reflective practice, outlined in objective 3.

**Objective 2**: By 12th November 2015 all departmental staff will have completed a survey to identify their existing attitudes, knowledge and learning needs in relation to engaging in reflective practice.

Similarly a mixed-method approach was used to assess the achievement of this objective. Quantitatively the writer calculated the percentage of returned surveys on the 12th November 2015. Qualitatively the writer identified attitudes, knowledge and learning needs among team members in relation to engaging in reflective practice in order to responsively tailor an educational input to meet learning needs.

From a quantitative perspective, this first objective was not achieved in the given timeframe. No surveys were returned on 12th November 2015. This outcome was the source of reflection for the writer on communication effectiveness. All surveys were later returned the following week after a further request. From a qualitative perspective, survey analysis found a pre-existing, broad understanding of reflective practice and its benefits for the worker’s decision-making, service delivery and professional development. Team members had varied past experiences of engaging in reflective practice. There was a desire to understand and learn about a number of models of reflective practice. The team expressed interest in engaging in one-to-one reflective practice discussions in supervision initially, with the possibility of exploring group-based reflective practice in the future. Perceived difficulties identified with engaging in reflective practice within supervision were primarily related to having protected time to engage, particularly within a busy healthcare setting, but also the need for a non-judgmental supervisor, an open and safe environment and a willingness on the worker’s part to describe what might be painful. While there was an openness to engaging in the project, there was also a desire to review this within a set period.
Objective 3: By 30th November 2015 all departmental staff will have attended a workshop facilitated by the writer designed to meet identified learning needs from the earlier survey and enhance staff confidence and competence in engaging in reflective practice.

A mixed-method approach was used to assess the achievement of this objective. Quantitatively the writer calculated the percentage of staff members who attended the workshop. Qualitatively the writer conducted a focus group with the team at the end of the workshop to establish if it had met their learning needs and enhanced their confidence and competence to engage in and facilitate reflective practice.

From a quantitative perspective, the third objective was achieved as there was 100% attendance at the workshop. From a qualitative point of view, the focus group feedback found that the workshop had met learning needs about models of reflective practice and the team chose a specific model to use. However team members feedback that the workshop was not sufficient to provide the confidence and competence required to engage in reflective practice within supervision. The team sought a tool to prompt or support them to participate in this process. As a direct result of this focus group feedback, the writer developed a tool based on the model chosen by the team (appendix 4).

Objective 4: From 1st December 2015–31 March 2016 all departmental staff will be engaging in and recording at least one reflective practice discussion on a monthly basis during professional supervision.

This objective was measured quantitatively, through a content analysis of supervision records over the four month period. As mentioned above, the team had sought a prompting tool to support engagement in reflective practice but this tool also emerged as having the unexpected benefit of also facilitating the recording of such a discussion, thereby providing the social worker with documentary evidence for their CPD portfolio of engagement in reflective practice. It was the documentation of reflective practice using the tool that the writer used to quantitatively assess this objective.
The writer found documentary evidence within supervision records that four out of five or 80% of team members were engaging in reflective practice monthly within supervision. An exploration of the reason for non-engagement by one team member was related to that member preparing to leave the agency very early in the life-cycle of this project. This staff member made the decision to prioritise case closure and did not have the opportunity to engage in reflective practice within supervision prior to leaving.

**Objective 5:** From 1st December 2015–31st March 2016 the project will be a standing agenda item of monthly departmental staff meetings to provide a continuous feedback mechanism on its implementation as well as celebrating gains and addressing any barriers to full implementation as soon as possible.

Quantitative and qualitative methods were used to assess the achievement of this objective. Quantitatively the writer calculated the percentage of staff meetings at which reflective practice was on the agenda. Qualitatively the writer used staff meetings as a focus group to ascertain feedback on project implementation. At staff meetings, team members continually reviewed the project's rationale (section 1.4) and feedback was sought on the impact of the project on decision-making practices, ability to meet the requirements of statutory registration, supervision processes within the team and knowledge of reflective practice.

From a quantitative perspective, reflective practice was on the agenda of all staff meetings. From a qualitative viewpoint, staff feedback on project implementation served as formative evaluation learning and was as follows:

- Engagement in reflective discussions has facilitated team members to broaden their focus on a matter beyond their own initial lens.
- Team members report enhanced clarity of thinking and case-note recording following a reflective discussion.
- Team members feel confident that they are meeting regulatory requirements and can articulate clearly how they are doing so.
- Supervision has become a place to discuss complexity & has enhanced the workers capacity to critically analyse their work.
The use of the prompting and recording tool has provided a scaffold/structure to enable both supervisor and supervisee to engage in reflective practice and the tool is valued for its clarity in facilitating the process.

Key learning arising from focus group feedback related to the importance of not using service-user identifying information when recording reflective practice discussions.

**Objective 6:** By 31st March 2016 all departmental staff will be surveyed (appendix 3) to capture their perception of the impact of the project on decision-making practices, ability to meet requirements of registration, supervision processes within the department, knowledge of reflective practice, and views regarding future direction to support engagement in reflective practice and continually improve.

Objective 6 was specifically designed to collect evaluation data to establish the project impact in terms of its rationale referenced in section 1.4. Mixed-methodologies were used to assess the achievement of this objective. Quantitatively the writer calculated the percentage of returned surveys on 31st March 2016. Qualitatively the writer identified team member perceptions of project impact on the four areas above as well as views regarding continual improvement.

From a quantitative perspective, all surveys were returned by 31st March 2016. From a qualitative viewpoint, the survey feedback was as follows:

a) **Impact on Decision Making**

- "The implementation of the project has encouraged me to reflect on my practice and the decisions taken. It provides me with an opportunity to examine practice and look at ways of improving similar situations in the future".
- "Reflective practice has encouraged me to evaluate my practice and become more critical and creative in finding solutions to dilemmas, thereby improving interactions with patients and their families".
- "It has encouraged me to draw on numerous sources of knowledge in providing a more comprehensive and professional service".
"It's learning from experiences and exploring more avenues and pathways for working with clients. It's good to get a topic discussed and to get several views on a piece of work".

"I am clearer in my decision-making practices".

"There is more focus on the patient and the main concerns can be discussed and prioritised".

One team member described a "shift emotionally" from "an auto-pilot or routinised response" to a more considered or "thought-out response" to practice matters.

One team member reported enhanced confidence in articulating decision-making to colleagues following a reflective practice discussion in supervision.

b) Ability to Meet Requirements of Registration

"It has raised my overall awareness of the need to up-skill and enhance my practice".

"I am more mindful of the requirements needed to complete my professional portfolio, and it has encouraged me to seek new ways of enhancing my practice and ongoing professional development".

"The project meets with the requirements of CORU and I am confident of my ability to engage in the process and effectively meet these requirements".

A team member reported increased skill in articulating their engagement in reflective practice: "I can talk about reflective practice in a concrete way".

c) Supervision Processes

"It is reassuring to know that there is a regular forum to bring issues of concern or complexity for discussion, analysis and reflection".

"Staff members are using supervision to look at complex cases".

The project has "helped shape supervision into a more focused, client-centred tool. It also provides a solid scaffold with which to build each supervision session".
d) Knowledge of Reflective Practice

- "The monthly reflection in supervision has proved beneficial in that it has raised the importance of reflective practice in social work, and is a constant reminder to me of the values intrinsic to our practice".
- "I did have prior knowledge of reflective practice, however, I find that since the introduction of the educational workshop, and subsequent integration of reflective practice into supervision and discussion at team meetings, it has brought the theory of reflection more to the forefront of my practice. Previously it would have been a subconscious ideal, whereas now, having so much exposure to the theory and practical application, reflective practice is becoming a normal part of my day-to-day operations".

e) Future Direction

- "There appears to be a consensus that all team members are positive about implementing reflective practice... and we should aim to continue to engage in reflective practice".
- "I think we should continue to use the reflective tool in our supervision and it can be used if having discussions about specific cases outside of supervision".
- There was a desire to examine ways of incorporating reflective practice into a group forum, such as team meetings in order to "analyse broader team issues".

As previously stated, objective 6 was designed to establish project impact in terms of its rationale for implementation, referenced in section 1.4. These qualitative findings highlight the perception of team members that this project has enhanced their professional decision-making capacity, supported them to meet some of the requirements of registration, re-established supervision as a forum to critically analyse issues of complexity and enhanced their knowledge of reflective practice. When asked about future direction, the team articulate a wish for the changed practices to continue.

Given the results above, the writer views that the aim of the project, to implement reflective practice as an integral component of professional social work supervision, has been achieved and the project has had the intended impact outlined in section 1.4. More discussion on project impact will follow in chapter 5.
4.6 Dissemination Plan

McNamara et al (2010) encourage evaluators to consider the far-reaching implications of their programmes beyond the setting and time in which they are implemented. Acknowledging the small scale of this project, taking place within a five-person social work department, it was of integral importance to widely disseminate learning to other social workers and HSCPs. The writer also sought consultation with CORU given the project sought to empower social workers to meet requirements of registration.

Firstly, in communicating with other social workers, the writer used professional networks to share learning on the project within and external to the agency and received valuable feedback. The writer will present a workshop on the project at the IASW’s Annual Conference in June 2016 and has developed a poster (appendix 6) for use at the conference. The writer will also submit an article for publication consideration for the IASW journal, "The Irish Social Worker".

In order to disseminate learning to other HSCPs and similarly receive valuable feedback, the writer communicated both within and outside of the hospital setting. Within the setting the writer kept HSCP colleagues and senior management briefed on the learning from the project and has been requested to present at the June 2016 hospital management meeting and at a multi-disciplinary in-service training day also occurring in June 2016. External to the hospital, the writer has held a consultation meeting with a HSE Training Specialist in the area of supervision and on request, presented to the HSE-funded CPD Officer group (appendix 5). In the latter two communication forums, the writer shared learning from the project as well as resources, including the reflective practice prompting and recording tool (appendix 4), power-point slides from the reflective practice workshop (appendix 2) and surveys used (appendices 1 & 3).
In seeking consultation with CORU, the regulator advised that their CPD model involved the individual registrant identifying their learning needs and then self-selecting and engaging in CPD to meet those needs. Therefore, it was not appropriate for the regulator to advise if certain activities, such as this project, would enable a professional to meet the requirements of registration. The writer understands this position and the importance of the individual professional making decisions, based on their learning needs, as to whether the processes within this project will be of benefit to their professional development. The writer will continue the broad dissemination of learning for individual professional consideration.

4.7 Summary and Conclusion

This chapter began with a discussion on the significance of evaluation within healthcare. This was followed by an overview of data collection methods and evaluation types used in this project. The evaluation results and key findings were presented and analysed. The plan to disseminate learning from the project was outlined. The final chapter is a critical discussion of the experience of leading the OD process and an examination of the project impact.
Chapter 5 Discussion & Conclusions

5.1 Introduction
This final chapter commences with a critical discussion of the experience of leading the OD process. A critical examination of project impact follows. The project’s strengths, limitations and recommendations for future improvements are outlined before summarising and concluding.

5.2 Stakeholders and Theory
A significant issue in this project was the writer’s role as a new manager, a person without a pre-existing relationship with the two high-interest, high-influence stakeholders, the social work team and senior management. This section is a critical discussion of the writer’s experience of leading the OD process in these circumstances and focuses on three issues of central importance: building trust, developing collaborative working relationships and the use of leadership theory.

Well-established trusting relationships are key to innovation within healthcare (Storey & Holli, 2013). Influenced by the metaphor of the “emotional bank account” (Covey, 1989), the writer was conscious of the lack of previous credit history to draw upon with stakeholders in implementing this OD project. To address this deficit, the writer made “deposits” of courtesy, kindness and honesty (Covey, 1989) in all interactions, paying particular attention to the two key stakeholders. To build trust further, the writer also practiced authentic leadership (George et al, 2007), remaining honest and genuine with the team and senior management, acknowledging learning needs as a new manager, as well as hopes and concerns for this project. While trust is key to implementing change in a broad sense (HSE, 2008; McAuliffe & Vaerenbergh, 2006), this project, by its very nature, involved staff opening up their practice to critical feedback and challenge, and was therefore highly dependent on trust (Bradley & Hojer, 2009; Beddoe, 2009, 2010, 2012; Taylor, 2014). When examining resistance to change in general (HSE, 2008; McAuliffe & Vaerenbergh, 2006), and resistance to engaging in reflective practice within social work supervision specifically (Beddoe, 2010), resistance in both circumstances is often due to mistrust. Therefore, the development of trust was of crucial importance to implementing effective change, facilitating reflective practice and managing potential resistance.
These efforts to establish trust served as the foundation for the collaborative working relationships which underpinned this project and are aligned with the highly participative nature of OD (McAuliffe & Van Vaerenbergh, 2006). The importance of collaborative working is widely recognised in healthcare (Storey & Holti, 2013) and is essential to effective change (HSE, 2008). Central to building collaborative relationships is the importance of emotional intelligence (Ancona et al, 2007; Goleman, 1998). The writer used self-awareness, the understanding of one’s strengths, weaknesses, and how one makes sense of the world (Avolio et al, 2009) to build collaborative relationships within the social work team. Being aware of one’s incompleteness as a leader (Ancona et al, 2007), the writer also sought to make best use her strengths and offset weaknesses by seeking collaborators to implement this project. While the writer has strong organisational skills (Briggs-Myers, 2000) for example, she appreciated the complementary creative and intuitive talents held by her colleagues. The writer made constructive use of these complementary skills at various opportunities, including team meetings. By facilitating team members to use and display their skills and talents when discussing reflective practice, this project enhanced mutual appreciation on the team and supported the development of collaborative working relationships.

The final item for critical discussion is the use of leadership theory. The writer sought to lead using a transformational (Burns, 1978; Bass 1985; Bass 1990; Bass and Avolio, 1994) and collective leadership (The Kings Fund, 2011; Gordon, 2014) approach. Transformational leadership involves transforming a vision into shared objectives (Burns, 1978). The transformational leader seeks changes in the attitudes and behaviour of followers and helps followers identify their full potential, motivating them to achieve more than they originally intended and often more than they thought possible (Bass & Avolio, 1994). Collective leadership is a response to the need to move beyond command and control approaches which have been proven to inhibit innovation and discretionary effort (NHS Leadership Academy, 2014), demoralise staff, reduce their authority to make decisions and ultimately lead to poor care outcomes (The Kings Fund, 2012). This shift towards collective leadership involves engaging and empowering staff at all levels to achieve high quality patient care and outcomes (The Kings Fund, 2011; Gordon, 2014). Collective leadership cultures are characterised by continual learning leading to improved care (West et al, 2014).
The writer chose this dual leadership approach to empower the team with a vision of achieving excellence in social work service delivery, discussed in chapter 3 and instil a sense of collective ownership towards achieving this vision. To improve service delivery, the writer stimulated interest among the team in reflective practice within professional supervision, creating a compelling vision of how we could implement this project to collaboratively enhance the quality of service delivery. Evaluation feedback provides evidence that the team fully engaged in the project, changing their behaviour by engaging in reflective practice in supervision. Team members have outlined their perceptions of the positive impact this behaviour change has had, both on their practice and their interactions with service-users. Evaluation feedback is also evidence that the team was empowered by this project seeking to both develop professionally and achieve the highest possible quality of social work service provision.

5.3 Project Impact
This section critically discusses the project’s impact on social work practice, incorporating the rationale for the project outlined in chapter 1, the literature reviewed in chapter 2 and the findings from the evaluation within chapter 4.

Social work is a complex and contested profession operating in uncertain and unpredictable contexts (Ruch, 2007; Ixer, 2010). Undertaking this valuable and demanding role requires careful professional judgements that can have a profound impact on service-users (The Social Work Task Force, 2009). The literature review has highlighted publishing failings concerning social work service delivery, specifically referencing deficits within the capacity of the profession to critically analyse practice and manage complexity (Laming, 2003, 2009; Brandon et al, 2008). These inquiry reports place key emphasis on the need for reflective practice within supervision as a critical means of delivering safer social work services.

However despite this acknowledged importance of reflective practice, there is evidence that due to the influence of socio-political factors discussed in chapter 2, supervision has become overly managerial and prescriptive, driven by statutory requirements and risk management (Fook & Askeland, 2007; Noble & Irwin, 2009; Laming, 2009; Bradley & Hojer, 2009; Morrison & Wonnacott, 2010; Wonnacott, 2012;
Taylor, 2014; White, 2015). This has lead to debate on whether social workers should engage in clinical supervision, separate from their line manager, in order to access opportunities for reflection (Peach & Horner, 2007; Bradley & Hojer, 2009; Noble & Irwin, 2009; Beddoe, 2010; Munro, 2011a; Beddoe, 2012; White, 2015; O’Donoghue & Tsui, 2015).

As a practicing social worker, the writer was aware of the complexity within which the profession operates. As a new manager, the writer wished to support and empower colleagues in complex decision-making, to enhance safe, high quality social work practice. The writer was also aware of the trend towards the predominance of managerialism and risk management within supervision and sought to rebalance the process to incorporate reflective practice as an integral component. The writer viewed the published failings concerning social work practice as an opportunity and an evidence-base to support project implementation. The writer was also aware that such an initiative was aligned with agency policy, corporate goals and requirements of CORU registration, discussed in chapters one and three.

In evaluating the project, the qualitative findings highlight the perceptions of the social work team concerning the positive impact of the project on their professional decision-making capacity. Furthermore, team members acknowledge the alignment of the project to requirements of statutory registration and view the project as supporting them in meeting some of these requirements. Team members report that supervision has become a forum to analyse issues of complexity, demonstrating that the project has rebalanced supervision to incorporate reflective practice as integral to the process. Finally, the project has developed team member knowledge of reflective practice in a broad sense, similarly supporting them to meet regulatory requirements and enhance the quality of their practice and professional development.

To summarise the impact of the project, the writer has outlined its rationale, intended impact and evaluation findings in table 5 below. From a review of this table, the writer notes that the evaluation findings provide evidence that this project has had its intended impact.
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<th>Rationale</th>
<th>Intended Impact</th>
<th>Evaluation Findings</th>
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<tr>
<td>1</td>
<td>Recognition that reflective practice is integral to quality social work service delivery, particularly in ensuring that social workers have the skills to understand complex situations and engage in critical thinking.</td>
<td>To develop the team's capacity to engage in reflective practice in order to support complex decision-making with view to enhancing safe, high quality practice.</td>
<td>The project has enhanced the team's professional decision-making capacity with evaluation feedback including &quot;It has encouraged me to evaluate my practice and become more critical and creative in finding solutions to dilemmas, thereby improving interactions with patients and their families&quot;.</td>
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<td>2</td>
<td>Recent regulation of the profession means that social workers are legally obliged to seek and engage in supervision and CORU has placed key emphasis on the reflective component within. Outside of supervision, and within practice more broadly, CORU also place significant emphasis on reflective practice.</td>
<td>To empower the team to meet regulatory requirements around reflective practice and supervision with confidence and competence, as well as being able to clearly articulate how they are meeting these requirements.</td>
<td>The project has supported the team to meet regulatory requirements around reflective practice and supervision with evaluation feedback including &quot;The project meets with the requirements of CORU and I am confident of my ability to engage in the process and effectively meet these requirements&quot;. In terms of being able to clearly articulate engagement, evaluation feedback included &quot;I can talk about reflective practice in a concrete way&quot;.</td>
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<td>3</td>
<td>Evidence that social workers are not getting the opportunity to reflect on their practice and that supervision can be overly managerial and prescriptive, driven by statutory requirements and risk management</td>
<td>To re-establish the key role of reflective practice within supervision on the team by very deliberately making it an integral component of the supervision process.</td>
<td>The project has re-established the key role of reflective practice within supervision, with evaluation feedback finding that supervision has become &quot;a forum to bring issues of concern or complexity for discussion, analysis and reflection&quot; and supervision is now &quot;a more focused, client-centred tool&quot;.</td>
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<td>4</td>
<td>Team members within the department sought knowledge and learning on reflective practice and acknowledged that opportunities to engage in reflective practice were not being utilised to best effect.</td>
<td>To address an identified learning need and desire for change by contributing to the enhancement of the team’s knowledge and learning on reflective practice.</td>
<td>The project has enhanced team member knowledge of reflective practice, with evaluation feedback finding that &quot;having so much exposure to the theory and practical application, reflective practice is becoming a normal part of my day-to-day operations&quot; and the prompting and recording tool has served as a scaffold / structure to enable both supervisor and supervisee to engage in and facilitate the process.</td>
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5.4 Strengths of the Project

The strengths of this project relate to three main areas: project impact, secondly its grounding in core values and alignment with policy, strategy and regulatory requirements and thirdly the use of networking to strengthen the project and disseminate learning.

A strength of this project has been its four-fold impact outlined in the table above. Firstly the evaluation provides evidence that the project has had a positive impact on professional decision-making capacity on the team. The importance of the social work profession being able to critically analyse practice and manage complexity has been referenced throughout this dissertation. Secondly, the project has similarly supported the team to meet some of the requirements of statutory registration. The regulator’s goal is to protect the public by fostering high standards of professional conduct (SWRB, 2011) and this project has made a contribution towards the achievement of that goal. Thirdly, the project has addressed a trend towards the predominance of managerialism and risk management within social work supervision by restoring reflective practice as integral to the process. Finally, the project has developed team member knowledge of reflective practice, thereby enhancing their professional development.

The writer concurs with Stufflebeam (2003, 2007) who emphasised the central importance of core values. Gill (2011) similarly emphasised that effective leadership involved the identification, display, promotion and reinforcement of shared values. This project was grounded in the values held by the social work profession (SWRB, 2011), particularly respect for the inherent dignity and worth of persons, integrity of professional practice and competence in professional practice. The writer also ensured the project espoused HSE values of care, compassion, trust and learning (HSE, 2015b). The writer was also aware of the strategic importance (Gill, 2011) of aligning agency policy (HSE, 2015a), corporate goals (HSE, 2015b) and requirements of registration (SWRB, 2011, 2015) which was a central tenet of this project.
A final strength of the project has been the use of networking to strengthen the project and disseminate learning. The writer was aware that leaders achieve success, not only due to their abilities, knowledge and skills but also through their relationships with others (Wilburn & Cullen, 2014). As referred in chapter 4, the writer used professional networks with the HSE and IASW to receive valuable support, feedback, insight, resources and information used to strengthen the project. Networks rely on reciprocity (Ibarra & Hunter, 2007), and the writer has used the same networks to share the learning and resources from the project with other social workers and HSCPs. The project also contains a plan to continue sharing learning in the months following the submission of this dissertation, both within the agency and externally.

5.5 Limitations of the Project
The limitations of this project relate to the number of team members involved, the lack of service-user involvement and the potential for bias.

This OD project introduced a valuable change into a department of five social workers. The small number of professionals engaged in this project could be a source of criticism and the evaluation findings from the project cannot claim to be representative of the profession. However small, focused action can produce larger positive changes throughout the system allowing areas of innovation and good practice to be replicated (HSE, 2008) and the writer is seeking to address this limitation through the planned dissemination of learning discussed above and in chapter 4.

The implementation of this project was intended to benefit service-users, but at no point in the project’s implementation nor evaluation, were their views sought. This non-involvement of service-users related to the writer’s perception of the potential difficulties and delays that may arise in obtaining ethical approval to proceed with their involvement. However given the importance of service-user participation in healthcare delivery (HSE, 2010; DOHC and HSE, 2008), their lack of input represents a limitation.
Finally, French & Raven (1959) refer to five forms of power, which includes coercive power, the perceived ability of the leader to bring about undesirable outcomes for those who do not comply with expectations or directives. The evaluation process within this project held the potential for bias based on power dynamics, as it consisted of team members providing qualitative feedback to their line manager. The writer was acutely aware that she was leading a group of educated, autonomous professionals, each holding valid perspectives on what represented quality social work practice. The writer therefore undertook to engage and empower these colleagues as collaborators and greatly appreciated all feedback on project implementation. However the potential for bias in team member feedback to the writer, based on power dynamics and the perception of the possible use of coercive power, cannot be discounted.

5.6 Recommendations

This section outlines recommendations for further improvements in the areas of service-user outcome research, making supervision a mandatory agency activity and the need for generic social work supervision standards in Ireland.

The scope of this OD project was to implement reflective practice within supervision with a view to improving service delivery. While a meta-analysis of 27 research studies supports the role of supervision in promoting positive outcomes for workers, such as job satisfaction, role clarity and organisational commitment (Mor Barak et al, 2009) and is endorsed by the HSE (2015a) and the regulator (SWRB, 2015) as ensuring quality of service provision, the impact of supervision on service-user outcomes is in fact an under-research area and requires further attention (Carpenter et al, 2012a).

While the HSE has endorsed supervision for HSCPs as ensuring the quality of service, the agency has not made the practice mandatory in its recent guidelines (HSE, 2015a). The writer believes that by making the practice mandatory this would develop greater commitment to the practice.
In researching for this project, the writer reviewed standards for social work supervision developed in the UK, North America, Australia and Northern Ireland. Within the Republic of Ireland, the writer found standards within TUSLA but noted a lack of Irish standards to support the delivery of quality supervision to social workers outside of this setting. The writer raised this need with colleagues in the IASW and recommended the professional association develop such standards. As a result the writer is currently part of a group developing standards for social work supervision, informed by the evidence-base of this dissertation and international best practice. These standards are intended for publication in June 2016.

5.7 Summary and Conclusion

This chapter commenced with critical discussion of the experience of leading the OD process. This was followed by a critical examination of the project's impact on social work practice. The strengths and limitations of this project were considered and recommendations for future improvements were made.

This dissertation outlined the writer's journey in seeking to implement a change project that would support and empower social workers in their professional decision-making to enhance safe, high quality practice. The dissertation commenced with an introduction to the project, which provided an overview of professional supervision and reflective practice, prior to outlining the project's rationale, aim and objectives. Chapter 2 provided the literature review informing the project and critically analysed three emerging themes. Chapter 3 outlined the OD process using the HSE Change model to guide project implementation. Chapter 4 provided an evaluation of the project using quantitative and qualitative data to measure whether the project had achieved its objectives. Finally, the dissertation concluded with a critical discussion of the experience of leading change, the project's impact, strengths and limitations as well as recommendations for future improvements.
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Appendix 1: Survey on Reflective Practice November 2015

Survey for Social Workers on Reflective Practice

Dear colleague,

In an attempt to continually improve social work service provision, this survey is examining the issue of reflective practice, with view to implementing reflective practice as a key component of professional supervision. This examination and implementation will be the basis of a project completed as part of a MSc in Leadership within the RCSI.

Your participation in this survey, designed to capture existing attitudes, knowledge and learning needs in relation to engaging in reflective practice, is greatly appreciated.

The learning from this survey will be used to develop a workshop on reflective practice for the social work team, designed to meet the learning needs identified and enhance staff confidence and competence in engaging in and facilitating reflective practice.

The following survey should take approximately 20 minutes and can be returned by 12/11/15. The pressures and demands on your time is appreciated and thank you in advance for your assistance.

Current Practices

1. What is your understanding of reflective practice?

2. Do you engage in reflective practice? If so, please describe how you engage.

3. What are the benefits of engaging in reflective practice for the social worker
4. What are the benefits of a social worker engaging in reflective practice for the service user


5. What are the difficulties with engaging in reflective practice


Implementing Reflective Practice as an Integral Component of Professional Supervision

1. If reflective practice became an integral part of professional supervision within the department, what would your views be?


2. What supports could be put in place to empower staff engagement in reflective practice in professional supervision.


3. Would you like to engage in reflective practice in a format / setting other than professional supervision - please describe


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4. Have you any other comments or feedback in relation to reflective practice and social work service provision that you would like considered

__________________________

__________________________

__________________________

Thank you for taking the time to complete the survey.
Appendix 2: Reflective Practice Workshop 23.11.15

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Reflective Practice as an Integral Component of Professional Supervision
Social Work Dept
24th November 2015

Slide 2

Outline of Presentation
1. Introduction
2. Social Work Supervision
3. Reflective Practice
4. Reflective Practice Models
5. Supervision and Reflective Practice
6. Implementing Reflective Practice as an Integral Component of Social Work Supervision on this Team
7. Supporting, Monitoring and Reviewing this Implementation

Slide 3

1) Introduction
Questionnaire Feedback

- Broad understanding of reflective practice and its benefits for the worker development and service user outcomes.
- Previous engagement in reflective practice as students, in supervision, with MDT and by self.
- Difficulties identified with engaging in reflective practice was primarily TIME, but also the need for a non judgmental supervisor, an open and safe environment and a willingness on the social workers part to describe what might be painful.
- Openness to engaging in reflective practice in supervision but also a desire to review this within a set period of time
- Interest in reflective practice as a group to discuss complex cases.

Rationale for Workshop Format

- A workshop is a forum to interact and exchange information among peers.
- As clearly evidenced from the questionnaire responses, all of us have knowledge and ideas on reflective practice and a willingness to explore further.
- Today's workshop is an opportunity for sharing this knowledge and our ideas in order to learn together.
- The ultimate aim of today's session is to decide how we will integrate reflective practice into supervision

MSc Leadership Thesis

- This project is the basis of a thesis entitled “Implementing Reflective Practice as an Integral Component of Professional Supervision within a Social Work Department”.
- No identifying information will be contained in this piece of work
Reasons for Choosing Subject Area

1) I wished to support social workers with the demands of the role
2) I noted trend towards an absence of supervision and/or a overly managerial process. This has been borne out in some research in Ireland and UK also.
3) I wanted to empower social workers to meet regulatory requirements with confidence

Slide 8

1) Supporting the Social Worker with the Demands of the Role

- Social work can be a very rewarding profession and while it is a privilege to be a social worker, it can be a demanding and challenging role.
- Social workers provide a service to highly vulnerable individuals and families, many of whom have experienced highly disruptive and traumatic life experiences, often at times of acute crisis or transition.
- There is a need to recognise the emotional impact of the work on the worker and support the worker in that process, both for the benefit of the worker (self care, ethical practice, maintaining standards) and the client (high quality, safe social work intervention).

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2) Trends in Supervision

- Within supervision I had noted the increasing dominance of managerial and performance agendas to the detriment of reflection, critical analysis, and emotional support for the worker.
- Similar issues are reported in social work publications. A recent example is Community Care in UK (2013) which found:
  - 37.5% of respondents said they did not receive supervision because “it is not prioritised in my organisation”
  - 54% of respondents said none of their supervision was reflective – while 28% said the reflective elements made up roughly half
  - 73% of respondents said supervision was about monitoring targets and timescales
3) Regulatory Requirements

- Reflection and Reflective practice is heavily referenced by CORU (approx 46 references in CPD Framework).
- CORU place emphasis on the role of reflection within their definition of supervision and within their CPD Framework.
- As well as wishing to support social workers in their role and to provide responsive supervision, I also wish to support and empower social workers to meet the regulatory requirements and to have the confidence and competence to clearly articulate how they are meeting these requirements.

Small Group Activity

- Have you noted any of the trends towards a reduction in supervision or a predominant focus on managerial and performance agendas at the expense of reflective practice?
- If someone asked you to explain reflective practice and describe how you engage in it, would this be challenging or straight forward? How might you say?

2) Social Work Supervision
Supervision in Social Work

- Supervision as a professional practice is well embedded in social work and is generally seen as essential for both practitioners and managers as a way of managing casework and clinical issues, caseload management, continuous professional development and managing the emotional impact of the work of the individual (Hanlon, 2009).

Tony Morrison’s Definition of Supervision 2005

“Supervision is a process by which one worker is given responsibility by the organisation to work with another worker(s) in order to meet certain organisational professional and personal objectives which together promote the best outcomes for service users” (Morrison, 2005: 32)

Tony Morrison’s Four Functions of Supervision

These objectives / functions are:
1. Competent, accountable performance (managerial function)
2. Continuing professional development (developmental / formative function)
3. Personal support (supportive/restorative function)
4. Engaging the individual with the organisation (mediation function).
In relation to supervision the Code states:

“You should seek and engage in supervision in professional practice on an on-going and regular basis. “You must seek support and assistance from your employer if you do not feel competent to carry out any aspect of your work or if you are unsure how to proceed in a work matter”.

Coru’s Definition of Supervision

- Professional supervision has been defined as “an interactive process between two or more practitioners within a safe/supportive environment, designed to enable a continuum of reflective critical analysis of care, to ensure quality health and social care services” (SWRB, 2015: 38) placing key emphasis on the reflective component within supervision.

3) Reflective Practice
Reflective Practice

Malcolm Payne, social work writer, academic and consultant, explains the “common sense meaning” of reflection as “thinking issues through in all their complexity and acting towards clients and others in a considered, thoughtful manner” (1998: 120).

CORU’s Definition of Reflective Practice

- "Reflective practice is the engagement of the practitioner in analysis of experiences leading to new insights into him/herself and/or his/her practice. It has been deemed one of the defining characteristics of professional practice" by the Health and Social Care Professionals Council (CORU, 2015: 39).

What is reflective practice?

- Reflective practice is a process by which you stop and think about your practice, consciously analyse your decision making and draw on theory and relate it to what you do in practice.

- Critical analysis and evaluation refocuses your thinking on your existing knowledge and helps generate new knowledge and ideas. As a result, you may modify your actions, behaviour, treatments and learning needs.
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What if We Don’t Engage in Reflective Practice?

- It has been observed that professionals may become automated in their practice and lose opportunities for learning if reflection is not undertaken on a regular basis.
- Loss of confidence, competence and morale
- Reduction in self-awareness and empathy

- Reflection addresses topics or problems when there is no obvious solution – this is particularly relevant in meeting the challenges of the increasingly complex and changing environment of healthcare delivery and to integrate learning in theory with experience in practice.

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Benefits of Reflective Practice

- Supports deeper learning
- Assists the professional to analyse complex situations
- Challenges existing assumptions, the way one makes decisions and encourages objective assessment
- Promotes an inquiring attitude encompassing differing viewpoints or theories
- Improves problem solving skills
- Improves quality of practice

Slide 24

Barriers to Reflective Practice

- Holding on to old ways of learning
- Choosing only one alternative
- Resistance to change
- Conformity
- Stereo-typing
- Reluctance to engaging in self evaluation
- TIME
4) Reflective Practice Models

2. Atkins & Murphy’s Model
Slide 28

Atkins & Murphy

- Awareness
  - Of discomfort, or action/experience
- Describe the situation
  - Include salient, feelings, thoughts, events or features
- Evaluate the relevance of knowledge
  - Does it help to explain/resolve problem? How was your use of knowledge?
- Analyse feeling and knowledge
  - Identify and challenge assumptions; imagine and explore alternatives

Identify any learning
- Which has occurred?

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Gibb’s Reflective Cycle (1988)

- Description
  - What happened?
- Feelings
  - What were you thinking & feeling?
- Critical Incident
- Evaluation
  - What was good & bad about the experience?
- Analysis
  - What seemed most obvious of the situation?
- Action Plan
  - If it arose again what would you do?
- Conclusion
  - What else could you have done?

Slide 30


- Look In
  - What was I trying to achieve? Why did I respond in that way?
- Look Out
  - Write a description of the situation surrounding your thoughts and feelings. What issues seem significant?
- Aesthetics
  - What was I really trying to do? What factors were affecting me?
- Personal
  - Why did I feel this way? What factors were influencing me?
- Ethics
  - Did I act ethically? What knowledge did I have or could I have acquired?
- Dynamics
  - How do I connect with the situation better? What could I do it differently?
Small Group Activity

Based on the information given today on a selection of models for reflection:

1) Have you noted any similarities

2) Have you a preference for a particular model and why?
Similarities Among the Models

- Similarities among the models in terms of describing an event (critical incident or a case), analysing it and effecting change in practice (what will I do now / differently in the future)

5) Supervision and Reflective Practice

- Supervision provides the opportunity for reflection on the detail of day-to-day practice as well as on any significant events which may have occurred.
- Reflecting on practice with another can lead to greater objectivity through exploration and feedback.
- While supervision can facilitate reflection it can also be an activity to reflect on
Slide 37

The Quick Fix with Long-term Costs

THE SUPERVISION CYCLE

Experience
(engaging and observing)
The story – what happened?

Quick Fix

Analysis
(seeking to understand, hypothesising, asking why, what does this mean?)

Action Plans
(preparing for action, trying things out)
What next?

Reflection
(investigating experience)
What was it like?

Morrison, 2005

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Quick Fix – “Tell me what to do”

- Morrison cautions that a common issue that can arise when staff are under pressure is that the supervisor gets half a story and moves to action without engaging in reflection and analysis.
- Overtime this is de-motivating as the development for the worker lies in reflection and analysis.
- This response leads to procedural, bureaucratic responses, a reduction in awareness and empathy, and a narrowing of thinking.
- I wonder about the agreed action plan and how informed that is.

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Small Group Exercise

- Can you identify with seeking the quick fix?
- There is also a danger that we will mirror this approach with our clients (being prescriptive) depleting their ability to reflect on their experiences, draw on their strengths and develop new skills or learn new ways of problem solving. Where is the empowerment in that?
- Have you mirrored this in client intervention?
6) Implementing Reflective Practice as an Integral Component of Social Work Supervision on this Team

How do we implement reflective practice as an integral component of social work supervision on this team?

1. What about commencing by engaging and recording one reflective practice discussion on a case or incident on a monthly basis during professional supervision?
2. Should we use a certain model and if so, what model?
3. Should we start with Morrison’s adaptation of Kolb?
4. Do we need a tool (with prompts) to support us initially until we build our confidence and competence?
7) Supporting, Monitoring and Reviewing this Implementation

1. What about placing reflective practice on the agenda of the monthly departmental staff meeting in order to provide a continuous feedback mechanism on its implementation in supervision as well as celebrating gains in implementation and addressing any barriers to full implementation as soon as possible.

2. What about reviewing the process in approx three months (late February – early March 2016) to capture team member’s perceptions of the impact of reflective practice on both their social work practice and self development, as well as their views on changes to the implementation process.
Appendix 3: Evaluation of OD Project Survey March 2016

Evaluating the Impact of Implementing Reflective Practice as an Integral Component of Professional Social Work Supervision

Dear colleague, in an attempt to continually improve social work service provision, this survey wishes to evaluate the implementation of reflective practice as a integral component of professional supervision. This evaluation will form part of a project completed as part of a MSc in Leadership within the RCSI.

This survey wishes to capture your views on the impact of educational inputs and new processes introduced to the team including the:

1) Team presentation on CORU's Standard and Requirements of CPD in October 2015
2) Team workshop on reflective practice and supervision in November 2015
3) Team decision to use Morrison's adaptation of Kolb's Model of Experiential Learning and the development of our team reflective practice prompting and recording tool in November 2015
4) Engagement in and recording of one reflective practice discussion on a monthly basis in supervision during December 2015-March 2016
5) Role of reflective practice as a standing agenda item within departmental team meetings during December 2015-March 2016

The following survey can be retuned to me by 31/03/16. The pressures and demands of your time is appreciated and thank you in advance for your assistance.

1) Discuss the impact of the above inputs and processes on your decision making practices

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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2) Discuss the impact of the above inputs and processes on your ability to meet the requirements of statutory registration

3) Discuss the impact of the above inputs and processes on the supervision process within the team

4) Discuss the impact of the above inputs and processes on your knowledge of reflective practice
5) What are your views regarding the future direction we should take as a team to support our engagement in reflective practice and continually improve

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Thank you for taking the time to complete the survey.
### Experience
These questions facilitate an accurate and detailed recall of events. A partial description of the situation can undermine the cycle. Prompting questions include:

- What was your aim? What planning did you do? What was your role?
- What did you expect to happen? What happened?
- What did you say and do? What did the client say, do or show?
- What were the key moments and what stuck out?
- What words, non-verbal signals, interactions, sounds, images or smell struck you?
- What or who was hard to observe and what observations or concerns do other agencies have?
- What went according to plan and what didn’t happen?

### Reflection
These questions elicit feelings to bring out further information and to assist the worker in articulating their underlying attitudes. This will also point to personal factors that may be complicating the social workers responses. Prompting questions include:

- What did you feel at the start of the visit/interview?
- Describe the range of feelings you had during the session and what did these remind you of?
- What patterns did you see in the visit? Are these familiar and have you encountered similar processes?
- Who/what does this client remind you of?
- What do you think the client was feeling? Based on what?
- Where and when did you feel most or least comfortable?
- What thoughts/ideas went through your mind during the session?
- What were the key moments and what stuck out?
- What words, non-verbal signals, interactions, sounds, images or smell struck you?
- What or who was hard to observe and what observations or concerns do other agencies have?
- What went according to plan and what didn’t happen?

### Analysis
These questions facilitate an analysis by probing the meanings given to situations by the supervisee. They may help you identify what is not known or understood and lead to areas for further assessment. Prompting questions include:

- List three assumptions you, the co-worker or the client brought to the session.
- How do you define your role in this situation and how does your employer define it?
- What aims/outcomes for this session were or were not achieved?
- What went well, or not well and why? What other, possibly unexpected outcomes, did the session produce?
- How far did the session confirm or challenge your previous understanding or hypothesis about this situation?
- What new information emerged? What is not known?
- What theory, training, research, policy or values might help you make sense of what was happening in this session?
- What areas of further assessment are required and what conclusion are you drawing from this work so far?

### Action Plan
These questions help translate the analysis into planning, preparation and action by identifying outcomes and success criteria as well as considering potential complications and contingency plans. Prompting questions include:

- In light of the reflection and analysis what is your overall summary of the needs, strengths and risks for the client in this situation?
- What are you responsible for in managing this situation and what needs obtaining before proceeding?
- What is urgent and essential? What would be desirable?
- What would be a successful outcome of the next session from your perspective and the client’s perspective?
- What are the best or worst responses from the client?
- What contingency plans are needed?
- Who needs to be involved (co-worker, supervisor, agency)? What would you like from them?
- Any safety issues for you or others? What can be done to minimise the dangers?

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<th>Record Key Words Used in the Reflective Discussion</th>
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Reflective Practice as an Integral Component of Professional Practice for all HSCPs

CPD Officers Network
4th March 2016
Aisling Coffey,
Vice chair IASW & HSE PSW

Outline of Presentation

• Brief overview of a project being undertaken within a social work dept to promote reflective practice.

Structure of Presentation:

- CORU's CPD Framework & Emphasis on Reflective Practice
- CORU's Definition of Supervision
- Outline of the project to promote reflective practice and outline the three key drivers for the project.
- Journey / Project Process so Far

Framework for Registration Boards
Continuing Professional Development Standard and Requirements

Ag Rialáil Gairmithe Sláinte agus Cúram Shóisialaigh
Regulating Health + Social Care Professionals
In 2013, CORU published the "Framework for Registration Boards Continuing Professional Development Standard and Requirements" - the template to be considered by each Registration Board when developing their CPD scheme.

The SWRB used this exact framework.

The terms reflect, reflection and reflective practice are heavily referenced by CORU (approx 46 references) within the "Framework for Registration Boards Continuing Professional Development Standard and Requirements".

CORU deems reflective practice to be one of the "defining characteristics of professional practice" (HSCPC, 2013: 18) a view first articulated by Donald Schön in 1983.

"Reflective practice is the engagement of the practitioner in analysis of experiences leading to new insights into him/herself and/or his/her practice" (HSCPC, 2013: 7).

Reflective practice has been defined as the "intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understanding and appreciation" (Boud et al, 1985: 19)
Professional supervision has been defined as "an interactive process between two or more practitioners within a safe/supportive environment, designed to enable a continuum of reflective critical analysis of care, to ensure quality health and social care services" (SWRB, 2015: 38) placing key emphasis on the reflective component within supervision.

"You should seek and engage in supervision in professional practice on an on-going and regular basis”
- Social Work Code of Conduct and Ethic Published in 2011.
- More recently also featuring in Code of Professional Conduct and Ethics Occupational Therapists and Speech & Language Therapists

So…. In response to CORU’s strong emphasis on reflection and reflective practice within the CPD Framework AND given their definition of supervision strongly emphasised reflection, I implemented a project to promote reflective practice with supervision.
RCSI MSc Leadership Thesis

- "Implementing Reflective Practice as an Integral Component of Professional Supervision within a Social Work Department: Empowering Social Workers to meet Requirements of Registration".

Three Key Drivers for the Project were …

1) Reflective Practice is Integral to High Quality HSCP Service Delivery

- As a practicing HSCP, we are aware of the complexity within which our professions operate.
- Reflective practice is of fundamental importance to ensuring that HSCPs have the skills to understand complex situations, engage in critical thinking and provide effective intervention.
- CORU have similarly articulated the connection between reflective critical analysis and ensuring quality health and social care services.
- Engaging in reflective practice supports HSCPs in complex decision-making with view to enhancing consistent, safe, high quality practice.
2) Statutory Registration - Implications for Supervision & Reflective Practice

- The recent regulation of HSCPs means a number of us are legally obliged to seek and engage in supervision and the regulator has placed key emphasis on the reflective component within supervision.

- Engaging in reflective practice in supervision empowers HSCPs to meet regulatory requirements around reflective practice and supervision with confidence and competence.

3) Re-establishing Key Role of Reflective Practice within Supervision

- As well as CORU placing a key emphasis on the reflective component of supervision, a number of national and international standards and policy documents on professional supervision for HSCPs view supervision as a key mechanism through which workers develop the skills and capacity for reflective practice.

- Yet despite the acknowledged importance of, and centrality of reflective practice to supervision there is documented evidence internationally that SWs are not getting the opportunity to reflect on their practice and that supervision can be overly managerial and prescriptive, driven by statutory requirements and risk management.

3) Re-establishing Key Role of Reflective Practice within Supervision

- "There is real concern that deliberate, reflective social work practice is being put in danger because of an overemphasis on process and targets, resulting in a loss of confidence amongst social workers. It is vitally important that social work is carried out in a supportive learning environment that actively encourages the continuous development of professional judgement and skills. Regular, high-quality, organised supervision is critical. (Laming, 2009: 32)

- This project sought to re-establish the key role of reflective practice within supervision by very deliberately making it an integral component of the supervision process."
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**Method of Implementing this Practice**

1) Presentation to the team on CORU CPD Framework and Requirements
2) Workshop on reflective practice, where we examined
   - Professional Supervision
   - Reflective Practice: definitions, models, benefits and barriers
   - Supervision and Reflective Practice
   - Implementing Reflective Practice as an Integral Component of Social Work Supervision on our Team
   - Supporting, Monitoring and Reviewing this Implementation

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**Implementing Reflective Practice as an Integral Component of SW Supervision**

1. Decision made to commence by engaging and recording one reflective practice discussion on a case, issue or incident on a monthly basis during professional supervision
2. Decision made to use a model of reflective practice – model chosen was *Tony Morrison’s adaptation of David Kolb’s Model of Experiential Learning (1984)*
3. Team members sought a tool (with prompts) to support reflective practice initially until we build our confidence and competence.
4. Tool developed using Tony Morrison’s publication “Staff Supervision in Social Care”

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**Kolb’s Model Adapted by Morrison**

![Kolb's Model Adapted by Morrison](image-url)
Supporting, Monitoring and Reviewing

1. Placed reflective practice on the agenda of the monthly departmental staff meeting in order to provide a continuous feedback mechanism on its implementation in supervision as well as celebrating gains in implementation and addressing any barriers to full implementation as soon as possible.

2. Agreed to review the process at the end of March to capture team member’s perceptions of the impact of reflective practice on both their social work practice and self development, as well as their views on changes to the implementation process.

Preliminary Team Feedback

- Engagement in reflective discussions has facilitated team members to **broaden their focus** on a matter beyond their own initial lens.
- Team members report enhanced **clarity of thinking and casenote recording** following a reflective discussion.
- Team members feel **confident** that they are meeting **regulatory requirements** and can **articulate clearly** how they are doing so.
- Supervision has become a place to **discuss complexity** & has **enhanced the workers capacity to critically analyse** their work
- The use of the tool has provided a **scaffold / structure** to enable both supervisor and supervisee to **engage in reflective practice** and is **valued** for its **clarity of focus** in terms of facilitating the process.
**Abstract**

**Aim:** The project aimed to implement reflective practice as an integral component of professional supervision within a social work department.

**Rationale:** Social work is a complex and contested profession, operating in uncertain and unpredictable contexts, requiring careful professional judgements that can have profound impact on service-users. A number of high-profile inquiries have found deficits within the profession to critically analyse practice and manage complexity. These reports place key emphasis on the need for reflective practice within supervision as a critical means of providing safe, high quality services. However there is evidence that social workers are not getting the opportunity to reflect on practice and that supervision has become overly managerial and prescriptive. As a practicing social worker, the writer was aware of the complexity within which the profession operates and wished to support and empower colleagues in complex professional decision-making to enhance safe, high quality social work services. The writer was conscious of trends toward the predominance of managerialism within supervision and sought to rebalance the process to incorporate critical reflection as an integral component. The writer was also aware that such an initiative was aligned with agency policy, corporate goals and regulatory requirements.

**Change Process:** Project implementation was guided by the HSE Change Model and involved an educational presentation on CORU SWRB “Standard and Requirements for CPD”, a staff survey on learning needs relating to reflective practice, a workshop on reflective practice within supervision and the development of a prompting and recording tool to support engagement in reflective practice on a monthly basis within supervision.

**Evaluation & Results:** Project evaluation involved regular consultation with the social work departmental team, documentation review and survey feedback. From a quantitative perspective, 80% of team members engaged in and recorded reflective practice on a monthly basis within supervision. Qualitative feedback highlights the perception of team members that the project has enhanced their professional decision-making capacity, supported them to meet requirements of registration, re-established supervision as a forum to analyse complexity and enhanced knowledge of reflective practice.

**Conclusion:** By developing the capacity of social workers to engage in reflective practice within supervision, this project supports the delivery of safe, high quality services and empowers social workers to meet requirements of statutory registration, comply with agency supervision guidelines and support the achievement of corporate goals.
Safer Decision Making
Implementing Reflective Practice as an Integral Component of Social Work Supervision

Aims & Objectives
- **Aim**: Implement reflective practice as an integral component of professional social work supervision.

**Objectives:**
1. 100% attendance at CORU CPD presentation by 30/10/15.
2. 100% completion of reflective practice survey by 12/11/15.
3. 100% attendance at reflective practice workshop by 30/11/15.
4. 100% engagement in reflective practice monthly in supervision from December 2015 - March 2016.
5. Reflective practice on 100% of team meeting agendas from December 2015 - March 2016.
6. 100% completion of evaluation survey.

Methodology
- The HSE Change Model (figure 1) guided project implementation.

**Figure 1: HSE Change Model**

- **INITIATION**: Establishing drivers and urgency through literature review. CORU regulatory requirements, HSE guidelines and strategy. The outcome of this stage was a draft business plan.

- **PLANNING**: Engagement, visioning, relentless communication, building trust and commitment. Environmental analysis using Stakeholder, SWOT and Force Field Analytical tools. Development of prompting and recording tool to support the process.

**IMPLEMENTATION**: Implementing action plan and sustaining momentum. Team engaging in reflective practice discussions during supervision, using Tony Morrison’s Supervision Cycle (figure 2) and new prompting and recording tool. Consultation on project at monthly team meetings. Continued engagement with all stakeholders.

**Figure 2: Supervision Cycle**

- **MAINSTREAMING**: New practices integrated into departmental procedures and induction programme. Formal evaluation and sharing learning.

Evaluation
- **Quantitative Results on Achievement of Objectives**

- **Qualitative Results from Evaluation Find Project Has**
  - Enhanced professional decision-making capacity.
  - Supported team to meet some of the requirements of registration.
  - Re-established supervision as a forum to analyse complexity.
  - Enhanced knowledge of reflective practice.

Organisational Impact
- This project has enhanced professional capacity to critically analyse practice and manage complexity by restoring reflective practice as integral to social work supervision.

Conclusion
- This project supports the delivery of safe, high quality social work practice and is aligned with regulatory requirements. HSE supervision guidelines and corporate goals.

References