INTRODUCTION

Social work is a rewarding but stressful occupation. A Community Care survey at the end of 2014 found 97% of the 2,000 social workers who responded felt moderately or very stressed, but only 16% said they had received any training on how to deal with work-related stress. Almost half (47%) said stress was not discussed openly in their workplace.

This is an edited version of our Guide to developing social workers’ emotional resilience, one of a number of Community Care Inform resources that support professional safety and wellbeing.

We encourage you to use this guide to build your own “emotional resilience toolbox” by reflecting on the competencies that can help you cope well in stressful situations, adapting your “thinking style” when it comes to difficulties or perceived failures and identifying techniques that can help in the moment. The guide also discusses how to get the most out of supervision so that it can enhance both practice expertise and emotional wellbeing.

This guide focuses on what individuals can do to help themselves and managers can use it to support teams. It should be emphasised that resilience is as much a quality of the environment as the individual. Interventions that expect employees to adapt to a stressful working environment without addressing the structural causes of stress will fail.

Community Care’s Stand Up for Social Work campaign includes three elements: inspiration, honesty and support. We want this guide to provide inspiration and good ideas to share, be a source of support in social worker’s daily lives and an acknowledgement of the challenges facing the professions and the skills and tools you need to protect and help vulnerable people.

Community Care Inform is a subscription site which provides resources to help front line social workers and managers in their roles. However as part of our commitment to stand up for social work we have provided this guide free to all those who want it for a time-limited period.

About the authors

Dr Louise Grant has many years of experience as a social worker and a manager in children’s services. She is currently a senior lecturer teaching qualifying and post-qualifying social workers at the University of Bedfordshire and is course lead for all post-qualifying social work courses at the university.

Her research focuses on emotional resilience, reflection and stress management in social workers. Louise has published research articles in peer reviewed journals and in the general social work press, and presented her work at national and international conferences.

Dr Gail Kinman is professor of occupational health psychology at the University of Bedfordshire. She is a chartered psychologist, a chartered scientist and an associate fellow of the British Psychological Society. Gail’s research interests encompass work-related stress, work-life balance, emotional labour and emotional intelligence, and how they influence the well-being of employees.

She has worked with groups of health and social care professionals to investigate the factors that underpin emotional intelligence with a view to enhancing stress resilience and wellbeing in these occupational groups. Gail has published widely in occupational health psychology and her work has also been regularly featured on radio, TV and the international press.
WHAT IS EMOTIONAL RESILIENCE?

Emotional resilience has become a bit of a buzz phrase in the caring professions. It was mentioned in Lord Laming’s 2009 report The Protection of Children in England and as one of the skills required by qualifying social workers under the ‘professionalism’ domain of the professional capabilities framework.

The word “resilience” often trips off the tongue without any clear understanding of what it means or how it can be achieved and it’s important to step back and think about why social workers need to be resilient.

It is undoubtedly a positive attribute that can protect and enhance health and well-being. Most research has examined resilience in the context of trauma management, but recent studies have highlighted how it can protect employees from the negative impact of work-related stress and help them thrive in workplace settings. It is generally agreed that resilience is particularly important for “helping” professionals who face highly challenging and complex situations.

But how can resilience promote well-being and improve professional practice? How can social workers enhance their resilience so that they can thrive in a profession that, while it can offer considerable job satisfaction, can be very stressful?

Until recently, little was known about the nature of resilience, the individual difference factors that underpin this key quality, or how it can be fostered in the social work context. This guide aims to address these issues.

Research has found that resilient people have the following qualities:

- Self-efficacy and self-esteem.
- Enthusiasm, optimism and hope.
- Openness to experience.
- A positive self-concept and a strong sense of identity.
- A high degree of autonomy.
- Self-awareness and emotional literacy.
- Critical thinking skills and the ability to reflect constructively on practice.
- The ability to set limits.
- Well-developed social skills and social confidence to develop and maintain effective relationships.
- Flexibility and adaptability – drawing on a wide range of coping strategies and creative problem-solving skills.
- The ability to identify and draw on internal and external resources and access support from a range of sources.
- Successful adaptation to change.
- The ability to draw on a range of coping styles.
- Persistence in the face of challenges, setbacks and adversity.
- A sense of purpose and the ability to derive a sense of meaning from difficulties and challenges.
- The ability to learn from experience.
- An orientation towards the future.
- A sense of humour.
- Able to successfully manage and contain their own emotions and those of others.
- Able to set firm physical and emotional boundaries between work and home life.
CAN YOU LEARN TO BE RESILIENT?

RESILIENCE DEVELOPS IN THE FACE OF DIFFICULTIES

The concept of resilience might help to explain why some practitioners who experience high levels of stress at work not only don’t burn out, but may even thrive, enabling them to manage future challenges more effectively. It’s not that resilient social workers lead a charmed existence. They face the same problems that other people encounter, but confront setbacks and persevere in the face of difficulties rather than giving in.

Resilient individuals still experience negative feelings, such as frustration, anger and anxiety, but are able to offset them with positive experiences and emotions and put perceived failure in perspective. Over time, these positive experiences and emotions enhance personal resources rather than depleting them, thus leading to resilience.

“ORDINARY MAGIC”

Resilience is not an innate characteristic or personality trait that you either have or you don’t. It arises from successful adaptation to everyday events rather than unusual ones, and emerges from ordinary human capabilities, relationships and other internal and external resources. Ann Masters, a research expert in this area calls it “ordinary magic”.

It is a quality and a process that can be enhanced and developed which is good news for social workers, who are typically required to manage change and complex, competing demands. Several underlying competencies have been identified and we will explore how you can develop these, before turning to specific tools you can use. These are:

- Emotional literacy (sometimes called emotional intelligence) p.6
- Reflective thinking skills p.7
- Empathy p.8
- Social skills p.9
- An optimistic explanatory style p.11

This guide focuses on ways to support and protect your own well-being. This is a vital part of standing up for social work. However the environment you work in is just as important – organisations and managers need to address the structural causes of stress and burnout. Are the employer standards for social work being implemented in your organisation? Managers can use the Health and Safety Executive’s tool to assess whether they currently have the competences identified as effective for preventing and reducing stress at work, as well as the Community Care Inform resources listed at the end of this guide.

This guide focuses on ways to support and protect your own well-being. This is a vital part of standing up for social work. However the environment you work in is just as important – organisations and managers need to address the structural causes of stress and burnout. Are the employer standards for social work being implemented in your organisation? Managers can use the Health and Safety Executive’s tool to assess whether they currently have the competences identified as effective for preventing and reducing stress at work, as well as the Community Care Inform resources listed at the end of this guide.
EMOTIONAL LITERACY

THE INTERPERSONAL AND THE INTRAPERSONAL

Emotional literacy has interpersonal (social intelligence) as well as intrapersonal (self-awareness) elements. Interpersonal emotional literacy helps us relate effectively to others. Intrapersonal emotional literacy encompasses the degree of attention we devote to our feelings, the clarity of these experiences, and our beliefs about “repairing” negative mood states or prolonging positive ones.

The capacity to effectively manage our own emotional reactions and those of others, often in challenging care environments, is central to many social work tasks. Our research found that social workers who are more adept at perceiving, appraising and expressing emotion, who are able to understand, analyse and utilise emotional knowledge, and who can regulate their emotions effectively are not only more resilient to stress, but more psychologically and physically healthy.

HOW DOES EMOTIONAL LITERACY BENEFIT SOCIAL WORK?

People who are more emotionally literate are typically more enthusiastic, optimistic, confident, trusting and co-operative — all desirable attributes for social workers.

A social worker whose emotional literacy skills are under-developed may have problems developing “appropriate” empathy, may escalate conflict by reciprocating in kind when faced with hostility and lack of co-operation, may allow emotions to unconsciously influence decision-making, and may attempt to “repair” negative mood states by engaging in negative health behaviours such as comfort eating or drinking alcohol to excess. Insight into levels of emotional literacy is, therefore, vital for enhanced practice and the wellbeing of service users as well as personal wellbeing.
REFLECTIVE THINKING SKILLS

Personal reflection on experience helps foster professional development and enhances the service and support we provide. It helps us consider how we might adapt our practice to individual service users’ needs, and develop solutions to what might appear to be intractable problems. Reflective thinking skills also help us explore the dynamics of rational and irrational thoughts, emotions, doubts, assumptions and beliefs and the ways in which they impact on practice. Our research shows this to be an important self-protective mechanism for social workers.

Based on research conducted by Aukes et al (2007), we have found it useful to separate reflective thinking into three inter-linked elements:

- **Self-reflection** (“I want to know why I do what I do”).
- **Empathetic reflection** (“I am able to understand people from different cultural and religious backgrounds”).
- **Reflective communication** (“I am open to discussion and challenge about my opinions”).

How reflective is your supervision?

Supervision can be an opportunity to develop reflective thinking but certain circumstances need to be in place to allow transformational learning about oneself and one’s practice to take place.

Supervision contracts that recognise that the process has a developmental and support element (i.e. it doesn’t just focus on administrative and managerial aspects) and an environment where emotional disclosure is seen as acceptable and appropriate are essential. Supervisors may worry about being overwhelmed and that they will not be able to manage to contain the feelings expressed. It is important to develop self-awareness to manage these barriers effectively.

As a supervisee remember you are an active player in the relationship, not passively receiving supervision. View it as a joint process where you and your supervisor work together to facilitate reflection on issues affecting your practice, in order to develop a high level of practice expertise. It is vital to prepare effectively, not only to discuss the practical and managerial aspects of your work, but also to reflect on your practice itself and examine your strengths and weaknesses.

- Consider keeping a reflective diary, exploring your emotional reactions to what you experience in practice and review this prior to supervision, making notes on key themes that have emerged.
- Be open to feedback and be able to reflect on this for future practice. Notice when you have a tendency to justify, explain or defend yourself when receiving feedback and try to move to a position where you actively seek feedback to improve your capability.

You may experience strong emotional reactions to service users’ negative or traumatic experiences such as anxiety and fear, or feel emotionally manipulated and/or over-empathise with service users. Supervision plays an important role in exploring and making sense of conflicting emotional reactions and can enhance emotion management skills.

The importance of reflective supervision and its role in enhancing resilience, well-being and performance is well recognised but some still do not receive it. Supervisees can play their part in ensuring they receive good supervision by expecting it, preparing for it, and recognising what it feels like.
Empathy is a fundamental component of all helping relationships and critical to social work practice. While empathy is essential to an effective relationship between social workers and service users, the job role also frequently requires us to develop and cultivate empathy in other people.

We commonly understand empathy simply as the ability to “walk in other people’s shoes”, in order to understand their feelings, thoughts or actions. Recent models of research into empathy encompass several dimensions such as perspective-taking (attempts to adopt the positions of other people), empathetic concern (feelings of warmth, compassion and concern for others) and personal distress (feelings of anxiety and discomfort resulting from the negative experiences of others). This acknowledges that empathy may not necessarily have universal beneficial effects.

Our research demonstrated the complex role played by empathy in resilience and well-being. Empathetic concern appears to enhance emotional resilience, whereas empathetic distress tends to diminish it and is likely to lead to psychological distress more generally.

“Appropriate” empathy is vital in order for social workers to make genuine attempts to acknowledge and accept what their service users think and feel. But clear emotional boundaries are needed to ensure that healthy empathetic concern does not spill over into over-involvement and over-empathising with service users, which will have negative implications for their service users as well as potentially leading to burnout in the worker.

Emotional boundaries, however, should be sufficiently flexible to allow feelings to flow in and out, otherwise empathetic connections cannot be developed.
SOCIAL SKILLS

Social workers are often faced with challenging interpersonal situations, but being well-prepared can improve self-confidence and communication skills enabling you to feel stronger and more comfortable. Role-play during supervision or with a peer can help us prepare for unfamiliar or potentially difficult situations such as emotionally challenging conversations with service users or court appearances. It also allows us to practise authoritative but empathic responses more generally and see how people may respond to us in particular situations and the strategies that may be most productive.

SOCIAL SUPPORT

Social confidence also helps us create and maintain effective social networks which are another essential for emotional resilience. A substantial body of evidence indicates that people with more social support (positive psychosocial interactions where there is mutual trust and concern) tend to be more physically and psychologically healthy – it is also one of the most effective stress management resources. Mutually supportive relationships also foster feelings of connectedness, belonging, and empathy with others.

Relationships with family and friends help social workers manage the emotional impact of their work. It is also important to foster mutually supportive relationships in you professional networks. Productive relationships with co-workers who understand the trials, tribulations and rewards of the work are likely to reinforce the value of what you do. They can also provide alternative perspectives and options for solving problems that may initially seem intractable.

**A key skill is the ability to identify the type of support you need and where it can best be found.** This could be emotional support (esteem, attachment and reassurance), informational support (the provision of advice, guidance and feedback), companionship (a sense of belonging) and instrumental support (tangible help and financial assistance).

Support must closely “match” what you need at the time. For example, we may require informational support to resolve an issue of concern, but are offered emotional support (such as sympathy or nurturance). This may help us manage our distress initially, but do nothing to solve the problems that caused it.
Peer coaching involves creating a collaborative and reciprocal relationship with a colleague in order to develop reflective practice, self-awareness and problem-solving skills, and reflect on performance through feedback.

It is more than just a “buddy” relationship; coaching is focused upon developing positive changes, working towards a goal with clear and realistic action plans.

**Techniques to use in coaching**

1. One productive technique is to adopt a solution-focused, rather than a problem-focused, approach to difficulties that you are encountering in your professional practice. The peer coach would explore what you would like to change in your career or practice, and assist in making a step-by-step action plan to achieve this goal.

2. Or try using coaching sessions to identify “sparkling moments”: times in your practice when you felt particularly successful and satisfied. By recalling these moments together and their key features, opportunities for replicating such experiences can be explored.
OPTIMISM AND HOPE

CAN YOU BECOME AN OPTIMIST?

There is evidence that optimistic people are more resilient, healthier and happier than pessimists. Optimism is often seen as a stable disposition underpinned by the expectation that more good things will happen than bad (with the opposite true for pessimism). It has been argued, however, that it may be more useful to see optimism and pessimism as explanatory styles or biases that influence how we interpret events.

For example, if an optimistic social worker is promoted, she is likely to believe it is a reward for good work (internal), and she thinks she will continue to receive recognition for her hard work in the future (global and stable). If she is not promoted, she is likely to see this as due to extenuating circumstances (external) or because she needs to work on enhancing her skills (internal) but thinks that she will be able to perform better in the future.

Explanatory styles are more amenable to change than personality traits which may be fairly fixed. A person with an optimistic explanatory style will see themselves as responsible for positive events occurring in the first place (internal), and will think that more positive things are likely to happen in the future (stable) and that other aspects of their life will also be positive (global).
On the other hand, when negative events happen, optimists tend to see them as being untypical (isolated) and irrelevant to other aspects of their life or future events (local).

Someone with a pessimistic explanatory style, will accentuate the negative and minimise the positive. A pessimist is hampered by self-doubt and negative expectations about the world and other people. When positive events occur a pessimistic professional will see them as flukes (local) that are caused by luck or circumstances outside their control (external) that are unlikely to occur again (unstable).

It is also common for pessimists not to take up opportunities that present themselves, as they fail to recognise them as such.

Pessimists believe that negative events are caused by them (internal), that more mistakes will occur (stable) and this will be inevitable (global). If a pessimistic social worker had a negative experience with a service user, she is likely to blame this on her poor performance, she believes she will let down all her service users in the future, and that she is clearly unsuited to the job.

Coping mechanism?

Pessimism can be used as a coping mechanism by anxious people – “defensive pessimists” may lower their expectations to help them manage anxiety, fear and worry in order to work productively. They carefully review all of the negative things that might happen, preparing themselves for the worst case scenario so that they can plan and act effectively. If defensive pessimists try to raise their expectations, or avoid considering worst case scenarios, their anxiety increases and their performance suffers.

Realistic optimism

Social work is generally an optimistic and positive profession. A strong belief in people’s abilities to change is central to social work practice, as is striving to empower service users to find solutions to their problems. Optimism can be learned by emphasising positive reappraisal or reframing of past events and encouraging coping through problem-solving (see the section on coping on page 13). Being an optimistic social worker does not mean you should try to see a silver lining in every cloud – you should utilise flexible optimism, where positive perspectives are grounded in reality.

It is important to recognise that unrealistic optimism can encourage risk-taking behaviour. Social workers should also avoid becoming biased in their use of an optimistic explanatory style. This can lead to collusion with service users where difficult conversations and decisions may be avoided when it is clear that change is not going to be quickly achieved, or where there is a buildup of setbacks which indicate risk. It is therefore essential that reflective practice involves a regular “optimism/pessimism check” to ensure it is flexible, realistic and not subject to bias.
“Coping” is defined as the process of managing external and internal demands that strain or exceed the resources of the person. There are many ways of coping with stress. Their effectiveness depends on the type of demand experienced, the individual, and the circumstances. Lazarus and Folkman (1984) highlighted two main types of responses that people use to cope with demands:

- **Problem-focused** coping aims to tackle the problem or the situation that is causing stress directly, and is used when the situation is seen as changeable.
- **Emotion-focused** coping aims to change our negative feelings about stressful situations, and tends to be utilised when we believe that nothing can be done to change the problem.

However, even in situations that may seem intractable, problem-focused coping such as goal setting and positive reappraisal can be used.

**Active or avoidant?**

A further distinction can be made between active and avoidant ways of coping. Active coping strategies are behavioural or psychological responses designed to change the nature of the problem itself or how we think about it, whereas avoidant coping strategies involve activities (such as alcohol use) or psychological responses (such as denial) that keep us from directly addressing the problem. Active and avoidant coping strategies include:

- **Actions**: taking active steps or initiating direct action.
- **Planning**: thinking about how to deal with a problem; developing strategies.
- **Seeking social support for instrumental reasons**: seeking advice, assistance or information.
- **Seeking emotional social support**: getting moral support, sympathy or understanding.
- **Suppression of competing activities**: avoiding being distracted by other activities.
- **Turning to religion**: seeking spiritual help and finding comfort in religion.
- **Positive reinterpretation and growth**: making the best of a situation by viewing it in more positive terms.
- **Restraint**: waiting for the right moment to act; avoiding rushing into action.
- **Resignation/acceptance**: accepting the reality of a challenging situation.
- **Focusing on and venting emotion**: focusing on the distress and expressing feelings.
- **Denial**: refusing to believe the problem exists or trying to deny it is real.
- **Mental disengagement**: using activities to distract from thinking about a problem.
- **Behavioural disengagement**: reducing efforts to deal with a problem.
- **Alcohol/drug use**: using drugs as a way of avoiding the problem or to feel better.
- **Humour**: laughing and joking about the situation.

A goal-oriented approach fosters resilience as it encourages feelings of mastery, control and effectiveness and contributes to positive emotions during difficult times.
A repertoire of strategies and styles

Generally speaking, active coping strategies (whether behavioural or emotional) are more effective ways of dealing with problems than avoidant. Our research found that social workers used a wide range of coping strategies but were more likely to use active forms of coping such as planning and positive reframing. They also commonly used strategies such as seeking emotional and instrumental support, self-distraction, venting emotion and acceptance.

For example, it may be that taking time out to “unpack” a stressful or emotionally charged situation has always helped you to manage in the past, but on this occasion you find you are still ruminating over the situation. It may be more productive to use an alternative strategy such as reframing or accepting an unchangeable situation without self-blame and moving on.

To some extent, coping styles change over time and according to the demands of the situation. Attempting to cope with different types of problems in the same way may not be productive and may even be damaging to ourselves and service users, but there is evidence that people tend to favour particular coping strategies.

A flexible repertoire of coping styles is important for resilience and well-being – being able to recognise that a coping strategy is not effective and trying alternatives is key. Continuing to use an ineffective coping mechanism may not improve the situation and could even make it worse.

Research findings suggest that the more flexible the coping, the better the outcome. Having a toolkit of coping mechanisms and being flexible in using them may help you find more effective ways of managing the stresses of your practice.

Reflect on your own habitual ways of coping with stress. Can you identify situations where have or could have adjusted or changed your coping strategy to be effective? 
YOUR EMOTIONAL RESILIENCE TOOLBOX

Developing your personal emotional resilience takes effort, but is a sound investment in your future wellbeing. It involves protecting your own physical and psychological health, managing stress effectively, maintaining your emotional equilibrium, fostering supportive relationships at home and work, a positive outlook, and maintaining boundaries between home and work life.

In addition to the competencies and suggestions for using supervision and peer support mentioned above, there are strategies that you can implement yourself that our research has found to be beneficial. These are:

- Mindfulness and relaxation
- Thinking skills (cognitive behavioural techniques)
- Self-awareness and action planning

Mindfulness and relaxation

We often find ourselves worrying about past mistakes and ruminating on fears for the future, rather than focusing on the present. When we are “mindful”, we do not dwell on the past, and do not judge or reject what is happening in the moment. Mindfulness combines meditation, breathing techniques and paying attention to the present moment without judgement to help people change the way they think, feel and act.

Mindfulness can help you manage stress and anxiety, as well as enhance emotional literacy and self-awareness, aid critical reflection and facilitate active listening. Try the exercise below to practise mindfulness. The aim of the exercise is to completely focus on your breathing for a set period of time.

Check your watch and for 60 seconds, focus completely on your breathing. Empty your mind of all other distractions; this is harder than you think. Keep your eyes open and be ready to catch yourself if your mind wanders off into thoughts or worries and bring it back to your breathing.

It can take a great deal of practice to be able to really focus on just your breathing. Use this technique at times of the day when you need to relax and refocus or when negative thinking begins to creep in.

Mindfulness is not purely designed to end with the development of concentration or the ability to focus attention on a particular object (such as the breath). With practice, mindfulness can generate energy, clear-headedness and joy. It can help us gain deep insight into our own emotional state, and gain a clearer, compassionate and non-judgemental understanding of ourselves. For more information see Community Care Inform’s guide to mindfulness.

Thinking skills

Cognitive behaviour therapy (CBT) is underpinned by the idea that how we think about events has a powerful influence on how we feel about them, and that our thoughts and beliefs are not facts but open to interpretation. We all have days when negative thoughts come easily but we can fall into a pattern of thinking that leads to self-blame and anxiety, draining our energy.
CBT techniques can help people develop alternative strategies to manage emotional or behavioural problems by challenging the ways in which they think about situations. Research indicates that this can help health and social care professionals manage negative emotions, reduce emotional distress and build self-confidence.

They can also help you develop a more optimistic explanatory style (see page 11). Knowledge of common “thinking errors” and the impact these have on the way you feel, combined with techniques for challenging negative and worrisome thought can help manage anxiety, improve self-esteem and create a more positive problem-solving approach.

**Should, must and ought**

Also, catch yourself when you the terms “should”, “must” and “ought” come up in what you think or say. Using these words imply personal failure if something is not done, causing us to make demands on ourselves and others. Try to replace them with less critical language – it is sometimes fine to be fallible ourselves and to allow others to make mistakes.

Write down three sentences using “should”, “must” and “ought” relating to negative thoughts that you have recently had about yourself or other people in a particular situation. Then re-write the sentences without the judgemental words.

---

**USING CBT TECHNIQUES**

“If only I had known that Jake was going to take an overdose I could have prevented this. I must be a really poor social worker not to see the signs. I am so worried I am not going to be able to manage working in a situation like this again.”

We all know that we are never totally responsible in a situation like this, but sometimes self-blame and anxiety can overwhelm us. However you can develop a new, more realistic way of thinking about such scenarios. Imagine what you would say to a colleague who was in a similar situation and try and apply it to yourself. Rate how strongly you “believe in” your thoughts. Consider a different way of thinking about the situation and rate how much you “believe” your alternative view and then re-rate your old belief. It may take several attempts to shift your old, maladaptive belief until you have a more positive thought pattern such as:

“I feel really sad that Jake took an overdose and want some support to help me reflect on what I and others may have been able to do, if anything, to prevent this from happening. I know that there are things that I can learn from this experience and plan to do all I can to do this.”
SELF-AWARENESS AND ACTION PLANNING

Self-knowledge encompasses all of the qualities that our research has found to underpin resilience. Gaining insight into what we do (or don’t do) that make things better or worse during stressful times is the first step in building resilience and enhancing well-being. By thinking about the ways in which you respond to stress – physically, psychologically and behaviourally – and the internal and external resources you possess to help you manage the stressors in your life, you can begin to make an action plan to improve your coping mechanisms and general emotional resilience.

It is important to note that we are all different – what may work for you may not work for a colleague and vice versa.

STARTING THE JOURNEY

Resilience is indeed “ordinary magic”. Although developing it is undoubtedly hard work, it is achievable if a supportive working environment exists and social workers are given time, resources and professional development opportunities. We hope that this guide will help you develop your personal resilience “toolkit”, but acknowledge that it is by no means definitive. More research is needed on other factors such as the role played by cultural intelligence, spirituality, and the strategies that can help enhance the competencies that we have identified.

Building and maintaining resilience is an ongoing journey. We will all have days when we feel that we are not coping well and other days we feel we are getting nowhere fast, but there will be days when we feel resilient and ready to take on new challenges.

What is important to remember is that developing your personal resilience toolbox will be a personal journey; you may need to adapt and change your strategies over time and may need to seek support externally from time to time if things get tough.
REFERENCES

Aukes, L; Geertsma, J; Cohen-Schotanus, J; Zwierstra, R and Slaets, J (2007) 'The Development of a Scale to Measure Personal Reflection in Medical Practice and Education.' Medical Teacher 29 (2) pp.177–82


Health and Safety Executive: Work Related Stress – Together We Can Tackle It


Masten, AS (2009) 'Ordinary Magic: Lessons Learned from Research on Resilience in Human Development.' Education Canada 49 (3) pp.28-32


Further resources on Community Care Inform

Guide to managing professional boundaries in social work

Guide to compassion fatigue and secondary trauma in human services

Guide to how to deal with hostile and aggressive adults or young people and how to manage intimidating situations – a guide for workers

Guide to managing practice from a critically reflective position

Guide to effective supervision: What is it and how can supervisors ensure they provide it?

Guide to managing professional boundaries in social work

Guide to compassion fatigue and secondary trauma in human services

Guide to how to deal with hostile and aggressive adults or young people and how to manage intimidating situations – a guide for workers

Guide to managing practice from a critically reflective position

Guide to effective supervision: What is it and how can supervisors ensure they provide it?
This guide was provided free of charge from Inform as part of Community Care’s Stand up for Social Work campaign.

Inform Adults and Inform Children are subscription-based products that provide trusted and accurate information in a quick and accessible format to help social work professionals make and evidence their decisions.

If you found this guide useful and would like access to more of the professionally-critical practice information you need, you may want to consider a subscription for your organisation.

For further information visit www.communitycare.co.uk/inform

Picture credits
Page 1: Environmental images/Universal Images Group/REX
pages 2, 10: Gary Brigden; page 6: Mint images/REX;
page 8: Phanie/Rex features; page 9: John Birdsall/REX;
page 11: Blend Images/REX; page 14: Rovert Couse Barker/Flickr;
page 17: Nick White/ Mood Board/ REX