



Discovering Potential

**A practitioner's guide to supporting
improved self-esteem and well-being
through adult learning**

Kathryn James and Christine Nightingale



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and
Christine Nightingale

niace
promoting adult learning



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Contents

Acknowledgements	ii
Introduction	v
Who is this pack for?	v
About <i>Discovering Potential</i>	vi
Part 1 Knowledge and understanding	1
Chapter 1 Well-being	3
What we mean by health	3
A medical approach	4
Social model	4
Disability	4
Social and economic issues	4
Social capital	5
What are mental health difficulties?	6
Causes	7
A juggling act	8
A SWOT analysis	9
Needs and well-being	10
Chapter 2 Self-esteem	13
What is self-esteem?	14
What gives us our levels of self-esteem?	15
Where does self-esteem come from?	17
Low self-esteem	17
The effects of low self-esteem	18
Being a self-esteem builder	21
Chapter 3 Learning	23
What do we mean by learning?	23
Who participants in learning?	25
Why don't some people participate in learning?	26
What do people gain from participating in learning?	27
SWOT analysis	31
Chapter 4 Working together	33
What do we mean by 'working together'?	34
The essence of working together	34
How does the collaboration work together?	35
What makes collaboration tick?	38
Bringing it all together	43

Part 2	The Model for <i>Discovering Potential</i>	49
Chapter 5	Using the model to work with clients.....	51
	The ‘thinking’ stage	53
	The ‘getting’ stage	54
	The ‘keeping’ stage	55
	Being flexible in using the model	57
	Does the work you do with clients ever end?	57
Chapter 6	Using the model for your own development	59
	The ‘thinking’ stage	60
	The ‘getting’ stage	61
	The ‘keeping’ stage	62
Chapter 7	Using the model to develop the project or.....	66
	service you deliver	
	The ‘thinking’ stage	66
	The ‘getting’ stage	67
	The ‘keeping’ stage	68
Chapter 8	How do I put the model into action?	71
	Values	72
	Knowledge	75
	Skills	77
Part 3	And finally....	83

Introduction

The Government's agendas of widening participation and promoting social inclusion have meant that both statutory and voluntary services are increasingly looking at new ways to engage with hard-to-reach, hard-to-help, socially excluded and marginalised individuals.

The Government's view is that social exclusion can happen when people or geographical areas experience a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, ill health, disability, high crime environments, and family breakdown.

Research has indicated that there is a relationship between the causes of social exclusion and poor health and well-being and low self-esteem. Poor health and well-being and low self-esteem can be caused by unemployment, poverty, low level skills and other determinants of social exclusion. Poor health and well-being and low self-esteem can also make it harder to cope with, and overcome, the causes of social exclusion. For example, unemployment may knock an individual's confidence and self-esteem so that it is harder to identify the skills and qualities they possess that an employer may be looking for.

People who are socially excluded are not always able to access opportunities such as education, training, voluntary work, employment or leisure services. This may simply be because those services do not exist in the area in which they live, and lack of transport, cost or lack of childcare facilities may make it impossible for them to access those services in other areas. However, other reasons such as previous negative experiences, or culturally inappropriate opportunities may make people feel that the opportunities available are not for them. In addition, a poor sense of well-being or loss of self-esteem may result in a feeling of not being competent or 'good enough', or a feeling that they would not be welcomed or wanted by the providers of those opportunities. When people are unable to access these opportunities they miss out on the benefits afforded by these opportunities such as improved employment prospects, improved socio-economic status, and increased social networks.

The reasons why individuals do not access education, training or employment opportunities may be the same reasons as why they do not access community groups, join clubs and societies or make use of support networks. Individuals can become increasingly marginalised and isolated. Social exclusion and social isolation increase vulnerability to poor health which in turn makes it harder to cope with and overcome social exclusion.

In tackling social exclusion, providers of services need to ensure that they are reaching those people who have traditionally not been enabled to access their services. Services and opportunity providers need to reach out to make themselves more accessible and they need to listen to what people want so that they can make their services more appropriate. Finally, services need to work with communities and individuals and recognise their unique situations, skills, abilities, difficulties and experiences so that people can fulfil their potential and participate in and contribute to society.

Who is this pack for?

Discovering Potential is aimed at an emerging group of practitioners who work on projects or in existing services whose role is to support individuals to access mainstream services such as

DISCOVERING POTENTIAL

education, voluntary work, training, leisure facilities or employment. The provision described in this pack is not uniform nor a necessarily coherent area of work. There is often no common job description or job title for practitioners working in this way. Those working in these jobs may bring a wide range of relevant experience or qualifications to their post.

Practitioners may have job titles such as Learning Adviser, Outreach Worker, Bridge Builder, Guidance Worker or Employment Adviser. Practitioners may talk about the people they work with as clients, service users, learners, students or customers. In order to avoid confusion we have decided to use the word ‘practitioner’ to mean the staff member and the word ‘client’ to denote the individual that the practitioner is working with.

We are assuming that practitioners:

- give information, advice or guidance on learning and other opportunities;
- work with clients on a one-to-one basis;
- may be setting up new projects and developing new services for clients;
- may feel that they are developing new ways of working and challenging existing practice; and
- may work with people who have low self-esteem.

This pack is aimed at practitioners who fit that criteria and who want to develop their practice, who see challenges in the work that they do and who want to find solutions and better ways of working.

This pack is primarily aimed at practitioners who help clients to access learning opportunities. However, we feel that the model is transferable and could be used by practitioners who help people to access leisure activities, work placements or other community venues. Most case studies are about clients accessing learning but we have tried to include other types of opportunities, and case studies can be adapted to suit your situation.

About *Discovering Potential*

This pack is called *Discovering Potential* because making that journey will involve just that – the discovering of potential. The people that you work with will hopefully discover new potential within themselves. As a practitioner you may discover new potential in yourself as you learn new ways of working and do things that you haven’t done before. If, as a practitioner, you are working outside your own professional group or organisation and working with other professions within their organisation you may find yourself enabling other practitioners and other organisations to change and develop and thereby to discover new potential.

Discovering Potential is based on the principle that realising what we can do is a learning process. It is one that empowers and enables people to solve problems, make the most of opportunities and realise their potential beyond their current situation. This kind of discovery involves a journey. Everyone needs to make that journey, the practitioners as well as the clients. This pack encourages the practitioner to think not only about the client as they progress through this pack but to also think about themselves and their own needs. We will make this particular journey using four integrated themes: health and well-being, learning, self-esteem and working alongside others. The journey will be made on our developing potential wheel, which we will describe shortly.

Practitioners who work with clients on a one-to-one basis will support and enable the client to make a journey. Clients may make a journey from low confidence and self-esteem to raised self-esteem; they may make a journey from being socially isolated and feeling bored to being active and in touch with new friends and support networks; they may make a journey from feeling low and without hope to being optimistic and full of plans for the future.

Setting up a project is also a journey. As a practitioner you may have some ideas of the type of support and service you want to provide for individuals but the opportunities, resources and contacts that crop up along the way may alter your original ideas and may put a new perspective on your initial plans.

There will also be a journey that you, as a practitioner make. As you respond to individuals' needs, as you come into contact with different professional groups and as you increase your network you will find yourself learning from clients and other practitioners. Consequently you will develop your own thinking and you will grow as a practitioner.

Fundamental to the idea that we have potential within ourselves that has yet to be discovered is the belief in the importance of our health and well-being to fulfilling that potential. This does not imply that if an individual is experiencing ill-health or is incapacitated by poor health they cannot discover their potential. Rather it implies that health and well-being are inextricably linked. It is our sense of well-being that is often the determining factor in whether we face the challenge of change and growth. A poor sense of well-being very often holds individuals back from discovering their potential. It can be hard to imagine what else you can do and how you can develop when you feel low, depressed, not in control of your life and lack spark and motivation. Health and well-being are linked, with poor health often being a factor that erodes an individual's sense of well-being.

Implicit in *Discovering Potential* is also the notion of self-esteem. Self-esteem is about our sense of competence – who we are, what skills and qualities we possess and how we achieve those skills and qualities, and our sense of worthiness, what we value and believe in and whether we live by those beliefs. Self-esteem can be the impetus that allows us to discover our potential but discovering our potential will also affect our self-esteem. *Discovering Potential* is about recognising the level of self-esteem in clients, in ourselves, and in other practitioners and organisations we work with. It is about realising the importance of raising and/or maintaining self-esteem in ourselves, and the people we work with. Lastly, *Discovering Potential* is about learning. It is about learning new ways of working and new ways of thinking. It is about learning through change and transition. This is the same for the client, ourselves and for other people and organisations we work with.

This pack is intended for practitioners who wish to:

- work on their own to reflect on their practice;
- work alongside other practitioners to discuss areas of their work;
- provide training for other practitioners or volunteers on approaches to working with clients; and
- managers of practitioners who want to provide training, support and development for the practitioners they manage.

The first four chapters provide a theoretical understanding of health and well-being, self-esteem, learning and partnership working. This is the underpinning knowledge and values which inform the 'think, get, keep' model of discovering potential. The first three chapters are about well-being, self-

DISCOVERING POTENTIAL

esteem and learning, focussing on issues that face individuals, whether that is the client or the practitioner. Each chapter provides a variety of activities. Chapter four takes a different perspective and looks at issues to do with working collaboratively.

- There are questions for your own reflection or which can be used for discussions in groups.
- There are SWOT analyses which can be used for your own personal reflection or can be discussed among close colleagues or working groups.

Throughout these chapters and through the activities suggested, we have encouraged you to think about your development and potential. We want to get away from the ‘them and us’ approach to working with clients, that clients need to learn and improve while we as practitioners are somehow more complete and less needing of development.

The second part of the pack looks at the model for ‘discovering potential’. It is based on the simple principle that we go through a process of thinking about what we want and need, getting what we want and keeping what we want and need.

This section provides a variety of activities. There are case studies which can be worked on individually, in role-play situations or in discussion groups. They encourage you to think about how the model of discovering potential can be applied to likely situations with clients, practitioners or partnerships. Opportunities to reflect or discuss in groups how applying the model for discovering potential applies to health and well-being, self-esteem, and participation in learning.

This section also looks at the skills, knowledge and values required to use the model of ‘discovering potential’. Through activities you will:

- reflect on your own or discuss in groups your own experiences and practice;
- identify the skills, knowledge and values you already possess; and
- identify areas of your skills and knowledge that you want to develop and how your value systems are integral to your work.

Part 1

Knowledge and understanding

Chapter 1

Well-being

In this section we are going to explore what we mean by well-being and why it is a useful concept to use. For this we will look at the concepts of health, disability, mental health and social capital.

We will start off by exploring health a little. We hope that you will begin to think of ‘well-being’ as a much more inclusive term to encompass the wide range of factors that affect how we feel, physically, mentally and socially. We also prefer to use the term ‘well-being’ as it gives us the opportunity to look at disability, social capital and mental health without them being labelled as health or even medical issues.

What do we mean by health?

Health is probably a word that we all use every day. It is likely that we use it as a blanket term about how we feel, whether we are ill, sick or in pain. Health, though, can encompass so much more.



What is health?

Think about these questions; jot down a few thoughts...

If you are working with a group you may wish to discuss what you have written down.

- What does the word health mean to you?
- What sort of things influence your health and the way you feel?

Since 1946 a widely accepted definition of health was published by the World Health Organisation (WHO). This stated that health is:

‘A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ (WHO 1946)

This is a very positive definition as it stresses the importance of ‘wellness’, of physical, mental and social well-being. However for many this state of health may be unattainable and it has been criticised for being too utopian and unachievable. It also fails to take into account, for example, that some individuals with disabilities or life threatening diseases feel well and would not consider themselves to be unhealthy. Conversely others with no apparent diseases or disabilities can perceive themselves to be very unwell.

A medical approach

In the Western world the concept of health has largely been dominated by the science of medicine and the so called 'medical model'. Thus the definition of good health has been based on whether disease, sickness or disability is present. The medical model has focussed on identifying, labelling, managing and treating (or not treating) disease or disability. Through scientific advances, much more is known about the causes of many diseases. Increasing understanding of the ways in which diseases and disabilities are caused has led to more understanding of disease prevention and health promotion. This in turn has led to wider interpretations of health which involve awareness of lifestyles and life choices, behaviour, confidence and self-esteem. For example we are all much more aware of the effects of smoking, pollution, exercise and diet on health. We shall be looking at some of these issues later.

Social model

The social model by contrast postures that it is society that disables individuals who are ill or impaired. By erecting physical barriers (poor access to buildings for example) and psychological and attitudinal barriers (for example, believing that disabled people cannot hold down a demanding job or study) people are prevented from developing to their full potential.

Disability

There is a wide interpretation of disability and of disabling conditions. Perhaps the first thought that comes to many people's minds is of physical and sensory impairments such as mobility difficulties and visual and hearing impairments. For many individuals, their disability is not immediately obvious to the casual observer; for example, a hearing or sight impairment. Individuals with deteriorating or intermittent conditions such as Multiple Sclerosis may not consider themselves disabled until the condition is quite advanced. Equally it is not possible to recognise someone who experiences epileptic seizures, heart or lung disease or chronic fatigue syndrome, but all of these conditions may be disabling for that person and cause them to experience difficulties with 'normal' or usual everyday activities. As discussed earlier a disability may not affect an individual's sense of well-being and therefore should not be considered as a symptom of poor health or well-being.

The Disability Discrimination Act of 1995 and the Disability Discrimination Act (Part 4 2002) has made it clear that a wide interpretation of disability should be applied to ensure that services, buildings and provisions are made as fully accessible as possible.

Social and economic issues

Research has shown strong links between our health, our socio-economic status and our living environment. Modern techniques of geographical mapping of economic and health conditions, including serious health conditions such as heart disease, cancers, and early death show clusters of poor health with poor income localities and better health with higher income areas. Surveys across the country indicate that some areas or political wards have combinations of these factors, identifying them as areas of deprivation. These are often characterised by high morbidity (sickness, disease) and mortality (death) rates. The Government has commissioned surveys that measure levels of deprivation in every ward in England. The domains of deprivation are:

- income;
- employment;
- health deprivation and disability;
- education, skills and training;
- housing; and
- geographical access to services.

The measures are very broad and are primarily published as statistical data. The Health Deprivation and Disability score is achieved through an analysis of: mortality ratios for men and women, people receiving Attendance Allowance or Disability Living Allowance, Incapacity Benefit or Severe Disablement Allowance, those with limiting long-term illness and births of low birth weight.

The Education, Skills and Training score is arrived at through an analysis of data on: numbers of working-age adults with no qualifications, children over 16 not in full-time education, 17-19 year olds who have not successfully applied for Higher Education, Key Stage 2 (SATS) results for primary schools, primary school children with English as an additional language and absenteeism at primary level. The data can give a good indication of any problems in a particular ward. The Indices of Deprivation can be viewed on www.urban.odpm.gov.uk/research/id2000.

A pattern of poor scores or high scores is often consistent across wards. For example, a ward with high educational achievement is likely to have equally good employment and health scores. Sometimes a close look at a local area can show more precise social and economic factors that have a direct bearing on well-being:

- poor health resources including access to health information and specialist clinics;
- living in more polluted environments;
- poor or restricted public transport routes;
- lack of access to affordable, fresh and healthy food; and
- lifestyle factors such as smoking, drinking and exercise.



Wider determinants of well-being and education

Individually or in groups, think about or discuss how factors from the above lists can impact on well-being and on learning.

Social capital

One of the positive aspects of the WHO definition that we looked at earlier is its attention to social well-being. It is something now referred to as social capital. We probably have a reasonable idea of what each of us has as financial capital be it the things we own which have monetary value, our

savings and any income that we can earn or are given. But what is our social capital? Social capital is about having good support networks, friends and a place in a family, friendship groups and community networks. Perri 6 (1997) defines it as:

'the quality of contacts people have and networks they plug into, and the norms of trust, reciprocity and goodwill, sense of shared life across the classes, and capacities to organise that these ties afford.'



Social capital

List your own social capital. Who are the people who give you support at home or work, in your parenting or caring time or in your leisure hours? These people may offer you practical help when you need it or are friendly and supportive when you have a problem to work through.

You might like to note down how you met these people: are they family, did you meet at school, in the street, at work or when you were learning something new?

Individually or in groups, list the ways in which someone can make new contacts, particularly if they are feeling isolated from the rest of their community.

A lack of social capital brings about disadvantages, and may lead to some form of social exclusion or distancing from the normal activities of daily life and participation in society. Imagine what it would be like without the people or networks that form part of your social capital. Perhaps you would survive but how would the quality of your life be affected? Social capital can be both gained and lost, deteriorating social capital can happen for a number of reasons, these might include: moving house, age (friends retire, move away or die), losing a job, release from prison, a dispute between neighbours.

One of the effects of poor social capital might be deterioration in mental health.

What are mental health difficulties?

The term 'mental health' like the word 'health' covers a wide range of illnesses, conditions and problems.



What are mental health difficulties?

Write down a few things that come to mind about mental health. What images does mental health conjure up for you?

If you are working with a group you may want to share your thoughts.

Mental health is a very serious and emotive subject. Many of us find it difficult to talk about our own mental health or that of our family and friends. In the past and even today, mental illness has been and is a taboo subject. However, mental health is about good mental health as well as mental health difficulties. Good mental health for some may be about having a stable emotional, spiritual and intellectual life. It is about being able to deal with and solve everyday problems and feel confident about what we do. It is also about being able to work and accomplish tasks but also about having fun and relaxing.

The experience of mental health difficulties can range from short lived and recoverable problems to those which seriously affect people's lives. Some mental health difficulties are brought about when problems become overwhelming, and result in sadness, anxiety or depression. For some people there can be more serious long term disorders.

Mental health, while being a huge topic, can probably be easily divided into more serious mental health difficulties and what are often termed common mental health difficulties. For the purpose of this pack we will just look at common mental health problems, because these are more likely to affect more of the population, including ourselves and our clients.

Common mental health difficulties are so called because many of us, in fact figures currently suggest between one in six to one in four people are at risk of experiencing them at some time in their life. These problems include; depression, anxiety, sleep disorders and other resulting physical symptoms such as skin rashes, frequent headaches, sickness or dizziness.



Common mental health difficulties

What situations and circumstances do you think could lead to someone experiencing common mental health problems?

Make a list, diagram or picture of these on your own or in your group.

Causes

Mental health can link to a defining event or trauma in a person's life, this may be: witnessing a violent act, an illness, bereavement, physical, sexual or emotional abuse as a child or adult, prolonged or unresolved grief from the loss of a home, relationship or job. They can all lead to mental health difficulties and a loss of social capital. There is evidence that drug and substance misuse can bring about depression and psychotic conditions.

A major cause of mental health difficulties are the day-to-day stresses that we are all likely to encounter. Stressors are stimulators, such as looking after children, going about our daily routines, and undertaking tasks at work. We can either perceive them as positive and challenging, or negative and overwhelming. You can probably think of people who thrive on having lots to do and being busy and equally others who prefer to take life at a slower and less demanding pace. Each of us has a different perception of what is too much or too little activity or demands in our lives. We are probably all trying to achieve some sort of balance.

A juggling act

Feeling that our lives are out of balance, too much negative stress, not enough positive activities can lead to boredom, sadness, worry or anxiety. We can usually sustain this imbalance for a while, perhaps as we try to sort out a change in our lives such as settling down from a house move, mourning after a bereavement, or looking for a more interesting job or stimulating course of learning. But if these situations go on for longer than we expected, or are very intense, then we may find that symptoms of mental health difficulties appear: depression, anxiety and other physical symptoms such as headaches.

How can we keep ourselves mentally healthy? The Health Education Authority produced a postcard in 1999 which listed on it ten positive steps for mental health. These were:

- accepting who you are;
- talking about it;
- keeping active;
- learning new skills;
- keeping in touch with friends;
- doing something creative;
- getting involved;
- asking for help;
- relaxing; and
- surviving.

Sometimes we need help in what might appear to be the easiest of steps to take. Learning new skills, keeping active, doing something creative, getting involved are just some of the steps that a practitioner could help a client to take.



Individually or as a group you may want to think about or discuss how you could use your skills to help someone take some of these steps.

Keeping the stresses of life in balance are important for all of us. Being unwell, disabled or experiencing a mental health problem can leave us feeling vulnerable and lacking in self-esteem and confidence (something we will look at later). The last thing practitioners want to do is make those feelings worse. Clients who are experiencing poor well-being need practitioners to be sensitive to their needs. They require practitioners who think ahead when signposting new opportunities.

Consider this situation:



Accessing opportunities

Think about the place where you work, or the places where you hope to enable clients to access learning. This might be a local community centre, college, training or volunteer centre.

Then put yourself in a client's shoes.

Imagine that you have a long-term health problem, disability or a mental health problem. You have not taken up any learning for many years and you have been out of paid employment for about six months. The practitioner has suggested that you join a class in the above venue.

You are very nervous at the prospect.

You have had a difficult journey finding this venue, perhaps a couple of bus rides, and you have never been there before.

You have difficulty in finding the main door.

Imagine finding your way into the building and locating a room which is at the top or the furthest corner of the building. Oh, and you need to find a toilet on the way.

What did you encounter?

- A welcoming reception area?
- An entry phone?
- Clear signs?
- Helpful people met on the way?
- A locked door?
- Steps or stairs?

Was it a good journey? Could there be improvements? How is your imaginary person doing? Have they given up and gone home? Many do, early in the process.

Discuss your imaginary journey with others. Make a list of difficulties and positive aspects of the journey.

A SWOT analysis

Having thought about your physical and mental health you may find it helpful to identify issues within your own well-being that can be improved or strengthened. For this we suggest you try applying a SWOT analysis to your thinking and understanding. Consider the following issues:

DISCOVERING POTENTIAL

Your:

Physical health: illness, physical mobility, sensory abilities and long-term health conditions.

Mental health: stress, feelings and emotions.

Social capital: friends and family, work and leisure.

Look at the strengths and weaknesses you have, the opportunities to improve these and the threats to your health. For example:

<p>Strengths</p> <p>Good physical health. 'I feel fit' Have very few days off sick. Have lots of contact with my friends. I enjoy my job.</p> <p>Opportunities</p> <p>Good fruit shop near to where I work. There is a special offer at the local gym.</p>	<p>Weakness</p> <p>Get tired easily. Sometimes things clients tell me get me down. I have a back injury which can sometimes flare up.</p> <p>Threats</p> <p>Carrying a heavy briefcase and lap top. No time for myself. My parents are becoming quite frail.</p>
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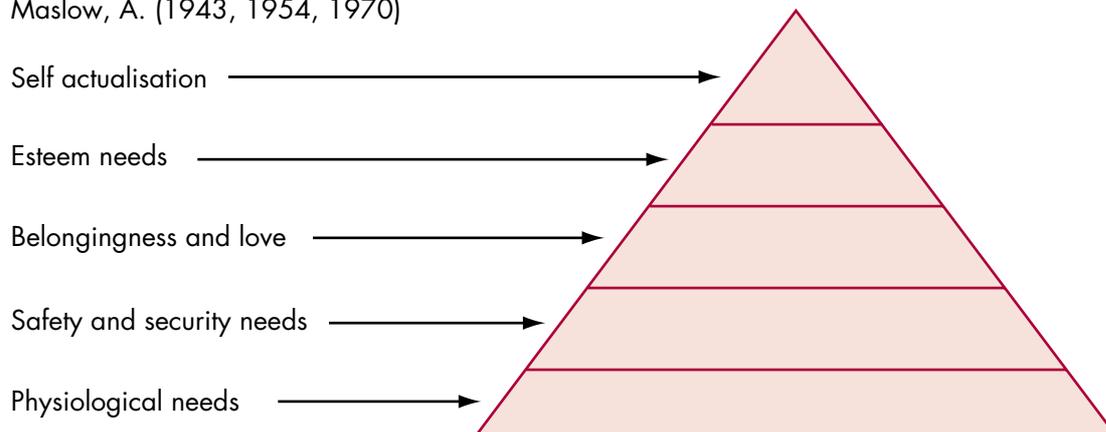
How can you increase your strengths, use your opportunities, play down your weaknesses and remove or deal with the threats?

Needs and well-being

There are a number of ways of looking at health and well-being. We have tried to touch on a few of these issues. A popular psychological model for exploring the needs of individuals which encompasses physical, mental, emotional and social health through to reaching high self-esteem (that we will look at later in this pack) is encapsulated in Maslow's 'hierarchy of need'.

Maslow envisaged a layered triangle to illustrate his theory. He suggested that as each layer of human need is met so an individual can move upwards to achieve the next layer. At the top of the triangle is 'self actualisation' which indicates high levels of self-esteem, confidence and personal achievement.

Maslow, A. (1943, 1954, 1970)



Working up from the bottom of the triangle:

- Physiological needs are the basic requirements of human life, without food, water, warmth and shelter we would not survive, with inadequate amounts of these our physical health will suffer. Individuals struggling to have enough of their physiological needs met, because for example, they are on a low income or homeless, are unlikely to be looking immediately for work or learning opportunities. They are likely to be experiencing high levels of stress, anxiety and depression.
- Safety and security needs – this involves feeling free from threat and violence. Examples of people who may be experiencing high levels of need on this level are those being bullied; harassed; or abused psychologically, physically or sexually. We may also include political security and freedom from oppression, which could include refugees and asylum seekers.
- Belongingness and love lead on from safety and security, and include the social capital aspects that we looked at earlier. The feelings of being part of a family and friendship group, work or community network are important aspects of maintaining mental health and developing self-esteem and confidence.
- Esteem needs – the individual feels very comfortable with themselves, their own self-evaluation is high and they respect and hold others in high regard. The individual is therefore able to take on new challenges, learning and work; if they encounter any setbacks they are able to cope with them because of their self-assuredness.
- Self actualisation- the pinnacle of Maslow’s triangle of needs. The individual is autonomous and self-directing, they are able to explore their own creativity and develop new ways of learning and working that complement their skills and personality.

Unfortunately it is not possible for a living human being to get to the top of Maslow’s triangle and stay there without any effort on their part for the rest of their lives. Ill health, accidents, bereavements, civil or global unrest, unemployment can all impact on us to some degree or other, so that we are constantly striving to make adjustments, accept or adapt to the changes in our lives. Unfortunately for many of those with physical illnesses, disabilities and mental health difficulties, making the change may be very difficult and that is where good support, information and advice can play an important part.

Summary

In this chapter you will have gained an insight into what is meant by the term ‘well-being’. You will have had an opportunity to think about issues of illness, disability and mental health. Throughout the chapter you have also considered the impact of external influences on well-being such as environment and other people.

All of these factors are inter-related and can impact on how we feel about ourselves.

References

Department of Health (1999) *National Service Framework for Mental Health: Modern Standards and Service Models*, Executive Summary, London, The Stationery Office

Disability Discrimination Act can be obtained from www.drc-gb.org

DISCOVERING POTENTIAL

FEFC Committee on Students with Learning Difficulties and/or Disabilities (1996). *Inclusive Learning report of the Learning Difficulties and/or Disabilities Committee (Tomlinson Report)*. London, HMSO

Kennedy, H. (1997). *Learning Works*. Coventry, FEFC

Maslow, A. (1970). *Motivation and Personality*, 2nd edition, London, Harper and Row

Perri 6, (1997). *Escaping Poverty*, London, Demos

World Health Organisation (WHO) (1946)

Chapter 2

Self-esteem

This section is about self-esteem – what it is, how we acquire levels of self-esteem and what promotes or damages it. Branden (1994) defined self-esteem as “the reputation we acquire of ourselves”. It is what we think and feel about ourselves. The level of self-esteem can depend on the individual’s aspirations, hopes and needs and how well these have been met in the past and now in the present. Levels of self-esteem are largely classless. Each person has self-esteem.

Although this pack is primarily about working with clients with low self-esteem, that doesn’t mean that we need only concern ourselves with the self-esteem level of others. It would be wrong to think that only other people have problems with self-esteem and only other people have to be aware of and work at their self-esteem levels. While we need to be aware of other people’s self esteem levels, we also need to be aware of our own self-esteem levels and how it might affect the way we act and impact on others.

We also need to think about how self-esteem links to health and learning. A few people will say that being healthy is about being happy, confident and free from stress. By and large we don’t go to see the doctor about our lack of self-worth. However, many health professionals will recognise this lack of self-esteem in people who come to them about other physical symptoms, such as sleeplessness (insomnia), or constant feelings of sickness or anxiety. Low self-esteem can be both a symptom of physical and mental health and a cause of it. For many people a symptom or cause of ill health may be: a lack of confidence, a loss of belief in themselves or loss of self-esteem. Equally, prolonged ill health can lead an individual to lose their confidence, as the illness prevents them from going to work, seeing friends or just getting out to manage day-to-day matters like shopping, taking children to school or popping to the pub.

Many practitioners in adult education say that lack of confidence is a barrier to participating in learning but that raised confidence is often an outcome of learning. Just as self-esteem levels can have a cause and effect impact on our health so it does with our participation and success in learning. Throughout this section we will explore how this may happen.

It is also useful to reflect on how people’s socio-economic situations might have an impact on their self-esteem levels. Perhaps it would be naïve to say that people experiencing poverty, ill health and social exclusion were not more likely to experience lower self-esteem than those with more financial health and social advantages. But as the old adage says, money can’t make you happy (but it certainly helps!)

Throughout this section we will explore:

- what is meant by the term ‘self-esteem’;
- what can impact on an individual’s level of self-esteem;
- how positive and low self-esteem affect the way we act and what we do;

- reflection on your own level of self-esteem; and
- reflection on how the level of self-esteem of individuals impacts on their health, well-being, participation in learning and the realisation of their potential.

What is self-esteem?

There have been many attempts to define self-esteem. James, as early as 1890, defined self-esteem as “success divided by pretensions”, meaning that self-esteem is how far we perceive ourselves to be successful divided by what we aspire to. Self-esteem, therefore, was determined by what you did and achieved. Later, Rosenberg (1965) defined self-esteem more as an attitude to oneself and self-esteem was deemed to be about personal dignity and a sense of self-worth. The next major thinker on self-esteem was Coopersmith (1967) who defined self-esteem as “the extent to which the individual believes himself to be capable, significant, successful and worthy”. Within this definition, Coopersmith brings together the earlier definitions of self-esteem as being about behaviour and actions and self-esteem as being about beliefs and attitude.

Branden (1969) defined self-esteem as:

- “1. Confidence in our ability to think, confidence in our ability to cope with the basic challenges of life; and
2. Confidence in our right to be successful and happy, the feeling of being worthy, deserving, entitled to assert our needs and wants, achieve our values, and enjoy the fruits of our efforts.”

These two components he describes as ‘self-efficacy’, which is the confidence to think, understand, learn, choose, and make decisions, confidence to understand the facts of your reality and to have self-trust and self-reliance. The second component he describes as ‘self-respect’ which is to have a positive attitude to your right to live and to be happy, comfortable in asserting your thoughts, wants and needs and the feeling that joy and fulfilment are a natural birthright.

Branden notes that self-esteem is more than a judgement or a feeling about ourselves (self-respect), it is also a motivator which inspires behaviour (self-efficacy). The level of our self-respect influences how we act, and how we act (self-efficacy) influences the level of our self-respect. What Branden is adding to the debate on self-esteem is that self-esteem is more than what we do and what we think, it is also about the relationship between the two components, and that this relationship is another component to our self-esteem levels.

As individuals, however, we do not always experience blanket low self-esteem or high self-esteem across all areas of our lives. We may feel confident and competent in one area of our lives, such as in our work but lack that level of self-esteem in another area of our lives, such as socially or in relationships. It is worth distinguishing at this point between ‘trait’ self-esteem, which reflects confidence or ability in a particular area such as work or sport, and ‘global’ self-esteem, which is a sense of our intrinsic worthiness regardless of particular abilities or qualities we may have. (Alexander 2001). People may have healthy ‘trait’ self-esteem in one aspect of our lives but otherwise have low ‘global’ self-esteem. Conversely, a person may have a healthy ‘global’ self-esteem but have low ‘trait’ self-esteem when it comes to something such as their ability to participate in learning.

Low self-esteem affects how we think about ourselves, which in turn affects how we act, and in turn how we act affects how we feel about ourselves. We will look at this later in the chapter, but firstly we need to look at self-esteem in more depth.

What gives us our levels of self-esteem?

Branden suggests that self-esteem is a consequence of our actions and behaviour. He highlights certain practices as having an effect on a person's self-esteem.

These practices he calls the 'Six Pillars of Self-Esteem'. They are:

- The practice of living consciously;
- The practice of self-acceptance;
- The practice of self-responsibility;
- The practice of self-assertiveness;
- The practice of living purposefully;
- The practice of personal integrity.

But what do these mean?

Practice	Definition
Living consciously	To be aware of everything that bears on our actions, reasons, values and goals, to act to the best of our abilities, and to live responsibly, toward reality, without denial or avoidance.
Self-acceptance	This is more than to acknowledge who and what we are but to accept it fully. It doesn't necessarily mean to like, enjoy or approve of, but it is a necessary precondition to change and growth.
Self-responsibility	Taking responsibility for your actions and the attainment of your goals. Having a sense of control over your existence.
Self-assertiveness	Honouring your wants, needs and values and being able to express them appropriately. Having a belief that you have the power to make a difference. Confronting rather than avoiding the challenges of life.
Living purposefully	To have a sense of purpose and direction in life, rather than leaving it to chance. To use initiative to set your own life course, and for the attainment of our goals. To be able to translate thoughts and ideas into reality.
Personal integrity	When our behaviour matches our professed values. When our ideals and practices meet. If we behave in ways that conflict with our judgement, we lose face in our own eyes.

(Branden, 1994)



Case studies

Look at the following examples. Which of Branden's self-esteem building practices do you think each case study needs to address?

1. Karen is up to the maximum credit level on all her credit cards as well as owing money to her parents. She no longer opens official looking envelopes fearing what they will reveal. Feeling down about it she has booked a foreign holiday and paid for it on a new credit card. She often wakes in the night feeling panicky and out of control.
2. Deepak has just 'celebrated' his tenth year as an accounts clerk with the same company he joined "just to earn some money" when he left college. He always wanted to be an actor but somehow other things have always got in the way. He is still waiting "to be discovered". He feels let down and despondent.
3. Julie left school with difficulties in reading and writing. She has always wanted to do something about it, especially now that her eldest child is reaching school age, but her partner says she is wasting her time and that she will never learn at her age. Julie throws away the leaflet, which gives details of local classes. She feels helpless and worried about being a good enough parent.
4. Delores has been attending a Women's Project where she has been doing various courses. Tutors have commented on her abilities and have described her as 'very able'. They are encouraging her to work towards a degree course. Delores does not feel comfortable with all the praise and is fearful about what may be expected of her. She is considering dropping out of the course she is on.
5. Tim is a family man who worked for 39 years with the same firm. He prided himself on his reliability and independence and saw himself as 'breadwinner' for the family. Following an accident, Tim lost his job and is now on Incapacity Benefit. He desperately wants to work again but fears that aged 54 he won't get another job. He feels frustrated and angry. He loses his temper more frequently and is 'snappy' with his wife.
6. William developed mental health difficulties when he was studying for a degree in electronics. The university asked him to leave. When he began to feel better he applied for jobs but was unsuccessful and frequently treated with disdain when it came to light that he had had mental health difficulties. The longer this went on, the more William realised that his electronics knowledge was becoming out of date. William gave up applying for jobs and resigned himself to a life on benefits. He has lost contact with family and friends because he feels he has nothing to say to them anymore. He feels bored, lonely and depressed. At the age of 28 he feels his life is going nowhere.

You may find it difficult to fit each case study into one category. Don't worry, the activity is designed to get you thinking and discussing. It indicates how complicated self-esteem can be, and how inter-related the different aspects of self-esteem can be.

Where does low self-esteem come from?

As we said earlier in this section, everybody has self-esteem, but you may be wondering why some people have greater levels of self-esteem and others have lower levels of self-esteem.

Self-esteem is a developmental phenomenon. Our childhood experiences and upbringing form the basis upon which our self-esteem is built. The experiences of our adult life and how we deal with them sustain our self-esteem levels. Mruk (1999) defines self-esteem as

“..the lived status of one’s competence in dealing with the challenges of living in a while way over time.”

Self-esteem levels are therefore affected by how we feel we meet the demands and events of life. However, the demands of life are not constant and are not predictable, so self-esteem levels will fluctuate depending on what is happening in a person’s life. Demands and events in our lives such as redundancy, bereavement, illness, studying, gaining a qualification, parenthood, poverty, being a victim of crime, divorce or getting a new job will have an impact on our self-esteem depending on how we deal with those events. How we deal with events in life also depends on the resources available to us. Strong family and social networks, money, emotional support, access to a range of facilities, warmth, pain relief, transport are some of the everyday resources that we all take for granted when we deal with the challenges of life. Without those resources we may struggle to deal with the demands of life. This will impact on whether we feel we are competent and able and it may erode our level of self-esteem. Equally, some events in life may lead to a period of growth and development which can have a positive effect on self-esteem. So self-esteem levels go up and down and can change.



Your own self-esteem levels

Think about your own self-esteem and how it may have fluctuated over your life:

How do you feel about yourself at the moment?

How do you feel when your self-esteem is down?

What can knock your self-esteem?

How do you feel when your self-esteem is high?

What sort of things increase your self-esteem?

Low self-esteem

Low self-esteem can be the result of many factors. For example:

- Negative experiences in a person’s upbringing such as emotional, physical and sexual abuse.
- Negative previous experiences such as bullying at school or perceived failure at school.
- Difficult personal circumstances that are perceived to be beyond a person’s control and without hope such as poverty and unemployment.

DISCOVERING POTENTIAL

- Exploitative and abusive relationships.
- Long-term stress that is perceived to be beyond a person's control such as debt, poor and overcrowded housing.
- Experience of exclusion and stigmatisation, which may be experienced by ethnic or sexual minority groups and those with chronic health illnesses, mental health difficulties or disabilities.

Of course these factors affect people in different ways but there is a strong correlation between these factors, (especially where they are long-term), and low self-esteem.

The effects of low self-esteem

Poor self-esteem can lead to a sense of worthlessness. Individuals can feel that they cannot offer any positive contributions to other people, and are equally not deserving of any help or opportunities. Often they are unable to acknowledge their positive attributes, and thereby further lower their own self-esteem.

Here Mruk's definition of self-esteem might be useful in helping us to understand how self-esteem is formed, how it might be changed and how it is affected over time.

Firstly, Mruk states that the history of our successes and failures at handling the challenges of life brings us to an understanding of who we are as a person. Mruk calls this "global self-esteem". Secondly, Mruk writes that our self-esteem fluctuates over time as we respond to particular situations. Getting top marks in an exam may create positive fluctuations, losing a job may create negative fluctuations.

These fluctuations may be temporary, or may cause whole self-esteem belief systems to shift such as when someone follows a prolonged period of personal development. Equally, major changes to self-esteem can also move in a negative direction such as during times of personal hardship, or prolonged illness.

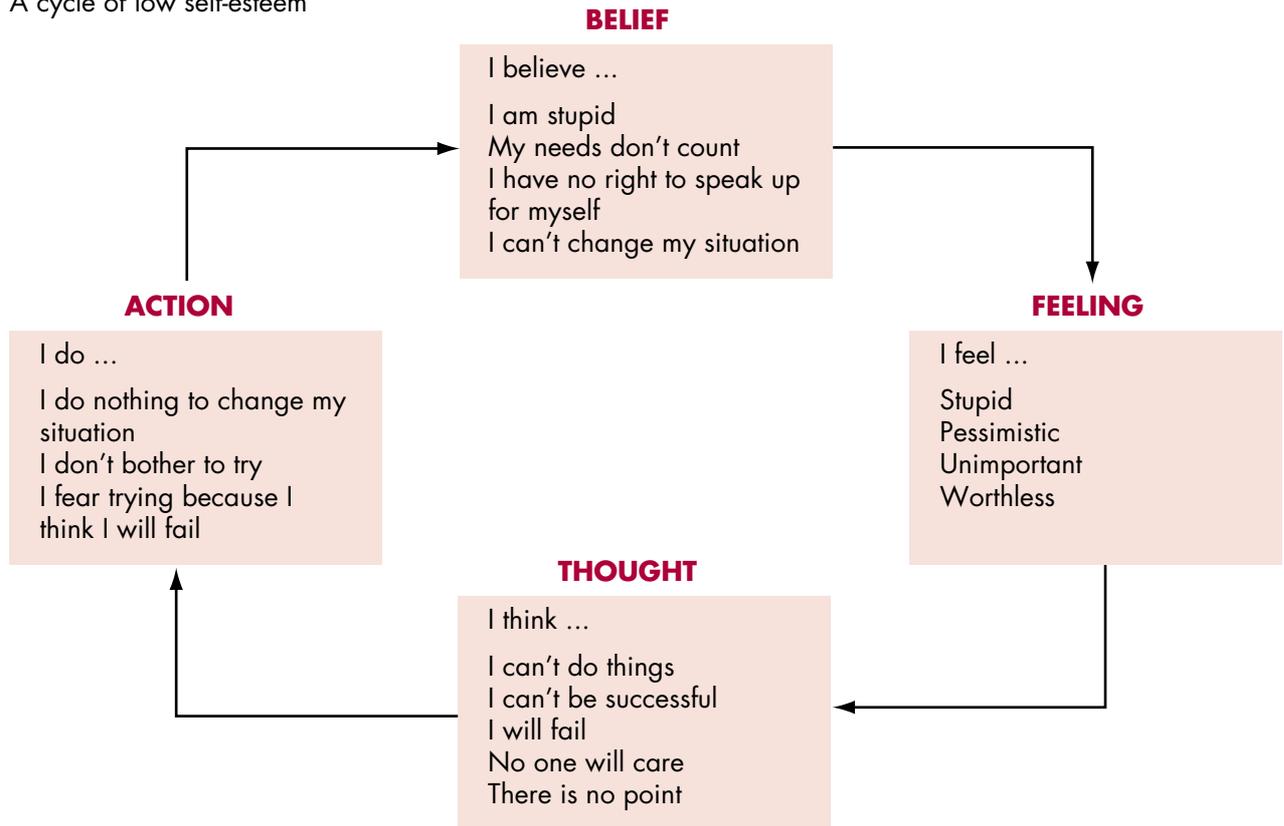


What affects self-esteem?

How far do you think positive and negative circumstances and events in people's lives affects their self-esteem levels?

Earlier in the chapter we looked at how we act affects the way we feel about ourselves and how the way we feel about ourselves affects our actions. The easiest way to see how this works is to look at a cycle of self-esteem. Firstly, we will look at how low self-esteem can be perpetuated by a cycle of negative beliefs, feelings, thoughts and actions.

A cycle of low self-esteem



(adapted from Lindenfield (1995))

?

Now think about how a cycle of positive self-esteem could inspire different behaviour. Fill in the different stages.

The diagram is a blank version of the cycle of low self-esteem, with the following stages:

- BELIEF:** I believe ...
- FEELING:** I feel ...
- THOUGHT:** I think ...
- ACTION:** I do ...

Arrows indicate a clockwise cycle: BELIEF leads to FEELING, FEELING leads to THOUGHT, THOUGHT leads to ACTION, and ACTION leads back to BELIEF.

So that we can see that positive self-esteem can create cycles of positive self-belief and positive action, which further enhances our self-esteem. Likewise negative self-esteem can create various cycles of negative self-belief and inactivity, which further lowers our self-esteem.

We need to consider how self-esteem levels might affect the way we are prepared to get what we need or want out of life, and even the way that we ask or accept help or support.



Case study

Use the case studies we looked at earlier on page 16. Can you see how the different beliefs, feelings, thoughts and action has stopped them from taking action to resolve their concerns or difficulties? And how it may have impacted on their self-esteem? As a practitioner how would you work with each person to break the cycle of low self-esteem and to make the most of their opportunities?



Case study

Use the case study William (number 6 on page 16) that we looked at earlier.

William has now been on benefits for nearly ten years. The reality of a low income for William means always buying cheap foods and special offers at the supermarket, always buying second-hand clothes rather than new, and never going on holiday or going out socially. William sometimes feels that even if he had the opportunity to get out more and do something he wouldn't 'fit in' because he doesn't have anything to talk about or anything in common with people his own age.

William has been referred to you.

What might William be thinking and feeling as the date of his first appointment nears...?

How might these thoughts and feelings affect William's attendance and action in the work you do with him?

Through reading this chapter and by doing the activities you will hopefully have gained a better understanding of what self-esteem is and how our self-esteem levels impact on our everyday lives.

Further on in the pack you will also begin to see how you can use the model of discovering potential to support clients to build and maintain their own levels of self-esteem.

However, before we finish looking at self-esteem we need to think about the important issue of our own self-esteem levels and how these might affect the way that we relate to other people and crucially how our self-esteem levels affect how we as practitioners work with clients. It could perhaps be argued that working with individuals in a way that helps them to build self-esteem, or at the very least does not damage their self-esteem requires the practitioner to have good self-esteem themselves.

Being a self-esteem builder

People who support others to feel good about themselves are:

- proud of their positive self-esteem – but know that they are not perfect and that we can all have ‘down’ times so we all need to nurture our own self-esteem;
- happy, proud of their achievements and optimistic about the future – but haven’t forgotten any difficulties in their past and use this to empathise with (and not judge) others;
- open-minded and interested in new ideas, and in meeting and understanding new people – but know they have a right to maintain the ethical boundaries of their work and protect their workload;
- believe in the ability of people and organisations to change – but are respectful of other people’s fears and anxieties and do not bully or pressurise people;
- take pleasure in getting to know and nurture the individual character and potential of each person in any group, organisation or community – but do not lose sight of the power or needs of everyone as a whole;
- are generous, with money, resources, time, expertise and knowledge – but know they have the right to keep ample reserves for their own self-sustenance and protection; and
- are generally calm, controlled, patient and trustful in their relationships – but make it clear they will never knowingly allow themselves (or those they want to protect) to be abused or ‘taken for a ride’.

(Adapted from Gail Lindenfield (1995))

Using this profile of a self-esteem builder, think about your own self-esteem levels. Complete a SWOT analysis of your own self-esteem levels, your strengths and times and occasions when your self-esteem is vulnerable.

You might want to refer to this SWOT analysis later on when you are looking at the model of discovering potential for your own development.

Summary

In this chapter we have looked at self-esteem. Self-esteem has been defined as being about what we think of ourselves (sense of worth) and about our confidence to acquire the skills and knowledge to meet everyday challenges (sense of self-efficacy). Crucially, self-esteem is about the connections between those two factors, so that how we feel about ourselves affects how we act and how we act affects how we feel about ourselves. In this chapter we also looked at how self-esteem levels fluctuate in response to our life situation. We have also reflected on how our own self-esteem levels impact on how we work with other people.

References

Alexander, T. (2001) *Defining Self-Esteem. What is self-esteem and why does it matter? Self-esteem as an aid to understanding and recovery.* Mental Healthcare 4 (10) 332–335

Branden, N. (1994). *The Six Pillars of Self-Esteem.* Bantam

Coopersmith, S. (1967). *The antecedents of self-esteem.* W H Freeman

Lindenfield, G. (1995). *Self-Esteem.* Thorsons

Mruk, C. (1999). *Self-esteem research, theory and practice.* Free Association Books

Rosenberg, M. (1965). *Society and the adolescent self-image.* Princeton University Press

Chapter 3

Learning

This chapter is about learning. It explores what we mean by the term ‘learning’ and what we gain from learning. In the chapter we look at who participates in learning and why some people, despite believing that learning can have a positive impact on an individual’s life, do not participate in learning. Throughout the chapter you will reflect upon your own learning and the impact this may have had on your own life and health. Lastly, we will look at how participation in learning links to health and self-esteem.

What do we mean by learning?

‘Learning’ is one of those words, like ‘health’, that we all use but don’t always stop to think what we mean by it. When we talk about learning we talk about it as something we do as an individual, but we also talk about participating in learning as if it is a group event.



What is ‘learning’ (1)?

Take a minute or two to think about what you mean by learning.

What learning have you done?

When was the last time that you did some learning?

How did you learn?

Where did you do your learning?

What did you gain from your learning?

It might be useful to make some notes so that you can reflect on what you have written as you read through this section.

In the National Adult Learning Survey (Sargant, 2000), learning is defined broadly. Survey participants were given a card with the following definition:

“Learning can mean practising, studying, or reading about something. It can also mean being taught, instructed or coached. This is so you can develop skills, knowledge, abilities or understanding of something. Learning can also be called education or training. You can do it regularly (each day or month) or you can do it for a short period of time. It can be full-time or part-time, done at home, at work, or in another place like college. Learning does not have to lead to a qualification. We are interested in any learning you have done, whether or not it was finished.”



What is learning (2)?

Go back to the first activity.

Did your thoughts on your own learning correspond to this description? Has it made you consider other types of learning that you have done but didn't immediately think of?

What you may have now realised is that learning can take place in a variety of ways, in a range of settings and with different outcomes. These are sometimes categorised into three types of learning, although sometimes there are overlaps:

- Formal learning – this is structured learning that usually takes place in educational settings such as schools, colleges and universities. It usually follows a set curriculum and may be a qualification as an outcome. There can be flexible ways of accessing formal learning such as through distance learning, online learning or modularised learning.
- Non-formal learning – often defined as structured learning and is intentional learning although does not typically lead to certification. It may arise from the activities and interests of individuals or groups.
- Informal learning – is often defined as learning that results from daily life activities. It may happen in conversation with friends, colleagues and family. It may have happened in paid and unpaid work opportunities and while pursuing hobbies and sporting activities for example. Learning may be intentional or it may be intended or incidental.



Different types of learning

Think again about the types of learning you have done.

Can you see how they might fit into the two categories of formal, non-formal and informal learning?

Do you feel differently about the different ways of learning?

Do you prefer one kind of learning over the other?

Do you attach the same value to the various ways of learning?

As we can see the term 'learning' is hard to define because it means many different things to many people. Many people think of learning as 'education' and what happens in classrooms. Of course, learning often does take place in the classroom. However, having such a narrow definition of learning can create problems. A person's experience of education and the classroom can affect whether they see learning as appropriate or desirable for themselves or for other people. If for instance, your experience of education was one of rejection, a sense of failure and humiliation, then

you may find it hard to think positively about learning. Equally, if your experience of learning in a classroom setting was academic, high pressured and high achieving, you might be less inclined to see the benefits of learning for someone with literacy needs or for someone with anxiety. We need to see learning as something much broader, as a psychological process that we all have the capacity to do and which can happen anywhere and in many different ways. Learning extends the boundaries of the classroom and seeps into all aspects of our lives. Perhaps thinking about learning in such a way can help us to be more positive about learning and more confident about participating in learning.

Who participates in learning?

If we have been successful in learning, if we have returned to learning as an adult or if we work within adult education or training it might be easy to think that adult learning is readily accessible and available to everyone.

However, not everyone believes that education is accessible, or for the ‘likes of them’.

Consider the following figures collected from the National Adult Learning Survey (Sargant, 2000).

- Social class is the key determinant in participation in learning. 58% of upper and middle class are current or recent learners compared to 36% of skilled working class and 24% of unskilled and people on limited incomes.
- The more initial education and training people receive, the greater the likelihood of participating in learning later in life. Only 20% of people leaving full-time education below the age of 16 are current/recent learners, compared to 39% of people leaving at 16 or 17, and 59% of those leaving at 18 or later.
- Employment status also affects people’s opportunities for learning at work. 49% of full-time workers are current/recent learners compared with 42% of part-time workers and unemployed people. This is also in comparison with 23% of those not working and 20% of retired people.
- Age is another determinant of participation in learning. Participation is greatest among young people and decreases with age so that 86% of 17-19 year olds are in learning, compared with 43% of 35-44 year olds, 19% of 65-74 year olds and 15% of the 75 plus population.



Think again about your own participation in learning

How easy has it been for you to access the different types of learning that you might have done? Have assumptions been made about what and where you should learn – by yourself or by other people?

What is it about learning that attracted you and have you always found it easy to access? Why do you think that is?

Think of the people that you know – friends, family, colleagues – are they current or recent learners? If no, why do you think that is? Have assumptions been made about their participation in learning – by themselves or by other people?

Why don't some people participate in learning?

Maybe you think that if some people don't want to participate in organised learning, why should they? In many respects you would be right. Some people aren't interested in taking up any organised learning at particular points in their lives and of course, it would be wrong to force them. Equally we cannot suggest to people that they haven't done enough learning or are not educated enough and so must take up learning. Adult education is not something that people should feel coerced into doing, but something to be done because they want to.

Many people do want to learn but feel that for a number of reasons they can't. There are too many barriers in their way, which prevent them from participating in learning.



List the barriers to learning that you think or know prevent some people from participating in learning.

How does your list compare to the list below:

- Practical and physical barriers such as cost, transport difficulties, insufficient or expensive childcare and access to buildings.
- What about lack of appropriate opportunities in your area?
- Institutional barriers such as stereotypical and poor marketing, complicated and off-putting application and enrolment procedures, poor quality advice and guidance, inappropriate curriculum and disrespectful and insensitive staff.
- Personal barriers such as ridicule or opposition from family, colleagues, peer pressure, lack of confidence and low self-esteem, bad experience of initial education.

In recent years the Government and learning providers have worked hard to bring down the barriers to learning so that they can widen participation in learning by more and different learners. This is part of the government's strategy to widen participation in learning. Many courses are free to people on benefits and money and resources have been put into providing more affordable childcare. Learning providers are trying to be more responsive to the needs of more and different learners by providing outreach advice and guidance and more appropriate curricula in outreach and community venues.

Despite this many people still do not access learning opportunities. Many not even get as far as making enquiries or seeking advice or guidance. The survey on adult participation shows that more than nine in ten adults say they believe learning makes a difference to your life – that it leads to better jobs, a more interesting social life, and that it helps your children. Yet somehow some people feel that learning is not for them. The NIACE survey on adult participation shows that over half (59%) of the respondents say that they are very or fairly unlikely to take up any learning in the future. This figure increased to 87% for people who have had no learning since completing full-time education.



Participation in learning

Think of people that you know – friends, family, colleagues – who do not participate in learning. Or perhaps you can remember a time when you did not want to participate in learning. What were the barriers that prevented you or somebody that you know from participating in learning?

For most people there is not one single barrier to learning but a host of barriers to overcome:

- You may feel overwhelmed by the jargon and the maze of different qualifications in the glossy prospectus;
- The prospectus shows pictures of fashionably dressed young people;
- You doubt your ability to learn, you feel too old or too ill;
- Justifying the cost of the course may be difficult when you aren't sure whether you can find the money to pay the rent;
- You may be sceptical about your chances of passing the course so it might seem like a waste of money;
- Dealing with off-hand and abrupt staff may not convince you they will understand if you have to take time off if your mental health deteriorates for a while;
- Your doctor is pessimistic about your ability to achieve anything; and you felt you failed last time.

The different types of barriers people experience inter-relate, but it might be fair to say that if a person has positive self-esteem they will be less deterred by the other barriers and more inclined to feel that they have the wherewithal to overcome them. Having low self-esteem can make a person feel that they do not have the capacity to overcome any barrier to learning or to feel that they will be welcome when they arrive. So low self-esteem can be a huge barrier to learning because people will not easily see themselves as being able to learn or as able to overcome the barriers that prevent them from participating in learning.

What do people gain from participating in learning?

At the beginning of this section you were asked to consider what you have gained from learning. How does your list compare to this list?

From learning you may have gained:

- knowledge and understanding of the world around you;
- confidence in your abilities;
- satisfaction and sense of achievement;
- qualifications;
- the job you wanted;

DISCOVERING POTENTIAL

- a higher-paid job;
- knowledge and skill in a particular subject area;
- friends and social contacts;
- pleasure and fun; and
- getting fit.

We often experience these benefits from participating in learning, and it is the realisation that we can gain these benefits from learning that can motivate us to take up learning in the first place. You may have had your sights set on a particular job and know that you can get a certain qualification to get that job. You may have met some of your best friends at school, college or university. Your knowledge and understanding of, for example, how to take a car engine apart, to speak another language or how to navigate the web, may give you a sense of satisfaction and a general confidence in your ability to learn.

Participation and success in learning has an impact on our health and well-being for instance, and it does this in a number of ways. Hammond (2002) reports that there are a number of mediators through which learning impacts on health and well-being.

- Socio-economic benefits. Success in learning tends to lead to higher-level qualifications which can lead to better-paid employment. This in turn leads to a more comfortable standard of living such as being able to afford a better diet, to live in better-quality housing and to be able to afford holidays. Higher-level and better-paid employment is also equated to jobs that have a higher level of autonomy which in turn increases an individual's sense of personal control and reduces stress.
- Access to services. Research shows that individuals with higher levels of qualifications tend to access services more. Success in learning gives you the skills and confidence to read, understand and critically assess information that is presented to you and to communicate with service providers.
- Problem-solving skills and resilience to stress. Participation and success in learning provides you with the skills and confidence in your ability to solve problems and to think your way out of difficulties. This feeling that you have some control over your situation and your life is beneficial for stress levels.
- Self-efficacy. Participation and success in learning gives you a sense of being able to do things and to be able to achieve success in learning can give you a positive sense of "can do".
- Sometimes the positive benefits from success and participation in learning may take years to accrue, and although there may be stresses along the way, on the whole education has many benefits. However, sometimes the positive benefits from learning can be immediate.



'Aha' moments

Read the following story.

A woman is attending a Saturday class of the course she is doing at her local college. The class is particularly interesting and has made her think about things in different ways and has given her new insights into her studies. On leaving the class the woman thanks the tutor for such an interesting and worthwhile session. The tutor replies,

"Thank you. I always try to build as many 'aha' moments into my teaching as I can. It sounds like I've succeeded."

Perplexed, the woman went away wondering what the tutor had meant by 'aha' moments. Some hours later the woman realised the tutor had not meant 'aha' as in funny or humorous, but 'aha' as in "now I know, now I understand". 'Aha' moments are moments when the light bulb goes on in your head and you make the connection. They are those moments when you suddenly understand why something happens, why something works, and how things work. They are moments when you suddenly grasp something and it makes sense.

The woman realised that understanding what a 'aha' moment was, was in itself an 'aha' moment.

She then began to reflect on all the other 'aha' moments that she had had in her life.

She remembered clearly the moment as a small child when she learnt that each letter had a sound and that she could sound out words she didn't recognise. She remembered learning about the effects of rivers and sea on the land and so she could understand why the countryside where she lived was shaped as it was. She remembered the moment as an adult when she realised that her head ached because she clenched her jaw because she was uncomfortable and afraid to say when she was unhappy or angry. She even remembered a moment when she simply learnt to cut and paste on the computer and how much easier that made life. The more she thought about it the more she remembered moments at school, at work, and also through talking to friends, her children and her partner where she had learnt something that somehow made life better, easier and at times richer and more positive.

- Can you think of the 'aha' moments that you have had in your life?
- Can you list the 'aha' moments that occurred for you in formal learning and those that have occurred in informal learning?

Think about one of those 'aha' moments.

- How did it affect you emotionally?
- How did it make you feel physically?

DISCOVERING POTENTIAL

Gaining qualifications are important because qualifications can be a passport to greater opportunities and they can make a statement to the world that you can do things. Despite this, they are not the only important outcome from learning. The learning that we do while we are working towards a qualification, or while we are studying out of pleasure and interest, or the learning we get from conversations or reading help us to make sense of our world. This can involve learning many different things such as how decisions are taken in our local council, why the Third World is poor, what 11.9% APR means, what is high blood pressure? Or it can be learning which is deeply personal such as why we feel frightened in some everyday situations or why we say “yes” when we mean “no”.

What we learn is important but so is the impact of that learning on ourselves, as people. Sometimes, something we learn about ourselves, or the world around us can have a profound effect on how we feel.

In the activity on ‘aha’ moments you were asked to think about a critical learning moment in your own life and to reflect how that made you feel emotionally and physically. Perhaps you felt:

- relief that you had finally understood something, or that a confusion or mystery had been solved;
- happy and good about yourself because you had understood something complicated and you had learned something new; and
- proud of yourself because you had achieved something you didn’t think you could.

Perhaps it physically made you smile, perhaps you even stood or sat straighter and pulled your shoulders back, perhaps you breathed a deep sigh of relief and satisfaction; you may even have experienced a ‘high’ or a feeling of euphoria and happiness. These emotional and physical impacts should not be underestimated because they are great motivators to keep on learning.



A simple insight

Read the following quotation.

“And when the event, the big change in your life, is simply an insight – isn’t that a strange thing? That absolutely nothing changes except that you see things differently and you’re less fearful and less anxious and generally stronger as a result: isn’t it amazing that a completely invisible thing in your head can feel realer than anything you’ve experienced before? You see things more clearly and you know you’re seeing things more clearly.”

Franzen, J. *The Corrections* (2001)

Can you identify with what the author is saying?

When learning has such a profound effect on us and even involves a strong emotional response, it can actually change the way we live our lives. It empowers people and enables individuals and groups to change their situations and to become freer and less dependent.

Learning of this kind can also have an enormously positive impact on our sense of health and well-being and on our sense of self-esteem, and it can begin to happen in formal learning situations or outside of those situations at any time. When you begin to read the chapter on the model for discovering potential you will begin to see how this can happen.

The discovering potential model is a learning process, and the dialogue that takes place over time can provide some very powerful learning moments for the client or for yourself. Enabling clients to talk about themselves can foster greater self-awareness, gently challenging their views about themselves or others, and can make them re-think long-held beliefs. Equally, the things clients tell you may also give you new insights and awareness.

SWOT analysis

When you think about your own learning it can be useful to do a SWOT analysis so that it gives your thinking some structure. Think about all the different aspects of learning when you do your analysis. Before you do the analysis you might like to read this example.

Jason works as an office cleaner. Officially he left school at 16 but unofficially he left school much earlier than that. When he wasn't skiving off his mum kept him at home to help out around the house. Outside of work Jason is very interested in wildlife and conservation and has learnt a lot from books he borrows from the library. When he is at work he looks at all the desks and computers and wonders whether he could ever get a job like that but having left school so young he finds it difficult to think about what he is capable of. Jason has never used a computer and although he is worried that he might not be able to grasp how to use one, the thought of being able to explore the Internet really intrigues him.

Jason's SWOT analysis looks like this:

Strengths

I enjoy finding out about things. I like to read. I like meeting new people. I think it is time to do something – need to do more with my life.

Weaknesses

Don't know what I can do – never did much learning at school. Never used a computer – looks very complicated. Worried about writing as spelling not good.

Opportunities

Employer pays for employees to do courses. Work late evenings so have daytime to study.

Threats

Will employer pay for me – can't afford to pay for courses not done through work. Don't have car so travel can be a problem.

Now do your own SWOT analysis. You might want to do this by thinking about the kind of learning that you want or need to do for your job, or for learning that you want to do outside of your job. When you come to the chapter on discovering potential you will be able to use the SWOT analysis for the section on discovering your own potential.

Summary

By reading through this chapter you will have gained an insight into what is meant by the term 'learning'. Learning is a broad and generic term to describe the purpose of education and what goes on in classrooms and lecture halls of schools, colleges, universities and adult learning centres. This is called formal learning. You will also have read about informal learning which is the learning that takes place outside of classrooms and can happen anywhere. We are all learning all the time but some people do not, or cannot, participate in formal learning. Some people associate learning with what happens in education and therefore assume that they will be rejected and demoralised by their experience. Supporting people to think differently about learning and their ability to learn may help them to overcome their barriers to learning.

We have also looked at the outcomes of learning and at the way that learning can impact on our health, either in the long-term or immediately by creating moments of positive well-being. These immediate positive outcomes from learning, or 'aha' moments as they have been called, can happen in formal learning but also happen through conversations, by reflecting on experiences or when engaged in new or different activities.

When we look at self-esteem in the next chapter we will see how participation in learning can impact on our self-esteem levels. Using the model for discovering potential as a learning process also affects our self-esteem levels.

References

Franzen, J. (2001). *The Corrections*. QPD

Hammond, C. (2002). *Learning to be Healthy*. The Wider Benefits of Learning Paper No. 3. Institute of Education, University of London

Sargant, N. (2000). *The Learning Divide Revisited*. NIACE

Chapter 4

Working together

In this chapter, we look at working together.

We need to think about the way we work in collaboration with others for several reasons:

- the work we do with individual clients does not exist in isolation. It is deeply influenced by the nature of the partnerships and networks that we work with. The strength of our collaborative working impacts on what we can offer individuals;
- organisations that we work in partnership with are made up of individuals who also have well-being, self-esteem and learning needs; and
- working with others is about capacity building, and about being able to respond effectively to need. It is integral to development work and supports sustainability.

This chapter is different from the first three chapters, which focus on the issues to do with the individual. This chapter is about working with organisations or groups in a collaborative way. We will briefly explore the different types of working arrangements and then go on to examine how teams function and the individual's role in working together.

In 'working together' we ask a lot of questions, many of which may in themselves create more questions.

The way that you take these problems forward will be largely up to you. The way you deal with them may be down to your personality, your training and your organisation type. Unanswered questions do not indicate a poor working arrangement, but will encourage you to think critically and reflectively about your work and how you manage.

These questions will not be answered or addressed by us, because we can't!

What do we mean by 'working together'?



How much do you work in partnership?

Perhaps you think that you don't work for an organisation in partnership with others. It is unlikely that you work totally in isolation, even if you are not part of a formal partnership.

- Think about a normal working week or month, perhaps have a look through your diary, make a note of all those occasions when you have met or liaised with colleagues either in your own organisation or from other agencies or professions.
- Were there more than you thought?

Grade how important these liaisons are in terms of getting work done well and efficiently, give it a 1 for high importance through to 5 for low priority.

Much of the social and health care initiatives are built on a platform of collaboration or working together arrangements. The terminology used to describe these arrangements can be confusing and are often used interchangeably. Over the last 20 or 30 years, terms such as multi-professional, multi-agency, inter-professional, inter-agency, partnership and consortium have been bandied around.

Most writers on the subject would suggest that there is a clear distinction between the uses of the prefixes of 'multi' and 'inter'. Payne (2000) suggests that 'multi' implies that agencies and professionals who work together do so, maintaining their own distinct identities, unique skills and knowledge, in order to deliver a service under a pre-set structure. However, 'inter' agency or professional working implies more fluidity between those involved, a blurring of the boundaries, with adaptations made to accommodate skills and knowledge. This type of approach should lead to a structure developed by the team, not for it.

As there are so many interpretations of working together arrangements, we will refer to 'team working', 'working together' and 'collaborative working' rather than become entrenched in semantics. However working arrangements are constructed, it is important for those who are part of it to understand the structure and the effect this may have on their role.

The essence of working together

When trying to define collaborative working, many writers fall back on dictionary definitions. Generally these centre on the concepts of sharing. Naomi Dale (1996) explores how much sharing can occur:

'Resources, responsibilities, expertise, abilities, joint activities and power may all be shared. Risks and rewards may be apportioned. Through sharing, a goal may be reached; risks and decisions may be taken together.' (Dale N 1996:1)

Collaborations are formed between endless combinations of differently qualified professional and non-professional workers, and organisations for widely differing purposes.

The collaborations can be:

- a funding agreement where a number of organisations contribute to paying for the work of another;
- agreement for workers from differing agencies or professions to work together, sharing work appropriately according to skills; and
- agencies and professionals working together, sharing skills, knowledge, resources and creating new structures of responsibility.



Different ways of working collaboratively

If you are working collaboratively, try to identify what sort of arrangements you have from the above list.

It may be useful to map out the team or group of people who are working together. Perhaps you could show the management structure and the responsibilities you hold in relation to one or two others in the team.

You might find it useful to hold on to your map and refer to it later.

Ideally collaborations are seamless where each part of the coalition know what they are doing and they also know what the other partners are doing. Their work should not significantly overlap or create unnecessary duplication and will leave no gaps in service. Referrals and distribution of work between different agencies can be made with the confidence borne from understanding of what each other can provide.

How does the collaboration work together?

Group dynamics

There are of course numerous variables that may affect the success or otherwise of a collaborative working arrangement. We shall identify some of these later.

The ways in which groups of people get together in order to complete a task or produce a product have been studied. One of the more well-known models of group dynamics is Adair's stages of 'forming, storming, norming and performing'. It is suggested that working groups go through observable stages of development. For some groups these stages may be very marked, others may barely take notice of the stages. The process of group dynamics is constantly moving and changing. The observations can be made equally of new groups as well as established groups who are: welcoming new members, experiencing organisational change, beginning a new project or piece of work.

Understanding the processes and stages can help group or team members to deal with the feelings and problems these cause, effectively.

Forming

Coming together, meeting perhaps for the first time as a work group, anxieties, worried about individual role and expectation. During this stage, the group is often busy identifying the tasks they are to achieve and working out the parameters of the team's duties.

Storming

Conflict may arise amongst the group, challenges to authority and leadership, often splits between factions and ideas. This is a difficult time, many groups become stuck at this stage and the work does not progress.

Norming

If the above stage is recognised and handled well, conflicts are worked out and the group recognises what it has in common. Support for each other emerges and the tasks are co-operated on as the feeling of threat subsides, communication improves.

Performing

The group falls into a pattern and structure of working which meets the needs of the members and the task. The work is more efficiently undertaken as individuals are energised to work on the common task. At this stage the group is working effectively. However the group or team need to be aware that any changes in task, status of a team member or introduction of a new member can change the dynamics and throw the group back into an earlier stage.

A successful conclusion of this process unfortunately doesn't just happen. In order to get to the point where the group are working efficiently and performing, active management must take place.

Managing the group formation may prevent a violent storming stage. The forming stage enables groups to address:

- their goals;
- how these goals are to be achieved – the methods;
- creating a work plan and timetable;
- their different tasks in order to get the job completed; and
- keeping motivated and generating energy.

Throughout this the group need not only to be aware of the task, but also how the group and the work impact on the individual. Setting time aside to examine how the work is going, and how each person believes it is going can help prevent a breakdown of the project and loss of energy of those working on it.



Bringing a group together – an ice-breaker

This is a useful ice-breaking exercise. People are often harbouring worries that when explored are common to a number of the group. Bringing them into the open is an opportunity to address them.

1. Give each group member two small sheets of different coloured paper (red and blue).
2. On one sheet of paper (say blue) each person writes, anonymously, three things they hope to achieve or are looking forward to.
3. On the other (red) they write, anonymously, three concerns, or worries (for example, I am not sure if I can keep up with the work).
4. All the paper is mixed up on the table.
5. Each person picks out one sheet of each colour; it does not matter if they end up with their own, as no-one will know.
6. In turn, each group member reads out what is being looked forward to (blue sheet).
7. This may provoke some discussion.
8. Then the same process is used to read the worries that individuals have.
9. No-one should feel that they must disclose their authorship, and it is preferable if they don't. If the contributions are illegible, then they will have to be passed over, rather than breach confidentiality.
10. Discussion can follow about the range and similarity of responses.

An opportunity can be taken to deal with the concerns appropriately, for example; rescheduling tasks or reallocating work if possible.

These things may appear time consuming but in the long run can help prevent later delays due to misunderstandings.



Identifying the stages of group formation

Look at a group you are in, can you identify any of the stages? Has the group got stuck at the storming stage, what could be done to unlock this? One solution is to take a step back, and undertake a group introduction exercise, like the one above to try to un-knot the problem. If you are getting on well with the task your group is probably at the performing stage; can you identify what it was that got you through to this stage?

Remember that the stages can come round again!

What makes a collaboration tick?



What supports collaboration?

Individually or in groups identify and jot down those factors that you think are important to ensure good collaborative working.

Put these factors into categories if you can, for example: communication or trust.

Share the ideas across the wider group if you are working in one.

You may have come up with some of the following categories:

a) Involving the client

In order to promote and support self-esteem, it is important to recognise and support the client's sense of agency, their capability and their responsibility. This means treating clients themselves as the 'lead agency'. This does not mean abdicating professional responsibility, but recognising people's moral and legal rights over their own lives, as learners, patients, recipients or users of services. Clients bring a great deal of experience and even expertise to issues, including knowledge of their own involvement in the issue, past encounters with public services, and what has or has not worked previously. Most clients also have extensive knowledge of their own area and community, which the professional may not be aware of. Recognising and acknowledging the client's intrinsic worth and their central role in learning, caring or looking after themselves is a fundamental part of providing a professional and self-esteeming service.

There are at least two ways in which clients may be collaboratively involved in the service that you are offering.

First and most obviously, they are the recipients of a service and they should be fully involved in their needs assessment and decision-making process; using the model they will be fully included in the thinking, getting and keeping. There is likely to be better and more sustained success if the individual is and feels fully involved and committed to the process.

Second, social models of working generally encourage services to actively involve clients in the planning, delivery and evaluation of services. The expert view of the client/service user is vital. They have the real 'lived-in' experience of dealing with the barriers to information, advice, learning and work opportunities. They can offer services insights that would be difficult to obtain through any other method.

b) Communication

Communication is a central issue, and it is beyond the scope of this publication to explore the wide range of communication techniques and methods. However, there is little that is more aggravating than to feel uninformed or left out of the picture by colleagues.

Information, instructions and guidelines need to be easily accessible to individuals and agencies involved in collaborative working. The means by which information is transmitted must be

universally accessible. It is not helpful to send minutes of meetings by e-mail if the whole team or group cannot access an e-mail account.

There is however a wider issue here about equality and equity in communication. Within the guidelines of the Disability Discrimination Act (Part 4 2002) it is imperative to make adjustments that will meet the needs of people with disabilities. This includes, for example:

- ensuring that communication is accessible to blind or visually impaired recipients; and
- the provision of loop systems and/or British Sign Language (BSL) interpreters for deaf or hard of hearing people where verbal or sound-based communication is taking place.

Information and instructions can be presented to individuals from a number of sources. Individuals may in turn be responsible for sending information on to others. Dangers exist when there are different ways of sending and receiving communications. One danger is that the messages are duplicated; this can be irritating, and a bigger danger is of course that some people get left out. This is probably most common in collaborative arrangements when agencies cascade information down through their usual structures but forget to include seconded workers or collaborative agencies.



Communication in collaborative working

Look at the map you drew of your working group. Put on to it arrows to indicate how information, instructions, important documents are passed around. You may want to use different colour arrows to show different types of information or different communication routes such as word of mouth, e-mail, letter/memo, and staff meetings.

Do you know if the communication systems work?

Does the communication run smoothly?

Is anyone left out?

Do you have any suggestions for improving or revising it?

c) Contact time

Very closely associated with the whole communication issue, is that of team contact. Not all working collaborations are geographically close to each other. Some projects or working arrangements may be national rather than local. So the quantity and quality of contact may be variable, but nevertheless needs to be planned for and appropriate to the functioning of the group.

The type of contact that collaboration has is important. There are those that are very informal. Discussions and meetings are had over a cup of coffee and little written account of the meetings is kept. Others are quite the opposite with agendas and minutes of meetings kept. Some of the more formal collaborations may be driven to this degree of formality by their legal or ethical obligations.

Loose working arrangements can become very vague; other appointments may creep into the diary. Without structured meetings individuals may fail to recognise progress or identify issues that need addressing.

d) Defined roles

Although blurring role boundaries is important in collaborative working arrangements, it is nonetheless important that the boundaries of role, responsibility and accountability are well defined. Once each individual or agency is clear about their specific work and these boundaries it is then possible for work to be distributed and shared in order to maintain accountability.

Misunderstandings, reinterpretations of the work, or an individual doing things outside of their agreed role can damage existing arrangements, and unsettle a group, putting them into the 'storming stage' that we discussed earlier.

Leadership is a key role. As we have seen in the group dynamic exercise, it is a role that may easily be contested at an early stage. The role of leader may be ascribed by the nature of the work or the nature of the funding. Other leaders may emerge, perhaps because of their knowledge or ability to motivate and influence others. See the point on 'power' further on in this chapter.

e) Sharing

As Dale (1996) states: sharing is a key element of collaborative working. There are several aspects of:

- **Work:** Opportunities for developing good working practices, for analysing how things are going, can arise from collaborative working. Instead of working in isolation colleagues can jointly develop creative ideas. Success can be celebrated collectively and disappointments can be dealt with in a supportive manner.
- **Information:** All information about people is protected by the Data Protection Act. Any sharing of personal details must be only undertaken once proper procedures and protocols have been followed. This includes ensuring that the client concerned is aware of who holds this information and has given consent.

Provided that information is not legally constrained or indeed illegal (disclosure of abuse or criminal activity), the opportunities to share information as a team can provide great benefits to clients. Sharing information can prevent duplication of data collection as well as enriched knowledge, leading ultimately to improved service to the client.

- **Resources:** Sharing resources clearly have positive financial implications for the agencies involved. Equipment, offices, meeting places and people can all be used effectively. The positive aspects of sharing resources can also be improved quality of resources.
- **Networks:** all members of the team have the opportunities to meet new circles of professional and agency contacts, thus increasing their powers of communication and influence.

Sharing is clearly the linchpin of collaborative working. If one or more partners withhold information, labour or resources from others, the whole process is compromised. For some individuals or organisations, giving away information may feel like giving away power. Withdrawal of resources and refusal to share may occur when one of the parties wants more kudos for themselves, or loses trust in the other partners.

f) Trust

Collaborative working is often about commitment and shared ownership. Sometimes a collaborator will stop participating in either the work or the financial support. Occasionally an agency or an

individual collaborator will claim the credit for the whole team's work. Situations such as these lead to mistrust, disappointment and feelings of betrayal by other collaborators. A collaboration can break down as trust is destroyed.

Professional jealousies and suspicions about other agencies are common. Boundaries and ownerships of work need to be established and clear from the beginning. Working collaboratively undoubtedly entails taking risks, and requires honesty and openness among the partners. Ground rules and clear guidelines about the way work is to be organised should be established at an early stage.

It may well be worth asking the 'what if' question when collaborations are set up.

- 'What if one of us leaves/becomes unwell/our agency has other pressing commitments?' 'Can the work still go on, is the idea still possible, is there a 'stand by' or 'stand in' solution?'
- 'Can another person or another organisation take their place?'

Of course it is always preferable to see if the situation can be rescued, and to review what has gone wrong. Problems or challenges can in the long run promote positive change.

g) Sustainable work

Having partnerships and projects that are long term and sustainable rather than short term is important for a number of reasons:

- individuals, communities and other organisations feel more confident and secure about working together;
- staff feel more secure, more committed and energised to work well; and
- a stable and sustainable arrangement can allow its own knowledge and expertise base to develop.

Collaborative work is more likely to be sustainable if the right parties are working together.



Working collaboratively for sustainability

Look at your own working situation and the maps that you have created through this section. Answer these questions as fully as you can.

Who are your targeted clients?

Which organisations usually have the most contact with this client group (don't forget community groups)?

Where are you hoping to signpost or direct these clients to (colleges, specialised projects)?

Are all these key groups represented in the consultation, planning, management and evaluation of your work?

If they are missing, why do you think they are not there?

What difference might their presence make?

DISCOVERING POTENTIAL

A coalition of appropriately qualified staff and established organisations are more likely to continue working than those involving temporary staff or one-off isolated projects. Certainly in the present funding climate, strong collaborations that can demonstrate their knowledge and skills are favoured more positively.

h) Power

Collaborations are influenced by the power within them, or between working colleagues. Power can convey influence on people, processes and actions. Where the power is and how it is used can make the different relationships between partners balanced and equal or biased and unfair.

Power can manifest itself in a number of ways; it is not always given as part of an individual's job role, seniority, status or authority, although this can certainly be part of it. Charles Handy (Dale 1996) identifies five types of power, some of which may not be formally identified when drawing up a collaborative arrangement.

- Physical power – there are two types of physical power. One, a legal power, for example if you are working in collaboration with a prison or probation service, their officers have power to remove a client from your services. Second, the physical strength or aggression of an individual to force agendas or change.
- Resource power – ability to allocate and control money and other vital resources.
- Position power – the status, position and role of one of the individuals or partners. For example, officers of local authorities often have limited decision-making power, without referring to elected members. In a partnership situation this may cause frustrations and also lead to other partners with decision making power to override less powerful members.
- Expert power – the knowledge and expertise of one of the partners. Some parties have information from their professional training which is not easily available to others.
- Personal power – this may be the charisma or personality of one of the individuals in the collaboration.

These powers may make others feel that they must follow instructions and be persuaded to take certain courses of action.

i) Strengths of individuals

Being able to offer your own best skills and working with the best skills of others is probably the most important and rewarding aspect of collaborative working for the individual worker.

Collaborative working is the opportunity to capitalise on the professional and personal strengths of the individuals and organisations involved.

Your strengths may include the knowledge and skills encapsulated in your individual professional training, personal interests or life experiences. For example, in a mental health context, health professionals have good diagnostic skills; teachers and tutors have the ability to promote learning and educational advice workers have the skills to assess the individual and help them find appropriate opportunities. Alternatively different members of the team may be better able to work with particular groups of people, for example women, different cultures or languages, people from specific ethnic groups or cultures, older people or young men. Together this collaboration can lead to make informed support for more vulnerable clients.

One way of identifying your own strengths and weaknesses (and of those of others in a team) is to undertake a 'swot' (strengths, weaknesses, opportunities and threats) analysis. In the strengths box write those skills, talents and personality traits which you think are positive attributes that you could offer a team. In the weakness box, add those skills that you feel are lacking and might hold up your contribution. This could include not being able to use the Internet, or poor time management skills. In the opportunities box list those things that working in your job or with a new group of people could give you, and finally the threats, such as the money running out in a short period of time or that you have conflicting work deadlines.



SWOT Analysis

Copy and complete the chart below. Then either individually or in a group look at the chart(s) and:

- think about how you can develop your strengths and opportunities to use them positively;
- look at your weakness: how can you start tackling these, it might mean getting some help, support and supervision for yourself, or even identifying some appropriate learning;
- celebrate the opportunities and look at how they can be capitalised on;
- look at the threats, what do these mean to the working performance?

Strengths	Weaknesses
Opportunities	Threats

Bringing it all together

There are, of course, numerous other factors that affect the quality of our 'working together' arrangements. It is likely that you have thought of a few as you have gone along.

Now reflect on the type of partnership or collaborative arrangements you work in, how well do you think you address the factors we have just reviewed?

Summing up how you work collaboratively.

DISCOVERING POTENTIAL

	Very good	Good	Not Sure	Poor	Very Poor	Suggestions
Involving clients						
Communication						
Contact						
Defined roles						
Sharing						
Trust						
Sustainable work						
Power						
Strength of individuals						



Look back over your responses to these questions. Are there aspects of your collaboration that should be celebrated and are there aspects that should be seen as challenges and addressed within your organisation?

If you are working with a group of people share your findings with them.

Understanding what can go wrong with collaborative working is as important as recognising positive aspects, successful developments and sustainable ideas. Laying clear ground rules ensuring that boundaries are clearly defined are as essential as enjoying the increased satisfaction of working with individuals who have different knowledge bases and different skills and yet are working towards a common aim, with you and not against you.



Case studies

Some clients may be involved with several different types of professionals from different services.

Throughout this book we have tried to illustrate how different facets of people’s lives and their experiences can impact on how they respond to your services. As a practitioner it can sometimes be very difficult to remain distant from the client’s life issues.

Choose one or two of the following case studies. Imagine they have been referred to you for your support to enable them to access an educational opportunity.

What other professionals, services or individuals might be involved with this client?

What information might you need to know and where would you get that information?

Where would you consider your job to end and the support of other services to take over?

Anna

Anna was a happy, outgoing girl at school. However she was more concerned with her social life, meeting friends and staying out late, than studying or attending school. She left without qualifications and drifted through a series of boyfriends, many of whom were physically abusive towards her. One of them initiated her into street drugs. Anna has had three children, all of whom are in care as social services have considered that the children are at risk from her chaotic mothering due to her drug dependence.

Anna, now 25 years old, is struggling to wean herself from drug use; she wants her children back.

She has been experiencing severe bouts of depression and anxiety as well as losing her self-confidence.

Elizabeth

Elizabeth is 42 years old. She has worked full time since leaving school, apart from two maternity leave breaks, ten and 12 years ago. She has always enjoyed working. However, ten years ago the work became increasingly more difficult as her employer reduced the work force to make cost-cutting savings. Wanting to keep her job, she struggled to understand what was required of her, and instead of talking to her manager, she began to take work home with her and worked late in the evenings to catch up.

The situation at work has improved now, and Elizabeth is able to manage the work. However, she finds it hard to concentrate, and finds she has problems with her short-term memory and is still experiencing difficulty with sleeping.

Tony

Tony was employed in industry for 35 years. Falling sales and frequent re-organisation has meant that he is not doing a job for which he is highly skilled. There is a threat of redundancy as the workforce is reduced. Over the last year he has seen his working day change from focussing entirely on highly skilled jobs to helping other teams out, sweeping floors and sitting waiting for deliveries. His relationship with other workers is poor particularly those who are less skilled but equal to him in working status. At home he has changed from actively making home improvements to sitting for hours in front of the television. He frequently misses work, calling in sick. He feels he has no future to look forward to and that he has no energy or enthusiasm for work or family life.

Mo

Mo is 28 years old. He has had many years experience working in the building industry fitting gas appliances. He has had an active work and social life, the two often being combined as his work was often on contracts away from his home county. Generally he spent most nights going out to pubs and clubs with the other workers (mostly men) from the building sites.

He was recently involved in a serious accident at work where he sustained a multiple fracture of his arm. As a result he has had to have several operations and has been away from work for a year. His arm is not functioning fully yet and he is under pressure to return to work or hand in his notice from his employers. He is not receiving any sick pay from them.

He is feeling isolated staying at home each day, and he knows few people in his locality.

Sally

Sally is 18 years old and has a year-old baby daughter, Faye. Sally has no educational qualifications. She missed much of her later schooling as she was required to stay at home to look after her mother who was ill and unable to take care of herself.

Sally has little self-confidence, she finds managing money difficult and has no food in the house. Each day she takes the baby to her mother's house to have a meal. Her partner left about eight months ago and has to yet send any financial support for Faye.

The house is very untidy and the kitchen and bathroom are almost impossible to access.

The baby has frequent gastroenteritis infections.

Jim

Jim is 22 years old and lives partly at home with his parents and younger brother and partly with his girlfriend. Jim had a job that he enjoyed for five years before being offered another job opportunity. He left his employer, however, the new job did not materialise and he found himself unemployed. His father has just been diagnosed with cancer and his girlfriend has told him that she is pregnant. He does not believe the child to be his. Jim has spent less time out of his parents' house, and it is believed that he may be self harming.

Summary

In this chapter we have looked at collaboration and partnership working. To do this, we have looked at the language and words used to describe all the different types of partnerships and collaborative working. We have also looked at what partnership working involves and the different strategies for making collaboration work, including understanding group dynamics.

You will have been able to reflect on the types of partnerships and collaborative working arrangements that you are involved with in your job and consider how you might positively influence these.

As we progress through this pack and begin to look at the model for ‘discovering potential’ you may want to consider how working in partnership impacts on the work you do with clients, your own development and the development of the project or service that you work for.

References

Dale, N. (1996). *Working with families of children with special needs: Partnership and practice*. Routledge

DDA 2001

Great Britain Parliament (2001). *Special Educational Needs & Disability Act 2001*, The Stationery Office

Payne, M (2000). *Teamwork in multiprofessional care*. Macmillan

Part 2

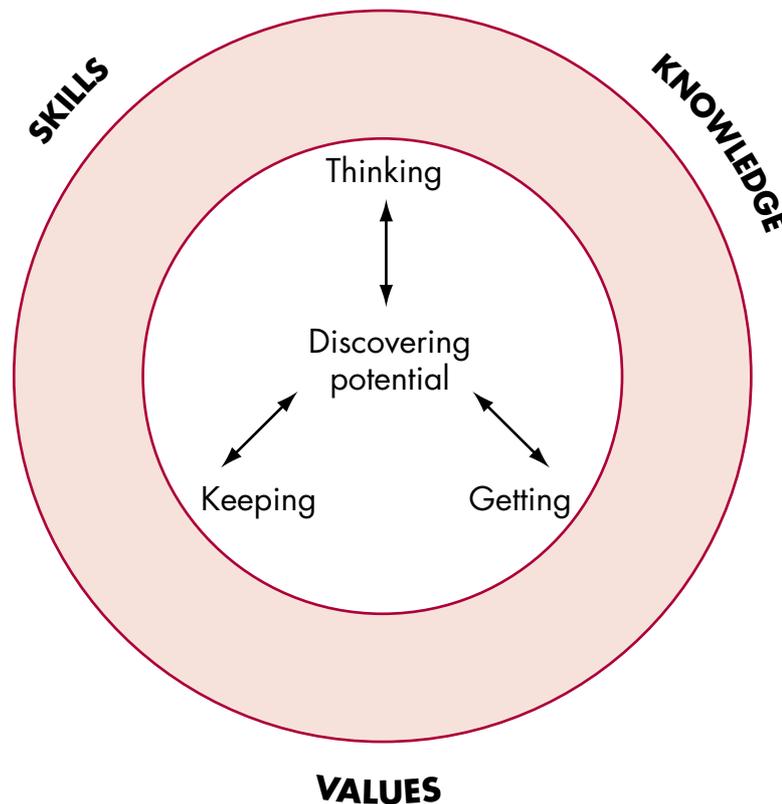
The Model for *Discovering Potential*

Chapter 5

Using the model to work with clients

This chapter explains the model for discovering potential. It will describe how the model works and what happens at each stage. Although the model can be used to think about your own development and project or service development, this chapter will mostly concentrate on how you, as a practitioner, can use the model to work with clients.

The model of working that has been developed for this pack is based on three stages: 'thinking', 'getting' and 'keeping'.



This model is designed to be as simple as possible but aims to put a structure to the process that you may go through to effect a change in your life, or to support people to make changes in their lives and to make the most of an opportunity, and to do so in a way that protects, or even increases self-esteem.

Some practitioners reading this pack may be qualified guidance workers, or may have done some other training in counselling, youth work, advocacy or mentoring. They may already be using models for how they interact with clients. This model does not replace that, but is intended to

DISCOVERING POTENTIAL

provide a structure to the many interactions that you have with clients overtime. In each single interaction with a client you may use a guidance or mentoring model but as clients progress and access opportunities the nature of that interaction will change in focus and content. The ‘discovering potential’ model aims to give you a structure that will enable you to see where you are in the process of supporting clients to access opportunities and make the change they want in their lives.

It is not a linear process; it is circular and can be two-directional. The key to success in using the model is to use it flexibly. Not everybody will progress through at the same speed. Some people may progress from ‘thinking’ to ‘getting’ and realise that it doesn’t feel right so they go back to ‘thinking’ again. The model for discovering potential is not a one-size-fits-all model. It needs to be flexible, adapted to the needs of the person and not time-limited. Clients, for instance, may access new opportunities as they progress through the process, but until they feel confident and independent enough to ‘go it alone’ they will need the support of the practitioner to be independent, but for the moment it is worth considering that time-limiting this process is counter-productive. Withdrawing support before they are ready puts them at risk when problems and difficulties arise. Likewise, if we apply the model to our own development, if we fail to attend to all the stages then we may find ourselves failing to achieve what we had set our sights on.

	client	practitioner	service
thinking	Setting the initial goal by supporting the client to think about who they are, where they are now, what they want and how they can do it.	The practitioner sets a personal goal by thinking about how they carry out their present role, what they want to achieve, what they need to achieve that and how they can get support.	Services are reviewed or project set up and directed by thinking about current services. What could be improved and what else needs to happen.
getting	What the client needs to do and be supported in doing to achieve their goal by sorting out practical details.	The practitioner puts their own development plan into action.	The new service or project is developed and grown by putting into place all the plans made in the thinking stage.
keeping	The client has achieved their initial goal and is supported to keep going.	The practitioner maintains motivation and continuously reflects on own practice.	The new service or project is sustained and embedded

The 'thinking' stage

thinking	client
	Setting the initial goal by supporting the client to think about who they are, where they are now, what they want and how they can get it.

Firstly, we will look at how you work with clients in the 'thinking' stage of the model. This is a very important stage for a number of reasons.

Many adults do not have the opportunity to talk about themselves in any depth. They may not have a close, confiding relationship with another adult, they may not have opportunities for supportive appraisals at work and they may not have the financial resources to pay for counselling.

Consequently many adults do not get the opportunity to learn about themselves as you can when you have an honest and in-depth conversation with another person. Remember how we

looked at informal learning and 'aha' moments in the chapter on learning. Talking about ourselves in an honest and confiding manner also helps us to be more self-aware and self-accepting which is an essential component of self-esteem and a prerequisite to change and growth – see the chapter on self-esteem and Branden's definition of self-esteem. Also, having a confiding relationship and being able to talk about interests, hopes and fears is a necessary factor in maintaining health and well-being.

When clients come to you they are there because in their opinion, or the opinion of others, they need help to resolve a situation, to handle a situation more effectively or to make more of opportunities that are available. They, or somebody else, does not consider them to be coping well with their problems. Unfortunately, not many adults have been taught problem-solving skills and do not know how to go about solving a complex problem. Furthermore, the multiple difficulties or barriers an individual may face can make the problem seem too complicated and over-whelming to be solved. Whatever problem-solving skills we might have also tend to desert us in times of difficulty or when our confidence or self-esteem is at its lowest. As Egan writes:

"Clients are often poor problem solvers, or whatever problem-solving ability they have tends to disappear in times of crisis."

Egan "The Skilled Helper" 2002

Sadly, we may have good problem-solving skills but our problem situation is not something we or anybody in our immediate circle have previous experience of. Or our previous experience may have been a negative experience. For example, if you left school at 16 having had a bad experience of education and are now in your 50s you may want to retrain or return to learning. What do you base your judgements and decisions on?

As a practitioner, you can support a client to think their way through their current difficulty and to make the most of their opportunities but also facilitate learning about problem-solving and opportunity management so that they can use these skills again in the future. It is important to see this model as a learning process, which encourages and supports independence. Seeing the model as a learning process also builds self-esteem because it fosters a sense of self-responsibility and of living purposefully as clients learn the skills of self-direction (see chapter on self-esteem). It also impacts on health and well-being as clients feel a greater sense of personal control and reduced anxiety as they see problems being sorted out.

DISCOVERING POTENTIAL

So the 'thinking' stage is about giving the client the time and the space to think about themselves. In this stage you support the clients to think about:

- Who?** ● Who am I? What is my story, my past? What do I want? What do I enjoy? What don't I like? What am I good at, or want to improve? What do I find difficult?
- What?** ● What is my current situation? What are the positives in my current situation? What are the difficulties in my current situation? What are my support networks? What are my responsibilities? What holds me back?
- Where?** ● What are my dreams and aspirations? What are my fears and anxieties?
- How?** ● What opportunities do I know are there for me? What barriers exist for me?

This stage is about exploring options and seeing how they match with what the client wishes for and wants to achieve. The personal barriers to accessing opportunities that we looked at in the chapter on learning are explored in this stage. This stage is about exploring the elements of self-esteem such as self-acceptance, personal integrity and living consciously, and it may mean challenging our own personally imposed restrictions and limitations on what we can and can't do.

This stage of the cycle may take longer for some clients than others. Some clients may find it useful to look at information leaflets or use computer-aided guidance packages as an aid to discussion and by which they can gauge their reactions to available opportunities. Some clients may even like to visit different provision venues, so that they can see what it is like and talk to people who work there or use the facilities.

Some clients may find it helpful and supportive to meet in 'neutral' or more 'secure' surroundings for this stage. Many practitioners work in healthcare centres, community centres, day centres and in clients' homes if this helps clients to feel more comfortable. It can also help to write down a brief account of what has been said during the thinking stage. Clients then have a record to take away and reflect upon before you meet up again, and to jog your and their memory about what has been agreed. What you write will need to be agreed with the client and you will need to make sure that you keep such records confidential.

By the end of the 'thinking' stage the client should have a clear idea of what they want to achieve, to have set a goal, to know how they can achieve it, why they want to do what they are doing, what support they can expect and what the outcomes will be.

The 'getting' stage



The 'getting' stage is about supporting the client to get what they have set out to achieve. This stage is about taking action. Some clients, once they have decided what it is that they want to do, are confident enough to go through the 'getting' stage themselves while others, knowing what they want to do, can feel daunted by actually doing it. Their anxieties may actually stop them from taking action.

In this stage you might support the client to:

- complete application forms and go through enrolment procedures;
- attend interviews;
- sort out childcare, finance or transport concerns;
- negotiate any learning or placement support needs or secure any necessary equipment;
- meet the client on the first day to provide moral support and help alleviate nervousness; and
- identify support networks and know where and who to go to when/if difficulties arise.

This stage is about overcoming some of the practical and institutional barriers that exist for many individuals, which we also looked at in the chapter on learning. Providing practical support to overcoming these barriers can have an impact on self-esteem as possibilities became more apparent.

This stage is also an important learning stage. If you go through the ‘getting’ stage alongside the client and in negotiation with the client, rather than taking over, it can provide clients with an opportunity to learn about what they can expect, what is available and what will be required of them. This stage is about supporting people through the ‘maze’ of applications, interviews, childcare, travel and money, and in doing so, showing them how to find their own way through the ‘maze’ in the future.

By the end of the ‘getting’ stage the client will have achieved whatever goal they set themselves in the ‘thinking’ stage. At the end of the ‘getting’ stage the client will have accessed a new learning opportunity, voluntary work placement, employment or whatever opportunity they had set their sights on.

The ‘keeping’ stage

Once an individual has accessed a new opportunity the tendency is for support to be withdrawn because the original goal has been achieved or because support is assumed to be provided by somebody else, for example, the tutor on a course they have started. The model for discovering potential continues support beyond the ‘getting’ stage in order to enable the client to ‘keep’ whatever it is they have achieved in accessing.

There are several reasons for continuing your support at this stage.

Firstly, because you have worked with the client through the ‘thinking’ and ‘getting’ stages, you will have established a rapport with them. This rapport cannot be immediately transferred onto another person to provide any necessary support.

client
<p>The client has been able to achieve their initial goal and is supported to keep going.</p>

You may continue supporting the client until they have built up a rapport with somebody within the organisation they may have accessed, or until they felt confident and comfortable to act independently.

Secondly, the client may not be aware of the support that can be provided within the organisation they have accessed, or feel assertive enough to ask for it. Your role may be to act

DISCOVERING POTENTIAL

as an advocate for the client. Providing support at the right time can enable them to sort out small issues before they become overwhelming.

Thirdly, the stages of ‘thinking’ and ‘getting’ can be very exciting and raise all kinds of hopes and expectations. Actually doing something and settling into a new routine and working to meet new challenges can be hard work and less exciting than anticipated. Rewards and successes can be slower to be realised than anticipated. You may find you are providing emotional support to prop up flagging morale and motivation. You may be providing encouragement and reminders of how much the client has achieved.

Lastly, when clients access a new opportunity and start to make changes in their lives, it can alter the perceptions they have of themselves, or the perceptions other people have of them. Fear of success can be as disabling as fear of failure. Success may raise concerns about being seen as ‘well’ or as not needing support in other areas of their lives. It may raise concern about being seen as ‘fit to work’ or as a threat to being on benefits which may have taken a long time to sort out.

Support, therefore, in the ‘keeping’ stage can be divided into emotional support and practical support.

Emotional support can involve:

- paying attention to their well-being during this time of change and transition. Enabling clients to recognise that change and transition can be stressful and tiring as they cope with new routines and challenges is helpful;
- helping the client to find ways of dealing with and adapting to the changes in their own and other people’s perceptions of them;
- supporting the client to acknowledge their own success and achievement; and
- supporting the client to cope with any disappointments or set-backs and to maintain motivation.

Practical support can involve:

- talking through any problems or concerns as and when they arise and to support the client to act upon them and sort them out;
- helping the client to identify other sources of support for them, such as a tutor, college counselling service, workplace supervisor or benefits advisor; and
- planning for progression and moving on.

The level of support provided in the ‘keeping’ stage always needs to be negotiated. Once an opportunity has been accessed a client may feel comfortable and independent within that opportunity very quickly. For other clients your support, however much it may be wanted, may make them feel different and separate from other people, or they may be worried about how your presence looks to other people. You will need to talk through with the client how and in what way you provide support during the ‘keeping’ stage. You may provide a contact number and the reassurance that you are happy to be contacted whenever, or if, the client has any concerns. You may set up regular contact times away from and separate from the opportunity the client is accessing, or alternatively, you may find yourself actively involved in negotiating support for the client within their new placement. You may find that levels of support vary with lots of support from yourself at the beginning or during times of crisis or particular difficulties and trailing off as the client settles in and things are going well.

Providing on-going support in the 'keeping' stage is also important if and when the client needs to move on. Some people may access an opportunity only to find that it isn't what they expected after all. This can be experienced as failure by some people, so support to see the positives from the experience and to move on can be helpful. Some clients may have accessed a short-term opportunity such as a taster course, short-term work experience placement. Without on-going support clients can feel that they have 'dropped off the end'. At this stage, you can work with clients to go through the 'thinking' stage again. Having completed the cycle, the client will have learnt more about themselves, about what they enjoy, how they learn what motivations which they can add to their 'story' in the 'thinking' stage.

Being flexible in using the model

The model is designed to enable you to think about the process that you go through with clients and to give the work that you do the same kind of structure. However, working with people is never straightforward and the work you do doesn't always fit neatly into categories. For example, you may have gone through the 'thinking' stage with a client and identified an opportunity that they want to access, while in the 'getting' stage they may begin to question their feelings about what they want to do and you may find that you need to spend time with them 'thinking' about whether they want to progress or not. Similarly, a client may have accessed an opportunity and be experiencing some difficulties. You may need to work with the client to 'think' about what support they might need to help them resolve the difficulty, then work with the client to help them 'get' the necessary support so that they can 'keep' going with the opportunity that they had accessed. Of course, as the model is cyclical, as the client completes a course so you may start again in the 'thinking' stage to think about what next.



Using the model in the work you do with clients

Now you have read how the model can be used with clients, think about some of the clients you have worked with.

What activities did you undertake with them at each stage?

Did you move through each stage smoothly or did you move to and fro through different stages?

What did you and the client learn in each stage?

If you are doing this activity in a group make sure that you have anonymised the client.

Does the work you do with clients ever end?

As this is a cyclical model you may be wondering when, or if, there is a natural end to the work you will be doing with clients. There is, but it may happen in different ways.

Some clients may need lots of support to think about and get the opportunity they want to access. Once they have accessed that learning all may progress smoothly and positively. They may build new support networks and look to them for support if they need it.

Some clients may go through the cycle several times, accessing new opportunities each time.

Implicit in the work you do with clients is the fact that it must be a learning process for them. The model is not about doing things for clients but doing things with them. The 'thinking' stage is about them knowing more about what they want to achieve and why; the 'getting stage' is about them knowing what opportunities are available, what support is available and how they can access it; the 'keeping' stage is about knowing how to sustain activity and development. Working alongside clients and helping them to reflect on what they have learnt and achieved at each stage will help them to develop the skills to become more and more independent in the way they access new opportunities.



Using the model as a learning process

Using case studies of clients you have worked with (but being careful to anonymise them if you are doing these exercises in a group with others) think about the different activities you do at each stage.

- What opportunities exist in the activities you undertake with clients for them to learn?
- What kinds of things might they learn?

For example, in the 'thinking' stage you may visit a learning provider. This can be an opportunity for the client to learn:

- where the provision is;
 - how to get there;
 - what learning opportunities exist there;
 - how they felt about the learning environment;
 - who the other learners were (young people, adults etc);
 - what the tutors were like.
- What impact might the learning process implicit in the model have on well-being and self-esteem?

Reference

Egan, G. (2002). *The Skilled Helper*. Brookes/Cole, USA

Chapter 6

Using the model for your own development

Earlier in this chapter we said that it was important to see the ‘discovering potential’ model as a learning process for clients. It must be stressed here that using the model for your own development and when working with clients will be a learning experience for you as well.

As you go through the process with clients and engage in a dialogue with them you will:

- Learn from them about their experiences. What motivates them and what holds them back? In short, engaging in an honest and in-depth dialogue helps you to learn about people whose experiences may be different from your own and that can give you a different perspective.
- You may however identify with what they talk about and this can help give meaning to your own experiences.
- As you work with or alongside clients as they find out information, and access new opportunities so you will learn more about the opportunities available locally. You will build up a network of contacts and a wealth of knowledge that can help you in the work you do with other clients.
- As you go through the cycle of “discovering potential”, maybe several times with the same clients, you will be able to get a sense of what works with some clients and what doesn’t. A more traditional model of providing one-off information, advice and guidance interventions rarely provides you with the opportunity to see whether the advice and guidance you provided was useful for the client. Providing on-going support gives many opportunities for feedback and reflection on the value of your support. As a result you will be able to refine your skills as a practitioner.

Using the ‘discovering potential’ model for your own development is also a learning process:

- In the ‘thinking stage’ you will be reflecting on your own story, your own experiences, skills, likes, dislikes, motivation and anxieties. You will be reflecting on what skills you bring to your current role, what you need to improve or build on and how you want to develop. You will be learning about yourself and developing greater self-awareness.
- In the ‘getting’ stage you will put into action any plans you made in the ‘thinking’ stage. You may be finding out about learning opportunities for yourself.
- In the ‘keeping’ stage you will reflect on your on-going practice. You will be ensuring that you look after your health, well-being and self-esteem while you work and thinking about how you maintain a fresh approach to your work.

The 'thinking' stage

thinking	practitioner
	My present role, my experience, qualifications & skills.
	What I enjoy.
	What I excel at.
	What I find difficult.
	Hopes & aspirations, barriers, anxieties, fears and opportunities.

For the purposes of this pack we are looking at how you can use the model for your own professional development in your role as a practitioner. You can, however, also use the model for thinking about your development in other areas of your life such as other non-work related learning you might want to do, or career development.

You may be an established practitioner who has been doing your job for several years, you may be an established practitioner who is engaged in setting up a new and different way of providing a service, or you may be newly appointed to your post and feeling inexperienced. Either way, spending time 'thinking' about your current situation is very important if you want to discover your full potential within your current role.

You might start this process by thinking and reflecting to yourself. You might have the opportunity to talk and 'think' aloud to a trusted colleague, friend, a partner, or even through an appraisal

with your manager. Just as when you work with clients, this process cannot be time-limited. You may also find that 'thinking' may happen in a structured way such as during an appraisal or a planned meeting with colleagues or it may be private reflection time snatched between meetings or appointments.

During the thinking stage you need to ask yourself similar questions to those that you ask your clients.

- Who?**
 - Who am I? What is my present role? What skills and experience do I bring to this role? What do I like and enjoy about my present role? What are my strengths? What do I least enjoy or find difficult?
- What?**
 - What is my current situation? What are the positives in my current role? What are the difficulties? What are my support networks? What are my responsibilities? What holds me back? What are my fears and anxieties?
- Where?**
 - Where do I want this role/job to go?
- How?**
 - What opportunities do I know are there for me? What are the barriers that exist for me?

It may help to write down some of these thoughts, perhaps by doing a 'swot' analysis, as this can provide a map or structure to all the thoughts and feelings you may have evoked by going through this process. You might want to use the analysis you did in the earlier chapters. Talking through your thoughts with somebody else can also help as it can provide useful feedback and insight into how other people perceive you to be coping and achieving.

By the end of the 'thinking' stage you will hopefully have a clearer sense of how you fulfil your role as a practitioner and how you want to develop within that role. You may, for instance, decide you want to improve your skills in working on a one-to-one basis with clients and decide that you need to do a guidance or counselling qualification, or you may have decided that you need to improve your knowledge of the local employment market and that you need to spend time researching and networking with employment and training services and local employers. The next stage is about how you achieve the goal you have set yourself.

At the end of this stage you need to be clear not just about what you want to achieve but why and what it will achieve for you in your current role. You need to be realistic about what you can achieve within your role and within the time and resources you have available.

The 'getting' stage



The 'getting' stage is about you achieving your goal and getting any necessary support you need to achieve it. It is about taking action in order to make real your good intentions.

In this stage you may find yourself:

- completing applications or enrolling on training courses;
- applying for and sorting out staff development monies;
- negotiating for time-off from work to attend a course or training;
- sorting out childcare or caring arrangements if you plan to study outside of work hours;
- arranging visits in order to increase your local knowledge;
- identifying a suitable person to act as a mentor or supervisor to enable you to discuss your work;
- negotiating and obtaining your own learning support to meet your own needs.

By the end of the 'getting' stage you should have embarked on a learning opportunity that will enable you to develop your own potential within your role as a practitioner. Remember, learning can mean many things and doesn't always have to be about formal learning opportunities or gaining qualifications. It may mean doing some local research into opportunities, reading about certain topics, or reflecting and discussing your own work with a mentor or supervisor. In the learning chapter, you were asked to think about learning you had done and what had felt most comfortable for you. You might want to return to the notes you made at that point.

The 'keeping' stage

keeping	practitioner
	The practitioner maintains motivation and continuously reflects on own practice.

Just as when you work with clients and need to ensure that you provide the right level of on-going appropriate support, so you need to attend to your own on-going needs to ensure that you remain on your own journey to discovering your own potential. For example, getting on to a course to develop your guidance skills can be the easy bit, finding time to do assignments or build a portfolio can be more difficult, or making time within a busy working week to attend regular mentoring/supervision times or networking meetings can test your motivation.

If you reflect on how you support clients to 'keep' going this can help you to think about how you can also 'keep' going.

- You negotiate with clients when and how they want to receive on-going support. When you are accessing a new opportunity or fulfilling a new role do you know how you can access support for yourself if things start to get difficult. Do you know who you can get support from?
- Do you have learning needs or support needs that you need to negotiate help with?
- If you are developing new skills, or ways of working, has this changed your perceptions of yourself or changed other people's perception of you. This may be particularly relevant if you are working on a new project that is innovative and breaking new ground. Colleagues or managers may have expectations of you based on your 'old' role and this can create tensions, which will need to be resolved.

Support in the 'keeping' stage can involve emotional support such as:

- Paying attention to your own health and well-being during a time of change and transition. Developing a new project, learning and working can be tiring and stressful as you cope with new challenges and new ways of doing things.
- Finding ways of adapting to the changes in the way you think about your own skills or other people's perceptions of your skills and ways of working.
- Recognising your achievements and successes.
- Dealing with setbacks and disappointments.

It can also involve practical support such as:

- Getting support and commitment from the appropriate people or organisation to overcome barriers to developing your potential.
- Identifying your own support network.

Obtaining on-going support enables you as a practitioner to develop your potential but it also enables you to maintain a fresh approach to your work.



Using the model for practitioner development.

Imagine that a fellow practitioner has asked to talk to you about some concerns s/he has with his or her work. Read the case studies and think about how you can support practitioners by using the model to develop their potential in their existing role.

Case studies

Gemma

Gemma works for a college that is working in collaboration with a drug and alcohol rehabilitation unit. Gemma is an outreach guidance worker whose role is to enable individuals from the unit to access opportunities at the college. The project is new and has been running for six months. One of Gemma's referrals is a man in his 50s called Iain who has long-term difficulties with alcohol use. Iain has been in rehabilitation several times but so far has always started drinking heavily again. This time he has been referred to Gemma in the hope that if he has more structure to his days he will be more successful in his rehabilitation.

Gemma has seen Iain on a number of occasions and has spent time with him trying to find something that he is interested in. He tried a computing class but dropped out saying it wasn't for him. Other attempts at joining classes have been equally as short-lived. Iain is demanding of Gemma's time but there seems to be little to show for it. Gemma is aware that she is beginning to dread meeting Iain and knows that she is beginning to feel frustrated and angered by him.

Gemma, who had also felt quite confident about her guidance skills, is also beginning to question her abilities and worries if her lack of success in supporting Iain is due to a lack of skills or gap in her knowledge. The feedback she gets from the unit is positive, they feel the project overall is going well but Gemma's manager at the college has questioned Gemma on why she needs to spend so much time with clients and has made comments about Gemma being "taken for a ride" and "being over-protective".

Raj

Raj is a project worker for a project that has been set up to enable people with mental health services to access other non-mental health services. Raj supports people into voluntary work. Raj is very good at his job; he has gained the respect of many mental health professionals who now refer lots of people to him. He has gained a reputation for his thoroughness in ensuring that the client he is working with is very well supported and that the voluntary work placement is well-supported. Consequently he has been very successful in his job, and his caseload of clients is bigger than anybody else in the team.

Recently things haven't been going too well for Raj at home. His wife is very ill and must spend a lot of time resting. He has two young daughters, one of whom has just started school. He has to get his daughters ready and take them to school in the mornings, as well as collect them at the end of the day and look after them at home.

Raj has noticed that on a couple of occasions he has cut an interview with a client 'short' because he has been worried about being late to pick his daughters up. He feels tired because his sleep is interrupted and recently, when talking to a client about their difficulties, Raj caught himself thinking "and you think you've got problems?".

Edward

Edward works in a community one-stop-shop that supports people who are long-term unemployed to get back to work. Edward has been doing this job for over five years. The success of the project has meant that it has been able to attract mainstream funding which has secured a long-term future for the one-stop-shop and the staff at the 'shop' no longer have to worry about writing bids in order to keep going.

If you asked Edward what he liked about his job he would say that being part of a community and being able to support people to get jobs and get back on their feet gives him great satisfaction.

However lately Edward has noticed that the time he spends with people is getting less and less. He finds himself saying the same things to each client and offering the same advice. Whereas before he felt he really got to know people, now he can seldom remember one person from the next. He is also noticing that he is getting less positive feedback from people and that people in general seem more lethargic and less talkative with him.



Throughout the pack you have been asked to reflect upon your own health and well-being, your own self-esteem and your own learning.

In this section on using the model for your development you will hopefully have begun to think about how you can fulfil your potential within your job role.

Use this table to jot down some ideas about how you can develop your own potential and then think about how it may impact on your health and well-being, self-esteem and learning.

How am I going to develop my potential as a practitioner?	Why this is good for my own health and well-being?	Why this is good for my own self-esteem?	Why this is good for my own learning?

Chapter 7

Using the model to develop the project or service you deliver

Increasingly, as existing services tackle important social problems such as health inequalities, social exclusion, long-term unemployment and non-participation in learning, they create new and different ways of engaging individuals and communities. Existing services may be restructured or short-term funding may be acquired to set up projects. As a practitioner you might be involved in delivering a re-structured service or in setting up a new project. This may be in partnership or collaboration with other services so you may find yourself working in different environments or alongside staff from other services. You may be a lone worker employed to set up a project.

Using the 'discovering potential' model may help you to put a structure to the process that you may well go through in developing the project or service that you hope to deliver, and to make the most of the resources and opportunities available.

The 'thinking' stage

	service
thinking	Services are reviewed or project is set up by thinking about current services. What could be improved and what else needs to happen.

This is the stage where following the realisation and recognition that the needs of certain individuals or communities are not being met, an idea for a new service or way of meeting that need is developed. You may currently be involved, or were involved at that stage. Alternatively, you may be the practitioner who was drafted in to make the project devised in this stage work. Either way, it is important to keep a clear idea in your head about what was discussed and agreed on in the 'thinking' stage. This will give you the direction in which to work and what action you need to take in the 'getting' stage and therefore to achieve the original project aims in meeting the needs of the target individuals or communities. As a practitioner it will also help you to

understand and define your role in the project or service and thereby think about your own development needs.

The 'thinking' stage of the model for developing the potential of services is much the same as it is for working with clients and for developing your own potential in that you will need to ask much the same kind of questions.

- What?** ● What issues or concerns do we have that we want to address, what currently works well, what gaps currently exist, what do we want to achieve?
- How?** ● How can we achieve our goals? What resources and opportunities are available to us, how best can we meet the needs of our target group?
- Who?** ● Who do we need to work with, who can do this work, who do we need to convince or win over, who do we need to consult and talk to, who are our champions?
- Where?** ● Where do we want to work?

For some ‘projects’ the thinking stage can take a long time as all the right partners are brought to the table and shared understanding and goals are arrived at. It may also take some time to ‘win’ over funders or managers of other services to what you want to achieve. It is easy to get impatient in this stage but this can be a time during which valuable networks and partnerships are developed that are founded on a shared understanding of what needs to be achieved and what each partner can bring to the work. In the chapter on working together, we looked at Adair’s stages of “forming, storming, norming and performing”. This process of group dynamics may be very evident in this ‘thinking’ stage.

The ‘getting’ stage



The ‘getting’ stage is about putting all your original ideas and project plans into action. It is about taking the necessary steps in order to ‘get’ what you set out to achieve by developing the project or re-structured service.

In this stage you may:

- Write funding applications or present costings to support the work you want to do.
 - Appoint new staff, or develop existing staff.
 - Develop marketing and publicity materials for the project or service.
- Sell and promote the work of the project to other services and professionals to encourage referrals.
 - Obtain appropriate venues or any necessary equipment.
 - Set up new procedures and policies.
 - Promote the project or service to your target client group to encourage and support self-referral, participation and involvement.
 - Network with other practitioners and services so you can support each other’s work.
 - Start an evaluative process to test the effectiveness of the project against the original aims and targets.
 - Set up an advisory group or steering group to support you and to give you direction.

This stage can be a massive learning experience for you as a practitioner and for those who may be working with you. Everyday you may find yourself doing something new or talking to somebody different. You may have to write new procedures, reports on your work or do presentations to other people that you have never done before. You will be learning from other people and they will be learning from you. You will probably find yourself developing new ideas and new ways of working. This can be an immensely exciting but demanding time and it is important to remember that you are not alone. Networking, internally and externally, can be a useful way of getting help and support during this stage.

The 'keeping' stage

	service
keeping	The new service or project is sustained and embedded.

Often projects are set up using time-limited funding but fail to continue beyond that, or fail to develop and make the impact that was initially hoped for. There can be many reasons for this, such as failure to attract follow-on funding, failure to build capacity or over-reliance on the skills and energy of one person.

The 'keeping' stage is about how you can maintain the quality of the service you provide while meeting increasing demands in the number of referrals.

As the project or service grows you may need to:

- Investigate further sources of funding. This should not be left to the last few months of a project but needs to be discussed early on so that the right funding bodies are approached, made aware of and if possible involved in the development of the project.
- Plan how the project or new way of working can be embedded into existing services. Mainstreaming your work by showing how you can achieve the standards and targets of statutory services is one way to ensure that your work is funded and resourced on a long-term basis and is seen to be part of the entitlement of service users.
- Develop the capacity of other staff to support you in the work you do. This may involve up-skilling tutors to provide on-course support, networking and awareness-raising so that you can refer clients for more specialist advice instead of you having to be the fount of all knowledge.
- Develop the capacity of project participants or service users so that they can support you in the work you do. You may find that clients that you have supported are enthusiastic 'ambassadors' of your project. Developing volunteering opportunities such as mentoring and buddying can support you as well as benefiting new referrals and provides positive progression routes for clients.
- Adapt to your own changing role as practitioner. The success of your project may mean that you find yourself doing an increasingly varied role. You may assume duties and tasks not originally written into your job description but nevertheless necessary for you to do. These tasks may take you away from the one-to-one work with clients. This can be a source of stress as you juggle demands and try to maintain the quality of the support you offer.
- Ensure that the success of the project is not heavily dependent on the skills, knowledge and energy of one person. Innovative projects need creative, energetic, imaginative and skilful people to make

them work particularly if they are lone workers, but sometimes that person can 'be' the project. If that person left, the knowledge, contacts, skills and creativity would go with them and the future of the project would be very vulnerable.

- Use evaluation and monitoring processes to highlight any concerns or difficulties, to anticipate any growth and to provide evidence for the need for follow-up funding or additional resources.
- Celebrate your successes. As your project or service grows it may seem like every minute is taken up with meeting demands and coping with the workload, but it is important to take time out and to reflect on the successes that have been achieved and how far you, your colleagues and clients have progressed since you started. Recognising and disseminating these successes can help you to publicise your service and may even win you more resources or funding. It will certainly be good for self-esteem.

As with using the model for working with clients or for your own self-development, the model for developing potential can also be two-directional. As new funding streams become available, as you respond to changing needs or as you develop the capacity of those around you so you may move between the 'thinking', 'getting' and 'keeping' stage.

Just as the model is a learning process for clients and for your own development as a practitioner, so it is also a learning process when used for developing a project.

In the 'keeping' stage as you actually carry out the work of the project you will be learning about the effectiveness of the project and the organisations you work with. For example, as a practitioner working alongside a client to access a new opportunity you may become aware of gaps in provision or barriers to access in your local area. This new knowledge or understanding that you have acquired needs to be taken back to the partner organisations that you collaborate with. It needs to become part of the 'thinking' that enables services to change and develop so that they can become more accessible, effective and sustainable. The learning that happens as you and clients go through the stages of thinking, getting and keeping, as you begin to understand more fully what works and what doesn't work in enabling clients to access opportunities, informs the learning that organisations must do if they are to meet the needs of all individuals and communities.

Read the case studies. Which stage of the model is each case study in and what needs to happen in order to develop the potential of each of these projects?



Case studies

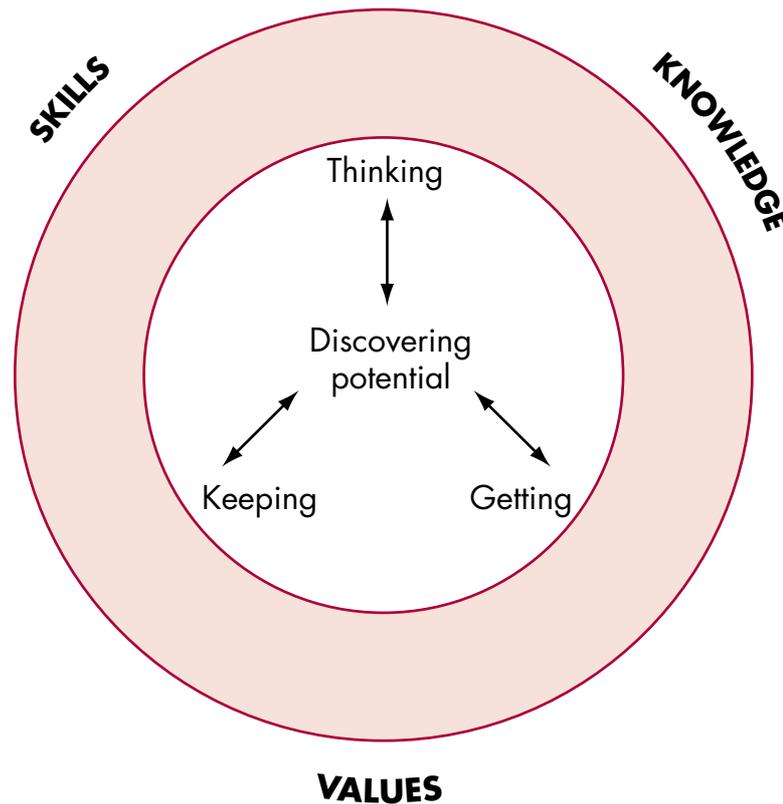
You have been appointed to a one-year project funded by the local adult education service and health service to provide support for people with head injuries to access learning opportunities. The manager in the health service is enthusiastic about the project and is interested in seeing how access to structured learning opportunities impacts on the rehabilitation of people with head injuries and how it can build confidence in relearning skills or in developing new skills. However, the local day centres are not referring individuals to you. There seem to be many reasons for this ranging from lack of understanding as to what adult education has to offer to negative beliefs about what people with head injuries can achieve.

You are a manager for widening participation in an FE college. From conversations you have had with vendors of *The Big Issue* when you buy your regular copy you feel that there is potential in developing links with local homelessness services in order to support homeless people to access learning opportunities. Your own manager is supportive and tells you to go ahead and develop work and has promised to make some short-term funding available to pilot some activity.

You work for a voluntary organisation that provides support for unemployed people to get back to work. For the past three years you have funded, through various pots of short-term funding, work with Probation Services to support ex-offenders to gain employment. The project has been very successful and you have helped many people to access work, training for work and to develop their skills. The Probation Service now refers so many people to you that there is a waiting list. The last source of funding is now coming to an end and once again the work you have developed is at risk.

Chapter 8

How do I put the model into action?



You will notice that there is an outer circle to the model of discovering potential of skills, knowledge and values.

Imagine this model as a wheel that goes backwards and forwards as clients move between the various stages. Discovering potential is the hub. Skills, knowledge and values are the protective outer tyre that enables you to work through each stage with the client. The skills, knowledge and values that you have as a practitioner are what keeps you and the client safe, and enable the wheel of the model to move smoothly.

This section will give you some insight into how skills, knowledge and values can help you put the discovering potential model into practice. However, if you want to know more about this or develop your practice you might want to consider doing further reading or training such as a NVQ in Guidance or Advocacy Skills.

Values

We all have values and beliefs. They are formed by our upbringing, our culture, and our experiences. They are the basis upon which we form opinions. Think, for example, of the debates and discussions that arise on a daily basis in reaction to events in the news, such as whether we have the right to defend our property even if it means attacking another person, or whether people should have the right to free healthcare even when their lifestyle has contributed to their health problems. Our values and beliefs can also affect the way we react and behave.

Values and belief systems can also be complex and subtle, and we may not be aware of having strong views about a matter until we are faced with a particular situation. Values and beliefs can change over time as they can be challenged by people, experiences and events. We may change our beliefs completely, moderate our views or even strengthen our convictions.

It is essential to be aware of our personal values and beliefs in any one-to-one work we do with individuals. Understanding your own value system helps you to maintain a sense of integrity in the work you do and it can be the basis upon which your sense of purpose is built.

Sometimes when you work with clients you change your views. Hearing people's stories and gaining an insight into their situation can have an impact on the way you think and feel about things. Clients can change practitioners. The first chapter of this pack on health, well-being and self-esteem will hopefully give you some insight into the wider issues that affect individuals' lives. Working alongside other practitioners, particularly from other disciplines can also impact on the way you think and feel about things. You may learn different ways of working, or seeing how others work and the role they fulfil may help you to define and clarify your own role.

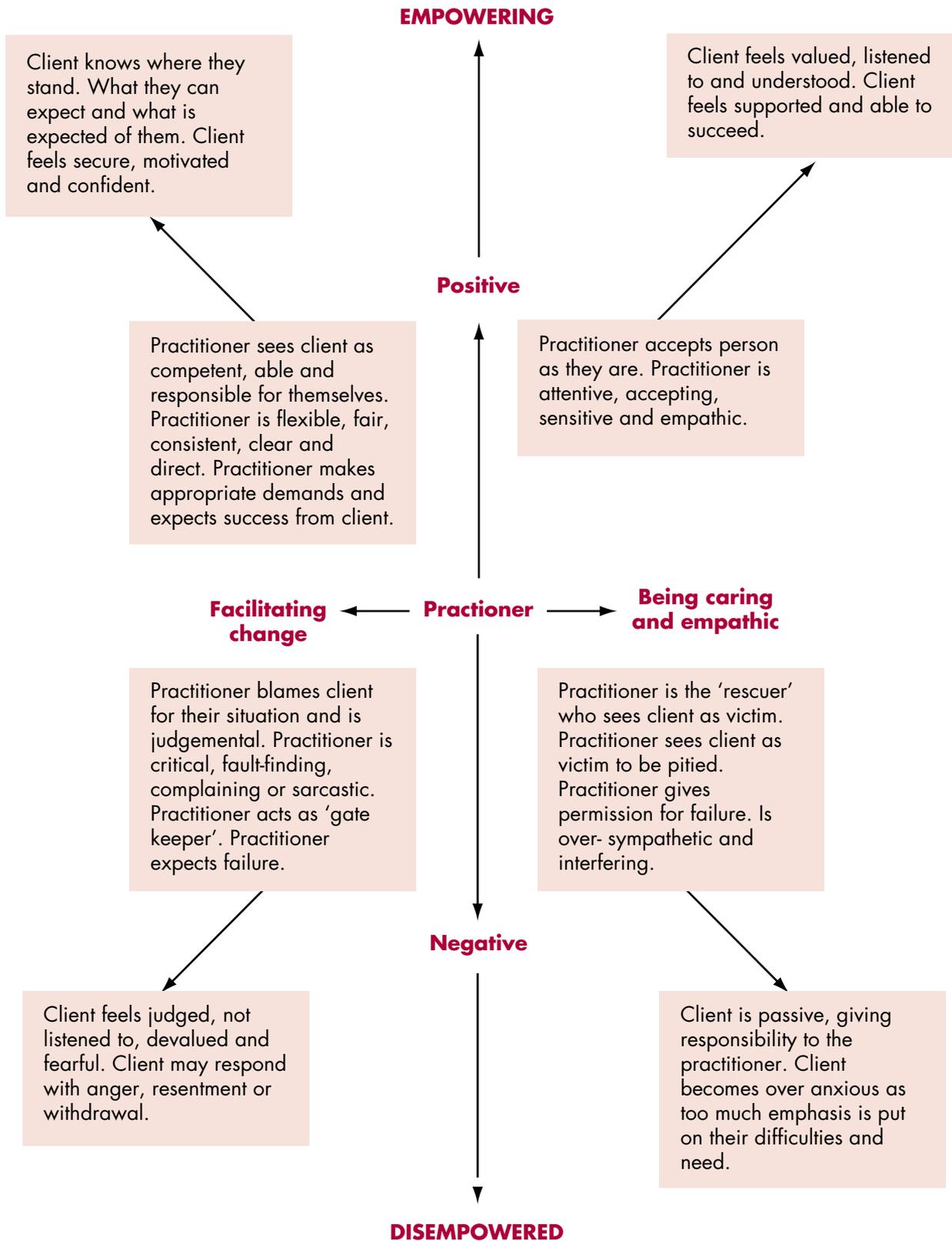
From the perspective of the client, your ability to show respect and to treat every individual in a fair and caring manner, even though you may struggle with "who they are" or "what they might have done", is vital to your work. Whatever a client might have done in the past, or not done, it is important to work with them as they are now.

People can sense very quickly when they are being treated disrespectfully – if they are being judged, talked down to, patronised or their ideas dismissed. Being treated disrespectfully can cause people to feel very alienated and excluded.

Our personal values and beliefs affect the way that we communicate and work with people. For example, seeing people as victims who cannot help themselves can be as damaging as seeing people as lazy and responsible for their own difficulties.

Obviously your role as practitioner is not the only factor in determining what course of action an individual takes but it can have a significant impact if we are the keeper of information or resources. For example, we might not give out information on certain funds because we do not think the person is deserving enough, or suggest certain opportunities because we think the person is too weak or vulnerable.

The following diagram shows how our values and beliefs affect the way we interact with clients and hence whether we empower or disempower people.





How values impact on service delivery

Think about the times when you have been a recipient of services, such as healthcare, education, police or legal services.

Can you recognise any of the practitioner's behaviours that are described in the diagram.

What happened as a result of that behaviour? How did you relate and interact with that practitioner or service? How did it make you feel?

Spending time with clients in the 'thinking' stage, helping them to identify their own beliefs and values is important. Our beliefs and values can be motivators that prompt us to action. Conversely, if we do not really believe or value what we are doing we are more likely to give up or to not feel comfortable with or motivated by what we are doing. If you look at Branden's six pillars of self-esteem, the practice of living consciously relates to living according to our beliefs and values. Not to do so can be damaging to self-esteem. This is the same for us as practitioners and for clients.

Spending time thinking about our values and beliefs can also be important for our own development. Again, understanding and recognising our values and beliefs enables us to understand what motivates us, it can make the difference between feeling enthusiastic about what you are doing or wondering why you are bothering.

As you are reading this pack we will assume that you believe and value the right of individuals to make the most of their abilities and to fulfil their potential, and that in doing so they have a right to maintain a positive sense of well-being and positive levels of self-esteem. If we assume that you believe in this, then you are probably very concerned about how you support clients by:

- giving them time and attention to think about their aspirations and ambitions;
- giving positive encouragement;
- allow clients to learn from mistakes;
- acknowledge and celebrate their achievements and successes; and
- acknowledge and deal with their fears and anxieties.



Double standards?

Sometimes practitioners have one set of values and beliefs for clients and another set of beliefs for themselves.

Spend some time thinking, or discussing with others, what you value and believe in with regard to your role as a practitioner.

What do you do for others and for yourself that exemplifies those beliefs and values?

In working with others it can be very apparent when you do not share the same values and beliefs. Time spent in the 'thinking' stage when you are working towards collaboration and partnership can help to identify different beliefs and values.

As a practitioner you may find yourself having to work with other practitioners who do not share the same beliefs and values. For example, you may have to work with a practitioner who does not believe that clients really want to change or really want help, or a group that is protective of their own resource or expertise and not willing to share them with outsiders. This can have implications for your work as you may not get any referrals or may find opportunities for your client group are blocked.

Knowledge

As a practitioner you need to have a high level of knowledge in order to be able to do your job and to be of use to clients. The types of knowledge you need to have are:

● **Background knowledge**

This is knowledge that you probably will not draw on a day-to-day basis but which gives you an understanding of the field in which you work. The knowledge you require will depend on the field in which you work. For instance, if you work with people with mental health difficulties you might find it useful to know various mental health diagnoses and treatment, the structure of the mental health service or mental health law.

This type of knowledge can easily be gained by reading, attending conferences and staff training events.

● **General knowledge**

This is knowledge that relates to the working with people on a one-to-one basis and might include knowledge of the benefits system, legislation such as the Disability Discrimination Act, or the Rehabilitation of Offenders Act. It can also include knowledge about qualifications, training and routes into employment.

This type of knowledge can easily be gained by reading and research and attending staff training events.

● **Local knowledge**

This is knowledge of the local context, opportunities and local providers. The knowledge of clients can often play an important role in understanding the area, including understanding the responsiveness, accessibility and quality of different services. It includes knowledge of support available locally such as childcare and funding streams that will pay for it. It includes knowledge of local contacts and networks. This type of knowledge is very valuable and is used constantly throughout your day-to-day contact with clients. It is gained through your everyday work with clients, the longer you do the job the more you know the area and the bigger your list of contacts. This knowledge can also be gained from other information sources such as prospectuses and leaflets, but there is no substitute for visiting providers and talking to people. One of the great benefits of being actively involved in the 'getting' stage with clients is that you will also learn a lot about the opportunities available.

This type of knowledge is gained partly through material from and contact with local agencies, but also by listening to clients and community organisations.



Knowledge audit

What knowledge do you need for working with clients, for your own development and for developing the project? Complete the following table, highlighting any gaps in your knowledge.

	Working with clients	My own development	Working with others
Background knowledge			
General knowledge			
Local knowledge			

Skills

As a practitioner whose focal activity is to work with clients on a one-to-one basis you will be aware and conscious of the skills that you use to do that.

These skills help you to have a more in-depth and productive dialogue with clients. As you move through the various stages of the 'discovering potential' model, the more that you and the client communicate the more you will both be able to see what is working and what isn't and what may still be holding the client back.

These are some of the skills that you might use in working with clients.

Skill	Definition	Evidence
Being attentive	Showing the person that they have your full attention, that you are focussed on them and what they have to say.	Appropriate eye contact, sitting in an open and relaxed way, responding in an appropriate way at appropriate times.
Listening	Hearing everything fully (including facts, feelings, thoughts and behaviour) that the person is saying to you (includes verbal and non-verbal communication)	Practitioner will remember all that is said. Appropriate responding, such as nodding. Client feels that what they have to say is important.
Questioning skills	Such as "How...", "Why...", "What..." or indirect open questions such as "Could you tell me more about..." (open questions elicit more than 'yes' or 'no')	Client is enabled to speak more freely. Practitioner is enabled to get more information and insight.
Encouraging clarity	Asking the client to be more specific such as "What made it such a bad day?".	Client is more specific and is encouraged to explore the concern. Practitioner doesn't make assumptions. Client feels their experience has been heard.
Paraphrasing	Putting briefly into your words what the client has said.	Confirms what the client has said, encourages clarification and extension of what has been said. Shows practitioner has been listening.
Summarising	Regular process of checking back at intervals to ensure mutual understanding. Can be used to bring focus back into a discussion.	Clarifies what has already been said and agreed on. Client is reassured that the interview still reflects their needs and agendas.

Skill	Definition	Evidence
Challenging	To sensitively question the veracity or intent behind a statement.	Client is enabled to re-examine their motivations and beliefs. Issues and concerns can be explored. Greater self-awareness and understanding is enabled.
Use of silences	Using a natural pause in the dialogue.	Gives the client and practitioner time to reflect, client can gather thoughts before moving on. Gives clients time to think before answering.
Empathising	Using understanding borne out of your own experience to show that you relate to the thoughts, feelings and experience of the client. Can be done verbally, or non-verbally through gestures.	Practitioner shows understanding. Client feels understood. Client does not feel alone, their thoughts, feelings or experience is validated by the practitioner.

Many of these skills may be familiar to you as counselling skills. However, counselling skills should not be confused with counselling. This is a specialist activity that should only be undertaken by trained and accredited practitioners.

Nor is this a skills pack so if you feel the need to improve these skills you might want to investigate learning opportunities within your local area for counselling courses, guidance skills or advocacy skills.

Counselling skills are, however, essentially about good communication skills and can be used for your own development and in the work you do with other practitioners to develop the service. Though of course, you may use them in varying degrees and less overtly.



Skills audit

Spend time thinking, or discussing with others, how you might use these skills for your own development or when working with others.

For example, how often do you ‘listen’ to yourself, to what you are saying, verbally and non-verbally or how often you encourage clarification from other practitioners.

Make a list of the skills and then write down examples of when or how you could use those skills for your own development or in working with others.

The way that we use our skills, knowledge and values can make a crucial difference to how we help clients build their self-esteem.

Mruk (1999), in his research on self-esteem says that there are eight techniques to building self-esteem. They are:

1. The importance of being accepting and caring. Acceptance, care and trust builds rapport and the fundamental attitudes of nurturance that accompany acceptance and caring foster the kind of environment and interaction that are conducive to human growth and development. It means accepting the individual, although not necessarily how he or she conducts their life or their behaviour. Showing acceptance and caring can be done by using listening skills and by empathising. It can also be done by putting into use a value base that empowers people by acknowledging support needs while anticipating and expecting success.
2. Providing consistent and positive feedback. The development of the self depends on the feedback from others. Giving feedback is an essential part of the learning process, giving positive and honest feedback can help the client to be self-accepting. This can be done by using skills of paraphrasing and summarising. Sometimes this can be done by summarising what a client has said but it can be done by summarising what a client has achieved.
3. Generating positive self-feedback. How we “self-talk” affects our level of self-esteem which in turn affects how we “self-talk”. Practitioners need to be vigilant against negative self-talk and sensitively challenge it when it occurs. This can be done by using the skills of challenging.
4. Using natural self-esteem moments. Practitioners need to identify situations as they occur or are about to occur in order to turn them into self-esteem boosting moments. Working one-to-one with clients can generate many self-esteem boosting moments. Being listened to, being given time to tell your story and being believed and taken seriously can be very self-esteem boosting in itself. Giving clients opportunities to succeed and to achieve by completing an application form and getting an interview, by getting funding, by walking through the doors of a learning opportunity or other facilities can also be self-esteem boosting moments. Taking time out to acknowledge them and to remind the client of what they have achieved can be an important self-esteem building technique.
5. Enhancing self-esteem by assertiveness training. People who have assertiveness skills have more chance of getting their needs met. Standing up for yourself can lessen the impact of factors that damage self-esteem. It can be hard to stand up for yourself when you do not know what support is available and what you can rightly ask for. Sharing your knowledge about what rights and opportunities are available is important. You may also work with clients to help them get the right words and language to confidently ask for what they need.
6. Increasing self-esteem through modelling. Modelling is based on the idea that people can increase their sense of self-efficacy by learning to be more successful which, in turn, increases self-esteem. We can learn how to be successful in a task by watching and listening to other people. Mruk says that clients learn more from practitioners by watching how they do things than practitioners ever realise. When you work with clients through the ‘getting’ stage you will provide many opportunities for modelling.
7. Increasing problem-solving skills. Mruk says that teaching people how to solve problems helps them to be more effective. Knowing how to solve problems increases the chances of being successful and frequent success is an indication of being competent, which raises self-esteem. These can be important skills that clients learn in the ‘getting’ and ‘keeping’ stages.

- Using individual and group formats. People benefit from working in group situations to enhance self-esteem and from individual one-to-one work. One-to-one work is more intensive and thought to be beneficial to people with deeply embedded self-esteem problems but it requires more resources in terms of practitioner expertise, time and money. Group learning is more cost-effective and learners can support each other. It is less intensive and therefore less intimidating for some people but individual needs can sometimes go unmet making it less effective for them.



Case studies

Sara is 33 years old. She is married and has three children aged 16, 12 and eight. She left school at 16 without qualifications and was unemployed. She got married at 17 and immediately started a family. Her husband is self-employed and works long hours. Sara has been the main carer and housekeeper for the family. Over the past year she has been experiencing anxiety, depression and loss of confidence. Her doctor has suggested that she needs to do something “for herself” but Sara feels that she doesn’t know how to even begin to think about what she enjoys and would like to do, let alone how to go about it.

She meets with a Learning Adviser to talk about the options that are available to her. Throughout the meeting Sara keeps insisting that she is thick and can’t do anything, although throughout the conversation it becomes apparent that because her husband worked such long hours, Sara has to do everything at home including all the DIY and all the dealing with the bank, building society and insurance company. She had also run a mother and toddler group when her own children were younger. Sara says she does all these things because they have to be done but she doesn’t see them as being valuable or enjoyable.

It transpired that Sara particularly remembered enjoying music at school and still enjoys singing. However, Sara is finding it hard to talk about herself and she seems uneasy in a one-to-one situation.

What stage of the ‘discovering potential’ model is Sara at? What self-esteem enhancing techniques could the Learning Adviser use to help Sara?



Case studies

David is doing voluntary work for a charity that collects and restores second-hand furniture before distributing it to families in need. David has been doing this voluntary work for approximately six months. The placement was arranged for him by his Link Worker on a project for homeless people. Initially he had enjoyed the placement but his enthusiasm is waning and he is considering giving it up. In one of the regular progress meetings he has with his Link Worker it transpires that the supervisor found out that David has a criminal record for theft and a history of drug misuse. The supervisor keeps making snide remarks to David in front of his workmates about trustworthiness and 'losers' on drugs. David also hoped that he could use this work experience to get a job. He wants to do carpentry but has been unsuccessful in his attempts to get a job as a carpenter. He now feels he's putting himself out doing voluntary work for nothing.

What stage of the 'discovering potential' model is David at? What self-esteem enhancing techniques could the Link Worker use to support David?



Case studies

Alfie has been seeing the Learning Adviser since his doctor first referred him over a year ago. Initially Alfie has required a lot of support as he had become very socially isolated following the death of his wife. With the support of the Learning Adviser Alfie first accessed a short course in creative writing. The Learning Adviser arranged the transport for Alfie to get to the Adult Education Centre, met him at the Adult Education Centre and showed him what he needed to do to enrol and where his class would be. Alfie has now decided that he wants to do a French GCSE class. He rings the Learning Adviser to make an appointment but the Learning Adviser is fully-booked for several weeks but does have half an hour to talk to Alfie over the telephone. Alfie is afraid he won't be able to get a place on the course if he waits that long.

What stage of the 'discovering potential' model is Alfie at? What self-esteem enhancing techniques could the Learning Adviser use to support Alfie?

References

Branden, N. (1994). *The Six Pillars of Self-esteem*. Bantam

Egan, G. (2002). *The Skilled Helper*. Brookes/Cole, USA

Mruk, C. (1999). *Self-esteem, research and theory and practice*. Free Association Books

Part 3

And finally ...

If you have reached this far, you will probably have spent a lot of time reflecting on the work you do with clients to enable them to discover their potential. Through reflecting on your practice you may have become aware that there are areas of your own development you need to address. You will hopefully have understood that the work you do on an individual level with clients does not exist in isolation because the accessibility of service affects what you and clients can achieve. So you may have reflected on how you can further develop the potential of the project or services you work for to meet the needs of clients.

The process of ‘thinking’, ‘getting’ and ‘keeping’ has many opportunities for learning within it. You will have reflected on the learning that you and the client achieve as you work together through the model for discovering potential. You may also have reflected on the learning that goes on at the level of project development. The learning that goes on at the level of the one-to-one work with individuals speaks to the learning that goes on at the level of project development. Equally the work you do at project level informs and speaks to the work you do with clients.

The way you do the work and the nature of the interactions we have impacts on the well-being and self-esteem of individuals. From one intervention with a client, to the way that services are organised, opportunities made available and resources shared, impact significantly on the well-being and self-esteem of individuals, be it positively or negatively. If individuals don’t have full access to services opportunities or resources they are denied the means to discover and fulfil their potential. This denial can impact negatively on an individual’s sense of well-being and self-esteem which in turn can further negatively impact on ability to make the most of opportunities available.

Discovering Potential is not about providing you with all the answers but about encouraging you to think about the wider issues of the work you do. *Discovering Potential* is also about the level of investment of time and energy we all need to make if we are going to make the most of the opportunities that exist for us. For practitioners it also includes the investment of time and energy we need to put into making opportunities accessible to the clients we work with on a one-to-one basis. Making this investment is a learning process that has positive benefits for the sense of well-being and self-esteem of clients, practitioners and the partner organisations we collaborate with. Discovering our potential is about the emotional, mental, physical and social benefits that accrue when we are enabled to be all that we want and need to be.

As a practitioner we hope that by doing the exercises throughout the pack you will have been able to identify what strengths and opportunities you already possess but you may also have identified areas of your own development that you need to address or need further support with. You may have developed your own action plan to help you discover your potential and how you want to take your work forward.

We hope that as a result of all the thoughts and discussions you may have had by working through this pack, you now feel able and motivated to embark on your own journey to discovering potential.

