

CONTINUING PROFESSIONAL DEVELOPMENT LOG

From 1st January 2015 all registered social workers are required to use either the following template for their CPD log, or the similar template provided by the ANZASW.

Name: Barbara Gilray

Work address:

SWRB

Level 6, 11 Chews Lane

Wellington 6011

NZ

Registration number:

#228

Competence Date:

01/12/2015

I declare the information contained in this document to be true and correct.

Sign:


B. Gilray

Date:

01/11/2015


Please note: this is an example only and therefore, does not evidence all 10 core competence standards as yours needs to.

RECORD OF CPD ACTIVITIES

	Skills and knowledge identified as being needed for development of social work practice	Agreed learning activities and time commitment	Critical reflection on learning and development of practice	Critical reflection on the relevance of the learning to the SWRB competencies	Supervisor / manager critical feedback and signoff (one per year)
1.	Continue to develop Te Reo Māori and my understanding of the Treaty of Waitangi; develop further awareness and understanding of the context of wider issues affecting Māori on admission to hospital	<p>1: Attend 1 hour weekly Te Reo Māori sessions over the next 6 months February – July 2013 20 hours</p> <p>2: Read Ani Mikaere's book</p>	<p>The learning from the Te Reo Māori sessions has helped me grow my confidence in using Te Reo Māori, karakia and waiata.</p> <p>As I have become more confident in situations where kaupapa Māori is followed both within the hospital setting and in the community, I have further developed relationships within the Māori health unit and I have been able to introduce waiata and karakia into our team meetings and have seen this impact on the confidence of the team. I support Māori team members at powhiri and poroporaki and have a greater understanding of how mental health impacts on wider whanau, hapu and iwi members.</p> <p>This book addresses issues</p>	<p>SWRB Competence 1</p> <p>As a practice leader my ongoing Te Reo Māori studies has helped me to develop my own cultural base and I have become more confident in supervising Māori social workers, particularly when Māori models and theories of social work are discussed. In addition my learning helps to ensure that I maintain cultural integrity in my relationships with tangata whenua both at a client and colleague level.</p> <p>SWRB competence 4</p>	<p>This learning has assisted Freda in her commitment to bi-cultural social work practice.</p> <p>Freda ensures that all DHB social workers engage appropriately with the Kaimahi Hauora when working with Māori clients. She is able to reflect on Māori models and theories of practice and contributes helpful insights into case discussions with the hospital multi disciplinary management teams so that culturally appropriate services are delivered to Māori.</p> <p>1 August 2013 A. Dawn</p> 

		<p><i>“Colonising Myths – Māori Realities”</i></p> <p>September – October 2013</p> <p>10 hours</p>	<p>such as the ability of Māori to achieve justice when Māori law is marginalised; the need to confront racism in thinking, processes and structures; the impact of interpretations of the Treaty of Waitangi; the difficulty of redressing harm to Māori within the Pākehā legal system; and the importance of reinstating tikanga at the heart of Māori legal thinking and practice.</p> <p>The learnings that I have taken from this have helped me rethink the way in which I can use the history of colonization in my practice in ways that challenge injustices, particularly in relation to Māori access to and treatment within health services</p>	<p>Although Ani Mikaere’s book has an emphasis on the ability of Māori to achieve legal justice when Māori law is marginalized, I nevertheless was able to relate the contents to my current SW job at the DHB.</p> <p>In particular it has made me reflect on the need to continually challenge racist thinking and attitudes within a largely Pakeha dominated health system so that the Treaty principals of Participation, Protection and Partnership remain at the forefront of my SW practice with clients, colleagues and the community in general.</p>	
2.	<p>It is recognized that in the hospital settings mental health social work is concerned with the interface between mental illness and broader health and welfare issues.</p> <p>I needed to gain more knowledge on practice frameworks to ensure that social work intensive mental health services are more effective at an inpatient and outpatient client level.</p>	<p>Attend 2 day National Service Framework for Mental Health workshop</p> <p>May 22 & 23 2014</p> <p>16 hours</p>	<p>This conference enhanced my knowledge and ability to assist in creating appropriate practice frameworks for social work mental health services which will anticipate and prevent crises where possible. I am able to support other social workers in my team so that they have the skills to promote recovery and wellbeing in order that clients gain power and control over their lives. This helps me to ensure that social workers provide services at</p>	<p>SWRB Competence 6 (also Competence 8 & 9)</p> <p>This workshop was extremely helpful in giving me practical strategies when developing the practice framework for social workers within our DHB.</p> <p>Many mental health clients experience discrimination trauma, stigma and social injustice and the implementation of this framework assists in</p>	<p>As a result of attending this workshop Freda has developed and implemented a framework and standards for mental health social worker so that practitioners can enhance their knowledge, skills and values.</p> <p>She continues to demonstrate her commitment to Social Work Competence Standards by remaining focused on best practice outcomes for mental health clients alongside social worker staff development.</p>

			<p>a competent level of professional practice by being up to date with relevant practice frameworks.</p>	<p>ensuring that clients remain at the center of our social work practice so their rights remain paramount.</p> <p>Participation in this workshop reinforced for me the need for social workers to have a breadth of skills when working within the mental health sector so that their work remains ethical, professional, promotes self-determination and is in line with the SWRB Code of Conduct</p>	<p>Freda works from a strong social justice health related perspective and is committed to client focused outcomes</p> <p>30 May 2014 A. Dawn</p> 
3.	<p>Continue to develop my leadership skills by compiling and delivering an intensive therapy based workshop to a diverse range of hospital mental health clinicians</p>	<p>Prepare and Deliver 1 day Solution Focused Therapy Training Seminar to Allied Health workers</p> <p>September 2014 16 hours</p>	<p>It was useful for me to reflect on how solution focused social work requires excellent communication skills so that clients can become engaged in talking about their current resources and future hopes with social workers.</p> <p>Most social work undertaken in hospitals needs to be short term and this requires clinical practice to be effective. It is my experience that significant goals can be achieved for mental health clients when solution focused social work is used in conjunction with other models such as task centred and strength based social work. This approach requires practitioners to apply critical thinking as they appraise the information and make practice decisions.</p>	<p>SWRB Competence 6 & 7</p> <p>In my role as a Practice Leader I need to know and understand a wide range of social work theories and models/approaches which underpin social work practice within the DHB.</p> <p>I am aware that I need to continually extend my own knowledge and the preparation of this training course made me reflect on how similar theoretical approaches can be used in a supervisory process.</p> <p>For example I recognize that I need to utilize a number of approaches when working with individual social workers dependent on their experience and skills, and this may be problem solving, task centred,</p>	<p>Freda is adept at assisting social work staff to translate theory into ethical practice. This was another example of her ability to educate a wide range of allied health professionals in recovery based solution focused work which is common to most Allied Health work in Mental Health.</p> <p>Freda continues to build on her natural leadership skills and incorporates her knowledge and expertise in ensuring that all social work staff are supported in their practice.</p> <p>I have received positive feedback from social work staff around the approaches that Freda takes in supporting them to achieve their professional goals.</p> <p>30 October 2014 A. Dawn</p>

			I often use similar models/approaches when supervising a large team of social workers. Kadushin and Morrison's theoretical perspectives supports administrative, supportive and educational (clinical) supervision which may require me to use a variety of approaches including solution focused, task centred supervisory work to ensure that social workers professional skills and knowledge are enhanced.	<p>solution focused, narrative approaches etc.</p> <p>I encourage supervisees to prepare for case discussion by bringing a list of issues to be discussed (task centred); I encourage them to talk through cases of concern (narrative); I encourage them to explain the thinking (theory) behind their practice (models/approaches) and I try to ensure that the supervisory process is supportive and mana enhancing.</p>	
4.					