

The use of Effective Personal and Professional Judgement (EPPJ) by Health Practitioners

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Consciousness / Constructiveness axis

- The thesis that led to the concept of EPPJ explored how panel member [practitioners'] biographies, values, and professional identities influenced their role in decision-making and the recommendations [decisions] they made. It also examined the systems, methods, and group dynamics involved in panel processes [organisations] to assess whether such structures are the most effective system for determining suitable outcomes for vulnerable children [individuals].
- EPPJ is a methodology for sharpening the decisions and actions we take about ourselves and others, by understanding the effect of our internal and external influences.
- Biographical 'material' is not the difficulty per se, but with its individual and organisational containment. The responsibility for the management of personal beliefs and values lies with both the individual(s) and the professional system in which the individual(s) work.

“Increased personal awareness increases professional effectiveness.”

Weekes 2020

The capacity to make sound, well reasoned decisions that align with both personal values and professional standards:

- personal judgement is guided by individual values, beliefs and experiences, influenced by factors such as family culture and personal history.
- professional judgement is guided by professional standards, ethical codes and the expectations of the organisation or industry, requiring an analytical and structured approach.

Required key skills:

- Self-awareness;
- Introspection;
- Reflection;
- Awareness.

The concept of non-judgemental



Ruth Evelyn Sherlock

MA student at Loyola University Chicago

“To eliminate the judgmental attitude the worker must be able to have self-knowledge to the degree of knowing and controlling factors in his own personality and motivation that are likely to cause him to judge the client” .p.61



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The Nonjudgmental Attitude in Social Casework

Ruth Evelyn Sherlock
Loyola University Chicago

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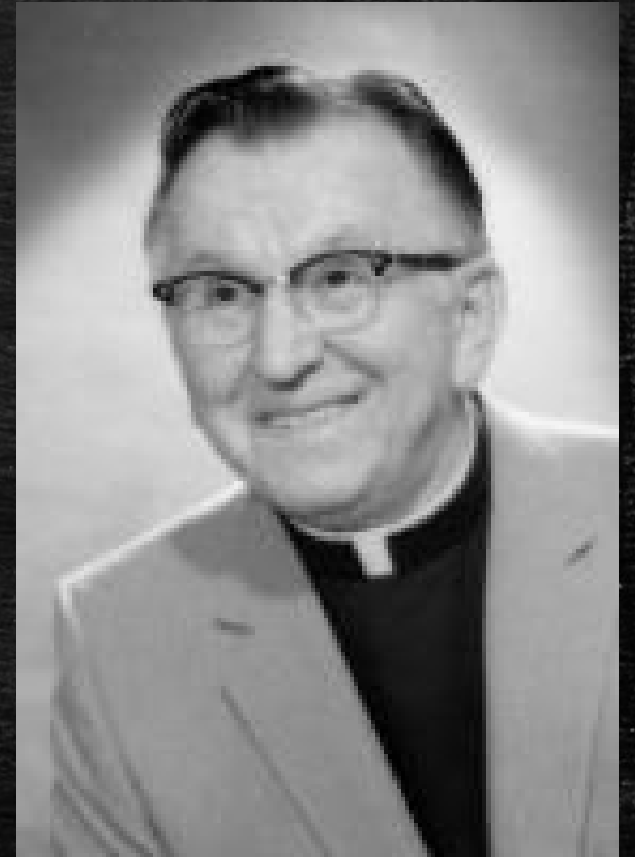
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Sherlock, R. (1953) *The Nonjudgmental Attitude in Social Casework*. Master of Social Work (MSW). Loyola University Chicago. Available at: https://ecommons.luc.edu/luc_theses/1268 (Accessed: 7 January 2020).

Rev. Felix Biestek (1912–1994)
American priest and social work professor

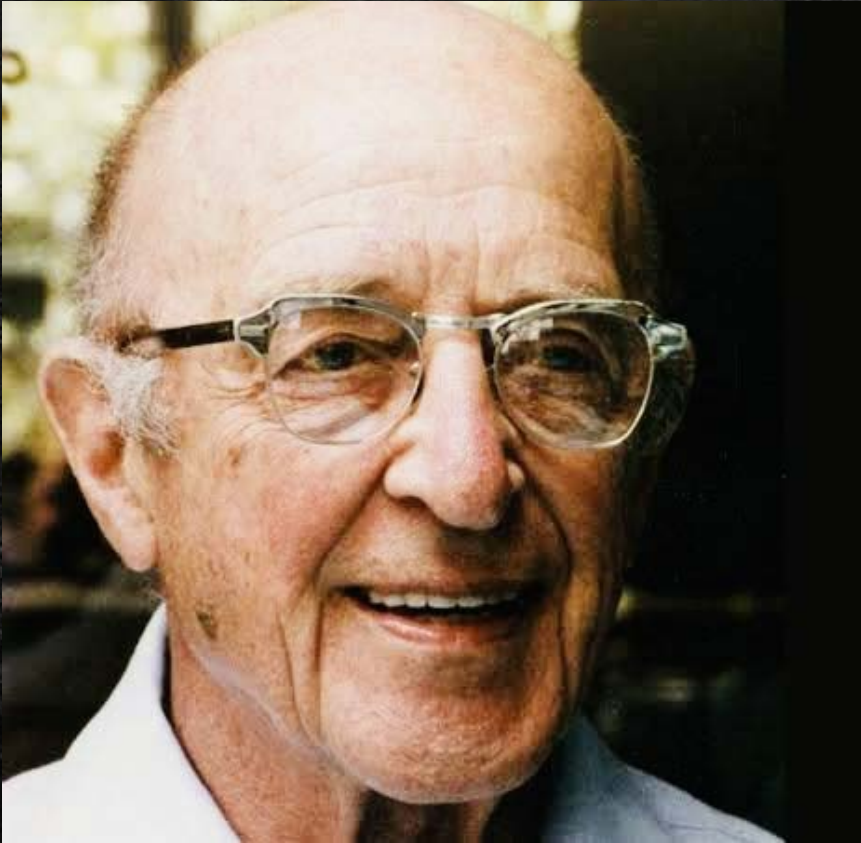
“The ‘non-judgmental attitude’ is one of those troublesome terms. Social workers are probably unanimous in considering it a basic concept, but whenever its meaning is discussed in any sizeable group, there are many protestations to the effect ... ‘that isn’t what I mean by the non-judgmental attitude.’ (p. 235)”

Biestek, F. P. (1953) ‘The Non-judgmental Attitude’, *Social Casework*, 34(6), pp. 235–239. doi: 10.1177/104438945303400601.



Carl Rogers (1902 – 1987)

American psychologist



"A person cannot be 'non-judgmental' in an absolute sense, but one can approach the client with an attitude of acceptance" (p.62)

Rogers, C. R. (1961). *On Becoming a Person: A Therapist's View of Psychotherapy*. London: Constable.

Susanne Gibson Senior Research Analyst Social Care Institute for Excellence SCIE

*"As such, the argument for non-judgmental, unconditional positive regard is itself a moral argument,"
(p.577)*

Gibson, S. (2005) 'On judgment and judgmentalism: how counselling can make people better', *Journal of medical ethics*, 31(10), pp. 575–577.
Available at: <https://doi.org/10.1136/jme.2004.011387>.



(Casandra) Brené Brown 1965 – American academic and podcaster



"We judge people in areas where we're vulnerable to shame, especially picking folks who are doing worse than we're doing..., I have no interest in judging other people's choices.... We're hard on each other because we're using each other as a launching pad out of our own perceived deficiency." (p.124)

Brown, B. (2015) *Daring greatly : how the courage to be vulnerable transforms the way we live, love, parent, and lead*. London: Penguin Life.

Dr Arlene P Weekes

Author, Anti-Black Racism Activist, Social Work Management Consultant and Trainer, & Academic

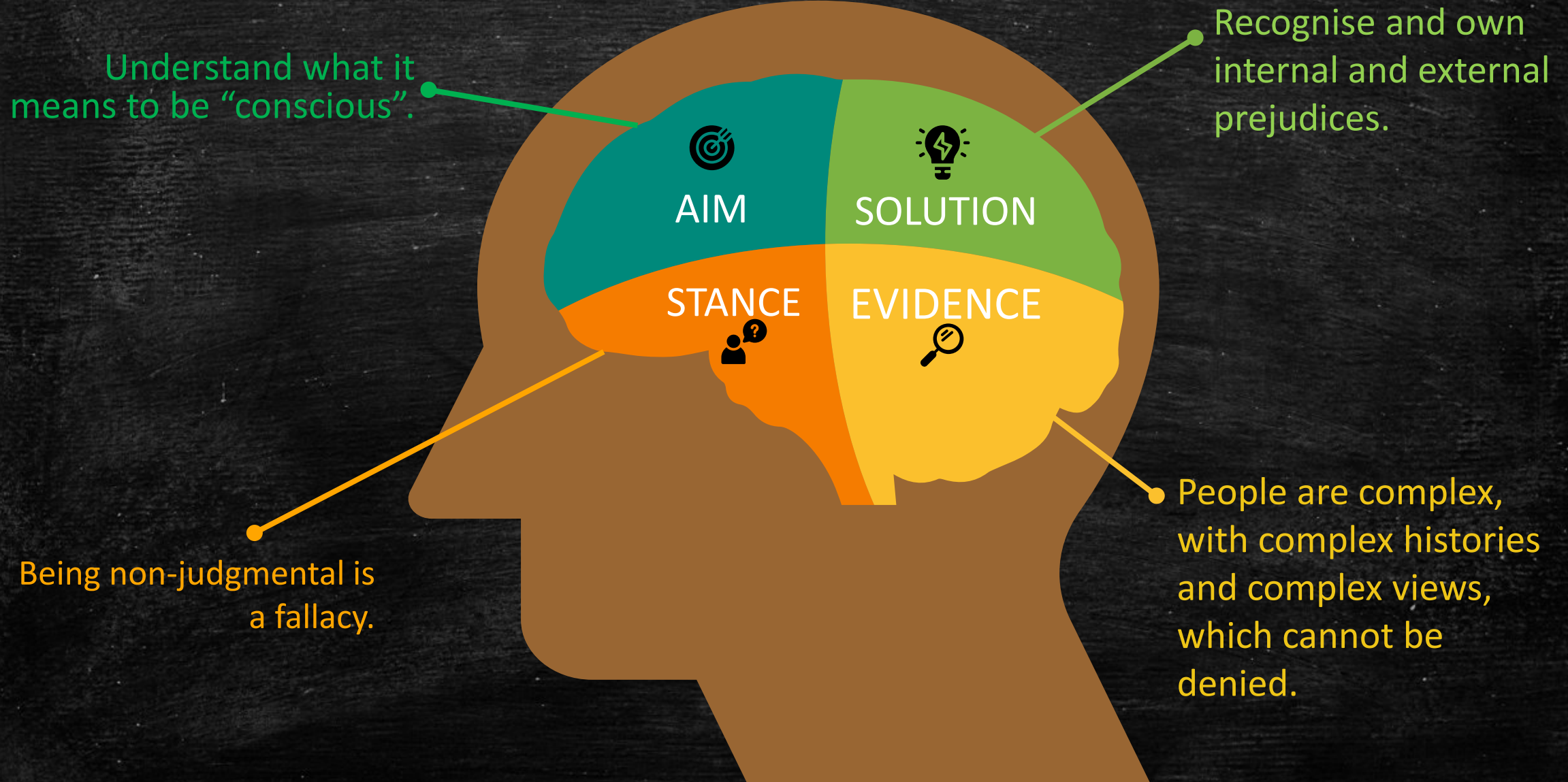
“Any suggestion that human beings are instinctively and naturally objective and non-judgemental is, therefore, fundamentally flawed”. (p. 384)

“The starting point in developing EPPJ was the recognition that the notion of being non-judgemental is a fallacy. The aim then becomes to support, empower and educate people to be consciously aware of unconscious biases in making professional judgements so that they can be significantly more effective in undertaking their role and function”. (p. 393)

(Weekes, A. (2021) ‘The biographic and professional influences on adoption and fostering panel members’ recommendation-making’, *Adoption & fostering*, 45(4), pp. 382–397. Available at: <https://doi.org/10.1177/03085759211058359>.



Effective Personal & Professional Judgement (EPPJ)



EPPJ Tool

Characterise a self-aware individual who chooses not to use their awareness constructively in decision-making.



Individuals who have an awareness both self and external factors – which results in more constructive decision-making

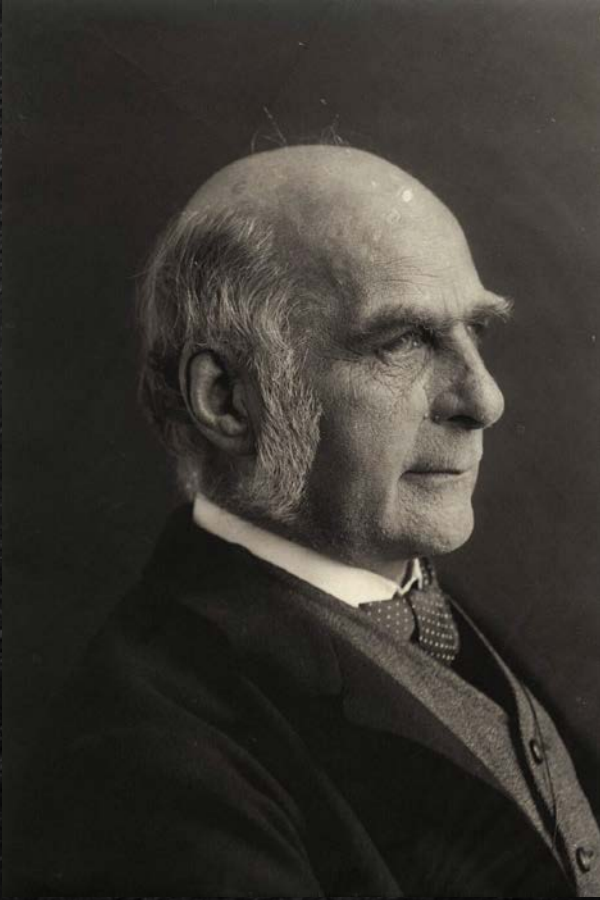
These individuals are generally unaware of their internal influences, and as such are not constructive in decision-making.

This characterises a less self-aware individual who appears competent in their decision-making but comes across as mechanical and detached.

<https://eppj.org/services/>

Historical ideas that inform medical thinking:

(i) Sir Francis Galton (1822–1911)



British founder of eugenics; believed intelligence and morality were inherited and racially ranked.

“Eugenics is the study of agencies under social control that may improve or impair the racial qualities of future generations.”

Encouraged beliefs that Black people were intellectually inferior—these ideas influenced early medical and social work education.

Ideas influenced views on the African diaspora promoting that they had smaller brains and lower intelligence.

(ii) Herbert Hope Risley (India/UK, 1851–1911)

He believed physical characteristics such as the nose determined fixed moral and intellectual traits e.g. to rank Indian castes by racial type.

“The social position of a caste corresponds with the average nasal index of its members.”

Laid foundations for racialised thinking about South Asians, including stereotypes of compliance, docility, or inferiority.

Ideas influenced views on South Asia promoting class-based racial ranking based on genetic fitness.



(iii) Pan Guangdan [Quentin Pan] (1898–1967)



Chinese sociologist and eugenicist; argued that genetics should determine social policy and parenting.

"The improvement of race quality is the most important task of society."

East Asian success was innate, leading to the "model minority" myth—and mental health neglect in children.

Ideas influenced views in East Asia by promoting Chinese racial superiority, advocating for selective reproduction to preserve 'purity', discouraging interethnic marriage, encouraging only the "fit" to reproduce, and shaping discriminatory health and family planning policies.

(iv) Dr Wolfgang Abel (1905–1997)

Before WWII, in August 1938, eugenicist an Austrian Wolfgang Abel—a racist scientist, joined the Nazi Party in 1933 and was involved in compulsory sterilisation of children born to German women and dark-skinned French soldiers—was invited by the Scottish Government to visit Scotland and study Gypsy Travellers, an act that contributed to cultural genocide.

“Gypsies are an asocial element, unsuitable for integration.”

This legacy fuels prejudice in UK, by classifying Roma and Traveller groups as genetically inferior. A legacy that remains today, where Traveller children face placement bias and medical mistrust.

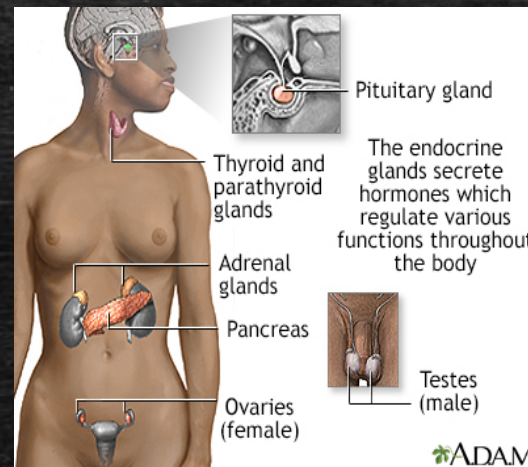
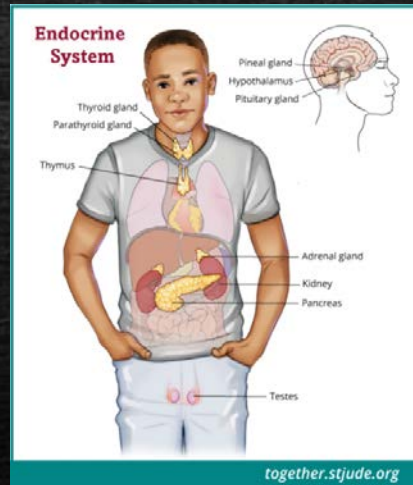
Ideas reinforced harmful stereotypes about Gypsy and Traveller communities, helping to justify racial cleansing and cultural genocide through discriminatory state policies.



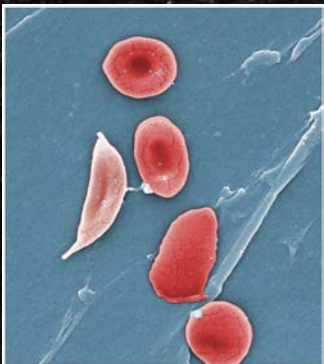
African/Caribbean Case Studies with EPPJ Prompt



Mongolian blue spot/ (congenital dermal melanocytosis)



Sickle cell disease



Precocious Puberty

EDI Trigger

Toughness" bias; under-treatment

EPPJ Self-Reflective Question

Am I minimising pain due to bias?

South Asian Case Studies with EPPJ Prompt



Teeth decay



Juvenile diabetes



Severe, profound and complex learning difficulties



Overweight baby

EDI Trigger

Quietness mistaken for coping

EPPJ Self-Reflective Question

Am I assuming emotional resilience without inquiry?

East Asian Case Studies with EPPJ Prompt



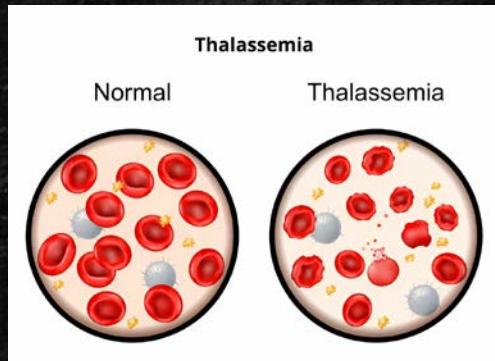
Myopia (near-sightedness)

EDI Trigger

Assumed to be doing well, struggles missed

EPPJ Self-Reflective Question

Am I skipping wellbeing checks due to privilege assumptions?



Thalassemia



Obsessive academic pressure

Travellers/Gypsy Case Studies with EPPJ Prompt



Congenital cataract, facial dysmorphism and demyelinating neuropathy

Low birth weight



Low vaccination rates



Traveller mental health crisis

EDI Trigger

Non-compliance vs access issues

EPPJ Self-Reflective Question

Am I pathologising non-attendance
without context?

Why challenge the fallacy of being non-judgemental?

- **Judgements are inevitable** - All human beings make judgements—this is part of how we interpret, make sense of, and navigate the world. Claiming to be ‘non-judgemental’ denies this reality.
- **Denial of judgement hinders reflective practice** - Pretending not to make judgements, prevents the examination of an individual’s values, beliefs, and biases—key to ethical and effective decision-making.
- **Judgements can influence health professional behaviour** - Failing to acknowledge judgements leads to biased actions that go unchallenged. For example:
 - ✓ **Judgements influence Misreading disengagement as neglect**
A health visitor assumes a Traveller mother is neglectful because she avoids mainstream services — without considering past institutional discrimination and justified mistrust.
 - ✓ **Minimising culturally rooted distress**
A CAMHS practitioner labels a Chinese teenager’s anxiety as typical exam stress, failing to explore cultural expectations, stigma around mental health, and intense academic pressure.
 - ✓ **Underestimating pain due to racial bias**
A GP under-treats a Black child’s menstrual pain, relying on the harmful and false belief that Black people have a naturally higher pain threshold.
 - ✓ **Framing communication needs as ‘difficult’ behaviour**
A clinician rushes a consultation with a South Asian family, assuming they are “demanding” or “non-compliant,” rather than recognising the impact of language barriers and cultural misunderstanding.
- **Professional behaviour** - Failing to acknowledge judgements influences health practice and leads to biased actions that go unchallenged. For example:
- **Being honest about judgement enhances ethical practice** - advocating for rather than striving to be non-judgemental. Professionals should strive to be critically self-aware—acknowledging their judgements and interrogating their origins and impacts.
- **Acknowledging judgement supports social justice** - Opening space for professionals to challenge structural inequalities, rather than hiding behind a façade of neutrality and platitudes that often protects the status quo.

Action/practice tools

- Use of pain scales.
- Listening to service-users.
- Practising cultural humility rather than cultural competency.
- Recognise the legacy and legitimacy of patient distrust of health professionals.
- Conducting equity audits.
- Becoming a reflective practitioner as opposed to claiming unconscious bias.
- Diversity in recruitment at all levels of the organisation.