How can social workers thrive in local authority contexts? This question is at the heart of exclusive research conducted for Community Care by Dr Elizabeth Frost, associate professor at the University of the West of England. Dr Frost looked at the contemporary research literature on wellbeing and retention, and found a number of basic principles emerged consistently across the studies:

“Social workers need to feel safe, supported, able to develop, part of a community, and in sync with an organisation that shares their values, and supports and looks out for them”.

Learning
A key part of whether social workers feel able to develop is the provision of training, and opportunities for learning. For instance, Pithouse et al (2018) found in a study of Welsh workers that “dominant sources of knowledge were setting-related (colleagues, work systems and in-service training)” – showing that opportunities to learn from experienced staff on an ongoing basis are key. And Burns et al (2019) highlighted the importance of learning to retention, finding that despite the stresses of social work, “being challenged by a complex and interesting job, learning all of the time, the excitement of the work and a sense of making a difference” contributed to the decision of social workers to stay in the profession.

Development of the retention risk tool
Based on this research review, Community Care have partnered with Dr Frost to devise an evidence-based diagnostic tool that can help senior leaders understand the risks they face within social worker retention – and what potential solutions might be.

The principles outlined above are at the heart of a visual dashboard that shows how a local authority is performing against the core retention indicators, such as training and career development. The retention risk tool comprises an organisational self-assessment, social worker survey and in-depth qualitative interviews.

Merton case study
The London Borough of Merton was the first local authority to undertake the retention risk tool (RRT). Merton’s children’s services (continued overleaf)
department was rated ‘good’ by Ofsted in 2017, but despite this, the service had a 23% annual turnover of social workers, higher than the national average of 15-16%.

The RRT analysis identified three high-risk areas for social worker retention at Merton:
1. Overload
2. Burnout
3. The transparency of the organisation

In all these areas, potential solutions were offered by practitioners such as more administrative support to deal with paperwork, and better internal communications around secondments and promotion opportunities.

The RRT also highlighted Merton’s key strengths, such as effective training, friendly and supportive colleagues, and supporting practitioners to develop their resilience and confidence.

“To training makes you feel valued because of the investment they are putting in that and what they offer.”

Access to training was consistently seen as a very positive aspect of working for Merton. Interviewees mentioned feeling ‘recognised’ and ‘valued’ by the organisation as a result.

Several authorities have now completed the retention risk tool, with one council doing it two years in a row to see how social workers’ experiences had changed in that year.

References
Burns, K; Christie, A and O’Sullivan, S (2019) ‘Findings From a Longitudinal Qualitative Study Of Child Protection Social Workers’
Frost, E (2019) The well-being and retention of local authority child and family social workers: key themes from contemporary research literature

To find out more about how a retention risk tool could help your organisation call the Programme’s Manager, Peter Clarke, on 07795 394299

continued from page 1...

Community Care Inform – Content updates

The table below outlines a small selection of new or updated content. You can use the headings to find the content on our sites. For information on other topics or areas you are interested in, contact your client partner or the helpdesk on 020 3915 9444 or ccinformhelpdesk@markallengroup.com

### Community Care Inform Children

<table>
<thead>
<tr>
<th>Content Title</th>
<th>Date</th>
<th>Expert Contributors</th>
<th>Description</th>
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<tbody>
<tr>
<td>Parenting assessments</td>
<td>07/11/19</td>
<td>Jon Symonds</td>
<td>Assessing whether parents (or other caregivers) are able to provide good enough care for their child is a key social work task. This guide is useful for any statutory assessment but focuses on the in-depth parenting assessments that might be ordered by the courts, where the quality of social work assessments has sometimes been criticised. Provides messages from research about approaches and tools that work in different situations, as well as clarifying what the courts expect.</td>
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<tr>
<td>Child and adolescent to parent violence and abuse: podcast</td>
<td>30/10/19</td>
<td>Helen Bonnick and Jane Griffiths</td>
<td>This is a tricky area for practitioners who are used to seeing children in need of protection from their parents. The experts are Helen Bonnick, a social worker, practice educator and author who specialises in this area, and Jane Griffiths, a consultant and trainer. The podcast covers how this issue can affect all kinds of families (including adopters and foster families), what is known about when and why it occurs, how social workers can recognise it compared with normal boundary-pushing behaviour, and how they can work with families. Podcast transcript also available.</td>
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### Community Care Inform Adults

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<tr>
<td>Force-feeding, the Mental Health Act and the inherent jurisdiction: JK v A Local Health Board [2019] EWHC 67 (Fam)</td>
<td>26/11/19</td>
<td>Tim Spencer-Lane</td>
<td>This case concerns a 55-year-old man diagnosed with autistic spectrum disorder who was on remand for the alleged offence of murdering a close relative. He was in a medium secure psychiatric hospital under section 48 of the Mental Health Act. He said that he wanted to die and had stopped eating. He had been assessed as having capacity to make the decision not to eat and to refuse medical treatment. The local health board argued that his refusal to eat was a symptom of his autistic spectrum disorder. The case looked at whether force-feeding can fall within the definition of medical treatment of a mental disorder under the Mental Health Act.</td>
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<tr>
<td>Deprivation of liberty in the community: Barnet LBC v JDO [2019] EWCOP 47</td>
<td>07/11/19</td>
<td>Tim Spencer-Lane</td>
<td>This case looks at the streamlined process to enable the Court of Protection to authorise non-contentious deprivations of liberty in community settings. In order to be certain that a case is non-contentious, the court relies on full and frank disclosure being provided by those making the application. The case of London Borough of Barnet v JDO concerns a 24-year-old man with cerebral palsy, autism, learning disabilities and epilepsy whose local authority made an application to renew a deprivation of liberty order, but failed to uphold the duty of frank and full disclosure. The case serves as a warning for local authorities and social workers of the consequences of failing to comply.</td>
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Gloucestershire County Council and Community Care Inform – Case study

Rebecca Govan, Practice Development Social Worker (left), Rachel Watkins, Practice Development Team Manager (right)

What were the reasons for investing in Community Care Inform?
We are committed in Gloucestershire Adult Social Care to offering the very best in terms of professional development for our staff, both qualified and unqualified, and ensuring that the people we work with receive a great service from us. Initially, we started with a smaller number of licenses to Community Care Inform for specific job roles, but after a while we recognised how the resource could be used across the whole workforce to support learning and improve practice and made the decision to invest in a service-wide license arrangement.

What initiatives have worked well for the service?
We have encouraged engagement in a variety of innovative and creative ways such as having Community Care Inform attend some of our development days with their stand and freebies! We have dedicated time to support our teams to make the most of this resource which has included visiting teams to discuss their challenges and development needs and working with them to find ways to address these using Community Care Inform articles. We found the ‘on the go’ podcasts a great way of accessing learning on a busy day and have recently held competitions rewarding our top users with bag full of treats to support self-care. We also use our monthly newsletter to illustrate how our colleagues have applied their learning from the resource into an aspect of their practice. Showcasing success stories and using direct feedback from practitioners encourages others to see how much relevance Community Care Inform has as a practice tool, and therefore increases usage.

How have you measured success?
We have collated a set data that we share with the team managers and have recently started to target areas for future development with performance indicators to embed Community Care Inform as an everyday practice resource. We conduct an annual health check in Gloucestershire Adult Social Care and this year added specific questions for staff to answer about Community Care Inform. This gave us clarity as to what has improved and what we need to address now, and showed us how the resource has really helped us to establish a learning culture within the workforce.

Most importantly, we asked for examples of how the information contained in Community Care Inform has supported great practice with those we serve. The best measure of success has been hearing how practitioners have been able to use this to change the way we work with people and achieve fantastic outcomes!

What do you think are the reasons for your success?
Dedicated staffing resource and time to the promotion of Community Care Inform in each team has been crucial. As always, the best and most productive form of communication is face to face and our staff have responded well to the proactive approach of the practice development team spending time introducing them to articles relevant to their caseload or development needs. We have also worked closely with our management team to better understand the challenges they are facing and tailor our support accordingly.

In addition to this, the resources are updated regularly and are responsive to changes in the social care area, so the resource feels relevant and practitioners can feel confident that they can find something new each time they access it.

Have you had to overcome any challenges?
By listening to the teams and meeting with them in person, we have gathered invaluable information about the challenges they face in using Community Care Inform. During the transition period, Community Care Inform presented some technical glitches and many staff could not log in. Unfortunately, this impacted on their view of the resource as a whole and its reliability. Since then, we have worked closely with Community Care Inform to ensure all technical issues are addressed quickly and staff have not reported ongoing log in problems.

Time is always a challenge in our busy frontline teams and CPD can suffer because of this. At Gloucestershire Adult Social Care, we have responded to this with a robust and supported CPD offer linking formal and informal training with Community Care Inform and e-learning to produce a great quality offer for all our staff in terms of CPD. We continue to address the need for us all to make time for research, learning and development by including Community Care Inform discussions in team meetings, supervisions and during peer support sessions.

Have you got any examples of where it has had an impact on practice?
Community Care Inform offers a wealth of useful information on working with people who hoard or self-neglect. This has been mentioned by colleagues several times as helpful to their practice in these complex situations. A colleague recently wrote for our newsletter about the MCA practice hub:

“I looked at articles on the Mental Capacity Act because I was looking at how to make MCA2 interactive and not like a question and answer session with patients on the wards. This research has helped me to conduct MCA2 in a friendly manner, which brought positive outcomes. Also, family members who questioned why I was conducting MCA2 later understood the reasons why via knowledge gained from the articles.”

We have also encouraged the use of Community Care Inform in supervisions by our Advanced Practitioners who have used articles relating to community DOLS, hoarding, self-neglect and MCA.

Other feedback about its relevance in practice has come from our social care assessors, one of whom said:

“Being fairly new to my role as Social Care Assessor, I have found Community Care Inform invaluable. From the A-Z of Benefits, to how to complete an assessment with someone who has dementia; there’s something for every situation.”

What advice would you give to other services looking to embed Community Care Inform?
We believe that taking a planned approach to encourage engagement and measure this has hugely helped us to embed Community Care Inform as a relevant and useful tool in our teams. Without intentional effort and really listening to feedback we would not have seen the progressive month on month improvement that ensures this is an investment worth making. Commitment to developing a culture of learning in the workplace in order to make the most of this resource is vital and it’s important to work with teams and frontline practitioners to support in integrating the available information into practice.

Embedding Community Care Inform as a useful resource in practice has required work across the service, but the benefits this has brought outweigh the time and financial commitments we have made to it. We are looking forward to finding new and innovative ways to overcome any barriers or issues that may arise.

- Interested in finding out more about how ASC GCC supports practitioners to grow and develop?
Visit: www.gloucestershire.gov.uk/adult-social-care-recruitment
Strengths-based practice and Community Care Inform

To support our partners with embedding strengths-based practice we have collated and put together a library of resources. For a hyperlinked version of this directory please contact your client partner.

**ASSESSMENT**

- Suggestions to ensure that assessments are focused on outcomes.
- How to use a strengths-based, person-centred approach.
- An understanding of the core skills required by practitioners to carry out a good assessment.

**QUICK GUIDE TO STRENGTHS-BASED QUESTIONS**

- Strengths-based ideas for moving beyond completion of an assessment form.
- Suggested questions and strategies for engaging people to build an understanding of their life, strengths and goals – plus hints on their use.
- Tips for keeping assessment and eligibility processes strengths-focused.

**QUICK GUIDE TO DIFFICULT CONVERSATIONS**

- Ideas for coping with difficult conversations using strengths-based practice.
- Examples of difficult conversations that might emerge.

**STRENGTHS-BASED PRACTICE IN ACTION: PODCAST COVERING USING STRENGTHS-BASED APPROACHES IN SOCIAL WORK**

- What skills social workers need for strengths-based practice.
- How to carry out strengths-based assessments.
- How managers can use a strengths-based approach with the social workers they supervise.
PODCAST WITH LYN ROMEO LOOKING AT WHAT STRENGTHS-BASED PRACTICE IS AND THE CHALLENGES AND CRITICISMS

- What strengths-based practice is, and whether it’s different to asset-based practice.
- How to use a strengths-based approach in your practice and the kind of questions you can use in conversations.
- Some of the criticisms and challenges of a strengths-based approach.

STRENGTHS-BASED PRACTICE AND THE CARE ACT 2014

- The wellbeing principle
- Prevention
- Assessment
- Planning
- Review

WE ALSO COVER A RANGE OF PRACTICE MODELS

- Local area co-ordination
- Three conversations
- Signs of Safety
- Solution-focused practice
Does your local authority have the six key elements needed to build a positive learning culture?

Through our work with local authorities across England and Wales, we know that developing a learning culture is a key focus for many councils. Learning supports best practice and enables organisations to learn from incidents and prevent them from happening again. It is also linked to social worker retention – crucial in a market where qualified social workers are at a premium.

We want to support local authorities to understand where they are in the process of developing a learning culture, and how they can work to improve and embed this culture. We’ve worked with Professor Jan Fook of the University of Vermont, who carried out an exclusive review of the research around learning cultures for Community Care Inform and reported her findings in August.

What is a learning culture?
Our understanding of what a learning culture is comes from Jan Fook. She defined it as consisting of all the ideas and practices in the organisation about learning. This includes ideas about what learning is and should be, how learning happens, and what is seen as acceptable and what is valued.

For instance, is it seen as acceptable for a social worker to spend a few hours reading an online resource to learn about neglect? Or would this be seen as slacking off from the ‘real job’? All of these collective ideas and norms feed into the learning culture at an organisation and what this is like?

Formal versus informal learning ‘Learning’ is often seen as being synonymous with ‘training’. Going on formal courses about things like mental capacity or motivational interviewing is clearly important – but it isn’t the only way to learn, or necessarily the most effective. Learning also happens in informal conversations between colleagues, in group supervision sessions and in everyday interactions with service users. Part of developing a learning culture is understanding the balance needed between informal and formal learning, and changing the perception that learning is just something you do when you go on a day-long course.

The six key elements of a learning culture
We’ve identified six elements that need to be in place to allow a learning culture to flourish in a local authority children’s or adults’ service. These are based on Jan Fook’s research, as well as our own experience of working closely in partnership with local authorities.

The elements aren’t in any order of priority – they’re all crucial, and interrelated:
1. Leadership
2. Collaboration
3. Communication
4. A ‘just’ culture
5. Organisational environment
6. Evaluation

In this newsletter, we’ll just focus on one element in more detail.

Leadership
Leadership can happen at all levels of an organisation, but it is the buy-in of senior leaders that is crucial for the development of a learning culture. If leaders tell staff about the importance of work-life balance, but then regularly send emails at 11pm, staff are perhaps more likely to check emails in the evening themselves. And if leaders model good behaviours around learning, this can be a powerful incentive for staff to make learning a priority. What leaders say is important, but what they actually do is more so; they need to model the behaviour that the culture is aiming to create.

The other vital level of leadership is team management. These managers play a crucial role in supporting practitioners to take time out of their everyday work to learn, as well as helping them articulate the things they’ve learnt through more informal interactions. Reflective supervision, both individual and group-based, is a key vehicle for this.

Learning cultures on tour
We want to talk about our research into learning cultures with as many people as possible, so we can hear what you think a learning culture is and what you’re doing in your organisation. So, we’ve been going on a regional tour to present our findings. In November we visited Leeds and Oxford, and next year we are planning further events across the UK.

• If you have any questions about our learning cultures work or want to hear more, please contact your client partner or the Community Care Inform Helpdesk at 0203 915 9444.
Meet the Community Care Inform team

Meet the Inform partnerships team who are here to help maximise the impact of Inform on your organisation and support you in delivering your social work learning and development strategies. You can contact the team on the numbers below and also engage with them on Twitter.

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Our customer success team are available to answer all your queries about using Community Care Inform and help you and your practitioners find what you need. Contact them at: ccinformhelpdesk@markallengroup.com | 020 3915 9444

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