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The Workforce Insights Podcast: Using new approaches to promote 'old school' social work for older adults

Kirsty Ayakwah: Hello, and welcome to Workforce Insights, a Community Care podcast where we speak to social workers and senior leaders about practice training, and how their experiences are shaping their offer of support for adults and children.

My name is Kirsty Ayakwah, senior careers editor at Community Care, and this episode is in collaboration with Hampshire County Council. When Hampshire County Council's adult social care team noticed a doubling in the care packages needed to assist people aged over 85, it found a solution through an approach called 'Proactive Enhanced Care' or PEC. In Hampshire, there are over 54,500 aged over 85 according to Max Hutchinson, head of service for South Hampshire older adults' teams, who devised the PEC project, and the council provides domiciliary care for just under 2,000 people, which equates to about 3% of the population. That figure excludes older adults supported under schemes such as Take a Break, extra care, and live-in care.

In this episode, we speak with Ryan, a service manager for older adults in the north-east of Hampshire, and Bridget, a senior social worker in one of the older adults' community teams, who helped to roll out the PEC project. And later in this episode we catch up with Max to find out if there are plans to extend the PEC project to a younger demographic of older adults.

Ryan, can you tell me more about what your role is at Hampshire? [0:01:42.7

Ryan Campbell: Yeah. So my name's Ryan Campbell. I'm a service manager for older adults, Hampshire. So I cover the north-east of Hampshire with three social work community teams that sit underneath me.

Kirsty Ayakwah: Thank you. And Bridget? [0:01:56.1]

Bridget Hamilton: Hi. My name is Bridget Hamilton. I'm a senior social worker in the older adults team in Gosport. So we're in the south of [unclear – 0:02:06.0].

Kirsty Ayakwah: Brilliant. Thank you so much. So I'd like to start off by exploring this term 'Proactive Enhanced Care'. Could you tell me more about it, Ryan, and how it came about? [0:02:18.8]

Ryan Campbell: Yeah, certainly. So as you mentioned earlier, we noticed that particularly with people over the age of 85 there was…the care packages that we had supported and put in to help that individual started to double. And we were interested to know what that was about because we've always worked using the strengths-based approach within our day-to-day practice. You know, that's very well

cited internationally within social care and local authorities. But we thought, well what else was missing? You know, 'What can we do to support these individuals?' The PEC approach (so Proactive Enhanced Care) helped us to identify a cohort of people. So we picked 85 because of the reasons we've outlined, and we wanted to see how we could work holistically with those individuals and maximise the support that they had around them through family, through local community, through health etc.

And the PEC approach means that the individual gets allocated to a social worker or a case worker who would be one of our unqualified social workers, and they work with that individual quite intensively for a number of weeks and they have regular touchpoints at four weeks, eight weeks, twelve weeks, up to around twenty weeks. And that enables…I suppose what I would reference it as is true social work practice which, sadly, because of, you know, the intensity and demand on the service, I think that we try our best to achieve that but this brings us back to those roots where we work with people really closely. And we're just there. It helps us build a relationship. They learn to trust us. And we can explore what's right for that person.

And one of the other things that we bring in around Proactive Enhanced Care is also frailty, and that's something within social work we've started to try and embed more as a business-as-usual for our teams because it would have been primarily a health-led intervention or a health-led phrase in terms of frailty.

Kirsty Ayakwah: Brilliant. Thank you so much, Ryan. Bridget, I know that you were quite involved in rolling out the project. Could you tell us more about your involvement? [0:04:28.1]

Bridget Hamilton: Yeah. I became involved through Max, whose brief this is. And Max wanted me to operationally lead on their Proactive Enhanced Care initiative. And so I worked with the project team to see how we can, as Ryan said, embed this into our practice to enhance our strengths-based approach. And that is how I became involved. And it's been quite a journey because it's really allowed me to practice and also witness how, when we go back to our core social work values in terms of how we practice, that it does definitely make a difference to the service users that we work with.

Kirsty Ayakwah: So I'm right in thinking that the project's been around for about two or three years? [0:05:21.6]

Ryan Campbell: Yeah. I think we started talking about Proactive Enhanced Care around 2021, and obviously we've had lots of things happen around that time, Covid being one of them, but yeah, it's been around for three years, I would say. It really is just part of our day-to-day practice now within our social work teams.

Kirsty Ayakwah: Mm. And Ryan, you mentioned about the frailty score – Rockwood, I believe it's called. How does it measure an individual's frailty? [0:05:48.9]

Ryan Campbell: Yeah. So Rockwood frailty score. It's a clinical frailty score and it looks at a spectrum of frailty from a scoring of 1 where a person is seen to be very fit, to 9 where someone would sadly be viewed as terminally ill. And the tool itself is quite simplistic, which is something that we can refer to as social workers, where it provides a diagram and short description against each of those scores, and that enables us to undertake an assessment to look at people's baselines and we can say, 'Okay, this person we believe is around a 3 or a 4, around a moderate frailty.' And through the PEC approach we can then continue through our checkpoints – 'cause we capture those, our interventions with people, to help us think about how we better our services in the future and how we continue to improve services. The score when we do different checkpoints lets us know if the person has maintained their independence or if there's been an improvement in frailty, 'cause I think there's a really big perception that when people are frail they're going to decline. And that is true for lots of people but there are also people that can improve on their frailty journey, and this gives us a way in which we can support people.

And we mentioned earlier about our connections with our health colleagues. This is language they use day in, day out. So for us, it has enabled us to speak their language and assist in developing closer relationships where we can say, 'Well we're working with an individual with a frailty of 4,' and they already know what we're talking about and we don't have to, you know, get into the weeds of that. So I think that's been really helpful in supporting that, the development of strong relationships with our health colleagues.

Kirsty Ayakwah: It's interesting you talk about speaking the same language, and Bridget, I wanted to pick that up with you, how that has benefited practice for you and you supporting older adults. [0:07:39.9]

Bridget Hamilton: So there is a training that goes with it, in terms of being able to use the Rockwood frailty score. So staff had to do the training in order to give us a better and clearer understanding of when assessing someone using the tool how it works.

So being able to go to our health colleagues to say, as Ryan mentioned earlier, to say, you know, 'We're working with this person and we've assessed them and this is their frailty score,' means that they don't have to or wouldn't have to do the same assessment. So it became almost one assessment. That is the vision. It becomes one assessment that we can both use. So if a health colleague is the first person to have met the service user, I could use the frailty score to work with them and *vice versa*. So it's really enabled us to work ever so closely with our colleagues and respect their assessments whilst they respect our assessments and our judgements.

And in a way, what it does is that the service user doesn't have to repeat themselves or they don't have to go back and do the same assessments over and over again but with different faces and different people. Because what you find is the service user will say to

you, 'But I only answered these questions a few weeks ago or a few days ago. Why are you asking me the same questions? Why don't you have this information already?' So yeah, having one assessment that we could both use – health and social care use – is really, really good and beneficial to the service user, at the end of the day. It's all about the service user and their journey and, you know, achieving better outcomes for them. That is one of the benefits of using the frailty tool.

Kirsty Ayakwah: Thank you, Bridget. I really wanted to understand if either of you could give an example of where you've seen that work, where you've seen it's been beneficial for your practice? [0:09:37.3]

Ryan Campbell: So, I would say one of the places it's really beneficial is that we can get people linked in with community services or health colleagues. We quite often have individuals that can be resistive to accepting support. And a lot of that is the ability to build a rapport 'cause, you know, you can understand some stranger coming in with a badge that says they're a social worker and, like, 'Trust me, please.' But that's going to take time. And the PEC approach gives us that.

And it's through that that we can start to encourage them to maybe consider linking back in with their GP or the district nursing service if they've got, you know, sores or if they've got wounds on their legs that may need addressing and they've neglected those. We can link them in with community services or lunch clubs that they may not have been aware existed. But we can even just see what that person can do for themselves 'cause I think they get into a position where they've maybe accepted where they are in their life and they maybe don't see the positives. And we can help support them through that journey to recognise their own strengths, who they've got around them within their family and friendship group that can do things to ultimate increase and support their independence.

We do a lot of work with our health colleagues, like I said, and we're very fortunate in the north-east of Hampshire to have quite strong, established links with health. And we see that daily with the work that our teams, the joint health and social care and community service teams do, and the interventions they have with people.

And I'll give you an example where we had one lady who was an alcoholic and she was a double amputee with multiple pressure sores, and she hadn't left her flat for years. And she was extremely resistive to care and didn't always use the nicest language when working with our colleagues, our staff. And through the work we did with ICTs and with the PEC approach, we were able to support this lady to consider her options and she eventually moved into an extra care housing scheme where she had more independence, she could go out her front door and go back into the community. She stopped drinking, she received treatment from the district nursing team and her pressure sores and wounds healed. And I would describe it as a transformation because she was probably somebody that we would

have described as really difficult to engage. But that took a long time and it speaks to the fact that when we can support people more regularly and work more intensely, we can take that time to build relationships and break down those barriers, we can get people to really good outcomes. And I think that's one example of many that we've been able to support somebody using the PEC approach.

Kirsty Ayakwah: That is a really interesting and positive example that you've shared. What I think is really amazing is sometimes it's those little things that you do, and I think when we've discussed this offline in the past you've mentioned that sometimes it's something as little as just encouraging somebody to maybe do a few stand-ups if they're not very mobile. So I'm just interested in the massive transformation that this particular person had, from having pressure sores, not leaving their house. What do you think it was within PEC that enabled that big transformation to happen? [0:12:56.5]

Ryan Campbell: I think it was more regular intervention with the consistent social work. You know, we had different levels of how we case-hold within the local authority and that is often impacted by levels of risk that we're managing within our waiting lists and allocation of work and existing work that staff have and their ability to pick up. Unfortunately we've seen a huge increase in the demand and complexity of work coming into the service and that does impact, you know, the work that social workers and social care teams are holding. This PEC approach gives us an opportunity to make sure we have those regular touchpoints, those regular reviews. We're there when they need to call us and it ultimately comes back to building that trust with an individual. And I think really in this case it was about helping that person recognise that there were other things that could be done to support them. And that may not have been achieved if we had gone and done an assessment and maybe put in a service and then did a review, and then they went for annual review, whereas within this way of working we were able to see them definitely at week four, week twelve, week twenty, but in between that as well. And we had joint visits with our health colleagues and we could help explain the risks if the lifestyle continued the way it was. So I think all of that contributed to the outcomes for that particular individual.

Kirsty Ayakwah: It is really inspiring just to hear you explain that story, and I wonder, Bridget, if you have a similar inspiring story to share as well? 'Cause I know you've talked about old social work and this promoting old social work. [0:14:30.1]

Bridget Hamilton: Yeah. I mean, you know, I think everyone here would probably agree with me. But by the time we come into contact with the service users they've got many, many years ahead of us. They know themselves better. They know who they are, the aspects of their own lives. And so therefore sometimes it will take a little bit more than just a first visit or a second visit to make a real difference to them. Around the county, whilst using, you know, this approach we've had many, many, many, many positive stories and made a real difference. I guess for

us it was the first time we talked about this in our teams, I had the opportunity to work with a colleague of mine who was really enthusiastic about this approach because as soon as I explained to her she said to be, 'B, this is exactly what we signed up to do as social workers, so why not? I'm so happy. And given the time and the space and opportunity to do so, absolutely I would.' And she made a real difference whilst I was supporting her. She made a real difference to a service user who had been discharged from hospital and gone through our re-ablement service. The hope for re-ablement service is that, you know, people hopefully wouldn't go on to need a care package, or even if they do it would be a manageable, small care package, depending on the situation. But what we didn't have sight of is once that care package goes to commission, an agency, it would be very difficult to track how the person is doing unless we actively reviewed them. So by being referred to the PEC work that was being done, we were able to work with this person intensely and it gave us the opportunity to explore what they can tap into. We took away the fact that they were a person over the age of 85 and we saw them as someone who was capable as opposed to who was vulnerable, right? Because when you put a vulnerable word against an older person it already sets the tone to say, you know, they're weak, they can't do certain things. But we saw this person as a capable person given the chance, given the opportunity. And yes, my colleague worked with a gentleman from having three visits a day to nothing by twenty weeks. He was up and back to what he was before going into hospital. And that was by keeping in touch with him, being in contact regularly, encouraging him, giving him options of what is in his community. And also for my colleague it was about using her professional curiosity to, 'What's going on here? What can we do differently here with you? And what do you want to do, most importantly?' Because it's all good and well going in and giving people all of these ideas and all of these activities in their area, but if they don't have the motivation…and that's what we're there for, to motivate them to actual tap into what really interests them. And so by doing that we were able to make a real difference.

And I always say this. It takes a village to raise a child, right? But it takes a community to help support and promote the health and wellbeing of an older adult.

Kirsty Ayakwah: Absolutely.

Bridget Hamilton: So you know, by having that community around the person – and this person knows what their community looks like and maybe because of events they haven't been able to tap into that. So it's about re-engaging them in that community. And you can only do that when you have time, right? You can't do that in two visits. You can only do that when you have time. And I'll tell you something. Recently a service manager was talking about the transformation that's currently going on in the organisation and she mentioned about PEC. And do you know what colleagues said? Colleagues said, 'Why don't we go down to the age of 65? Because we can do more with this age group.

They've got the ability, they've got the capability. So we can work very well with this client group from 65.' So colleagues are really bought into this idea because it does resonate with us, right? And because you see a real difference at the end of the twenty-week period that we work with this person, or when you come off that journey, it was very refreshing for my colleague to see that this gentleman needed no care after her intervention. And he was up and engaging again in his community.

And as Ryan said, just because you're 85 doesn't mean that you're going to be looked upon any differently in our assessments. You have to have the same opportunity as a 65-year old or as a 75-year old. That shouldn't really make a difference. It's about what's your ability as opposed to your inabilities.

Kirsty Ayakwah: Yeah. Absolutely. Thank you, Bridget. I mean, I really am hearing from both of you these threads of centring the person, focusing on the strengths. I can hear that it's a confidence boost. I mean, if you're feeling that you're able to do more, then that will help to drive you to encourage you to become a bit more mobile if that's the thing that was lacking. So it is really positive. And I think there is a lot of merit in reducing the age that you support older adults. So I don't know if that is something that's in the mix? [0:20:@1.4]

Ryan Campbell: I mean, 85 was always the starting point 'cause we had to pick a target group that we could measure the success of within this. I do believe we would look to change the age bandings definitely. I mean, ultimately what we're saying is people are champions of their own lives. We are there to support them. And it doesn't mean they're not going to have a package of care. Some people will have a package of care. But they will also be linked into other things that help them maintain where they are within their life and slow that deterioration and that frailty. So it's, 'How do we come together to say, "What would you like? How can we support?"' You know, obviously we do an assessment, we understand where the person is and what they may need. But equally, we can link them in with other resources to say, 'This is what's out there. Would you be interested in this?' And they may say, 'No, I'm not right now.' Three or four weeks later they might say, 'I've thought more about that. Yes, I would like to give that a go.' So it's how do we basically support them and complement that and, like we say, people…it's about maximising independence. It doesn't always mean that they won't have a care package but it might mean that they may not have as high a care package as previously because of other interventions we've been able to work with them on.

Kirsty Ayakwah: Yes, absolutely. And I think you've spoken about resources during this conversation but I think there are some signposts where social workers can use to support the older adults but also adults can use? [0:21:50.1]

Ryan Campbell: So Hampshire have a website, Connected Support Hampshire, and that's where people can go on. It's a directory of information and it

has lots and lots of rich information about supporting people. You know, voluntary services can provide their details and get added onto that website. So we do have that as a place to signpost people to.

But like I say, we also have the ability to link in with community connectors or community wellbeing workers that we have attached to some of our teams, and they can help people to assess what's in their local community. Do they have meal delivery services? Do they have lunch clubs that they can attend? Are there strong and steady classes? You know, the fire service I know had done some strong and steady classes before where people could go and do some, like, exercises appropriate to their ability but also have a cup of tea at the end of it. And after that course had finished, maybe six or eight weeks later, they had established friendships, they had improved their connection to people, they had reduced their isolation, you know. But they may not have known that existed, 'cause they may not have accessed the internet or they may not have helpful family around who can say, 'Mum, Dad, have you thought of this?'

So we can see our role in that is for those people particularly who are very isolated, is to help re-engage them and let them know what's out there and support them to reconnect with the local community if they wish to.

Kirsty Ayakwah: Yeah, absolutely. You've talked a lot about the amount of time that is invested in supporting older adults, and I know that for many social workers there isn't a lot of time. They're working around the clock. So I'd be interested to know how a social worker in Hampshire is able to factor all of this in when supporting older adults. Bridget, are you able to speak on this? [0:23:35.9]

Bridget Hamilton: Yeah. So initially, obviously we had to have a number of cases and a number of people within our teams who would take on this role. But since this has become business-as-usual, it's…I wouldn't say it's easy. It's very challenging and it's a balancing act, isn't it? It's about planning. It takes a lot of planning and managing and prioritising our cases, individuals that, you know, we are looking, helping to look after. So yes, it's not easy but it is also quite do-able because you can plan those cases, you can plan those interventions, and you're not expected – depending on the nature of what's going on for the service user that you're working with – you can be in contact with them as often as required or as little as required. It's all about what is happening.

And I'll tell you something. This question was asked so many times but what you realised is that because you are wanted to enable people to take control of their own lives, you don't really have to have that intense intervention as such. So for example, if you say to clients, 'Do you want to go and try this? And then I'll be in contact with you in two weeks to see how you're getting on with that.' You can also refer to a colleague and say, 'Can you support this person to engage in this activity because they are very interested in what you are providing?

Can I leave them with you?' We've got to be better when signposting people, also leaving them in capable hands, is what I say, so that we can take a step back and then leave them to take that control. You can't empower someone to take control of their own lives when you're constantly there, right? So I would say it's a juggling act but also it's do-able because you determine, and they determine, how often or how little you intervene within the twenty weeks that you are with them.

Ryan, what would you say to that? [0:25:42.9]

Ryan Campbell: I'd probably look at it more from the management perspective when we're looking at, like I mentioned earlier, our significant waiting list. And we have ways of working that that are absolutely fantastic. But we can't escape the fact that there are extremely high waiting lists filled with larger numbers of complexity than we've ever faced. And that becomes a real challenge when you do at times have to allocate based on level of risk. But equally, the PEC approach has enabled us to think about the visibility of, at this current time, this current group of 85-year olds that are new into our service. So when I know when my team managers are allocating, they are thinking about, 'Okay, we need to allocate these people here who are high-risk but actually there's also individuals here that, if we can get in and intervene…' we can do all the positive things that we've already talked about throughout this today, but it is a juggling act. It is really hard. And I think social workers, you know, I've described it before as they're facing so much risk and adversity at the minute and so much high levels of safeguarding and the more, I suppose, dark side of social work, you know, the more challenging side, this is, I think, quite refreshing for them because they can really do true social work practice that results in really positive outcomes for people. And that to me is what helps them feel, I suppose, refreshed and motivated to continue doing what they're doing. Because this is not an easy job. You know, health and social care is very, very challenging. And I think this gives people space when they can do a piece of work like this to think, do you know, like Bridget mentioned earlier, 'This is why I got in to do social work.' So we can maintain that. And ultimately what they're doing is adding value to people's lives and getting people to a point where they feel in control and have power to do, you know, what they want to do, with our support if needed.

So yeah, it's challenging but we can't escape the fact that it's such a positive thing that we've been able to develop. And Matt Hutchinson, who's the head of service for older adults, has very much developed and created this model and helped champion it through. So I think it's amazing that we've been able to implement it and get it to this stage where it is just a business-as-usual.

Kirsty Ayakwah: Yeah, it sounds like such a rewarding part of both of your roles and what Hampshire does. We spoke at the beginning of this about adult social care teams noticing a doubling in the care packages. So I'm

interested if that has actually reduced the amount of care packages needed. Do you know? [0:28:24.6]

Ryan Campbell: So I don't have the statistics at hand but I do know that the PEC approach has, we've seen, had a positive impact on what commission care people have received. So there has been a reduction in commission care for individuals. There's also been a slowing down of the increase in, or doubling of, packages. So quite often we, like I say, we do put in a package of care and that package of care may remain, but it may not increase, whereas before we were seeing it increasing around that twenty-week point. But that more regular intervention is preventing that from increasing, or at least slowing that down.

Hampshire are fantastic, Hampshire County Council. We have a continuous learning culture. And one of the things that the PEC approach enables us to do is our social work teams fill out forms where they capture their intervention at week four, week eight, week twelve etc.

Kirsty Ayakwah: Yeah.

Ryan Campbell: And that provides such rich data and information that helps inform how we develop our future ways of working. You know, it could be to think about how we can be more proactive, how we can intervene in a more timely way to support individuals. So there's a huge benefit to the individual and, you know, it's such a really great opportunity for us to continue to think about how we develop as a social work service. I always say we never stop learning in this job, you know, and I think that this PEC approach is an example of that where we're always learning. We're trying to capture really rich information so we can help inform and grow the services that we can offer to the public in Hampshire that we work with.

Kirsty Ayakwah: Yeah. And I think I also like the fact that there's this preventative element. And especially if you're able to roll this out to much younger service users. You may not have that situation where when they get to 85 you're having to provide a certain number of care packages because they have those tools to support themselves as they grow older.

And also I see that value for social workers in learning, in their practice. [0:30:27.8]

Ryan Campbell: Yeah. I mean, I think for me, you know, PEC is such a great thing. I see it as another tool in our toolbox. I think as social workers we are very good at drawing on knowledge, experience, support from colleagues, managers etc. to grow, I would say in terms of my own social work journey and practice, of having a toolbox that I can go, 'Oh, I remember I had something like this, and this made an impact,' and try that with an individual. And it may not always be successful but we have different options, and I think PEC is one of those things that basically any of us can draw on. And like Kirsty said, I think the

overall aim would be to look at the age to which we offer the PEC approach. Offering that at a younger age, 65, there could be massive benefits too, and we would continue to monitor that. So it's something that fits really nicely with our ongoing strengths-based ways of working. But I definitely think that we wouldn't be without it now. And although it's challenging, it's such a fantastic resource. And I really hope that the service users and individuals that we work with would share in that, in how positive they've felt about that experience.

Kirsty Ayakwah: We put that question about lowering the age that PEC is offered to older adults to Matt, who created the project. Here are his thoughts. [0:31:49.6]

Matt Hutchinson: Hi. My name's Matt Hutchinson. I work for Hampshire County Council and I'm the head of service for South Hampshire older adults teams.

Yes, Ryan mentioned that there'd been a slow-down in the doubling of care packages, and we've seen that since 2023. Early results have shown that individuals that have been through the Proactive Enhanced Care process have had fewer and lower increases in care in the first thirty weeks of service compared to those individuals before PEC was introduced.

I guess the whole concept behind the PEC approach was very simple, and as Ryan and Bridget have mentioned, staying involved for up to twenty weeks, four months, is often longer than we would usually spent time with people. So it was very, very simple, the concept behind it. If people's care and support needs change within that twenty weeks, they would have somebody who knew them, that could provide support for them, advice, but the individual themselves wouldn't have to repeat themselves to multiple practitioners about what the issues were. And if things were settled it gave us the opportunity to have really good strengths-based conversations with those people. And the whole process hung on that premise and I think it's been successful.

In terms of how likely it is for Hampshire to roll out the PEC approach for older adults between 65 and 84, I can say that there are currently just over 2,000 people that we provide care and support for between 65 and 85, which makes it extraordinarily difficult to do from a staffing capacity point of view. That's not to say that we don't stay involved for people that need it, and that's right and proper. However, we are undertaking a more full review of the pathways within the older adults department in Hampshire, and we are looking to change the way that we work in order to review people that we think are going to be most at risk of their care and support needs changing. So although we won't roll out the PEC approach for that group of people, we are adopting the PEC principles when undertaking that work.

Kirsty Ayakwah: Now back to Bridget and Ryan with their final words.

Bridget Hamilton: We are in a time when we are working with little so we have to be more creative in the way we work. We have to be more dynamic. We have to pull up resources that are not there from the bag somehow. And we can only do this by working this way with service users who really need our support. And like I said, one visit sometimes is just not good enough. Two visits is not good enough. Three visits is not good enough. It takes just a little bit more, just a little bit more to make a real difference. So yes, so this is very exciting stuff we're doing here in Hampshire. So yeah, if anybody wants to do anything exciting in their practice, by all means come to Hampshire – we'll have you!

Kirsty Ayakwah: Brilliant. Thank you. Honestly, you've painted such a beautiful picture and we wish you continued success in supporting the people in the county. Thank you so much both of you, Bridget and Ryan. [0:35:18.1]

Ryan Campbell: Thank you, Kirsty, for your time today.

Bridget Hamilton: Thank you.

Kirsty Ayakwah: Thanks for listening to this Workforce Insights podcast with Hampshire County Council. To learn more about Community Care, follow us on www.communitycare.co.cuk and also on Instagram @thesocialworkcommunity. And if you're a keen podcast listener, why not check out some of the other podcasts in our Community Care library? We have The Social Work Community podcast, where you'll hear from social workers in your community about their successes and challenges. We have the Community Care Inform podcast series called Learn On The Go, where expert practitioners and academics discuss the latest research, theories and practice models and what that means for social workers. All these podcasts are available on all the main platforms, including Spotify, Audible, Amazon and Apple podcast.

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