Retaining local authority social workers: a theory of change

Research report

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Summary

The retention of social workers is an international concern. In England, the loss of social workers from adult and children's social work leads to inconsistency for service users, workforce instability and is costly. This report introduces an evidence-based theory of change (ToC) to address and improve the retention of local authority social workers.

The ToC draws on two major research studies. Study one involved 58 experienced children's social workers from 11 local authorities in England. This led to the concept of Critical Career Episodes (CCEs) ('stay or go' moments where workers are vulnerable to exit) and identified that opportunities for mobility, generativity and specialism help to sustain social workers and promote retention.

Study two consisted of 11 workshops with 51 health and social care professionals across two local authorities in England including: adult and children's social workers, Approved Mental Health Professionals (AMHPs) and occupational therapists. In consultation with professionals, a ToC was developed to support workforce development and retention across the career span.

The ToC provides a tool to assist workforce development and planning in local authorities across adults and children's services. It is also relevant for adult and children's social workers and team managers. The ToC provides a new theoretical model for understanding and improving retention in social work based on the concept of professional identity. It may therefore be useful for social care systems in the United States, Europe and Australia where there are similar issues around retention.

Structure of the report

This report consists of four parts. Part one outlines existing research on retention, including the findings from study one, which provide a rationale for the development of a ToC around workforce retention. Part two outlines the research methods used to develop and confirm the ToC. Part three presents the findings from study two. Based on these findings, part four outlines a new ToC for workforce retention in social work and discusses implications for implementation.

Contents

Part one: The need for a Theory of Change (ToC)

1.1 Introduction

The retention of local authority social workers is a significant issue in the UK. Failure to retain workers has serious implications for the protection and support of those using services, organisational stability and staff wellbeing. The present research seeks to address this problem by advancing a theory of change (ToC) aimed at improving the retention of adult, mental health and children's social care professionals in local authorities.

A ToC identifies why a change and or intervention is necessary, what it seeks to achieve and identifies potential factors that can hinder or facilitate that change (EIF, 2019). ToCs are rooted in evidence from empirical research and involve collaboration with key stakeholders to confirm the ToC. The ToC described in this report is based on two major research studies. The first study was undertaken by researchers at the University of East Anglia. It established factors that support the retention of experienced child and family social workers. The present research (study two) was undertaken to explore the applicability of the findings for professionals beyond child protection social workers, for professionals at different career stages and identify specific workforce interventions to support retention. This consisted of participatory research with 51 social care professionals via 12, two-hour workshops. From this, a ToC was developed and finalised. This report outlines the initial development of the ToC based on prior research (study one), its development and confirmation via participatory research (study two) and outlines a blueprint for workforce intervention. At its heart, this ToC suggests that a tailored, career-stage specific approach is required to support the retention of social care professionals in local authorities.

1.2 Background: retention among local authority social workers

Social workers play a key role in the support and protection of vulnerable adults, children and families. Social work encompasses a wide range of areas, including mental health

services, children's social care and adult services. This research focuses on adult social workers, children's social workers, social work-qualified approved mental health professionals (AMHPs). We also spoke to a small number of Occupational Therapists to explore the relevance of these concepts outside social work. The provision of effective support for individuals and families in all of these areas relies on a workforce of skilled, confident, and committed practitioners. However, the retention of social workers in England is a long-standing issue. Retention refers to the extent to which employees remain in an organisation, and is an important indicator of organisational stability. High turnover rates can indicate poor staff retention. Turnover rate is a measure of workforce churn and is typically calculated by number of leavers in the year divided by the number in post. While social work is described as a profession with high turnover rates (DfE, 2024) there is evidence to suggest that high turnover may instead point to high levels of employee mobility (e.g. movement between teams or services) (Burns and Christie, 2013) rather than attrition (exit from the workforce).

Children's social workers play a key role in the support of vulnerable or at-risk children and their families. Areas of practice include: child protection, looked after children, children with disabilities, adoption and fostering. In children's social work there has been a long-standing concern around high turnover rates, particularly in child protection, which is recognised as a particularly demanding area of practice (McFadden, 2018). In England, the turnover rate of child and family social workers peaked at 17.1% in 2022, currently standing at 15.9% (Department for Education 2024). High turnover has led to an overreliance on agency social workers to fill gaps left by leavers, resulting in 'workforce instability, churn, and high costs' (Department for Education, 2023, p. 4). Most recently, the DfE's annual report raised the level of risk posed by social worker shortages from moderate' to 'critical' (Department for Education, 2024b). Poor retention has significant consequences for children, young people and families who require support and protection. For instance, an overreliance on inexperienced workers, due to workforce exit, has been implicated in several high-profile reviews of child deaths (Hudson, 2022).

Adult social workers play a key role in providing support and promoting autonomy among adults. Adult social workers support a range of people including those with care needs, disabilities, mental-ill health and older people. While the number of adult social workers

in England is relatively small - at 17,300 (Skills for Care, 2023) compared to 33,100 children's social workers (DfE, 2023) - they play a vital role in the statutory duties of the local authority, undertaking needs assessments, mental capacity assessments and best interest decisions. The turnover rate for adult social workers is currently 14.5% (Skills for Care, 2024). As Moriarty et al (2018: 27) identify, the consequences of poor retention of adult social workers 'can be considerable, for example, in the rate of delayed hospital discharges.'

Approved Mental Health Professionals (AMHPs) are professionals who receive additional training and authorisation to carry out specific legal duties under the Mental Health Act 1983. They play a pivotal role in the assessment and decision-making process when individuals (of any age) are considered for compulsory detention to psychiatric hospital under the Act. They come from a range of professional backgrounds, including social workers, mental health or learning disability nurses, occupational therapists and chartered psychologists. This is a specialist role with its own regulations and standards. While performing their duties, AMHPs are autonomous, acting as a public authority under the Human Rights Act 1998. The number of AMHPs in England has remained stable over the past 5 years, with around 3,800 (1,500 FTE) across the country. However, this number does not meet the requirements of a fully staffed 24hr service, which would require a 35% increase of FTE (Skills for Care 2024). Retention figures taken from the Adult Social Care Workforce Data Set showing that once qualified AMHPs tend to remain in this role, with 27% remaining in their role for 10 years or more as opposed to 17% of adult social workers which suggests that there might be much to be learned from specialist career routes in social care in terms of retention. For this reason, AMHPs were included in the present study.

Like social work, occupational therapy is a regulated profession. Occupational therapists (OTs) support to individuals overcome challenges in completing everyday tasks. OTs work in a range of areas, encompassing both health and social care settings. A recent survey of over 2,600 OTs from across the UK identified similar concerns to those faced by social work – increased service demands coupled with workforce shortages (RCT, 2023). We included local authority OTs in this research to explore the applicability of the research to social care professionals outside of social work.

High turnover of social workers affects service quality, creating a lack of consistency for individuals and families (Baginsky 2023), which may impact on outcomes for service users (Turley et al. 2020). Compared to other professions, social workers are at greater risk of work-related ill-health including stress, anxiety, and depression than many other occupational groups (Health and Safety Executive, 2023).

Research suggests that cumulative local authority budget cuts lead to 'work intensification' among social workers (Moriarty et al., 2018) which can make a work/life balance more difficult to achieve (Kinman, 2021). For experienced workers, a lack of established career pathways has been identified as an additional barrier to retention (MacAlister 2022). Additional stressors, such as high caseloads, increased bureaucracy, and poor supervision (Ravalier et al., 2021; Welander et al., 2019) can also cause workers to experience burnout (McFadden et al., 2015). For social workers, experiencing burnout is associated with forming an intention to leave (McFadden, 2015b; Zychlinski et al., 2021).

Despite these push factors, there are powerful motivations for social workers to stay in the profession. These include: job satisfaction and engagement (Hussein, 2018), organisational embeddedness (Burns et al 2020) and a strong commitment to their profession (McFadden et al 2015). The small number of studies which include the voices of long-serving 'stayers' suggest that retention is associated with professional identity, mission and purpose (Thoburn et al, 2021; Burns et al, 2020; McFadden, 2020; Frost et al 2018).

Professional Identity (PI) is defined as 'how social workers think of themselves as social workers and their self-concept based on attributes, beliefs and experiences' (Webb, 2017: 2017). PI is a multifaceted concept which includes personality traits (Wiles, 2013) competencies (Wiles, 2017) and strongly held personal values (Levy et al 2014), particularly in relation to social justice (Mackay and Zufferey, 2015). PI in social work is characterised by a sense of belonging, identification and commitment to the profession and includes the personal and professional aspects of identity (Hochman et al, 2023; Webb, 2017). It has been suggested that PI may act as a source of intrinsic motivation and its absence may be an antecedent to intention to leave among social workers (Wang et al, 2020). It is suggested that a strong, positive sense of PI may bolster social workers' resilience (Wiles 2017b; Kearns and McCardle, 2012). As this report shall describe,

understanding the relationship between PI and retention is key to identifying supportive interventions for social workers.

The evidence base for retention interventions in social care is relatively weak and there are no easy answers (Turley et al 2020). There have been various schemes to support the retention of local authority social workers. These have often targeted those in the early stages of their career during which workers are particularly vulnerable to workforce exit. There have been several small-scale RCTs of interventions to support the retention of social workers (see Turley *et al,* 2020) which have included letters of recognition to staff, additional administrative support and messages from care leavers emphasising the value of the work social workers do (Turley et al, 2020) yet these have demonstrated little effect. This is perhaps because they are individually-focused rather than considering systemic workforce arrangements. The research outlined in this report identifies professional identity development as key to retention among social workers. It also identifies systemic, organisational change to support PI development.

1.3 Background: study one

A Theory of Change (ToC) identifies why an intervention is necessary and what it aims to achieve. This theory of change (ToC) seeks to address the issue, identified above, of poor retention among local authority social workers. The first stage of developing a ToC is to ensure it uses research and is rooted in existing evidence (EIF, 2019). The theory of change (ToC) outlined in this report is informed by prior research on workforce retention undertaken by the research team (Cook, Carder and Zschomler, 2024). This prior research is referred to in the report as 'study one'.

Study one was carried out by the team in 2019-21 (Cook, Carder and Zschomler, 2022; 2024) and was funded by the British Academy and Leverhulme Small Grants Scheme. It sought to answer two interlinked questions:

- *What sustains experienced social workers, helping them to stay in the profession?*

- *What is the relationship between professional identity (PI) and retention?*

This study captured the voices of experienced child and family social workers who had remained in the profession beyond the average tenure. Participants (n=58) were all practicing, qualified child and family social workers with ≥8 years' post-qualifying experience drawn from 11 local authorities in England. Length of experience ranged from 8-40 years with an average (mean) of 14 years.

Social workers were interviewed via telephone using semi-structured interviews to capture the reasons why social workers had stayed in the profession, what had sustained them and how this related to their professional identity. Questions included: *tell me about a time when being a social worker was important to you? Tell me about an experience that shaped you as a social worker? Tell me about a time when being a social worker was difficult for you/ you thought about leaving? What has enabled you to stay? What does being a social worker mean to you and how has this changed over time?* An inductive approach to thematic analysis (Braun and Clarke, 2021) was used to generate a theoretical understanding of professional identity (PI) and retention among experienced stayers.

Professional identity and retention

Study one identified that a strong sense of professional identity (PI) sustains social workers and promotes retention. For experienced stayers, social work was an intrinsic and important part of their identity. Participants described social work as a defining feature of who they were, solidified through their years in practice. Social workers' representations of being a social worker (PI) encompassed their core values, beliefs, personality, skills and sense of purpose. For this group of experienced stayers, the personal and professional were inextricably linked. They found ongoing meaning through their work which was closely bound up with their sense of identity.

This strong sense of professional identity (PI) acted as a buffer to the stresses of the role. For instance, social workers described drawing on their sense of vocation, their desire to 'make a difference' and their core values to cope with the demands of child and family social work. Several social workers described having to 'hold on' to their sense of purpose and what had brought them into the profession during difficult times. For experienced

social workers, a strong sense of PI sustained them and kept them in the profession - many experienced stayers found it hard to conceive of who they were without social work.

The findings from study one therefore suggested that interventions to support PI development are important for retention and that where social workers are unable (due to caseload demands etc.) to practice in a way congruent with their strong sense of PI they are likely to form an intention to leave. This formed a key assumption for the ToC – that supporting and strengthening PI among social workers would help to sustain and retain them in the profession.

Critical career episodes

Study one generated a key concept – the Critical Career Episode (CCE). For experienced social workers, staying in the profession long-term involved navigating a series of identity challenges over the course of their career, conceptualised as CCEs. CCEs were defining moments in social workers' careers and were typically emotive and challenging. They represented 'stay or go?' moments where workers thought seriously about leaving their role. CCEs represented a challenge to the social worker's strongly held sense of identity (described above) and triggered 'identity work' (Winkler, 2018).

CCEs arose from a sense of misalignment between the demands of practice and the social worker's sense of PI, which encompassed their personal values, beliefs and sense of purpose. For instance, the desire and moral imperative to help a service user yet being unable to do so due to organisational constraints. For instance, one social worker talked of a time in her career when she felt she 'was just putting kids into this processing machine and hoping for the best' which was incongruent with her values. This became a CCE – a stay or go moment - where she felt she could not reconcile her values and purpose (aspects of her PI) with the demands of her work. CCEs often involved 'moral distress' (Manttari-van der Kuip, 2020) where workers felt they were prevented from working in a way that was congruent, meaningful and compatible with who they wanted to be as a social worker.

During CCEs, workers asked themselves difficult questions like 'who am I as a professional and a person?' 'what is my purpose?', 'can I make a difference – and if not, how do I

reconcile myself to this?' Often this 'identity work' (Winkler, 2018) involved distilling a 'moral' from the experience which allowed the worker to maintain a positive view of themselves (i.e. 'you have to learn that it's not personal').

CCEs therefore involved a process of (often painful) self-examination where workers sought to bring their PI and the role back into alignment. This often-entailed rationalisations such as 'you can't help everyone'. In other cases, it meant finding the courage to 'challenge' and 'disagree' with other professionals to remain congruent with their core social work values and beliefs. Conversely, where workers were unable to reconcile their values with the demands of their work CCEs became 'stay or go?' moments during which they experienced burn out, became cynical and, crucially, formed an intention to leave their role.

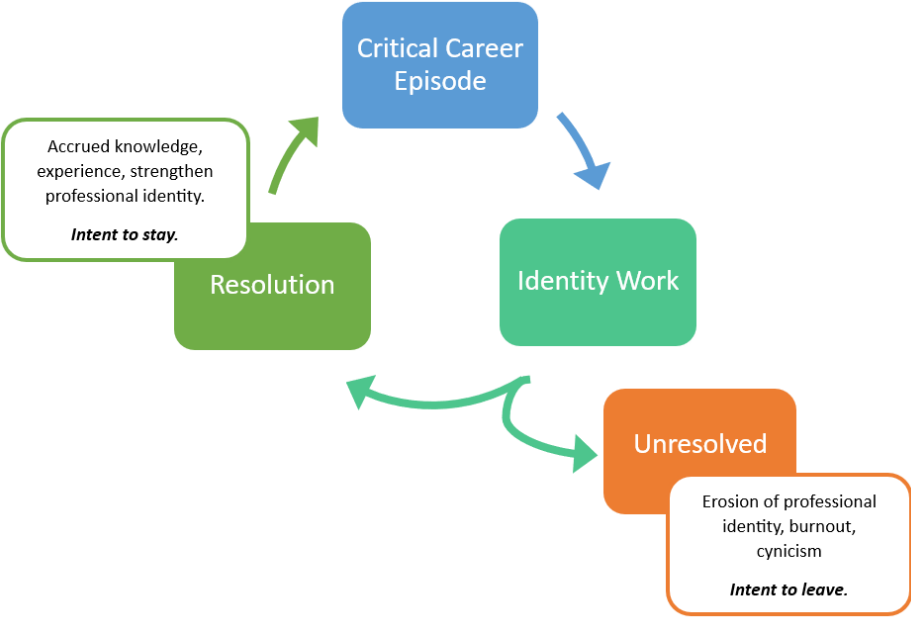*Fig 1. CCEs, PI development and staying intention*

For experienced stayers, remaining in the profession meant encountering and navigating a series of CCEs over the course of their career. These CCEs, while necessitating difficult identity work, could ultimately strengthen social workers' professional identity further reinforcing their intention to stay in the profession. Developing and sustaining a strong

sense of PI over time was a cyclical and iterative process (conceptualised in fig. 1). Where social workers were able to resolve the CCEs, these formed the building blocks of their PI. Experienced social workers had typically moved round the circle several times accruing experience, practice wisdom through encountering CCEs and consolidating their sense of PI over time. CCEs acted as points of reference throughout social workers' careers, from which they continued to derive meaning. They drew on these experiences to navigate subsequent challenges over the course of their careers.

While navigating a CCE involved a great deal of self-reflection, social support played a fundamental role in their resolution. Most participants identified that conversations with team colleagues during CCEs could help them to reframe and process the experience. Having a supportive manager, team and colleagues could enable social workers to think differently and retain a positive sense of PI in the face of conflict. Many CCEs prompted questions that had no easy answer; long-standing issues around caseloads, lack of resources and ethical issues in social work are not easily resolved. Despite this, social workers reported finding great solace in having a manager who understood, listened and allowed them to have a 'voice' in decision-making, even when they could not obtain the desired outcome. Study one therefore identified that supporting social workers to navigate CCEs is important for retention. However, it created new questions – such as what is needed to support social workers to manage CCEs – a question explored in study two.

Specialism, generativity and mobility

Study one identified that experienced social workers needed opportunities for ongoing PI development. This helped to sustain them in the profession by creating ongoing meaning in their work. Three factors were identified that promote ongoing PI development:

1. Specialism: Social workers' sense of PI and intention to say was strengthened by opportunities to develop a meaningful practice specialism. Opportunities for progression other than through management were often limited, particularly in child protection social work. Progression through specialism could offer a viable alternative for continued development among social workers who did not wish to enter management. Most

participants echoed the need to develop specialist career pathways. Social workers described interests in several specific areas, including court work, child sexual exploitation (CSE), domestic abuse, working with adolescents, autism etc. These interests were typically developed through their practice where they had encountered a challenging case, or a CCE which had provoked new learning. Within child and family social work the opportunities to develop a practice specialism were relatively limited and they pointed to other areas of social work e.g. the AMHP role in adult services, where this was more successful.

2. Generativity: Supporting other workers and contributing to workforce development was a powerful motivator for experienced workers, who found ongoing meaning in sharing their learning with others. In terms of PI, social workers' identity needs at this point in their career paralleled the seventh stage of Erikson's (1959) theory of psychosocial development—generativity versus stagnation, which takes place in middle-age. The guiding concern for the individual during this period is making a mark on the world through the nurture of things that will outlast them.

The need for generativity was fulfilled by mentoring new team members, becoming a supervisor, a manager, a practice educator, adopting a workforce development role or simply by sharing one's learning with others. For many social workers, generativity involved supporting early-career social workers to manage CCEs like those they had encountered earlier in their career. This consisted of both sharing knowledge and providing emotional support for junior colleagues. Opportunities for generativity helped experienced social workers to regain motivation and, in some cases, directly prevented them from leaving. Providing opportunities for generativity formed a virtuous circle – motivating experienced social workers to stay and allowing the organisation to benefit from their accumulated knowledge and expertise.

3. Mobility: Social workers valued opportunities to try different roles and continue to develop new skills. Opportunities for mobility could provide motivation for mid to late career social workers to remain in the profession. Participants typically described moving teams, local authority and/or role several times during their career. This helped them to stay motivated and reconnect with their passion for the job and they identified mobility as a key reason why they had stayed in practice. While formal secondment opportunities

were mentioned by some participants, generally they identified a lack of structured opportunities for mobility. In response to this, many social workers described creating their own informal secondments via a short-term role change to 'try out' a new aspect of social work.

The research therefore suggested that career pathways which offer opportunities for specialism, generativity, and mobility are important for ongoing identity development and retention.

The need for further research

Study one led to a new conceptual model of retention in child and family social work, focusing on the role of professional identity in supporting the retention of social workers. When disseminating the research, we were contacted by several practitioners who had strongly related to the idea of CCEs and were moved to hear about the participants' experiences which so closely mirrored their own. Social workers contacted us to say that the CCE concept had provided a helpful language to talk about difficult times in their career, identify their support needs and those of others. The research team received numerous requests for resources to support workers through CCEs. Several local authorities were interested in how the concepts of specialism, generativity and mobility could be operationalised to support retention. For these reasons, the research team sought further funding to develop the concepts, explore their relevance for other areas of social work and consider how these ideas could be put into practice within local authorities. These goals informed the development of study two, described below.

Part two: Methods

In 2023, the research team was successful in obtaining funding from the Norfolk Initiative for Rural and Coastal Health Equalities (NICHE) to develop the findings from study one. We therefore undertook a second research study which sought to:

- Build on the prior research (study one) to develop resources/recommendations to support social workers through critical career episodes (CCEs)
- Establish whether the CCE concept is applicable to social workers outside of child protection social work, at different career stages and for other social care workers
- Explore how the concepts of specialism, generativity and mobility can inform career pathway development in local authority settings to support retention

We proposed to achieve this via consultation with professionals. At the beginning of the project, our approach focused on the concepts from the original research, expanding them and developing tools and resources. As the research evolved, we learned a great deal from the social care professionals we consulted. They became active participants in shaping the project outcomes. We broadened the focus from individual recommendations to encompass systemic and structural factors influencing workforce retention. Our goal therefore became more ambitious - to develop recommendations around retention which not only drew on findings from prior research, but also advanced a theory of change (ToC) for retention.

2.1 Developing a theory of change (ToC)

We sought to develop a Theory of Change (ToC) to improve the retention of social care professionals in local authorities. Developing a ToC is the first of ten prospective steps in developing, testing, evaluating and scaling up an intervention (EIF, 2019). Stage one of the process is to develop a theory of change that explains *what* the intervention will do and why it is important. This involves consulting existing evidence to ensure the ToC is rooted in existing research. Initial development of a ToC involves answering the several questions:

1. *What is the intervention's primary intended outcome and why is this important?*

2. *Why is the intervention necessary?*

3. *Why will the intervention add value over and above what is currently available (for local authority employees)*

4. *Who is the intervention for?*

5. *What will the intervention do?*

In this research, the intervention's primary outcome is to increase the retention of local authority social workers (question one). As the literature review in part one demonstrated, the intervention is necessary due to poor retention and high turnover rates among social workers which has implications for those using services and local authorities (question two). The intervention aimed to add value to existing approaches by offering a new theoretical framework for addressing retention focused on professional identity (question three). The intervention is aimed at social workers in local authorities (question four). At the end of study one we posited an initial ToC which answered question five, this is depicted below:

NEED	PARTICIPANTS	INTERVENTION	OUTCOME
WHY?	**WHO**	**HOW?**	**WHAT**
To improve social worker retention	Social workers	Strengthen professional identity among social workers via — Support to manage CCEs / Career pathways offering specialism mobility generativity	Greater retention of local authority social workers across the career span
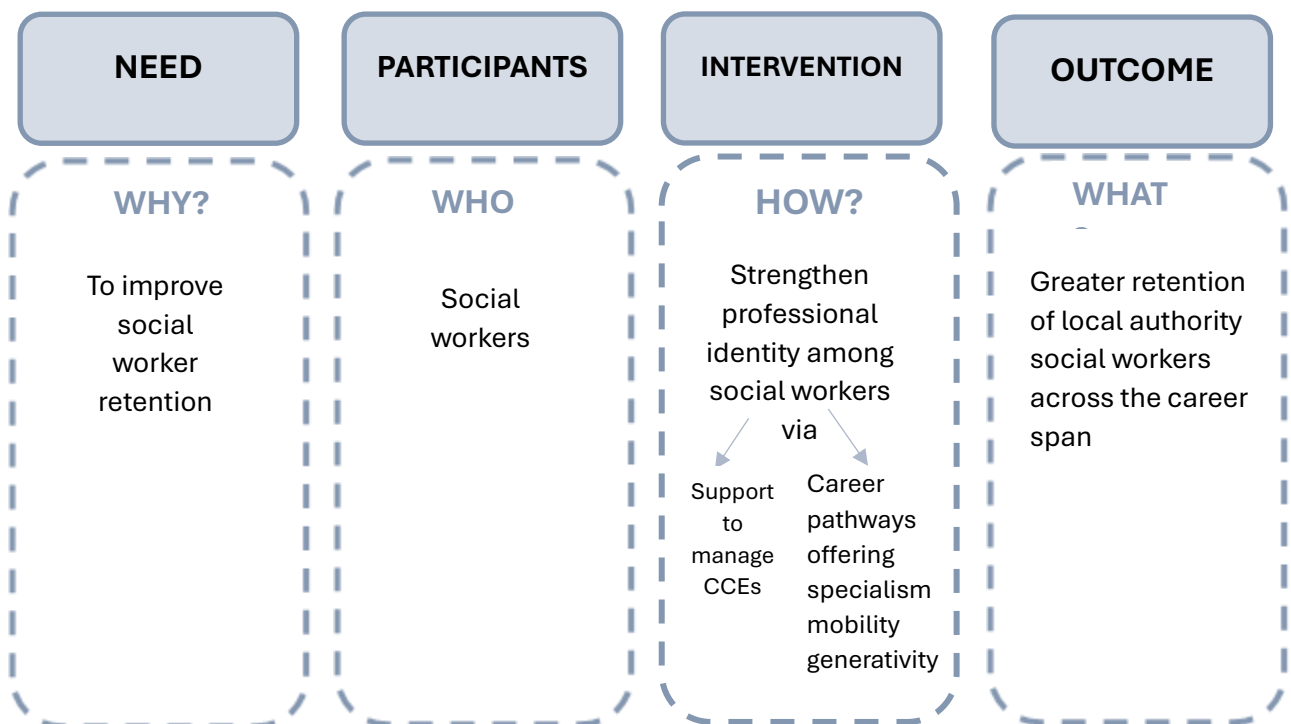
Initial ToC

The next stage of developing a ToC is to 'use participatory methods to confirm the ToC and involve the scientific evidence, as represented by a researcher, as an active 'participant' (EIF, 2019). In our study this meant using existing research from study one and working with research participants (social workers) to extend and confirm the ToC. The resulting confirmed and finalised ToC - and accompanying recommendations - are set out in Part Four of this report.

2.2 Access and sample

Study one focused on experienced child and family social workers, many of whom practiced in child protection. In study two, we sought to explore the relevance of the findings for social workers in other areas of practice and with different levels of experience. Our learning about the importance of specialism in study one also led us to include approved mental health professionals (AMHPs). As described in section one, this is a specialist role available to professionals who have minimum of two years post qualifying experience, it requires additional training at Masters level (generally 60 credits) and has its own set of regulations through Social Work England. As our focus was on local authority social workers we sampled social work-qualified AMHPs employed within a local authority (rather than an NHS setting). We also included occupational therapists to explore the applicability of the concepts to social care professionals more broadly – however, due to service pressures within local authorities it was difficult to recruit. Our OT sample was therefore very small (n=2), limiting generalisability.

Participants were recruited via two local authorities in England. Within local authority one we aimed to recruit up to 20 professionals from each of the four groups, each with a minimum of twelve months in their current role. In local authority two, we focused on newly-qualified and early career practitioners in adult and children's social work, since they were not sampled in study one.

The research team contacted local authority gatekeepers via email and preliminary discussions took place between June and October 2023. Approval from the University of East Anglia Ethics Committee was granted on the 28th November 2023. Following this, recruitment of professionals for the research project began. The project flyer was emailed

to teams and services via the gatekeepers. The information sheet and consent forms were then emailed to prospective participants by a member of the research team once they had expressed their interest. Participation in the study required busy professionals to give up their time. Team managers were therefore asked to support those who wished to participate. This included helping them to manage their time, cover non-urgent tasks and cover their travel expenses.

Sample

The overall sample consisted of (n=51) qualified practitioners who were employed on a permanent basis in two local authorities in England. Early career social workers (n=19) were based in one local authority and worked in a range of child and family and adult social work teams. The remaining participants (n=32) included child and family social workers, adult social workers, Approved Mental Health Professionals and occupational therapists from the second local authority, based in a range of teams and services. Across the sample, participants ranged in age from 21 to 67 years, were predominantly female (92%) and White British (70.5%) (see table 1).

	Child and family social workers	Adult social workers	AMHPs	Occupational therapists
Participants (n=)	14	27	8	2
Age (mean and range)	34 (21-63)	40 (24-64)	52 (40-67)	37 (35-40)
Gender	F (14) 100%	F (23) 85% M (4) 15%	F (8) 100%	F (2) 100%
Ethnicity	White British (12) 86% Black (1) 7% White other (1) 7%	White British (16) 60% Black (6) 22% White other (2) 7% Mixed Asian (1) 4% Declined to specify (2) 7%	White British (6) 75% White other (2) 25%	White British (1) 50% Black (1) 50%

(Participant demographics)

Participants had been qualified from 3 months to 37 years. Participants had been in their current role from 1 month (a newly qualified adult social worker) to 34 years (late-career AMHP). Those with specialist AMHP training had, on average, remained in their roles longest compared to the other professions in the study.

	Child and family social worker	Adult social worker	AMHP	Occupational therapist
Years qualified (mean)	6.5yrs (1-20yrs)	10yrs (3mths – 37yrs)	21.5yrs (6-35yrs)	4.5yrs (4-5yrs)
<1 years	5	8	0	0
≥1 - <4 years	1	4	0	0
≥4 - <10 years	3	4	0	2
≥10 years	5	11	8	0
Years in current role (mean/range)	2.6yrs (3mths - 10yrs)	3yrs (1mth - 8yrs)	7yrs (1-34yrs)	3yrs (1-5yrs)

(Participants by employment status)

2.3 Data collection and analysis

Data collection was undertaken between March and June 2024 through a series of in person workshops facilitated by members of the research team. These took place at venues that were convenient and practical for participants. All participants attended at least one workshop. Consent was obtained to audio record each workshop. Participants were initially invited to attend four, 2-hour workshops. In total 11 workshops were undertaken as part of the research.

Consistent with the theory of change (ToC) approach, the research 'use participatory methods to confirm the ToC and involve scientific evidence, as represented by a researcher, as an active 'participant' (EIF, 2019). Participants watched short videos detailing the previous study (Research in Practice, 2023) they experimented with reflective tools for CCEs (see appendix 1 and 2) and critiqued them. They shared their experiences

of CCEs, their views on specialism, generativity and mobility and helped to identify specific recommendations for their respective local authorities. Their suggestions formed the basis of the recommendations detailed in part four of this report and helped to extend and confirm the ToC. The workshops consisted of a range of individual and group activities and reflective discussions.

Workshop 1: Participants were invited to share their experiences of key stay or go moments during their professional career. This was facilitated using the CCE timeline tool (CCETT) (see appendix 1). This provided individual and group reflection and discussion. It allowed us to explore whether the concept of CCEs was relevant to different professional groups, and if so, whether CCEs varied across a) different areas of social work and b) at different career stages and their views on its relationship to retention.

Workshop 2: Participants were invited to explore what factors enabled or inhibited their ability to work through the CCEs they had experienced at an individual, team and organisational level. This involved revisiting the CCE timeline participants produced in workshop 1. This session allowed us to establish barriers and facilitators to resolving CCEs and generate recommendations for practice. Part of theory of change (ToC) development is to involve stakeholders to consider unintended effects of introducing an intervention (EIF, 2019). This session therefore drew on participants' expertise and experiences to consider possible unintended consequences of intervention to support workers through CCEs. Participants were also invited to map where opportunities for specialism, generativity and mobility were available within their career and organisation.

Workshop 3: Participants were invited to respond to broad themes produced by the research team's analysis of the data across workshops 1 and 2. These included ways to support retention across the career span and at different career stages and the relevance of different spaces and places within organisations for support.

Workshop 4: Participants groups came together to provide interdisciplinary feedback on specific retention recommendations and to share key messages to their team, service and organisation to support current and future workforce retention in social care. Participants were also invited to share what they had taken away from engaging in the workshops.

The workshops included participants from a range of practitioner and management roles which meant a hierarchy of organisational positions. To address any potential power imbalances, we stipulated that participants should not be in a current or previous supervisor/supervisee relationship with any other attendee. During some workshops, participants were separated into practitioner and manager groups to encourage reflective small group discussions with peers. The research team facilitated the discussions to ensure all participants voices were heard regardless of role.

Individual and written exercises provided opportunities for participants to share their views in addition to the wider group discussions. All participants were also individually emailed and invited to answer with the following question, 'reflecting on your critical carer episodes and what helped you through – what is the key message to your organisation on how to support retention?' This provided participants the opportunity to voice views they may not have been comfortable sharing in the wider group.

An audio recording was made of all workshops with an overall total of over 24 hours of audio data. The process of analysis was an iterative process which took place over the course of the workshops and was informed and revised by participant responses.

The data from each workshop was transcribed verbatim by the research team and anonymised. All participants were assigned pseudonyms, and any identifying information was changed to maintain confidentiality. The Theory of Change approach (ToC) does not prescribe a particular mode of data analysis, but a thematic approach was used (Braun and Clarke, 2021) which combined both theoretically-led and bottom-up (inductive) analysis. Theoretically-led analysis took the concepts from the original research (CCEs, three-factors) and under these headings, researchers coded data that a) supported the concepts b) extended the concepts c) contradicted the concepts. This coding was undertaken for each of the four participant groups. This helped to answer the question of whether the concepts were applicable to other areas of social work and career stages. Inductive thematic analysis was used to identify the implications for workforce intervention. We collected recommendations across the workshops and for each participant group. Codes clustered under each career-stages, which led to the career stage specific model which forms the basis of the finalised ToC. To ensure rigour, the transcripts were read by multiple researchers, and the research team met regularly to

compare themes. Emerging recommendations were shared during the workshops to gauge professionals' views on their feasibility. This led to several important amendments. For instance, while social workers found discussion of CCEs and timeline tool useful, they cautioned that discussions need to take place in a context of psychological safety. This iterative process of member checking (Lincoln and Guber, 1986) ensured that professionals were active participants in the research process.

Part three: findings

Part three outlines the findings from the research with professionals. These findings underpin the theory of change (ToC) which is introduced in part four of this report. This chapter is divided into two sections.

Section one outlines how the research reinforced and extended the concept of critical career episodes (CCEs). We identify risk factors which reduce or increase the likelihood and severity of a CCE. These risk factors include transitions, level of perceived autonomy and management style. We also identify two tools to support reflection on CCEs – the CCE timeline tool (CCETT) and CCE Goldfish Bowl exercise (see appendix 1 and 2). We identify the necessary conditions for reflection and resolution of CCEs, namely a culture of psychological safety and a 'third space' for peer support, without which reflection on CCEs can place workers at increased risk.

While section one outlines the cross-cutting themes for professionals, section two outlines specific considerations for CCEs by career stage. It focuses on three key groups: early career, mid-career and later career practitioners. The experience of CCEs is outlined for each of the career stages. The consultation highlighted that the concepts of specialism, mobility and generativity (identified in study one) were relevant across the career span. However, the present study highlighted they were relevant in *different ways* depending on the career stage of the social worker. This section therefore offers a consideration of social workers' developmental needs at each career stage.

3.1 Critical Career Episodes

The original study identified CCEs as 'stay or go moments' during which workers were particularly vulnerable to workforce exit. It focused on highly-experienced child protection social workers. The present study sought to establish whether this concept was relevant to other areas of social work practice, and levels of experience including adult social workers, other child and family social workers and Approved Mental Health Professionals. We also spoke to occupational therapists – while not a social work group, we wished to explore the relevance of CCEs for other social care professions. All professional groups in

the study agreed that the concept of CCEs was helpful and that mapping their CCEs was an eye-opening exercise:

> We are newly qualified, you'd think we wouldn't have that many critical moments in your career, but it reminds you, you have overcome some of those critical moments and give yourself some credit! (Early-career adult social worker)

Participants identified that space to reflect on their career as a whole was invaluable – and in many cases acted as a celebration of their professional successes as well as challenges:

> You realise just how far you've come, because it would have been very easy to have just left! (Mid-career adult social worker)

Mirroring the findings from the child protection social workers in study one, participants from all professional groups identified threats to their professional identity (PI) at the heart of their CCEs – often as a result of organisational or policy constraints. As one adult social worker described:

> It's very political, that is the line - we cannot cross that, simple as. We cannot do it and there was no swaying... I remember stopping and thinking 'You know what? This isn't for me, sorry, I don't stand by that'... They're the times I start to question. (Late-career adult social worker)

While CCEs were times of challenge, their resolution was often identified by social workers as moments of great professional achievement, reinforcing and strengthening their professional identity:

> Going back over my career and looking at what made me who I am and why I got through that... I'd never really thought about it. And it was a positive thing. I went home and thought, 'oh, I'm quite good really' (Late-career AMHP)

The space afforded by the research workshops allowed practitioners to reflect on CCEs in a supportive and shared environment. This was a novel experience for many practitioners, many of whom had not previously had an opportunity to review their career as a whole. Sharing and discussing their CCEs also allowed many practitioners to get 'unstuck' and generate new perspectives - both on CCEs and their career in general. As one practitioner described:

> The opportunity to reflect on my career so far, I have tapped into my awareness of where I am and where I need to go - rather than being stuck. I am not just an employee; I need to progress. I have also learnt from listening to others. I am not the only one, we all have the same human experiences (Mid-career adult social worker)

The CCE timeline tool (CCETT) emerged as a useful tool for reflection on CCEs, helping practitioners to consider the development of their professional identity across the career span (see appendix 1). This tool encourages professionals to identify CCEs on their career timeline and identify key learning and the impacts of CCEs on their PI. As identified by the practitioner above, listening to others talk about their CCEs was also an important developmental exercise. In particular, early career social workers found it helpful to listen to more senior colleagues discussing their CCEs. This helped to normalise their experiences, but also provided important learning about how CCEs could be managed, worked through and understood in the context of a social work career. This finding informed the development of the CCE Goldfish Bowl tool (see appendix 2) which involves observing social workers in conversation about CCEs.

While the process of talking through CCEs was useful, it was clear that the exercise was a powerful one – several participants became visibly moved and upset when revisiting prior CCEs and this needed to be carefully managed by the research team. It was evident that the tool must be used judiciously, and crucially, in a context of psychological safety (the concept of psychological safety during CCEs is considered in detail, below).

For all professional groups, unresolved CCEs were linked to intention to leave their current role. For instance, reflecting on the CCE timeline exercise one participant stated:

> ... One of the things I recognise is that all these events have led to me moving on. Every time. I have left wherever I was... I found that quite interesting. (Mid-career child and family social worker)

For some, CCEs were linked to the risk of exiting the profession entirely:

> I was sitting outside a house to do a visit, and I could not bring myself to go in and I cried on the phone for half an hour. And it was at that moment, I had this left or right moment. Do I change team, do I go off sick for a bit... do a different job, do I not be a social worker anymore? (Late-career child and family social worker)

Consistent with the original model, CCEs while painful, could lead to powerful learning if resolved. The CCE acted as a point of reference to build confidence in the face of future challenges. As one social worker described:

> You have really low moments and really high moments and then it just levels out. When you are down there you think, 'I've been here before' (Early-career adult social worker)

There was similarity with the (albeit small) number of OTs in the study who described similar identity threats in their practice. A lack of resources, high caseloads and a perceived lack of organisational support evoked strong emotions and contributed to intention to leave. However, while there were similarities between OTs and social workers in terms of CCEs, OTs also noted some important differences:

> The things that social workers come up against – in terms of identity- they have a bit of a reputation... sometimes people think 'oh they take my child away' but people don't feel like that about an OT. We are a lot more neutral (Occupational therapist)

It may be, therefore, that the CCE concept is most relevant for professionals (such as AMHPs, adult and children's social workers) who work more frequently with involuntary service users – leading to a higher likelihood of experiencing moral injury/dissonance in their work. However, it is important to be cautious in extrapolating from the very small group of OTs (n=2) in the study. Further exploration is required to explore the relevance of CCEs to occupational therapists and social care professionals outside of social work.

AMHPs reported experiences of CCEs were also slightly different. While they could readily identify CCEs from earlier in their career, the AMHP role represented a specialist route which (generally) allowed them greater autonomy over their work. Their relative autonomy and years of experience (AMHPs were generally more experienced/later career) allowed them to successfully navigate what was often on the surface a dramatic and difficult event on an AMHP shift. While they did experience CCEs, these appeared to be less frequent, and they were less likely to think about leaving as result. The role of autonomy and specialism as protective factors are outlined below and in section two.

Despite these differences, overall, the nature and experience of CCEs were broadly similar across the professional groups – CCEs among both adult, children's social workers, AMHPs and OTs- had similar identity threats and ethical dilemmas at their heart. Having

established the relevance of CCEs for areas of social work practice outside of child protection, we sought to better understand what helped and what hindered practitioners to navigate and resolve CCEs.

Risk factors for CCEs

There were several factors which increased or reduced the likelihood of both experiencing a CCE and/or severity of the CCE. These were transitions, lack of control/autonomy, and management response. A culture of psychological safety and availability of a 'third space' emerged as necessary conditions for resolving and managing CCEs.

Transitions

Professionals were more likely to experience a CCE at points of personal or professional transition. Professional transitions included: moving from a student to a first social worker role, moving teams and becoming a manager. Periods of organisational restructuring could also force professional transition (e.g. moving between roles). CCEs were perhaps more likely during these transitions as they represented a threat to practitioners' professional identity (PI) and prompted 'identity work' (Winkler, 2018). For instance, moving into a management role often meant that practitioners had to adopt a new identity – one in which managing demands of service pressures placed them at odds with their practice values.

Professional identity in social work encompasses core values, beliefs, personality, skills and sense of purpose in which the personal and professional are inextricably linked (Cook et al., 2024). For this reason, CCEs were also associated with personal transitions. Professionals spoke of times when a significant change in their personal life had contributed to a CCE. Personal transitions associated with CCEs included: becoming a parent, assuming a caring role for unwell or older family members, experiencing menopause, becoming the main breadwinner in the family and ageing. As one practitioner reflected:

> I turn sixty this year… I am aware that my body is getting older, and I've never seen anything that accepts that people have to work longer and, in this job, we are going to have to last

longer with it. I do joke with my manager that I'm going to need reasonable adjustments but there's a level of truth in that! (Late-career adult social worker)

Practitioners highlighted that these personal transitions were often not talked about or acknowledged in their organisation or in supervision, yet they were an important part of the picture and their support needs around a CCE which needs to be acknowledged:

[The manager] was understanding the systems thing but wasn't getting it from a personal level. And that's what really did it. I've never felt so alone in my work. (Mid-career adult social worker)

You have a debrief, you have a supervision – there's still so much we could do with that, we're so case focused because we're managing risk, we're forgetting the person... (Late-career adult social worker)

Practitioners emphasised the need for support around CCEs to acknowledge the personal aspects of a CCE. More broadly, they indicated they would welcome a recognition that CCEs often arose at the intersection between personals and professional, and as such supervision should take an intersectional 'whole worker' approach including neurodiversity, age, gender, ethnicity, language and culture rather than an approach that was purely 'case based'.

Lack of control and autonomy

A lack of perceived control or autonomy increased the risk of a CCE. Loss of control/autonomy could happen for several reasons. For instance, a high caseload could reduce the social workers sense of control over their work:

Caseloads is such a big theme for me personally. I think that's the crux of what keeps me well and what doesn't. If it's manageable, it goes back to feeling in control (Mid-career adult social worker)

Loss of control over one's caseload often made it difficult to practice in a way that was congruent with one's professional identity, thus prompting a CCE:

> You're holding a big – thirty-something caseload – it's not appropriate – and that's when you think, am I doing enough as an OT, am I working from an occupational therapy perspective. And it comes from management... (Mid-career occupational therapist)

Other factors that reduced workers' sense of autonomy – thus increasingly the likelihood of experiencing a CCE- included being 'TUPEd'[1] into a new team or service, organisational restructuring or feeling stagnant in current role, team or service:

> When we were TUPEd back, we were put into a position and there wasn't a lot of choice about it. We were told if you don't like it there are plenty of other people behind you that will do it. So, you're plonked into this position that you don't know anything about and feel very much done to and expected to get on with it. (Late-career AMHP)

Social workers acknowledged that CCEs prompted questions that had no easy answer; long-standing issues around caseloads, lack of resources and ethical issues etc. Despite this, social workers valued having a manager and team who understood, listened and allowed them to have a 'voice' in decision-making, even when they could not obtain the optimal outcome. What helped to manage CCEs in these circumstances was restoring a sense of autonomy. For instance, in relation to caseloads this might look like having a discussion with a manager about cases being allocated (even in the context of high numbers). Or in relation to being TUPEd, some input into where, and in what team, they might be placed.

Management style

The original study suggested that team managers played an important role in helping social workers to manage CCEs. The present study reaffirmed this and identified specific behaviours that made a difference. A striking finding was that practitioners identified management style as having the greatest bearing on their intention to stay in their role.

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[1] TUPE stands for the Transfer of Undertakings (Protection of Employment) regulations. They are designed to protect employees when their role is transferred from one business to another. Many mental health social workers were TUPE'd under a S75 agreement (NHS Act 2006) wherein partners (NHS bodies and Local Authorities) can contribute to common fund which can be used to commission health and social care services. See:
https://www.local.gov.uk/sites/default/files/documents/68.43_PCH_AMH_10%20AA_0.pdf

It [management style] is the most likely factor in me wanting to leave the team or be in the sector at all. (Early-career adult social worker)

I stayed in safeguarding longer than I would have, had it not been for a really good, supportive manager. Even though there was chaos, she contained you, made you feel safe. (Mid-career child and family social worker)

While collegial and management support have long been recognised as a factor in social worker wellbeing (Ravalier et al, 2021; Sedivy et al, 2020; Biggart et al, 2017;) it has rarely been the explicit focus of existing research on retention. The present research identified poor experience of management could represent a threat to the social workers' sense of professional identity and intention to stay in the profession. Experience of poor management was identified as of itself a risk factor for a CCE:

The... point where I was thinking, I don't know if I can do this anymore. I didn't have a supportive manager, it was a lot of criticism, every time you had supervision, I came out thinking, I'm rubbish at this. (Late-career child and family social worker)

Poor management left social workers unable to maintain a positive sense of professional identity and led them to contemplate leaving. By contrast, having a manager who believed that you were a good social worker (even when you didn't feel it yourself) was key to resolving CCE and forming an intention to stay. For instance, one social worker described staying despite a CCE because:

I was given positive feedback about my practice which at the time I didn't feel I deserved... but just having someone who had faith in me helped me to have faith in myself. I came on leaps and bounds at that point (Early-career adult social worker)

How managers responded to a worker who was going through a CCE was key to whether (or not) it would be resolved. Specifically, managers who provided space to debrief after a CCE were highly valued. Where this was absent it had a profound effect:

The most important ones have always been the manager coming to you afterwards, saying oh God, that is horrendous. Are you okay? Do you have a cup of tea? It works, it absolutely works. (Late-career, AMHP)

> When a client died there was no debrief whatsoever. No discussion - this happened not 'Why did it happen? What did you learn? What can I do better? (Mid-career adult social worker)

Where the CCE was related to a particular event, immediate and timely support was a key factor in whether social workers formed a resolve to leave the profession or not:

> Having that person who I knew, who knew me, I was able to ring them and say, I feel really awful. And they were able to talk me down from 'I need to quit and walk away for ever!' to, you need to take some time and go home, and that support about slowing down really helped me. You don't have to decide the rest of your career in the next 10 minutes, you can drive home first! (Mid-career child and family social worker)

While support for a CCE often involved an immediate debrief, this was not the only component. Crucially, effective support also involved an ongoing discussion, follow-up and review. In relation to CCEs, practitioners emphasised that the idea ongoing episodes rather than one-off events was helpful in terms of their support needs. Managers who were perceived as 'getting it right' provided ongoing support and check-in, often outside of formal supervisory sessions. As one social worker described:

> [I had] a manager who sat me down and said, right come on, how do we think about how to get you through this, this will get better. And it gave me the time, I had to have therapy for it, but that manager said, I'd rather have you in four days a week than five and you take that day to go and do your therapy and whatever you need to do. And actually on reflection, I look around sometimes and think not all managers would have done that and actually that's what kept me in it, kept me going. (Late career child and family social worker)

When staff had gone off sick due to stress related to the CCE, the response of their manager upon their return to work was crucial. Their manager's response during this period determined a) whether they were able to retain a positive sense of professional identity and b) their decision to continue in their role. Speaking of what made them stay, one professional said it was the 'supportive phased return from sick' and a focus on her 'strengths' and need for a 'change of role' in the team – agreed with her manager – that made the different and helped her to stay.

Necessary conditions for resolving and managing CCEs

Culture of psychological safety

Practitioners identified a culture of psychological safety as key to resolving CCEs. While management style (discussed above) was an important feature of psychological safety, it was also related to team culture. Where social workers' team colleagues were available, it made the difference between being able to work through a CCE or not. As one social worker described:

> I went back to my team and yes, I cried and all of that, but I had people around me and they said look - walked me through it, talked me through it - because if I had been alone at that stage I think that would've been really difficult for me (Mid-career child and family social worker)

Psychological safety (Edmondson, 1999) refers to the belief, in a working group, that it is safe to take an interpersonal risk – whether this be showing one's own vulnerabilities or challenging the status quo in some way. To resolve CCEs, social workers described the need to feel confident they could voice negative emotions or admit to being unsure about an aspect of their work. For many social workers having a team which was psychologically safe was a key factor in working through the CCE, which often resulted in learning for both them and the team. As one social worker summarised, to seek support during a CCE you have to be assured that:

> When things go wrong there is not a culture of blame on you as an individual. (Early-career child and family social worker)

Where a culture of psychological safety was not present, practitioners were unable to obtain support with CCEs. In some teams there was an unspoken message that, despite (and perhaps due to) working with vulnerable people, 'you can't be vulnerable yourself'. In some teams, admitting to difficulties around workload could be framed as an issue with the worker's skill and commitment:

> Your fear that in saying you're struggling... they need you to go to performance management... all those kinds of fears are very real (Mid-career adult social worker)

Most participants described teams as a major positive and sustaining factor in their work. However, some described experiences of teams that 'lacked compassion' or where the

culture was 'toxic' or simply unsupportive. In some cases, this was attributed to the severe pressures on teams, particularly frontline services with high vacancy rates and turnover. These often consisted of relatively inexperienced workers, leading to a general inability to provide support. Some teams with high turnover levels were simply newer than others and so deeper relationships with colleagues were hard to achieve. In such cases, discussion around CCEs might leave workers feeling less safe:

> I can think of some teams that would really benefit from it [reflection on CCEs] and would feel safe doing that but can seem some other teams that maybe wouldn't - because they are so newly put together – this would probably terrify them! (Mid-career child and family social worker)

> Doing this [CCE] timeline with our colleagues, would they be open to have that discussion and say that we feel threatened, or we feel unsafe within those spaces? (Experienced occupational therapist)

Achieving psychological safety could also be challenging for practitioners in multi-disciplinary teams. For instance, some adult social workers and AMHPs were often the only social care workers within health teams. While many reported excellent working relationships with colleagues, some spoke of the difficulties of being the lone social care voice and were perceived by colleagues as challenging. This in turn could make it difficult to obtain support:

> My identity as a social worker is so important to me. Overall, I've loved all my work... I was in settings outside the county council.... when I went into that I was the absolute lone social care person. That was probably the most challenging bit of my whole career... none of them had any time for social care... I was being questioned, genuinely quite aggressively... and I remember thinking every day, feeling cross, because I was constantly with multi-disciplinary colleagues – [I was] sort of challenging without knowing. (Late-career AMHP)

Psychological safety is therefore a key consideration in support for CCEs. Participants in this study who trialed the CCE timeline tool (CCETT) (see appendix 1) identified it as a helpful format for individual and group reflection. However, participants were also keen to highlight that the tool should be used with caution, and crucially, emphasised that they should only be used in a setting of existing psychological safety. Several social workers highlighted the risks of using tools reflective tools with their manager/supervisor or in their

teams as this could make them more vulnerable – particularly in cases where the team culture or manager was an important factor in the CCE. In such cases, workers may need a 'third space' outside of their team to explore CCEs.

Availability of a 'third space'

As described in the previous section, social workers identified team culture – specifically a culture of psychological safety – as an important factor in resolving CCEs. Typically, resolution of CCEs involves a combination of self-reflection and peer support (Cook et al 2024). Having a supportive manager, team and colleagues can enable social workers to think differently and retain a positive sense of professional identity in the face of conflict. For this reason, interventions which strengthen teams (such as the Team as a Secure Base (TASB) model (Biggart et al 2017) are likely to also help social workers to resolve CCEs and thus promote retention.

However, this research also highlighted the need for a third space – outside of self-reflection and the team – in which to reflect on CCEs. As identified in the previous section, a lack of psychological safety in the team could leave practitioners with nowhere to turn. In such cases, a space outside the team was important, and was linked to retention.

One of the local authorities in this study had piloted such an intervention for early-career social workers; a facilitated, peer-support group for practitioners in their first two years of practice. The group met regularly with a facilitator who was independent of their team and service. This provided a psychologically safe and independent environment for workforce support. This group was identified by many social workers as a key factor in their decision to stay in the profession through supporting them to manage CCEs. This group, facilitated by experienced practitioner and involving a strong element of peer support, could help them to reframe and think about how to approach difficult issues, including issues within their respective teams. It also provided a secure base and sustained source of support which was particularly important for workers in teams which were less established and/or with high staff turnover. Given that team managers and culture are so frequently implicated in CCEs, a space outside the team was identified as crucial for practitioners across the board:

> I wish there was a mechanism to discuss [CCEs] with someone else, not your manager. Because you have supervision with your manager… I didn't go to the Union because I didn't feel that's the right place necessarily… because of the fear of failure, if you divulge everything to the person who is your manager that wants you to get on with the job, it's kind of a bit of a conflict. (Late-career AMHP)

The facilitated workshops during the research highlighted the importance of a third space. For example, AMHPs identified the peer-support provided by the group as useful, particularly those based in multidisciplinary teams who did not have opportunities to reflect with those with the same specialism. Similarly, team managers acknowledged the research workshops provided a rare opportunity for a facilitated peer space to share experiences and learning, including CCEs with other managers – an opportunity not available in practice. More generally, a third space outside of the team could act as a vital support to manage CCEs and reduce isolation. As one practitioner summarised:

> Prior to this, I would have thought those CCEs – moments of stay or go – were not unique to me, but I would have thought, not everybody experiences them. What's been really affirming coming together with lots of practitioners is that sense of that commonality and that is very important in terms of reducing isolation. It's reassuring that others have felt like that. So, its okay, you *can* get through it. That camaraderie has been really lovely, and we don't get that very often, so it's been a really useful space (Mid-career AMHP)

3.2: career-stage findings

Section one identified cross-cutting themes around CCEs which were relevant to practitioners in general. During the research it emerged that, in addition to these general concerns, practitioners' support needs differed across the career span. This section therefore identifies career-stage specific findings relating to CCEs. It is divided into the following three groups: early, mid and later career practitioners. Specialism, generativity and mobility are also considered for each of the groups.

1. Early career social workers

The original research was conducted with experienced social workers. The present study therefore provided an opportunity to determine whether the concepts of CCEs were also relevant for those at an earlier career stage. For the purposes of this research, early career social workers are defined as those in the first few years following qualification. Generally, this is taken to be the first two years of practice after which support for newly-qualified social workers – within the early career framework - draws to a close. Most social workers considered themselves to be more established after the first two years of practice yet tended to view themselves as relatively early career social workers up to about the 4–5-year mark.

Critical career episodes among early career social workers

The present research suggests that the CCE concept is highly relevant to early career social workers. In fact, our consultation with early career practitioners (and with more experienced social workers who reflected retrospectively about their early years) suggested a great likelihood of experiencing a CCE during the first two years of practice. Many practitioners described a crisis of confidence during this period. Section one identified transitions as a key risk factor for CCEs. In the early career period, there were two important transitional points. The first was the transition from student social worker to newly-qualified social worker. This was often a time of great stress, and it was not uncommon for workers to experience a CCE in their first six months of practice - especially where there was a minimal induction period:

> You're plonked into this position that you don't know anything about and feel very much done to and expected to get on with it (Early-career adult social worker)

There was often a clash between the sense of vocation they had on entering the profession and the realities of frontline practice:

> Coming from the classroom experience where you have relationship building – you get allocated a case and see 'complete care act assessment' I'm thinking I need to see this person first, have a conversation, build that relationship but there really is no time! (Early-career child and family social worker)

The second transition in this period was the end of the supported assessed year in employment. Arrangements for support for early career social workers differed between local authorities, but targeted interventions (including caseload protection and reflective support groups) were typically withdrawn at either the end of the first or the second year. The loss of this support was felt acutely by many social workers, leaving them feeling isolated. Many felt that a more managed transition would be useful.

CCEs represent a threat to professional identity (PI) and provoke 'identity work'. During the early career stage, practitioners' identity work questions included:

- *Is the job what I thought it would be, and if not, do I still want to do this?*

- *Am I the right person for social work and where do I fit within this profession?*

CCEs during the early career period often involved a sense of dissonance and imposter syndrome. Early career practitioners often felt as if they were required to perform as a social worker, yet were often unsure of themselves and were still forming a sense of PI:

> You... have imposter syndrome because you are with people who are established social workers. You feel, 'I can't do what they are doing'. It's really difficult. (Early-career child and family social worker)

> There is a huge expectation that we know what we do, but no one shows you how to do it. People don't realise you don't know, but why would you know! (Early-career adult social worker)

Successful identity work involves reframing one's response to events in a way that allows one to retain a positive sense of identity (Winkler, 2018). CCEs were particularly impactful for early career social workers because they were in the nascent stage of PI development. Challenges in their role therefore led them to question who they were as a social worker and whether they had the knowledge, skills and attributes required for social work – and often, whether they should be in the profession at all. As one practitioner summarised, during the early career stage:

> You haven't got the confidence to think, actually no - this is what's needed - as opposed to I can't do it - I'm useless! (Early career adult social worker)

Following a CCE, early-career social workers were therefore more likely to consider leaving the profession entirely compared to more experienced social workers (who were more likely to move service or team following an unresolved CCE). To navigate CCEs, early-career social workers therefore required significant input from more experienced workers, especially their team managers. This support helped them to retain a positive sense of professional identity in the face of the CCE and draw learning from their experience. Often this support helped them to see that the difficulty they were experiencing was not a *personal* failing but an aspect of practice that everyone goes through:

> Talking with team members and them reassuring me about their experiences - which was similar - and realising we are in the same situation and go through the same things (Early-career child and family social worker)

Identity work for early-career social workers often involved internalising messages about themselves and their practice from mentors, team managers and colleagues. Thus, while good management and supervision were important for practitioners of all career stages, it was particularly important for early-career social workers. Experienced workers (covered in the next section) tended to have a more established sense of professional identity, and therefore were more likely to assess the validity of feedback from colleagues. By contrast, early-career social workers were more likely to personalise negative feedback, and a critical or unsupportive management style affected the way they thought of themselves. Where they were unable to sustain a positive view of themselves (what Winkler (2018) would term 'unsuccessful identity work' they often formed an intention to leave the profession.

> … after finishing my ASYE… *I said I can't be the social worker I want to be; I cannot do this anymore*. (Mid-career adult social worker)

The first team where early-career social workers were placed had a profound impact on their view of social work and their professional identity. While many reported supportive teams, others described a less positive experience. Many acknowledged that service pressured affected colleagues' capacity to provide support. High turnover levels and vacant posts often meant workers were stretched thin. As one worker described:

> Colleagues who are experienced and I have the hope of learning from have just stated they are leaving the team (Early career adult social worker)

Early-career social workers identified that endemic problems with staff turnover could mean they didn't receive support from their team or their manager in a timely way to help them manage a CCE. As a result, they had thought about leaving. However, a major protective factor in these circumstances was the availability of a third space (discussed earlier) in which to gain support. This group acted as an unexpected protective factor in terms of worker retention in the early career period. Early-career social workers could describe their situation, received peer support outside of their team, and in some cases the facilitator could mediate between the worker and the team or help them to consider a move or a transfer to another area of the service.

Specialism, generativity and mobility: early-career social workers

The need for mobility emerged as an unexpected finding for early career social workers – particularly those who had found their first team or area of practice to be a poor fit. As described above, where this was the case, social workers described an intention to leave the profession entirely assuming that social work wasn't the right fit for them. Many social workers talked about peers in their qualifying cohort who had left during the first two years of practice. Those who, despite a poor fit, went on to stay in the profession identified what made the difference was having access and knowledge of other areas of practice that might be a better fit. For instance, one practitioner described how she was planning to leave the profession due to a CCE during her first year which led her to question her professional identity:

> I couldn't see the wood through the trees at that point, I was so stressed and just didn't know what I was doing. I thought I was terrible, I'm never going to be a good social worker, but she [manager] was good at highlighting stuff I was really good at. I did really well working with parents so...she contacted a few people and opened up some shadowing opportunities and I loved it, so I switched to adults (Early career adult social worker)

In this case, being supported to move into another area of social work directly prevented her from leaving the profession. Social workers observed that often 'the wrong people can go into the wrong teams early on in their career' and that there was a great deal of pressure to stay in the area they entered immediately post-qualifying. They were interested to hear

much more about specialisms that might be available to them, and felt pressured to make a decision around choosing specialisms too early:

> In adults there are a couple of routes, like practice educator or best interests assessor. I felt a lot of pressure as soon as I finished my ASYE to say, what are you going to do next, but actually none of those options appealed to me (Mid-career child and family social worker)

Several practitioners commented on the fact that, despite having a generic qualification, practice specialisms were 'siloed'. In social work there was a divide between adult and children's services:

> It's almost like you went to children's - you were stuck. You went into adults - you were stuck (Mid-career child and family social worker)

Lack of opportunities for mobility were often exacerbated by service demands and the need to keep practitioners within certain priority services. However, the result of this was that some early-career social workers who didn't feel they fitted in the first teams simply left entirely:

> There are experiences where social workers haven't been allowed to go - so they just leave the council (Early career adult social worker)

For this reason, practitioners identified a need for more information and support about different pathways in social work during the first two years of practice. When looking at how to improve retention among early career practitioners there may be a compromise for local authorities between keeping staff in particular services and the need to avoid losing them from the local authority - or profession - entirely.

Practitioners identified a need to hear more about the different routes open to them, to include adult and children's pathways. Social workers acknowledged that careers advice from their team manager might be more limited, especially in services which had an understandable interest in retaining practitioners. They indicated that some independent career advice and support would be useful at the end of the first two years in practice. Some local authorities offer a range of placements during the assessed and supported year in employment (ASYE) scheme, and this was welcomed. However, this did not necessarily give a full picture of the range of roles and teams in the local authority that might be of interest. They indicated that hearing talks from a range of experienced workers

in different areas of practice could be helpful in making a more informed decision about whether social work as a whole is a good fit for them.

In the original study, generativity - to achieve meaning through making a difference and lasting impact on the profession - was identified as important for sustaining experienced social workers in their work. For early-career social workers, generativity was important but in a different way. At this career stage, the need to find ongoing meaning by making a difference was largely met through their work with service users. While they played a vital role in their teams and supported peers and colleagues, at this stage the balance was tipped towards being *beneficiaries* of the generativity of more experienced workers. Being nurtured by experienced colleagues was important and a key factor in developing a robust sense of professional identity. During this period opportunities to receive mentoring and support, simply to hear experienced workers talking about their experiences, including CCEs, were highly valued by early career social workers and could act as a powerful formative influence. Hearing about colleagues' struggles earlier in their career was very helpful early career social workers normalise their CCEs, reduce sense of imposter syndrome and help them to identify a way forward. Providing such support was also sustaining and meaningful for experienced social workers, especially those later in their careers (discussed in section 3). Identifying opportunities for early career social workers to benefit from the generativity of more experienced workers is therefore important for retaining both early and later career social workers.

2. Mid-career social workers (including needs of team managers)

While it was difficult to quantify mid-career in terms of years, professionals tended to view themselves as mid-career when they had moved out of the first five years of practice. During this stage, they began to feel more confident in their abilities and professional identity and their support needs changed. Whereas early-career social workers' needs focused on developing a professional identity as a social worker, mid-career practitioners focused on the need to develop their professional identity through specialism. CCEs for mid-career social workers often involved feeling 'stuck' and thinking 'where next?' in terms of their professional development. Sustaining and retaining social workers at this stage therefore involved offering opportunities to develop specialist skills. At this career stage,

social workers often considered (or adopted) a management role. This section therefore includes team managers as a sub-set, who had unique (and often unmet) support needs.

Critical career episodes among mid-career social workers

Compared to early career social workers, mid-career social workers tended to have a stronger sense of professional identity which could act as a buffer to the stresses of the role. Many social workers described their teams and manager as an invaluable source of support, helping them to navigate CCEs. However, compared to early-career social workers, it could be more difficult to gain support around CCEs due to the often unspoken 'feeling rules' around vulnerability for experienced practitioners.

> There is a pressure on us… you can't be vulnerable yourself and I don't think that is always right (Mid-career adult social worker)

Mid-career social workers were keen to emphasise that support needs change, rather than reduce. As one practitioner summarised:

> This level of practitioner is seen as needing less support, less supervision – it's a clear misunderstanding of management theory which is not that you manage them less, you manage people differently. (Mid-career adult social worker)

CCEs during the mid-career period consisted of the types set out in section one. However, in addition to these, a particular type of CCE emerged during the mid-career period. To stay in the profession, social workers needed to continue to find purpose and meaning in the work, rather than 'more of the same'. Participants identified a risk of stagnation as they entered the mid-career stage. CCEs often arose at times when they felt 'stuck' in terms of their professional identity development. As one practitioner described:

> … mine [CCEs] have been periods of frustration, or itchy feet… When I look at my career progression it's been because a manager has said, 'are you aware, there is this job… you've been talking about x, y, z, I think you'd be really good at this' and encouraged me into it. (Mid-career child and family social worker)

During the mid-career stage, practitioners' identity work questions included:

- *How do I continue to develop as a professional and find meaning in my work?*

- *What are my areas of expertise and how can I specialise?*

Where there were few opportunities for professional development, social workers formed an intention to leave their team, service - or on occasion the professional altogether - taking their expertise with them:

> So many of our experienced workers have been, 'I'm out!'... this high turnover of staff leads to an instability in your workforce, and it impacts on the outcomes for people (Mid-career adult social worker)

> As an OT, if you don't want to become PC [practice consultant], that's where you get stuck because you don't have the opportunity to have the specialism, you have to leave (Mid-career occupational therapist)

Mid-career social workers' identity work focused on the need to develop their professional identity through specialism. A supportive team manager often played a key role in helping them to identify opportunities for development:

> I can feel in myself that kind of mediocrity... it wasn't until someone sat down with me, they said, 'I can really see you're starting to get a bit itchy now, what do you want, how can we help you get there, do you like this idea...', and I was 'ok, yeah, I'm excited now!' ... (Mid-career child and family social worker)

However, it was also acknowledged that many team managers might not have the capacity to offer this sort of support, especially where they were under pressure to retain social workers within their current role. For this reason, social workers were keen for local authorities to provide independent advice on development and specialism during the mid-career period.

Specialism, mobility and generativity: mid-career social workers

Specialism was particularly important for mid-career social workers and was an important feature in their decision to remain in their local authority. At this career stage, social workers tended to seek and move into more specialist roles such as practice educator, supervisor, 'champion' of a particular area of practice (e.g. carers' champion) or in some cases team manager (the needs of team managers are covered in a separate section,

below). The opportunity to develop a specialism was an important feature in social workers' decision to remain in the profession, their team or service. Often it restored practitioners' passion for their role:

> It's really reignited my interest in social work again - I was saying oh! - all these other things that I never knew about – actually, I can learn about adult services, I can learn about mental health (Mid-career adult social worker)

Adopting a recognised and status-bearing specialism - Approved Mental Health Professional or Best Interests Assessor – was a hugely sustaining factor for practitioners. It was notable that the AMHP specialism, in particular, provided a very strong sense of autonomy and professional identity. As one AMHP summarised:

> I think as an AMHP you are pretty independent in what you do... It's that level of autonomy, that autonomy makes you more confident in your practice (Mid-career AMHP)

Within children's services, the practice educator role was identified as an important and sustaining specialism. However, practitioners highlighted that within children's social care, formal opportunities for specialism outside of management were more limited:

> If you want career progression, if you don't want to be a senior social worker anymore – because you were a really good social worker and you want to progress – but you don't want to be a manager, what do you do? But there's not really an option other than to become a team manager. (Mid-career child and family social worker)

In the absence of formal specialist pathways, professionals often informally identified their own areas of specialism:

> I noticed as a frontline in-care team that the foster carers who had good social workers made a difference to my workload as a front-line social worker – and that was my niche, my area. So that's where I moved to. (Mid-career child and family social worker)

Like social workers in the original study, practitioners often moved to create their own informal secondments to continue to develop and specialise as a practitioner. While this assisted retention, it did not remove the need for children's services to consider how opportunities for specialism can be built into existing career pathways. Social workers wanted their local authorities to consider how specialist practice pathways could be developed that went beyond generic titles such as 'senior social worker' or 'consultant' or

formal specialism such as practice educator. How for instance, a professional with wide experience of working with adolescents could be supported to develop this aspect of their practice and use it consult more widely in the service. Progression through specialism could offer a viable alternative for continued development among social workers who did not wish to enter management.

Mobility was important for mid-career social workers. For experienced professionals, the decision to move was often prompted by the desire to develop their expertise and specialism. For others, mobility helped them to stay motivated and refreshed in their work or regroup following a period of burnout in a particular team or role. Moving team or service often sustained them in the profession:

> [I had] more confidence to know that I needed to change job/team in order to survive. I had more confidence to know what I needed. (Mid-career adult social worker)

Both mobility and specialism were identified as key to retention and ongoing professional identity development in the mid-career stage. Professionals identified that feeling stuck and having 'itchy feet' was a key reason for wanting to leave, and suggested that local authorities could address missed opportunities to catch professionals at this stage before they exited the workforce:

> ... had there been like an advertised service or something that says, 'are you feeling bored right now, have you got itchy feet and would like to explore your options, come and talk to us on a Wednesday' I would have been there! (Mid-career adult social worker)

One local authority operated a 'transfer window' initiative. Expressions of interest were invited for other areas of the service. To allow mobility while also ensuring service continuity, there were restrictions on the number of moves for employees per year. This was viewed positively by those who participated and was identified as an important factor in their decision to remain in the local authority as an experienced social worker.

A recurrent theme was missed opportunities to identify opportunities for specialism during the Personal Development Plan and appraisal processes. It was identified that these could be improved to meet the ongoing developmental needs of mid-career social workers:

> Appraisals should be picking up on that shouldn't they? If you've got someone who's feeling a bit stagnant, got that itchiness, but got skills, talent, you'd be wanting to invest in that wouldn't you... (Mid-career adult social worker)

> ... the PDP progress... it can be quite unachievable. It's, 'this is what the expectation of the service is, and map your goals alongside that' (Mid-career adult social worker)

Practitioners identified the need for greater dialogue between employees and the local authority at the mid-career stage. Career advice was identified as helpful and could help mid-career social workers take a broader view of their development and how this might evolve within the local authority. Several suggestions were made for how this might be facilitated. Some suggested that the existing Principal Social Worker role could include liaison with mid-career and more broadly, experienced, workers to creatively match 'passion with practice need', identify opportunities for mobility and specialism within current service needs. Others identified that this could also form part of the work of the relevant learning and development team within the local authority.

Team managers

Many professionals adopt a team manager role at the mid-career stage. The relationship between team manager and retention was an important finding in this research, and one that has not been fully explored in the existing literature. As described in section one, professionals identified a direct link between their experiences of management (especially following CCEs) and their intention to stay in the profession over the long term. However, while there was a great deal of focus on what team managers should provide, participants highlighted a major gap in the provision of support for team managers themselves. As one early career worker summarised:

> We are relying *so much* on our... team managers to hold all of this, that's a huge responsibility, people are dealing with traumatic stuff, and they are needing to come back and talk about it. How full can your cup be with other people's trauma before you say I can't deal with it any longer? (Early career adult social worker)

Generally, in terms of workforce support and planning, there was a focus on what team managers should *do* rather than what they might *need*. Team managers were typically

experienced social workers, which led to an assumption they would automatically know how to manage. However, the transition to a first line management role was often a challenging period for team managers – several described experiencing a CCE during this time - particularly as they received little support to navigate this transition:

> Managers should be trained as managers, not just shoved in the role! (Mid-career adult social worker)

Practitioners highlighted that team managers required but received very little formal support, training and debrief upon entering the role. In addition, they noted the availability of management training had dwindled over recent years:

> ... becoming a team manager... must be completely scaring and overwhelming for them... And actually, to prop them up might prop the whole of the service up - we will all then be indirectly propped up! (Late-career child and family social worker)

> Years ago, we had to go through a really structured programme – group dynamics, management styles, that to me is the basics of how to manage a team, how to manage those tensions, different personalities. And I'm amazed we don't do that now! (Mid-career adult social worker)

A recurrent theme was the need to revisit and reinstate management training that encompasses a wide range of skills and competencies. Practitioners noted a difference between social work and other professions in terms of support and training for management, particularly in relation to supporting social workers with mental health and CCEs:

> In any other situation you would have a management degree, in social work you're just a half decent social worker. (Mid-career manager and adult social worker)

> I feel as managers we need... in-depth training on recognising mental health, how to support staff going through trauma... because all of my critical episodes, if I had a supportive manager would I have stayed? (Late-career manager and adult social worker)

Team managers felt acutely responsible for the wellbeing of their teams but often had little support themselves. Unlike other members of staff who received support from someone at the next rung of the ladder (e.g. a supervisor, a manager) team managers often received relatively little supervision, leaving them isolated. Instead, team managers drew on

informal support structures that included their own team, trusted friends and peers. While this was helpful, team managers were mindful of the risk of burdening their own staff. As one team manager described:

> … as a manager you don't like to be vulnerable… you can't be weak. But you have that small niche of staff… I might say to them, 'I'm struggling today guys', and they'd be like, 'ok'… (Mid-career adult social worker)

The workshops in this study, facilitated by the research team allowed, in some cases for the first time, an opportunity for team managers to join together to reflect on their experiences, share knowledge and receive support. Participants described this experience as cathartic and deeply valuable. This reiterated the need for ongoing peer support and a 'third space' for team managers.

3. Late-career social workers

Late-career social workers had been in practice for over a decade or more, some over thirty years, and typically had advanced social work skills. They had generally experienced a range of social work teams and had expertise in several areas of social work. Some had taken a management route. Those who had not nevertheless provided vital support to their team managers as a peer. Late-career social workers also played an important role in supporting the retention, learning and development of less experienced colleagues. Typically, late-career social workers had experienced a number of CCEs throughout their career and were able to offer retrospective insight into how these were navigated and resolved. However, they were often underutilised and unrecognised within their organisations, who were often unaware of their institutional memory and expertise.

CCEs and among late-career social workers

Late-career social workers provided many examples of CCEs they had encountered over a long career. With hindsight and reflection, late-career social workers were able to see how CCEs had shaped them and their professional identity (PI). While CCEs can be emotive in

nature, for many late-career social workers, the emotional impact of these events had softened:

> ... all those bits that are big moments in time, they all fade... they all just become an amalgam... (Late-career child and family social worker)

For late-career social workers, being in practice over a number of years, and in some cases decades, typically entailed navigating a series of CCEs. This prompted identity work and deep experiential learning, ultimately strengthening their PI over time. As one advanced social worker described:

> During CCEs I have learnt I am a social worker to the core – no matter what else I do – strong values, social justice – passion for people. (Late-career adult social worker)

When encountering new situations and stressors (or supporting colleagues to do so) late-career social workers drew on this wealth of accrued experience and learning, which helped them to manage new stressors from a position of practice wisdom and experience. This perhaps helps to explain why more experienced workers are at reduced risk of workforce exit (Guzman et al, 2020). However, while this accrued experience helped them to manage CCEs, sometimes late-career social workers experienced a different kind of CCE which centered around not having their PI recognised and valued by others. Their strong sense of PI was tied up with mission and vocation to support others – as one social worker described - 'the passion is still there' yet sometimes they were not given opportunities to utilise their skills to benefit the workforce.

CCEs among late-career social workers involved identity questions such as:

- *How do I leave my mark on the profession?*

- *How can I make things better for the next generation of both practitioners and service users?*

Where practitioners were unable to resolve these questions, they often formed a resolution to leave the profession, often by taking early retirement. This represented a significant loss of expertise from their local authority. Opportunities for generativity – for leaving their mark on the profession – were therefore key for social workers during this career stage, as described in the next section.

Mobility, generativity and specialism

Many late-career social workers had moved around areas of social work and had specialist skills in several areas. They embodied a great deal of institutional knowledge and gained a sense of ongoing meaning through sharing their specialist skills with others. Generativity was a key concept for later career social workers. Using their specialist skills to support the development of the next generation enabled late-career social workers to find continued meaning, and ultimately sustained them in their work. Earlier career stages focused on the development of their own skills, yet later career social workers described a shift of emphasis in later years towards developing the skills of others:

> …from wanting to help service users and patients, to wanting to help my staff to be the best they can be. The actual reason why I'm doing what I'm doing is exactly the same, it's just adapted over time. (Late-career adult social worker)

The need for generativity could be fulfilled by mentoring new team members, becoming a supervisor, a manager, a practice educator, adopting a workforce development role or simply by sharing one's learning with others. For many social workers, generativity involved supporting early career social workers to manage CCEs similar to those they had experienced themselves. This consisted of both sharing knowledge and providing emotional support for junior colleagues:

> Seeing that person develop...that probably was one of the highlights of anything I've ever done... the students who've stayed with the team who I trained and seeing them progress... there's a lot of pride to come from that (Late-career AMHP)

Seeing their lasting impact on others over a long career was a source of great meaning and motivation for late-career practitioners, helping them to remain engaged and passionate about their work:

> I was a practice educator, many years … what was interesting is seeing those social workers maybe five years later... you've got some knowledge that you can pass on to other people. (Late-career child and family social worker)

An unexpected finding was that late-career social workers who had not chosen a management path played a vital (but often institutionally unrecognised) role in supporting and developing team managers:

> I'm 65 this year – I liked supporting the different managers who came in, adapted to their working styles, you just walk in step with the different managers. I enjoyed that. (Late-career adult social worker)

Late-career social workers also played a vital role in retaining less experienced workers through providing advice at crucial moments. They drew on their own experiences of CCEs – including what had worked for them - to support others who were thinking of leaving:

> It's about using that knowledge for the people we support as well as managers. So, someone's having a difficult time, accept there might be a mental health episode, there might be a family incident going on, whatever but in the same way, supporting them to take a different career path or actually do a specialism (Late-career practitioner, adult social work)

Late-career social workers who were not managers were often able to provide support which focused more on the individual and the CCE. This was often helpful for social workers because their managerial supervision was- understandably- more likely to focus on cases and organisational needs.

Late-career social workers acted as role models for less-experienced colleagues by providing a blueprint for other social workers to plan their career. They were often viewed as proof that it was possible to move through CCEs and enjoy a satisfying and impactful career. As one practitioner said of a late-career AMHP:

> It was really reassuring for me… I thought that's a person that I can really identify with. The same backbone, it's 'see it's brilliant to do the AMHP stuff!' So, for me that was right, just look, look at this lady! (Late-career AMHP)

However, despite the importance of later career social workers for retention, this was not always recognised within organisations. Where it *was* recognised, this often made the difference between staying or leaving:

> The reason I stayed was because I was asked to stay by other managers who saw something in me... Had they not at that point, I would've retired. (Late-career AMHP)

Late-career social workers identified a broader issue - that organisations were not always aware of the expertise of their experienced staff:

> I've worked in lots of different areas. I will be retiring soon. And *who* knows what I've done for the last thirty years in the wider structure? What is the local authority doing with all that expertise?' (Later-career AMHP)

Generally, late-career social workers reported their specialist skills and expertise to be underutilised because wider management were not aware of their experience. This could be a very frustrating experience for late-career social workers, who had great institutional memory – particularly in relation to service redesign and restructure. Many social workers with twenty years or more in practice had experienced several service restructures. This gave them unique insight into what worked, what didn't and what organisational initiatives had been previously trialled. However, unless they had progressed into strategic level management, they were very rarely consulted on workforce retention plans. Practitioners made several suggestions for what would be useful here in terms of both sustaining them but also for the organisation. Legacy mentoring schemes – currently piloted in health settings (e.g. Hardy, 2022) typically involve a program that pairs experienced professionals with early-career professionals to provide support and guidance, skills coaching and pastoral support to early-career professionals. It was viewed by many late-career professionals as a positive way forward:

> … you have people heading to retirement… you could say take a year off, but then come back, what could you do to help some of the newbies… that's why I wanted a business case for legacy mentor roles, I see that as a gap, and I'd love to have a legacy service (Late-career adult social worker)

In addition, social workers were keen to find a way to make their areas of interest and expertise known within their organisation. Existing tools for supporting late-career social workers were often limited to the Personal Development Plan (PDP) sessions which were identified as often unhelpful:

> The Personal Development Plan… the two managers I manage are heading for retirement, they don't want to tell me how they are going to advance their career for the last 5 years. The PDP gives no tools to be able to motivate people (Late-career adult social worker)

Practitioners identified that the PDP process tends to focus on what professionals should do to enhance their development, rather than on the existing range of skills that they have to offer the organisation. It was suggested that PDPs might be a useful way to identify expertise and feed this upwards within the organisation. Overall, opportunities for generativity sustained later career social workers *and* therefore also helped to sustain other practitioners in early career stages. In this sense, it became a virtuous circle both retaining experienced practitioners and their expertise while also supporting development and retention of new social workers.

Part four: the theory of change (ToC) and discussion

Drawing on the findings outlined in part three, this chapter advances a theory of change (ToC) for the retention of local authority social workers. This chapter consists of three sections. Section one provides an overview of the initial ToC and its subsequent development and confirmation via engagement with practitioners. The ToC identifies support to manage CCEs and opportunities for specialism, mobility and generativity as key to workforce retention. It also provides a career-stage specific approach to workforce support. Section two sets out specific recommendations and interventions for local authorities on how to action the ToC. Section three offers a discussion of the ToC within the wider research and policy context of social care retention.

4.1 Theory of change (Toc)

The ToC is grounded in the concepts developed from study one which were confirmed and developed during study two. Study one established that a strong sense of professional identity (PI):

- acts as a buffer to stress

- helps social workers to find ongoing meaning in their work

- promotes retention among experienced social workers

Study one identified that staying in the profession over the long-term involves navigating critical career episodes (CCEs). CCEs ca be one-off or cumulative, arising when social workers experience a direct threat to their PI. CCEs are 'stay or go' moments for social workers and therefore represent an increased risk of workforce exit. If left unresolved, workers form a resolution to leave their role. However, where resolved, CCEs can lead to a stronger sense of PI and intention to stay– in this way, CCEs act as the building blocks of PI development across the career span. Study one identified that career pathways which promote specialism, mobility and generativity are important for the retention of experienced child and family social workers as they promote ongoing PI development. The aim of the present research (study two) was to a) explore the relevance of these findings

for workers outside of experienced child and family social work and b) use the concepts developed in study one to promote retention of local authority social workers.

A Theory of Change (Toc) approach was used in this research. A ToC is a model which describes how an intervention will lead to specific outcomes. An initial ToC identifies *why* the intervention is needed, *who* it is for, *how* it will work and *what* is the primary outcome. The initial ToC based on study one is represented below:

NEED	PARTICIPANTS	INTERVENTION	OUTCOME
WHY?	**WHO**	**HOW?**	**WHAT**
To improve social worker retention	Social workers	Strengthen professional identity among social workers via — Support to manage CCEs — Career pathways offering specialism mobility generativity	Greater retention of local authority social workers across the career span
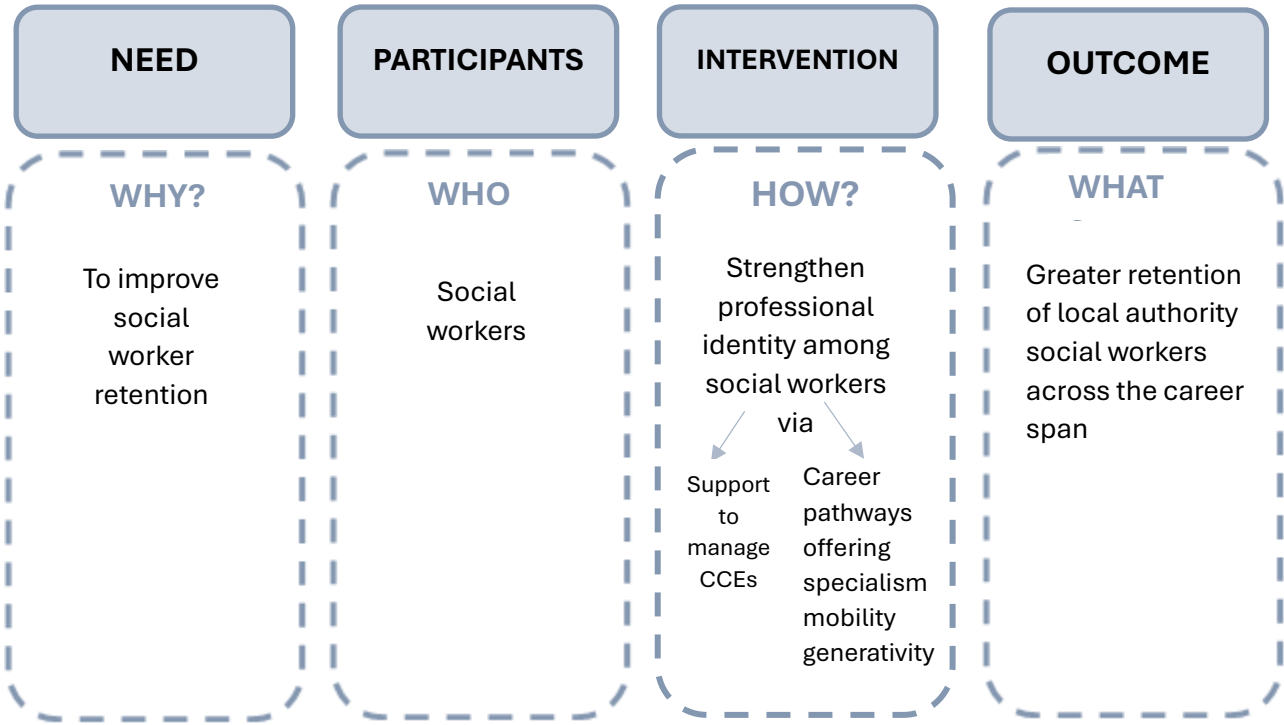
The Initial ToC

Through an iterative process of consultation with 51 professionals (study two), we extended and developed the initial ToC into its final form – depicted on the next page.

A Theory of Change for the retention of local authority social workers

NEED

To improve retention of local authority social workers

PARTICIPANTS

*Early, mid & late career social workers (including managers)

*HR & workforce development teams

*Principal Social Workers

INTERVENTION

Support to manage CCEs including:

*Recognition of risk factors for CCEs

*Debrief AND ongoing support during CCEs

*Identify shared learning from CCEs

Career pathways offering specialism, generativity & mobility (SGM) including:

*Recognition that SGM needs vary according to career stage

*Consultation with social workers to identify new practice specialist pathways

*Harness generativity of experienced social workers to support next generation

INTERMEDIATE OUTCOMES

*Strengthened PI among social workers

*Ongoing PI development to sustain social workers across the career span

*Greater knowledge-utilisation (including practice wisdom) in local authorities through harnessing existing expertise of late-career practitioners

PRIMARY OUTCOME

Increased retention of local authority social workers across the career span

Necessary conditions

Culture of psychological safety

Availability of a third space

Support for team managers

The finalised ToC suggests that greater retention of local authority social workers can be achieved through sustaining and strengthening PI across the career span. Supporting social workers to maintain a positive sense of PI involves helping them to navigate CCEs. Study two identified that effective support involves: recognition of the risk factors for CCEs, debrief coupled with ongoing support and opportunities to identify learning from CCEs. Crucially, we identified a context of psychological safety as a necessary condition for managing CCEs, as well as the availability of an independent, 'third space' outside the team to receive support. Without this, social workers can be placed at greater risk when seeking support for CCEs.

Team managers play a key role in supporting workers through CCEs and, more broadly, team managers emerged as one of the most important factors in social workers' decision to stay or leave their role. Despite this, their development and support needs are often unmet. Effective training and support for team managers is therefore a necessary condition for the ToC. Study one highlighted that career pathways which provide opportunities for specialism, generativity and mobility support PI development across the career span. Study two highlighted that the concepts are relevant but in different ways, dependent on career-stage. A career-stage specific approach (based on the needs of early, mid and late-career social workers) is therefore required to support social workers' ongoing development. Consultation with social workers at all career stages is important for identifying new practice specialisms (particularly for those who do not wish to pursue a management route) and identifying existing expertise within the workforce. More broadly, harnessing the generative capacity of experienced workers is likely to support retention across the career span.

4.2 Summary and detailed recommendations for local authorities

This section provides a summary of key findings and detailed recommendations for implementing the ToC. Firstly, we summarise key messages relevant to social workers across all areas of practice and career stages (cross-cutting themes). We then outline specific recommendations for early, mid and late-career social workers.

General summary and recommendations across the career span (cross-cutting themes)

- Social workers across all areas of social work (including children and families, adults and Approved Mental Health Professionals) experience critical career episodes (CCEs). These are generally emotive in nature and trigger identity work.

- CCEs are more likely to occur (and be experienced most acutely) at times of professional transition throughout the career span. Key transitions include: student to qualified social worker, end of the Assessed and Supported Year in Employment (ASYE), becoming a manager, moving to a new role, team or service. Local authorities need to consider support available to professionals during these times. Transition to first line management is a particular area of unmet support need.

- CCEs are also more likely to occur at times of personal transition. These include: becoming a parent, assuming a caring role for family members, experiencing menopause, becoming the main breadwinner in the family and ageing. Supervision and support for CCEs therefore needs to consider the intersectional nature of CCEs by adopting a 'whole person' approach – including consideration of the personal aspects of professional identity.

- Perceived lack of control/autonomy are risk factors for CCEs. High caseloads and organisational restructuring can reduce perceived autonomy meaning social workers feel forced to practice in a way that is incongruent with their sense of professional identity – leading to CCEs.

- Social workers recognise the wider structural factors that limit autonomy (e.g. lack of resources). However, having a voice and being meaningfully consulted makes a significant difference – having the expertise valued in this way can help them to maintain a positive sense of PI.

- Management style and support are key factors in resolving CCEs. Social workers value managers who are available, non-blaming and who can appreciate the personal aspects of CCEs.

- Opportunity to debrief is important following a CCE, but even more so, social workers need ongoing support and follow-up after a CCE.

- CCEs are often implicated in sick leave from work. The experience of returning to work following sick leave shapes social workers' intentions to stay or leave their role. When returning from sick leave, workers value conversations with their manager about how they will manage the CCE together.

- A team culture of psychological safety is vital for resolving CCEs. Interventions which strengthen teams (e.g. the team as a secure base model (TASB) (Biggart et al, 2017) or the strengths-based team meeting tool (Revalier and Allen, 2020) are therefore likely to be helpful.

- However, this research also highlighted the need for a third space – outside of self-reflection and the team – in which to process and resolve CCEs. This is particularly important where the CCE is linked to difficulties with the worker's team or manager.

- More broadly, facilitated peer-support outside of social work teams can play a vital role in retention – however, this is rarely available beyond the Assessed and Supported Year in Employment. This research indicates that ASYEs, mid-career social workers, team managers and late-career social workers would all benefit from peer-support spaces outside of their teams.

- To sustain social workers in the profession, local authorities should provide career pathways that promote specialism, mobility and generativity

Summary and recommendations for supporting early-career social workers

- During the first two years of practice, social workers are particularly vulnerable to CCEs (especially at two points of transition: student to newly qualified social worker, and the end of the early career framework support (at end of either year one or two).

- Local authorities should consider formal and structured support during these two timepoints – in particular, a managed transition at the end of the second year is a current area of need.

- CCEs at this career stage can involve feelings of imposter syndrome and raise questions like 'Is the job what I thought it would be, and if not, do I want to do this?', 'Am I the right person for social work and do I fit within this profession?' and 'how do I align classroom ideals with the realities of practice?'

- Following an unresolved CCE, early-career social workers are more likely to consider leaving the profession than experienced colleagues (who are more likely to move team or service).

- To resolve CCEs, early-career social workers require significant support from their manager, team and wider organisation. Given service pressure within teams, they should also have access to a third space – independent mentors or facilitated peer group – to receive support around CCEs. This is particularly important as CCEs at this career stage often involve perceived lack of management or team support.

- Early-career social workers benefit from hearing how more experienced workers, especially those in the later stages of their career, have resolved similar CCEs. Individual mentoring or group exercises may be helpful here (see appendix 2).

- Poor fit between early-career social workers and their first team(s) or areas of practice can result in early exit from the profession. Local authorities may need to consider a compromise between allowing mobility between areas of the authority (e.g. mobility between adult and children's services) and loss from the local authority (or profession) entirely.

- Practitioners identified a need for more information and support about different pathways in social work during the first two years of practice. Independent (outside of their team) careers advice is vital for retaining early career social workers. Local authorities should consider providing a website which identifies alternative career pathways. Providing opportunities for early-career social workers to hear late-career social workers talk about their specialisms may

provide inspiration and help them to identify alternative options within the council, rather than leaving.

- There may be a role for workforce development leads and the Principal Social Worker (or for occupational therapists, the Principal OT) in coordinating careers advice for early-career practitioners.

Summary and recommendations for supporting mid-career social workers

- To sustain them in the profession, mid-career social workers require ongoing opportunities to develop their professional identity. This can avoid them feeling 'stuck' and forming an intention to leave.

- CCEs at this career stage involve questions like 'how do I continue to develop as a professional and find meaning in my work?' and 'What are my areas of expertise and how can I specialise?'

- Opportunities for specialism and mobility help to sustain and retain mid-career social workers.

- Development of career pathways outside of management is important. Specialist roles that match passion with practice need provide opportunities to strengthen practitioners' PI and sustain them in the profession.

- Consultation with mid-career social workers around the development of specialist pathways is important. Practitioners have a keen sense of expertise required e.g. specialisms in working with adolescents, or young people at risk of criminal exploitation.

- Mid-career social workers often move services to maintain motivation and develop their skills. Offering formal opportunities for mobility within the service can reduce workforce exit – e.g. 'transfer window' initiatives.

- Mid-career social workers are often unaware of the options for progression available within their local authority – greater transparency around options for continued development is key. Mid-career social workers would value meaningful

discussions when they have 'itchy feet' - the Principal Social Worker, HR workforce development teams could provide some of this guidance.

- Team managers play a significant role in the retention of social workers. However, their own support and development needs are often unrecognised.

- Local authorities should review their support and training offer for new managers. Managers may also benefit from a 'third space' to obtain peer support (from other managers) to assist them in their role.

Summary and recommendations for supporting late-career social workers

- Late-career social workers can play a vital role in retention strategies within local authorities. They often have several practice specialisms, institutional memory (particularly in relation to service restructuring) and find great meaning in supporting the next generation of practitioners. Despite this, their expertise is often unrecognised at an organisational level.

- CCEs at this career stage involve questions like 'how do I leave my mark on the profession' 'how can I make things better for the next generation of practitioners?'

- Providing opportunities for generativity is key to sustaining and retaining late-career social workers. Identifying opportunities for generativity should be part of the ongoing appraisal process.

- Maximising opportunities for generativity reduces the risk of early retirement and subsequent loss of expertise from the local authority.

- Local authorities should consider greater involvement of long-serving practitioners in decisions around service redesign and delivery. Many late-career social workers can provide insights in relation to both successful and unsuccessful prior initiatives.

- Legacy mentoring schemes provide a useful way for the workforce to benefit from the expertise of late-career social workers. As well as a useful option for retaining

workforce expertise, mentoring the new generation can provide great satisfaction for late-career practitioners.

- Local authorities may find it useful to take a skills audit of their long-serving professionals. This could help map areas of practice expertise and to think creatively about how this expertise can be used in the organisation. It may be useful for late-career social workers to develop a closer relationship and dialogue with the workforce development team or Principal Social Worker to identify opportunities that creatively utilise their expertise.

- Greater involvement of long-serving social workers in careers advice and support for colleagues is important.

- Late-career social workers are often able to reflect on prior CCEs with a sense of resolution and practice wisdom. Greater involvement of late-career social workers in Schwartz Round storytelling or group reflective activities (e.g. the CCE Goldfish Bowl in appendix 2) may also be helpful. Their involvement in third spaces for early-career social workers is also likely to be beneficial.

4.3 Discussion and implications

Retention of social workers is both an international and national issue. This theory of change (ToC) offers a new and innovative model for understanding and improving retention in social work based on the concept of professional identity (PI). The ToC provides a tool to assist workforce development and planning in local authorities across adults and children's services and at each stage of the career span. The ToC may also be relevant for other international social care systems in Europe, North America, Canada and Australia where there are similar workforce retention issues. The findings may also be relevant for other statutory professions, especially those which involve work with involuntary service users and use of authority (e.g. police, probation, healthcare in secure settings, teaching etc.)

A strength of this ToC is that it is rooted in research which, across two studies, has captured the voices of 109 social care professionals across 12 local authorities in

England. It provides a positive way forward which is informed by the experiences of 'stayers' – practitioners who have remained in the profession and found ongoing meaning and satisfaction in the work. We have learned from social workers that their PI encompasses their core values, beliefs, personality, skills and sense of purpose. It is this sense of PI that sustains social workers in the profession. Over the last few years, there has been a renewed interest in PI development among social workers (Björktomta and Tham, 2024; Hochman et al 2023; Smith, Harms, and Brophy 2022; Moorhead 2021) yet these existing studies tend to focus on PI among early-career social workers. The present research is the first to examine the identity needs of social workers across the wider career span (particularly late-career social workers) and identify how these needs can be met.

Existing research highlights the importance of peer and collegial support for social work retention (Ravalier et al, 2021; Sedivy et al. 2020; Guzman et al. 2020; Biggart et al. 2017). In particular, support from team colleagues, a good relationship with line managers and effective supervision are associated with retention (McLaughlin et al. 2023; Tham 2022; Russ, Lonne, and Lynch 2020; Ferguson et al. 2020). The present research supports this hypothesis, suggesting that managers and a team culture of psychological safety are vital for the resolution of CCEs and social worker retention. However, the research has identified that social workers also need spaces outside of their teams to receive support – a 'third space' in which to reflect on CCEs. This is particularly important, since difficulties within the team and with managers are often a key feature of social workers' CCEs (and decision to leave).

The present study has identified team managers and management style as having a direct and significant impact on social work retention. However, there is relatively little research exploring this association. This research therefore identifies an important gap in relation to team managers – both in relation to their support needs and the association between management style and retention.

The ToC in this report provides a blueprint for improving the retention of social workers in local authorities. Based on our consultation with a small number of occupational therapists, the ToC also appears to have promise for other social care professionals. However, a limitation of this research is the small number of occupational therapists in

the study. Further exploration is required to establish the applicability of findings to occupational therapy and other professions outside of social work.

Developing a ToC is the first stage of intervention development. The ToC is likely to require amendment and revision by local authorities to adapt it to the specific structures and needs within their service. It would be useful, therefore, for local authorities who may wish to embed the ToC to set up a working group, crucially including social worker stakeholders, to explore how the key concepts of the ToC might work within local structures. More broadly, the research has identified a need for local authorities to involve social workers across the career span in service-level decisions, including the development of career pathways. In particular, late-career social workers are an undervalued, yet highly significant, resource in local authority workforce development.

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Appendix 1

Critical Career Episode Timeline Tool (CCETT)

This reflective tool assists social care practitioners to reflect on the development of their professional identity (PI) over the course of their career. It focuses on identifying learning from Critical Career Episodes (CCEs) across the career span. It can help social care professionals to:

- Reflect on, and reconnect with their sense of PI
- Celebrate their achievements and identify areas of strength
- Identify key learning from previous CCEs
- Identify future/current support needs around CCEs

This tool can be used:

- By individual practitioners for self-reflection
- During a supervision session
- As part of a group reflective exercise or career development session. (It may be a particularly useful exercise for reflection in a 'third space' – see section 3.1 of this report).

Psychological safety

Completing the CCETT is a helpful and powerful exercise for practitioners. However, it involves reflecting on major challenges, which can prove emotive. It is therefore important that CCETT is undertaken voluntarily in a culture of psychological safety. Special considerations for supervisors and group facilitators are included, below.

Instructions

Allow at least 60 minutes to complete the CCETT. You will need:

- A quiet and confidential space for reflection
- A large sheet of paper and coloured pens

Step one (5 mins) Begin by drawing a horizontal line across the page. This represents your career timeline. Add information on the roles you have held since qualifying. You may wish to record changes of team, moving between services etc. Early-career practitioners may wish to include their final placement year as well as first year(s) in practice. Add any significant events in your personal life to the timeline – particularly times of personal transition (for instance, becoming a parent or carer).

CRITICAL CAREER EPISODES

Qualified as sw

FIRST CASE IN COURT

WORK WITH CHILDREN "A" + "B"

RETURN TO WORK AFTER BIRTH OF MY SON

WORK WITH FAMILY "D" Sparkling moment! Found my VOICE.

SERIOUS CASE IN MY TEAM

BECAME A MANAGER

Today

Imposter syndrome! Can I do this?

Learning: seek feedback
· lean on manager
· confidence in my own judgement as a sw.

How do I cope when there isn't a "good" outcome?

Learning:
· honesty with colleagues if I'm not okay
· Learnt to make peace with fact that I can only control certain things
· Learnt skills in advocating for families
· Inspired passion for trauma-informed approaches — can I develop this further?

Who am I as a sw now I'm a mother? What does "good enough" parenting mean to me now? How do I balance personal + professional life?

· Reflection on self, values + judgements
· Work in progress!
· Learning to identify where my personal experiences help and where they might hinder my thinking

What do I do when I disagree with other professionals?
· Learnt to step outside comfort zone to respectfully but assertively challenge.
· Found my voice as a professional.
· Learned how to frame my views/ judgement so that it made sense to professionals from other disciplines
· Hard-won but helped me to feel that I am a confident, competent social worker.

How do we make sense of a traumatic case and process it as a team?
· Learnt how to support colleagues who process things differently.
· Identified that I put myself last!
· Became comfortable with listening + not "fixing"

How much of myself should I share with my team? To whom are my loyalties? Stuck in the middle!
· Learning what "sort" of manage I am + feeling confident in my style
· Learning to trust my team + delegate!

Step two (10 mins) Now begin to add Critical Career Episodes (CCEs) to your timeline. A definition of CCEs is provided in this report (see section 1.3). For each CCE on your timeline:

- Identify 1-2 emotion words to capture your experience
- Identify your key learning in a sentence

Add these to the timeline.

Step three (20 mins) Select one or two CCEs on your timeline to reflect on in-depth. For each, consider the following:

- What was the central question or dilemma at the heart of the CCE?
- What feelings were evoked for you and why?
- What 'identity questions' were raised by the CCE? (see section 1.3 for examples of questions that practitioners asked themselves during a CCE)
- What helped/hindered you to navigate the CCE?
- Has your perspective on the CCE changed with hindsight? If so, how?
- How has the CCE shaped your professional identity? *(Did it change the meaning of being a social worker for you? What did you learn about yourself both personally and professionally? What new strengths, skills, knowledge, practice wisdom or vulnerabilities have resulted from the CCE?)*
- Try to generate an identity statement in relation to this CCE e.g. '*as a result of this experience, I am a social worker who...*'
- If a colleague was experiencing this CCE, what advice would you give them?

Step four (10 mins) Spend time reflecting on your overall career timeline, considering the following questions:

- How has the meaning of being a social worker (or social care professional) changed for you over time? Which CCEs have had the most influence on this?
- How do the CCEs in your timeline influence the way you approach new challenges?
- Do you see any patterns or themes within the CCEs you have experienced? (For instance, do they tend to occur at times of personal/professional transition? Do they involve an ethical dilemma, etc.?)
- What are the most important factors in helping you to navigate and move through CCEs?

Step five (15 minutes) Debrief and reflect on the experience of completing the timeline exercise. Consider the following questions:

- What new insights have you gained into your professional identity as a result of this exercise? (Focus on strengths as well as vulnerabilities)
- What new insights have you gained about your support needs?
- What have you learned that could help you to manage future CCEs?
- Based on your experiences, what do you think needs to happen at individual, team and organisational level to help professionals during CCEs?

Considerations for supervisors and group facilitators

The CCETT can be used as a basis for a group activity. Typically, attendees complete their timelines individually at the start of the session and share their reflections within small groups. It can then be useful for facilitators to help the group 'zoom out' from the specifics of their CCEs to identify key themes and identity questions from CCEs across the group. Participants comment that sharing their CCEs can provide fresh insight and clarity (see section 3.1). Participants' suggestions for organisational change (step four) may also yield helpful additional recommendations for workforce support. However, group facilitators are encouraged to pay very careful attention to the dynamics and challenges around the discussion of CCEs. In particular, they should consider: ground rules for sharing, confidentiality, group composition (especially existing line-management/supervisory relationships between participants), debrief and follow-up for participants. We suggest that a minimum of two hours is required to allow sufficient reflection and thorough debrief.

The CCETT can be a useful reflective tool for supervision. However, supervisors should exercise discretion in terms of its use. Some CCEs can relate to professionals' experiences of management, supervision and their team which are sometimes best discussed in a third space (see section 3.1). For this reason, it is best to present use of the CCETT as a choice for supervisees. For further advice on using the CCETT, please contact l.cook@uea.ac.uk.

Appendix 2

The CCE Goldfish Bowl

The 'Goldfish Bowl' is a small group exercise used to stimulate reflective discussions around a particular scenario, theme, or practice experience (Grant *et al* 2014, Sutherland 2012). The traditional Goldfish Bowl involves two concentric circles of chairs in a room. The inner circle of practitioners discusses a scenario, observed by an outer ring of people, who actively listen and reflect on the discussion taking place. The groups then swap over, with the outer group coming into the middle and sharing their thoughts on what they saw, heard, and felt during the discussion, linking the ideas to their own practice. Finally, the whole group comes together to capture key learning.

Similarly, the CCE Goldfish Bowl involves a discussion between 3-4 late-career social workers which is observed by early-career colleagues. The tool provides:

- An opportunity for social care professionals to learn from experienced colleagues
- A shared space to reflect on CCEs
- An opportunity to identify and share learning in relation to CCEs

Instructions

Opening: The task is introduced by an experienced practitioner who also outlines ground rules relating to sharing, confidentiality and boundaries. This practitioner manages timekeeping for the group. It is suggested that 90 minutes should be allowed for the exercise in total.

Step 1: The group of practitioners in the centre circle (3-4 late-career practitioners) engage in an open discussion for twenty minutes about their experience of critical career episodes by responding to the following theme:

Moments in my career that made me question whether to stay or leave - and what helped me move through this.

During the discussion, the practitioners who form the outer ring listen carefully and silently consider resonances with their own experiences.

Step 2: The rings swap over. The inner ring shares their thoughts and what they have heard for twenty minutes, whilst the outer ring listens and silently reflects on the discussion that is taking place.

Step 3: The two groups come together forming one large ring and discuss together - for a final twenty minutes - what has been learnt from the process, and what individual members will take away into their practice.

Closing: The lead practitioner checks-in with the group and is available briefly after the session should any practitioners require a further debrief/signposting to further support.

Considerations for facilitators

The development of this exercise was informed by the findings from study two, which identified that early-career social workers valued opportunities to hear from experienced professionals'

about their experiences of CCEs. This could help to normalise their experiences and provide helpful insights into managing CCEs. The research also identified that sharing experiences was a powerful source of generativity for late-career social workers who enjoyed supporting the next generation of social workers and helping them to navigate CCEs. However, it is important to note that CCEs are emotive and challenging experiences. For the purpose of the Goldfish Bowl task, it is therefore important to ensure psychological safety for participants. Facilitators may wish to consider:

- Careful selection of late-career practitioners for the activity. It is important for practitioners to feel sufficiently resolved to speak about their CCEs, and how they found a way through these.
- Confidentiality – When sharing their CCEs, it is important for practitioners to avoid disclosing confidential information about people with lived experience or other professionals.
- Existing relationships – Careful consideration should be given to the relationship between participants (e.g. line-management/supervisory relationships) and how this may affect the dynamics or outcomes of the session.

For further advice on using the CCE Goldfish Bowl, please contact l.cook@uea.ac.uk.