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# The Social Work Online Team Training (SWOTT) toolkit: embedding team-based peer learning in continuous professional development

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## ABSTRACT

Continuous professional development (CPD) underpins safe, effective practice by ensuring that social workers acquire and sustain up-to-date knowledge and skills. Additionally, CPD is critical to theoretically rooted, evidence-informed decision-making and intervention. Despite the reported benefits, there are many barriers such as high caseloads and the time required to participate. This paper presents the findings from a proof-of-concept study which piloted a new model for CPD: the Social Work Online Team Training (SWOTT) toolkit. Each themed toolkit incorporates research evidence and/or new theoretical frameworks and is built upon a team-based, peer learning approach. Toolkits have two components: an online module and peer group supervision using a complex case study. The pilot and evaluation integrated two data collection workstreams: a pre-intervention survey and a post-intervention survey; and interviews. Participants reported that the CPD was relevant, accessible, enabling them to refresh knowledge of core theory and acquire new theoretical and evidence-informed knowledge. The toolkit design facilitated deep learning as participants used the online training to critically discuss the complex case study using peer reflection. Overall, findings demonstrated the value of shared learning experiences through the combined modes of learning (online/in-person) resulting in evidence-informed CPD with real-world relevance to practice contexts.

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Critical reflection; group supervision; online learning; peer learning; post-qualifying education; supervision; training

## Introduction

Globally, social work exists within a shifting socio-cultural and political landscape. Therefore, social workers need access to post-qualifying training and development opportunities to enable them to acquire, apply, and sustain up-to-date knowledge and skills necessary for safe and effective practice. This type of training should embed current scientific knowledge as it is critical to theoretically rooted, evidence-informed decision-making and intervention. Post-qualifying training and development is known as continuing education or continuing professional development (CPD): this paper uses the

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shorthand ‘CPD’ hereafter. This paper presents the findings of a project which designed, delivered, and evaluated a new model for CPD which offered a platform for social workers to access scientific knowledge in an accessible format designed for practitioners to learn and apply learning in the context of their everyday team environment. England is offered as a site for discussion in relation to the project setting within the context of the registration requirements of the profession’s regulatory body (Social Work England [SWE]), whilst recognizing the issue of CPD reaches far and wide across the global social work community.

There is no international standard for CPD despite moves to introduce a global strategy for pre-qualifying social work education (see IFSW, 2020). Over the last 20 years, however, in the UK, CPD has received a similar level of scrutiny that pre-qualifying education has. In 2003, Lord Laming’s Victoria Climbié Inquiry concluded that CPD should be both practical and theoretical, aimed at addressing gaps and should take a multi-agency approach to improve working across fields of practice (social work, health, criminal justice, and so on). Ten years later, Narey (2014) argued that university courses were too theoretical and advocated for more practice-based teaching and learning. At the same time, Croisdale-Appleby (2014) recommended that social workers combine these two approaches to learning, firstly by utilizing theory to inform practice and secondly, using learning from practice to inform theory. He envisioned social workers as practitioners, professionals, and social scientists, employing numerous skills and in-depth knowledge to improve and inform practice (Croisdale-Appleby, 2014). Skills for Care (2014) attempted to progress the debate recommending that CPD should be based in the workplace, include the voice of experts by experience and linked to the Professional Capabilities Framework (PCF) which was developed with standards that adapt to different levels of professional experience (British Association of Social Workers [BASW], 2022). Finally, Skills for Care (2014) also argued that CPD should be holistically assessed and use SMART objectives to both drive and measure change. The landscape for CPD provision, however, has changed very little in this time.

Almost 15 years ago, Ruch (2008) outlined the challenges facing frontline practitioners who desired ‘to practise reflectively and collaboratively, within a regulatory, managerialist, resource-led, inter-professional work context, that recognises diversity and difference and actively seeks to understand and respond to this through encouraging service users and carers to articulate their views’ (Ruch, 2008, pp. 11–12). Ruch clearly implicates some of the competing demands on social workers that persist in everyday practice contexts. Additional to these challenges, it is important to contextualize CPD in recent years relative to the conditions created by the COVID-19 pandemic. The pandemic inevitably influenced the delivery of all education and training as national lockdowns and social distancing rules led the shift to online delivery (Pentaris et al., 2021). In a study carried out by the University of Greenwich, commissioned by SWE, benefits of this shift were noted as follows: no travel time; increased resilience; and improved problem-solving skills (Pentaris et al., 2021). Disadvantages were listed as follows: disruption; the challenge of balancing working, studying, and family life; and student lack of engagement. Issues of inequality were identified as only 81% of participants had access to devices and the internet (Pentaris et al., 2021). The report concluded that compulsory CPD should be rolled out in coming years to fill gaps formed during this period (Pentaris et al., 2021).

One crucial element of engagement with CPD lies in the regulatory requirement of SWE for all practitioners to provide evidence of CPD engagement each year, which is essential for re-registration as a social worker. This evidence takes the form of written reflections that are uploaded to an online portfolio. However, in the last few years in particular, as noted by Pentaris et al. (2021), there are well-reported barriers to CPD. Even before the pandemic, there were significant barriers to accessible, and effective CPD opportunities. For example, a study of 566 adult mental health social workers in Australia identified the main barriers as cost (58%), time (53%), location (36%), and personal or family commitments (25%) (Martin, 2014). A UK-based study also identified time as a major barrier (Doel et al., 2008). An important distinction of the current SWE registration requirement is noted earlier, as it is not enough to do the training itself, but also the reflection required afterward (Brady, 2014; Hutchinson & Allnock, 2014).

This paper presents findings from a proof-of-concept study which designed and piloted a new model for CPD, entitled the Social Work Online Team Training (SWOTT) toolkit project. Each SWOTT toolkit is designed around short bursts of CPD activity and is evidence-informed. The design is founded upon an understanding of the barriers to CPD, as well as the need for CPD to be based upon research knowledge. Each toolkit has two components and requires peer reflection through a team-based approach. Each SWOTT toolkit is delivered via a dedicated online platform (the SWOTT project is introduced more fully later in this paper). A SWOTT toolkit was piloted across a number of teams from children's social care in five local authorities, and we report the findings here. In this paper, after setting out SWE's registration requirements, we present a discussion of scholarship on peer learning approaches. We then introduce the model for the SWOTT toolkits, before outlining the method used to evaluate the piloted toolkit. We then present findings and discuss these in relation to the current climate for CPD provision.

## Regulatory requirements in England

In England, any practising social workers must be registered with Social Work England. SWE views CPD as an essential learning activity and an element of registration. This requirement is underpinned by the premise that all social workers (whatever their level, from newly qualified practitioners to senior leaders) undertake CPD throughout their social work career to maintain and improve their practice (Social Work England [SWE], 2022b). For the registration year 2020 to 2021, SWE asked social workers to record a reflection on at least one piece of CPD on their online portfolio. At the end of this period in November 2021, those on the register had, between them, uploaded 205,432 pieces of CPD, an average of 2.2 pieces of CPD per social worker (SWE, 2022b).

The process for evaluating participation in CPD involves an independent review of a sample of CPD reflections as SWE employs professional and lay assessors each year to undertake this task. The audited sample constitutes 2.5% of all recorded CPD activity. In this way, SWE does not measure CPD learning objectively as measurable outcomes, but through subjective measures recorded as reflections. The SWE stance regarding CPD is articulated as 'We believe that social workers are best placed to determine their own learning needs in conversation with their peers, managers, and in supervision. We encourage them to think creatively about their learning, and to reflect on topics and experiences that are important and relevant to their practice' (SWE, 2022b). In the

registration period of 2020–21, CPD assessors reviewed the CPD records of 2,205 social workers from February to March 2021 (SWE, 2022b) and found that social workers were often unable to articulate how the learning led to them making changes to everyday practice. As of December 2021, SWE now requires a minimum of two pieces of CPD and for social workers to reflect on their learning with a manager or peer for at least one of those pieces (Social Work England [SWE], 2022a).

### **Peer learning, team-based approaches, and sociocultural theory**

Collaborative ways of learning are increasingly recognized in scholarship about professional development (Carlson & Stenberg, 2020; Latifi et al., 2021). Ruch (2008) argues that peer learning is vital to enable social workers to learn to collaborate effectively and reflect on shared experience. Peer learning and team-based approaches are rooted in a constructivist pedagogy, where learners co-construct knowledge and collaboratively build solutions (Carlson & Stenberg, 2020). The theoretical underpinning of this approach to peer learning can be found in Vygotsky's sociocultural learning theory (SCT) where learning is a social, rather than individual, activity (Vygotsky, 1978). Vygotsky (1978) argued that learning is a social, intersubjective process and activated through the Zone of Proximal development. In other words, learning is mediated through relationships and interactions with peers within social settings. Therefore, learning is experiential and learners are actors, rather than bystanders or spectators (Dennick, 2012). Neo-Vygotskian theorist Lave (1988) argued that learning is best when acquired through a group setting in everyday situations, which he termed as a Community of Practice.

This theoretical backdrop is relevant to the everyday contexts and practices of a social work agency as a social setting and when effective, the agency nurtures a learning environment through the provision of regular, quality CPD opportunities and, in this scenario, the agency adopts the praxis of a learning organization. Put simply, a learning organization is one that facilitates the learning of its members and continuously transforms itself. This can be achieved by adopting the ethos of team-based learning, rather than leaving learning to the responsibility of the individual. Team-based learning processes can be described as reflexive, in the social context, in that 'an individual in an organisation works with other members of the organisation, sharing their ideas and experiences through dialogue and discourse' (Cunliffe & Jun, 2005). Self-reflexivity requires critical thinking and thus motivation among participants to find spaces for such activities to take place within an organizational context where routine tasks and normalized behavior often limit such opportunity. Group learning for social work practice has wider benefits equipping practitioners to be members of interprofessional collaboratives (Comer & Rao, 2016).

The group learning model seeks to create learning spaces, but Beddoe (2009) offers a word of caution noting that there is a need to move beyond what she describes as the 'rhetoric' of a learning organization. Whilst the concept of life-long learning is supported by governments, social work agencies and practitioners, any system of learning and evolving, both by social workers and their employer, should be embedded to improve practice. In research carried out in New Zealand with social workers and managers, Beddoe (2009) identified four areas that limit the effectiveness of CPD. These were a sense that the discourse of a learning organization is imposed upon social workers;

a blame culture where social workers fear admitting mistakes; feedback flowing between service users and team but not beyond into the larger organization; and, finally, a constantly changing landscape (Beddoe, 2009). An overlying issue here is a lack of power-sharing between an organization and its employees and the role of supervision as a decision-making space as outlined by Webb et al. (2022) which impacts upon professional competence.

### **A team-based, peer learning model for CPD: the Social Work Online Team Training (SWOTT) toolkit**

The aim of the Social Work Online Team Training (SWOTT) toolkit (<https://www.swotttoolkit.co.uk/>) was to design and pilot a new model of CPD. Each SWOTT toolkit embeds a peer learning approach to pedagogy for which there is a robust evidence-base (Schaefer et al., 2020). In addition, there is evidence to suggest that training that involves peer learning in some form is more effective than that which does not. For example, a study by Latifi et al. (2021) found that training which involves some element of peer feedback or peer feedforward, or a combination of both, was more beneficial in terms of peer learning processes, developing quality arguments and topic-specific learning. This was in contrast to a control group who were learning in isolation. Latifi et al. (2021) found no significant difference among the three experimental conditions. This implies that peer feedforward, peer feedback, or a combination are important to collaborative learning environments.

The SWOTT model requires team managers, or their proxies, to act as facilitators and to establish and monitor engagement with CPD across their team. This shifts the approach to CPD from an individual to a team one. The project had several objectives:

- To establish a model for CPD based on peer learning through team-based, rather than individual, CPD activity;
- To promote equitable access to CPD and shared learning experiences for teams;
- To offer up-to-date, evidence-informed, flexible and accessible CPD activity using an online platform and
- To build the capacity of social workers (as training recipients) and team managers (as training facilitators).

SWOTT toolkits have been written mostly by academics, but some have been constructed through a collaboration of academics and social care practitioners. Each toolkit is themed (the piloted toolkit was about children's participation in child protection processes) and is constituted by two components taking an average of 60–90 minutes to complete. The two components are an online module and a complex case study for group reflection. First, social workers individually work through the online learning material. The material is based on research and includes relevant theory, or conceptual models, to support the development of up-to-date theoretical and evidence-informed understanding. Second, a facilitated group reflective discussion, based on the case study, consolidates individual learning from the completion of the online module. This means that the application of this new knowledge takes place in a group discussion enabling the sharing of experiences and knowledge (the peer learning element). Group discussions will be facilitated by the



team manager, or practice supervisor, who has access to facilitator guidance which includes question prompts to encourage learning through peer feedback and peer feedforward, or a combination. Each toolkit is accessed online via a dedicated secure website and includes the online module, facilitator guidance, a complex case study, and other online resources if necessary. Completing each component of a toolkit provides participants with two activities to reflect upon, and one integrates peer reflection thereby meeting SWE's (2022a, 2022b) current minimum regulatory requirement for evidencing CPD activity.

## Method

### Design

This proof-of-concept project was commissioned by the research team's Teaching Partnership (TP) in the North of England through funding from the UK Government's Department for Education. The aim was to design, pilot, and evaluate a new model for CPD. Design decisions were made following a review of the literature. The design accommodated the feasibility testing of a peer learning, team-based approach through a mixed methods project, which had multiple, sequential phases including:

- Pre-intervention survey (delivered November–December 2021);
- Intervention (completion of the SWOTT toolkit by teams December 2021–March 2022);
- Post-intervention evaluation (interviews and survey).

The project concluded with a process and impact evaluation to investigate both the mechanism of the design and outcomes for participants. This was undertaken between February and April 2022.

### Recruitment and sampling

The lead researcher had access to gatekeepers in each of the local authorities who were TP members. The project was advertised via the TP. As such, sampling was nonrandom and constituted a convenience sample (Clark et al., 2021). In November 2021, a total of eight ( $n = 8$ ) teams were recruited from five local authorities. Recruited teams represented a range of practice areas from children's social care (see Table 1). Teams consisted of practitioners in a range of positions

**Table 1.** Breakdown of recruited teams.

Local authority	Practice areas of teams
LA 1	Fostering team (recruitment & assessment)
LA 1	Fostering team (supervision)
LA 2	Locality team
LA 3	Independent Reviewing Officers (IROs)/Local Authority Designated Officers (LADOs) <sup>1</sup>
LA3	Children with Disabilities
LA3	Locality team (Front door and family support)
LA 4	Children in Need Locality team
LA 5	Children and family assessment team



including students/apprentices; newly qualified social workers; social workers Levels 1 and 2; advanced practitioners; and team managers. Of the eight teams recruited, all but one (total  $n = 7$ ) completed both stages of the project (intervention and the evaluation). In total, 54 participants across five local authorities completed the SWOTT toolkit.

### ***Pre-intervention survey***

A short survey was used to collect baseline data and was completed by social workers from the recruited teams ( $n = 51$ ). It was delivered to all teams who had been recruited, but prior to the intervention stage. The survey incorporated six questions which were a mix of closed questions (to collect demographic data) and open questions with free text boxes. The survey enabled baseline data to be collected on perspectives and experiences in relation to CPD.

### ***Post-intervention evaluation***

Following the completion of the piloted SWOTT toolkit, the evaluation sought feedback from two sources: team managers who had facilitated the completion of the SWOTT toolkit with their teams and social workers who had completed the toolkit. Six team managers ( $n = 6$ ) took part in telephone interviews which were recorded via a digital device and transcribed. Our original aim was to also interview social workers, but recruitment proved to be challenging and reflected the main barrier, time, to participating in CPD (and replicating the findings of previous scholarship). Therefore, a pragmatic decision was made to transfer the interview questions to a qualitative survey in an effort to make participation as flexible as possible. Twenty-one social workers completed the post-intervention survey. Respondents represented the different teams including Children with Disabilities team ( $n = 5$ ); Locality teams ( $n = 10$ ); Children and Families Assessment teams ( $n = 2$ ); Fostering Teams ( $n = 3$ ); and IRO/LADO ( $n = 1$ ). Respondents also reflected different roles including social workers Level 1 ( $n = 6$ ); social workers Level 2 ( $n = 6$ ); practice consultants ( $n = 3$ ); ASYE ( $n = 3$ ); team managers ( $n = 12$ ); and a student ( $n = 1$ ). Data were analyzed thematically (Braun & Clarke, 2006).

### **Ethics**

Ethical approval was gained from the University of Sheffield (ref. 043434). A Project Information Sheet and Consent Form were distributed to all participants. Informed consent was gained from all participants and was treated as an ongoing process. Care has been taken to ensure the anonymity and confidentiality of participants by describing participants as TM1, TM2, etc. (for team managers) or SW1, SW2, etc. (for social workers). Following anonymization, all data was stored securely in line with the Data Protection Act 1998 (updated GDPR) and the University's Research Data Management Policy. This study has integrated the ethical guidelines for research laid down by the British Sociological Association and Social Work England.



**Figure 1.** Word cloud: barriers to CPD.

### Pre-intervention survey findings

To understand experiences and perspectives about CPD, a survey was used to capture baseline data from social workers across five local authorities ( $n = 51$ ). Roles held across the sample demonstrated a range of levels from student social worker to team manager. The largest proportion of respondents at 38.8% was from social worker Level 2 ( $n = 19$ ), followed by practice supervisors/teams managers at 22.4% ( $n = 11$ ), social worker Level 1 at 18.4% ( $n = 9$ ), newly-qualified social work at 14.3% ( $n = 7$ ) and student or apprentice at 6.1% ( $n = 3$ ). Of all respondents 86.3% have previously completed online training.

### Barriers to CPD

A word cloud created of the top 50 words used by participants is below (see [Figure 1](#)). More common words are larger.

Time is clearly a fundamental factor affecting social workers' ability to complete CPD, as 38 people (74%) listed it as a barrier. Much of the lack of time relates to large caseloads as this participant stated:

Limited time, the job is fast paced - no two days are the same - when families have more than one problem - for example alcohol abuse, mental health issues, housing issues and domestic violence it means the social worker has to prioritise these cases.

Thus, the demands of the job can create difficulties in finding time to expand one's skills. Another important factor, with eight responses (16%), was having the time to complete the reflection required to fulfil the requirements of Social Work England registration as this participant explained: 'Finding the time to write up the learning in a cohesive manner that can be easily uploaded'.

There is a conflict between the demands of large and complex caseloads and the requirement for social workers to complete the CPD required to continue to practice as social



**Figure 2.** Word cloud: benefits of CPD.

workers. The other factors listed were finding quality ( $n = 2$ ) and relevant training ( $n = 2$ ), not being aware of opportunities ( $n = 1$ ), staff shortages ( $n = 1$ ), lack of support ( $n = 1$ ), and finding it hard to learn virtually ( $n = 1$ ). Three people did not identify any barriers to training.

### **Benefits of CPD**

A word cloud created of the top 50 words used by participants is below (see [Figure 2](#)). More common words are larger.

The main benefit ( $n = 29$ ) identified by participants is improving their practice by developing new skills, as this participant outlines: ‘To further develop my practice to ensure I offer the best for the families I work with’. Seventeen participants valued keeping up-to-date: ‘Keeping knowledge up to date with changes in law, legislation and improved methods of practice’. Participants also valued reflection time as this participant explained: ‘Being able to reflect on learning/practice and make changes as appropriate’. The other benefits listed were career progression ( $n = 5$ ), shared learning ( $n = 3$ ), motivation ( $n = 3$ ), increasing confidence ( $n = 2$ ), continuing Social Work England registration ( $n = 2$ ), improved creativity ( $n = 1$ ), improved efficiency ( $n = 1$ ), and benefiting the organization ( $n = 1$ ). Clearly, participants value training and are clear about its benefits.

### **Findings**

Data from the interviews and qualitative survey were thematically analyzed (Braun & Clarke, 2006). Findings are reported according to the following themes: relevance and accessibility; time; peer learning and group space; application of learning and changing practice; and, team manager as facilitator.

## **Relevance and accessibility**

The content of each toolkit must have everyday relevance and, overall, participants felt that the piloted toolkit met that requirement. TM1 said ‘I think the subject matter was really relevant [...] we’re able to use that in our practice. So, it was something I would say that worked across all practice areas’. However, one social worker provided more constructive feedback noting that ‘it did not touch on children with learning disabilities or more complex and profound disabilities. It did not provide you any discussions around how you encourage more participation from a young person who does not understand who you are or why you are there’. However, this participant was located in a team that supported children with disabilities and so had applied a narrow lens based upon their own practice specialism, rather than viewing the toolkit as aimed at a wider audience.

The accessibility of the toolkit was commented on by many and described as ‘very accessible and interactive, and the use of the video links meant not too much reading and [it] was easy to digest as well’ (TM2). The structure and layout were felt to be accessible as one social worker said: ‘the layout was good as it split the information into sections like law, theory, child’s rights etc’. Constructive feedback was also received suggesting that there could be less reading to facilitate learning. There was clearly divided opinion, however, as TM4 noted that ‘it was very accessible and interactive, and the use of the video links meant not too much reading and [it] was easy to digest as well’.

Views on the tone of the online training were mixed with one team manager describing that the tone was ‘a bit too academic’, noting concerns that the toolkit may be harder for some of their team members to access, with another describing it as ‘just right’. Notwithstanding, most team managers described the online material as ‘very applicable and relatable to practice’ (TM6).

## **Time**

As noted earlier in this paper, several existing studies report that time is the main barrier to CPD (Doel et al., 2008; Martin, 2014) and this was a finding of our baseline survey. Participants in the evaluation did not comment on the time taken for the group reflection, but feedback was received on the time necessary to complete the online module. Overall, whilst the online material was rated well, there were some social workers who were deterred by the length of it and felt that it was ‘another thing to do’ (TM2). TM2 said:

‘Some really took to it and some I had to gee along and say “come on, you need to be fully immersed in the experience”. So, some workers were quite “oh, it’s another thing to do” And it’s like ‘well, you can’t see it as that. We need to look at it from a bigger picture, because it is ultimately about your practice’.

Almost half of social workers who completed the survey thought that module was the right length with a smaller number ( $n = 3$ ) felt that it was too long as this participant explained, comparing the length of time needed with the everyday demands of social work: ‘[it took] too long to maintain attention within a busy job’ (SW10).

Two teams overran the allotted time for the peer reflection because of the volume of discussion it raised (which was viewed as positive and productive). However, TM3 was pleased with how much could be achieved in the time:

I think we get pulled into the sense of CPD, you've got to do hours at it, you know, we've got to be here spending a long time and you don't. Reflective discussion is an hour and that is plenty really.

Thus, whilst time is a barrier to CPD engagement, when reflecting on the use of time in completing the SWOTT toolkit, data showed that participants valued the opportunity for CPD and viewed the time as usefully spent.

### ***Peer learning and group space***

The online module was conceptualized as background learning for the facilitated peer reflection as TM3 described:

I think that was a really good idea, so people came with some prep. Because I think sometimes when you do these little sessions, people walk into it cold, so then it takes a bit of time to warm people up to what you're presenting or what you're trying to unpick. So that was really good. I liked the fact that there was some prep. (TM3)

The feedback from social workers about participating in the peer reflection was overwhelmingly positive too with reports of how the case study generated plentiful discussion. The peer reflection provided a space where previous and related ideas, as well as new learning, could be discussed in a practical way about how they could be implemented:

It was interesting what we were all presuming or reflecting back on similar cases we have had in the past to add more to the case detail. I had thought about gender but not about ethnicity or culture as part of basic information. (SW)

We spoke about things each of us have been doing already and using some of these ideas ourselves. It also bought up the barriers to completing some of this work. (SW)

We discussed that within our team some of the children we work with are profoundly disabled and their communication is for example a subtle facial expression. I feel I rely on observations of a young person. We also discussed how it takes a long time to get to know the young people we are working with. (SW)

Therefore, each team was able to use the case study to explore practice within their own specialism and to identify problems and solutions.

Facilitators were asked which part of the peer reflection was most useful and one team manager commented that she was 'able to pull out a lot of assumptions people were making' (TM4). Another felt that the case study was usefully generic as this spurred more creative discussion, noting that 'if case studies are too detailed and too rigid, actually, it's harder to relate that then to practice because you've got to, literally, have that specific thing happening' (TM5). The opportunity to personalize the case study, therefore, evidently triggered creating thinking which made the learning more relevant to practice. One team manager thought that 'shared learning' was a significant outcome:

I wouldn't naturally just be in the office, or be sat in with somebody and go "oh, by the way, this one time, I let the . . . my 15-year-old girl I was working with chair a courtroom meeting and we had the papers down on the table and stuff like that". It's just not something you generally . . . unless, you're directed in that conversation, it's not something you just come out with. Particularly, for the newer members of the team. I think they found that bit much more useful because they actually picked up tips and stuff from people who have been in social work for much longer. (TM4)

Thus, TM4 observed the benefits of recently qualified and early career social workers learning from more experienced ones. All facilitators reported that the completion of the toolkit had led to the opportunity to learn or revisit theory or research; created a space to learn together as a team; and improved practice.

### ***Application of learning and changing practice***

One social worker commented on the benefits of applying learning to the case study, noting that 'there were clear links between the material and case study because the details in the material were discussed at great length in the team tasks'. Another said that the peer reflection was a 'really enjoyable session that linked easily to practice and supported development and learning too'. The evidence-based approach to module content was appreciated:

I think what people really liked about the online bit, those that have been around a long time, we haven't done the participation ladder for ages, I really liked that bit again, that was great, that reminded me about uni [. . .] So I think that was good, because often we get a bit tunnelled. When you get into practice, you kind of hone in on the theories that you really like and the models you use and obviously what your local authority uses [. . .] and it's nice to have that reminder of things, that other things are out there sometimes.

All participants reported that completing the SWOTT toolkit had led to changes in their practice, for example:

Yes, [as a reminder] to include the child's voice more and more importantly to evidence that you have done that as part of your assessment: for example, when speaking with birth children of people wishing to become foster carers. (SW)

I think this task has made me more reflective on my practice with children and how I undertake the relevant direct work and how effective that is. It was also good to hear other social workers ideas on how to create meaningful and insightful direct work. I think it has encouraged me to be more creative with children, I will say that I have started involving children more in their plans, safety plans and changing how I do direct work i.e. board games, family trees, football etc. It has been good to reflect on my current practice and explore how to improve this by making alterations. (SW)

Similarly, another team manager commented that 'the more advanced social workers [. . .] really got quite a lot out of it because I think they get into a rut, don't they? In terms of ways of working, and I think it's just opened up new ideas for them in terms of how to work' (TM3). She implicated the benefit of evidence-informed CPD by describing current contexts:

We're not great in the local authority sometimes, or even in supervision [. . .] because you are so frantic. You are trying to get the job done and meet everybody else's expectations. As a social worker, you don't always do that bit with other people around the theories and stuff. (TM3)

The lack of critical reflection in supervision, as well as time constraints, is alluded to by TM3 with acknowledgment that there is little opportunity to step back and reflect due to the everyday demands and volume of work. Another team manager commented positively in terms of new learning. They said that those social workers who had fully engaged with the toolkit ‘really liked it’ and that it would change practice:

They’ve drawn ideas from that in terms of what they take from [SWOTT toolkit]. And some of the stuff they were like ‘oh, I’m really surprised about that. And I didn’t see it from that point of view’. So, it’s opened up a lot of conversation for some of the workers. (TM2)

TM3 described the learning within her team as the peer reflection activity reminded them of previous ways of working, but (importantly) of how they could adapt moving forward:

So, there was lots of discussions about it, ‘well, we never do that’, ‘we never got there did we with that’, and ‘actually that would be something we all really ought to take forward’. And then we had discussions about how we could do that now. And how we can use the business support to support us to, you know, because there was a discussion, part of it was about, ‘well, what do people need to be able to achieve that moving forward?’ Like ‘how are we going to then embed that’.

Four team managers described changes that had, or would be, made following completion of the toolkit. TM1 described a tangible outcome as ‘our team have actually made and compiled a toolkit of direct work with children’. TM2 explained that she realized that she needed to facilitate further, future changes to practice:

It did promote that, well highlight that, where we need to, as managers, move it forward, and have a system where there’s different sets of tools that people have used, and resources in the office. (TM2)

Overall, feedback was wholly positive and highly encouraging in terms of the capacity of SWOTT toolkits to change practice. For example, managers suggested that the online module helped as a refresher, whilst at the same time it can introduce new theoretical and research-informed insights that are highly relevant to everyday practice contexts.

### ***Team manager as facilitator***

Each toolkit (currently there are eight) is hosted on a secure website which embeds content to describe the structure of the toolkit and how each should be used. Each toolkit contains an online module; a complex case study; facilitator guidance; and participant notes (if relevant). All team managers were required to adopt the role of the facilitator with modest tasks including distribution of log-in details; encouraging social workers to complete the online module within a timeframe; and scheduling and facilitation of the group discussion.

All team managers gave positive reviews about their role within the peer reflection session. TM2 said: ‘I definitely enjoyed the role, I enjoyed being the facilitator, and encouraged that sort of open learning. And I think it’s a really good way to move forward, in-team meetings’. This team manager had changed the structure of team meetings following their completion of the toolkit. TM4 valued the space as a useful environment and opportunity to share good practice within the team: ‘We had loads of good examples in the team. I don’t think we always get an opportunity to share them as much because it’s not something you naturally would say’. Thus, peer



reflection sessions created a valued space enabling the sharing of knowledge, skills and experience, and, ultimately, facilitating shared learning. Team managers concurred that the guidance was relevant and useful. TM1 said that ‘it was clear for me in terms of what my role was going to be’ and TM6 said:

The guidance was useful to generate discussion and opened up many questions and conversations as well within the group. I feel that there was enough details to be able to facilitate the session and also helpful to bring the group back on track and focus as well.

There were two suggestions for improvement including to password protect the facilitator’s guidance or separate it from the other part of the module (which has been actioned) and to provide some guidance as to whether the facilitator could deviate from the suggested questions (which they can).

## Discussion

Each SWOTT toolkit offers complementary individual online *and* face-to-face group learning. Online education was gaining traction, and importance, before the pandemic as it offered flexibility to learners, plus new markets for universities (Kemp, 2019). It has many benefits including increased confidence in technology use, personal control of timing and pace of the training as well as allowing time to reflect (Maidment, 2005; Webber et al., 2010). At the evaluation stage, the benefits of the SWOTT toolkit model were explicitly described as:

- the ability to refresh knowledge of core theory (e.g. the ladder of participation) and acquire new theoretical and evidence-informed knowledge;
- the ability to undertake up-to-date, research-informed training;
- engagement with online learning material that had an appropriate balance of learning material, including non-reading (videos) and reflective activity;
- the opportunity to apply learning from the online training to a case study;
- engagement in peer group reflection enabling deep discussion and shared learning.

As a relatively new mode of delivery, online education has been a recent focus of evaluation in social work literature. Lawrence and Abel (2013) compared the effectiveness of online and face-to-face social work education. In a statistically significant study with 110 participants, they found that success in learning is influenced by individual characteristics, e.g. mature students did very well in online learning (Lawrence & Abel, 2013). They conclude that to be successful in online education a learner needs access and familiarity with technology, self-discipline, and motivation. In our evaluation, the issue of motivation was raised by a team manager who observed that a small number of social workers in her team considered the completion of the SWOTT toolkit as ‘another thing to do’. However, once they completed the toolkit, social workers acknowledged the benefits of doing so. Moreover, team managers happily took the facilitator role including motivating colleagues which was seen to be part of their remit.

Levin et al. (2018) claim that there is a perception that online training is less effective than face-to-face delivery, and, in their US study of 376 social work educators, they found that the longer the educators had been teaching the lower they rated online teaching (Levin

et al., 2018). This may relate to an individual's experience of online teaching as the people who had taught online rated its effectiveness higher (Levin et al., 2018). In other research, online training was found to be both easier for social workers located across a large geographical area and offered more varied subjects (Hudson et al., 2021). In addition, in a study by Pentaris et al. (2021), social workers reported the benefits of online CPD during the pandemic to include no travel time, increased reliance, and problem-solving skills.

Maidment (2005) argues that online learning is most effective when it engenders a constructivist pedagogy where learners build their own solutions, empowering them to learn new skills. This does, however, require an *active*, rather than *passive*, approach, which demands motivation and self-discipline. The SWOTT toolkit involves online learning and a constructivist pedagogy underpins the peer group reflection where social workers build their own solutions whilst learning from and/or sharing expertise with peers (Dennick, 2012). This was wholly valued by participants in the pilot and supports Vygotsky's (1978) socio-cultural theory that proposes that the optimal conditions for learning include peer interaction in a social setting. Indeed, group active learning (through a social, intersubjective, rather than, individual activity) is at the heart of the SWOTT design. Moreover, embedding a constructivist pedagogy, the inclusion of a complex case study requires social workers to apply learning (build their own solutions) to the case study, rather than merely discuss the content of the online learning material.

Each mode of delivery has advantages and disadvantages, however, the COVID-19 pandemic made online CPD essential. As the pandemic has receded, there is an argument to retain positive factors from the past few years. Blended learning, both face-to-face and online, may be a useful combination, because it marries the advantages of both and addresses the barriers (Seden et al., 2010). Group-based models, such as peer learning and action learning sets, are also effective ways to embed and reflect on learning (Schaefer et al., 2020). With a constantly changing landscape, CPD in social work is a vital part of ensuring the workforce remain fully informed and skilled for their complex and demanding job. It is also a regulatory requirement (SWE, 2022b).

For our evaluation of the SWOTT toolkit, time was clearly a barrier to participants in contributing to post-intervention feedback. The obvious reason for this lies in the key finding of the pre-intervention survey in which the majority of respondents (total  $n = 51$ ) highlighted that the main barriers to CPD were twofold: including the *time* to undertake training and the *time* needed for reflection on learning. This also reflects existing research. SWOTT toolkits are designed so that each activity is a short burst of learning taking between 60 and 90 minutes each. The length of time needed for each was described as 'realistic' and 'manageable' within the context of a second barrier, high caseloads. In relation to 'time to reflect', one of the limitations of the facilitator guidance was that it did not prescribe how and when to schedule this post-group reflection activity. This is now contained within the guidance for team managers ('facilitators') advising that to manage a team's completion of a SWOTT toolkit that protected time to reflect is built into the end of the second activity—the scheduled group reflection.

In addition, the pre-intervention survey reported benefits to CPD including development of new skills; acquisition or maintenance of up-to-date knowledge in law, legislation, and improved methods of practice; enabling reflection time; enabling career progression; facilitation of shared learning; and increasing motivation and confidence. Such benefits were similarly reported in the evaluation and reflect existing research which shows that

CPD helps to maintain social workers enthusiasm for their job, reflect personal interests, facilitate career progression, and be relevant to caseloads (Brady, 2014; Doel et al., 2008).

All these benefits are amplified if combined and relevant to the everyday context of a social work agency that is a learning organization and embraces a transformational ethos. Inasmuch, we argue that CPD should improve individual practice as well as that of the organization, and the synthesis of our results illuminates the value of a team or even service, not individual, approach to CPD. Therefore, we argue for systemic change and a more integrative model of workforce training and planning. A systemic approach can result in increased parity in terms of development opportunities as well as consistency in maintaining knowledge about developments in theory, evidence, legislation, and practice contexts throughout the workforce. This systemic approach has particular value in informing about political or regulatory changes.

## Conclusion

The findings of the study suggest that social workers need allocated, protected time for CPD as they clearly recognize the main benefits to include improvements to practice; development of skills; and the opportunity to up-date their knowledge for practice. In addition, it was clear that when teams participate in group peer reflection, allocated, protected time should also be set aside for individual reflections at the end of the group activity. For those social workers in England, this would also mean protected time to reflect upon their individual and group-based learning and to record this for their SWE online portfolio. The adoption of the SWOTT approach requires social work agencies to commit to a supervision model which integrates critical reflection and does not merely reflect and reinforce administrative and managerial priorities, a longstanding critique of supervision in the pressurized context of everyday practice. This means a commitment to systemic change and a more integrative approach to workforce training and planning. This does require a commitment to enable *all* practitioners to access the time and space for personal growth and development. Moreover, the SWOTT design clearly positions team managers (as training facilitators) as central to implementing a CPD policy which incorporates collective learning. We advocate a shift toward team managers not only taking an instrumental remit (for performance management and auditory purposes) in their position between frontline practice and middle and senior management, our vision is for team managers to be peer learning champions and facilitators of their team's development.

## Note

1. IROs and LADOs are specific roles in UK social work practice. A LADO is responsible for managing allegations against adults who work with children. An IRO is required to oversee a child's care plan and ensure everyone contributing to the care plan fulfills their legal obligations to the child.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

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