NESWOC

North East Social Work Consortium

SOCIAL WORK REFORM

ANALYSIS & FINDINGS FROM A REGIONAL PROJECT ENABLING ORGANISATIONAL HEALTH CHECKS ACROSS NORTH EAST ENGLAND

MARCH 2011

Vicki Lawson-Brown, Chris Minto,

Jackie Fender & Ed Nugent

CONTENTS

EXECUTIVE SUMMARY

1. The primary purpose of the Organisational Health Check (OHC) as recommended by the Social Work Reform Board is to support organisations to undertake a self assessment of how they manage, organise and support social work in order to identify current strengths and plan to tackle areas for improvement. It is not designed to act as a check list but as a mechanism to promote debate and development. This regional project enabled that process to be carried out across the North East of England in all Children's and Adult directorates.

2. Feedback from across the region indicates that the work to support completion of the Organisational Health Checks has achieved that primary purpose. They have provoked much debate and developments are already in train in most local authorities to address areas of concern. A number of local authorities are using the Health Check process as the basis for developing their own social work action plans. The response to the project from Directors, managers and staff has been overwhelmingly positive.

3. In the North East region the 12 local authorities agreed to add value to this exercise by sharing the results of their individual Organisational Health Checks in order to compare and contrast the picture across the region. This report sets out the results of that exercise. Individual organisations will now be able to compare their own Health Check against a summary of the region's results.

4. The findings of the Organisational Health Checks are mapped against the proposed national Standards for Employers published by the Social Work Reform Board after data for this exercise had been collected.

5. This report shows significant variation across the region with regard to each of the proposed standards. Each local authority Adult or Children's service has self-assessed its areas of strength and areas which will need further development in order to reach the proposed standards.

6. Across the region the two areas which the health check process has shown to be in most need of development are, in summary, related to workload management and the quality of supervision.

Vicki Lawson-Brown, Chris Minto, Jackie Fender, Ed Nugent

MARCH 2011

ACKNOWLEDGEMENTS

We, the Directors of Equality Builders Ltd and Lawson-Brown & Nugent Partners have worked together as a consortium on this project. Geoff Owens from NESWOC has been a great project manager and has kept our more fanciful thinking on track and on target. His clear thinking and leadership have been invaluable to this project.

We would like to thank all the local authority representatives involved in this project at all levels; officers have wholeheartedly entered into the spirit of the Social Work Task Force and Reform Board's recommendations. The quality of information, desire to share knowledge, experiences and feedback regarding the process have been extremely useful for future work.

The universities in the region have been receptive to the project and have contributed to local and regional events; we extend our thanks to those who have participated and also helped with arrangements.

We extend our warm thanks to everyone who contributed, and anyone we have missed inadvertently, with apologies; please see overleaf.

With our very best wishes

Vicki Lawson-Brown, Chris Minto, Jackie Fender & Ed Nugent

For further information please contact:

vicki@lawson-brownandnugent.org.uk

jackie.fender@equalitybuildersltd.com

or

geoff@neswoc.org.uk

Sam Addison	Sue Houghton	Trevor Philton
David Ashcroft	Margaret Hunt	Neil Pocklington
Annette Baines	Wendy Ingram	Gwenda Pout
Sue Beasley	Julie Irvine	Will Rauntree
Debra Bolderson	Gordon Jack	Susan Roughton
Jane Bowie	Maggie Jackson	Deb Roxby
Amanda Bradley	Eric Jewitt	Anne Scott
Lindsay Brigham	Donna Jones	Jane Skittrall
John Brown-King	Linda Kelly	Stephanie Smith-Paul
Carole Browne	Helen Keville	Wade Tovey
Linda Chapman	Pat Kinghorn	Jane Tunmore
Rosanne Cooper	Sue Lampitt	Bev Turner-Daly
Steve Day	Bob Little	Jim Usher
Becky Dunn	Amber Longstaff	Simon Wall
Bob Elliott	Jane Maffey	Alison Walton
Ralph Firth	Pam McArdle	Joanne Watchman
Kati Francis	Alison McInnes	Helen Wenman
Jayne Garthwaite	Denise Moore	Frank Whitelock
Tracey Gates	Claire Morris	Ivan Wintringham
Liz Greer	Clem O'Donovan	Elaine Wyllie
Ian Hall	Hazel Ostle	John Young
Lesley Hammond	Gary Parle	Pauline Young
Janet Hayes	Sheila Pearson	
Davina Hirst	Eleanor Phillips	

1.   INTRODUCTION

In March 2009 a regional conference 'The Future of Social Work?' was organised by NESWOC and produced a number of recommendations which fed into the Adult Social Care Workforce Strategy, also influencing developments in Children's Services across the North East region. Following this, and in response to the Social Work Task Force report 2009, NESWOC coordinated an initiative entitled 'Investing in the Future of Social Work' in February and March 2010. Two sub-regional workshops gathered the experiences of front line social workers and produced proposals for a regional action plan to address the Social Work Task Force recommendations. The subsequent proposals formed the core thinking behind this project.

In moving towards a national employer standard, the Social Work Task Force report 'Building a Safe, Confident Future' published in November 2009 recommended that all local authorities carry out an Organisational Health Check. To this end, they presented an initial framework consisting of five key areas regarded as making a significant contribution to the development and delivery of excellent services:

A.   Effective workload management
B.   Pro-active workload management
C.   Having the right tools to do the job
D.   A healthy workplace
E.   Effective service delivery

Within each key area, in Annex 1 of that report, the Task Force suggested a series of questions. These can be found at:

http://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-01114-2009

In July 2010, the North East Social Work Consortium (NESWOC) was funded by the North East Improvement and Efficiency Partnership (NEIEP) on behalf of ADASS and ADCS to manage a project to support social work in the North East region. As part of this, a consortium of two organisations, Equality Builders Ltd and Lawson-Brown & Nugent Partners, was commissioned to take forward the project. Jackie Fender, Vicki Lawson-Brown, Chris Minto and Ed Nugent are the Directors who have undertaken this work. The contract has been managed on behalf of NEIEP by Geoff Owens of NESWOC.

The North East region consists of 12 local authorities and the project includes both Adult and Children's services. The key task was to enable authorities to be in a strong position to develop the recommendations of the Social Work Task Force published in November 2010 and latterly, the recommendations of the Social Work Reform Board contained in the report published in December 2011, One Year On. At the time of writing, the outcomes of the final Munro report are awaited.

Part of the remit was to enable and support the Organisational Health Check process and analyse regional data. This report contains the analysis of the OHC and is informed and supported by ongoing work in the later stages of the project and by comments from several workshops held in the region.

In formulating a tool for regional use, a decision was made to replicate the questions suggested by the Social Work Task Force in Annex 1 of their report. This was one way of testing the tool to see whether it collected the information needed to assess the overall 'health' of an organisation. The Task Force stated that this initial framework should be adapted to meet local circumstances, and further developed to support the proposed Standards for Employers. This report will later suggest where the initial questions could be supplemented in order to obtain further information with regard to the proposed Standards for Employers.

It was also decided to include a RAG rating (Red, Amber & Green) for each template question to enable the respondents to assess whether the area in question was perceived by the authority as Very Good, Satisfactory or Unsatisfactory. The charts which are contained throughout this report refer to the self-assessment ratings for each responding local authority.

The 12 authorities identified nominated health check lead officers for both Adult and Children's Services and these people were the direct contact points for the project; lead officers have changed frequently over the course of the project reflecting various reorganisations and efficiency initiatives within local authorities. The suggested draft tool was circulated to the initial group for comments during the first week of August 2010 and agreed. Data was collected between September and December 2010.

The organisational health check template itself will be evaluated later in this report along with recommendations for the further development and improvement of the tool, taking into consideration more recent proposals from the Social Work Reform Board and comments made by respondents.

Analysis of findings is based upon 22 returns (11 Children & 11 Adult) across the range of 12 North East local authorities.

Further methodology can be found in Appendix 1. A summary presentation of this report was given at a regional conference on 15 March 2011.

2. ANALYSIS AND FINDINGS

In December 2010, the Social Work Reform Board published its report One Year On; the report proposed a Framework for Standards for Employers and Supervision which embodies 'shared principles about how good quality social work practice should be established and maintained. Employers should meet these standards, which are underpinned by principles of good practice and the requirements of legislation, guidance and codes.' The Reform Board recommended that the OHC should be undertaken as a means of preparation to implement the Standards for Employers.

There are two key principles which the Reform Board have used to underpin the development of a framework and these are:

- 'That it is the responsibility of all employers to provide social workers with a suitable working environment, manageable workloads, regular high quality supervision, access to continuous learning and supportive management systems
- That children, adults and families are best supported and protected when employers provide social workers with the conditions above'

The full report can be found at:

http://www.education.gov.uk/publications/eOrderingDownload/1%20Building%20a%20safe%20and%20confident%20future%20-%20One%20year%20on%20-%20detailed%20proposals.pdf

Although the regional questions were framed before the proposed standard framework was published, it is possible to 'fit' the responses under the various headings or achieve a 'best fit' where standards are not fully supported by relevant questions. In particular, the OHC suggested by the Task Force did not refer in detail to professional conduct issues or partnership arrangements. The Social Work Reform Board has acknowledged that the OHC questions may need to be developed in the light of the new framework; it is hoped that this report may contribute to that process.

Each Employer Standard is taken in turn; the supervision standards are contained in employer standard 5, found at 3.5 of this report. The contributing OHC questions will be identified for each question. It should be noted that figures from authorities cannot be compared; some included figures for social care teams and did not separate out registered social workers. Some included health workers in integrated teams; some included managers and some did not.

2.1 Have in place a social work accountability framework informed by knowledge of good social work practice and the experience and expertise of service users, carers and practitioners

Standard 1

To achieve the best possible outcomes for the children, adults and families who use their services, it is essential that employers have a sound understanding of what constitutes good social work practice, the theories, research and evidence that underpin it and the ways in which their organisation can achieve it. They should establish how this drives the planning and delivery of specific services. All employers should:

- Develop a strategy to monitor the effectiveness of their social work service delivery
- Ensure that processes are in place to seek and collate the views of service users, carers and practitioners
- Implement a system to analyse and act upon the views of service users, carers and practitioners so that continuous feedback informs and supports the delivery Establish clear lines of accountability within the organisation for social work service delivery
- Identify a strategic lead social worker who will be responsible for implementing the Standards for Employers and Supervision Framework
- Complete, review and publish an annual 'health check' to assess the practice conditions and working environment of the organisation's social work workforce
- Promote social work practice awareness amongst service directors and strategic managers, local politicians, community leaders, voluntary sector stakeholders and professionals in universal services such as schools, health and the police
- Establish and maintain strategic partnerships with partner agencies, higher education institutions and other organisations
- Explain and promote the role of social work to the public
- Meet the career needs of social workers
- Work with the College of Social Work and allow all social workers to be engaged in the work of the College

Regional OHC Tool questions relating to Standard 1

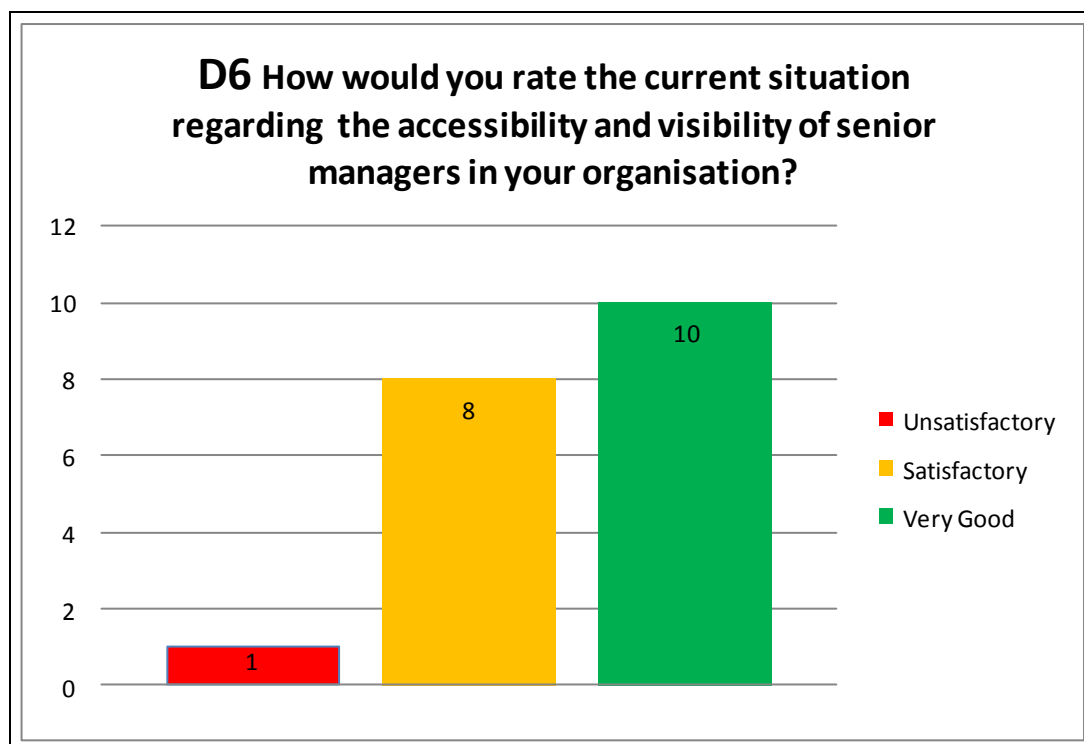| Effective workload management	
Pro-active workload management	
Having the right tools to do the job	
A healthy workplace	D6, D8
Effective service delivery	E1, E2, E3, E4, E5
General Questions	F6

In one sense, this could be seen as an over-arching standard which may draw upon the overall outcome of the health check. Regional template questions were not specifically geared to answer all of the issues.

One relevant area is **Question D6** which asks about accessibility and visibility of senior managers within organisations. It was evident from returns that comments had been elicited from social work staff; the vast majority of comments were positive and about half mentioned 'open door' policies. Most authorities identified various team briefings, management attendance at team meetings, road-shows or lunches. Other forms of communication included newsletters, magazines, blogs and electronic circulations. Satisfaction appeared to be high, especially in locations where staff and managers were housed together, and daily contact was mentioned. Several authorities linked responses with the results of their annual staff survey.

There was an indication that satellite sites might fare less well and potentially issues about integrated teams, one mental health team in particular, feeling 'cut off' from Social Services managers. Some felt that a more formalised approach was needed rather than an ad hoc approach. There were a minority of negative responses. Comments include:

- *'Yes but I don't feel that you can always discuss day to day issues with them'*

- *'Senior managers were only visible when there was a crisis or an inspection due'*

- *'70% staff felt that senior managers were accessible and visible'*

- *'Everyone had positive comments about the accessibility / visibility of senior managers. The majority of people rated this as very good, the lowest comment was good'*

- *'Following the CQC assessment of Older Person's services earlier this year the director held briefings with the representatives from the services to discuss the findings and listen to the team's feedback. This information was used to form the action plan in response to the findings'*

- *'Corporate Director and Head of Service seen as accessible but not visible especially to new staff, with Mental Health feeling particularly cut-off. However the same was felt to be the case regarding NHS Trust senior managers'*

- *'The Chief Executive and Leader of the Council post regular blogs on (the) Internet and staff have an opportunity to directly ask any relevant questions'*

D6 **How would you rate the current situation regarding the accessibility and visibility of senior managers in your organisation?**

	Value
Unsatisfactory	1
Satisfactory	8
Very Good	10

Question D8 asks about the existence of, and staff awareness of whistle-blowing policies, issues linked to organisational and personal accountability for promoting good practice and safeguarding those who report poor practice, as well as the victims of poor practice.

Not surprisingly, all of the local authorities had corporate whistle-blowing policies as a requirement of the Public Interest Disclosure Act 1998. Policies are widely available through websites and intranets and awareness is said to be part of induction training. These policies appear to be council-wide, operated by Human Resource functions or Chief Executive's Directorates, rather than Social Services Departments and there was little variation between responses.

The emphasis on corporate (and perhaps depersonalised) procedures raises questions about boundaries and whether corporate functions are perceived by staff to be 'internal' or 'external.' Research in this area (Vanderkerckhove & Tsahuridu 2010, Sybil 2010, Mansbach & Bachner 2009, Brody 2009, McInnes & Lawson-Brown 2007) demonstrates some of the difficulties. The General Social Care Council (GSCC) carried out a poll in 2009 in Social Work Connections, its newsletter for social workers and students. The findings were:

> *'Would you feel able to report to your employer concerns about another colleague's practice?' Yes (443) No (76)*

> *'If not, is this because you are concerned about: victimisation (35), personal reprisals (23), negative effect on your career (28) or other (26)*

> *Do you feel confident your employer would take action if you spoke up? Yes (253) No (207)*

> *If you have reported concerns about either a colleague or operational difficulties, did your employer take any action? Yes (183) No (176)*

The OHC Tool did not ask such detailed questions and focused more on staff awareness. Comments include:
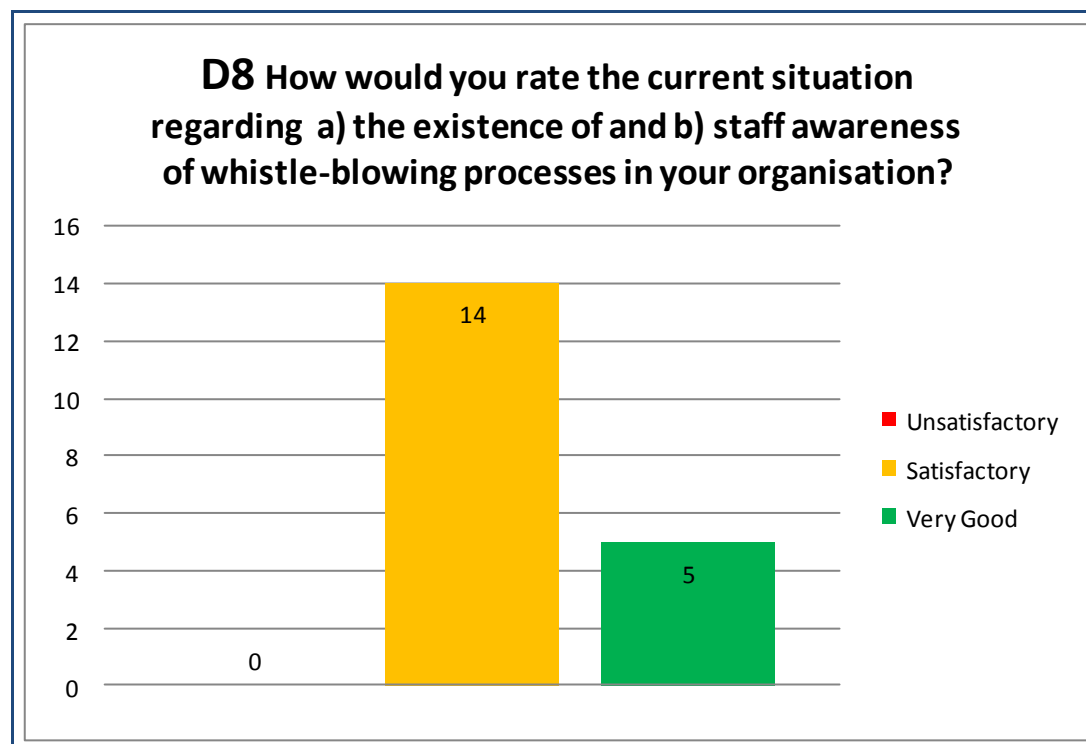
- *'Yes but I am not sure that I would use it'*

- *'Feedback from approximately 200 staff indicated their preference to escalate concerns through the management structure as opposed to an external option'*

- *'Levels of usage are low and awareness difficult to gauge'*

- *'Workers are aware of the whistle blowing policy of the organisation, but is there trust to use it?.... Workers feel uncomfortable whistle blowing'*

One issue appears to be that most authorities do not have specific mechanisms for social work; one authority responded:

- *'In the Integrated MH teams it was felt that people were more likely to use the Trust procedures because of lack of access to (council) systems and it was also stated that staff were a little sceptical of the process and would only use it as a last resort'*

The evidence suggests that corporate procedures are not being used with confidence by social workers.

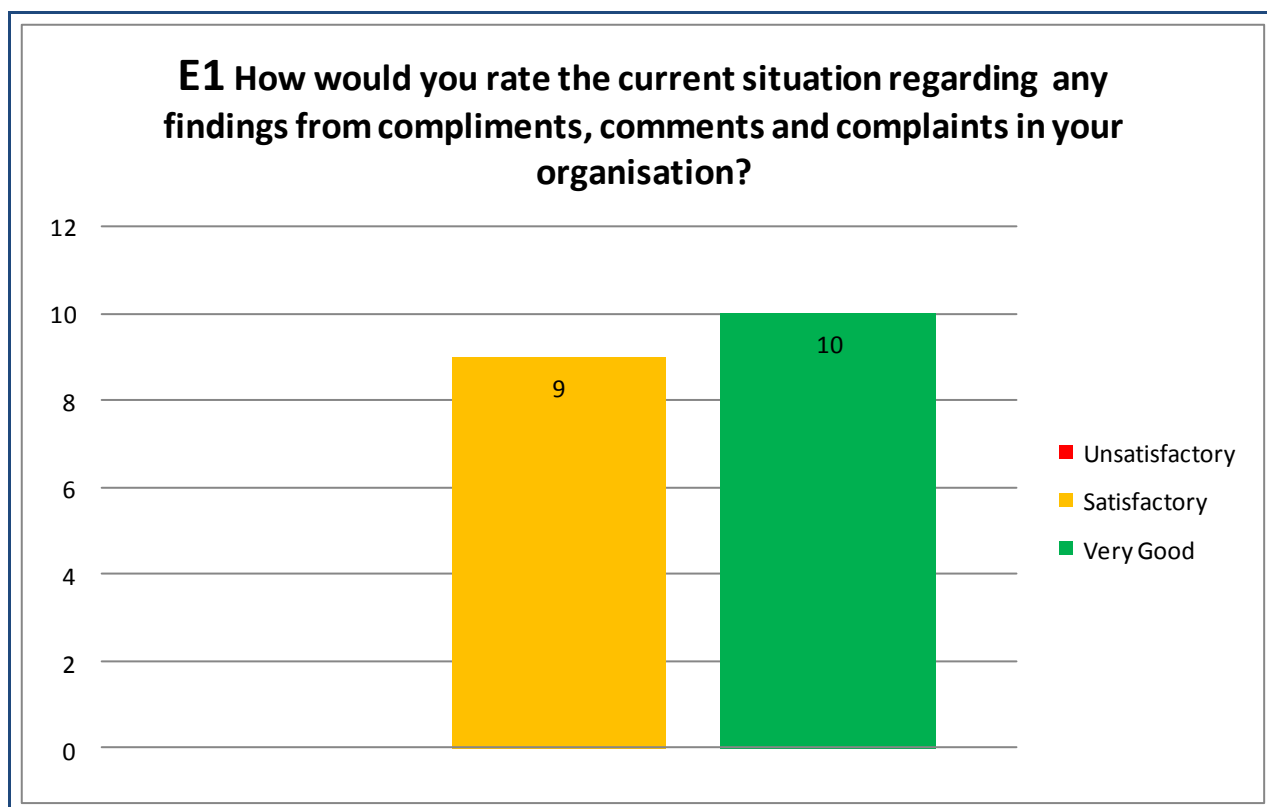The chart below describes the self assessed rating.

D8 How would you rate the current situation regarding a) the existence of and b) staff awareness of whistle-blowing processes in your organisation?

- Unsatisfactory: 0
- Satisfactory: 14
- Very Good: 5

Question E1 asks about the organisational findings from compliments, comments and complaints; these are one means of fulfilling parts of Standard 1 which require that '*processes are in place to seek and collate the views of service users, carers and practitioners …implement a system to analyse and act upon the views of service users, carers and practitioners so that continuous feedback informs and supports (service) delivery.*'

Whilst a legislative requirement, complaints are not always seen positively as a form of customer feedback (Barlow & Møller 1996) and the responses in this area were generally weak with little identification of the continuous learning cycle which can be established by good complaints management and which can be used to improve service delivery. Many authorities refer to corporate policies or complaints being dealt with outside of social services departments.

Annual reports are produced but it is likely that these are completed due to legislative requirements and are not routinely circulated to staff; they are likely to be statistical in nature rather than identify practice changes.

Some returns identified a reduction in complaints as being a positive aspect and this may well be an indicator of improved practice, but needs to be examined with a little wariness; a low level of complaints may be indicative of difficulties in accessing the complaints procedures, much in the same vein as staff commented on whistle-blowing procedures. Comments include:

- *'Teams link with the complaints section and we share our lower level complaints with senior managers to ensure that Adult Social Care have a fully awareness of what the complaint was and what we did to put it right'*

- *'We are less good at sharing compliments although we do thank our colleagues when they do exceptional work'*

- *'There is a corporate system for dealing with compliments and complaints although some concerns were raised that compliments from other professionals are not logged as such and more feedback could be given'*

- *'We share learning from complaints at middle management level but this needs to be embedded more at the team manager level. We have clear examples of how we have changed practices and processes as a result of complaints'*

- *'The annual representations report showed the high levels of compliments recorded mean that for every negative representation received there were over twice as many positive ones'*

E1 How would you rate the current situation regarding any findings from compliments, comments and complaints in your organisation?

Question E2 asks about feedback from people who use services. Again, this was a weak area with a number of authorities reporting that they seek feedback but not giving further detail.

Several identified this as an area which requires future work and development, or work is in planning stages, and some referred back to the last question about compliments. Others referred to statutory and corporate processes. Comments include:
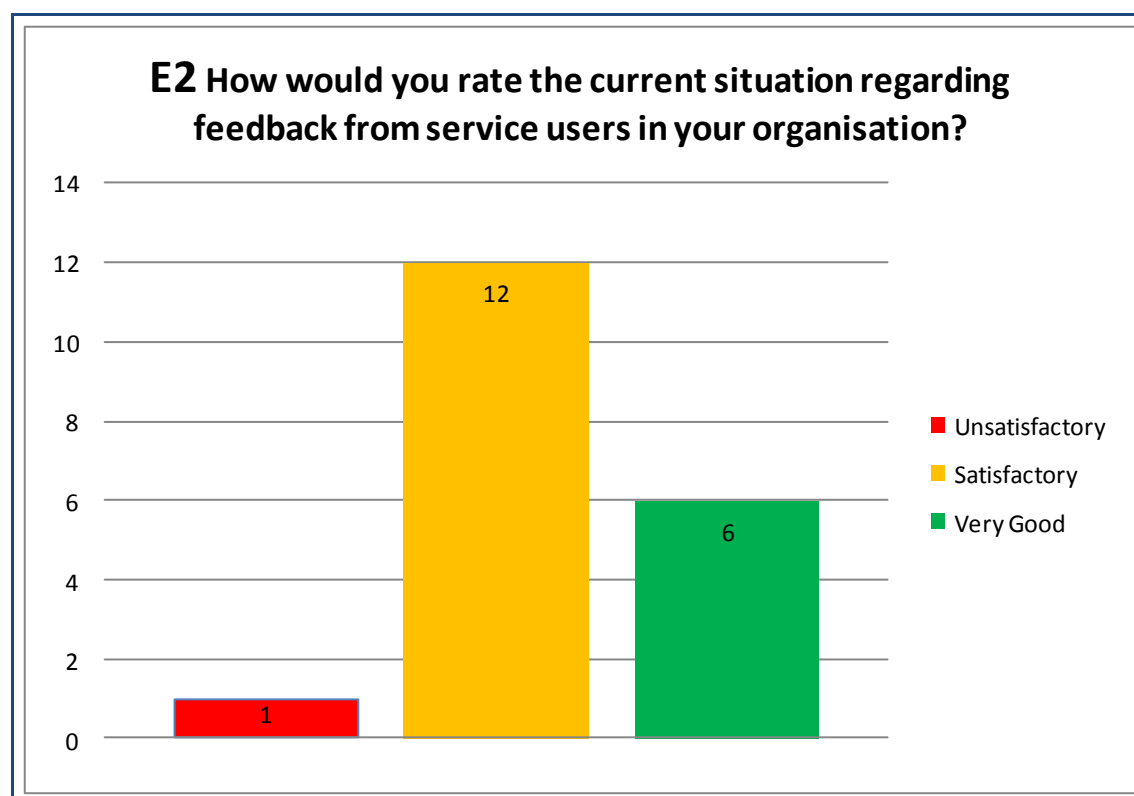
- *'We receive some feedback from service users but this could be improved'*

- *'We need to find a method to gain regular feedback from service users as we don't readily seek it. We also need to be more imaginative about how we seek views of service users, co-ordinated consistency is required'*
- *'Informally to team managers families express concern about worker attitudes and quality of assessments'*

- *'Any children and families subject to child protection and looked after processes have the opportunity to participate fully in these meetings and have their views formally recorded'*

The latter is possibly not to be regarded as neutral feedback, as with feedback from Looked After Children Reviews, although useful nevertheless.
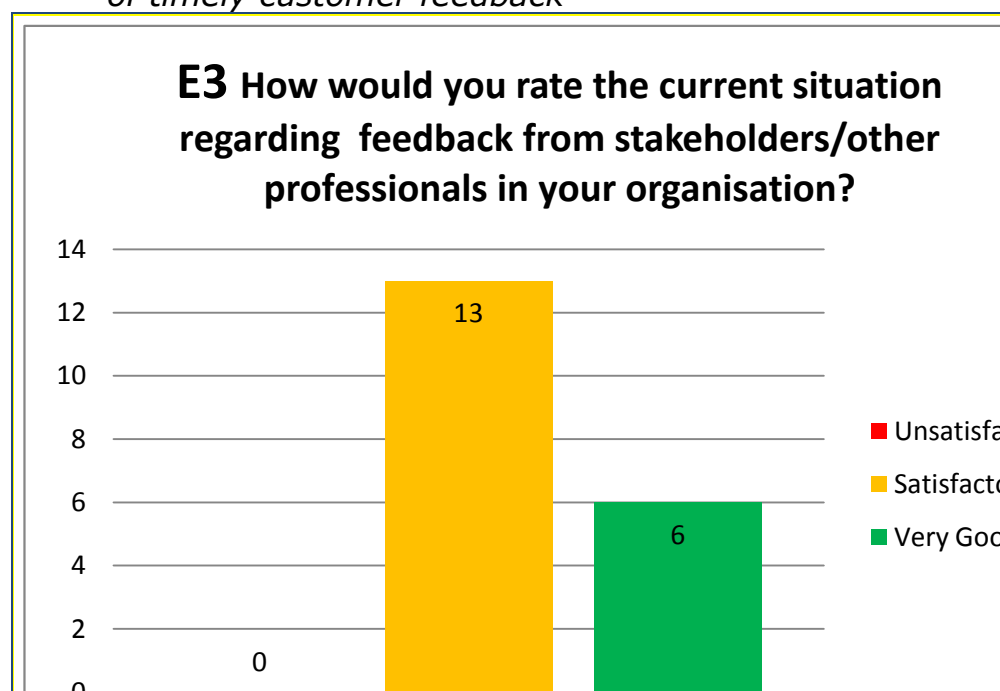
One authority reported that:

- *'In the last year around 9000 adult social care users and carers were surveyed on a variety of topics including assessment, review, intermediate care and learning disabilities day care as well as the national DH survey on those who had received equipment and/or minor adaptations to their homes and the national DH pilot survey for carers'*

Those who described more proactive strategies included service user engagement sampling, senior management service user interviews, focus groups, self directed assessment questionnaires. In several authorities, feedback processes are in place at the point of case closure. One authority runs an 'Are you being served?' event annually. Generally, the evidence suggests that more work need to be done in this area to reach Standard 1 requirements.

E2 How would you rate the current situation regarding feedback from service users in your organisation?

Unsatisfactory: 1
Satisfactory: 12
Very Good: 6

Question E3 asks a similar question about feedback from stakeholders and other professionals and a similar range of responses is given with little detail about proactive seeking of information. A number of responses refer to partnership boards, agency partnerships, safeguarding boards and (unidentified) stakeholder meetings; some reference is made to customer service and complaints officers. Comments include:

- *'Feedback from stakeholders/professionals is actively encouraged both on an individual level or as part of organised forums/meetings'*

- *'There are good systems to and from the district nurses and community matrons, however communication to and from the Occupational Therapists needs improvement'*

- *'This can be difficult, however we liaise well with mental health trust'*

- *'This is promoted via the focus group and youth council'*

- *'Partnership boards are well attended with good links to all stakeholders. Plans are in place to develop and implement a customer satisfaction survey following each assessment and also to include feedback questions in the review process on dignity and respect within service provision as further evidence of timely customer feedback'*
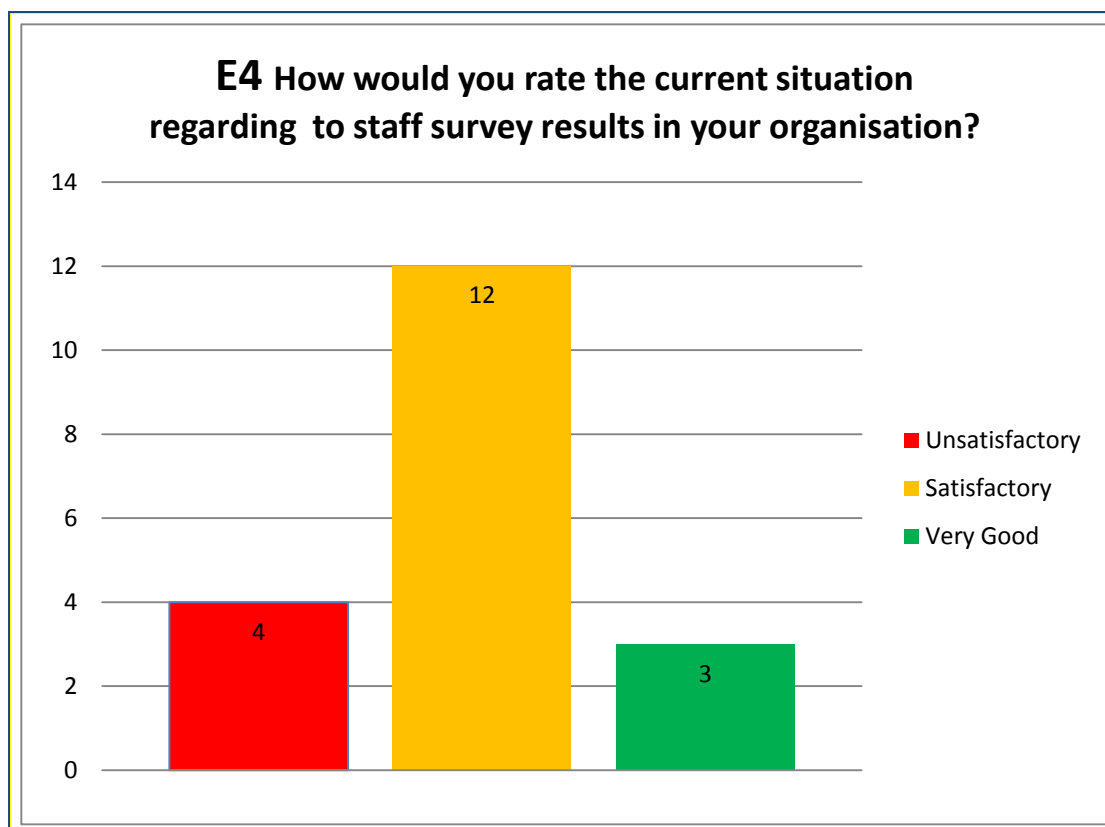
E3 How would you rate the current situation regarding feedback from stakeholders/other professionals in your organisation?

Rating	Count
Unsatisfactory	0
Satisfactory	13
Very Good	6

Question E4 asks about staff survey results and there is a wide variation of responses. While some authorities hold annual surveys, other only survey their staff every two or three years. Some are targeted surveys on topics such as stress and stress management, child care provision, travel to work, communication, job satisfaction, health and safety, training and development and workload. The impression is that surveys are corporate rather than department specific and are managed by Human Resource functions.

Some authorities have been involved in national surveys by the Children's Workforce Development Council (CWDC) or the former Department for Education & Skills (DfES.) Indications show that staff surveys are not a priority for staff; those who gave response rates quoted 13% to 49% (assuming this is an overall figure for the council.) Comments include:

- *'A lot of staff are not aware of a staff survey so therefore could not comment'*

- *'The majority of workers do not see surveys as a priority'*

- *'Annual staff survey but staff question whether their feedback is anonymous'*

- *'Themed staff surveys in place - questions too vague to provide rating'*

- *'The number responding in Adult social care is low in comparison to other parts of the council'*
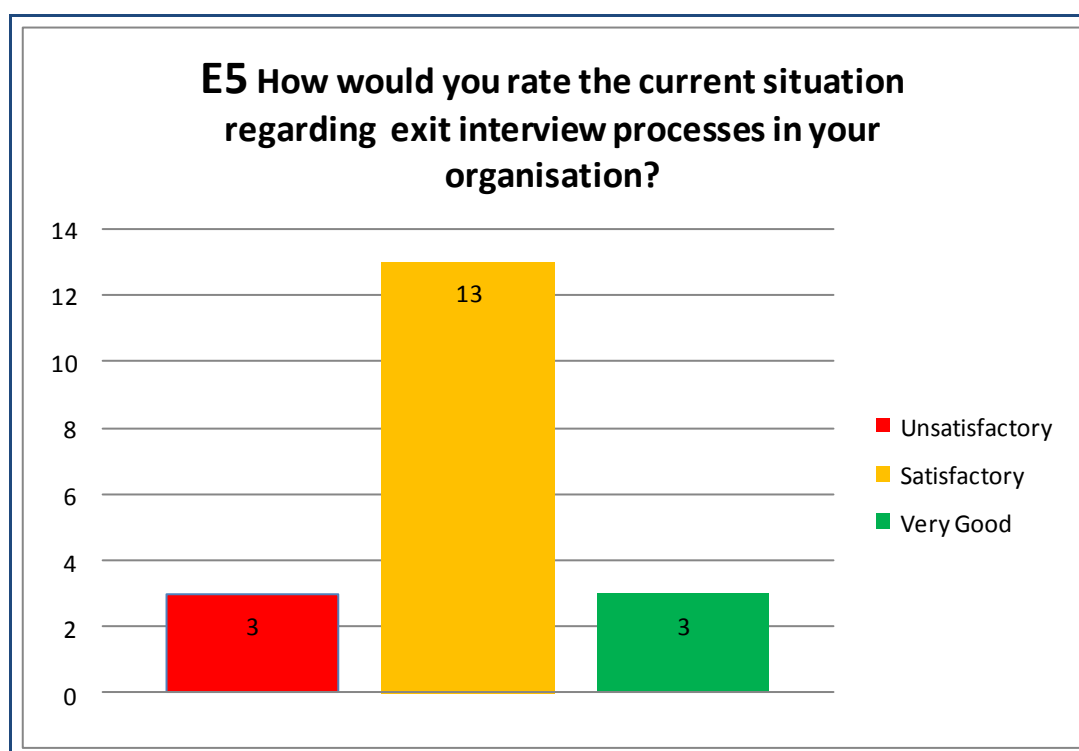
Overall, this is another area which requires more developmental work and possibly surveys specific to social workers.

E4 How would you rate the current situation regarding to staff survey results in your organisation?

Legend:
- Unsatisfactory (red)
- Satisfactory (yellow)
- Very Good (green)

Category	Value
Unsatisfactory	4
Satisfactory	12
Very Good	3

Question E5 asks about staff exit surveys; responses are fairly consistent in this area and although exit surveys or meetings are available it appears they are rarely used, or at best inconsistently. Some may fear reprisals. Several references are made to low turnover rates within teams; the only figure cited states that 9.58% of leavers take the opportunity to feed back. Comments include:

- *'Informal exit interview polity, not rigorously applied, not taken up'*

- *'The process may make this difficult for people as the offer is not made until they have left'*

- *'I am aware of exit interviews however I am unsure what happens to information gathered; very little'*

- *'Worried may affect (a) reference depending on what was said'*

- *'The majority of respondents do not know what happens to information gained from exit interviews'*

- '*A Policy and procedure is in existence in (Children's Services) but the feedback is not routinely collected, collated and analysed*'

- '*Exit interviews have not been routinely used within children's services; however more recently team managers have been asked to use them, they have shown that social workers have not left the department due to being unhappy but rather that social workers have left for promotion reasons or due to neighbouring authorities offering 'golden hellos' to new staff joining their social work service. Exit interviews will now be used as routine to feed into recruitment and retention actions*'

E5 How would you rate the current situation regarding exit interview processes in your organisation?

The supplementary **Question F6** asks about frequency of the health check; 18 responses were received. 15 (83.33%) suggested that they intend annual completion (or a higher frequency.) Of the remaining three, one stated a frequency of every two years, one suggested that more robust management systems are already in place and one stated that processes are already in place within the Group Management Team arrangements. Comments include:

- '*It is anticipated that in view of the current level of change more work may be done at a team level with small groups of employees on a more frequent basis and that the full health check will be undertaken at least on an annual basis*'

- *'This will be annual, but linked to ongoing workforce planning activity, this Health Check is not a 'stand alone' activity, but an additional tool to support workforce planning'*

- *'This has been written into the safeguarding services quality assurance document'*

- *'Much will depend on the value of the feedback'*

- *'More likely to be an ongoing piece of work where feedback from social workers, stakeholders and other professionals can inform the action plan'*

In total 23 OHC returns were submitted (of which 22 have been analysed in this report.) In November 2010, BASW found in a snapshot survey of 30 authorities that 60% had not completed the OHC. Of those which had completed the check, 16% had covered only children's services. In the North East, 95.83% of authorities have completed the OHC.

Summary for Standard 1

It is perhaps unfair to make judgements based upon returns which did not ask the full gamut of questions needed to fully comment on Standard 1. Authorities also answered without the benefits of reading the Social Work Reform Board report of December 2010. Only part of the standard can be addressed here.

However, it is possible to comment upon the evidence which describes methods of proactively seeking feedback from people who use services and their carers, social work practitioners and other stakeholders and professionals.

Systems to collect such information appear to be underdeveloped across the region, although there are pockets of good practice. The information which is gathered tends to be for corporate use or national use rather than focusing on information specifically about social work; this limits its use as a tool for continuous learning and a mechanism for improvements to practice and service delivery. It appears that some information collected is not used productively, or is may be used for other purposes such as benchmarking for schemes such as Investors in People or for reaching national targets and performance criteria.

2.2 Use effective workforce planning systems to make sure that the right number of social workers, with the right level of skills and experience, are available to meet current and future service demands

Standard 2

All employers should be able to show that they have appropriate workforce planning systems in place in order to meet the needs of local service users now and in the future. Effective workforce planning systems should both determine immediate staffing requirements and help to ensure that sufficient numbers of social workers are trained to meet future demand. These should be based on an understanding of the factors that influence need and demand, including the size and specific circumstances of the local population. Workforce planning procedures should be regularly monitored and reviewed. All employers should:

- Undertake an assessment of current and future need and feed this into local, regional and national supply and demand systems

- Ensure that workforce planning systems involve strategic partnerships with higher education institutions and other agencies

- Provide good quality practice placements, other types of practice learning, and effective workplace assessment to help ensure that the right numbers of new social workers of the right calibre are trained

- Engage with the social work education sector in order to facilitate exchanges of personnel and expertise

- Facilitate further learning and development across partner agencies

Regional OHC Tool questions relating to Standard 2

Effective workload management	A1, A2, A3, A4
Pro-active workload management	B5
Having the right tools to do the job	
A healthy workplace	D10
Effective service delivery	
General Questions	

The focus of the health check questions concentrates more on current workforce issues than in planning and lacks questions about practice placements.

Question A1 asked about the situation regarding unfilled posts and asks for a number; not all authorities gave figures and in any case, figures are relative to the size of the authority. Figures relate only to the date when returns were completed.

Of those who gave figures for Children's services, the number of unfilled posts ranged from 0 to 33. Of the authority with 33 vacancies, 22 posts were in Child Protection/Children in Need/Looked After Children teams and were currently filled with agency or seconded staff. No percentages were given.

Of those who gave figures in Adult Services, the numbers ranged from 1 to 15 unfilled posts: the figure of 15 was 9.45% of the workforce. Comments include:

- *'Generally we have good retention rates and it has not been difficult to recruit to social work posts but one manager in mental health stated that there were not usually too many applicants and felt this was due to lower remuneration offered in (the authority) as compared to other authorities'*

- *'General concern from teams about delays in appointing into vacant posts, the delays in recruitment, including CRB portability and recruitment checks. There is concern about the impact on service quality of vacant social work posts, and social work teams generally felt that the situation was not satisfactory. However as an organisation our vacancy rates are lower than the national average and therefore we would consider this area satisfactory*

- *Inefficiencies in filling posts is due to time it takes managers to process adverts, requests, gain agreement with finance and HR, interview and actually have person physically in post*

An accurate regional position cannot be given as the data is not complete; some authorities replied by stating that all unfilled posts were covered by agency staff.

The Local Government Survey for England 2010 analysed responses from 207 (59%) local authorities in England, including 8 of the 12 local authorities in the North East. The occupation most frequently cited nationally to cause recruitment difficulties was children's social workers, named by 78% authorities, followed by adult social workers at 38%; mental health social workers followed at 37%.

Nationally, 85% of local authorities cited difficulties with retention of children's social work. 52% offered market supplements for children's social work, 22% for adult social work and 19% for mental health social work.

The Children's Workforce Development Council (CWDC) in their 2008 summary report based on 2006 figures found that in local authority children's social workers there was a vacancy rate of 9.5% nationally.
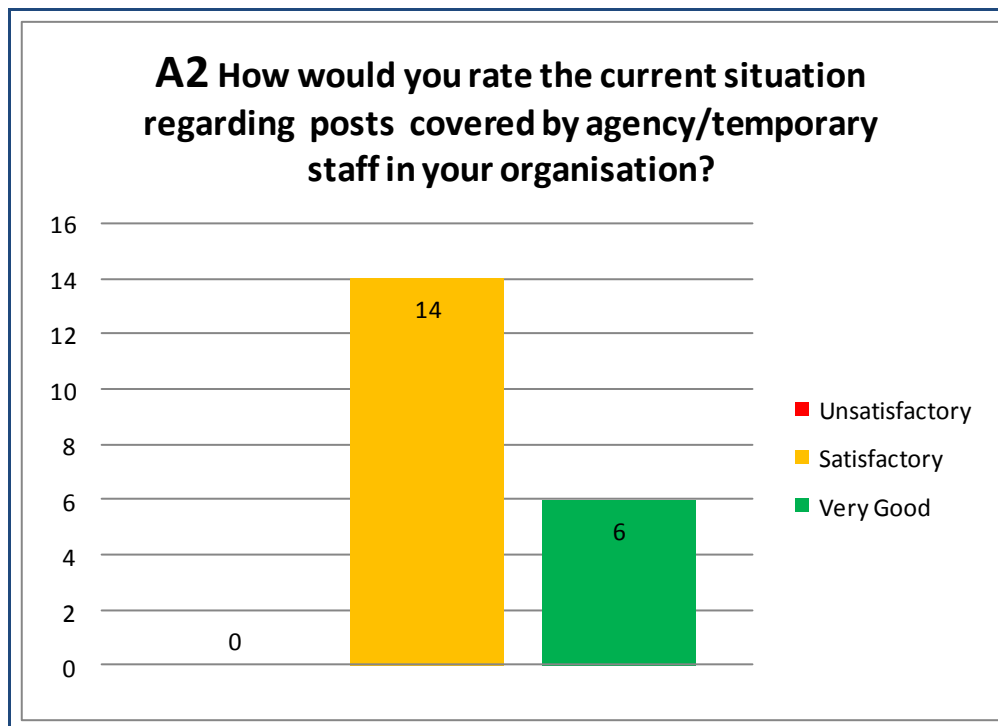
Community Care in August 2010 found a national social worker vacancy rate of 10.5%, ranging from 15.3% in the East of England to 4.1% in Northern Ireland. They found the rate for the North East, based on 9 local authority responses to be 7.1%; of those 9 respondents, the highest regional rate was 18.6% and the lowest 0.9%. What is not clear from this survey is whether posts filled with agency staff were counted as vacancies.

A1 How would you rate the current situation regarding unfilled posts in your organisation?
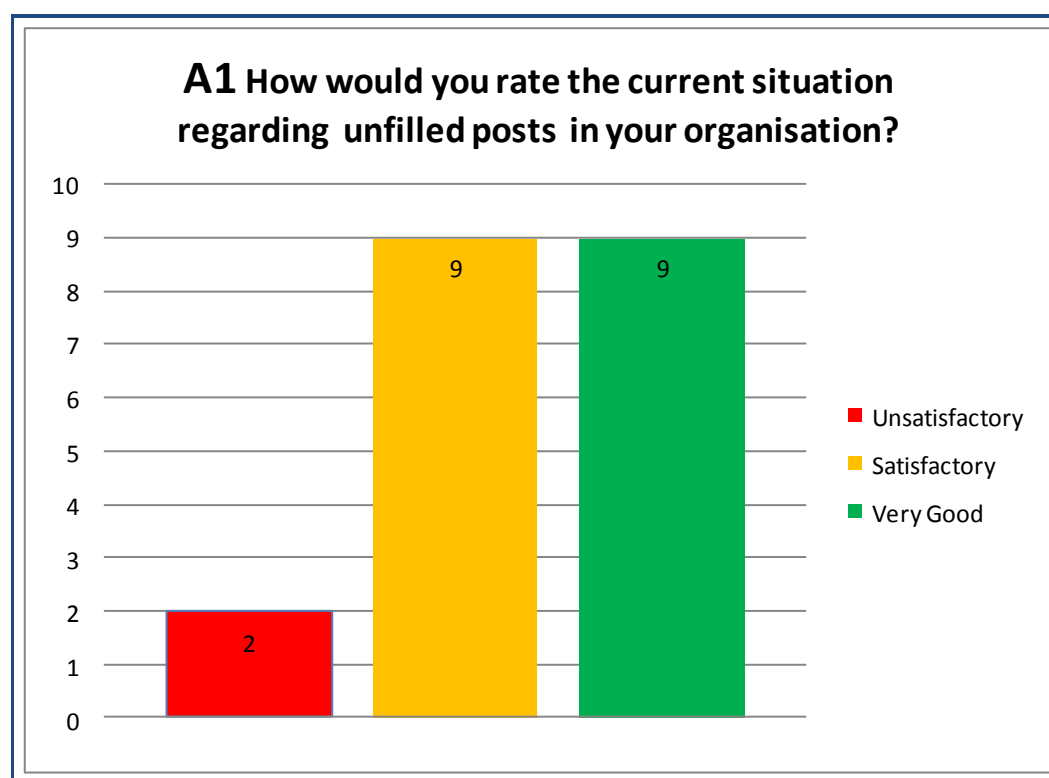
Question A2 went on to ask about the position with agency and temporary staff. Those who gave figures generally cited very small numbers of agency staff. Two Adults services stated they did not use agency staff and the highest number given was 24.7 full time equivalents (FTEs.)

In Children's services the figures ranged from 0 to 24.7 FTE; the latter figure was given by the same authority as cited 24.7 for Adult services. It is concluded, therefore that this is an overall figure for the authority across both services. In that case, the figure cited above for agency workers in Child Protection/Children in Need/Looked After Children teams remains one of the highest, with another citing 23 agency or temporary staff, 8 of whom were covering maternity leave. Comments include:

- *'The use of agency staff has been a cause for concern for the organisation currently as evidenced in our recent Ofsted Safeguarding and Looked After Children (SLAC) inspection. Managers feel that many agency staff are 'not up to the job', which is unfair on service users and reliance on agency staff creates an environment of 'uncertainty and unfairness' due to the perceived disparity in salary'*

- *'Staff generally felt that a lack of cover for vacant posts was concerning, but that a low use of agency staff was desirable and some alternative arrangements for temporary staff would be preferable'*

- *'The agency workers in post are satisfactory'*

A2 How would you rate the current situation regarding posts covered by agency/temporary staff in your organisation?

Unsatisfactory: 0
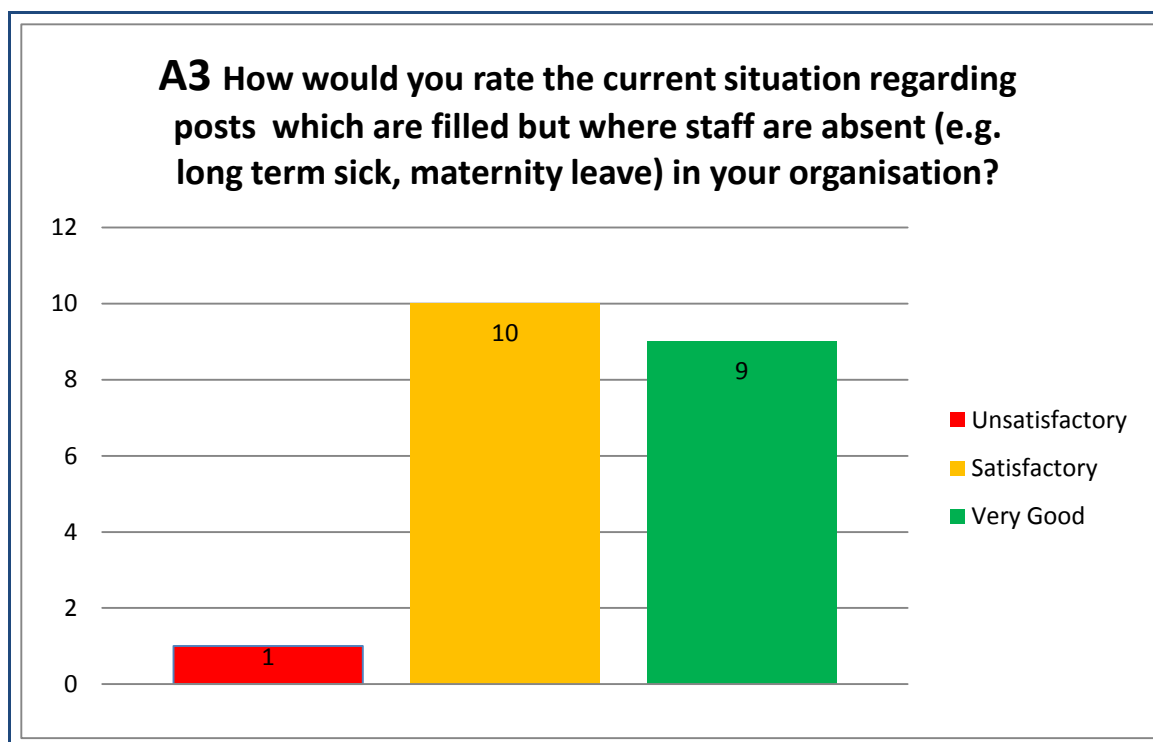Satisfactory: 14
Very Good: 6

The Local Government Survey for England 2010 analysed responses from 207 (59%) local authorities in England, including 8 of the 12 local authorities in the North East. 64% had a contract with a managed service for temporary agency social work staff. The Children's Workforce Development Council (CWDC) in their 2008 summary report based on 2006 figures found that in local authority children's social care (not only social work,) 92% of local authorities reported using agency staff to cover absence (89%), vacancies (79%) or for short-term assignments (55%).

Question A3 asked about filled posts where staff members absent due to long-term sickness or maternity leave. This generally appeared to cause no problems to authorities and the figures cited were very low.

Figures ranged from fewer than 3% to 3.41%; one authority had 11 staff on maternity leave. Several made reference to the fact that short-term sickness can be more difficult to manage. Comments include:

- *'Posts are filled where there is absence due to long term sickness and maternity leave but staff absence is a real issue in terms of disruption to work flow and management time'*

- *'Currently we do not cover long-term sickness absences, this work would normally be absorbed by the current workforce and reviewed and monitored on a regular basis by managers. However, at the current time we have no long-term sick absence in front line services'*

A3 How would you rate the current situation regarding posts which are filled but where staff are absent (e.g. long term sick, maternity leave) in your organisation?

A bar chart showing three categories: Unsatisfactory (red) = 1, Satisfactory (yellow) = 10, Very Good (green) = 9. The vertical axis ranges from 0 to 12.

Question D10 refers to sickness levels and the pattern over time. This again produced a varied picture. The highest figure given for Children's services was 19 days or 8%; the highest for Adult Services was 21.5 days in 2006 dropping to 12.2 days in September 2010 (not the year end.)

Two authorities stated that sickness levels were higher than the council average and one authority stated the level was below the council average. Comments include:

- *'Absences when they do occur tend to be long-term – this may be due to the ageing workforce in some teams and the fact that some workers have physical disabilities'*

- *'Sickness levels have fluctuated in the organisation with few staff in Safeguarding social work services having long term sick leave'*

- *'Sickness levels are low, however stress related sickness absence and phased returns can be difficult to manage and impact on other team members and the service'*

D10 How would you rate the current situation regarding sickness levels in your organisation?
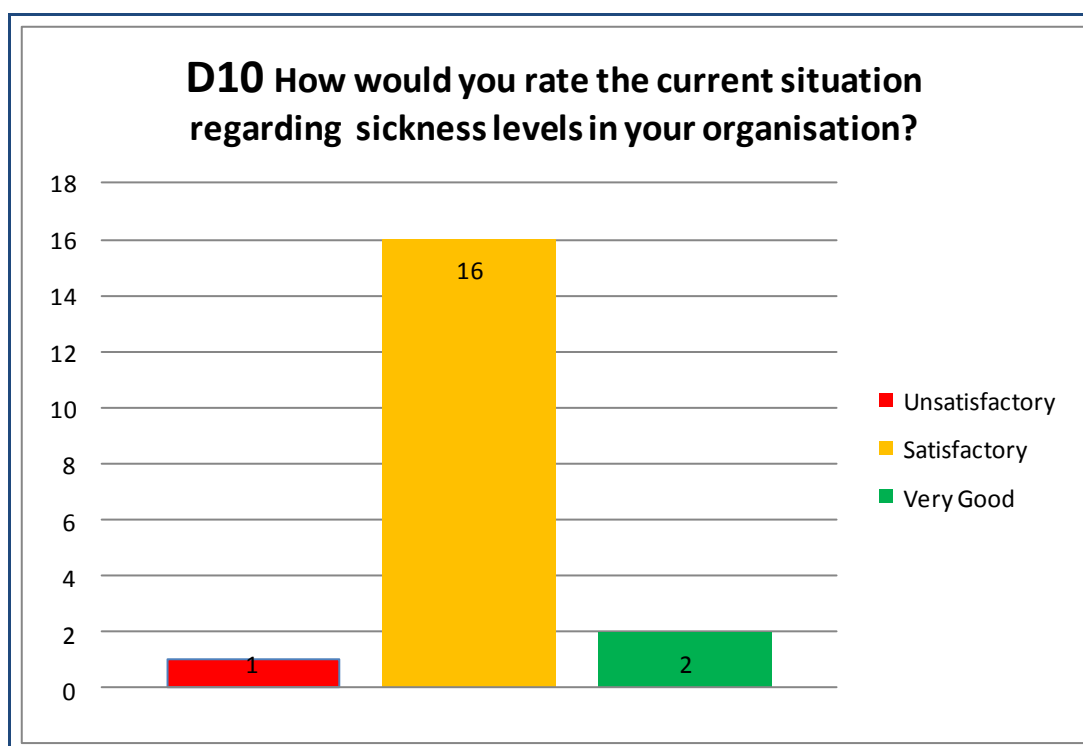
Question A4 asked about staff turnover in the past twelve months. Percentages were more frequently cited here, although not always, and these varied from very low figures to 20%. The highest figure identified in Children's Services was 19.1% but the high figures were exceptions.

One Adults service broke down the figures into Mental Health 11.49%, Older People 10.81% and Specialist Social Work 5.13%, totalling 9.45% for the authority. Comments include:

- *'Over the last 12 months there have been a significant number of vacancies which have been filled by agency staff where available, on a temporary basis. A number of these staff have left at short notice and others have had their contracts terminated due to concerns about their practice*

- *Following difficulties in one particular social work team earlier in the year, a number of staff left to join a neighbouring local authority. This has led to a feeling of instability and high turnover although the situation has now stabilised significantly'*

- *'Exit interviews suggest that the main reason for social workers leaving is to take up posts in other local authorities in the region who offer senior practitioner/deputy manager posts. Currently (the authority) doesn't have operational/managerial posts although we are currently consulting staff on such a model'*
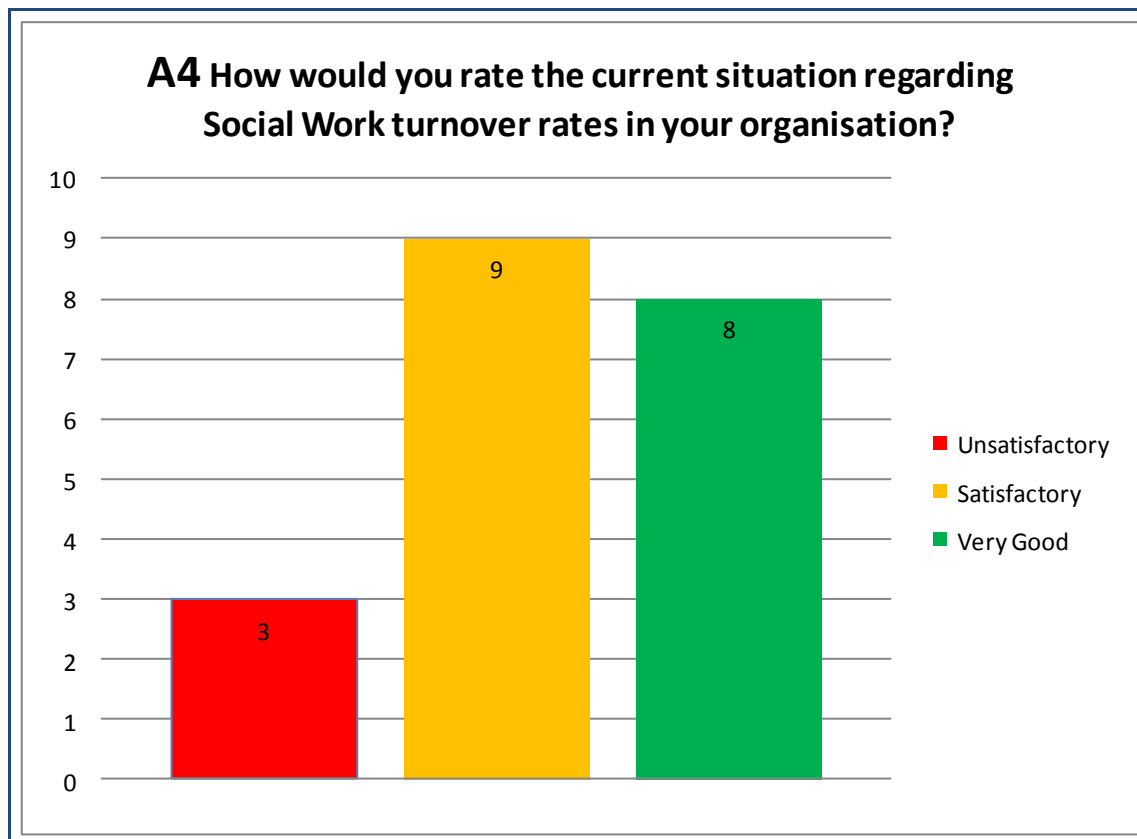
A4 How would you rate the current situation regarding Social Work turnover rates in your organisation?

The Children's Workforce Development Council (CWDC) in their 2008 summary report based on 2006 figures found that in local authority field social workers there was a turnover rate of 9.6% nationally.

Question B5 asked about the situation regarding 'additional responsibilities' which might include taking students on placement, acting as mentor to other team members or undertaking action research.

Some but not all authorities gave some information on placements and practice teaching which is relevant to Standard 2 and shadowing by students was mentioned several times.
Few gave figures for the number of placements offered; one authority offered 970 days in 2010/2011 which was down on previous figures of

1585, in part due to supporting cohorts of newly qualified social workers (NQSWs.)

One authority helpfully broke down the figures for the 38 placements offered; for the BA degree they offered 7 first year, 3 second year and 17 third year placements. For the MA they offered 1 first year and 9 second year placements and for the joint degree 1 final year placement. Although not stated on the return, this variety of placements demonstrates that placements are offered to several of the universities in the region.
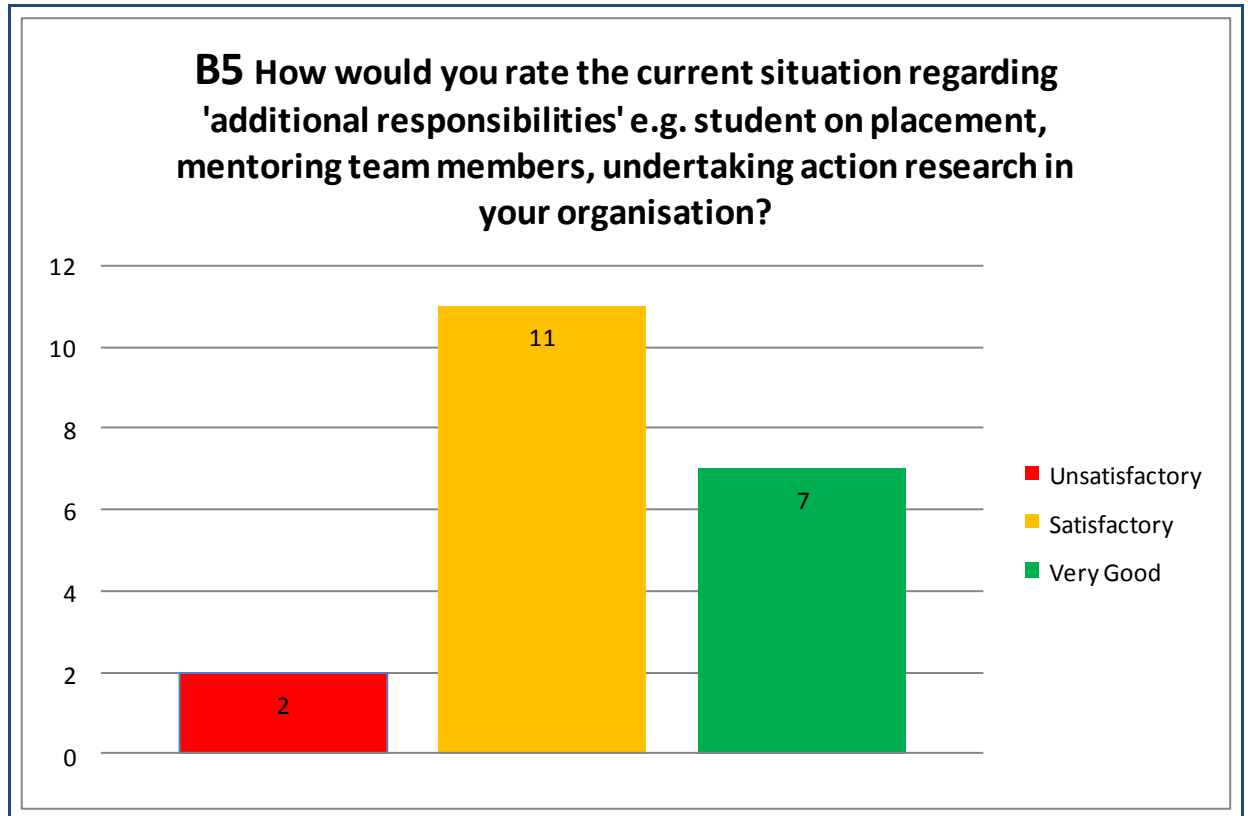
One authority stated it has 21 staff qualified to provide student placements across first and second placements and an increase of 20% in requests for placements over the past year.

Another authority cited 17 student placements; workers are encouraged to supervise students for their own professional development with a maximum of two per team at any time.

It is important to note that some authorities pay an honorarium to practice teachers; others do not. This facet may have implications for staff retention across the region with a potential cross-border loss from those authorities who do not offer financial recognition of this important role. Comments include:

- *'Workloads are so high in one team it prohibits them from doing as much as they would like – the very good is where the teams value having students on placement'*

- *'We find that staff are generally willing to support students, and some social workers are keen to do this year on year, however others prefer to be able to do this on a rotational basis and have other opportunities'*

- *'We endeavour to maintain a pool of staff who are suitably qualified and able to do this to facilitate the demand'*

- *'Staff felt committed to extra responsibilities as practice educators but again are paid an additional sum for this. Although this does impact on workload because of the supervision entailed it was recognised that students did carry a caseload which would otherwise be allocated to social workers'*

- *'Teams are keen to offer placements to students and make every effort to do so in recognising that offering excellent placement opportunities encourages recruitment'*

- *'Social Worker's are asked where appropriate to supervise students. There is financial recognition for this'*

B5 How would you rate the current situation regarding 'additional responsibilities' e.g. student on placement, mentoring team members, undertaking action research in your organisation?

Summary for Standard 2

As mentioned earlier, the OHC tool was not geared towards capturing the required data and concentrated upon the current snapshot rather than future planning. It is also important to note that the template did not ask specific questions about student placements or practice teaching and information only came from the 'additional responsibilities for staff' question. This is an area of the template which needs further development.

Figures are not comparable and in future it may be more helpful to collect percentage figures rather than simple numerical data.

Although not explicit in Standard 2, workforce planning must include the issues of recruitment and retention. The Guardian found in its survey 'Social Lives' in April 2010 that the biggest factor considered by those seeking employment is location at 47%. The second biggest factor is opportunity for CPD and progression at 23%, followed by image of employer at 16% and salary a mere 7%.

2.3 Implement transparent systems to manage workload and case allocation in order to protect service users and practitioners

Standard 3

In order to deliver consistently high quality services and outcomes for children, adults, and families, employers should manage workflow effectively and respond quickly to changing demand. Workload management and case allocation processes should prevent work overload and safeguard staff and service users from the risks associated with high caseloads and unallocated cases. All employers should:

- Put in place transparent systems to allocate work and a means to collect information about workload within teams

- Use this information to assess and review the workload of each social worker, taking account of their capacity and allowing sufficient time for supervision and CPD activity

- Have contingency plans in place for resolving situations where workload demand exceeds the staffing capacity

- Have a system in place which generates relevant information to be used as part of regular reporting to strategic leaders and feeds into supply and demand models, and the social work accountability framework

Regional OHC Tool questions relating to Standard 3

Effective workload management	A5, A6, A7, A9
Pro-active workload management	B1, B2, B3, B4, B5, B6, B7, B8, B9, B10
Having the right tools to do the job	
A healthy workplace	
Effective service delivery	
General Questions	

The focus of the health check questions concentrates more on current workload systems than strategic planning. It should be noted again that figures from authorities cannot be compared; some included figures for social care teams and did not separate out registered social workers. Some included health workers in integrated teams; some included managers and some did not.

Question A5 asks about numbers of cases allocated to each full time equivalent. The caseload ranges from 6 to 60 (although 330 was cited for Review cases) and the variation appears to be directly related to type of team and the service user group. Some authorities were unable to give figures for individuals but were able to supply team statistics.

It is helpful when authorities are able to break down figures; for example, in an authority which covers both Adult and Children's services they cited a figure of 6 in a team that takes on very complex intensive cases and a figure 56 for an Older Person Mental Health team. Another authority found that in both Learning Disability and in Physical Disability the average figure was 60 but in Mental Health the average figure was 40.

Another cited that Integrated Service Areas teams (older people and people with physical disabilities) ranged from 40 to over 50 with approximately 20 medium to long-term cases, Learning Disabilities range approximately 35 to 40 from with most cases being medium to long-term, Adult Mental Health 30 to 35 cases, Older People Mental Health 45 to 50 cases and Young Onset Dementia Team 45 to 50 cases. Yet another authority cited 25 cases in Adult Mental Health and felt this to be unsatisfactory, as the team consisted solely of Approved Mental Health Professionals (AMHPs) with complex cases. On the other hand, the Older Persons Mental Health team averaged 60 cases and the Review team approximately 330 cases per worker.

One authority cited 20 – 25 cases and a protected caseload of 15 for newly qualified social workers (NQSWs.) Another cited an average 19.36 of cases in a Safeguarding/Children in Need team and in Looked After Social Work teams an average of 17.26 cases; Disabled Children teams averaged 20.14 cases.
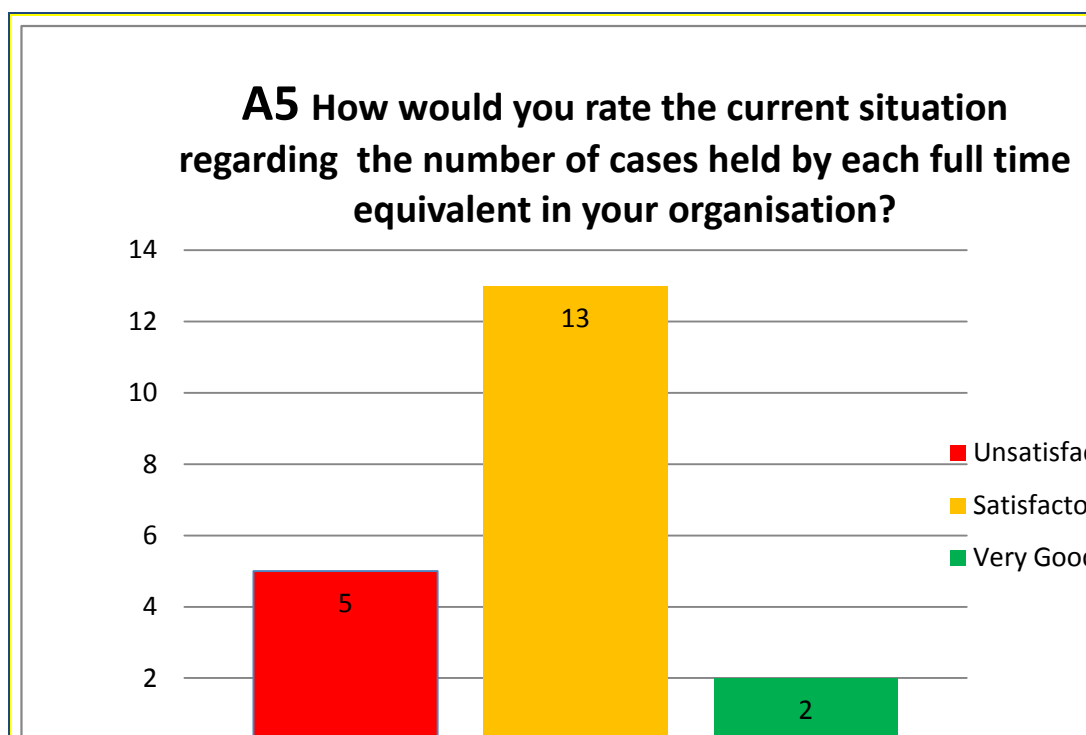
One authority stated that Safeguarding cases are not held by number but by complexity and can be 'organisational' involving 40 different people; Adult Protection teams do not hold cases as such. Another authority cited the average as 14 cases, but this appears to be family allocation as it is stated that some of these cases include more than one child, making the overall figure higher. Others state that complexity is not recognised. Comments include:

- *'The balance of caseload complexity is not recognised. It is not always about how many cases you carry, as some cases are stable, but the complexity of the cases'*

- *'Adult services recognise the need to introduce realistic caseload weighting to help team managers to manage the workloads. Cases have also been kept open to workers where this was not necessary. We have recently introduced criteria to help workers and managers to decide which cases to keep open and which to close'*

- *'The service has recently undergone a change programme which is still embedding. As we are in a transition period it is difficult to give an accurate account of the number of cases held as staff are holding a case load which combines their previous and current work (in order to prevent upheaval for service users)'*

- *'In our new model, we would expect our social workers in the Intake, Advice and Assessment service, to have a higher number/turnover of cases, than their colleagues in the Complex Long Term team, who may have a more 'steady' case load. We expect most experienced social workers to have a case load of about 30 active cases'*

- *'Due to the significant and sustained rise in referrals and assessments following the death of Peter Connelly which has been exacerbated by the staffing difficulties.... case loads have been high, although there is a strong commitment in (the authority) to safe and manageable caseloads. A caseload management system is in operation, whereby cases are awarded points according to complexity. This has recently been reviewed in order to make this fairer and more transparent'*

- *'Although senior managers rated this as amber as they felt people 'got on and did the job', one did question the quality of paperwork and the experience for service users. All team managers and social workers questioned rated the situation as unsatisfactory; they felt they often did not have the opportunity to undertake 'proper practice' and could not always give due consideration to legislation such as the Human Rights Act and the Mental Capacity Act. Although they stated that in general people 'managed' these large caseloads, there were instances when this was becoming more challenging for both social workers and service users'*

- *'It was apparent that looking at numbers did not highlight other issues about workload weighting, including complexity of work, cases where consultation is the key social work role, work which is not recorded/ monitored in a social care service user database. The variety of practice across teams made this a challenging exercise, and although we got to a position of counting, we have some work to do to be confident that we are able to accurately reflect workloads of all staff. Although twice as many teams rated this area as satisfactory than those who rated unsatisfactory, indicating that most teams are satisfied that their caseloads are appropriate, we consider the position unsatisfactory until we have greater confidence in our consistency of recording and caseload monitoring and management'*

This suggests that authorities are more than aware of the complexities involved in this area; for many years, organisations have attempted to create systems for caseload weighting. Some appear to be further on than others with more robust systems which operate at individual and team levels; it is evident that a number of different factors are prioritised. Safeguarding and Looked After Children understandably appear to take a higher priority. Older Persons teams, especially those cases which are open on a review basis, take lower priority.
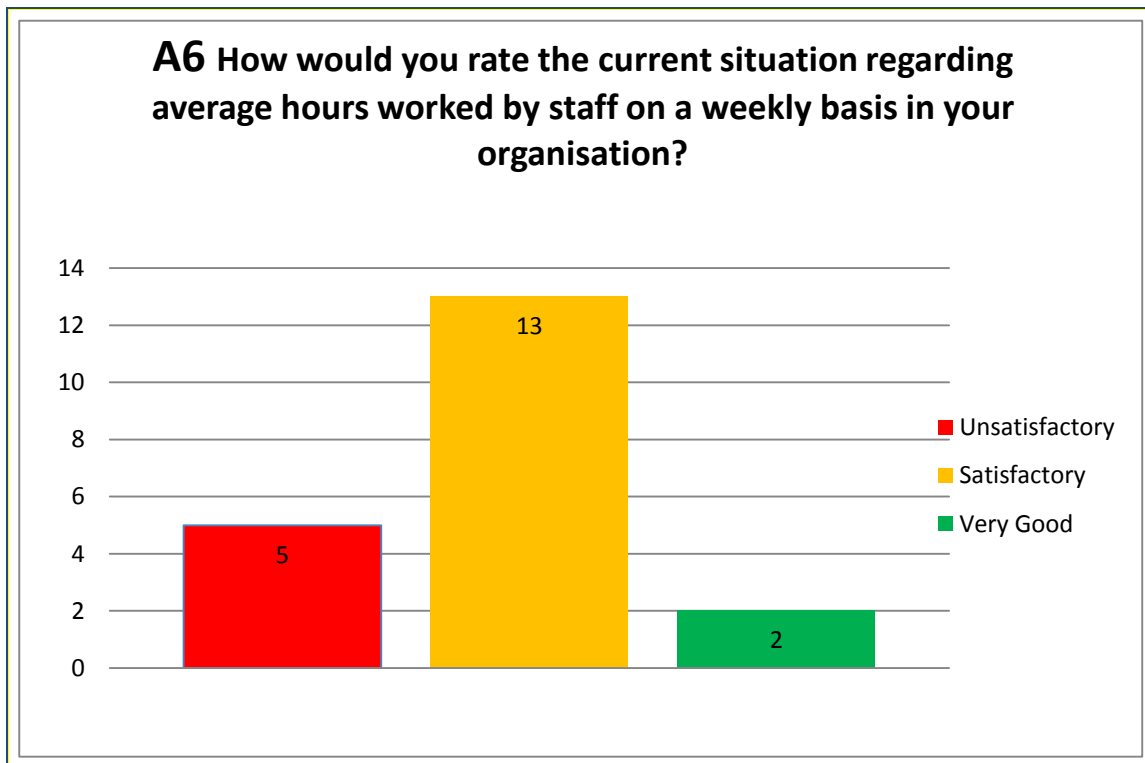

A5 **How would you rate the current situation regarding the number of cases held by each full time equivalent in your organisation?**

Question A6 considers the average number of hours worked by staff per week. Responses varied considerably; several authorities responded by citing the 'normal' contractual working week for council workers of around 37 hours, without taking into account the actual hours worked by social workers. Much reference was made to flexible working and flexi-systems. Others gave anecdotal evidence based upon social workers' responses during the survey; some reported weekly hours and some monthly. Several authorities did not have systems in place to be able to quantify hours worked.

Those who explored the actual hours worked found that staff worked up to 55 hours per week or up to 240 hours per month, although these are the extremes. Several mentioned evening and weekend working with one authority stating that social workers regularly work on a Saturday to catch up with administrative tasks.

Comments include:

- *'One team identified they were working up to 60 hours per week dependent on court requirements/ proceedings. The majority of people were satisfied with their case load, only one team in children's services felt the case load was unsatisfactory and one team in adults felt case load was very good'*
- *'We are aware that some social workers and social work managers work more than the 37.5 hours per week and exceed the standard 163 hours in a four week period. However we have not undertaken any analysis of the reasons behind this, for example where the trends and themes are, if the same individuals are working above their standard working hours or if this is as a result of fluctuating demands on individuals / teams at any given time'*

- *'This is monitored as part of supervision. Over time the new flexi system will provide better management information'*

- *'Feedback from social workers and managers varies significantly on this point, with some reporting that they work significantly over contracted hours to keep on top of workloads whilst others state that they rarely work additional hours. The amount of hours being worked by all staff is monitored by their line manager through supervision.*

- *In addition, a system of voluntary paid weekend overtime has been introduced in order to assist social workers keep on top of their workloads and the demands of the ICS system'*

- *'For AMHPs the issue was unpredictable with Mental Health assessments sometimes lasting long into the evening and workers not always being able to reclaim all these hours'*

- *'Most teams rated this area satisfactory. There are robust processes in place to support staff to manage their time and workload to ensure that an excess of working hours are not accrued'*

- *'We do acknowledge that staff commit extra hours at times to complete tasks in the best interests of service users outside of their contracted hours and as an organisation we do our best to monitor this very closely to ensure the health and well-being of staff'*

- *'All social work staff are contracted to work 37 hours but staff work regularly in excess of this. This includes direct work with families and written work which often is determined by tight deadlines (court work)'*

- *'This is not currently monitored. The responses from Team Managers have been varied. A very few have considered the situation good, some have considered it satisfactory, but the Children in Need/Safeguarding teams and some other social work teams have judged the situation to the unsatisfactory'*

- *We have the ability to collate the information in relation to individuals, however we have not amalgamated this information across the service nor has there been any analysis completed'*

A6 **How would you rate the current situation regarding average hours worked by staff on a weekly basis in your organisation?**

Question A7 leads on from the previous area and asks about levels of Time Off in Lieu (TOIL) taken by staff and leave. There is a difference between TOIL and formal flexi-systems which allow staff to work core periods and accrue a limited number of hours to be reclaimed within a certain period.

Some authorities operate parallel systems while others operate one or the other and parameters for flexi-time differ between authorities; providing comparisons was difficult based upon evidence presented. There was an indication throughout, however, that additional time worked cannot always be reclaimed.

Flexi-systems and TOIL featured more heavily in responses than annual leave; those who reported on annual leave tended to give figures for the current year which is incomplete and therefore difficult to deduce patterns. Some authorities did not have systems capable of reporting in this area and it was identified as an area for development. Comments include:

- *'One team reported it is very difficult to take time back and often end up working on flexi/toil days and even annual leave. As a result staff have even lost annual leave. There was one unsatisfactory from a children's services team, the rest were either satisfactory or good'*

- *'Levels of TOIL can be high in Mental Health services because of the AMHP role. Although this was not reported as a problem by the middle manager interviewed, it was mentioned as an issue by others questioned'*

- *'A very few judged that staff could always take TOIL, some judged it to be satisfactory, most including Children in Need/Safeguarding, Residential Services and Looked After Social Work teams judged it very difficult for staff to claim all TOIL accrued'*

Interestingly, this and the previous question were one of the few areas where there was a divergence between managers and social work staff.
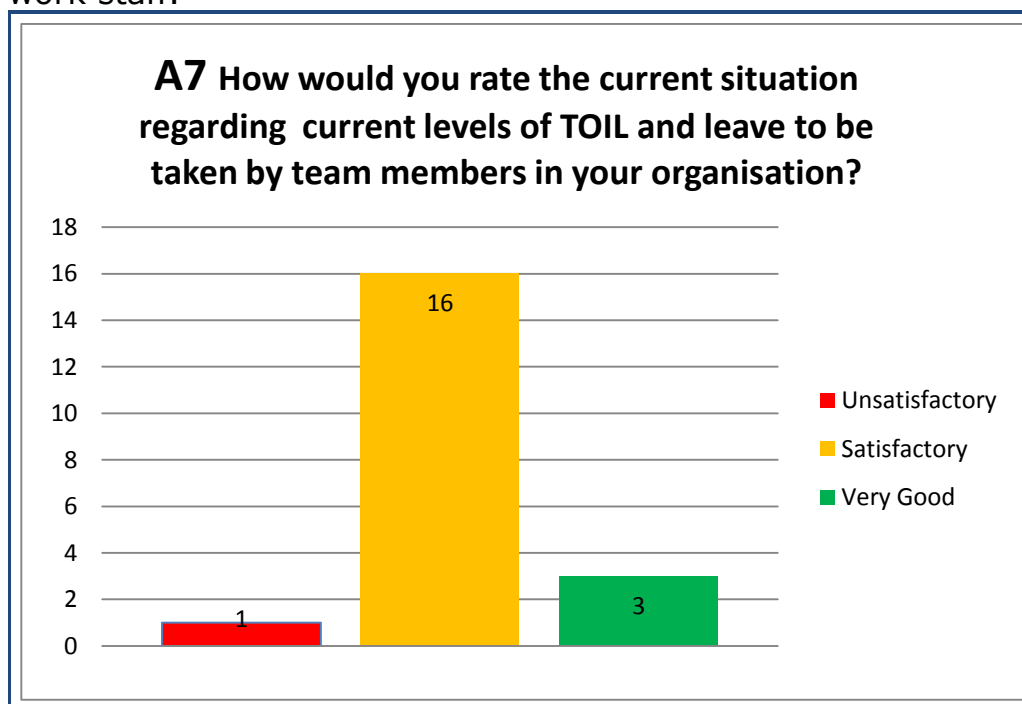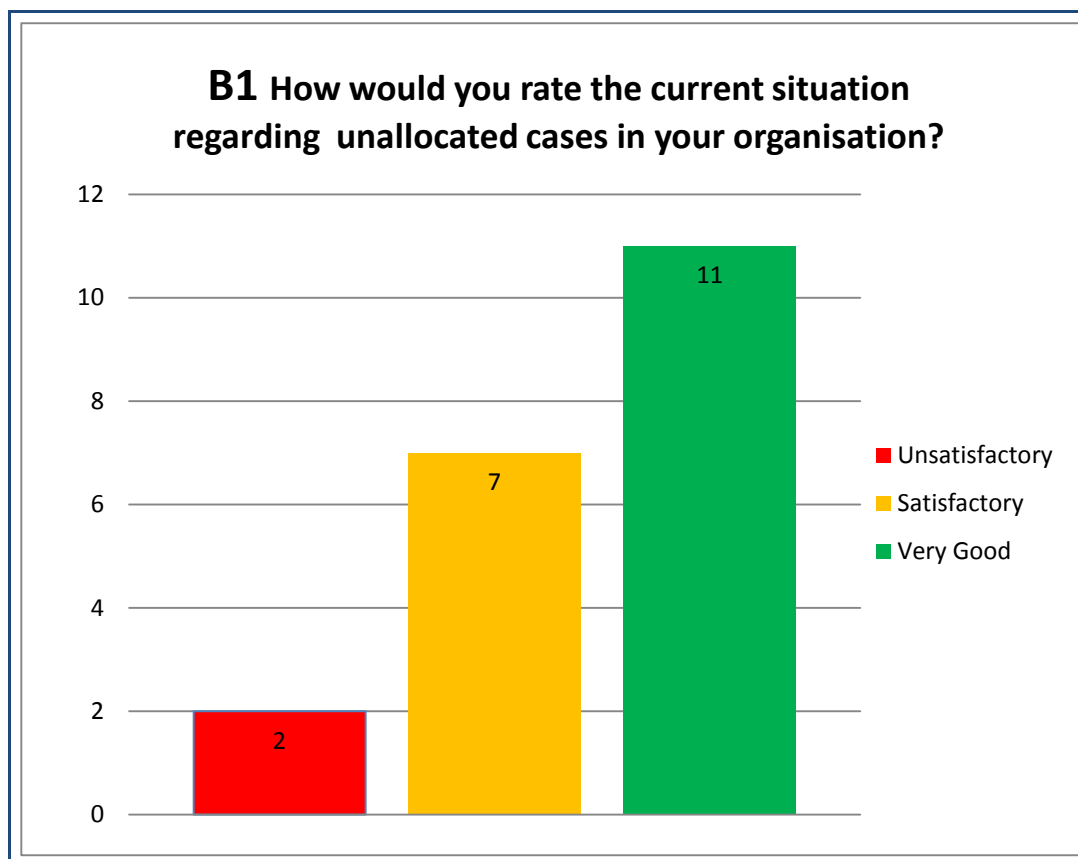

Question B1 refers to unallocated cases and asks for numbers. 10 out of 22 authorities (45.45%) stated there were no unallocated cases which required social work intervention. Certain services were identified as priorities for allocation, including Safeguarding. Where figures were given, the included an authority with 34 unallocated cases with 72 'open to duty' and no statutory cases unallocated.

Another had 21 unallocated in the Community Stroke team, 65 cases in the Sensory Support team, 35 cases in the Learning Disability team and 33 cases in the Carers team. One authority reported that in October 2010 there were around 50 cases awaiting allocation, none of which were serious concerns, Child Protection or Looked After cases. Comments include:

- *'Service and team managers receive a weekly notification from the data team in respect of unallocated (pending) cases. This is then addressed as to reasons why the cases are unallocated as sometimes the case is allocated and the referral status has not been changed from pending to open and this resolves the status of the case. Service managers also discuss unallocated cases in team managers' supervision and note the reason that cases are not allocated'*

- *'For example in (one) team the above states 17 cases are unallocated, however this is not the case and a newly qualified social worker (NQSW) has been appointed and is working on the cases however has yet to receive their IT system logon ID so is unable to have the cases allocated to them (area for development in the action plan devised from this survey)'*

- *'As we have to prioritise our new referrals/requests for reassessments, there is a danger that some of the 'routine reviews' will have to be de-prioritised. There is also a risk noted, that some less urgent assessments may have to be placed on a waiting list'*

- *'There are large numbers of service users on our recording system without an allocation relationship. However the majority of those people have a stable service package and are within the review planning system, but do not currently require a review'*

- *'The way in which allocation relationships are entered on our recording system in not consistent across teams and relationships are not always updated as they should be therefore there are concerns that what we can report from the recording system is not an accurate reflection of current allocations'*

- *Although teams generally felt that their processes for managing unallocated work were satisfactory, and there were small numbers of service users awaiting allocation, the area requires some improvement to ensure confidence that our monitoring and reporting systems are accurate and clearly reflect service users who require allocation for assessment, and those who have no allocation because this is not required'*
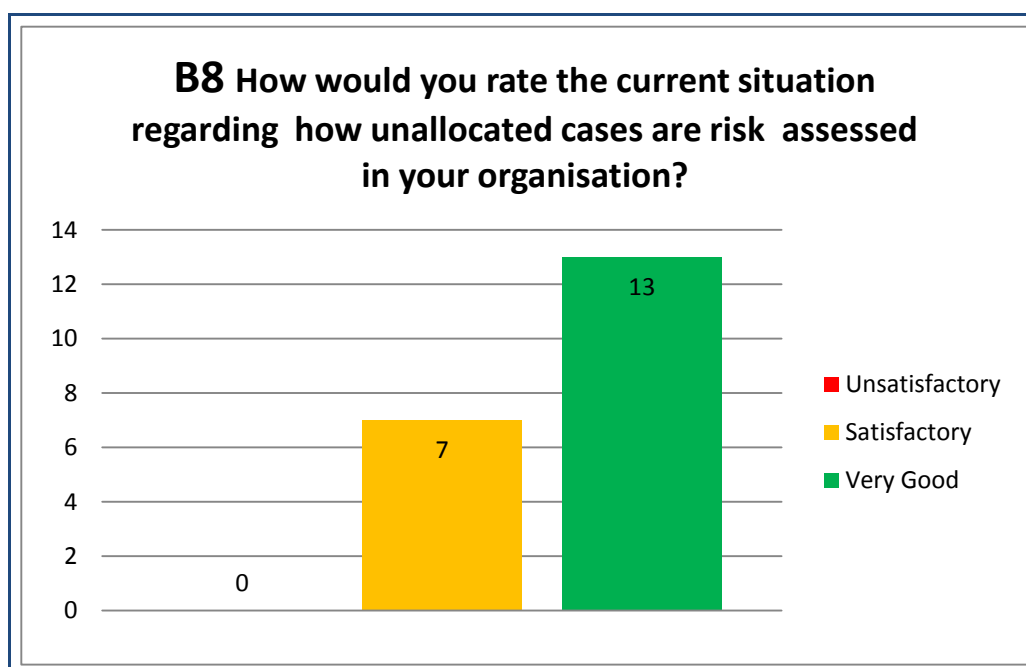
- *'Adult Mental Health is a constant battle to ensure that cases allocated are appropriate for social work - they get allocated cases needing a 'medical' review sometimes'*

B1 How would you rate the current situation regarding unallocated cases in your organisation?

Question B8 refers to the risk assessment of unallocated cases. For those authorities who have unallocated cases, the function of risk assessment falls upon team managers and this appears to be fairly standard across the region. Duty teams also have a function. Some authorities do not have formal systems of risk assessment or criteria for such cases. Comments include:

- *'Team Managers screen cases and periodical trawls are undertaken in Mental Health. In some areas cases are discussed at daily meetings'*

- *'In most teams a duty system is in place with a process for duty officers to review and re-prioritise unallocated work with team managers. Practice is not consistent across teams; however there were examples of excellent practice and robust systems, with responsibility for allocation resting with team mangers. Team managers are clear about their responsibility and when to refer to service managers'*

- *'Teams generally rated their processes as satisfactory; however there is room for improvement in consistency'*

- *'All cases are comprehensively assessed, including risk assessed before prioritising on waiting list. Contact/review arrangements are put in place whilst on waiting list'*

- *'This is the responsibility of individual Team Managers/Principal Social Workers and there is no formal process or criteria in place. A system is in place for some teams, for example Intermediate Care'*

- *'Team Managers are responsible for the risk management aspects of unallocated cases, but with no set criteria other than professional judgement. Adult Social Care Direct screens and gathers information, including the level of risk, in the contact centre. Assessed high risk cases are always prioritised'*

B8 How would you rate the current situation regarding how unallocated cases are risk assessed in your organisation?

Unsatisfactory	0
Satisfactory	7
Very Good	13

Question B10 asks how many cases are allocated to a team, a manager or a duty system. It appears to be rare that cases are allocated to managers and would only occur in extreme circumstances for short periods; this seems to be the general and consistent picture across the region but there is one exception.

One authority reported 3800 cases which are described as stable and allocated to a team manager where there is no individual worker.

It is stated that once these cases are ready for review they will be allocated to individuals. It should be noted that this is one of the authorities which reported no unallocated cases; one hypothesis is that figures may be masked by allocation to managers.

On the other hand, some authorities have large numbers of cases allocated to duty teams or systems. One authority reported 95.8% of cases open to duty; one reported 863 cases open to duty at year end. It is suggested from the evidence available that authorities have different systems, differing allocation and recording practices which makes comparison difficult. Not all authorities supplied responses in each category and answers were inconsistent. Comments include:

- *'Cases are not routinely allocated to team managers, unless the case is currently unallocated or there is a specific reason for the case to be held by a team manager for a period of time, for example, staff safety'*

- *'It is rare for team managers to hold case responsibility. Occasionally team managers will allocate a joint worker in order to have closer oversight of cases for those more newly qualified. At present we have an effective duty system – and as a result of effective management to date we have no bottle neck between short and long term teams'*

- *'There are no cases allocated to team managers apart from cases where by there is no social work role but the Local Authority continue to financially support the care arrangement, for example, a residence order payment'*

- *'(The authority) does not encourage the practice of allocating work to managers/duty and it is extremely rare that this situation would occur. Senior Managers monitor to ensure that this does not happen'*

B10 How would you rate the current situation regarding how many cases are allocated to Team Manager/Duty in your organisation?
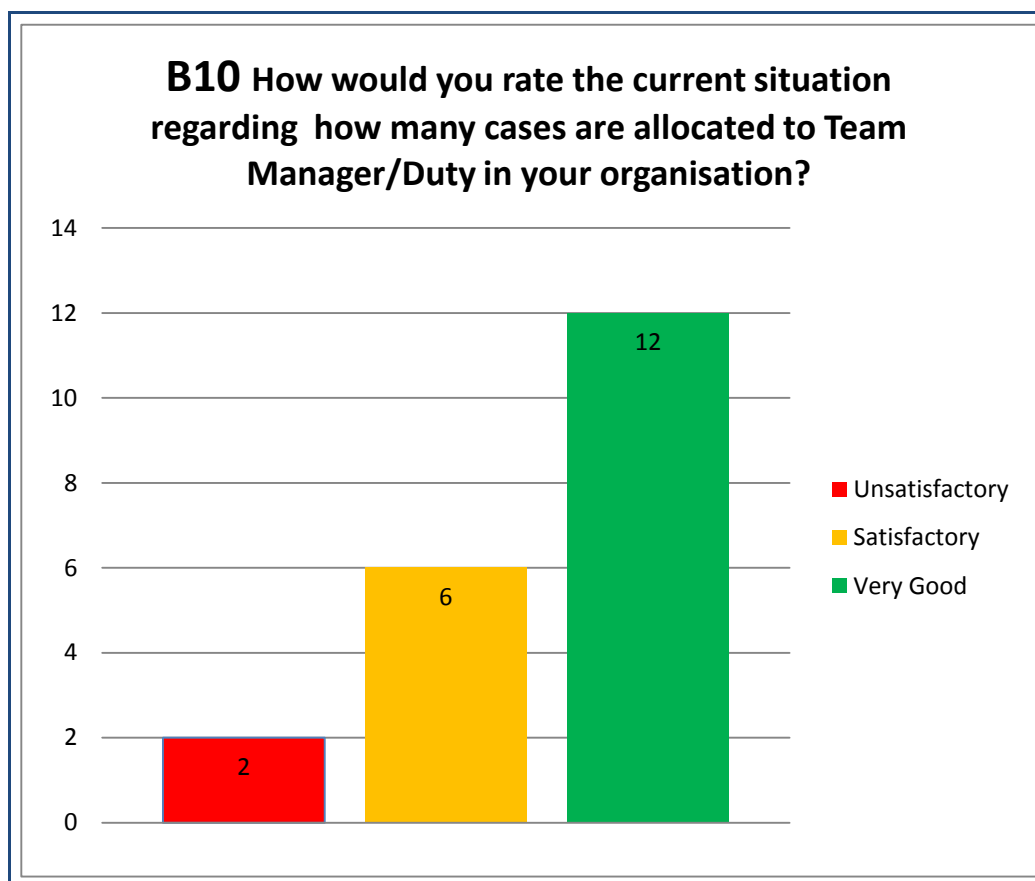
Question B6 asks about the situation with regard to the escalation process for unallocated cases and asks how senior managers are alerted. As above, responses are relevant only for those authorities who have unallocated cases. Generally this was not considered to be a problematic area and escalation processes were in place. Comments include:

- *'Weekly allocations are held and if those in the pending come to crisis they will be allocated outside of regular allocations. There is a priority system currently in place and pend letters go out if cases are prioritised as a 3 or 4….Cases are allocated as soon as practically possible….Minutes to go to the Director for information'*

- *'Information regarding allocations is routinely shared with all senior managers, including head of service and corporate director. An overview of allocations is also included in a quarterly report on workload pressures to Cabinet'*

- *'This is usually resolved with senior management support. Teams are fully aware of the importance of safeguarding vulnerable adults and where more input into protection planning is required they will treat this as priority one work'*
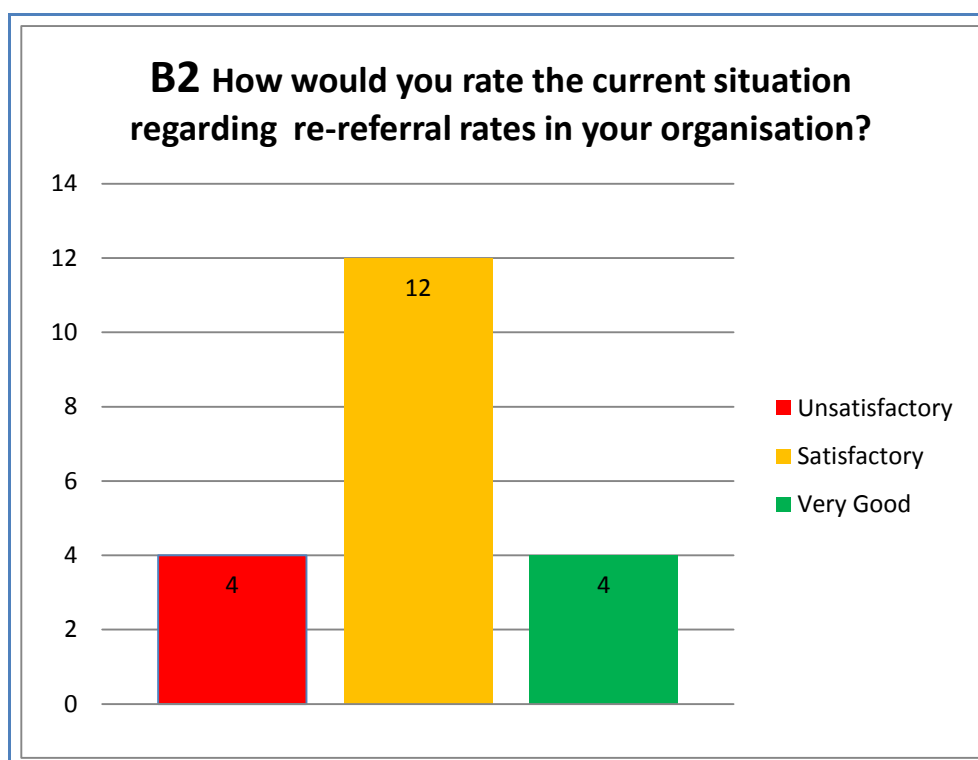
- *'If required the Head of Service will ensure that the Director ….
and the Chief Executive is notified'*

Question B2 asks about re-referral rates and there were a number of authorities who were unable to provide data; for some this was because this is no longer a performance indicator, for others, further specificity was required in order to access data. It is assumed that the question here seeks information about premature closing of cases. On the other hand, those authorities who have good procedures for closing inactive cases as opposed to those who keep cases open for longer than necessary, may feel unfairly criticised for having higher re-referral rates; a high re-referral rate might indicate efficient procedures. More specific questions will need to be developed.

One authority cited a rate of 14.1% and stated that this was partly due to raised eligibility criteria and inappropriate discharge from hospital. One cited a rate of 23% against a national average of 28% (their figures) with a variation between 19% - 37%. Another stated that in the second quarter of 2010, the rate was 27.4% against a local target of 27%. The highest was 30%. Other authorities reported much lower rates. Comments include:

- *'Most teams felt it either was not applicable to their team or on the whole the re-referral rate was low. One team had concerns that their re-referral rate for front line services was over 30% and this was unacceptably high'*

- *'Re-referrals do occur but are generally seen as for appropriate reasons such as adjustments to care packages due to changes in need'*

- *'We can track re-referral forms completed by teams, however this measures internal referrals rather than service users being referred for re-assessment'*

- *'We could count all re-assessments completed, but this may not capture repeat referrals for service users, and a re-assessment may be completed by a different team, for a different need'*

- *'It is also possible to count how many service users have more than one initial contact in a given period. It may also be relevant to consider service users referred back to teams for re-assessment from the reviewing team, in order to capture a fuller picture of when and why service users may be re-referred'*

- *'The general perception from teams was that re-referrals reflect changing needs, and are to be expected when service user need changes. Generally teams rated this area as satisfactory to very good'*

- *'A recently introduced intervention procedure allows for a timely and appropriate intervention where certain criteria are met, which has reduced the need to re-refer some cases. There is some duplication of work, however, re-referral rates are viewed as positive rather than as an issue as it is seen that an individual's needs have changed'*

B2 How would you rate the current situation regarding re-referral rates in your organisation?

Rating	Value
Unsatisfactory	4
Satisfactory	12
Very Good	4

Question B3 asks about peaks and troughs in workload over a period of time and some authorities were able to differentiate between Children's and Adult services; some were able to identify peaks which might be unexpected, for example, a higher referral rate for older people in the summer when a winter peak might have been predicted. The Christmas period was mentioned by one authority as a peak time for divorce proceedings and domestic abuse cases. One authority reported a regular dip in Children's referrals in June to August with an increase in October to April.

Factors other than seasonal were also mentioned, including the death of Peter Connelly which prompted a higher referral rate for children.

Another noted an increase in referral after training sessions with partner agencies, such as the Police. Comments include:

- *'Winter pressure generally seems to be a myth but there is pressure to discharge from hospital before Christmas. In Mental Health pressures can be caused by consultants' holidays and by reduction in ward beds'*

- *'March to June has been shown to be a difficult time for people with bi-polar disorder and there is a general peak across Mental Health services at Christmas'*

- *'In Learning Disability there is an increase in referrals before the summer holidays and before service users return to colleges'*

- *'Following the death of Peter Connelly, like most local authorities (we) experienced a substantial rise in the number of referrals received, which resulted in a corresponding rise in initial and core assessments. This reached a peak of 249 in March 2010 (referrals in month), subjecting the service to extreme pressure and impacting significantly on key performance indicators relating to initial and core assessment timescales'*

- *'We can track changes in numbers of contacts and assessments completed by teams over a given period of time to track changing rates of assessments and this information is monitored in performance monitoring meetings with managers; however this may not account for changes in other types of work over time'*

- *'Exercises to track this on a team by team scale have shown unaccountable fluctuations in referrals and assessments, but this information is monitored and used to plan resource allocation. This area was rated as satisfactory by most teams'*

- *'There appear to be natural fluctuations in referrals at certain times of the year, a lull towards the end of the year and an increase after the New Year. There is also a particular increase prior to school holidays, the summer break; this may be due to other professionals referring cases they have held concerns about prior to going off on leave'*
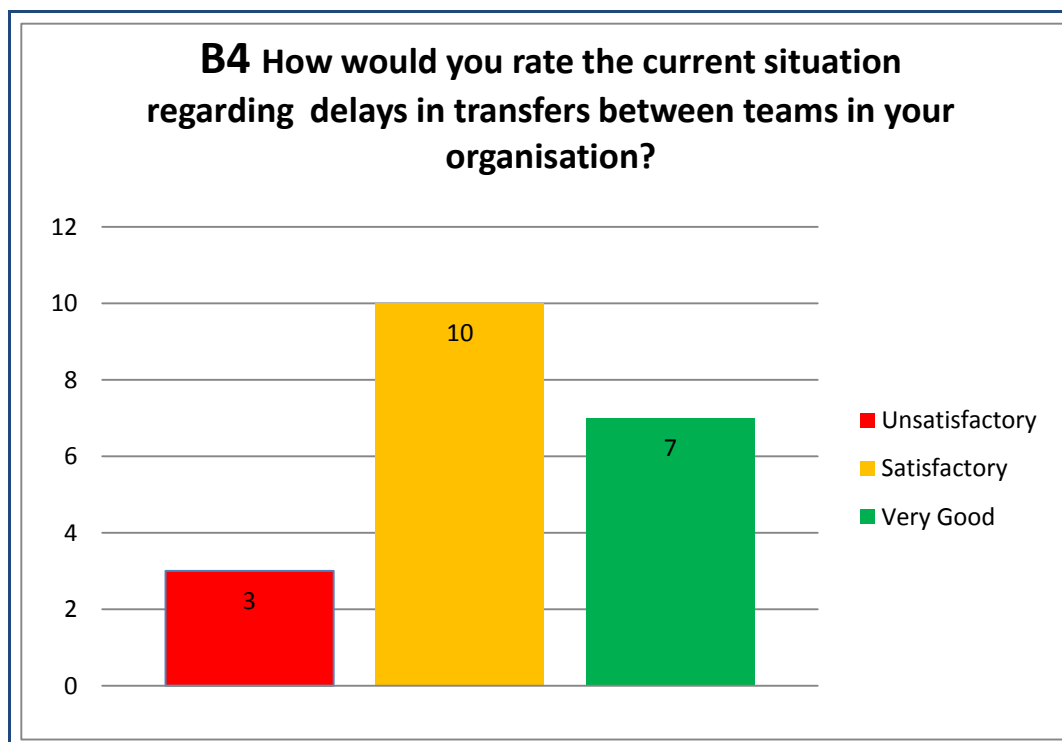
- *'We have seen an increase in cases within care proceedings for safeguarding reasons. This is part of a national trend following high profile media and government scrutiny on the service. This 'peak' may well diminish in the near future'*

B3 **How would you rate the current situation regarding changes in workflow over time (peaks and troughs) in your organisation?**
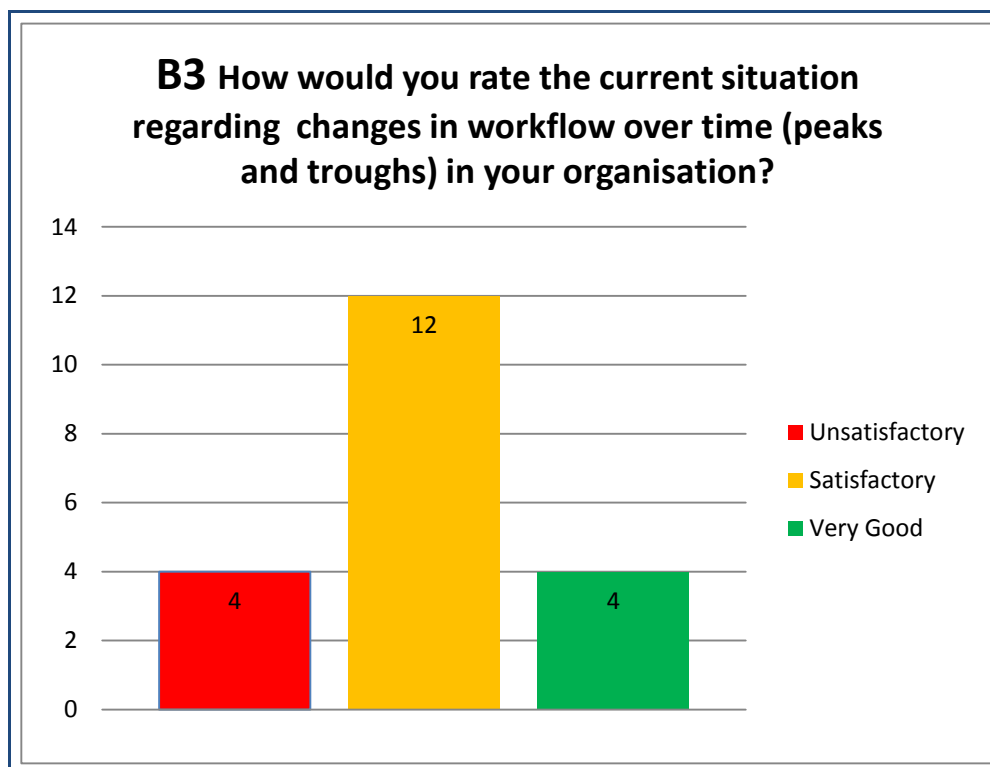
Question B4 asks about delay in internal transfer of cases between teams; again there are varied responses ranging from a significant proportion of unproblematic systems (45.45%) to those which present a variety of problems. No concrete timescales were given. Some emphasis was given to internal systems which do not impinge on the needs of people who use services. Comments include:

- *'There are some areas where transferring of cases has been problematic particularly in Adults services; this is presently being looked at and a transformation process is taking place to put the clients' needs first and not service needs'*

- *'In Children's the only delay mentioned is directly related to the need to complete further paperwork which is a duplication of information that already exists on the file or system'*

- *'There are some debates about whether work is 'complex or not'. Importantly we ensure that these debates do not impact on the service user'*

- *'Electronic recording systems do not show delays in transfer as this is instantaneous on the system, however we could gather information on the length of time services users are held on 'pend lists' or awaiting allocation, to give an indication of when the service user experiences delay'*

- *'No time to undertake reviews because constant fire-fighting so cannot move anything on'*

- *'Our recent Unannounced Inspection September 2010 stated transfer of cases to long term teams is well managed and timely. This results in the Referral and Assessment Service having good capacity to undertake their work'*

B4 **How would you rate the current situation regarding delays in transfers between teams in your organisation?**

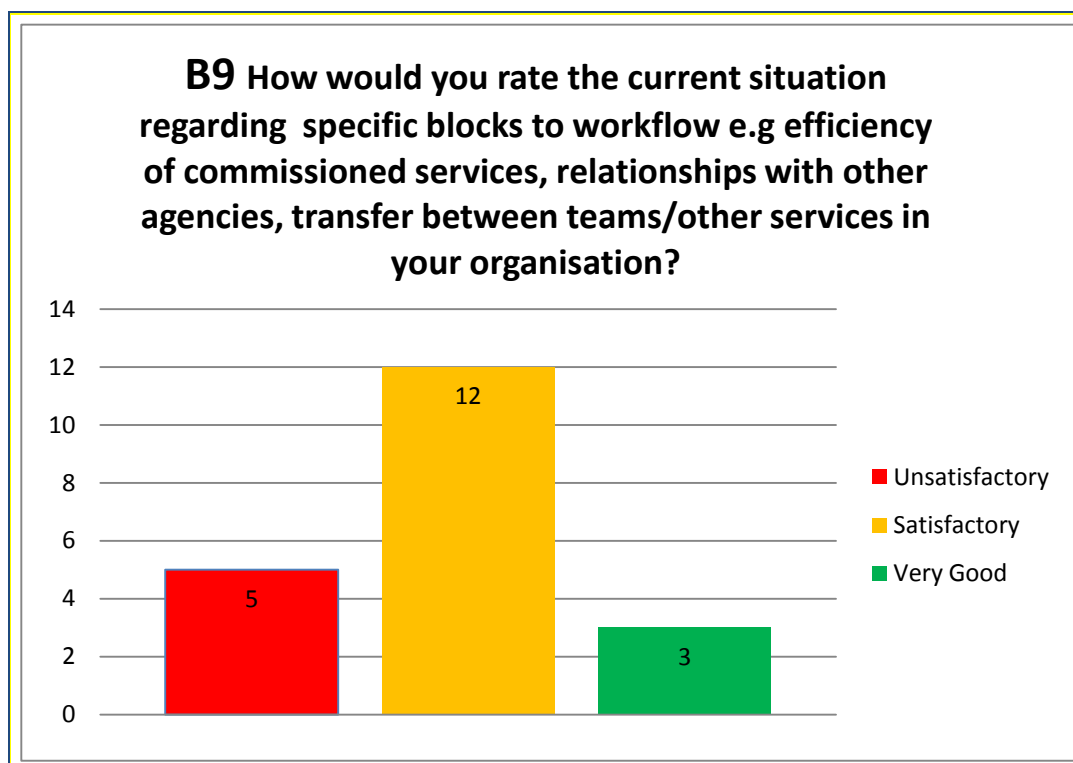| Unsatisfactory	Satisfactory	Very Good
3	10	7

Question B9 asks about the situation regarding specific blocks to workflow which need to be considered, such as efficiency of commissioned services, relationships with other agencies and transfer between teams/services; internal transfer is discussed in the section above this.

This question elicited longer responses from all authorities, focussing upon problematic communication, relationships with other agencies, including partner agencies and mention of a lack of understanding by external agencies of the social work role.

One possible hypothesis is that respondents felt it was easier to be more critical of other agencies than their own; even if this is the case, it does not undermine the validity of responses. Comments include:

- *'People felt there was a misunderstanding of the professional roles and functions'*

- *'In Adults services communication issues between health and social care, system and process need to be modernised and focus on the customer'*

- *'We do experience some 'seasonal' problems in terms of the availability of commissioned services, especially home care, during school holiday and winter times'*

- *'The Primary Care Trust (PCT) is currently failing to carry out reviews of service users in nursing care, and therefore cases cannot be closed by social workers. Generally it was felt that PCT did not respond adequately to service users who then tended to come to the social work teams for their support'*

- *'There is a lack of specialist housing, extra care and adapted. In Learning Disability there is a lack of specialist residential care and supported housing. Many people are still placed out of area to which workers have to travel long distances to reviews'*

- *'There is an issue around commissioned services, for example the commissioning of family placements and supervised contact services are posing a significant challenge currently. This poses challenges to budgets and choice for service users. Another major challenge is around homelessness resources for 16 to 18 year olds'*

- *'Concerns which staff have highlighted include efficiency and quality of externally commissioned foster care, need for sufficient administrative support, lack of foster placements, transport for contact, sufficient contact venues, understanding of various roles for completion of some tasks and timescales'*

- *'Referral to psychological therapies and other tertiary services can be very slow'*
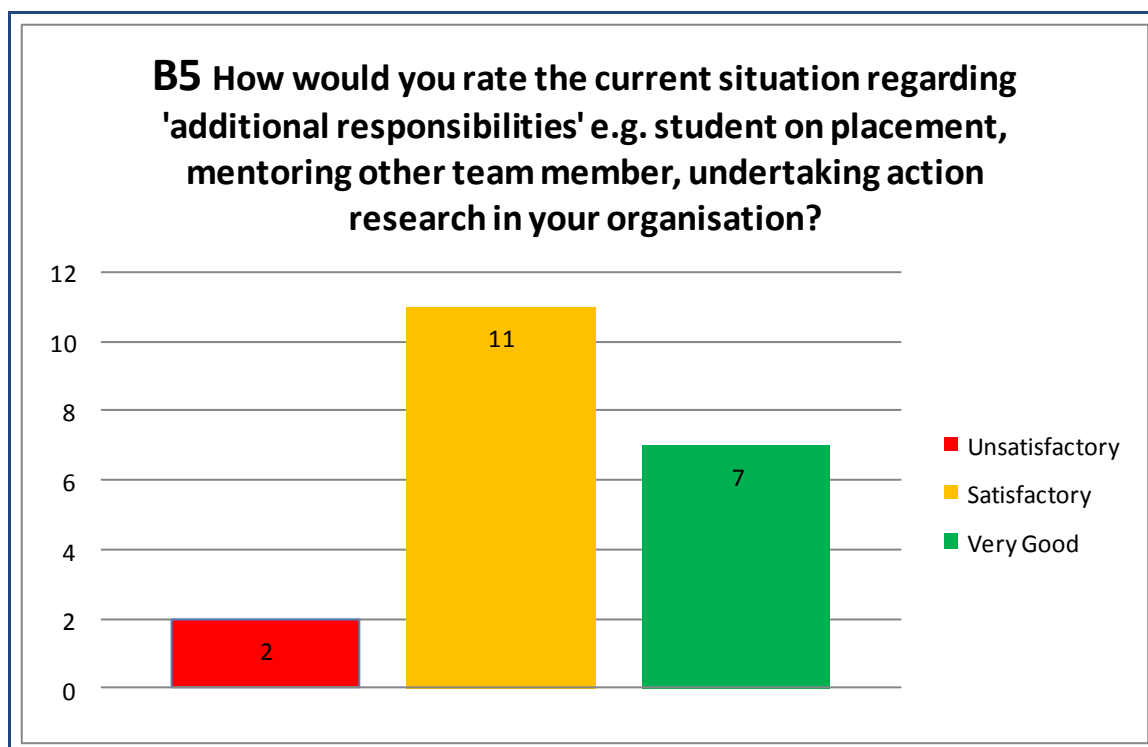
- *'Blocks to workflow include resource support for Continuing Health Care assessments, Mental Capacity Assessments, Best Interest decisions/ meetings, awaiting outcome of funding panels'*

- *'There is patchy provision across the (locality) with regard to day care for Learning Disability, Supported Living, Adult Family Placement and Extra Care'*

- *'At times there are delays in the referrals being allocated from NSPCC as they have had staff recruitment issues, at times there can be difficulties with the understanding of the children's social work service thresholds'*

- *'Setting up Direct Payments affects the completion of review; completion of financial assessment for long term care again affects cases moving to review; and the panel process but this is all being addressed and improved by eliminating process'*

- *'Overall, we work well with our partners to ensure that appropriate priority is given when commissioning services'*

- *'As we are a small local authority professionals have a good working relationship with each other, which often assists families having their needs met by additional services being offered promptly'*

B9 **How would you rate the current situation regarding specific blocks to workflow e.g efficiency of commissioned services, relationships with other agencies, transfer between teams/other services in your organisation?**

Rating	Count
Unsatisfactory	5
Satisfactory	12
Very Good	3

Question B5 considers 'additional responsibilities' for staff. Duties associated with practice teaching have been considered earlier in Standard 2 and it needs to be recognised that such activities impact upon caseload management. Allowing time for supervision and Continuing Professional Development (CPD) is specifically mentioned in Standard 3 and as well as receiving supervision themselves, practice teachers are also offering both formal and informal supervision to students; practice teaching may also be considered as a legitimate element of CPD.

With regard to aspects of Question B5 in relation to workload and caseload management, mentoring was frequently mentioned and this includes Post Qualifying (PQ) mentoring as well as newly qualified social worker (NQSW) support, Early Practitioner Development (EPD) support and offering 'shadowing' for students and other professionals. Other 'additional duties' included Best Interest Assessor (BIA) work, supporting inter-agency learning, training in specialist areas, advocacy, development work with service user groups, service development, planning and delivery of self-directed support, research, co-working, Approved Mental Health Professional (AMHP) work and importantly, staff undertaking formal training and other CPD. Comments include:

- *'There is strong evidence of a commitment to take on additional responsibilities (students) etc. This is viewed as extras work with little respite. There is little time set aside for research and the general view is that study time (amount) could be improved'*

- *'This can be a stressor, especially as the mental health service has a quota system for Community Psychiatric Nurse (CPN) and Occupational Therapy (OT) student places which we are obliged to receive. Junior doctors placement is less predictable'*

- *'There was limited time to undertake research due to levels of work and high levels of stress'*

- *'Reflective practice is used in group supervision to appreciate achievements. Serious case review work identifies learning practice events. More time for reflection with wider teams would be highly beneficial in practice - case studies used in training are all taken from real life cases to support future practice'*
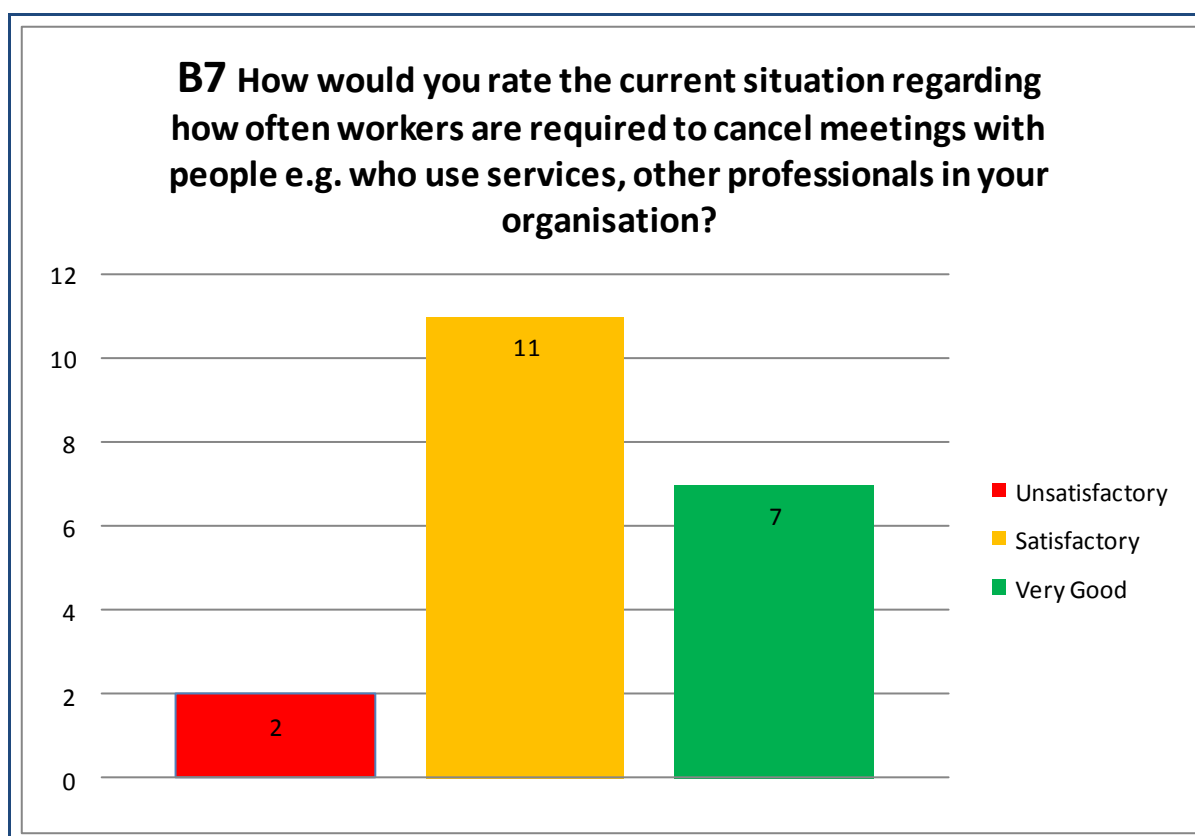
B5 How would you rate the current situation regarding 'additional responsibilities' e.g. student on placement, mentoring other team member, undertaking action research in your organisation?

Bar chart showing ratings:
- Unsatisfactory (red): 2
- Satisfactory (yellow): 11
- Very Good (green): 7

Question B7 asks how often workers are required to cancel meetings with people who use services or other professionals in an average week due to re-prioritisation of work. Not surprisingly there was a range of anecdotal responses here as it is seemingly not an area of data for which collection systems are in place. Some were unable to respond, some relied upon internal anecdotal responses from social workers and others were able to provide estimates.

Several authorities stated that this area was not reported internally to be problematic, although certain types of post may determine the risk of cancellations. Meetings with people who use services generally appeared to be more at risk than meetings with other professionals.

It can be debated whether 'rescheduling' means the same as 'cancellation' and a more specific question may be required. The use of electronic or centralised diaries might facilitate future collection of this data if there is a facility for inputting cancellations. Comments include:

- *'We don't hold any data in respect of this situation. We would always look to prioritise client contact, and if someone needs to respond to an emergency on their own case load, which impacts upon a planned visit, they would look to rearrange for as soon as possible. In the event of cancellation due to staff sickness, we would look to reallocate any urgent/pressing work'*

- *'This will always be a feature of children's social work to some extent given the unpredictability of the work. There have been some issues relating to communication and cancellation of meetings identified through complaints investigations which we are currently addressing'*

- *'This does happen on an average of twice weekly in Mental Health services due to social workers being on Approved Mental Health Professional (AMHP) or back-up duty. However this is managed by workers using their time on the rota for paperwork but if they do arrange visits ensuring that they are not urgent and warn people up-front that they could be cancelled if they are called to an assessment'*

- *'In all instances cancelling meetings would be avoided however where social workers are off sick or need to prioritise another case due to the risk the team manager would look to cover the meeting themselves or request another member of the team attend the meeting'*

- *'30% of staff had to cancel appointments with Service Users. 10% with other professionals'*

- *'Cancellation does not happen often, but rescheduling can be common. Meetings can be cancelled due to another priority such as a safeguarding issue. Cancellation of meetings can fluctuate and where possible other staff may step in to attend a meeting in the absence of the assigned worker. A significant difficulty in attending meetings is late (and at times no) notification that a meeting has been arranged or rearranged'*

- *'This is not a regular occurrence. Workers are rarely required to do this, however, we do not monitor formally so this is anecdotal only. Workers do tend to attend meetings as planned. There may be a situation due to an emergency but this does not happen often'*

- *'In Mental Health this does happen quite regularly owing to the statutory nature of mental health practice. There are also an increasing number of mandatory training sessions which staff are expected to attend that can sometimes affect appointments'*

B7 How would you rate the current situation regarding how often workers are required to cancel meetings with people e.g. who use services, other professionals in your organisation?

Bar chart showing ratings with values: Unsatisfactory (red) = 2, Satisfactory (yellow) = 11, Very Good (green) = 7. Y-axis ranges from 0 to 12.

Legend:
- Unsatisfactory
- Satisfactory
- Very Good

Question A9 asks about staff attendance at Continuing Professional Development (CPD) opportunities as planned in performance appraisal and how often training is cancelled or re-arranged. This was another area about which not all authorities collected information although some were able to provide statistics. The issue of cancellation is dealt with here; further analysis of planned CPD is dealt with later in **Standard 6**; reference is also made in **Standard 7**.
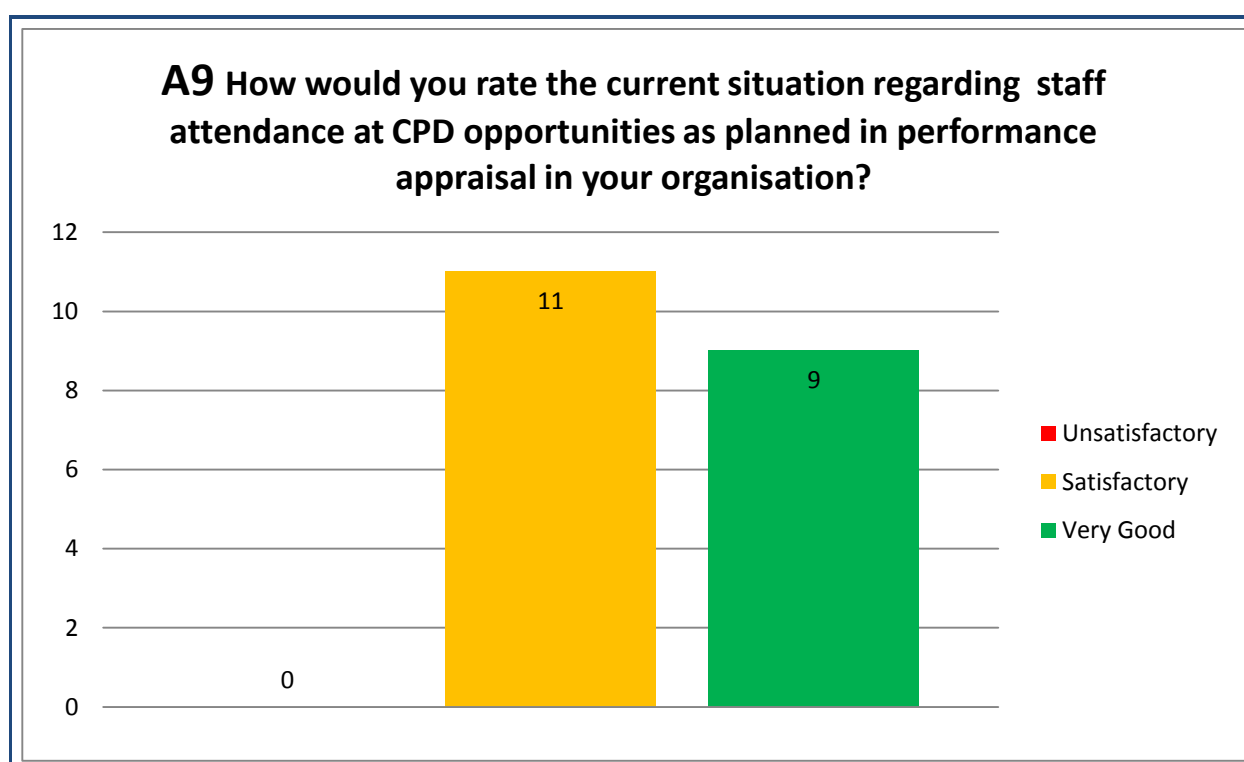
The majority of authorities reported only a few cancelled training events or absenteeism from CPD; a minority reported high levels or cancellation and rescheduling.

One authority reported that in Adult services 70% of staff had to cancel training and in the same authority 80% of staff in Children's services cancelled due to pressures of work. Comments include:

- *'Training could be occasionally re-arranged but rarely cancelled'*

- *'We do not currently collect data to identify the number of occasions when individuals cancel and rearrange courses. However 64% of staff reported never cancelling training, 26% cancelled 1 day and 10% cancelled 2 days in the preceding 6 months'*

- *'Last minute non-attendance does occasionally happen due to workload priorities, last minute court attendance /staff cover etc – but well within acceptable organisational limits; however this is tracked by the staff development manager and brought to the attention of senior managers if an issue'*

- *'The attendance rate (of those expected to attend) is 88%. The cancellation rate for social work staff is currently 18%'*

Those authorities who are experiencing high CPD cancellation rates may be undermining staff development opportunities because of workload priorities, thereby compromising opportunities for post-registration teaching and learning (PRTL) required by the regulator, the General Social Care Council (GSCC) for re-registration purposes.

A9 How would you rate the current situation regarding staff attendance at CPD opportunities as planned in performance appraisal in your organisation?

Unsatisfactory: 0
Satisfactory: 11
Very Good: 9

Summary for Standard 3

The OHC Tool, although not geared towards capturing strategic data, does allow authorities to collect a vast amount of information on caseload and workload to inform a current snapshot rather than future planning.

It is also important to note that some authorities were unable to respond to all questions as data collection systems are currently not sophisticated in certain areas; the likelihood is that these areas have not historically been collected as performance indicators or may not have been considered important.

Figures are not comparable and in future it will be more helpful to collect percentages on more specifically defined areas. It will be important to ask questions not only about current figures, but the processes which enable those figures to be used productively in strategic planning.

2.4 Make sure that social workers can do their jobs safely and have the practical tools and resources they need to practise effectively. Employers should assess risks and take action to minimise and prevent them

Standard 4

A social worker's working environment, resources and access to practical tools and support should be designed to deliver safe and effective professional practice. Employers should meet the safety and welfare needs of social workers. All employers should:

- Make a quiet space available for formal supervision, informal confidential professional discussions between colleagues, and team meetings. There should also be a suitable space for confidential interviews with adequate safety measures to protect practitioners

- Foster a culture of openness and equality in the organisation that empowers social workers to make appropriate professional judgements within a supportive environment

- Enable social workers and managers to raise concerns about inadequate resources, operational difficulties, workload issues or their own skills and capacity for work without fear of recrimination

- Have in place effective systems for reporting and responding to concerns raised by social workers and managers so that risks are assessed and preventative and protective measures are taken

- Ensure that the risks of violence, harassment and bullying are assessed, minimised and prevented. Where such instances do occur, there should be clear procedures in place to address, monitor and review the situation

- Make employee welfare services available for all social workers

- Provide social workers with appropriate practical tools to do their job including effective case recording and other IT systems, access to the internet and mobile communications. They should have safe means of transport for visiting service users and for field work

- Provide social workers with access to fellow professionals including legal advisors, translators and interpreters

- Provide skilled administrative staff to support social workers and help to maximise the time social workers are able to spend working directly with the children, adults and families who use services
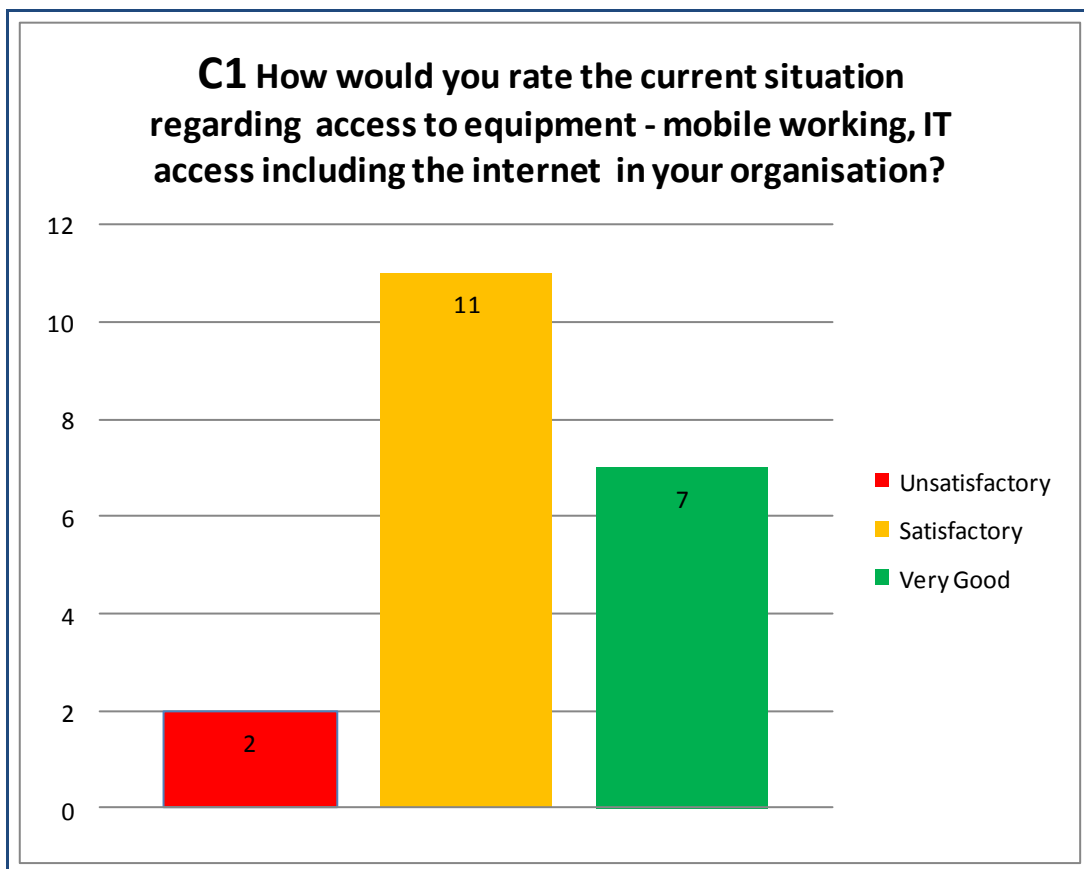
Effective workload management	
Pro-active workload management	B11
Having the right tools to do the job	C1, C2, C3, C4
A healthy workplace	D3, D7, D9
Effective service delivery	
General Questions	

As with earlier standards, not all areas are covered by the questions asked on the template; however, section C 'Having the right tools for the job' is particularly relevant here.

Question C1 asks about access to equipment, mobile working and IT access including the internet; responses show a spectrum ranging from good equipment and mobile access to minimal resources in this area. There were more positive responses than negative, with some authorities needing to develop this area. The slow speed of technology appears to be a common bugbear. Not all staff members are issued with individual mobile phones and this may lead to safety concerns; some have limited access to the internet, often office-based access only. Comments include:

- *'There is a big difference from Adults services to Children's services with the majority of adult teams being content with the IT services although they would like more mobile working and this to be a higher priority. In Children's services the majority of the teams are unsatisfied. They tablet system that has been implemented is too slow and is causing a more difficulties. The social workers would like more opportunities to work from home. The social workers are unhappy about using their cars due to allowances being cut. The speed of the technology is frustratingly slow'*

- *'All staff have a mobile phone and have access to the internet, at their place of work. We are introducing headsets for those staff who undertake duty calls. The council has recently introduced a 'virtual personal network' solution, which allows people to work at home with secure access to the network files. There is some evidence that for team managers, whilst they welcome the flexibility it provides, they do find it harder to disengage from work'*

- *'Staff report that they need a more reliable way to access information from home, however, other staff are reluctant, do not want to work from home and improvements in IT equipment are required'*
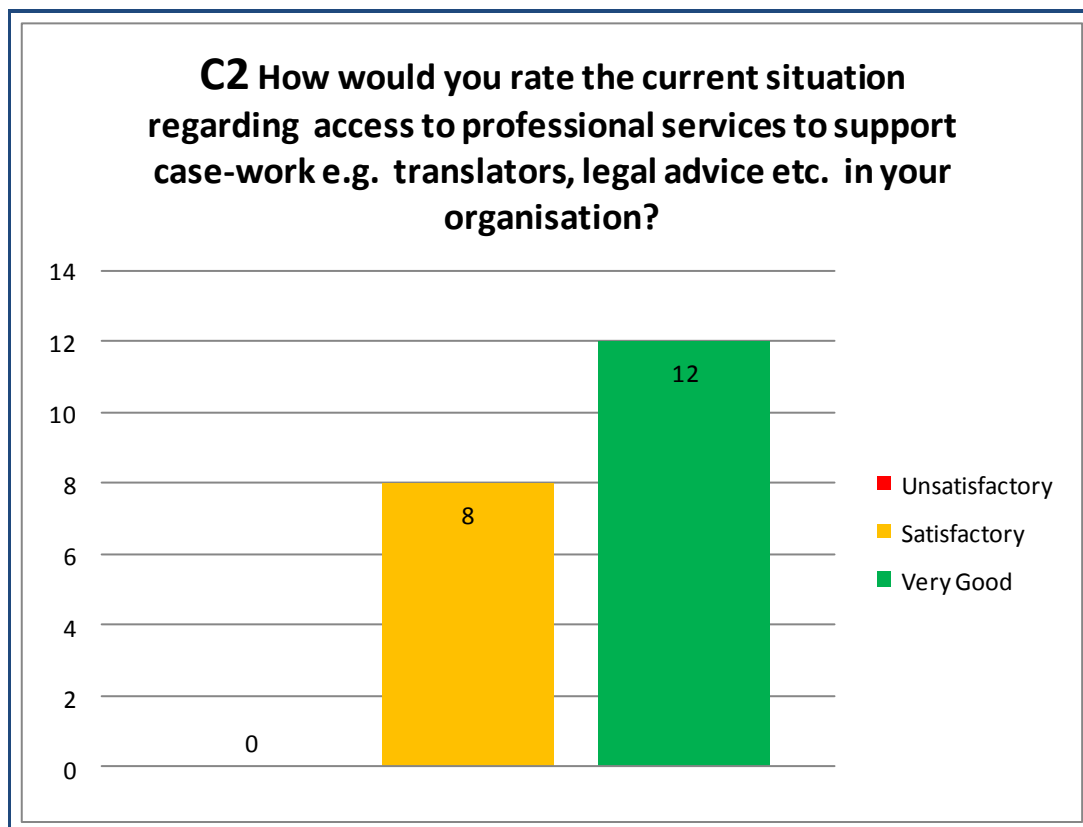
- *'Clear policy and procedures regarding use of encrypted memory sticks only'*

- *'IT equipment is generally accessible; mobile working facilities are not prevalent. Workers only have unlimited internet access between 12:00 – 2:00, access to specific sites can be negotiated at other times but this is perceived as a time consuming process so staff tend not to do so. There are still some shared telephone lines; not all social workers have a mobile phone'*

- *'We will be piloting tablet PCs within the services in November 2010 to increase the option of mobile working. However, ICT is not up to date enough to complete the workload necessary to do the job effectively and workers do not feel they have the right tools for the job. This is recognised as a corporate priority and new IT servers are imminently due which will address computer speed and reliability. The software is widely viewed as complex and time consuming although we strive to make improvements to this and have a dedicated team'*

C1 How would you rate the current situation regarding access to equipment - mobile working, IT access including the internet in your organisation?

Question C2 asks about access to professional services to support case work and gives the examples of translators and legal advice. Because these examples are given, some authorities have only considered those mentioned without considering any other supporting services. The majority of responses were very positive in this area, some describing services as excellent and very good. Comments include:

- *'On the whole people felt this was very good. All the dealing with the authority legal team had been positive. One area for concern was the use of a translation service where the staff had concerns that the interpreter was not translating verbatim'*

- *'Translation services and British Sign Language (BSL) signing available through corporate contracts. Legal services in house team provide legal services; sometimes delay in response as small in house team and volume corporately'*

- *'Social workers are able to access translators but there can sometimes be a lack of availability of people speaking certain languages….The Primary Care Trust (PCT) did not re-commission general advocacy so there is reduced capacity'*

- *'Legal Services are very responsive, offering relevant legal advice and assist appropriately with court work. This includes 24 hour arrangements in line with Climbié recommendations'*

- *'There is good access to professional services such as translators, Mental Capacity Act lead, Autism Specialist Worker, Financial Protection Team, Safeguarding and Practice Development, Legal advice and professional CPD to maintain appropriate levels of knowledge'*

- *'The children's social work service have a service called the Family Resource Team who provide a family support service to the social workers….responsive to social work needs and can adapt to areas of services that are required however their base line package of work includes the delivery of parenting packages (one to one), one to one work with young people, group work, welfare checks, crisis line service to families and young people, family group conferencing service, crisis work to prevent children and young people becoming accommodated and to support the child remaining in the home'*
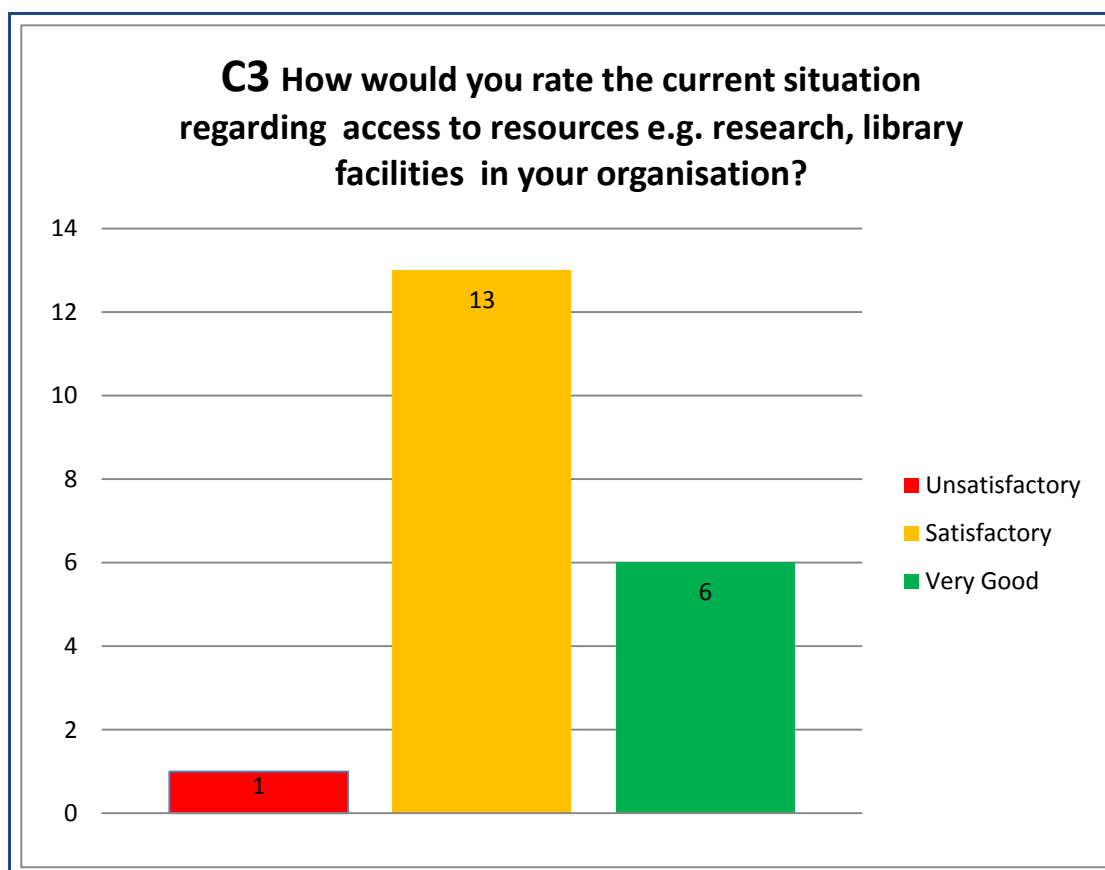
- *'The organisation also benefits from a specific Approved Mental Health Professional (AMHP) development officer who is responsible for all aspects of developing and maintaining the statutory AMHP function'*

C2 How would you rate the current situation regarding access to professional services to support case-work e.g. translators, legal advice etc. in your organisation?

Question C3 asks about access to organisational resources such as research or library facilities. Again, there us a range of responses showing that some authorities are better resourced than others. Library facilities do not appear to be standard and those which exist may be out of date. The internet access appears to be heavily relied upon for up-to-date information. Some authorities have good links to universities and access to Athens accounts should be widely encouraged. Comments include:

- *'In-house library available but some concerns about how up to date the resources are. All staff have access to be able to carry out research on line although some staff feel they would benefit from having access to more online journal and research papers etc.'*
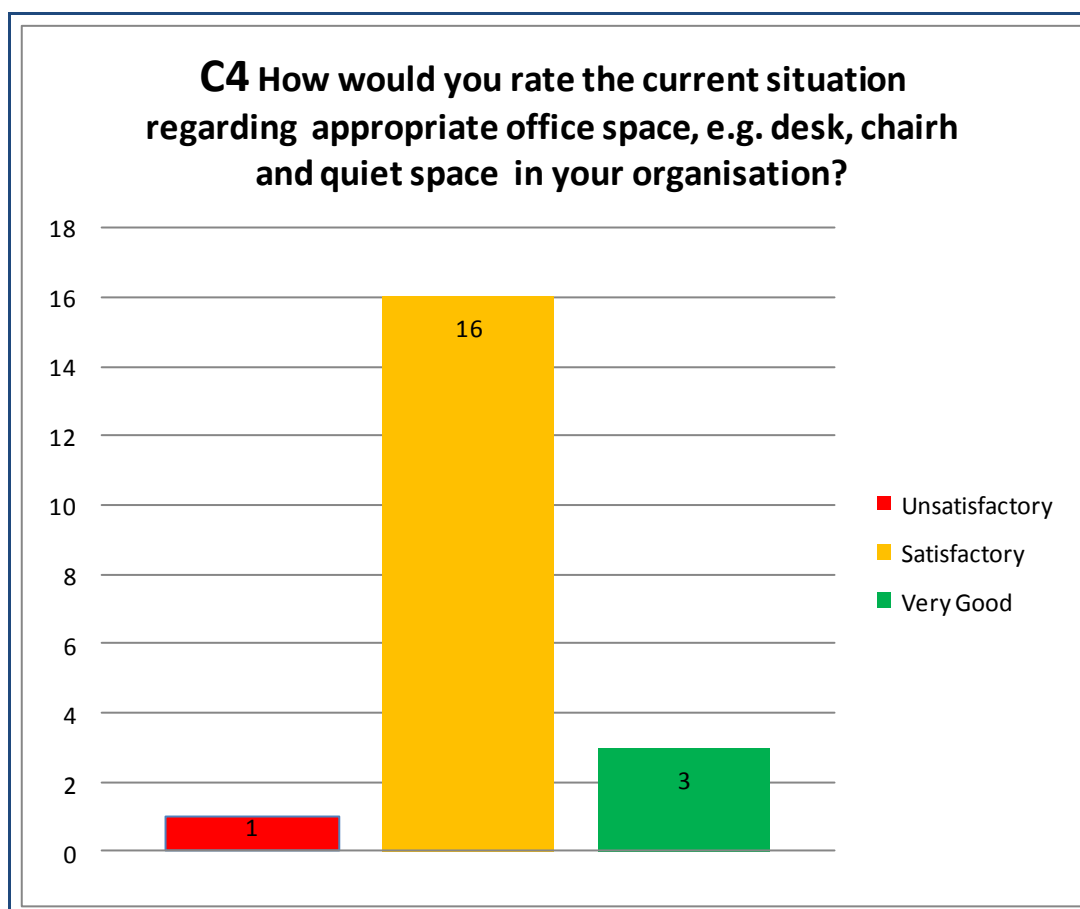
- *'We have full access to the Internet, and staff are encouraged to use this. There is a social care resource agency who hold information in respect of local services. We have a researcher within our Performance team, who works closely with the teams. There is relevant literature available throughout the service. We received regular information via email for circulation. However we recognise that this aspect of the service could be more 'joined up''*

- *'There are limited libraries held in each team which are updated using funds received from the GSCC for taking students on placement. There is a small library available in the training section'*

- *'Practice educators have access to university resources when they have students on placement'*

- *'Access to (university) library is available to all staff registered for Post Qualifying (PQ) training. Generally this area was highly rated, but the possibility of automatic internet access for new staff, and Athens access for online journals were suggested improvements'*

- *'The Staff Development team also keep staff up to date with the latest research and staff use the www.rip.org.uk regularly'*

- *'Excellent access to resources with a very large catalogue of text books to support both study and practice for both care and professional social work staff. Additionally the Service has developed electronic resources such as a MOODLE which is a library of resources held in a virtual learning environment'*

- *'The social workers and team managers have access to Pan London resource site, Community Care magazine, Social Work Now magazine'*

- *'There are strong links with local universities. Social workers have access to the internet and the council's intranet. They also have access to Athens, which is a 'doorway' to websites and research articles to help with research for assignments, dissertations. All social care workers have access to the resources of Social Care Institute for Excellence (SCIE) website, and the Social Care Information and Learning Service (SCILS)'*

C3 How would you rate the current situation regarding access to resources e.g. research, library facilities in your organisation?

Question C4 asks about appropriate office space with a desk, office chair and access to quiet space. Again, this has elicited a range of responses with a few surprising answers indicating that not all authorities provide fairly basic resources. There will inevitably be a continuum between office accommodation and increased mobile working. Quiet space for private meetings and supervision appears to be at a premium and the problems of open-plan offices are mentioned several times. Hot-desking occurs in some authorities and general maintenance was mentioned more than once. Resources to support students can be poor and may exclude placements. Comments include:

- '*This varies from several unsatisfactory to very good and wholly dependent on where teams are based. The general standard of repair of the facilities causes concern for staff*'

- '*In most teams, all staff currently have their own desk, although the council is moving towards a flexible/hot-desking model of operation – once the mobile technology is in place to support this*'

- *'There are some problems with access to individual rooms for supervision etc, for some managers, who have to share. With the increase in flexible working options staff increasingly have the opportunity to work at home if this provides a suitable quiet space'*

- *'There are a number of concerns regarding lack of quiet space and open plan offices causing problems; students have to hot desk'*

- *'Teams noted that at times there was insufficient space for students in their teams and limited access to quiet space'*

- *'There is no written policy or practice regarding office space for social work staff. Display Screen Equipment (DSE) assessments should be carried out by managers to ensure the workstation is appropriate to the individual'*

- *Following DSE assessments, Occupational Health or other medical advice special chairs, desks (e.g. raised desks for taller people) and computer aids (e.g. voice activated software) have been provided to social work staff. Most social work staff have a dedicated telephone land line or access to a landline at their workstation – due to capacity problems on the system some may have to share the same extension number but they have their own handsets. All social workers have been issued with mobile phones for their safety and wellbeing'*

- *'Lack of an extra desk in one office has stopped our ability to offer a student placement and therefore lost the experience of that practice educator'*

- *'There are pressures on quiet space, meeting rooms, supervised contact rooms and parking'*

- *'(The buildings) teams are based in are inappropriate and need updating regarding maintenance and accessibility for the service user'*

- *'Some people noted they have to 'hot' desk/desk share. This can be difficult to store personal items and case information when working'*

- *'Current office space is not always conducive to reflective practice and report writing'*
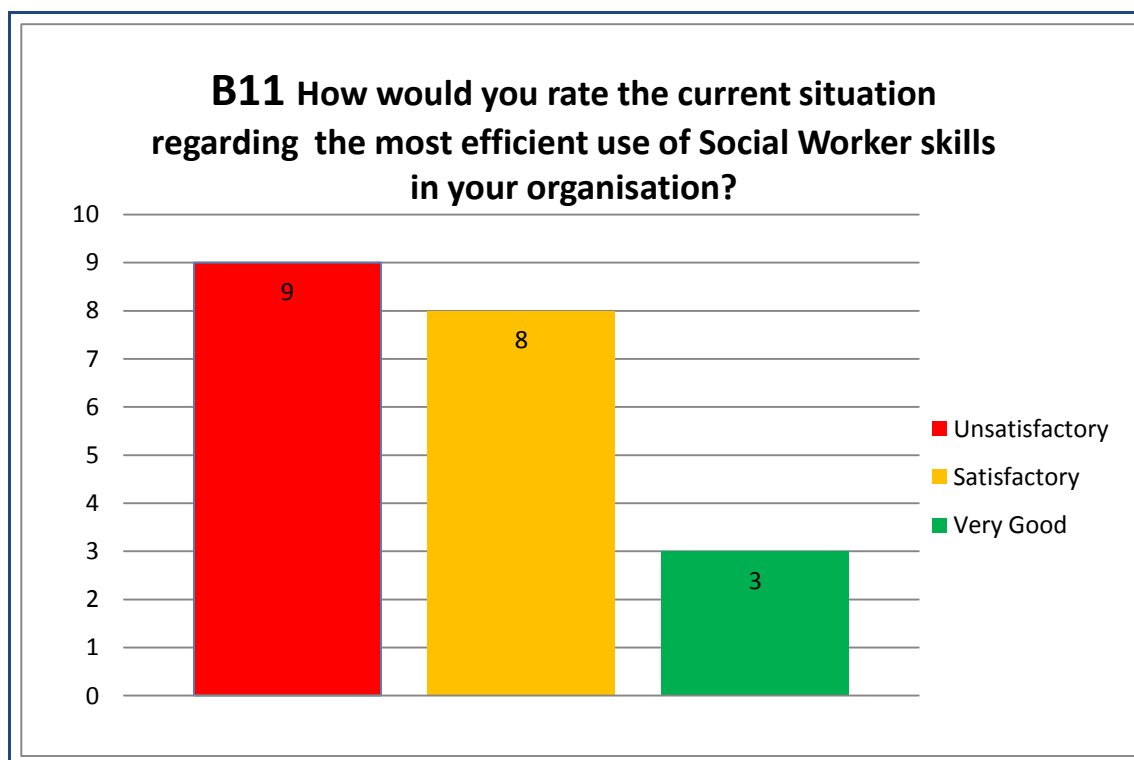
C4 How would you rate the current situation regarding appropriate office space, e.g. desk, chairh and quiet space in your organisation?

Legend:
- Unsatisfactory
- Satisfactory
- Very Good

Values shown: Unsatisfactory = 1, Satisfactory = 16, Very Good = 3

Question B11 asks about the efficient use of skills within the team and wider service. The question refers to the tasks for which social work skills are primarily required and asks whether they could be done more effectively by someone with different skills such as an administrator, para-professional, another professional group either within the service or via a commissioned arrangement. This elicited responses from virtually every authority about the high levels of administrative tasks undertaken by social workers and associated time-consuming problems with IT systems; the ICS system was mentioned several times.

Concerns were expressed that administrative tasks detracted from face to face work with people who use services. The current levels of administrative tasks raise concerns about cost-effective services. Social workers are highly trained and qualified in their own profession but may be undertaking a large proportion of tasks, such as typing and data inputting for which they are not trained and potentially inefficient.

Making better use of their professional skills might be a more cost-effective and efficient use of time. Comments include:

- *'Some of the teams felt their skills were not used appropriately and some tasks could be complete by other staff, such as filing, CRB checks'*

- *'There have been several concerns raised over the IT systems being used both in adults and children's services. Too much time is being taken doing administration duties and not enough time is being spent doing face to face work'*

- *'We still struggle to develop a system which enables fieldworkers to concentrate on their core skills of working with people to achieve their personal outcomes, and we are in a position where our staff feel that their time and effort is concentrated on the (IT) system rather than the person (approx 70:30 split)'*

- *There have been additional challenges in terms of the efficiency programme driven by central government, which is impacting upon the Council's current approach to ensuring high quality customer delivery supported by business functions, which are currently under review. However it evident that this will result in the transfer of some tasks currently undertaken by Business Support, to fieldworkers'*

- *'Accompanying/Joint Visits, duplication of processes and issues about personalisation duplication'*

- *'Some administrative tasks such as minute-taking pared down as part of efficiency review ….means that admin now can't undertake a number of routine updating task's*

- *'Since the introduction of the Integrated Children's System (ICS) it is of significant concern that social workers have had to spend a disproportionate amount of time at the computer at the expense of time spent visiting children and families'*

- *'Photocopying, filing and faxing could be carried out by administrator. All those interviewed felt it was important to retain qualified social workers rather than move to the position where unqualified staff are employed in the role of brokers as we move towards personalisation'*
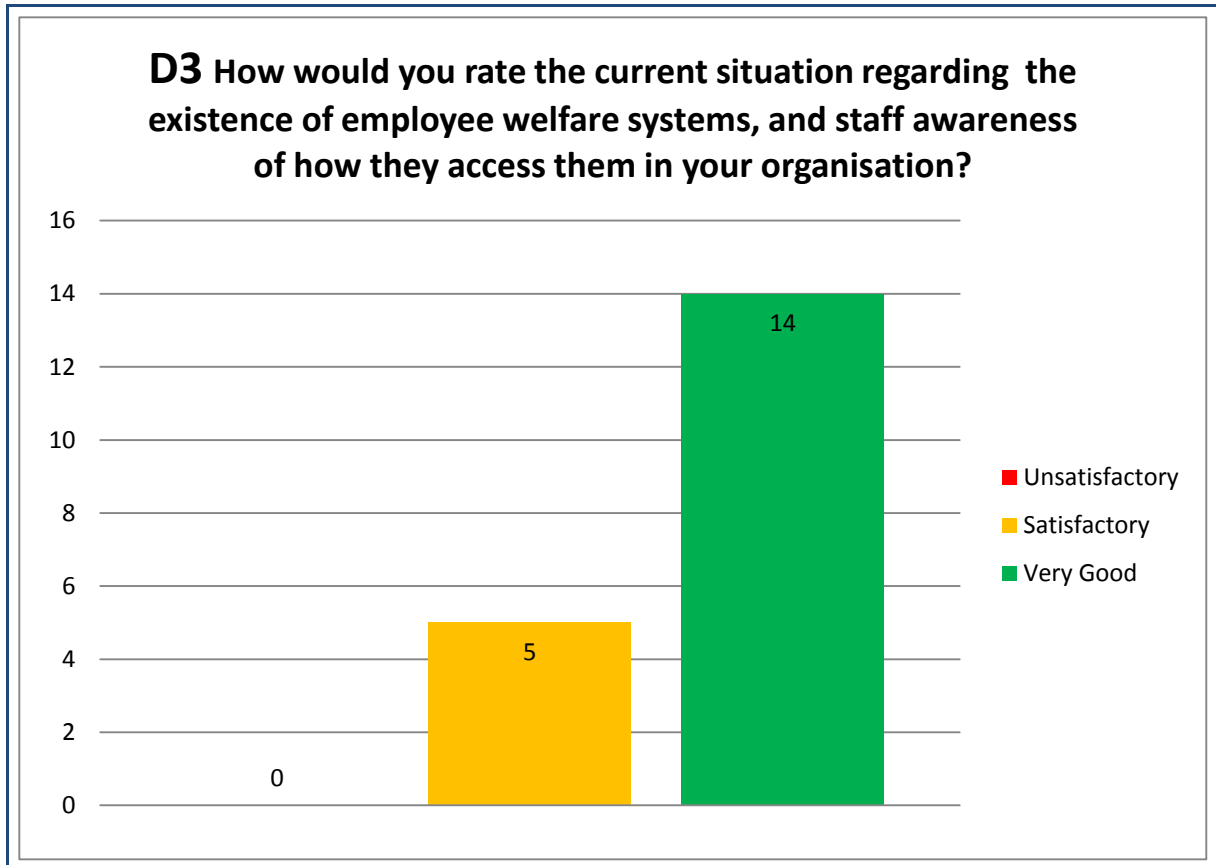
- *'Concerns were mainly raised about the amount of administrative work required, duplication in recording systems, and some issues re financial processing and service sourcing roles'*

- *'Contact arrangements for children and young people impact on Social Workers time even though Contact Officers are in place. This is currently being explored further to ensure that social workers only undertake contact when necessary'*

- *'We have a very skilled professional workforce who is highly paid. They spend too much time data inputting. A lower paid worker could be trained to do this as some of the workforce has difficulty with IT systems despite training'*

- *'For all teams there is clear differentiation between roles which allows for efficient use of skills. All team members have clear pathways for professional staff no matter what their professional training'*

- *'We are currently reviewing the role and function of our support staff to identify what tasks could be undertaken by non-qualified Social Work staff, for example, data input, transport duties, supervised contacts, to ensure the Social Work resource is directed towards working with the most vulnerable children and their families'*

- *'Core social work skills can be compromised by the administrative aspects of the job in terms of the time taken up by this. The amount of data collection required also impacts on social work time working directly with service users or undertaking assessment, interventions and care planning. Social work assessments can have a 'low' status within the court arena where often social workers are not viewed as a sufficient 'expert'. This situation is common across the social work profession'*

- *'High number of questionnaires stated that there was far too much time spent inputting data to ICS which prevented them from spending more time with face to face contact with service users/carers. It was also felt that there was limited admin support available and so social workers were undertaking admin tasks such as filing, organising contact/meetings. One questionnaire stated that 80% their working week was spent at a computer'*

B11 How would you rate the current situation regarding the most efficient use of Social Worker skills in your organisation?

Question D3 asks about the existence of employee welfare systems and staff awareness of how they are accessed. Not surprisingly, a number of bland responses confirmed that local authorities have the usual range of staff support services, often legally required, including Occupational Health Services, screening, well-being services and access to confidential counselling. Perhaps what is missing from the question is the issue of specific support to social workers to enable them to fulfil their professional roles and analysis of the efficacy of services (although it is recognised that there are confidentiality constraints.) It was generally reported that staff are aware of the availability of support systems and some authorities were able to draw on staff survey responses. Comments include:

- *'The council's Occupational Health team provides a free and confidential counselling service, although some members of staff do not always see the value in accessing these services. In addition there are training courses and e-learning modules available on stress awareness and stress management'*

- *'Employees have access to trade union representatives and union learning representatives who are able to offer their own specific welfare systems for those seeking an alternative to council provided services'*
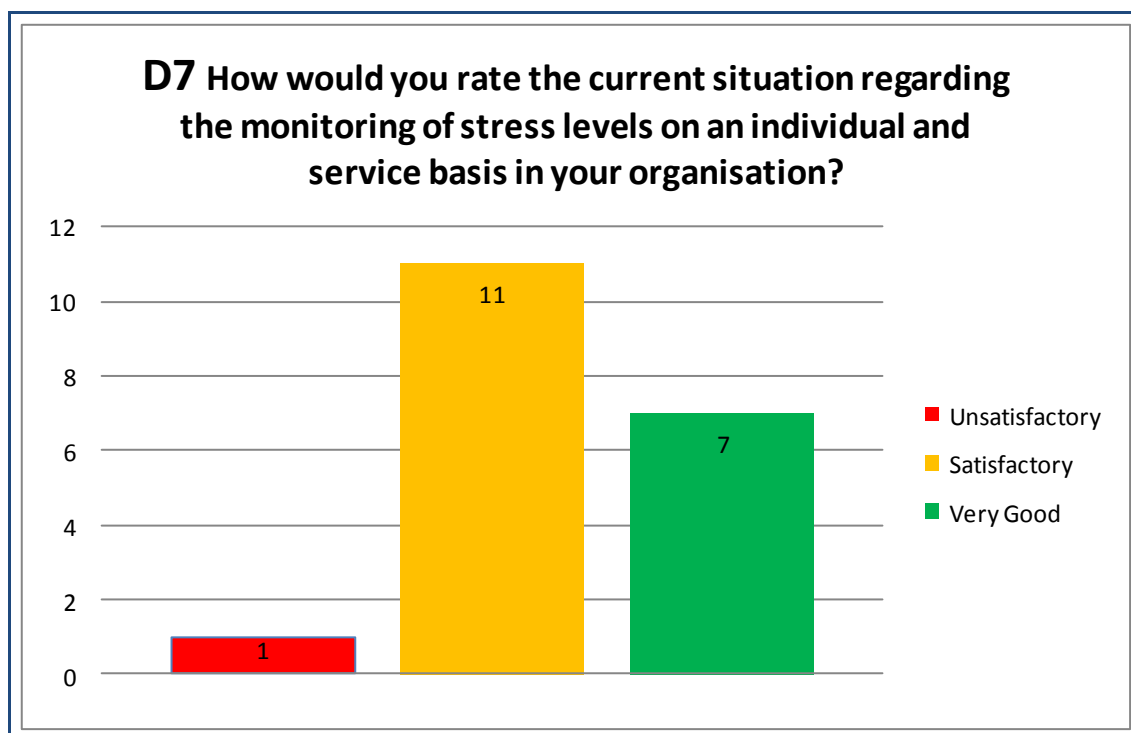
- '*(The authority's) wellbeing team run health promotional events on a range of subjects including men's health, female health, lunchtime fitness classes, lunchtime health walks, salsa classes, blood pressure checks/monitoring in the workplace, weight management advice and cardiovascular assessments for the over 40's. The wellbeing team also offer advice on alcohol reduction, smoking cessation, stress and mental wellbeing. The team additionally can visit employees within the workplace to undertake assessments where an employee is experiencing a health problem that may be affecting their ability to attend work, and/or allow them to undertake their full role. The following additional services are also available: physiotherapy, counselling, mediation and conciliation, including team building or conflict management in order for employees to return to normal working relationships'*

- '*(We) are very fortunate to have a dedicated full time Staff Care Officer which any staff member can access to receive professional support. The availability of this service is well publicised and staff are fully aware of how to access. Staff can receive face to face counselling to discuss issues such as stress, relationship problems etc and can also receive support via the telephone. A high percentage of staff using this service are part of Safeguarding and Specialist Services. An external contract with a clinical psychologist primarily used by residential staff is also available'*

- '*Bullying & Harassment Support Line to talk through the issues and discuss available options'*

- '*Staff awards recognise the unique contribution of employees. Vision Screening and a number of other staff care initiatives are in place'*

D3 **How would you rate the current situation regarding the existence of employee welfare systems, and staff awareness of how they access them in your organisation?**

Question D7 asks about the monitoring of stress levels on an individual and service basis. This question appears to relate more specifically to social workers and recognises the potential stressful nature of the job. There were potential tensions here. Supervision appeared to be one of the most relied upon vehicles whereby staff may volunteer information or managers may ask about stress. It is noted, however, that in several cases, managers were reported to be less likely to pick up on staff stress that co-workers and peers. It is possible that self-reporting is insufficient and managers may lack insight; most systems appear to be rather ad hoc and the onus should not rest with individual workers, especially where supervision is spasmodic. A case of employee stress which has become renowned is Walker v Northumberland County Council [1995] 1 All ER 737 and one of the deciding factors is whether stress is foreseeable. The Management of Health and Safety at Work Regulations 1992, came into force on 01 January 1993; all employers must assess risks to health and safety and implement avoidance and control measures. Stress is a hazard that might be included in risk assessments. It is probable that more robust arrangements may be required. Comments included:

- *'Staff can raise the issue of their own well-being in supervision. In some areas staff have described managers as being supportive and in other areas staff have concern about mentioning stress'*

- *'In terms of the significant change process that we are currently implementing, we acknowledge that there has been a noticeable increase in staff stress levels....the directorate provides regular breakdowns of attendance figures and reports on this by absence type so that each area of the business is able to identify any themes and trends…. All employee absence is monitored and the Human Resource (HR) team hold individual case reviews for all long term absence so that individual support can be provided as required'*

- *'Stress levels for all staff are addressed as part of regular supervision by the line manager and there are services available….that can be accessed if this is deemed to be a significant issue'*

- *'It was felt that individuals would approach line managers regarding personal or work problems. Raised stress levels are generally identified but not always addressed successfully'*

- *'On an individual level where stress levels are of concern, protected caseloads, time and factors contributing to stress are proactively discussed'*

- *'Staff commented 'I don't feel they are, it seems the more resilient you are the more you are expected to take on so you get more stressed'. Participants generally do not feel that stress is monitored appropriately. It would appear that there is a divergence of view between staff and managers'*

- *'When supervision doesn't happen regularly, it can feel that things are not monitored as well'*

- *'It is currently monitored mainly through staff surveys and supervision. We do not formally monitor stress levels although supervision should address the emotional impact on workers and any issues affecting them, A stress risk assessment is being piloted corporately and this will be reviewed for effectiveness in the future'*

- *'Stress levels may be more noticeable between staff than by management. It was felt that social workers may respond better by intervention of other social work colleagues being able to admit stress. Workers feel that we need an acknowledgment of work related stress and the implementation of systems to alleviate pressure'*
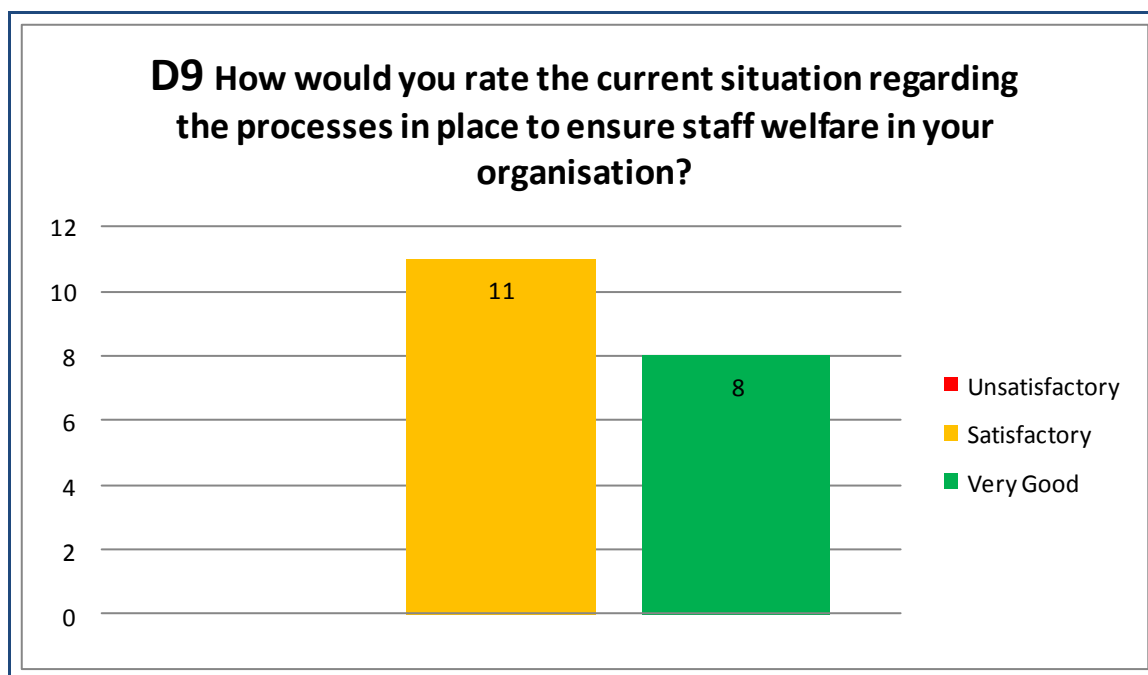
D7 How would you rate the current situation regarding the monitoring of stress levels on an individual and service basis in your organisation?

Bar chart data:
- Unsatisfactory (red): 1
- Satisfactory (yellow): 11
- Very Good (green): 7

Question D9 asks about the processes in place to ensure staff welfare and safety; this can include risk assessments of roles/activities and call back/monitoring processes to ensure safety whilst working away from the office base including out of hours. Most authorities make reference to lone working policies, mobile phones, end-of-day reporting, whiteboards, buddy systems, joint working and health and safety requirements.

Others appear to rely upon individual or team approaches, suggesting a lack of corporate ownership for issues. Comments include:

- *'Staff have developed ways within the individual teams to address areas of concern but an authority wide approach has not been taken. Some of the teams feel they would benefit form more staff to enable more co-working/ joint visits for complex cases'*

- *'Staff have had the opportunity to attend lone working course which supports employees to identify and plan for risks associated with their role. In addition we have provided programmes in managing challenging and difficult behaviour. There are some council projects which have been undertaken in respect of the use of technology in lone working situations, but these have not yet been mainstreamed. However, all staff are provided with a mobile phone'*

- *'Where there is an identified risk from a specific service user, risk assessments are routinely conducted by managers and measures put in place to mitigate the identified risks. Where serious risks are identified, (the authority) operates an employee protection register, where risks are recorded and notified to any staff coming into contact with the individual concerned'*

- *'Approved Mental Health Professionals (AMHPs) have a system in place with the Emergency Duty Team (EDT) to ensure that staff are logged as safe at the end of each assessment. However it was stressed that these systems are only as good as the people who use them and reminders were given regularly in team meetings to ensure that people did not become complacent'*

- *'Fixed panic alarms in interview rooms (tested and maintained) locally and external contract, mobile panic alarms (worn by Social Worker), Response teams, CCTV in some establishments, restricted access (key coded doors) to office areas, ….vehicle information kept with admin, personal panic alarms….buddy systems, coded words, Suzy Lamplugh Information Pack, ….accident reporting system'*

- *'Two questionnaires stated that there was no clear procedure to ensure staff are safe while working away from the office and that despite writing details of their expected return on the whiteboard no follow up call is received'*

- *'All outbased destinations are recorded with other team members and expected return times logged'*

D9 How would you rate the current situation regarding the processes in place to ensure staff welfare in your organisation?

Summary for Standard 4

The template, as already stated, was not geared towards capturing the data required to comment on the proposed Standards for Employers. However, vast amount of useful information collected in this area demonstrates a variation across the region in terms of resources. Some of the questions in this section elicit responses about standard corporate facilities such as Occupation Health and welfare systems, health and safety mechanisms and services provided by councils, including legal teams and interpreters. Assessing these areas to evaluate how useful they are in supporting social work may be more helpful. Regarding staff safety, some authorities were not providing resources such as individual mobile phones which in today's technological age appears anachronistic. The question about stress monitoring seemed to be the area which provoked the highest amount of disagreement and discrepancy in perception between social workers and their managers and highlights the need for further research in this area.

The question about tasks which can be undertaken by others contained a high number of responses about the levels of administrative work and computer work undertaken by social workers, detracting from face to face work with people who use services. The Integrated Children's System (ICS) comes under a lot of criticism and problems in this area are well-researched. Munro (2011) states in her interim report:

'ICS exemplifies an innovation that has had a major, unforeseen impact on the way that frontline work is performed... The way that organisations have, until recently, dealt with emerging problems with the system has been a good illustration of a failure to learn. There was a tendency to blame any emerging problems on the social workers using ICS, instead of accepting that the quality of performance arose from an interaction.....

'Helping social workers have sufficient time for good quality work is not just a matter of dealing with sizes of caseloads but also of looking at the tasks they do and considering whether they can be streamlined at all through reducing duplication or delegation. Some local authorities are reviewing the ICS recording system and redesigning it to minimise duplication of data entry..... Examples have been given to the review of local authorities delegating some of the social work tasks, for instance, by giving administrators a bigger role in keeping records and having staff to work with the children, allowing the social worker to focus on the adults.'

The OHC returns identify this as an ongoing issue in Children's Services. Local authorities will need to consider how to remedy this situation in order to maximise social work expertise, especially in the light of spending reviews and reduced workforces.

2.5 Ensure that social workers have regular and appropriate social work supervision. The Standards for Employers are supported by a Supervision Framework which sets out the four key elements of effective social work supervision. The framework also provides guidance for undertaking supervision of social workers in different settings

Standard 5

Reflective practice is key to effective social work and high quality, regular supervision should be an integral part of social work practice. All organisations employing social workers should make a positive, unambiguous commitment to a strong culture of supervision, reflective practice and adaptive learning. Supervision should be based on a rigorous understanding of the key elements of effective social work supervision, as well as the research and evidence which underpins good social work practice. Supervision should challenge practitioners to reflect critically on their cases and should foster an inquisitive approach to social work. All employers should:

- Ensure that social work supervision is not treated as an isolated activity by incorporating it into the organisation's social work accountability framework

- Promote continuous learning and knowledge sharing through which social workers are encouraged to draw out learning points by reflecting on their own cases in light of the experiences of peers

- Provide regular supervision training for social work supervisors

- Assign explicit responsibility for the oversight of appropriate supervision and for issues that arise during supervision

- Provide additional professional supervision by a registered social worker for practitioners whose line manager is not a social worker

- Ensure that supervision takes place regularly and consistently

- Make sure that supervision takes place at least weekly for the first six weeks of employment of a newly qualified social worker, at least fortnightly for the duration of the first six months, and a minimum of monthly supervision thereafter

- Ensure that supervision sessions last at least an hour and a half of uninterrupted time

- Monitor actual frequency and quality of supervision against clear statements about what is expected

The key elements of effective supervision encompass:

1. Quality of decision making and interventions
This aspect of supervision provides the opportunity to focus on the challenges faced by social workers in carrying out their work. It includes reflection on what work has been done, plans for future interventions and actions, and discussions on improvements in practice. There should be a focus on protecting the public and delivering effective services, with time spent reflecting on the relationships that have been formed with children, adults and families, and the mental and physical health of the social worker. Barriers to effective working on particular cases, including levels of stress experienced by the social worker, should be identified and addressed. The supervisor should be an experienced and registered social worker, usually with expertise in the same area of practice, and should encourage shared professional decision making.

2. Line management and organisational accountability
This element of supervision provides mutual organisational accountability between the employer and the employee on behalf of the public. It is a tool for monitoring the quantity and the quality of the work being done. It involves the evaluation of the job and the organisational effectiveness of the employee, and includes appraisal. This aspect of supervision is essential for all staff in the organisation, and is carried out by the line manager.

3. Caseload and workload management
Supervision should include an analysis of caseload and workload management, and address any issues relating to the extent to the time available to work directly with children, adults and families as well as meeting other demands. There should be a focus on protecting the public, delivering effective services and identifying barriers to effective practice. This may be included in the line manager's role.

4. Identification of further personal learning, career and development opportunities
Supervision in this context is about monitoring and promoting continuing professional development, including maintaining social work registration. This could include career development advice and time to explore professional development opportunities such as further qualifications. This can be included in the line manager's or professional supervisor's role.
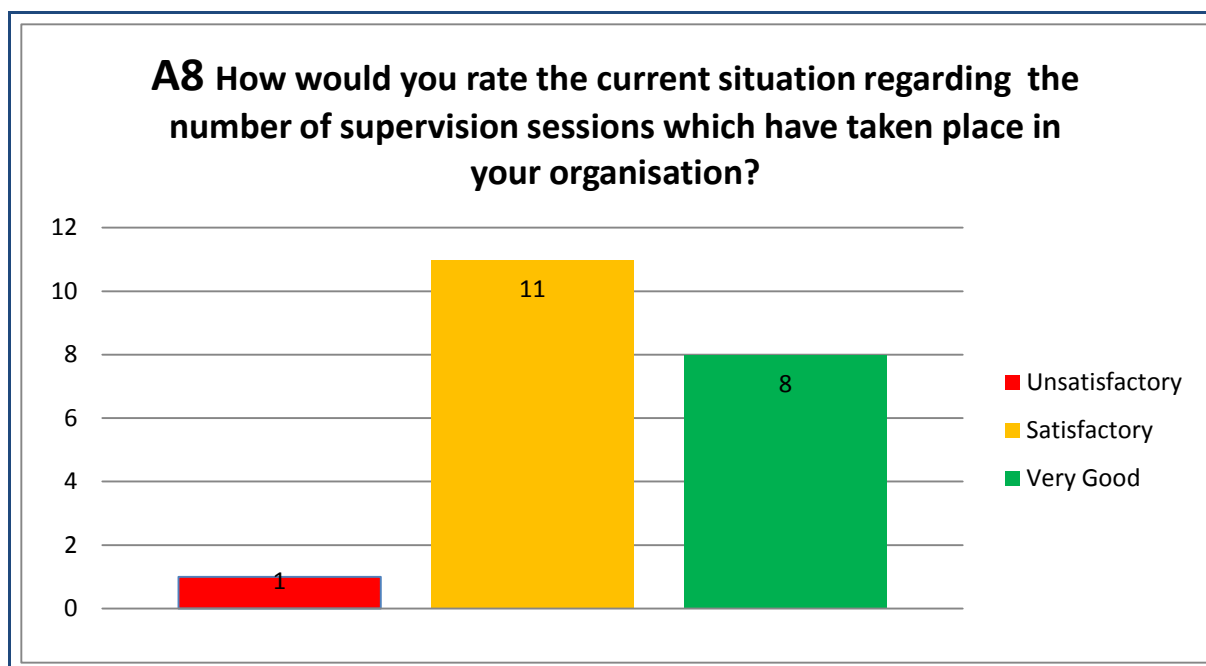
Regional OHC tool questions relating to Standard 5

Effective workload management	A8
Pro-active workload management	
Having the right tools to do the job	
A healthy workplace	D1, D2
Effective service delivery	
General Questions	

Question A8 asks about the number of supervision sessions which have taken place and whether this is in line with organisational policy. Policies vary as well as frequency of supervision and whether the target is met. Several mention that newly qualified social workers (NQSWs) receive an increased frequency of supervision. A number of authorities require monthly supervision but a smaller number actually achieve this standard; some have a standard of once every 6 weeks. One authority has a policy of one session every 3 months and failed to meet this standard but rated themselves as 'Very Good' on the RAG rating system. However, other authorities failing to meet the standard of 12 per annum rated themselves as Satisfactory. One authority mentioned corporate policy which does not take into account the professional needs of social workers. There was some mention of appraisal systems. In future, policy will need to meet with the Social Work Reform Board proposals. Comments include:

- *'For the most part supervision takes place monthly. Almost 90% of those responding graded their supervision as very good'*

- *'Our standards are for monthly 'full / individual' one to one supervision with each member of staff, and managers uphold this. Managers see supervision as a priority in terms of their workload. For new members of staff supervision is likely to be more regular (fortnightly), as it would be with staff that are being monitored under Performance Management …We also hold regular group supervision sessions to explore practice issues, normally on a weekly basis'*

- *'Generally meets the organisational policy of 4-weekly…but can slip on occasion due to supervisee or supervisor holiday or sickness. Mental Health does not always quite meet the required frequency'*
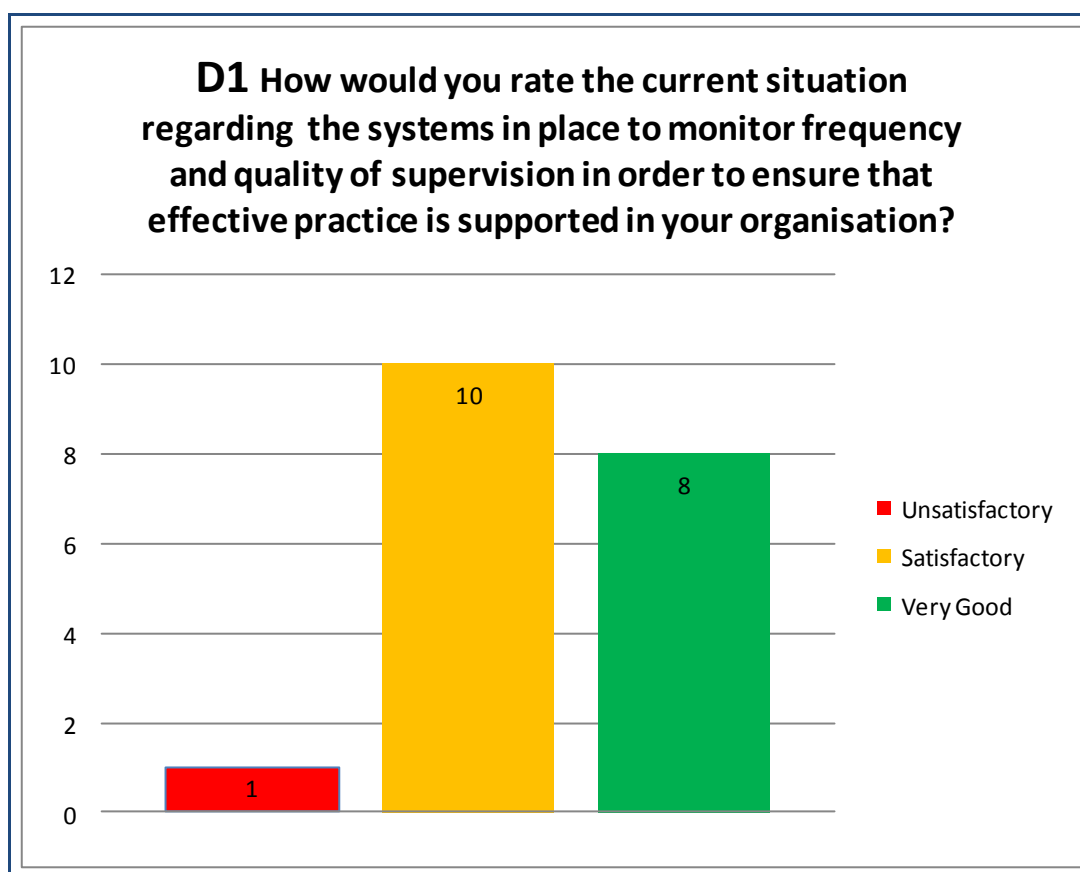
- *'Staff rated this area as satisfactory to very good, however there is concern about staff not receiving supervision as frequently as currently required, in combination with no consistent process to measure quality, or monitor frequency of supervision means that we need to consider action in this area'*

- *'Most staff indicated that supervision does take place but the majority talked about the need to increase quality of supervision'*

- *'Over the previous 12 months 95.22% employees had supervision sessions indicating that 4.78% of staff had not received a supervision in the past 6 months. In the same period 5906 supervision sessions took place which, averaged across the 836 who did receive supervision, equates to 7 sessions per employee'*

- *'Due to numbers of staff to be supervised the situation is unsatisfactory generally'*

- *'Three questionnaires stated that there had only received supervision six times in the last 12 months'*

- *'Policy is that 4 Supervision sessions per annum are required. 1413 sessions were held equating to an average of 3.6 sessions per employee'*

- *'Supervision sessions are well within the organisations guidelines set by the Corporate Appraisal Scheme. The schemes expectations are six supervision sessions per annum as a minimum. Children's Services standards are much higher than this and aim to deliver supervision on a monthly basis plus an annual appraisal'*

- *'Regular planned supervisions take place every 2 – 4 weeks and ad hoc sessions take place as needed'*

- *'The number and quality standard of supervisions is recommended in the policy but this is not monitored in any formal process. Supervisions are planned on a 4 – 6 week basis for all staff in assessment teams, including social workers, with a minimum of 10 per year. Workers stated improvements in the quality and consistency of supervision requires attention'*

A8 How would you rate the current situation regarding the number of supervision sessions which have taken place in your organisation?

Chart showing ratings with values: Unsatisfactory = 1, Satisfactory = 11, Very Good = 8.

Question D1 asks about systems in place to monitor the frequency and quality of supervision in order to ensure effective practice is supported. This is generally less well audited than frequency and the majority of authorities report that they have no formal quality audit tools in place. A number identify this as an area of development and are actively working on quality assurance arrangements. Comments include:

- *'There is a system of regular file audits undertaken by all children's social care managers, including head of service and corporate director which focuses on supervision as one aspect of the audit'*

- *'Monitored through team manager supervision. There is no audit process for supervision frequency or recording, and no process for measuring quality, however staff generally reported positive experiences of supervision. It was noted by a number of teams that they are unaware of a process / system to monitor this, which may account for the even split of ratings between those who rated their experience and those who rated the lack of a system'*

- *'The process is ad hoc at present, however we will soon be introducing a more rigorous systematic process for monitoring supervision frequency and quality'*
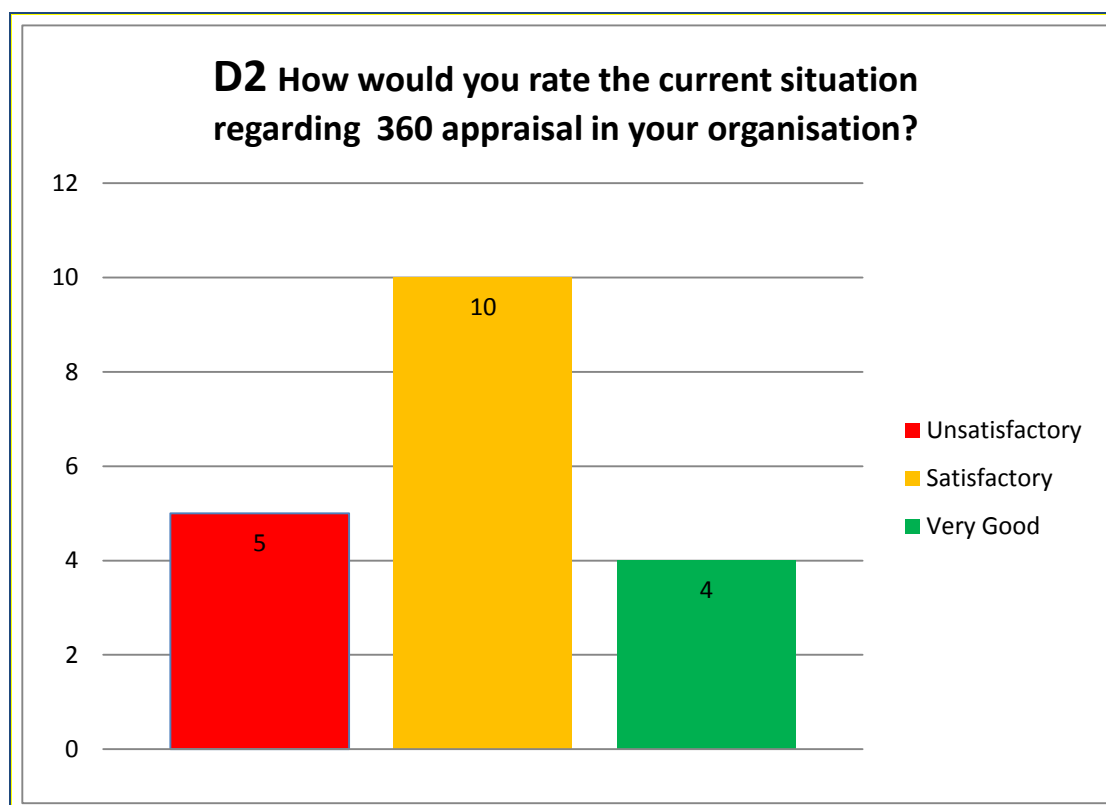
- *'All newly qualified social workers (NQSWs) also receive monthly reflective supervision sessions paid from Children's Workforce Development Council (CWDC) support funding provided and not provided by their line manager'*

- *'Quality assurance arrangements by both Service Manager and Assistant Head of Service focus on frequency and quality of personal supervision to staff on a regular basis. This is reported to the Group Management Team'*

- *'Sampling of children's records by senior managers and Assistant Head of Service also offers critical challenge in this area. Staff report they are not aware of a system being in place to monitor the quality of supervision. Reference was made to supervision training currently in place for supervisors and supervisees'*

- *At (a) quarterly performance day this is also scrutinised at team level and teams colour coded according to the 'traffic light' indicators. Information on appraisal and review activity is also highlighted at (the) performance day on a quarterly basis on numbers of staff in receipt of appraisal and review sessions, average number of sessions per worker and number of staff who have undergone no sessions – information is provided by Service Area. A full report highlighting any trends and hot spot areas ….is presented …on a quarterly basis'*

- *'Service managers complete random spot checks upon supervision files - all supervision files are pulled at once and checked for frequency of supervision / quality of supervision and if the supervision file has all the most recent documentation. Within each team manager and assistant team manager supervision a supervision audit sheet is completed which also focuses upon frequency of supervision / quality of supervision and if the supervision file is up to date'*

- *'As we have no formal mechanism for monitoring at present we are rating ourselves as red at this point. This is an area we are addressing with urgency through our quality framework development work'*

D1 How would you rate the current situation regarding the systems in place to monitor frequency and quality of supervision in order to ensure that effective practice is supported in your organisation?

Question D2 asks the about 360 appraisal and this is an area which appears to be very under-developed for social workers apart from in a couple of authorities. It is more likely to be perceived as a process for managers. Some responses refer to appraisal but with no reference to 360 degree systems. Several comment that this is an area for further development and have action plans in place. Professional Development Reviews (PDRs) are mentioned. Comments include:

- *'These are offered routinely as part of the leadership programme and are facilitated by the HR & OD function. The service is available on an ongoing basis on request but is not a standard element of the appraisal system'*

- *'Social workers don't have 360 appraisals'*

- *'(The authority) has recently completed a programme of 360 appraisals for all first, second and third tier managers'*

- *'There were mixed views from teams about the benefits of 360 appraisal for social workers, particularly with concern to the time commitment to doing this, however there was a positive response to the potential to ensure that service users views are sought in relation to staff appraisal'*

- *'There is a general willingness to this type of appraisal, however we have not formalised this process as yet at all levels within the organisation'*

- *'(The authority has) an optional element of 360 degree appraisal which comprises questionnaires to managers, clients, work colleagues/ subordinates. This comprises sending out 10 questionnaires which are distributed across managers, clients, etc. and summarised and discussed at the appraisal meeting'*

- *Members of the Family Placement panel have 360 appraisals. 360 appraisals do occur as part of external training course but are not internal'*

D2 How would you rate the current situation regarding 360 appraisal in your organisation?

Unsatisfactory: 5
Satisfactory: 10
Very Good: 4

Summary for Standard 5

For such a substantial and important topic, the Social Work Task Force suggested template contained only a few questions. One of the most interesting features here was in the differences in policy around frequency of supervision and managerial perceptions about what was acceptable. The Social Work Reform Board proposals, which are very specific in this area, should remedy any policy differences in frequency in the future.

An area highlighted as being one where there is little information and a lack of systemic audit is that of the quality of supervision. The majority of authorities, while recognising the importance of this area were unable to give hard data and are only now beginning to develop systems to monitor quality.

The ability to measure quality of social work is extremely important. Jack & Donnellan (2007) found that the developmental and emotional needs of newly qualified social workers (NQSWs) were not being met in supervision and after one year of practice, not one of the workers intended remaining in local authority children's social work. This research was undertaken prior to the Children's Workforce Development Council (CWDC) initiative to support NQSWs but the principle remains; good supervision needs to address the human elements of social work and allow for reflection. This is further supported by Munro (2011) advocating reflective supervision:

> '*A major problem in many local authorities is recruiting and retaining staff. Evidence from studies of why social workers leave indicate that the problem would be reduced if staff were well supported in handling the emotional and cognitive aspects of the work more effectively.*'

It is also important to make the distinction between supervision required for organisational purposes and managerial accountability and the 'professional' or clinical supervision needed to fulfil the professional responsibilities of social work; the Social Work Reform Board proposes this latter element is carried out by a registered social worker.

Munro (2011) supports this distinction and states:

> '*The two major functions of supervision are the management oversight of caseloads and the professional casework supervision of practice.*

> *Both are important and serve different purposes within the overall function of the organisation. The evidence the review has received indicates that managerial oversight often predominates and that too little attention is given to professional supervision.'*

An online survey carried out by BASW in November 2010 analysed 151 responses and found that 69% stated that supervision does not adequately cover emotional issues and 62% said it did not effectively cover professional development.

58% of respondents received supervision on a monthly basis with 4% citing a higher frequency. 26% rated supervision as 'poor' and felt that quality needed to be addressed. Of those who do not have a qualified social work manager, 77% are offered supervision from a qualified worker.

Local authorities therefore need to develop systems for monitoring the quality of supervision to ensure that it fulfils requirements for 'professional' supervision and that it allows for reflection and recognition of the emotional components of social work. There are likely to be links between the quality of supervision and retention of staff.

2.6 Provide opportunities for continuing professional development, as well as access to research and practice guidance

Standard 6

It is essential for social workers to be able to build a robust and up to date knowledge base through ongoing continuing professional development (CPD) and access to research, evidence and best practice guidance. Employers should facilitate career-long learning and knowledge of best practice in order to empower social workers to work confidently and competently with the children, adults and families they have been trained to support. All employers should:

- Provide time, resources and support for CPD

- Have fair and transparent systems to enable social workers to develop their professional skills and knowledge throughout their careers through an entitlement to formal and informal CPD

- Provide appropriate support to social workers to progress through the national career structure

- Have effective induction systems and put in place tailored support programmes for social workers in their first year in practice, including protected development time, a managed workload, tailored supervision and personal development plans

- Support their social workers to make decisions and pursue actions that are informed by robust and rigorous evidence so that service users can have confidence in the service they receive

- Enable social workers to work with others engaged in research and practice development activities in universities, professional bodies, and the College of Social Work to develop the evidence base for good practice

- Ensure that practice educators are able to contribute to the learning, support, supervision and assessment of students on qualifying and CPD programmes

Regional OHC tool questions relating to Standard 6

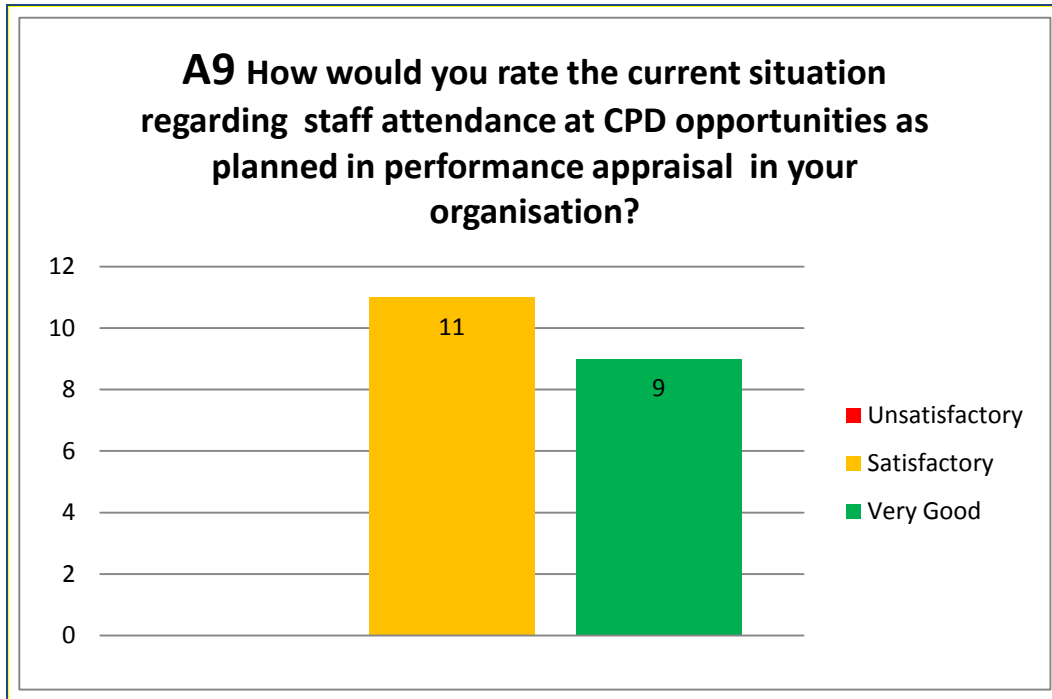| Effective workload management	A9
Pro-active workload management	B5
Having the right tools to do the job	
A healthy workplace	
Effective service delivery	
General questions	

This is an area relating primarily to Continuing Professional Development (CPD) opportunities and also research and practice guidance. There is an overlap with supervision (please see **Standard 5**.)

Question A9 asks about staff attendance at Continuing Professional Development (CPD) opportunities as planned in performance appraisal and how often training is cancelled or re-arranged. This was another area about which not all authorities collected information although some were able to provide statistics. The issue of cancellation was dealt with in **Standard 3**; further analysis of planned CPD is dealt with here.
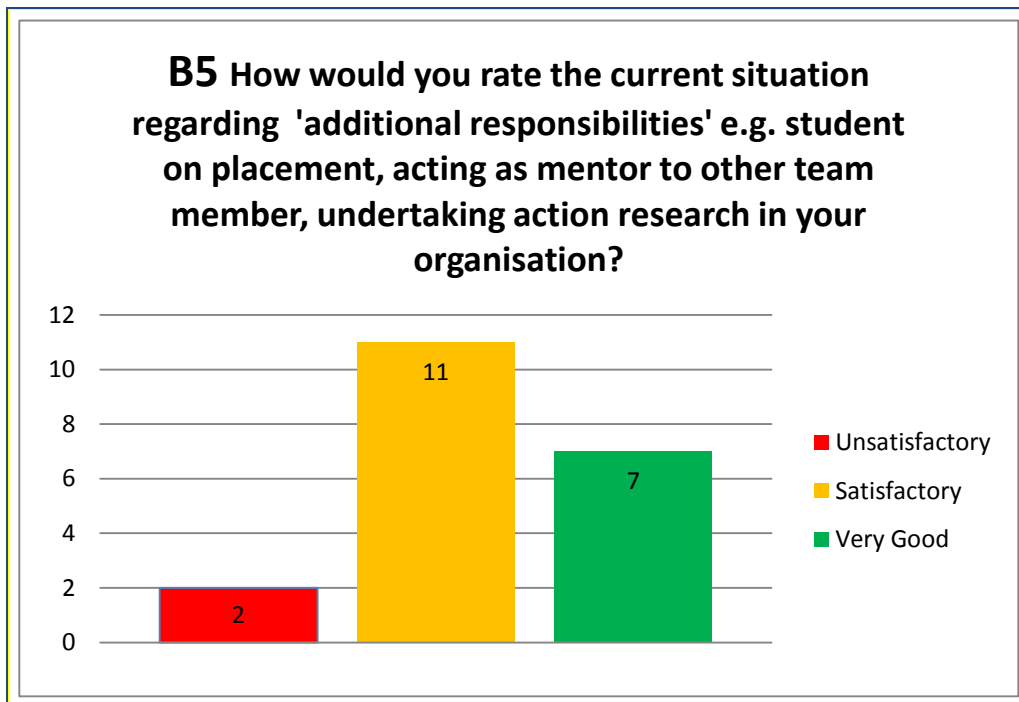
Several authorities reported on the sponsoring of staff on recognised Post-Qualification (PQ) training as well as corporate management training and attendance at national conferences and events.

- *'Generally felt there was a huge commitment to Continual Professional Development; training could be occasionally re-arranged but rarely cancelled. Given the volume of training at times, staff were still very committed, particularly those in Best Interest Assessor (BIA) or Approved Mental Health Professional (AMHP) roles'*

- *'We do not currently have the sophisticated mechanisms in place to capture and analyse this data…. This responsibility sits with Team Managers who are required to collate Personal Development Plan (PDP) information from across the team and feed requests for training into the Learning and Development Team'*

- *'All training needs are identified via our annual appraisal/supervision procedure and logged onto our personnel system; a robust annual training plan is then developed according to these needs'*

- *'Attendance on training events is extensively monitored and reported to quarterly Performance days where problems are highlighted to management teams and subsequent actions determined'*

- *'Staff are provided with the opportunity to undertake post qualification training and participate in practice educator programmes and historically the demand has outstripped supply'*

- *'Departmentally we plan the training programme so that courses are planned over the year to match needs and capacity tried to target 'mandatory care' so that training more feasible'*

- *'Social Work teams have actively participated in more generic training and attendance on the council's Leadership Programme is a requirement for all those managing staff, again the number of places available is generally lower than those identified to attend'*

- *'Team Managers have also undertaken management training programmes for example attendance management and recruitment and selection'*

- *'Training opportunities in this council are excellent. Over the past 3 years 94 Social Workers in Adult Services have accessed 8616 hours of training which equates to an average of 92 hrs of training per person. Workers are expected to prioritise their attendance in line with identified training needs. Training and professional development events are rarely cancelled or rearranged. We strive to meet individual demands for specialist training wherever possible or try to source a satisfactory alternative such as providing training from within other teams, or bringing training in house instead of sending one person on an external course'*

A9 How would you rate the current situation regarding staff attendance at CPD opportunities as planned in performance appraisal in your organisation?

(chart: Satisfactory = 11, Very Good = 9)

Legend:
- Unsatisfactory
- Satisfactory
- Very Good

Question B5 considers 'additional responsibilities for staff.' Some responses took the opportunity to mention Continuing Professional Development CPD and training as an additional responsibility. As CPD is specifically mentioned in **Standard 3**, this area is considered earlier in this report.

B5 How would you rate the current situation regarding 'additional responsibilities' e.g. student on placement, acting as mentor to other team member, undertaking action research in your organisation?

(chart: Unsatisfactory = 2, Satisfactory = 11, Very Good = 7)

Legend:
- Unsatisfactory
- Satisfactory
- Very Good

Summary for Standard 6

This is another area in which the template was sparse, but allows some comparison between authorities. There is a variation in the capacity to present data about staff CPD and it is clear that some specialist areas may be better serviced in terms of training.

Possibilities in this area include the development of a regional bank or repository of local, as well as national and international research. There is a wealth of internal and local research done by social workers and students, alongside evidence-based practice, which authorities appear to be inefficient at sharing. Munro (2011) states:

> *'Another crucial aspect of professional development is an organisational culture that not only provides access to research but values it and makes it feasible for workers to use it well.*
>
> *It is unrealistic to expect every social worker to have the time to search for research articles and the skill to appraise the research methods used in order to form a view of the reliability or validity of the findings.'*

2.7 Ensure social workers can maintain their professional registration

> **Standard 7**
>
> Designated social work posts should only be filled by suitably qualified and registered social workers. Existing guidelines for employers and social workers demonstrate their mutual responsibilities for maintaining professional registration, re-registration, and regulation of the profession. All employers should:
>
> - Support social workers in maintaining their professional registration and accountability as well as their competence, credibility, and currency
>
> - Support staff in continuing to meet the requirements of the regulator
>
> - Work closely with the regulator to maintain professional standards and investigate professional conduct issues
>
> - Take appropriate steps to inform the regulator, co-operate with investigations and hearings carried out by the regulator, and respond appropriately to its findings and decisions if there are concerns that an employee's fitness to practise is impaired

Regional OHC tool questions relating to Standard 7

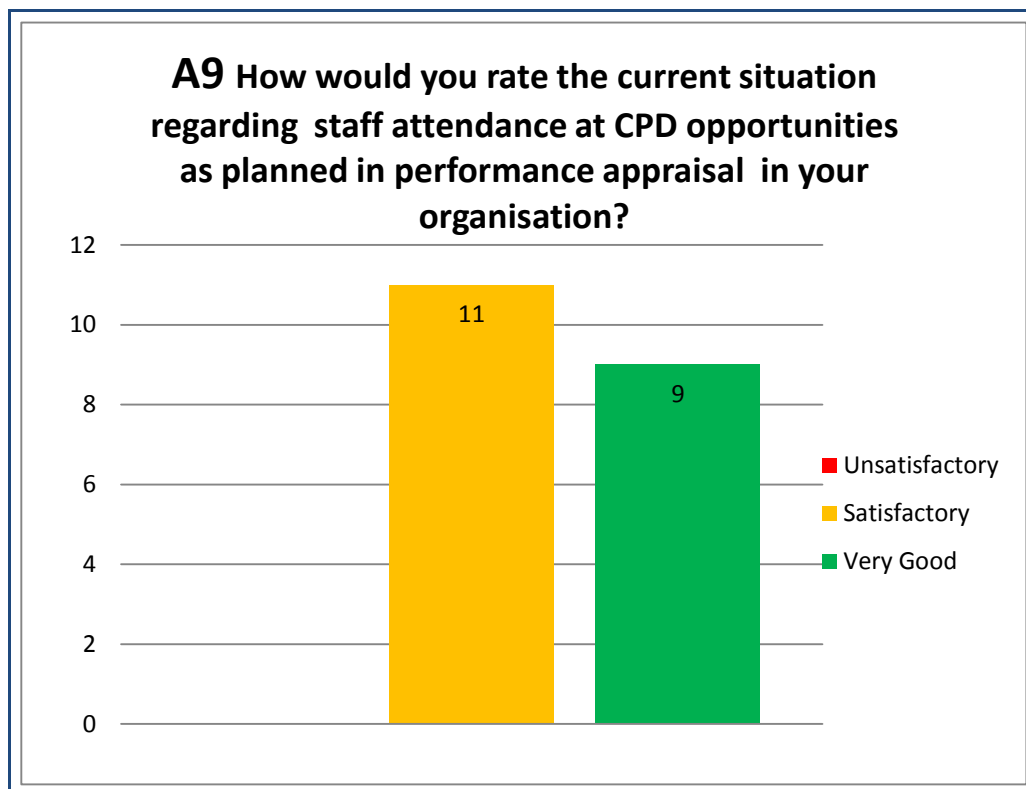|	
Effective workload management	
Pro-active workload management	A9
Having the right tools to do the job	
A healthy workplace	
Effective service delivery	
General Questions	

The OHC tool preceded this standard and it is an area which is not explored in any detail in the OHC. There were no questions relating specifically to professional conduct issues, disciplinary processes, registration or de-registration.

Question A9 asks about staff attendance at Continuing Professional Development (CPD) opportunities as planned in performance appraisal and how often training is cancelled or re-arranged. This was another area about which not all authorities collected information although some were able to provide statistics.

The issue of cancellation was dealt with in **Standard 3**; further analysis of planned CPD was dealt with in **Standard 6**.

Interestingly, no comments are made within any returns about the responsibilities on employers under the General Social Care Council (GSCC) Codes of Practice or mention of the required 15 days (or 90 hours) required as the threshold for re-registration with the professional body.

This is a requirement for every social worker; managers also have a requirement to endorse the CPD log for professional registration. While it is recognised that CPD does not need to consist of entirely taught or formal programmes and can include self-study, those authorities who are experiencing high CPD cancellation rates may be undermining their staff development opportunities because of workload priorities, possibly indicative that an authority is under-resourced.

A9 How would you rate the current situation regarding staff attendance at CPD opportunities as planned in performance appraisal in your organisation?

Summary for Standard 7

As already stated, the tool did not capture information about professional registration, conduct and regulatory processes. However, under the General Social Care (GSCC) Codes of Practice for Employers (2003), there is an onus on employers to '*provide training and development opportunities to enable social care workers to strengthen and develop their skills and knowledge*.'

This includes at 3.3:

> '*Supporting staff in posts subject to registration to meet the GSCC's eligibility criteria for registration and its requirements for continuing professional development*'

It is therefore important that authorities are able to demonstrate systems for quantifying, monitoring and meeting this target in inspections.

2.8 Establish effective partnerships with higher education institutions and other organisations to support the delivery of social work education and continuing professional development

Standard 8

Strong partnerships and good collaboration between employers and higher education institutions will lead to a more strategic approach to meeting workforce needs, providing high quality placements and designing and delivering good quality training and development for social workers. Partnerships should be effective joint decision-making forums that enable communication, joint planning and shared activities to produce high quality social workers. All employers should:
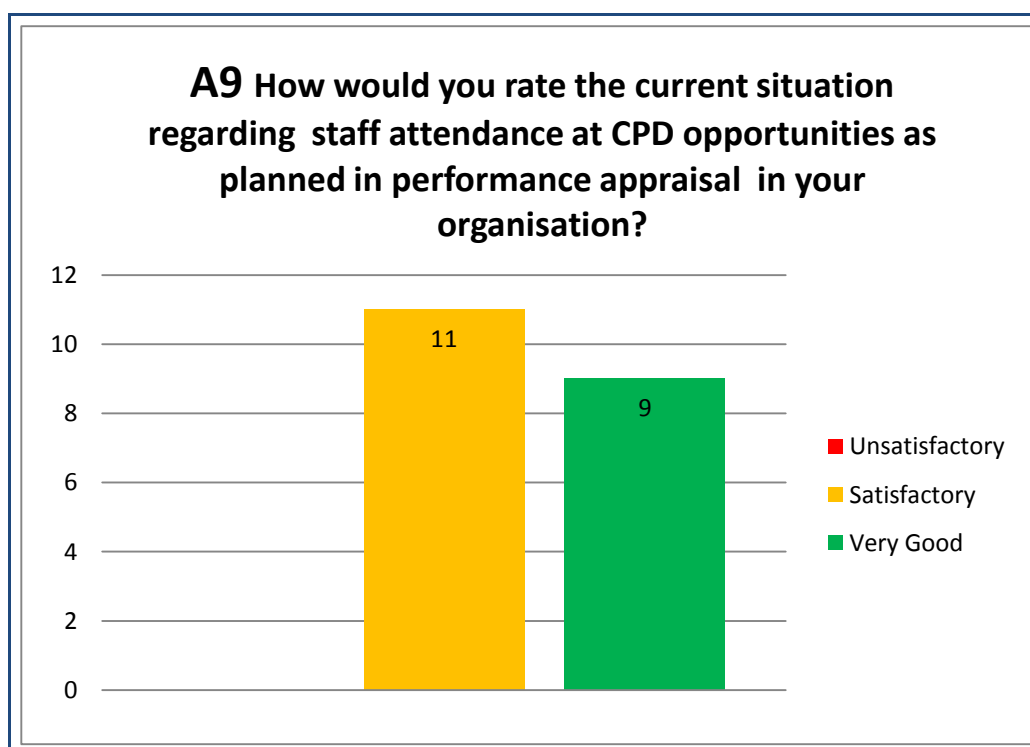
- Implement formal partnership arrangements that promote and contribute to shared outcomes in the delivery of social work education and CPD

- Ensure that the strategic lead social worker manages these partnerships for the organisation

- Have a clear policy for recruiting, training and supporting practice educators

- Support staff to access qualifying social work education

- Provide support for social work students on placements

- Contribute to efforts to recruit social work students

- Work collaboratively with partner organisations to develop the skills and knowledge required to deliver high quality social work education

Regional OHC tool questions relating to Standard 8
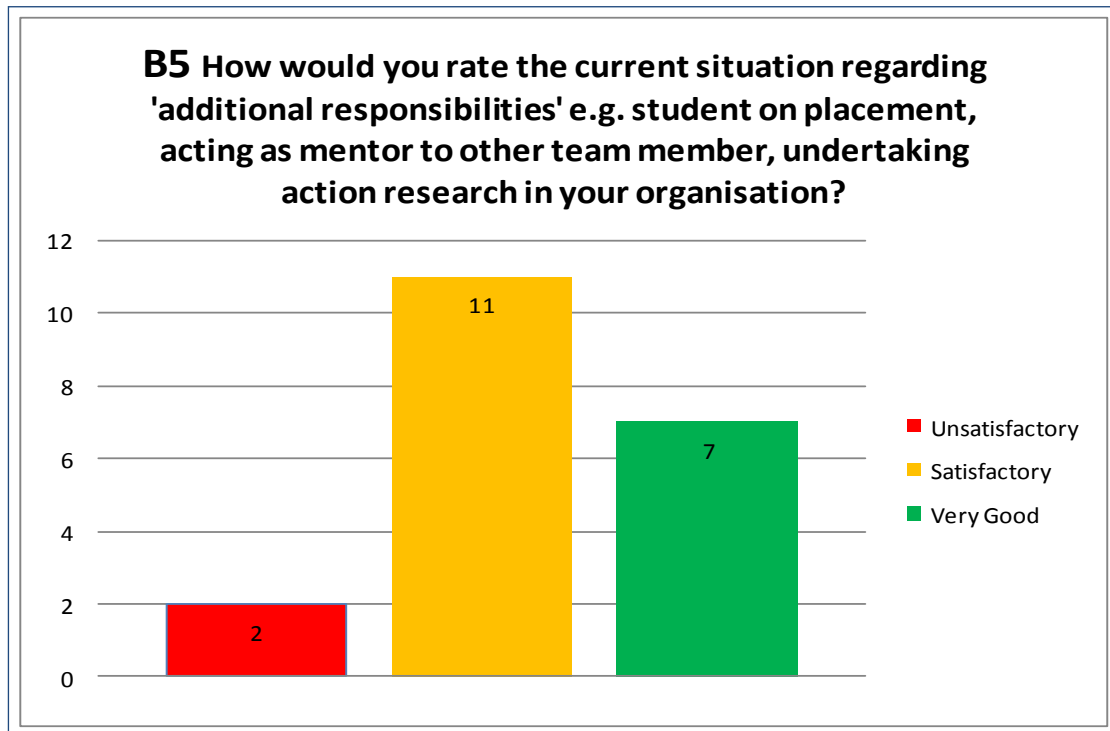
Effective workload management	A9
Pro-active workload management	B5
Having the right tools to do the job	
A healthy workplace	
Effective service delivery	
General Questions	

The tool preceded this standard and it is an area which is not explored in any detail in the OHC. There were no questions relating specifically to partnership arrangements with universities or questions about practice learning or placements.

Question A9 asks about staff attendance at Continuing Professional Development (CPD) opportunities as planned in performance appraisal and how often training is cancelled or re-arranged. This was another area about which not all authorities collected information although some were able to provide statistics. The issue of cancellation was dealt with in **Standard 3**; further analysis of planned CPD was dealt with in **Standard 6**. Some of the opportunities described earlier will have been carried out within informal partnership arrangements.

A9 How would you rate the current situation regarding staff attendance at CPD opportunities as planned in performance appraisal in your organisation?

Question B5 considers 'additional responsibilities for staff.' Some responses took the opportunity to mention Continuing Professional Development CPD and training as an additional responsibility. As CPD is specifically mentioned in **Standard 3**, this area is considered earlier in this report.

B5 How would you rate the current situation regarding 'additional responsibilities' e.g. student on placement, acting as mentor to other team member, undertaking action research in your organisation?

Unsatisfactory: 2
Satisfactory: 11
Very Good: 7

Summary for Standard 8

As already stated, the OHC tool did not capture information about partnerships as the proposals around this post-date the tool. It is known, however, that in the North East region, a number of the partnerships and Programme Management Boards which were mandatory elements of the Diploma in Social Work and Post-Qualification (PQ) awards under the Central Council for Education and Training in Social Work (CCETSW) are still in existence on a less formal basis. Some service level agreements are still in operation. It is highly probable that the North East can lead the way forward on Standard 8 proposals.

3.   THE OHC TOOL

3.1. Feedback about the tool itself reported on the OHC

The OHC tool which was circulated contained a final section of General Questions which was an attempt to capture data about the process. It was disappointing that this was not fully completed by a number of authorities (possibly because it was not seen as part of the Social Work Task Force template.) Those authorities which did complete this section gave a wealth of data which can be used productively to improve both the template and the process.

Question F1 asked how the Organisational Health Check was undertaken, who was involved and how long the process took. 17 authorities responded. It is clear that a number of strategies were used, from focus groups to inviting the Chair of the Social Work Task Force to speak at a conference.

More difficult to assess was the amount of time taken and there is one comment about the cost. Given the high involvement of staff at a number of levels within organisations, it must be recognised that this is a very complex task which requires resources. The amount of time and commitment spent on the task will affect the quality of the return and its usefulness as a tool for subsequent action planning.

Comments include:

- *'Questionnaire devised for staff and managers, distributed electronically and paper copy, discussed at Team Meetings. Survey distributed wider than joint Social Workers ... and results separated. Findings above relate to SWs only. Significant time allocated to this and analysis'*

- *'The evidence base was informed by a range of existing evidence and information, for example: Workforce data (including from NMDS-SC) and sickness reports; findings from inspections; data from management systems; feedback from managers; information from the learning and development team; links with wider Directorate and Children's Trust workforce planning and reform; information from staff surveys and feedback from staff meetings; and Annual Complaints Report'*

- *'Final assessment/ratings (November 2010), based on an evidence based review was undertaken by the Head of Workforce Development, Executive Director of Children's Services, Director of Performance, Outcomes and Commissioning, and Director of Children's Safeguarding and Social care prior to final challenge/validation by the Children's Social Care Senior Management Team'*

- *Information from social workers and managers was gathered by means of questionnaires and focus groups. The responses received were then considered by the Learning and Development Manager in conjunction with the Head of Children and Young People's Operational Services in order to complete this response.*

- *'Information was gathered via meetings with individual social workers and managers together with specific focus groups. The responses received were then considered by the Commissioning Manager for Adult Social Care Training and Development in conjunction with the Head of Adult Services, in order to complete this response'*

- *'All social work teams were asked to consider the data and their experience in commenting on and rating each area in team discussions. The feedback was gathered and analysed by the Workforce Development Lead and reported back to the Director and Executive Director for agreement on final ratings and summary information'*

- *'Four focus group sessions were organised and facilitated....Initially there was a poor response to the first focus group therefore dates were re-circulated and attendance improved in the last two sessions'*

- *'Despite collecting much information routinely the completion of this survey has been expensive in terms of time'*

- *'A group was established to oversee this process – group consists of representatives from: Workforce Support, Performance Management Team, Social Work Leads, Quality Standards Team, Learning and Development. Deadlines were set following the release of the document .... for the submission of information so that the completed document could be presented to Senior Management for final comments/amendments/ approval'*

- *'The OHC has been undertaken by involving key people across children's services. Key personnel, which includes HR, data collation services, policy and performance personnel, social work managers and practitioners and staff development have collated relevant information which has been used to populate the survey. It is difficult to summarise with any accuracy the total amount of time taken overall to collate, analyse and input the information into the survey'*

- *'Questionnaires were sent out to managers and frontline staff within a short timescale. Unfortunately we were unable to organise a focus group due to time constraints but hope to organise these in the future'*

- *'A number of pieces of work have been started and are being put into place that will help to meet the recommended organisational health check for social work. Focus groups held with social workers .... Full day in March with all assessment teams that reflected on aspects of the workforce project and the report from the recent CQC Inspection. The event included feedback from workers at that session on workloads, current difficulties and ideas for improvement'*

- *'Sessions held by Organisational Development on the readiness for change and how to prepare for change. Feedback will be taken forward by the Personalisation Programme. Lean approach, a rapid process improvement workshop was set up for a full week in May 2010 to look at the assessment process. It aimed to improve the experience of the service user and to streamline the process, with measurable successes. Social work conference took place September 2010, the keynote speaker was Moira Gibb. All Social Workers ....were invited to this event. Feedback from event on the implications for practice of the Task Force final report and the future role of social work has informed this health check'*

Question F2 asked if there were any particular areas of focus for the OHC. 16 relatively scant responses were received, many of which referred to action plans. Comments include:

- *'Transformation of the Adult Social Care agenda, development of local area service delivery, early intervention and prevention agenda. Change Programme in respect of Personalisation and the Government Efficiency Agenda'*

- *'Responding to the outcomes of the Munro Review and work of the Social Work Reform Board - Completion of a gap analysis and improvement planning when the new National Standards for Employers is produced and planned service reviews'*

- *'Our initial action plan highlights the way in which we record allocations as a key challenge to measurement and management of workflow. This is a key area for improvement and feeds into a change process around IT systems that is due shortly'*

- *'There is some concern about consistency of processes across teams, including allocation management and supervision monitoring which we intend to analyse further in order to form actions plans'*

- *'We are currently reviewing all policy and procedures in Adult social care using a LEAN methodology, which should help to address some of the concerns from staff about the burden of paperwork, duplication and systems needing improvement'*

- *'We want to reduce the turnover rates of social workers – we are considering senior practitioner roles with subsequent improvement in pay as we recognise that some other local authorise in the region are paying higher salaries to those experienced staff who wish to remain in practice'*

- *'The council wishes to promote 360 degree appraisals across all levels within the organisation – not just senior managers'*
- *'We recognise the inter connection between appraisals and service plan priorities therefore our focus will be to improve on the current system of annual appraisal'*

- *'Currently both Adult and Children's Services are focusing on a consistent approach regarding reflective supervision and there is a drive within the Council regarding agile working. A number of areas are being explored focusing on regional collaboration'*

- *'The development of a NQSW induction programme'*

- *'Capacity and workload issues in particular in the Enquiry and Assessment team and the social work Locality Teams'*

- *'An admin and accommodation review is being undertaken and it is anticipated that this will improve both admin support and accommodation for the social work teams'*

- *'Primarily, the areas identified as being unsatisfactory would be the priority areas for actions. However, the service is planning to understand in more detail the number of hours workers spend at work and improve systems to collate and analyse this information. In addition to this, we will plan other service developments/improvements as a result of the identified outcomes'*

- *'An action plan is being produced from the feedback of the Social Work Conference. Access to speedy and reliable IT is being addressed as a priority. The workforce project is looking at new ways of working to compliment social work skills and to support the role more effectively*

Question F3 asks about outcomes of the OHC; 13 authorities gave responses. There is evidence that authorities will use the outcomes very positively to address areas which need further development. Comments include:

- *'The organisational health check has taken place during a time of unprecedented change for the social work teams and there are some areas which we have rated as red which are not a surprise to us. However in context of where we are in the change process we have identified this provides us with a useful benchmark to start to monitor these areas, as well as review those areas that appear to be working well'*

- *'Some areas have been identified as requiring more specific monitoring for example: how we identify if staff are cancelling meetings as result of workload, and workload management. We are aware that there are some areas where staff may be working beyond their contractual hours, however we need to further understand the reasons behind this and how we use this as a tool to identify support needed or changes in working practices....We know that we have good standards of practice in relation the frequency and processes around monitoring of caseloads and supervision'*

- *'There is more work to be done on looking at the impact of those supervision sessions. This is also linked the work that we have identified that needs to take place around building on reflective / group supervision opportunities'*

- *'There were a number of benefits from completing the health check, information will feel into service reviews which are currently being planned, and is supported by specific information on staff wellbeing based on an exercise carried out with specific staff groups'*

- *'Team managers reported value in discussing the health check in teams as an opportunity to discuss issues that might not normally have been raised and an opportunity for all staff to share views and debate issues, which having some data to consider. We are in the process of action planning how to address the specific improvement areas in the health check and considering the base ways to share examples of good practice shared by teams'*

- *'We have taken the opportunity whilst completing this questionnaire to raise a number of issues in other management groups to refocus on the qualitative data which underpins some of our quantitative data, for example referral hot spots throughout the year – this will better inform our planning'*

- *'There are a number of areas where the RAG rating would suggest we are performing very well. We need to focus on those areas which are appearing as red'*

- *'Will add a focus on hours that staff work, the effectiveness of TOIL and the collation and analysis of staff exit survey'*

- *'The service will be focusing upon the areas where the outcomes have been deemed unsatisfactory and satisfactory and adding these to the Safeguarding action plan in order to devise an action plan to address and improve the areas. It is recognised that there are areas that can be improved and the health check has enabled the organisation to take time to identify these and recognise the areas that need development or further development'*

- *A number of outcomes are already subject to ongoing work within the service. An example of this is the need to recruit to current vacancies and a robust recruitment and retention strategy is currently being implemented and already a number of positive outcomes can be evidenced'*

- *'A more focussed approach to the identifying the key skills of social workers, with staff involvement and the measures the organisation needs to take to define, support and effectively utilise the role of social workers in adult services. It will also reinforce some areas of work already started such as improving the quality of supervision'*

Question F4 asked whether the organisation was developing an action plan to address identified issues; the majority replied positively but did not provide detail. Comments include:

- *'The organisation will use the survey to do some further specific work on some of the key areas identified and produce an action plan which will be used to monitor progress and identify new themes and trends'*

- *'No all the areas covered are already contained within existing action plans or business unit plans'*

- *'The organisation already has a Safeguarding action plan that is reviewed regularly as part of the safeguarding senior management team meeting and the actions identified from this health check will be added to the action plan'*

Question F5 asked whether there is a process for reviewing progress against the action plan. Again there were a number of positive responses but little detail given. Comments include:

- *'The organisation has a workforce development group consisting of Heads of Service and HR and workforce development leads, this group will be responsible for the overall plan and monitoring'*

- *'Locally service development managers and team managers will be responsible for identifying actions required and emerging themes and reporting to the Head of Service responsible for Adult Social Care'*

- *'The action plan will be developed and reviewed by the Operations senior management team and overseen by the Director of Operational services'*

- *'The organisation has clear processes for the monitoring and review of any service improvement initiatives such as the action plan which will result from the completion of this exercise'*

- *'There is a service improvement board in operation which meets monthly, the board would be responsible for monitoring and reviewing this action plan alongside any other service improvement initiatives'*

- *'The action plan will be reviewed on a regular basis in service management meetings as a priority and is likely to be a part of the quarterly staff briefings'*

Question F6 asked how often the OHC will be undertaken; this has been addressed in **Standard 1.** The majority (83.33%) felt this was an exercise to be conducted annually or more often.

Question F7 asked what is the organisation is doing differently as a result of the OHC. A number stated it was early days and only a few gave concrete responses. Comments include:

- *'Taking the opportunity to look at some of the individual areas of concern and aggregate these up to form broader themes. Explore some of the areas which are identified as satisfactory / good to ensure that we maintain positive standards'*

- *'We have already made some changes to reporting arrangements for some data sets, specifically addressing the inconsistencies in recording of allocations through monthly reports to performance management meetings'*

- *'Some specific improvements are being planned, such as access to the internet as standard for new staff, circulation of a list of useful research and reference web sites which are free to access to all staff and exploration of access to academic sources for all staff'*

- *'We'll more formally engage staff in focus groups to contribute to the process on a twice yearly basis'*

- '*The organisation has a greater understanding of the areas to address in the service and those areas that staff feel are important to address and the areas that they value*'

- '*It has helped to prioritise some areas of work*'

Question F8 asked how the survey could be improved. Comments include:

- '*Provide more detailed guidance around common terminology and ensure statistical information is using the same base lines so that outputs could be tabled to produce a report format which would allow trends and themes and comparisons to be more readily identified from the outputs*'

- '*Review and reduce the questions as there is some cross over between sections*'

- '*Definitions of amber/green etc are subjective*'

- '*Nothing to add at this stage, the key will be how/the extent to which it supports the intended regional outcomes*'

- '*It would be helpful to review the format of the document to enable a fuller response to be submitted. A longer timescale would also allow more discussion to take place prior to the response being submitted*'

- '*Please sort out the formatting of documents in future – this was very time-consuming to sort out*'

- '*The health check questions could possibly be grouped differently, social work teams in particular felt that the same question was being asked in different ways through the list, which made them feel that it was badly organised; for example, in relation to all questions about allocations / caseload management being located together*'

- *Questions on this page are a little repetitive and could possibly be shortened, including the facility for Health Check leads to use this survey to gather views from across the organisation before completing an organisational return*'

- *'Consideration should be given to whether it is possible to have a single organisation response differentiated into Adults and Children's sections. This will only become clear when analysis of the organisational returned begins'*

- *'The wording of many questions enabled a very wide variance of potential answers depending on the personal perspective taken by each authority - we therefore questioned the potential variance in the quality of responses given, for example, 'please describe the situation with regard to…..'*

- *'As already indicated within the Workshop held in September some questions could have been 'lifted' from the Organisational Health Check and transferred into this document'*

- *'In completing it, it has felt very detailed possibly because repeats work already undertaken. This will be a valid use of time if the feedback is useful. Otherwise, the time expense involved in the work makes the process open to question'*

- *'It may be useful to include the category of 'Good' between 'Satisfactory' and 'Very Good'*

- *'Develop more precise and specific questions'*

- *The ability to save all information entered and not just by page - also a spell check'*

- *'The survey is very repetitive and the format makes it difficult to complete'*

- *'Some duplication and documents made it difficult and time consuming to collect and collate information from a number of sources'*

- *'Improving the clarity of some of the questions, ... where it was not clear what you might require as data, and a benchmarking system for the ratings would have been helpful as a regional tool'*

Question F9 asked for any additional comments and only two responses were given:

- *'Some of the questions are vague and open to a variety of interpretations. More focused questions would be likely to result in more meaningful responses which would be of greater benefit to the organisation concerned and CWDC'*

- *'Although this is a collective response across children's services, the health check generated lots of information and feedback from managers and practitioners that can be used to identify priorities for specific service developments'*

3.2 Feedback about the OHC process and OHC tool from subsequent workshops

Health check nominated leads asked for a 'quick and dirty' analysis of the returns and two regional workshops were held in November 2010; the findings from 19 returns were initially analysed and reported. The over-arching interim message was that there were no great surprises.

The opportunity was taken to collect further information about the process. Various points were made, including that the process was undertaken against a backdrop of Comprehensive Spending Reviews, budget uncertainties, OFSTED Inspections, departmental reviews, job uncertainty and a number of other information gathering exercises, such as National Minimum Dataset (NMDS-SC.)

Another feature was that the use of Survey Monkey was new to the majority of respondents, as is a Health Check format. The need for greater clarity was identified in relation to half a dozen questions, for example, the use of percentages rather than numbers would be more useful in some areas. The most frustrating element of Survey Monkey was the full page save mechanism; part pages cannot be saved. This will be followed up as there should be a constant save mechanism within the programme. The narrative box is seen as important, providing a backdrop against which the returns can be contextualised.

Many authorities were able to collect the data relatively easily from their existing systems and sources such as Human Resources although issues were raised in relation to the Integrated Children's System (ICS).

The process was useful in identifying gaps in the knowledge base and has led to Action Plans to improve these areas in a number of authorities. This is not to say, however, that the process was simple and straightforward. The processes used by the organisations to collect information and views varied considerably. These processes included:

- Senior Managers were invariably involved in approving the approach taken and signing off the results

- In some authorities, joint approaches were developed between Adult and Children's Services; the need for consistency of approach was recognised

- Individual questionnaires were issued to staff, which in two cases worked well and in two cases worked poorly

- An existing pre-planned questionnaire was adapted to include elements of the health check, which also worked well. A comment was made that personally addressed, paper based questionnaires seem to produce better responses that electronic questionnaires

- The Annual Staff Survey was tapped into for information

- The full document was circulated to all Social Workers and a poor response received

- Focus Groups were set up by a number of participants. This met with a varying degree of success with a major issue being the release of Social Workers from existing duties to attend those groups

- Individual Social Workers across the disciplines were asked, followed by a half day session

- Key officers were identified to draw data and anecdotal information together

- Management Teams were used by the majority of organisations to dispense, circulate and collect information

- A workshop of front line and middle managers took place in one authority

- Two 'Day Conferences' took place

- The Head of Service and Team Managers gave their views and asked for Service Managers views

Authorities took a very open and honest approach. In terms of data collection, comments ranged from '*we had no problems collecting the data*' to '*we identified areas where we did not have the data and we have therefore put in Action Plans to correct this*'. Completion of this task clearly took commitment and enthusiasm. The comments about strengths and weaknesses included:

- *'staff were disengaged'*

- *'why are we doing this again, nothing will come of it'*

- *'I almost had to stalk him to get the information'*

- *'I wasn't aware of any highs, it was just after OFSTED'*

- *'the process could have been richer with greater staff buy in'*

- *'it was a fairly smooth process'*

- *'the system proved excellent for identifying differing performances in different team'*

- *'the responses were more positive than we anticipated'*

- *'I didn't realise that particular issues meant so much to staff'*

- *'people felt their voices were being heard*

- *'the response rate from adults was excellent but it was only 50% from children so I had to do a lot of chasing and pushing'*

Whilst some 'venting' took place in the returns, the majority of authorities were pleasantly surprised with the level and positive nature of responses. A number of authorities felt that realignment of services and budget reviews were proving debilitating but others were pleasantly surprised by staff comments and felt they had improved dramatically in the last 18 months. One authority felt there were very different views between managers and social workers.

The use of the RAG rating system highlighted issues within a number of authorities. '*What is amber, what is a green?'* Rather than use the RAG system, one authority used unsatisfactory, satisfactory, good and very good. In essence the ratings were an overall self assessment and differences of approach were apparent. A good example related to the range of frequency of supervision detailed in the OHC and this ranged from 3.6 to 12 per annum.

Notwithstanding the actual frequency, an authority with a policy target of 4 supervision sessions per year which met that target could award itself a green light, whilst an authority which had a target of 12 supervision sessions but who only undertook 10, could be self-assessed as red. This makes comparison difficult.

One or two of the OHC questions raised an angry response, particularly 'How can Social Workers be more efficient?' It was generally felt the question should be phrased 'How can Social Workers be employed more efficiently?'

The vast majority of authorities found the exercise useful. The more the process was *'open,' 'unrestricted,' 'honest'* and less *'intimidating,'* the greater the learning process and benefit to the authority. Those authorities who had experience of health checks were better placed to undertake this exercise.

A number of authorities stated they intended to embed the process within their organisations and use it not just for the OHC but as a management tool for areas such as workforce planning and service reviews. Some authorities were pleasantly surprised and felt the OHC evidenced the distance their organisations had travelled in the last year. Others felt the OHC revealed polarised views within their organisation.

The process helped to identify differences between Adult and Children's services. Section heads felt they could learn from each other and this has, in some instances, led to targeted work with Children's sections. A similar message emerged regarding differences in types of teams. One example related to the different views emerging from Mental Health teams where they have been subsumed by health organisations and where the pressures/priorities are different.

Issues were identified in relation to mobile working, new staff being up to speed and the availability of the 'tools to do the job', for example access to computers, the Internet, Intranet, mobile phones etc.

There was much anecdotal evidence that drilling down into the detailed information both identified issues and revealed pleasant surprises. A number of authorities are embedding the OHC into their organisational framework. The nature of the final report was discussed. Whilst there was a concern that too much data can obscure the findings and learning points, it was generally felt that the final report would need to be weighty whilst the conference presentation and Executive Report would need to focus on the learning points.

The report should *'do what it says on the tin'*; each authority has *'taken a good long look at itself.'* However, the report should not be about comparisons but should enable each authority to benchmark their position within the North East region.

The report should begin to outline standards which authorities could implement or aspire to reach.

A group exercise was carried out to rate the five themes within the Health Check which would benefit from detailed discussion, as follows:

1. EFFECTIVE WORKLOAD MANAGEMENT

Generally this was felt to be a useful category. Issues raised were:

- *Vacancy rates, time and process to fill vacancies, turnover, backfill, secondment, agency workers, percentage of workforce, clear policy direction, retention policies, time to train policies etc.*

- *Workload, number of cases, complexity and weighting, levels 1, 2 and 3, supervision, appraisal, mentoring, probationary periods, induction, expectation, transparency, hours worked, burnout, movement from children to adult services, case closure policy*

- *Social Work and Social Care personnel, integrated teams, different aims and conditions of employment, age profiles, for example, between children's and adult services*

- *The North-East is different demographically*

2. PROACTIVE WORKFORCE MANAGEMENT

There was agreed understanding of this theme; the questions may need slight tweaking but could remain similarly focused. Definition of re-referrals may need consideration; authorities which have stringent closure policies may have a greater re-referral rate, but this can be perceived as positive. Issues mentioned were:

- *One size/cap will not fit all. Any standard will need to recognise the different systems*

- *The narrative is extremely important here, particularly with different systems*

- *We collect all this information but what do we do with it?*

- *Proactive reviews were highlighted*

- *The issue of other organisations impacting upon work flow was raised with an additional point –'and the impact is'*

- *Key Performance Indicators (KPIs) were discussed—from first contact to service*

3.   HAVING THE RIGHT TOOLS

The category was considered to be fine, but there is a need for responses to be more specific rather than just reliant upon perception:

- *To develop a standard which we could reach or aspire to include 'the gold standard', 'the ideal', 'agreed practice standards'. It needs definition, and regional agreement, not just examples. How does it relate to translators, legal services, Approved Mental Health Professional lead? Quality research sites*

- *The impact needs to be recognised in both job satisfaction and the quality of the service*

4.   A HEALTHY WORKPLACE

The questions were helpful and need to focus on the impact, but difficult to comment upon until the final Munro report is available. Employer standards and clarity of funding was mentioned:

- *We need to be clear about expectations whilst recognising we face major change*

- *What are the standards; is this medium to long term planning?*

- *360 degree appraisal fits in here*

- *Team meetings need to balance the work agenda and team support*

- *The missing bit is the impact upon service outcomes*

- *Examples are needed regarding where you receive your support, give an example of where you have implemented or benefitted from a Health and Wellbeing policy*

5. EFFECTIVE SERVICE DELIVERY

This should remain as a category:

- *Generally the questions were reasonable and understood, but greater clarity is needed about the service delivery question. There was some duplication of questions, for example case allocation and supervision, workflow/healthy workplace and supervision all contained similar questions. The question of service user feedback needs greater clarity, different authors may give different responses*

- *Should elements of appraisal findings be thought about here?*

- *Are we looking for elements of good practice here?*

- *Learning from comments and complaints needs inclusion*

- *Feedback loops and links to service user, stakeholder and staff feedback and exit interviews need to be made here. How is the information routinely collected and used in a timely fashion?*

- *Organisational and Service development plans need to be highlighted here, perhaps under common themes e.g. Leadership, Management, Budget, Outcomes, QA and Progression*

3.3 Gaps in the OHC tool

There is clearly a significant piece of work to be done on updating the OHC tool. Although the categories were generally felt to be useful, comments cited above were made before the Social Work Reform Board published its proposals for Standards for Employers in December 2010; final recommendations from the Munro Review are still awaited.

This exercise has been extremely useful for local authorities in identifying snapshot pictures of their own activity and formulating action plans; it has also provided some insight into regional data and regional comparisons but this has been limited.
In future, data needs to be gathered in percentage formats so that direct comparisons can be made. Respondents need to include data about registered social workers only and not dilute information with data about social work assistants or integrated team members.

The wording of the questions meant they did not always elicit information which was useful to social work. It is likely that all local authorities will have (or have access to) corporate functions such as staff welfare systems, occupational health, Human Resources and will have in place legal requirements such as whistle-blowing procedures. The skill involved in creating a new tool will be in designing questions which capture how these systems are relevant to social work and how they support social workers in their difficult profession.

If comparative data is thought to be useful to the region, authorities will need to use the same tool rather than amend it to ask different questions or change the rating scale. It is recognised that the rating scale used (Red = Unsatisfactory, Amber = Satisfactory, Green = Very Good) was fairly limited and did not provide for a 'Good' rating. Suggestions have been made for the use of a Likert-type scales or rating between 1 – 5 or 1 – 10. All are fraught with the problems of subjectivity.

The publication of the Social Work Reform Board's proposals with regard to Standards for Employers renders the current format of the OHC tool almost redundant if the purpose is to collect data about how far the standards are met. If the purpose it to measure performance against those standards, then a new series of questions needs to be considered. The grouping of questions was generally felt by lead officers to be appropriate but thought needs to be given to the 'gaps' in data.

4. UPDATE

4.1. Upon completion of the project, a series of recommendations was made to Directors in the North East of England.

4.2. At the time of writing, the final Employer Standards are awaited from the Social Work Reform Board and this may have an impact on the future format of Organisational Health Checks.

4.3. The Munro Report has been published since the compilation of this report and is likely to impact on future reforms.

4.4. We plan to further develop the Organisational Health Check when concrete standards are published in order to provide a more useful framework and tool. Please do not hesitate to contact us for further information.

Vicki Lawson-Brown, Chris Minto, Jackie Fender & Ed Nugent
May 2011

vicki@lawson-brownandnugent.org.uk

jackie.fender@equalitybuildersltd.com

REFERENCES

Barlow, J & Møller, C (1996) *A Complaint is a Gift* Berrett-Koehleer: San Francisco

BASW online survey *Survey reveals social work supervision deficiencies* 25 November 2010 http://www.basw.co.uk/news/survey-reveals-social-work-supervision-deficiencies

BASW *Councils failing to undertake social work healthcheck* 23 November 2010 http://www.basw.co.uk/news/councils-failing-to-undertake-social-work-healthcheck

Bell, M, Shaw, I, Sinclair, I, Sloper, P & Rafferty, J. (2007), *The Integrated Children's System: An evaluation of the practice, process and consequences of the ICS in councils with social services responsibilities*

Brody, S (2009) *Whistleblowing Woes* Community Care Issue 1786 p.4 10/09/2009

Community Care *Social Worker Vacancy Rates in the UK: A Special Report* 25 August 2010 http://www.communitycare.co.uk/static-pages/articles/social-worker-vacancy-rates/

CWDC *The State of the Children's Social Care Workforce 2008 Summary Report* http://www.cwdcouncil.org.uk/assets/0000/1348/State_of_the_children_s_care_workforce_summary_report.pdf

CWDC *A pilot study to explore the feasibility of using occupational summary sheets to map key workforce intelligence data for the CWDC sector skills footprint in four regions - Final report* November 2008 http://www.cwdcouncil.org.uk/assets/0000/7058/Using_OSS_to_map_workforce_data_Nov_08.pdf

Guardian *Social Lives* 30 April 2010

LGA & Local Government Group *Local Government Workforce Survey England 2010* http://www.lga.gov.uk/lga/aio/15040830

Jack, G & Donnellan, H (2010) *Recognising the Person within the Developing Professional* Social Work Education, 29(3), 305

General Social Care Council (2002) *Codes of Practice for Social Workers & Employers* GSCC: London

General Social Care Council 09 September 2009 Press release to social care/local authority trade publications *Social worker whistle blowing going unheard* GSCC: London

Mansbach, A & Bachner, Y (2008) *On the Readiness of Social Work Students to Blow the Whistle to Protect the Client's Interests* Journal of Social Work Values & Ethics Vol 5 Issue 2 p.1-4

McInnes, A & Lawson-Brown, V. (2007) *'God or Do-Gooder: a comparison of the regulation of services provided by GPs and social workers'* Journal of Social Work Vol 7 Issue 3 p.343 – 356

Munro, E (2011) *The Munro Review of Child Protection. Interim Report: The Child's Journey* Crown copright

Shaw, I, Bell, M, Sinclair, I, Sloper, P, Mitchell, W, Dyson, P, Clayden, J & Rafferty, J (2009) *An exemplary scheme? An evaluation of the Integrated Children's System* British Journal of Social Work 39, 4, 613-626

Social Work Task Force (2009) *Building a Safe, Confident Future* Department for Children, Schools & Families: London

Social Work Reform Board (2010) *Building a Safe and Confident Future: One Year On* Department of Education: London

Sybil (2010) *Fight or Flight?* Community Care Issue 1837 p.8 30/09/2010

Vanderkerckhove, W & Tsahuridu, E (2010) *Risky Rescues & the Duty to Whistleblow* Journal of Business Ethics Vol 97 Issue 3 p 365-380 December 2010

Walker v Northumberland County Council [1995] 1 All ER 737

White, S, Hall, C, & Peckover, S. (2009) *The descriptive tyranny of the Common Assessment Framework: technologies of categorisation and professional practice in child welfare* British Journal of Social Work 39(7), pp 1197–1217

GLOSSARY OF TERMS

ADASS	Association of Directors of Adult Social Services
ADCS	Association of Directors of Children's Services
AMHP	Approved Mental Health Professional
BASW	British Association of Social Workers
BIA	Best Interest Assessor
BSL	British Sign Language
CCETSW	Central Council for Education and Training in Social Work
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CRB	Criminal Records Bureau
CQC	Care Quality Commission
CWDC	Children's Workforce Development Council
DfES	Department for Education and Skills
EPD	Early Professional Development
GSCC	General Social Care Council
HR	Human Resources
ICS	Integrated Children's System
NEIEP	North East Improvement & Efficiency Partnership
NESWOC	North East Social Work Consortium
NQSW	Newly Qualified Social Worker
OFSTED	Office for Standards in Education, Children's Services and Skills
OHC	Organisational Health Check
PCT	Primary Care Trust
PDR	Professional Development Record
PRTL	Post Registration Teaching and Learning
PQ	Post Qualifying (education)
SCIE	Social Care Institute for Excellence
TOIL	Time Off in Lieu

APPENDIX 1

METHODOLOGY

Developing the OHC tool

A decision was made to replicate the questions suggested by the Social Work Task Force in Annex 1 of their report. In addition, a section called General Questions relating to process and outcome issues in relation to the completion of the health check were drawn up and formed the final section of the regional tool. These supplementary questions were:

- Please describe how the Organisational Health-check has been undertaken in your area, who was involved and time taken

- Are there any particular areas the organisation is focusing on?

- What are the outcomes from the Organisational Health-check?

- Is the organisation developing an action plan to address issues identified?

- Does the organisation have a process for reviewing progress against the action plan?

- How often does the organisation intend to undertake the Organisational Health-check?

- What is the organisation doing differently as a result of the Organisational Health-check?

- How could this survey be improved?

- Please provide any additional comments that you think might be helpful

A RAG rating (red, amber green) was also developed for self-assessment. The combination of self-rating and free-text explanations was considered to be a reasonably robust method for a first round of health checks; questions were deliberately open-ended to allow for maximum commentary. This method provided for the collection of both quantitative and qualitative data.

Survey Tools

A decision was taken to purchase and use 'Survey Monkey', a recognised professional tool. Of the available commercial products for Survey Design, Survey Monkey was chosen on the basis of:

- Cost

- Most popular and highest use

- Security guarantees

- Ease of use

- Data collection and analysis features

Process

Consultation on draft questionnaire template

The 12 authorities identified nominated health check lead officers for both Adult and Children's Services and these people were the direct contact points for the project; lead officers have changed frequently over the course of the project reflecting various reorganisations and efficiency initiatives within local authorities. The suggested draft tool was circulated to the initial group for comments during the first week of August 2010.

In addition, a reference group of 5 lead officers from different authorities were asked for more detailed comments and these were incorporated into the final version of the tool which was circulated in the third week of August 2010. Support, in the form of telephone contact and/or visits, was offered to each authority.

First Round of Regional Workshops

At the request of health check lead officers, two workshops were arranged in September to discuss principles and logistics of the health check. Agreement was reached in a number of areas:

- genuine commitment to partnership working and the sharing of information within the backdrop of confidentiality and assurances that this was not a regulatory process, nor would it be used to develop nominal 'league tables

- perceived as an opportunity to cascade and standardise good practices as part of an iterative process

- the health check is only representative of a moment in time and is a snapshot of any situation; the health check forms a baseline assessment, a starting point from which authorities can seek further information and understanding

- the health check is heavily weighted towards description in order to support a rich regional picture from which standards and bench marking can be developed

- agreed it is acceptable to include 'don't know', 'unable to obtain information because ……', 'believe data to be flawed because …..', 'currently not collecting this data because…… intending to ……' or any other comments that reflect the situation linked to no data or questionable data; this would encourage further exploration and inform decisions

In order to carry out the health check, different strategies were utilised by the local authorities:

- several authorities established Social Work Task Force Groups consisting of representatives from newly-qualified social workers (NQSWs), social workers, managers, representatives from Human Resources and Information Technology

- Some officers were known as Social Work Task Force Champions, listening to and sharing information associated with the Task Force agenda

- a variety of different internal methods were used for data collection including staff conferences involving all social workers and managers, team meetings bringing together social work leads, discussions with individual staff or focus groups, feeding data into an executive group

- other authorities identified a specific week in which to focus upon the OHC Tool

- some drew upon hard data, the views of social workers, managers and RAG ratings to inform a bench marking exercise

It was acknowledged by all that completing the health check is a complex task, within which there are some intrinsic tensions:

- a range of perspectives held by all levels of social workers and managers

- the impact of current financial cuts

- what is currently considered a 'healthy organisation may change in six months time

General comments included:

- 'average figures will be interesting'. To have an average figure even with acknowledged flaws will provide an initial benchmark that will lead to informed valuable standards being developed across the authorities

- while action plans will have a local context, common themes will emerge supporting regional commissioning opportunities

- the OHC was viewed as a 'very positive' exercise

- the workforce is 'keen' and 'very much wanting to complete the OHC

- some authorities intend to undertake the OHC jointly across Children and Adult services; others believe the current position and issues are so different it will need to be undertaken as two distinct activities
- probable commitment to undertaking the OHC annually

- all representatives value the support network associated with this project

Timescale and returns

One authority returned the completed survey two weeks prior to the deadline. Another 12 were submitted by the deadline of 31 October 2010.

By the end of November, 19 surveys had been returned in total; a further 3 surveys were returned by mid-January. One authority has not submitted a Children OHC and a different authority submitted a much-altered Adult return which cannot be used for analytical purposes. Analysis of findings, therefore, is based upon 22 returns (11 Children & 11 Adult) across the range of 12 North East local authorities.

Within the returned surveys, completion of all sections was variable. The majority of authorities used the agreed template (but not all submitted using Survey Monkey.) Some authorities amended the template which caused difficulty in comparison and standardisation. One authority used a different rating system (for some of the responses.) Several did not complete the final section entitled General Questions relating to process; this is disappointing as we regard the process questions as very important in considering a regional template for future use.

Authority lead officers asked for a 'quick and dirty' analysis of the findings; interim findings based upon 19 returns were presented at two further workshops in November 2010, during which consultation took place on the survey process and final report content. Further information can be found in section 3.2 of this report.

APPENDIX 2

Organisational Health-check

The intention of this exercise is to support learning and broaden understanding at a regional and local level. As recommended by the Social Work Task Force, the North East Improvement and Efficiency Partnership would encourage sites to conduct the work in an inclusive manner, whilst acknowledging that local circumstances will dictate how each authority approaches it. Clearly it is NOT the intention that the nominated Organisational Health Check Lead will undertake this task alone.

BENEFITS AND OUTCOMES

The expected benefits and outcomes of the Regional Organisational Health Check Project include:

- Local Authorities will have assessed their 'organisational health' in relation to the Social Work Task Force recommendations

- The region will be able to evidence and share good practice and also inform the Social Work Reform Board's thinking with regard to the support Social Workers need to practice effectively

- A shared understanding and agreement based on evidence to plan and drive a more consistent approach to the provision of social work support

- A baseline from which progress can be made towards social workers:
  a) experiencing more manageable workloads;
  b) having improved practical supports for their work and
  c) experiencing better working conditions

- The 12 regional Local Authorities could be early recipients' of the Social Work Task Force graded kite mark award suggestion; an award that recognises their success in meeting the Employer Standard and sees their success reflected in inspection judgements

PROCESS AND LEARNING

With regard to this activity the PROCESS should be seen as just as important (some may say more important) as the outputs associated with the North East Regional Organisational Health Check (OHC) Survey. To get the most value from the activity:

- the OHC Survey should be used to engage a cross section of staff in discussion

- the OHC Survey questions should be used as prompts to stimulate discussion at a team, service and organisation level

- collect information in a manner which is best suited to your organisation

- ensure discussion is free flowing and honest

- ensure the findings are accurately recorded at each stage

- establish and circulate a method for recording disagreements prior to any discussions. A method suggested by the Social Work Task Force is to engage a manager of another team or at a higher level to review the assessment

- remember the OHC Survey only captures a 'moment in time' of self assessment against the five areas, but the process of identifying current strengths and plans to tackle areas for improvement should be ongoing

- remember at any one time the 5 key areas and aspects of them will be at differing stages of development

LOGISTICS

If necessary, please use this document as an easily printable version of the survey template.

You might find it useful to make available to others that you would want to contribute to the exercise.

The questions are identical to those in the actual survey.

This means that nominated Organisational Health Check Lead Officers will now have the following:

- This document

- A PDF version of the survey template

- The link to the 'on-line' survey

A. Effective Workload Management – Vacancy Rates

A1. Please describe the current situation regarding unfilled Social Work posts in your organisation. Include the current number of unfilled posts.

A1(a) How would you rate the current situation regarding unfilled posts in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

A2. Please describe the current situation regarding Social Work posts covered by agency/temporary staff in your organisation. Include the number of posts covered by agency/temporary staff.

A2(a) How would you rate the current situation regarding posts covered by agency/temporary staff in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

A3. Please describe the current situation regarding social work posts which are filled but where staff are absent (e.g. long term sick, maternity leave), in your organisation. Include the number of posts which are filled but where staff are absent.

A3(a) How would you rate the current situation regarding posts which are filled but where staff are absent (e.g. long term sick, maternity leave) in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

A4. Please describe the current situation regarding Social Work turnover rates in your organisation.

A4(a) How would you rate the current situation regarding turnover rates in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

A. Effective Workload Management - Workload

A5. Please describe the numbers of cases held by each full time equivalent. Include a number.

A5(a) How would you rate the current situation regarding the number of cases held by each full time equivalent in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

A6. Please describe the average hours worked by staff on a weekly basis.

A6(a) How would you rate the current situation regarding average hours worked by staff on a weekly basis in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

A7. Please describe the current levels of TOIL and leave to be taken by team members.

A7(a) How would you rate the current situation regarding current levels of TOIL and leave to be taken by team members in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

A8. Please describe the number of supervision sessions which have taken place – is this in line with organisational policy?

A8(a) How would you rate the current situation regarding the number of supervision sessions which have taken place in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

A9. Please describe staff attendance at CPD opportunities as planned in performance appraisal – how often is training cancelled/re arranged?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

A9(a) How would you rate the current situation regarding staff attendance at CPD opportunities as planned in performance appraisal in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B. Pro-active Workflow Management

B1. Please describe the situation with regard to how many unallocated cases you have currently? Include a number.

B1(a) How would you rate the current situation regarding unallocated cases in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B2. Please describe your re-referral rates?

B2(a) How would you rate the current situation regarding re-referral rates in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B3. Please describe the changes in workflow over time (peaks and troughs).

B3(a) How would you rate the current situation regarding changes in work-flow over time (peaks and troughs)in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B4. Please describe the delays in transfer of cases between teams in your organisation?

B4(a) How would you rate the current situation regarding delays in transfer of cases between teams in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B5. Please describe the situation with regard to 'additional responsibilities' e.g. student on placement, acting as mentor to other team member, undertaking action research in your organisation.

B5(a) How would you rate the current situation regarding 'additional responsibilities' e.g. student on placement, acting as mentor to other team member, undertaking action research in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B6. Please describe the situation with regard to the escalation process for unallocated cases and alerts to senior managers in your organisation.

B6(a) How would you rate the current situation regarding the escalation process for unallocated cases and alerts to senior managers in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B7. Please describe the situation with regard to how often workers are required to cancel meetings with people who use services/other professionals in an average week due to re-prioritisation of work in your organisation.

B7(a) How would you rate the current situation regarding how often workers are required to cancel meetings with people e.g. who use services, other professionals in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B8. Please describe the situation with regard to how unallocated cases are risk assessed in your organisation?

B8(a) How would you rate the current situation regarding how unallocated cases are risk assessed in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B9. Please describe the situation in your organisation with regard to specific blocks to work flow which need to be considered e.g. efficiency of commissioned services, relationships with other agencies, transfer between teams/services.

B9(a) How would you rate the current situation in your organisation regarding specific blocks to work-flow e.g. efficiency of commissioned services, relationships with other agencies, transfer between teams/other services?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B10. Please describe the situation with regard to how many cases are allocated to the team/manager/duty?

B10(a) How would you rate the current situation in your organisation regarding how many cases are allocated to the team/manager/duty?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

B11. Please describe the situation with regard to the most efficient use of skills being made within the team and wider service? Are social workers undertaking tasks for which their skills are primarily required or could they be done more effectively by someone with different skills e.g. an administrator, para professional or other professional group either within the service or via a commissioned arrangement?

B11(a) How would you rate the current situation regarding the most efficient use of skills being made in your organisation? Are social workers undertaking tasks for which their skills are primarily required or could they be done more effectively by someone with different skills e.g. an administrator, para-professional or other group either within the service or via a commissioned arrangement?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

C. Having the right tools to do the job

C1. Please describe the situation with regard to access to equipment – mobile working, IT access including the internet.

C1(a) How would you rate the current situation regarding access to equipment – mobile working, IT access including the internet in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

C2. Please describe the situation with regard to access to professional services to support case work e.g. translators, legal advice etc. in your organisation?

C2(a) How would you rate the current situation regarding access to professional services to support case-work e.g. translators legal advice etc. in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

C3. Please describe the situation with regard to access to resources e.g. research, library facilities in your organisation?

C3(a) How would you rate the current situation regarding access to resources e.g. research, library facilities in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

C4. Please describe the situation with regard to appropriate office space e.g. desk, office chair, access to quiet space in your organisation.

C4(a) How would you rate the current situation regarding appropriate office space e.g. desk, office chair, access to quiet space in your organisation.

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

D. A Healthy Workplace

D1. Please describe the current situation regarding the system(s) in place to monitor the frequency and quality of supervision in order to ensure effective practice is supported? In your organisation.

D1(a) How would you rate the current situation regarding the system(s) in place to monitor frequency and quality of supervision in order to ensure effective practice is supported in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

D2. Please describe the situation with regard to 360 appraisal in your organisation?

D2(a) How would you rate the current situation regarding 360 appraisal in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

D3. Please describe the situation regarding the existence of employee welfare systems, and staff awareness of how they access them in your organisation?

D3(a) How would you rate the current situation regarding the existence of employee welfare systems, and staff awareness of how they access them, in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

D4. Please describe the situation regarding how often team meetings take place in your organisation?

D4(a) How would you rate the current situation regarding how often team meetings take place in your team/service/organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

D5. Please describe the situation regarding staff contributing to the team meeting agenda in your organisation?

D5(a) How would you rate the current situation regarding staff contributing to the team meeting agenda in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

D6. Please describe the situation with regard to the accessibility and visibility of senior managers in your organisation?

D6(a) How would you rate the current situation regarding the accessibility/visibility of senior managers in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

D7. Please describe the situation with regard to the monitoring of stress levels on an individual and service basis in your organisation?

D7(a) How would you rate the current situation regarding the monitoring of stress levels on an individual and service basis in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

D8. Please describe the situation regarding a) the existence of and b) staff awareness of whistle-blowing processes in your organisation?

D8(a) How would you rate the current situation regarding a) the existence of and b) staff awareness of whistle-blowing processes in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

D9. Please describe the processes in place to ensure staff welfare/safety in your organisation (e.g. risk assessments of roles/activities, call back/monitoring processes to ensure safety whilst working away from the office base including out of hours) ?

D9(a) How would you rate the current situation regarding the processes in place to ensure staff welfare in your organisation (e.g. risk assessments of roles/activities, call back/monitoring processes to ensure safety whilst working away from the office base including out of hours in your organisation)?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

D10. Please describe the situation with regard to sickness levels in your organisation and what is the pattern over time?

D10(a) How would you rate the current situation regarding sickness levels in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

E. Effective Service Delivery

E1. Please describe the situation with regard to any findings from compliments, comments and complaints within your organisation?

E1(a) How would you rate the current situation regarding any findings from compliments, comments and complaints in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

E2. Please describe the situation with regard to feedback from service users in your organisation?

E(a) How would you rate the current situation regarding feedback from service users in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

E3. Please describe the situation regarding feedback from stakeholders/other professionals in your organisation?

E3(a) How would you rate the current situation regarding feedback from stakeholders/other professionals in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

E4. Please describe the situation with regard to staff survey results in your organisation?

E4(a) How would you rate the current situation regarding staff survey results in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

E5. Please describe the situation regarding Exit Interview processes in your organisation?

E5(a) How would you rate the current situation regarding Exit Interview processes in your organisation?

Unsatisfactory (RED) Satisfactory (AMBER) Very Good (GREEN)

F General Questions

F1. Please describe how the Organisational Health-check has been undertaken in your area - who was involved, and time taken.

F2. Are there any particular areas the organisation is focusing on?

F3. What are the outcomes from the Organisational Health-check?

F4. Is the organisation developing an action plan to address issues identified?

F5. Does the organisation have a process for reviewing progress against the action plan?

F6. How often does the organisation intend to undertake the Organisational Healthcheck?

F7. What is the organisation doing differently as a result of the Organisational Healthcheck?

F8. How could this survey be improved?

F9. Please provide any additional comments that you think might be helpful.

APPENDIX 3

Mapping of Standards to template questions

Standard	Template Questions
1 Have in place a social work accountability framework informed by knowledge of good social work practice and the experience and expertise of service users, carers and practitioners	**D6, D8** **E1, E2, E3, E4, E5, F6**
2 Use effective workforce planning systems to make su that the right number of social workers, with the right l of skills and experience, are available to meet current an future service demands	**A1, A2, A3, A4,** **B5** **D10**
3 Implement transparent systems to manage workload and case allocation in order to protect service users and practitioners	**A5, A6, A7, A9,** **B1, B2, B3, B4, B5, B6, B7, B8, B9,** **B10**
4 Make sure that social workers can do their jobs safely have the practical tools and resources they need to prac effectively. Employers should assess risks and take actic minimise and prevent them	**B11** **C1, C2, C3, C4** **D3, D7, D9**
5 Ensure that social workers have regular and appropriate social work supervision. The Standards for Employers are supported by a Supervision Framework which sets out the four key elements of effective social work supervision. The framework also provides guidance for undertaking supervision of social workers in different settings	**A8** **D1, D2**
6 Provide opportunities for continuing professional development, as well as access to research and practice guidance	**A9** **B5** **C3**
7 Ensure social workers can maintain their professional registration	**A9**
8 Establish effective partnerships with higher education institutions and other organisations to support the deliv of social work education and continuing professional development	**B5**