Local Government Association

Research

Social Work Health Check Survey 2017

May 2018

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Executive Summary

Background

Good social work can transform people's lives and protect them from harm. In order to achieve consistently high outcomes for service users, social workers must have the skills and knowledge to establish effective relationships with children, adults and families, professionals in a range of agencies and settings and members of the public.

Evidence submitted to the Social Work Task Force highlighted the need for a set of standards and supervision framework for all employers of social workers. These standards and framework set out the shared core expectations of employers which will enable social workers in all employment settings to work effectively

The social work health check tool is a key element of the Standards for Employers of social workers and the Social Work Task Force recommended that it should be completed annually to enable employers to assess whether the practice conditions and working environment of the social work workforce are safe, effective, caring, responsive and well-led. A copy of the social work health check and development tool is shown at Annex B.

The standards apply to all employers and relate to all registered social workers they employ, including managers and student social workers within the organisation. However, the landscape in which social work is delivered is changing. Social workers may be sourced through employment agencies, may provide their services as independent social workers on a locum or consultancy basis, and may be employed in the statutory, private, voluntary or independent sector, as well as in other organisations such as higher education institutions. Their employment arrangements and responsibilities have become more complex but it is expected that these standards will be relevant to and adopted in all settings in which social workers are employed.

Following on from the annual survey previously conducted by the Department of Health, the LGA carried out a survey of organisational health checks over Autumn/ Winter 2017/18 to provide a national picture of social work across adult social care.

Key findings

Responses were received from 82 councils, giving a response rate of 51 per cent. Three NHS Trusts also took part so the total number responses received was 85.

The key findings within each of the standards for employers, as covered by the survey, are presented here.

Effective Workforce Planning

- On average, 11 per cent of posts were unfilled in respondent organisations and eight per cent of posts were being covered by agency or temporary staff.
- In respondent organisations one per cent of staff had taken sick leave of two weeks or longer due to work related stress, and two per cent had taken planned long-term sick leave, such as for medical procedures. Maternity leave was taken by two per cent of staff and a further two per cent had taken long term absence for other reasons.
- The average working week in respondent organisations was 37 hours overall. This figure was lowest among shire counties where the average was 35 hours and highest in London Boroughs and NHS Trusts where it was 39.
- The most common frequency for a line management supervision meeting in respondent organisations was monthly (51 per cent), followed by every 4-6 weeks (36 per cent).
- Just under half of respondents (47 per cent) reported that their team members had line professional supervision once a month and for 28 per cent it was every 4-6 weeks
- One in five (20 per cent) respondent organisations reported that team members were able to attend all or almost all Continual Professional Development (CPD) opportunities planned in their appraisal or development reviews while just over half (54 per cent) said that their staff were able to attend most of them.
- Almost all (97 per cent) of respondent organisations offered team members the opportunity to supervise students on placement to contribute to developing their profession. Mentoring programmes were offered by 69 per cent and 48 per cent offered opportunities to undertake research.

Safe Workloads and Case Allocation

- Within the duty team the average number of cases held by team members was 24, this was higher in London Boroughs at 26 and lower in NHS Trusts at 22.
- Senior practitioners held an average of seven cases and team managers held an average of four.
- Workers in 69 per cent of respondent organisations were required to cancel meetings with service users and other professionals due to re-prioritisation of

work less than once a week on average. Meetings were cancelled once a week in 24 per cent and in three per cent it happened 2-3 times a week on average.

- 90 per cent of respondent organisations have a system in place for casework allocation to be negotiated according to practitioner knowledge, skills and professional development needs.
- There were opportunities for Social Workers to co-work complex casework or casework out of their scope of knowledge and experience with more experienced practitioners in almost all (99 per cent) respondent organisations.

Managing Risks and Resources

- 97 per cent of respondent organisations had a digital workplace vision involving facilitated flexible working.
- The provision of ICT was aligned properly with organisational ways of working in 79 per cent of respondent organisations. Plans to address this where it was not the case included planned implementation of new ICT systems and use of an ICT strategy.

Effective and Appropriate Supervision

- Three-quarters (74 per cent) of respondent organisations had a system in place to monitor the frequency and quality of supervision in order to ensure effective practice is supported.
- Critically reflective supervision is offered on an individual basis in 76 per cent of respondent organisations and within a peer group in 18 per cent.
- An employee welfare system is in place in almost all (97 per cent) of respondent organisations and 95 per cent reported that staff knew how to access it.
- The most common activities in place to reduce stress levels and promote a healthy working environment were physical activities (42 per cent), access to an employee assistance scheme/counselling (38 per cent) and stress assessment/ management (34 per cent).
- Exit interviews were conducted by a member of staff outside of the leaver's line management in 59 per cent of respondent organisations.

Continuing Professional Development

- The most common types of formal career development pathways in place for social workers were CPD/Training and development programmes (47 per cent),

through specialist roles, such as Approved Mental Health Professional (29 per cent) and career progression frameworks/schemes (28 per cent).

- There was a culture of social workers being able to progress internally or externally either through promotion or secondment in almost all (95 per cent) respondent organisations.

- The learning and development opportunities for people who supervise social workers were mostly training related, 52 per cent of respondents organisations offered supervision training, 40 per cent offered management training, 19 per cent offered Practice Educator Professional Standards (PEPS) training and 45 per cent offered other types of training.

- Almost all respondents (97 per cent) supported social workers to attain a range of professional and specialist qualifications (such as PEPS, DoLS, AMHP as well as managerial/leadership and research projects) at various career levels.

Professional Registration

- 56 per cent of respondents thought the process to inform the regulator if there were concerns that a social worker's fitness to practice is impaired was very effective and a further 32 per cent rated it fairly effective.

Effective Partnerships

- Feedback from service users was positive for 85 per cent of respondents.

- Just under two-thirds (64 per cent) of respondents have had a peer review to identify any strengths or weaknesses in service delivery.

Methodology

In October 2017, the LGA sent an invitation to take part in an online survey to the principal social worker in English upper tier councils via email. This was followed up with a reminder in early December. Responses were received from 82 councils, giving a response rate of 51 per cent. Three NHS Trusts who became aware of the survey asked to take part so the overall number responses received was 85. A full breakdown of responses by type of organisation is shown in Table 1.

Table 1: Responses by organisation type

	Number	Per cent
Shire County*	12	44
London Borough	19	58
Metropolitan District	19	53
Unitary Authority**	32	58
Total	82	54
NHS Trusts	3	n/a

Base = 151 *One shire county response also covered staff working under S75 agreement with NHS Trust Partnership **One unitary authority reported that their response related to 3 separate social enterprises who deliver social work on behalf of their council.

It should be noted that some respondents did not answer all of the questions in the survey so within this report some of the findings are based on different numbers of respondents, this number (the base) is shown below all tables and figures.

Where the response base is less than 50, figures can be skewed due to the small sample size and care should be taken when interpreting percentages, as small differences can seem magnified. Therefore, where this is the case in this report, absolute numbers are reported alongside the percentage values.

Throughout the report percentages in figures and tables may add to more than 100 per cent due to rounding.

Survey Findings

Effective Workforce Planning

On average, 11 per cent of posts were unfilled in respondent organisations, the proportion of unfilled posts was highest within London Boroughs at 16 per cent and lowest in metropolitan districts at six per cent. The proportion of posts covered by agency or temporary staff was eight per cent overall. Use of agency or temporary staff was most prevalent among London Boroughs at 17 per cent while just four per cent of metropolitan districts used them. There is a full breakdown of these findings shown in Table 2.

Table 2: Unfilled posts and posts covered by agency or temporary staff

	Proportion of unfilled posts		Proportion of posts covered by agency or temporary staff	
	Per cent	Sample size	Per cent	Sample size
Shire County	9	11	5	11
London Borough	16	17	17	17
Metropolitan District	6	17	4	17
Unitary Authority	12	31	7	31
NHS Trusts	11	3	8	3
All	11	79	8	79

Base = 79

Within respondent organisations one per cent of staff had taken sick leave of two weeks or longer due to work related stress, this proportion was the same across all types of authority except for metropolitan districts where it was two per cent, it was also two per cent among NHS Trusts. The proportion who had taken planned long-term sick leave, such as for medical procedures, was two per cent. However, this figure was one per cent for all types of authorities and NHS Trusts except unitary authorities, where it was two per cent. A full breakdown of these figures is shown in table 3.

Table 3: Long-term sick leave (more than 2 weeks)

	Sick leave due to work related stress		Planned sick leave	
	Per cent	Sample size	Per cent	Sample size
Shire County	1	9	1	10
London Borough	1	17	1	17
Metropolitan District	2	17	1	17
Unitary Authority	1	30	2	30
NHS Trusts	2	3	1	3
All	1	76	2	77

Base = 76 and 77

Maternity leave had been taken by two per cent of staff in respondent organisations, this proportion was the same for all types of respondents except London Boroughs where it was one per cent. A further two per cent of staff had long term absence for other reasons. This proportion was higher within metropolitan districts and unitary authorities at three per cent and lowest for NHS Trusts at zero. These findings are shown in Table 4.

Table 4: Maternity leave and other long term absence (more than 2 weeks)

	Maternity leave		Other long term absence	
	Per cent	**Sample size**	**Per cent**	**Sample size**
Shire County	2	10	1	10
London Borough	1	17	2	17
Metropolitan District	2	17	3	17
Unitary Authority	2	30	3	29
NHS Trusts	2	3	0	3
All	2	77	2	76

Base = 77 and 76

Team members in respondent organisations work an average of 37 hours a week. This figure was lowest among shire counties where the average was 35 hours and highest in London Boroughs and NHS Trusts where it was 39. A full breakdown of these figures is shown in Table 5.

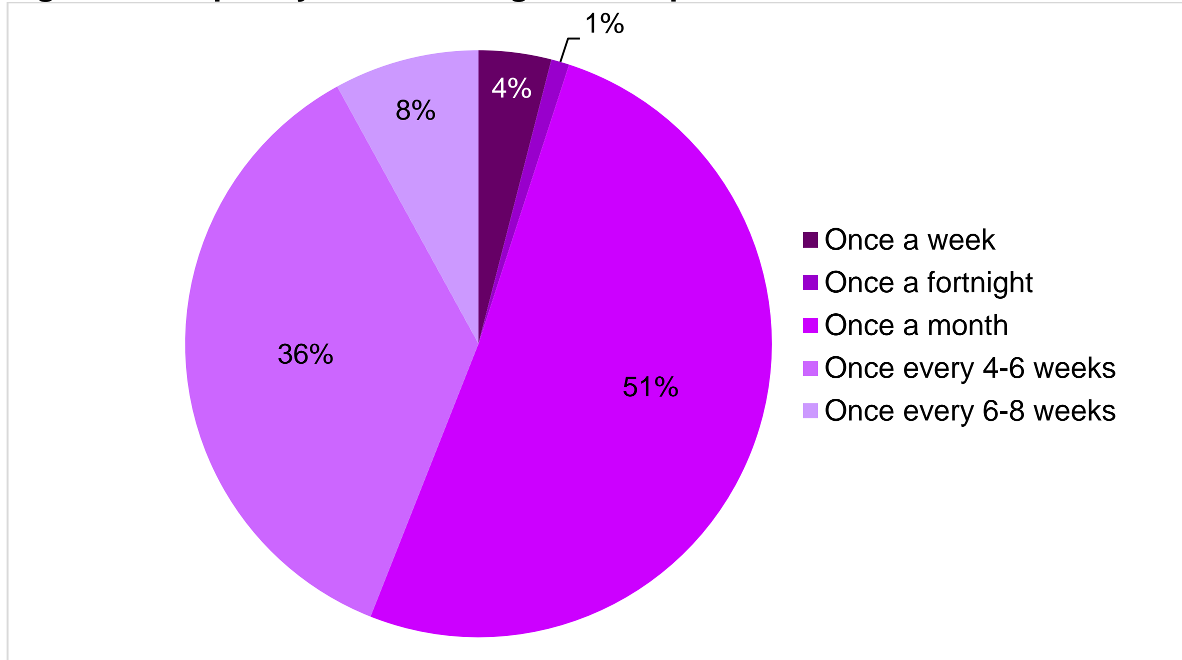
Table 5: Average hours worked a week

	Per cent	Sample size
Shire County	35	9
London Borough	39	17
Metropolitan District	38	17
Unitary Authority	37	30
NHS Trusts	39	3
All	37	76

Base = 73

The most common frequency for line management supervision among respondent organisations was monthly (51 per cent), this was followed by every 4-6 weeks (36 per cent). Eight per cent had it every 6-8 weeks, it was weekly in four per cent and one per cent had it every fortnight. These findings are shown in Figure 1.

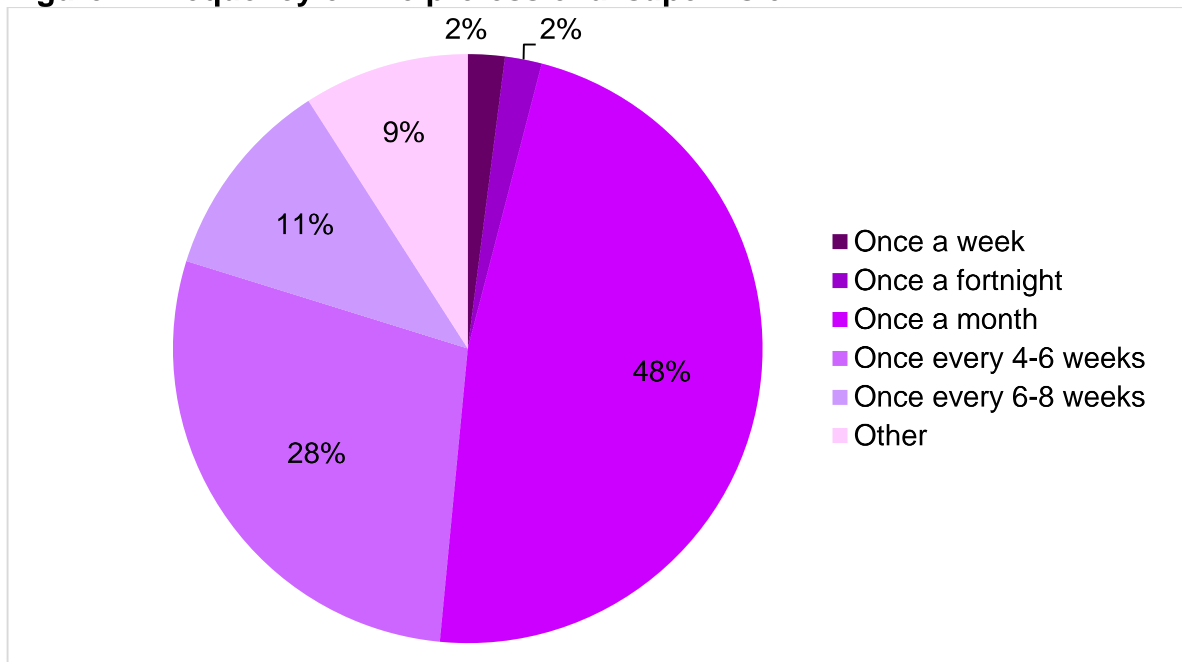
Figure 1: Frequency of line management supervision



Base = 84

Just under half of respondents (47 per cent) reported that on average, their team members have line professional supervision once a month. For 28 per cent it was every 4-6 weeks and 11 per cent have it every 6-8 weeks. Two per cent have line professional supervision weekly and two per cent have it every fortnight. Nine per cent of respondents answered other to this question but none of them specified the frequency. These findings are shown in Figure 2.

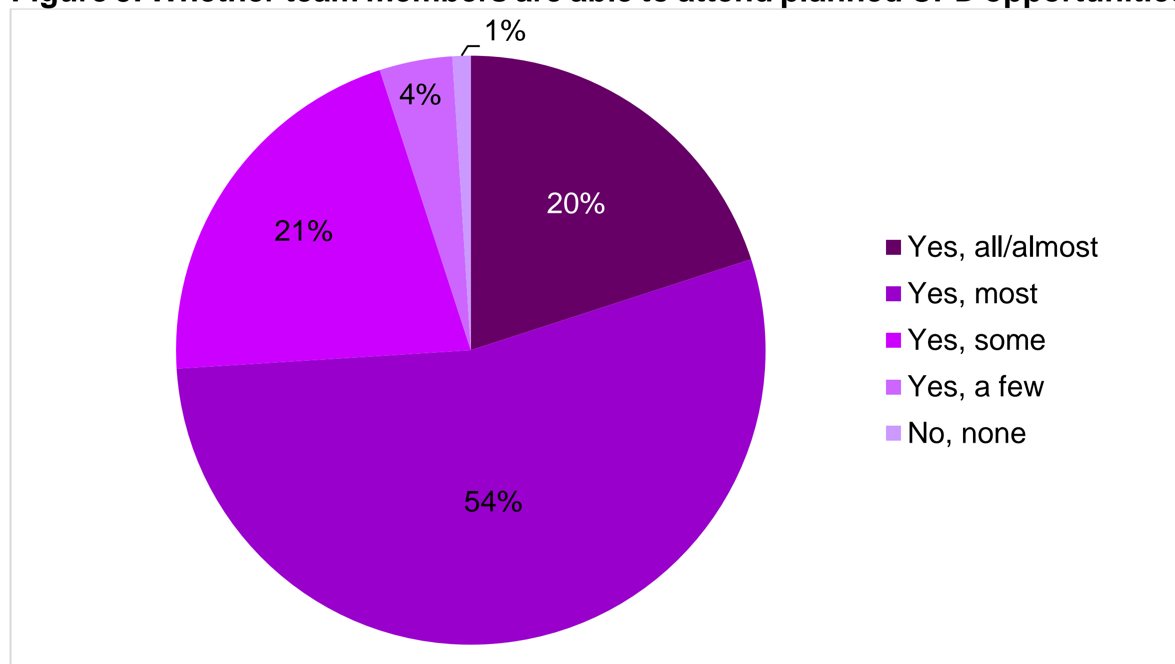
Figure 2: Frequency of line professional supervision



Base = 85

One in five (20 per cent) respondent organisations reported that team members were able to attend all or almost all CPD opportunities planned in their appraisal or development reviews while just over half (54 per cent) said that their team members were able to attend most of them and 21 per cent were able to attended some. Just four per cent were only able to attend a few and only one per cent were not able to attend any. A full breakdown of these figures is shown in Figure 3.

Figure 3: Whether team members are able to attend planned CPD opportunities



Base = 84

Almost all (97 per cent) of respondent organisations offered team members the opportunity to supervise students on placement to contribute to developing their profession. Mentoring programmes were offered by 69 per cent of respondents, 48 per cent offered opportunities to undertake research and 61 per cent offered other opportunities such as Continual Professional Development (CPD), shadowing and secondments. These findings are shown in Table 6 and a full list of all of the other opportunities offered is shown in Table A1 in Annex A.

Table 6: Opportunities offered to team members to contribute to developing their profession

	Number	Per cent
Supervision of students on placement	69	97
Mentoring programmes	49	69
Opportunities to undertake research	34	48
Other	43	61

Base = 66

At the end of this section of the survey respondents were given the opportunity to provide comments or additional information regarding effective workforce planning. Almost all of the comments received were additional information relating to one or more of the questions, such as clarifications or sharing of local practices, these are all shown in Table A2 in Annex 2.

Safe Workloads and Case Allocation

Within the duty team the average number of cases held by team members was 24, this was higher in London Boroughs at 26 and lower in NHS Trusts at 22. Overall, senior practitioners held an average of seven cases but those in NHS trust had the highest number with ten and those in shire counties had the lowest with five. Team managers had an average of four cases, however, this number was much higher in metropolitan districts at 13 while those in NHS Trusts had none. A full breakdown of these findings is shown in Table 7.

Table 7: Average caseload held with members of the duty team

	Team member		Senior practitioner		Team manager	
	Per cent	Sample size	Per cent	Sample size	Per cent	Sample size
Shire County	23	10	5	9	2	10
London Borough	26	18	7	17	3	18
Metropolitan District	24	14	9	14	13	14
Unitary Authority	23	26	7	25	2	26
NHS Trusts	22	3	10	3	0	3
All	24	71	7	68	4	71

Base = 71 Note: 3 respondents did not have senior practitioners. 21 respondents indicated senior practitioners did not hold cases and 55 reported team managers held no cases.

On average, workers in 69 per cent of respondent organisations were required to cancel meetings with service user and other professionals due to re-prioritisation of work less than once a week. In a quarter (24 per cent) this happened once a week on average and for three per cent it was 2-3 times a week. No respondents had to cancel meetings 4-5 times a week but four per cent reported that it happened more than 5 times a week. Table 8 shows in these findings.

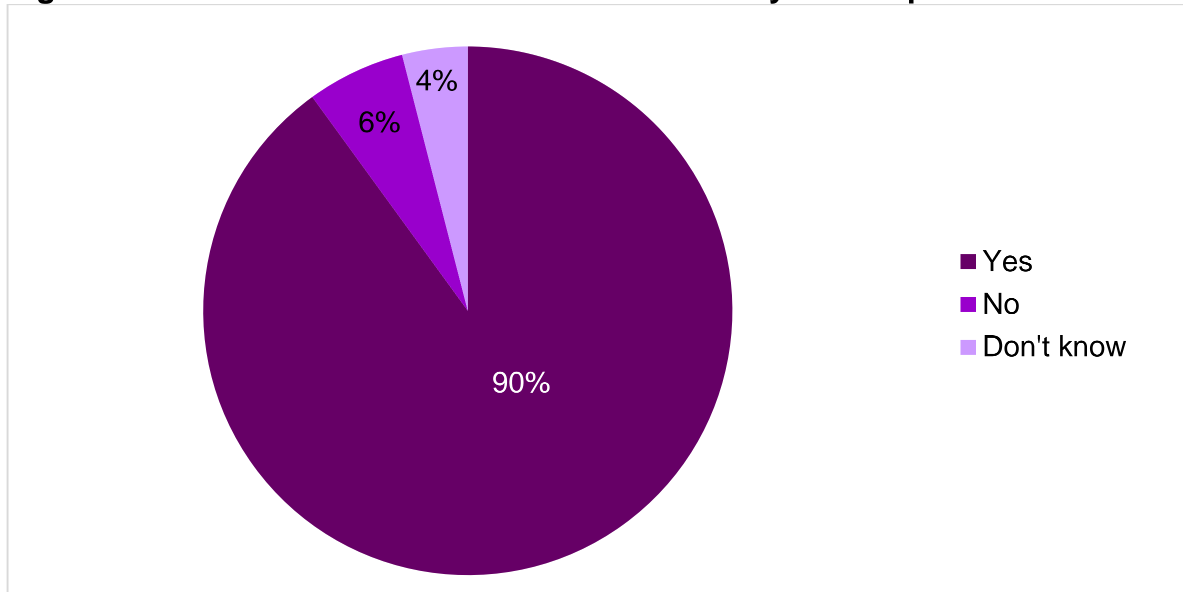
Table 8: How often are workers required to cancel meetings due to re-prioritisation of work on average

	Number	Per cent
Less than once a week	54	69
Once a week	19	24
2-3 times a week	2	3
4-5 times a week	0	0
More than 5 times a week	3	4

Base = 78

Most respondent organisations (90 per cent) have a system in place which allowed casework allocation to be negotiated according to practitioner knowledge, skills and professional development needs. Six per cent did not have such a system and four per cent of respondents didn't know if they had one. These findings are shown in Figure 4.

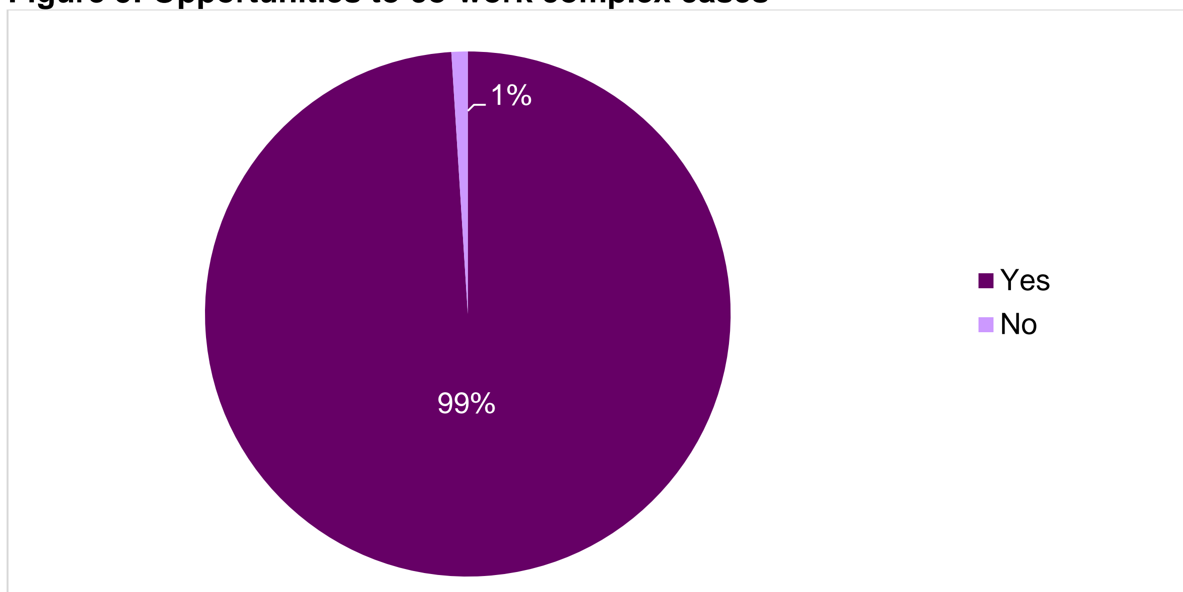
Figure 4: Whether there is a casework allocation system in place



Base = 79

There were opportunities for Social Workers to co-work complex casework or casework out of their scope of knowledge and experience with more experienced practitioners in almost all (99 per cent) respondent organisations. A breakdown of these findings is shown in Figure 5.

Figure 5: Opportunities to co-work complex cases



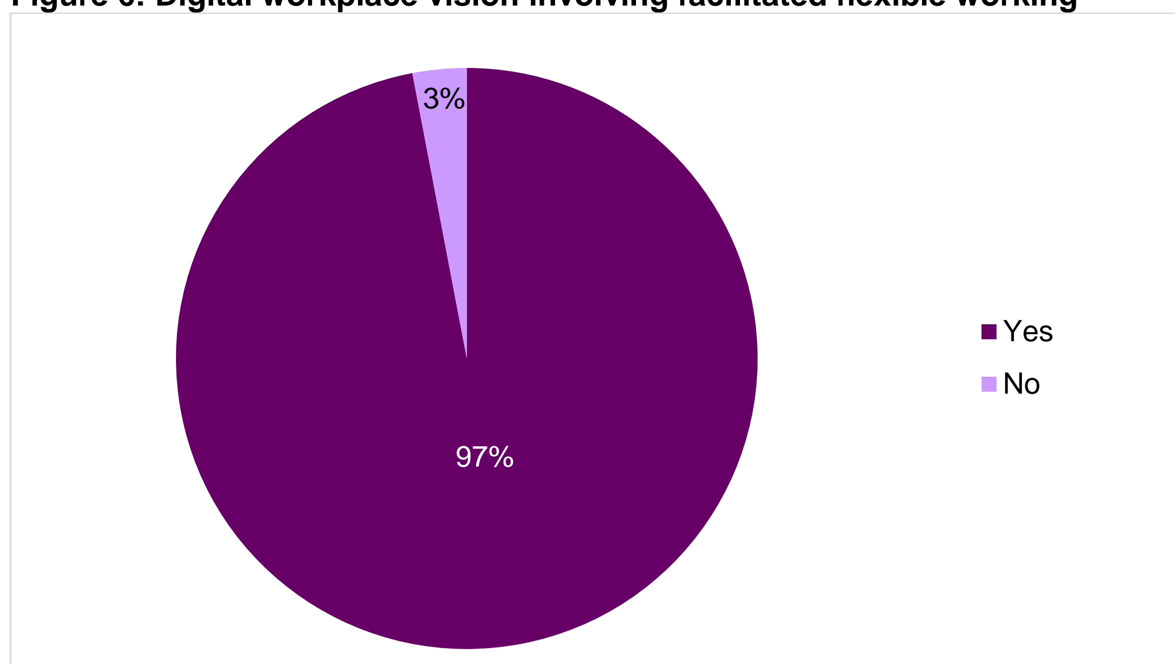
Base = 79

Respondents were again given the opportunity to provide comments or additional information regarding safe workloads and case allocation. The comments received were mostly additional information relating to one or more of the questions, such as clarifications or sharing of local practices, these are shown in Table A3 in Annex 2.

Managing Risks and Resources

Almost all (97 per cent) of respondent organisations reported they had a digital workplace vision involving facilitated flexible working, while three per cent did not, as shown in Figure 6.

Figure 6: Digital workplace vision involving facilitated flexible working



Base = 78

The provision of ICT was reportedly aligned properly with organisational ways of working in 79 per cent of respondent organisations, plans to address this where it was not the case included planned implementation of new ICT systems and use of an ICT strategy. These findings are shown in Table 9 and a list of all the plans to address where they are not aligned is shown in Table A4 of Annex A.

Table 9: Whether the provision of ICT was aligned properly with organisational ways of working

	Number	Per cent
Yes	62	79
No	14	18
Don't know	2	3

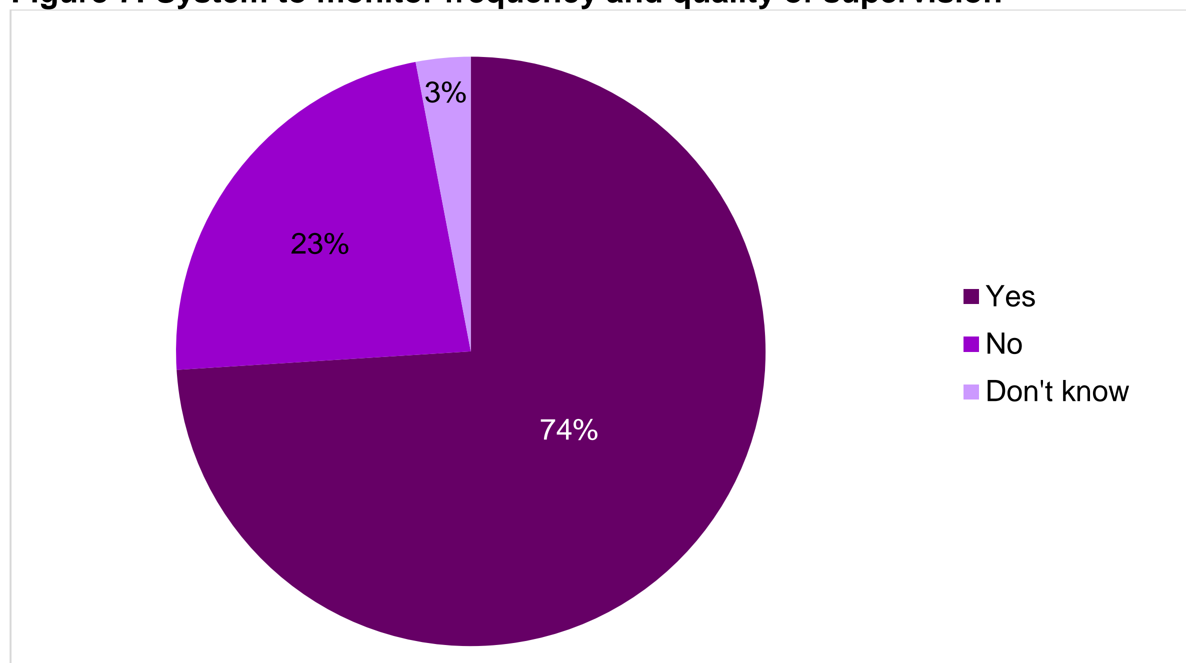
Base = 78

Once again, there was an opportunity to provide additional comments in relation to managing risks and resources at the end of this section of the survey. As with the previous sections, most of the comments contained additional information relating to one or more of the questions, these are shown in Table A5 in Annex A.

Effective and Appropriate Supervision

Three-quarters (74 per cent) of respondent organisations had a system in place to monitor frequency and quality of supervision in order to ensure effective practice is supported, 23 per cent did not have a system in place and three per cent did not know. These findings are shown in Figure 7.

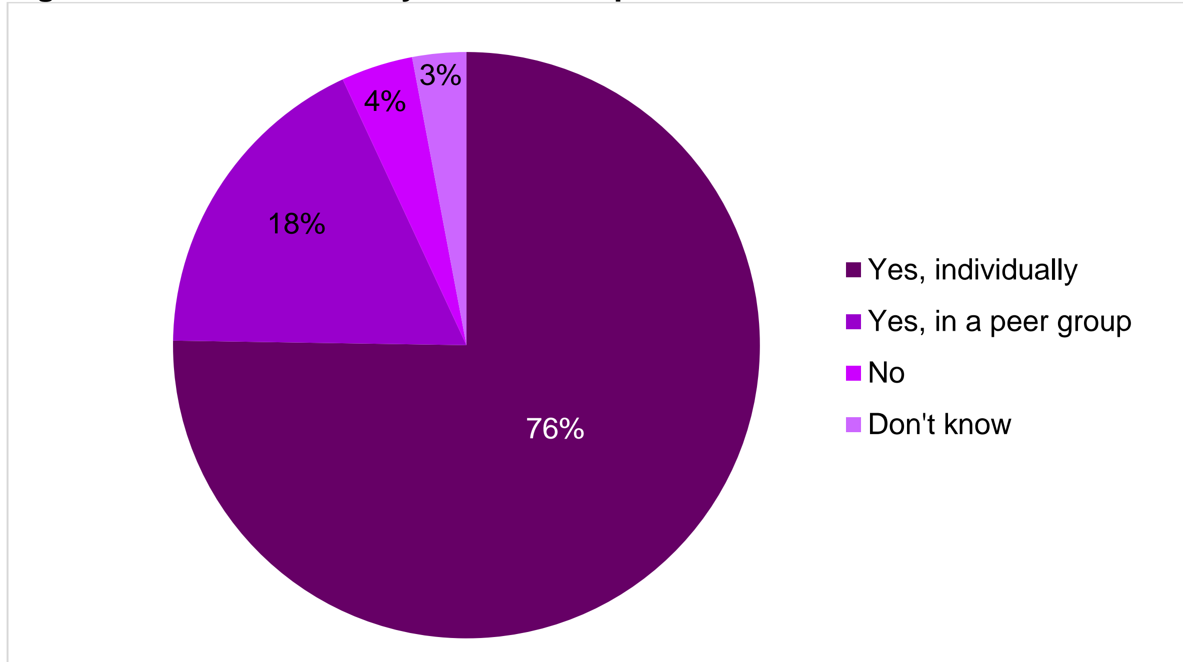
Figure 7: System to monitor frequency and quality of supervision



Base = 78

Critically reflective supervision was offered individually in 76 per cent of respondent organisations and within a peer group in 18 per cent. Four per cent of respondents did not offer supervision to their social workers while three per cent did not know. A breakdown of these findings is shown in Figure 8.

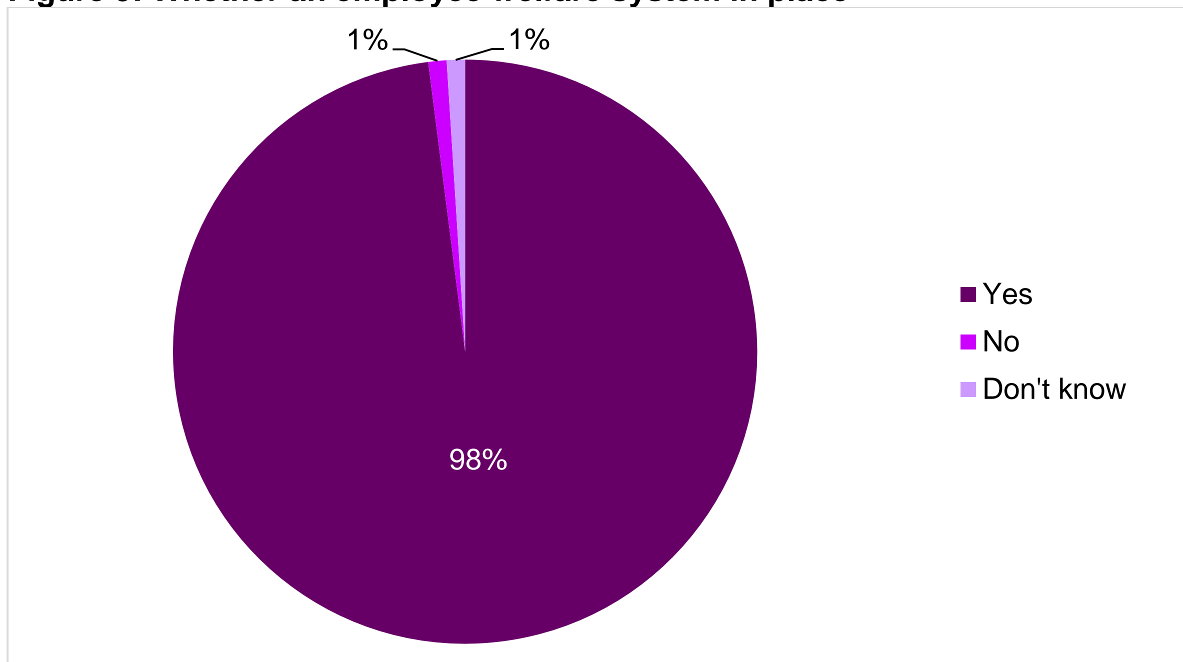
Figure 8: Whether critically reflective supervision is offered



Base = 78

An employee welfare system was in place in almost all (97 per cent) of respondent organisations and 95 per cent reported that staff knew how to access it, as shown in Figure 9 and Table 10.

Figure 9: Whether an employee welfare system in place



Base = 78

Table 10: Whether staff knew how to access the employee welfare system		
	Number	Per cent
Yes	72	95
No	1	1
Don't know	3	4

Base = 78

The most commonly cited activities in place to reduce stress levels and promote a healthy working environment among respondents were physical activities such as healthy walks, discounted gym membership, cycle schemes, sport and yoga, which were used by 42 per cent of respondents, this was followed by access to employee assistance scheme/counselling (38 per cent) and stress assessment/management (34 per cent). These findings shown in Table 11 and a breakdown of the responses is shown in Table A6 in Annex A.

Table 11: Activities in place to reduce stress levels and promote a healthy working environment		
	Number	Per cent
Physical activities (e.g. healthy walks, discounted gym membership, cycle schemes, sports, yoga)	32	42
Access to employee assistance scheme/counselling	29	38
Stress assessment/management	26	34
Flexible working/Flexi time	23	30
Supervision	22	29
Occupational Health Service	22	29
Meditation/mindfulness	19	25
Provision of health and wellbeing information/advice	19	25
Team/peer/management support	16	21
Social activities (e.g. lunches, outings, choir)	14	18
Feedback mechanisms (e.g. open door policy, staff surveys, forums)	12	16
Resilience building/training	11	14
Access to complementary therapies (e.g. physiotherapy, reflexology, massage)	8	11
Good working practices (e.g. workload management, taking breaks)	8	11
Team away days	7	9
CPD/Training	6	8
Health checks	4	5
Mentoring/shadowing/coaching	4	5
Healthy eating initiatives/advice	4	5
Office facilities (e.g. break out areas, allocated space)	4	5
Wellness recovery action plan (WRAP)	3	4
Reflective practice	2	3
Other activities	27	36

Base = 76 Respondents were allowed to provide multiple answers.

Most respondents (87 per cent) had lone worker policy/support in place to ensure staff welfare, risk assessment policy/procedures were in use for this purpose in 58 per cent of respondent organisations and 31 per cent were using health and safety policy/procedures/support. Two respondents (three per cent) highlighted that there were issues with their processes, one citing that they were not fit for purpose and the other reporting a perceived lack of risk assessments of roles. There is a full breakdown of these findings shown in Table 12 and a list of the other processes, including the two responses which highlighted issues, is shown in Table A7 in Annex A.

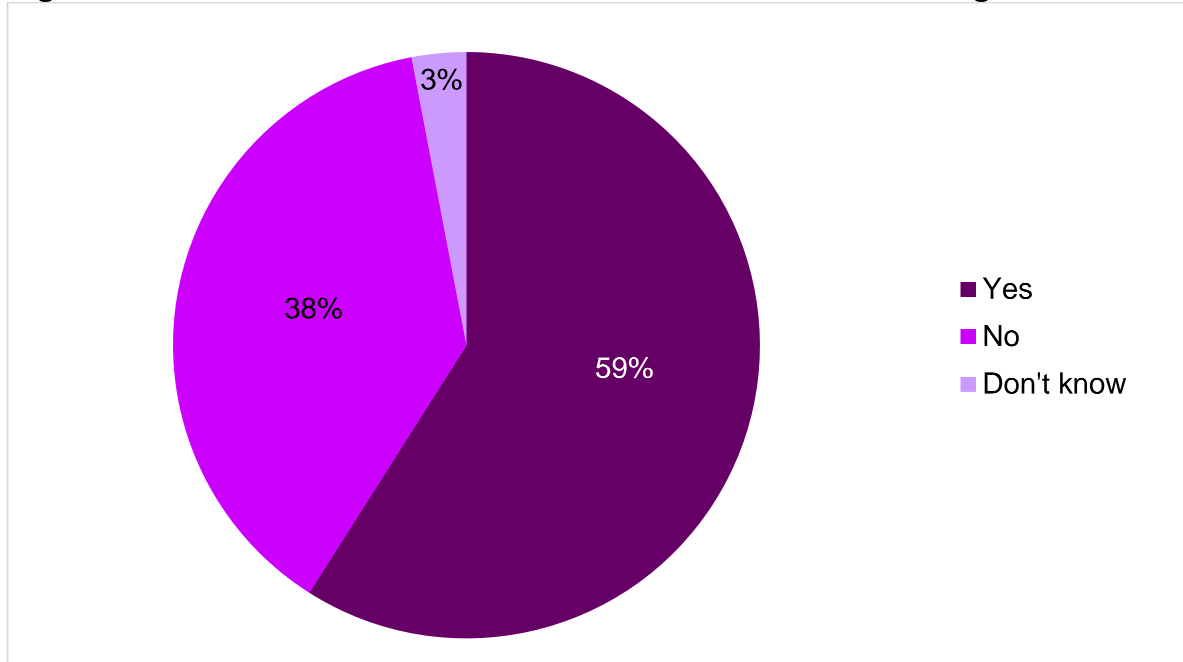
Table 12: Processes in place to ensure staff welfare

	Number	Per cent
Lone working policy/support	67	87
Risk assessment policy/procedures	45	58
Health and Safety policy/procedures/support	24	31
Supervision	15	19
Training/induction	13	17
HR policies/guidance (e.g. flexible working, sickness absence, dignity at work)	13	17
Stress risk assessments/management	11	14
Occupational Health support	8	10
Employee assistance scheme/Counselling	8	10
Welfare/wellbeing policy/support	8	10
Management/Principal Social Worker support	6	8
Incident reporting/debriefing	6	8
Mentoring/buddying	5	6
Feedback policy/mechanisms (e.g. to raise concerns, whistleblowing)	4	5
Joint visit policy/support	4	5
Workload management	3	4
Lack of/issues with policies	2	3
Other processes	14	18

Base = 77 Respondents were allowed to provide multiple answers.

Exit interviews were conducted by a member of staff outside of the leaver's line management in 59 per cent of respondent organisations. This was not the case in 38 per cent and three per cent did not know. These findings are shown in Figure 10.

Figure 10: Exit interviews conducted outside leaver's line management



Base = 76

As with the rest of the survey, respondents were given the opportunity to provide additional comments in relation to effective and appropriate supervision, a list of all the comments received is shown in Table A8 in Annex A.

Continuing Professional Development

Respondents were asked what type of formal career development pathways were in place for social workers within their organisations, just under half (47 per cent) had a CPD/Training and development programme, in 29 per cent it was through specialist roles such as Best Interest Assessor or Safeguarding Enquiry Officer and 28 per cent had a career progression framework/scheme. Thirteen per cent of respondents stated that they were currently in the process of developing or revising their scheme/policy while six per cent reported that they had no formal pathway/ scheme in place. A breakdown of these findings is shown in Table 13 and a full list of all the answers provided is shown in Table A9 in Annex A.

Table 13: Formal career development pathways

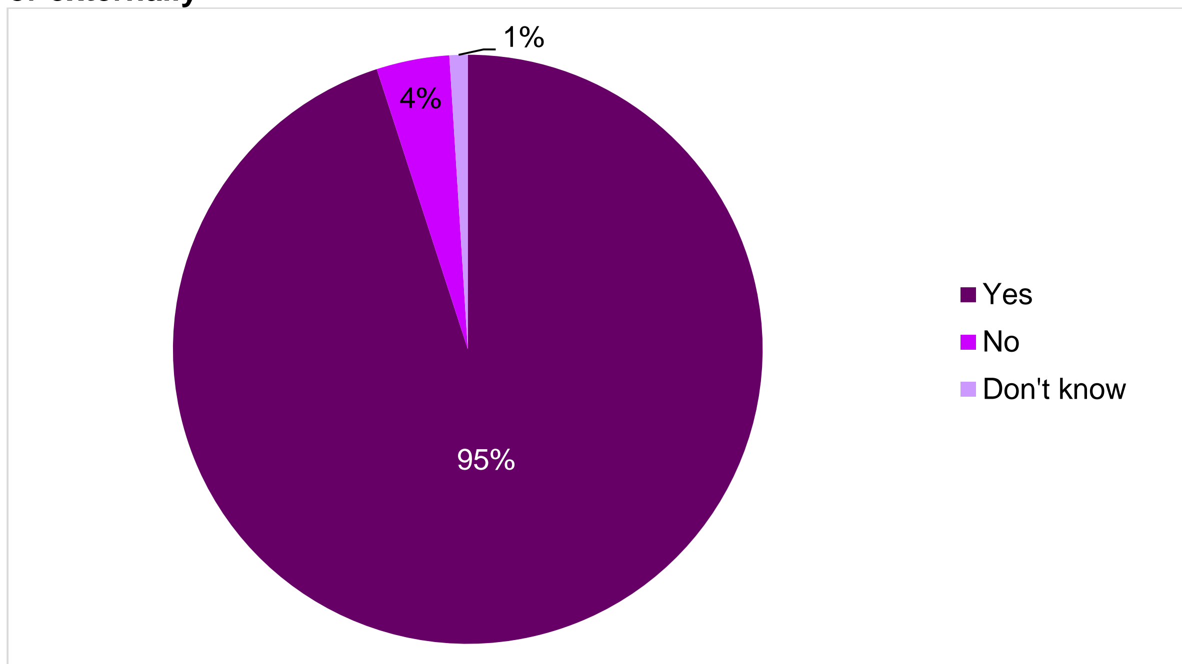
	Number	Per cent
CPD/Training and development programme	37	47
Role based progression	23	29
Career progression framework/scheme	22	28
Assessed and supported year in employment (ASYE)	15	19
PDPs/Appraisal scheme	7	9
Professional Capabilities Framework	4	5

Vacancy management	3	4
Other	6	8
Policy/scheme being developed/revised	10	13
No formal scheme/pathway	5	6

Base = 78 Respondents were allowed to provide multiple answers.

There was a culture of social workers being able to progress internally or externally either through promotion or secondment within most (95 per cent) respondent organisations, as illustrated in Figure 11.

Figure 11: Culture of social workers being able to progress either internally or externally



Base = 78

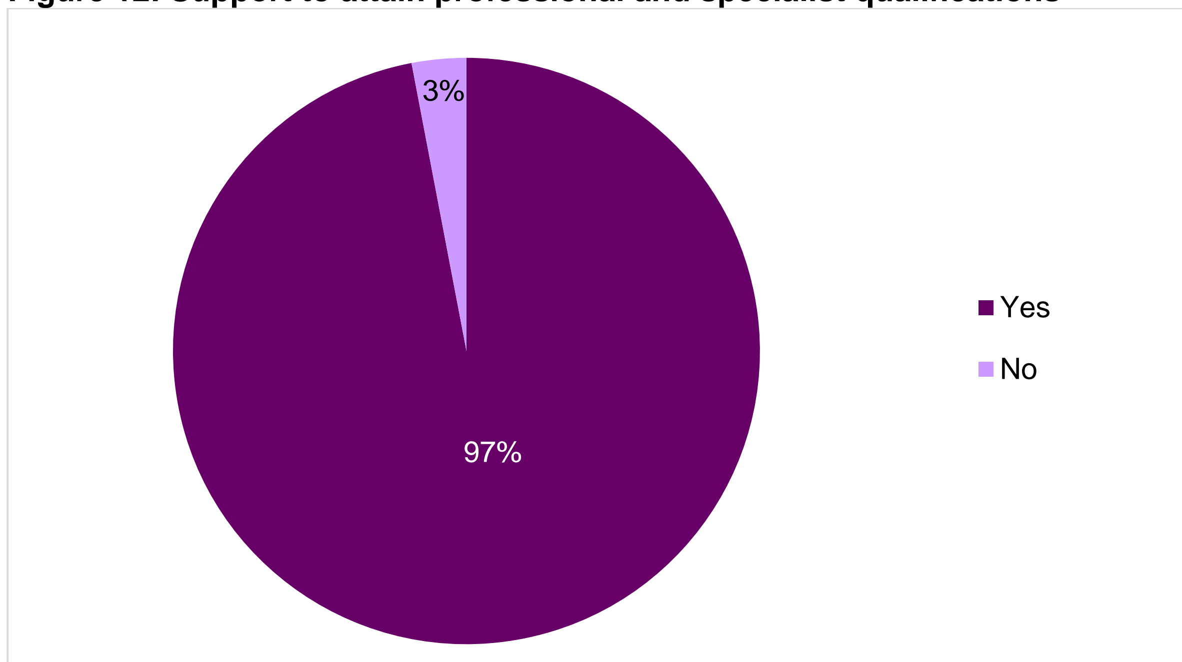
The most commonly available learning and development opportunities for people who supervise social workers involved training as 52 per cent of respondents offered supervision training, 40 per cent offered management training, 19 per cent offered Practice Educator Professional Standards (PEPS) training and 45 per cent offered other training. Leadership programmes were in place in 17 per cent of respondent organisations and coaching/mentoring was on offer in 13 per cent. One respondent (one per cent) reported that they didn't know if there were any learning and development opportunities. There is a breakdown of these findings in Table 14 and all of the answers provided are shown in Table A10 in Annex A.

Table 14: Learning and development opportunities for people who supervise social workers		
	Number	Per cent
Supervision training	40	52
Management training	31	40
PEPS training	15	19
Other training courses	35	45
Leadership programme	13	17
Coaching/Mentoring	10	13
Access to resources (e.g. community care inform)	9	12
CPD/PDPs	8	10
Peer support	3	4
Shadowing opportunities	3	4
Specialist roles	3	4
Supervision	3	4
Learning groups for managers	2	3
Other	10	13
Don't know	1	1

Base = 77 Respondents were allowed to provide multiple answers

Almost all respondents (97 per cent) supported social workers to attain a range of professional and specialist qualifications (such as PEPS, DoLS, AMHP as well as managerial/leadership and research projects) at various career levels, as shown in Figure 12.

Figure 12: Support to attain professional and specialist qualifications



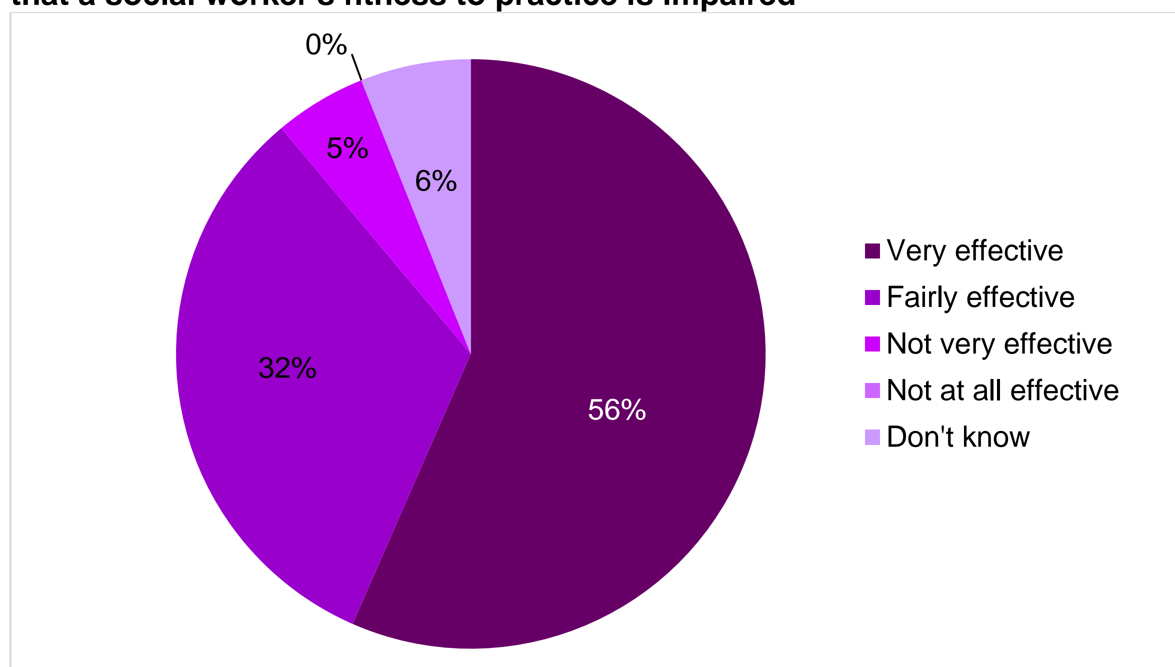
Base = 78

The additional comments relating to continual professional development that were received are shown in Table A11 in Annex A.

Professional Registration

Over half of respondents (56 per cent) thought the process to inform the regulator if there were concerns that a social worker's fitness to practice is impaired was very effective and a further 32 per cent rated it fairly effective. Only five per cent felt the process was not very effective and none found it to be not at all effective. There is a breakdown of these findings shown in Figure 13.

Figure 13: Effectiveness of process to inform the regulator about concerns that a social worker's fitness to practice is impaired



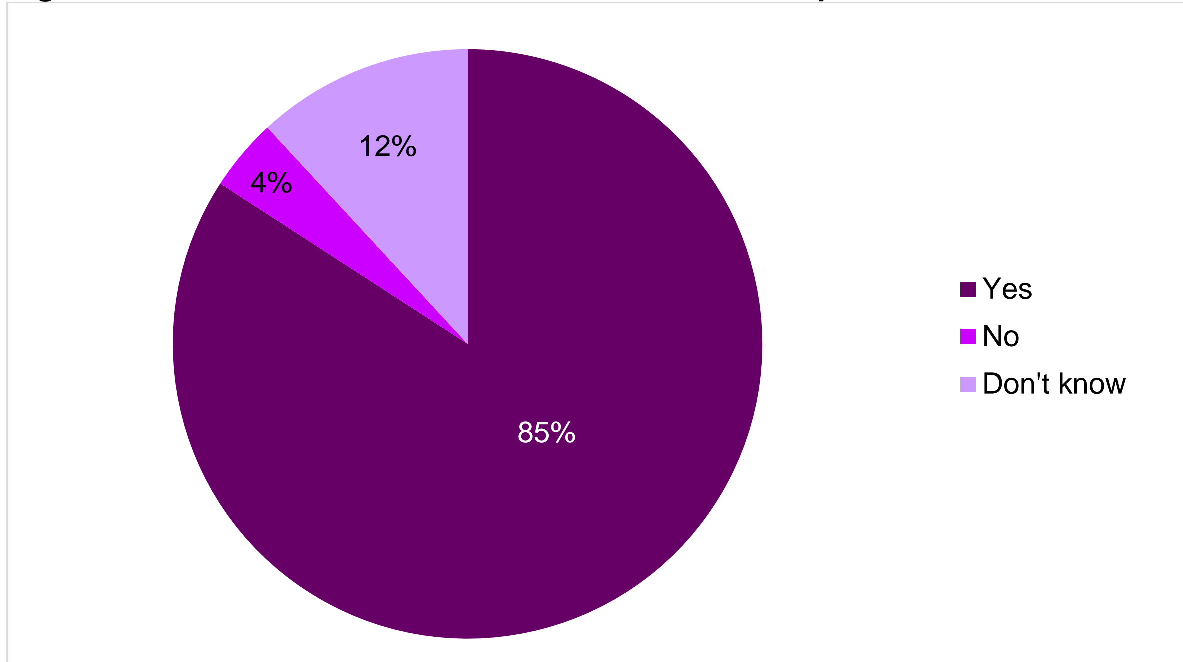
Base = 78

Most of the additional comments received for this section related to respondents' own practice in this area, although there were also some comments regarding the effectiveness of the HCPC process and some more general comments, these are all shown in Table A12 in Annex A.

Effective Partnerships

Feedback from service users was positive for 85 per cent of respondents, it was not for four per cent and 15 per cent of respondents stated that they did not know, as shown in Figure 14.

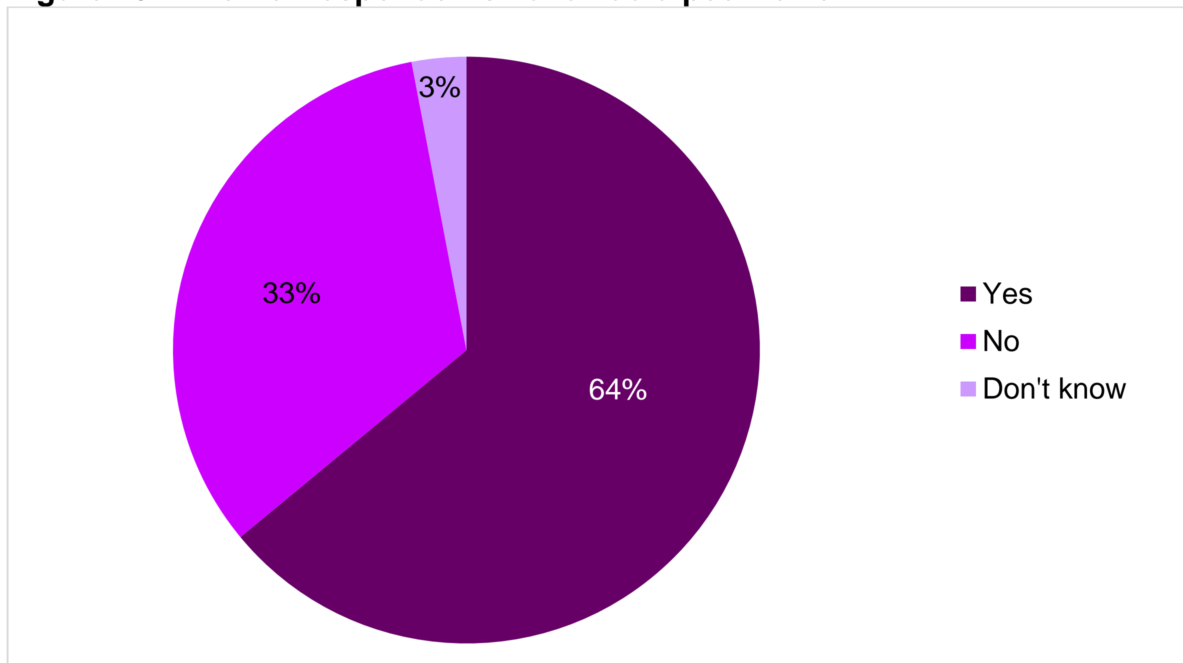
Figure 14: Whether feedback from service users was positive



Base = 78

Just under two-thirds (64 per cent) of respondents have had a peer review to identify any strengths or weaknesses in service delivery, a third (33 per cent) had not had one and three per cent did not know. These findings are shown in Figure 15.

Figure 15: Whether respondents have had a peer review



Base = 78

The additional comments received in relation to effective partnerships are shown in Table A13 in Annex A.

There was an opportunity for respondents to add any further additional comments they wished to make at the end of the survey, those received fell into four groups; information about locally conducted health check/survey, local practices/activities /issues, information about responses and comments/suggestions about the survey format. All of the comments received are shown in Table A14 in Annex A.

Annex A

Answers provided to open text questions

Table A1: Other opportunities offered to team members to contribute to developing their profession
Continual Professional Development training courses (x 16)
Shadowing (x 5)
Secondments (x 3)
Teaching Partnership (x 2)
Acting as champions, new opportunities as a result of changing demand
ASYE training (for NQSWs)
Attending external seminars/workshops
Community Care inform, webinars
Conferences/seminars
Contributing to lectures
Contribution to University Teaching Partnership
Contribution to development and working groups
Developing Specialist practice,
Development of work streams
Future Leaders Programme in place alongside full Managers Programme of learning.
Involvement in the <*area name*> Social Work Academy, ASYE assessor
Mental health recovery and CBT in house learning opportunities; workshops
Observing practice; training colleagues.
Opportunity to provide training
Peer Learning, Focus Groups and Steering Groups, Forums (external and internal)
Peer Review
PQ CPD courses, involvement in service development
Pracademics
Practice Supervision/assessment of ASYE's
Prevention work; champions meetings; professional practice meetings and forums; supporting policy and procedure development and change; targeted pieces of work; giving presentations to others
Project work
Social Work Board and innovation sites.
Staff Forums, Peer Support Sessions, Senior Practice Roles
Supervision of junior staff; acting up for managers

Supervision, ASYE
Support at Universities for interviewing
Supporting with Think Ahead Programme, mentoring re Mental Capacity Assessments, delivering training
Teaching Consultant role in the teaching partnership
Training and provision of professional advice to other agencies, psychological interventions, participating in national work
Working within multidisciplinary teams, shadowing and being a practice champion

Table A1: Effective workforce planning - additional comments
Number of Posts
At present vacancies within teams are currently being held within the organisation, as a result of a Management of Change (MOC) process currently underway. Staffing posts will be reorganised and prioritised in accordance to s75 contract requirements during the MOC process. This MOC is taking place due to a significant reduction in funding from our commissioner. Additional 32 - First line managers who manage integrated teams.
In the last year, across all of adult social care services, staff turnover has been 6.8%
Staff turnover is 10.25% with voluntary resignation 8.95%
We also have 1 social work qualified service manager and assistant director for adult services
We are looking to have a recruitment day in the New year, we recruited 9 ASYE's just over a year ago, but 4 of these have now left!
Long term absence
Human Resource information shows sick leave related to stress as 0, however our survey reports 10% of staff.
Long-term-absence: all figures are for the month of December, which is slightly higher than the monthly average of 10 (all conditions incl. stress).
Sickness figures related to formal HR involvement in the last 12 months.
Sickness is not recorded in a way that allows us to report by the number of posts where Social workers are on long term absence or the reasons for that. Overall the sickness rate for Social workers, expressed as a% of working time lost is 3.7% This is not disaggregated x social workers x long or short term, or x reason. The working hours aren't electronically recorded- individuals maintain their own records and use of flexitime is overseen by locality managers.
Stress amongst social workers is high, but those taking sickness due to stress is not; with 8.2% stating they had taken sick leave due to stress in the last year. This is a significant improvement since 2016 when the number of people who had taken sick leave was 20.41%.

Average weekly hours
Av hours worked based on average hours of contracted staff. FTE contacted = 37 hours per week; however workers will always complete urgent case work / visits which will increase hours in the period in a bespoke manner, those hours reclaimed when workloads allow. We are looking to make better use of the Skills for Care NMDS for workforce planning. Close links and dedicated worker for social care.
Average hours worked per week - 99% of social workers surveyed stated that they are working over their contracted hours. 61% state this is on a regular basis and 38% stating that this is occasional
In relation to average hours worked, social workers were asked in our organisational health check about how many hours they worked over and above their contracted hours, some staff indicated working over and above their hours, however were able to take flexi time back.
It is difficult to ascertain the average number of hours worked for staff but we know that the majority or staff work above their contracted hours on an occasional or regular basis. From Qualified Staff Survey (June 2017) - 75% of registered social workers work full time. With 52% of these working overtime 'most or every week'
The average number of hours is difficult to average as we have a number of part time posts. The figure of 40 is based on full time member of staff, i.e. working 3 hours over their 37
The staff survey neglected to ask workers to say if they were full or part time so the average hours worked stated above (35) may not be entirely representative. However the 97% who said they worked over their contacted hours said they only worked between 1-5 hours
The working hours aren't electronically recorded - individuals maintain their own records and use of flexitime is overseen by locality managers.
Unable to accurately state number of hours worked on average as this information collected for the whole of the workforce.
We encourage staff to have a healthy work/life balance. Although averages are difficult to calculate overall, and will depend on demand, staff sickness, duty tasks, emergencies, and other factors, the consensus from staff consulted seems to be that this does not typically exceed 5% more than the working week of 36 hours.
Working hours: this answer is an average of all Social Workers, both full and part-time. It should be noted that average contracted hours per week for <*Organisation name*>'s Social Workers is 34 hours/week, so Social Workers are working an average of 3 hours per week in excess of their contracted hours.
Supervision
Feedback from staff and managers is that supervision is taking place monthly (and more frequently in some circumstances e.g. ASYE's) in line with our policy. There was a range of responses – most suggestive that supervision is monthly, on time and supportive, although there were a small number of different views which we are being discussed and explored.

Line Management supervision is the same as professional supervision all social workers are managed by a social worker - up to director level
Positive staff feedback emphasised that informal supervision, including peer support and support provided by Advanced Social Work Practitioners, as being readily available and includes sharing good practice, updates and support in achieving professional guidance. However further analysis is required to ensure this support is available to all teams and staff.
Supervision sessions alternate between caseload / line manager supervision and reflective supervision, generally this is done as a small practitioner group. This means that practitioner have supervision every 3 weeks.
The responses to the questions on frequency of supervision and CPD were asked in our annual staff survey. The response given is therefore the response that the highest number of people chose in their individual submissions. 89% of workers said that they received supervision monthly.
We are conducting a supervision review as part of wider practice governance and development.
We are currently addressing Supervision as an area for improvement.42% of registered social workers have supervision every 6 – 8 weeks; 39% of this group have supervision monthly; and the quality of Supervision was not always 'good'. There was no difference between professional and management supervision - we always try to align this.
We are part of the <*Area name*> Teaching Partnership and have seconded social workers to undertake supervision, group work and training workshops with final year students from <*University name*>
We have Band 7 staff who are team managers and band 7 staff who are senior practitioners. The team manger sees the staff every week and the senior practitioner supervises the staff every month for 3 hours.
Development opportunities
As part of the <*Area Name*> Regional Teaching Partnership we also have a practitioners who teach programme. Individual development plans are reviewed annually and these will take into account individual learning, training and development needs relating to professional development.
Assigned Social Work staff have the opportunity to undertake degree and masters levels modules in health and social care related courses through links with a local partner university. Our ASYE's also have the opportunity to undertake this programme through Bournemouth University. Dedicated trainee AMHP posts are regularly advertised within the organisation. Plans are progressing to support access to other areas of PQ framework,
ASYE program to develop and support newly qualified social workers. BIA training is twice a year and is part of the CPD framework. Annual work based supervisor and PEPS training which then involves taking on students and opportunities to supervise newly qualified social workers (part of CPD framework). NOTE: more actual profession developing courses etc. AMHP training for mental health social workers. Robust learning and development program face to face and e-learning courses on a range of subjects to build knowledge and skills. This is robustly monitored at corporate level. Also,

shadowing and mentoring programs, supervision, group reflective supervision; all honing skills and knowledge. To grow internal social worker capacity, we are now actively funding social work degrees for our social work assistants
It is difficult to answer with confidence if team members have been able to attend the CPD opportunities planned in their appraisal - <*Organisation name*> have a good focus on appraisals, but unclear regarding meeting planned objectives. Regarding opportunities to contribute to developing their profession, we have a number of Practice Educators, and trainees PEs; <*Organisation Name*> have a mentoring and coaching philosophy and encourage staff to support others through buddying, mentoring and coaching, and we have been involved in several research opportunities with local universities where we have encouraged staff participation, including around dementia and admission to residential care; self-neglect, and our PSW has been involved in two research projects with the mental health foundation. We do not undertake formal research into aspects of Adult Social Care internally.
Learning and development programme based on learning requirements identified in PDRs
Regulated staff are given time to complete their CPD Portfolios as well as learning and development opportunities
Senior social work practitioners are involved in providing training and development for social workers within adult services in conjunction with staff development.
Some CPD opportunities identified in appraisals have not been fulfilled due to a lack of availability of courses for some staff - this is often due to the specialist nature of their roles
Staff at all levels have the opportunity to be involved in consultation sessions regarding structure, roles and policy and procedures, paperwork and challenge groups. This can include discussions at team meetings, workshops, service wide and national surveys. • Supervision of student(s) on placement - We have a virtual Learning Unit which includes 6 Specialist Practitioner Educators, 2 Specialists Practitioners ASYE's and 43 Practice Educators. The Learning Unit supports both social work students and the NQSW staff. There is also the opportunity for workers involved in this unit to be actively involved in reviewing and developing HEI curriculum and they are involved in interviewing, marking, assessing and mentoring. • mentoring another team member - There are opportunities at team level e.g. buddy arrangements for new workers and ASYEs etc. Mentoring arrangements are developed as identified in supervision. There is a corporate coaching and mentoring scheme which extends to people being able to access coaches and mentors from a regional network. There are a number of in-house coaches and mentors and this area is expanding. • undertaking research - Consultation through surveys and briefing sessions. Workers have the opportunity to be involved in in-house research, development and projects that are being undertaken. <*Organisation name*>'s

involvement in the Teaching Partnership will give people the opportunity for workers to be involved in more academic research.
Staff feedback also highlighted that developmental opportunities such as AMHP, BIA and PE were available for social workers, with further emphasis required in the development of social care assessor programs. It is noted by steering group attendees that Senior Social Work Managers and Team Leads also request further emphasis upon CPD opportunities particularly where managers have a social work background.
Staff have recently transferred over from the LA. Interim appraisals are planned for Dec - Feb. Essential training requirements are currently being updated Care Progression Framework is in place from ASYE - Experienced
The casework is too heavy to have time to participate in training. Lack of opportunities to develop professionally
There are several opportunities for professional development including BIA and PEPS training. We have recently conducted a safeguarding case audit which is supporting practice development.
There has been a reduction in availability to attend CPD opportunities following a review of workforce development, this is now managed corporately. In the process of recruiting a Learning and Development Manager for Adult Social Care to help support with improving CPD opportunities for staff.
We are just consulting with staff on the launch of a social care academy which is designed to provide clear CPD pathways with an individual interface with CPD through career conversations and professional development plans
We have a system in place whereby all staff in adult and community services are given protected continued professional development time in addition to other learning and development opportunities.
We have collected attendance data on courses/training for the period 1 January to 31 July 2017. Overall, there has been a reduction in course cancellation and an increase in attendance on training courses; this has been a gradual improvement over the last 12-18 months. A total of 121 courses were scheduled from January to July 2017. Of these courses, 14 were cancelled, giving an 83.06% success rate. In terms of course attendance, a potential 2259 places for the various courses were made available for staff to attend. There was a 65% attendance rate at courses (1458 delegates). This was primarily due to sickness/ manager request due to staff shortages. The Workforce Development Team has now established a Newsletter and supported the introduction of Transforming Adults Action Group (TAAG), which has been established to help move forward engagement within the service. This work ties into our Transforming Adult Social Care Programme. The training planning for Adult Social Care is undertaken through an annual planning process supported by the Workforce Development Team, and that leads to the production of a training matrix categorised by job role/family and priorities to meet both mandatory/regulatory requirements and quality improvement which is secured via internal delivery, resources such as CCI, RiPfa or external procurement.

There is an understandably fluid picture of additional responsibilities for staff, for example, we currently have 15 ASYE's, but are not currently planning on recruiting more in the immediate future, therefore a significant amount of time currently is spent supporting those staff which will not be the case going forward. There are expectations around more experienced and senior social workers supporting other staff within the team.
92% of staff confirmed that they have been able to attend development opportunities identified as part of their CPD
With regards to the questions regarding professional supervision, a new supervision policy has recently come into place and this means that a supervision will happen with a social care caseload practitioner once a month.
Other comments on effective workforce planning
I was new in post in April. I have tried to identify how information is gathered and it has been identified as a gap. Much of the specific detail required is not available. Responses are based on verbal feedback to PSW, Peer review and People survey feedback.
Team Leader posts are a blended role (manager detail is captured at the end of September 2017) that has a degree of social work management within their role, working within an integrated team function across social care/work and health staff groups.

Table A2: Safe workloads and case allocation - additional comments
Average caseload
Duty teams do not hold case responsibility. Workers across the business will hold a maximum of 25. This will vary according to the team. Senior Practitioners may joint work complex cases with social workers or have whole responsibility for a total of 5.
An analysis of case load data was extracted from electronic recording systems and a staff completed survey, both provided a variation of data in relation to case load numbers, whereby team caseloads would demonstrate variation between 15 – 35 cases for a FTE staff member. It is important to note that team variation existed in the data returned due to the number of part time employees (reduced caseload), in hospital settings and where staff members do not hold caseloads. The data returned was averaged across the organisational staffing and active caseload data;
Average caseload is around 20 this varies across <*Organisation name*> and some teams have run localised referral management systems to manage demand in their area. This is a measure which captures the dynamic progress of work and values throughput. There isn't a senior practitioner role in adult services in <*Organisation name*>, and team managers do not carry cases. Our Forensic Social Work team carries an average of 15 cases and our AMHP team do not carry cases in the traditional sense although they offer social supervision.
Average caseload Social Worker in Neighbourhood teams 15-18, Senior practitioner 5-8, Team manager 0 SQA (safeguarding) Social workers 10,

Senior practitioners 10 Team manager 0/ Mental Health of Older Adults social worker / senior social workers 16-18 Team manager 0 Allocation
Average number of cases for a social worker across the service is 21 cases. We did not specifically ask for numbers on caseloads for grade 8 social workers and senior practitioners as social workers are grade 8/9 so I have entered 21 for both grades. Team managers are non-case holding.
Caseloads vary greatly between the social enterprises and the teams within them. It is not felt that caseloads are too onerous
Caseload work has been a priority this year and has reduced the numbers to the above and has been intertwined with a focus on the increase of the quality of the social work involvement.
Caseloads within the Learning Disability Service is higher with the average caseload being 40.
Casework numbers are not entirely representative of caseloads: social workers work with social work assistants, and such cases are logged to the social work assistant on our IT system.
Deputy Team Managers may hold on average 3 cases due to complexity or excessive demands on team.
Holding of complex casework is under review as currently senior practitioners do not hold cases due to allocation of supervisory and delegated team manager tasks. This is likely to change following the practice review which is underway.
I have put in zero for caseloads for Senior Practitioners. We do not have this role in the authority.
In relation to average caseloads this is dependent on service area - mental health is 25 per full time worker, learning disability social workers carry a higher caseload as they are named workers - though average is 50. Integrated neighbourhood social workers carry on average 27 cases. Transfer of care (hospital discharge) have an average of 6 cases.
It is impossible to answer the question on caseload as it varies greatly between teams depending on type of work undertaken.
From Qualified Staff Survey, 41% of SW staff hold a caseload of less than 25 Adults or Carers, with a further 18% holding cases between 26 and 45.
Overall, the average number of cases held typically by a Social Worker working within a team which provides the full 'cycle' of responses (e.g. assessment, re-assessment, review, care and support delivery, case closure) is around 20 cases per FTE. Non-qualified staff and senior practitioners may hold smaller caseloads, but this depends on demands within each particular team. In trying to arrive at a fair reflection of caseload levels, we recognise that we cannot easily reflect differences in job role, complexity and demand. Staff that work in services such as reablement or hospital discharge setting will have, on average, a quicker turnover of cases, so their caseloads may be lower at any given time but with high turnover and varying complexity, versus staff who may be reviewing longer term packages of care who may hold larger caseloads with lower turnover.

Senior Practitioners do not case hold in general. Demand and complexity on occasion means senior practitioners will hold a case for a time.
On average social workers report working with between 16 and 25 people. The majority of social workers reported that their allocated work was manageable. Information on work allocated to Senior Practitioners is not known. Some work is awaiting allocation- the volume is not high
The low case load numbers relate to the nature of roles as these staff undertaken safeguarding duty and triage; quality audits; MCA and DOLS lead practice; and others are DOLS referral officers and admin.
The duty team don't hold cases but work from a duty clipboard.
The question regarding caseload both managers and practice consultants do not have a caseload, however there are some Practice Consultants that still have some cases carried over from a promotion.
The use of the term "duty team" is ambiguous and we don't employ Senior Practitioners. I've included the average caseload for a Social Worker. Because everything is allocated on the case management system a percentage of the caseload will inevitably comprise some people on a review code.
The answers here are an approximate as it is difficult to get accurate information on this
The low case load numbers relate to the nature of roles as these staff undertaken safeguarding duty and triage; quality audits; MCA and DOLS lead practice; and others are DOLS referral officers and admin.
Varies depending on different teams.
We are currently developing a new workload management tool.
We do not operate a duty team system. The figures supplied therefore relate to average of our community/locality teams.
We don't have a duty team system as such and have based this on the front door to ASC
Cancellation of meetings
How often are workers required to cancel meetings with people who use services and other professionals in an average week due to re-prioritisation of work? Have blocks been identified in workflows and if so what action is being taken to resolve them? Unfortunately we do not currently collate data about cancelled or rearranged appointments. Individual case work is reviewed in case discussions and any block on an individual level are identified and managed within this format. The Adults Performance Dashboard provides data about workflow at an individual, team and service level. This data is accessible to staff at all levels of the service. In addition there are monthly performance reports (service and team level) available to all management teams and weekly team updates with the data at worker level. We also have audit reports. The expectation is that work is carried out by the team but where additional support mechanisms are required due to blocks in workflow, work may be spread across teams. An example of this was that we had a roving allocation team that dealt with backlogs such as LD/ILF reviews. The

Specialist Practice Educators will also work on cases when they have no students.
Cancelling of meetings with clients is when staff sick at short notice - Clients meetings are seen as a priority for staff.
Meetings with service users would be prioritised; what was highlighted was that training is often not prioritised / cancelled due to work demands Workload allocation arrangements tended to be more informal / flexible than any formal, generic model applied across the department
We do not currently gather figures on how often staff have to cancel meetings
In relation to cancellation of meetings, most staff indicated that they rarely have to cancel meetings, with the 2nd highest value being occasionally. In this instance we have assumed this correlates best with the value of once per week across our staff.
Information on cancellation of direct work with people with needs not known to complete survey answer less than once per week inputted.
N.B. average for cancelling meetings is twice per week.
It is more likely that staff will cancel training etc. to work with Adults/Carers, rather than cancelling meetings with Adults to re-prioritise work. From staff survey – 57% of SW staff have to cancel training etc. to prioritise work with Adults.
Social workers have confirmed that occasionally cancellation of meetings or assessments are necessary due to reprioritisation of a more urgent case or staff shortages due to sickness/leave/training. The frequency is difficult to quantify but it does happen and has happened to majority of workers at some time, the greatest area of consensus from responses suggests that this may happen on average once per week per team. Colleagues at the MASH have confirmed that this rarely happens, which is to be expected as the majority of their work is in response to urgent or complex situations. Social workers confirm that priority always given to service user visits and cancelling is avoided wherever possible, however this is not guaranteed with other meetings.
The question regarding how after meetings are cancelled. Again we do not measure this in numbers per week, this has been done by percentage. 53% are required to cancel meetings sometimes, 20% not at all, 22% often and 5% all the time.
Casework allocation
We have a resource allocation process in place. The aim of this is to ensure that risk is being managed effectively and appropriately and that individual choice and right to self-determination (the right to take risk) is promoted and respected at all times. The Prioritisation for Allocation Tool (electronic) is used by Senior Practitioners Delivery and Team Managers has been designed to assist Teams to prioritise cases based on the risks identified. Four broad prioritisation levels have been drawn up. These levels are to be used to determine priority for allocation, level 4 being the lowest priority and level 1 being the highest priority.

What is the escalation process for these cases and alerts to senior managers? There is a clear traffic light escalation process which is reviewed weekly as part of the allocation process.
A caseload management system is employed to allocate cases and manage workload. A workers experience, capability and hours of work are considerations as is the complexity of cases, support to ASYE's, Social Care Practitioners and 1:1 responsibilities.
Allocated caseloads are a major problem. The complexity and amount of work various from individuals, however this is not taken into account.
Practice is that we try to ensure that there is a good mix in terms of allocation to workers so that they get varying levels of complexity and that they do not get overwhelmed. Cases are also allocated to provide developmental opportunities to skill up staff in different areas of practice for e.g. hoarding, self-neglect, safeguarding and Court work where identified as a learning need. Cases can also be allocated to utilise the expertise and interests of particular worker.
Practice is that we try to ensure that there is a good mix in terms of allocation to workers so that they get varying levels of complexity and that they do not get overwhelmed. Cases are also allocated to provide developmental opportunities to skill up staff in different areas of practice for e.g. hoarding, self-neglect, safeguarding and Court work where identified as a learning need. Cases can also be allocated to utilise the expertise and interests of particular worker.
Cases are allocated on the basis of experience, skills, knowledge and the capacity of the social worker to take the work
Case allocation process and case weighting being system being explored
Casework allocation and negotiation is managed by first line managers. There is not a formal system
Workload allocation arrangements tended to be more informal / flexible than any formal, generic model applied across the department
Generally where capacity allows cases are allocated on a worker's strengths and skills.
We rely on local Team knowledge regarding the allocation of work - Managers who allocate work are aware of the skills/development needs within their team. We encourage staff to co-work, or shadow other colleagues who have specific experience, on a locally arranged basis.
Our supervision policy specifies the need to match practitioner knowledge and skills the allocation of work - how this is implemented in practice may vary in different teams across the service and will be influenced by demand and volume. Closer scrutiny is applied to work allocated to newly qualified social workers to ensure appropriate caseload protection. All practitioners are encouraged to negotiate allocations with their supervisor or manager.
Cases are allocated through supervision discussions where SW can discuss if they need further support or request particular types of work to expand their knowledge/ skills. The survey indicated that SW staff feel well-supported by their manager

Because everything is allocated on the case management system a percentage of the caseload will inevitably comprise some people on a review code.
We have a caseload management system in place that allows supervisors / workers to have conversations around caseload complexity and demands.
Opportunities for Social Workers to co-work complex cases
Unfortunately, there is a lack of more experienced social workers to co-work with to share their knowledge and experience. There is a huge turnover of staff.
This is routinely provided to NQSW and those going through the ASYE to assist in their development and gain experience of dealing with greater levels of complexity or in safeguarding work. Elsewhere informal buddy arrangements or formal co-working arrangements are used to support less experienced workers if needed.
Provision is also made for a social worker to be allocated to co-work alongside a community assessment officer or a more experienced social worker if the situation becomes more complex
Certainly, this is being offered and encouraged within the team members and is supported with the supervision and guidance of senior staff. Unqualified /less experienced staff members are offered co-working opportunities around complex cases and this has seen very positive outcomes. Additionally, this is to allow less experienced staff gain skills and knowledge in particular areas, build up their confidence (especially around substance misuse, non-engagement with services, high risk cases or issues around mental capacity vs. unwise decisions). Social Workers can work with a variety of co-workers either more experienced people in the team or professional social workers from other teams e.g. mental health or practitioners with other qualifications e.g. Autism Practice Lead, MDT's, single point of access (IRIS – integrated referral information system - with the hospital), integrated working opportunities, we are also working towards an integrated care management with health and social care.
Opportunities exist for social workers who are progressing through level 1 to 3 to co-work safeguarding investigations with level 3 social workers.
We encourage staff to co-work, or shadow other colleagues who have specific experience, on a locally arranged basis.
Feedback from staff representatives at our <*service improvement group*> suggests that there are regular opportunities to co-work cases. However, there is recognition that this is not routine, and will happen as a result of cases that are complex, of concern, or may place additional emotional or time demands on staff. The capacity to develop this further is limited as at times increased or urgent demand requires more flexibility from staff.
There is a supportive ASYE programme in place
Complex work is either co-worked (if above level of worker) or re-allocated.
Other comments
In <*Organisation*> there are currently separate pathways for assessment and care management work within adults Assessment and Support Planning.

Work has been split between Standard and Complex pathways. The Standard pathway provides an assessment completed by a non social work qualified worker and links into the enablement pathway. Complex Pathway is where the assessment and intervention requires the skills and knowledge of a social worker. All social workers are Gr 4 workers. Grade 5 staff are either Specialist Practitioners (Safeguarding, ASYE, Subject Experts, Practice Education) or Senior Practitioners (Workforce, Delivery) which are the line management roles. There are career pathways in <*organisation name*> for non Social Work qualified staff, social work staff and leadership and management.
A Joint Visit Guide is prepared and currently being piloted as part of the <*organisation*>'s Transformation project – The guide has been developed for Social Care Practitioners to clarify the circumstances for allocation and when joint home visits should be considered. The guide supplements the <*organisation*>'s lone working policy/Standard Operating Procedure. Staff feedback emphasised that both allocation meetings and the use of the case management tool were a positive mechanism to discuss caseloads and priorities. Joint visits were confirmed as necessary only where risks, for developmental opportunities or where second opinions were required.
Due to the organisational structure we do not have a duty team - this survey relates to staff working in Mental Health teams, AMHP's, BIA's and Safeguarding Managers.
Not operating traditional duty system now. We have a team answering live calls from public - trying to manage demand with robust conversations utilising in house reablement services to meet urgent demand.

Table A3: Plans in place to align the provision of ICT properly with organisational ways of working
New IT System
New IT system in implementation over the next 18 months
The organisation currently has two incompatible IT systems and will be looking to resolve this with the implementation of a single IT system.
We are implementing a new IT Social Care System, which will enable increased mobile working opportunities
We are re procuring our database systems in both adult and children's services.
ICT Strategy
The <*Organisation*> has an IT Strategy it is working through
There is an IT strategy in place
Other plans
Assistant Director for adult social care sits on the digital first board which oversees digital transformation for the council
Feedback from both team visits and survey all stressed that It did not support the business. Staff felt that they do not feel involved with decisions about IT requirements. New I-pads praised and plans to commission a new case

management system has commenced. New PSW will bridge staff engagement in this process to ensure that it supports practice.
Not defined
There is a digital workplace project which is looking at more flexible use of space in Council offices IT and flexible working
There is a new case recording system being installed in Oct 2018. there is also a strategy to improve wider IT infrastructure to support flexible working
There is presently a major change programme taking place called 21st Century Council which is looking at ways to improve ICT across the services.
This is in progress and we have set up an accommodation and remote working project/board to review best options/practice. Although there are several ICT projects that are in progress that will improve ways of working / outcomes for our residents, which include: • Connected care – health and social care integration ICT project. • Improved Mobile working • New unified Telephony solution • New CRM • Improved management information systems • Upgraded Client Management System • Improved strength based resource allocation system • Single view – Adults/Children's/Early Health/Schools data • Improved Transition functionality • Client Needs Portal • Client Self-service financial assessment & benefit check portal.
Work in progress regarding social care system to make it more responsive, work underway regarding mobile solutions

Table A5: Managing risks and resources – additional comments
Digital workplace vision involving facilitated flexible working
Our staff indicated strongly within the survey that the Case management system support their work.
The <*Organisation*> has made significant progress with flexible and remote working through a programme called <*programme name*> which aims to transform the culture and working practices of the organisation. The principles of the programme are: • Our residents and businesses drive everything we do; • Take personal responsibility and be accountable; • Anywhere is your office; • A space at the heart of the community. Key to the programme's success, is achieving a 2:1 desk ratio across the <*organisation*>, where nearly all staff are expected to work remotely for in some cases more than 50% of the week. The amount of time staff spend away from the office is dependent upon the service needs as well as team and individual considerations and preferences.

<*Organisation name*> have a Smarter Working Policy Framework as well as a Flexible Working Policy. <*Organisation name*> ASC introduced '<*name*>' as a new database in September 2016; this has proved effective in working with Adults to ensure assessment and support planning as well as safeguarding is accurately recorded, and can be reported. In addition we have just (End of October) launched a new online system for Adults to directly complete a web based assessment, both for needs-led, and financial assessment.

There is no specific ASC digital vision or policy currently in place. As below, we anticipate that the rollout of <*system name*> will better support flexible working. There is an overall <*organisation name*> policy in respect of flexible working, but we recognise that going forward we will need to articulate our vision within ASC. We are due to launch the use of <*system name*> within ASC in the spring, which will both better align <*organisation name*> with other <*organisations*> in <*area name*> and reflect best practice and assist workflow and quality assurance. We asked social workers what specific blocks to workflow need to be considered e.g. efficiency of commissioned services, relationships with other agencies, transfer between teams and services. There were a range of different responses to this question, reflective of the individual nature of work done within different teams.

The most common feedback included:

• There can be difficulties sending referrals to health organisations because health cannot access information sent securely via <*system name*>. Health teams often request referral to be faxed and our teams do not have access to faxes. SW's have had to print off referrals and send by post. If referrals are urgent SW's have had to drive and hand-deliver referrals.

• Social workers have found the <*system name*> to work well and accessing domiciliary care has been reasonably efficient to date.

• There have been difficulties at times in accessing urgent care bed/placements. This has been difficult historically however care homes want the SW to input their assessment and send it over to the home before the manager will consider looking at the referral or identify when the home staff can do their assessment which can cause delays.

• Locality teams can struggle to carry out reviews due to capacity issues at times.

• There can be delays in receiving information from provider services at times.

• Social Workers can sometimes feel that they are 'micro managing' care packages and become reactive to problems with care. This is time consuming and detracts from Social Work interventions.

• Relationships with other agencies are generally good, however pathways about referral processes are not always clear and this can hinder effective multi-agency working.

• Terminology changes regarding eligibility and thresholds e.g. 'transitional beds', step-down beds' and awareness of funding responsibilities differs.

• The need to develop more of a 'rehabilitative' approaches to prevent pushing people into more formal care – which can impact upon staff when they cannot secure most appropriate placements.

A <*organisation name*> wide initiative '<*name*>' is facilitating ICT improvement and the ASC service is increasingly linking in with this.

There is an agile working strategy which equips staff with mobile devices.

There is a lot of change currently taking place within the <*organisation name*> delivering mental health services. They are moving to <*system name*> which is the integrated case record system used by other <*organisations*>.

<*Organisation name*> is undertaking work to implement new methods of flexible/agile working enabling social workers to work outside of traditional bases.

We have corporate Flexible working policy where staff can request a change to their working hours e.g. job share, part time working, term time only and condensed hours. We also have a flex time scheme where people can choose what hours they work within certain core times as long as they meet business requirements. These are agreed on an individual basis with agreement form the line manager. An improved and more flexible scheme was introduced corporately in September this year, where staff can work over 24 hour period for 7 days a week, with prior consent from management. However how this will be embedded in social work services is still being discussed. Currently workers work to a Time off in Lieu. The new scheme is the first step towards us becoming a more agile organisation with staff having the flexibility to work around personal commitments to help achieve a better work/life balance whilst ensuring we still meet people's needs

A flexible workforce vision is currently in operation - the use of flexible working approaches promotes the use of;

- Agile working within teams
- Flexible working policy
- Use of information technology – laptop, smart phone, skype, teleconference
- Use of agile desks/hubs/drop down base

There has been a flexible working policy in place since 2003. Flexible working is embedded across nearly all social work teams and social workers are able to access the network remotely (issues in some of the integrated teams).

There are hot-desking spaces available in each locality. Staff have access to Laptops and Tablets to enable them to work remotely. <*Organisation name*> has an agile working policy, allowing for people to work effectively at a variety of locations.

It can be difficult getting somewhere to sit since hot desking was introduced. Often, you can spend quite a period of time wandering around the building trying to find a seat and computer to work on. Since hot desking was introduced, you often do not know who you are sitting next to and often have to search for a 'quiet' area to have a confidential conversation with a service user. There was quiet rooms allocated, however these are now used as meeting rooms which are always booked up.

Adult Social Care has a clear vision for a digital workplace and flexible working. This has been aligned to the Corporate Vision and is being supported by Corporate financial funding. A major change programme is now in its second year. This has seen the introduction of iPhones and iPads to all social workers, thus allowing them to work independently in the community and in their own homes. A digital programme of change is in place to carry on implementation throughout 2018/19.

We recognise the need to address the challenge of how to achieve maximum effectiveness from our resources and offer a rationalised and flexible approach to accommodation and work practice needs. SMART Office approaches have been established across <*Organisation name*>'s hubs to facilitate and support more flexible working through open spaces, hot desking and enhanced technology.
Provision of ICT aligned properly with organisational ways of working
We have just taken our staff through a <*improvement programme*> to provide new equipment to allow more flexible ways of working.
The introduction of the new technology has helped to enhance the remote working arrangements that were already in place for Adult Social Care teams. All <*Organisation*> based Adult Social Care teams have moved to the new ways of working. All staff have been provided with a laptop with an integrated communications system (telephony, video conferencing and instant messaging). They can work remotely wherever there is secure Wi-Fi and are provided with 4G devices where this is not available, but necessary for them to work effectively in other locations, e.g. GP surgeries. <*Organisation*> has developed an ICT roadmap which clearly sets out the direction of the service in the short, medium and longer term. This roadmap includes the development and testing of new technologies, which will further enhance the ability of staff to work flexibly and remotely. <*System name*> has become established as the adult social care point of information and now provides an option of referral and self-assessment. In the staff survey 69% of respondents said that they had the equipment that they required. When asked if staff have access to IT packages etc. that they require 80% of staff said that they did.
All frontline staff have been provided with laptops and iphones and our offices have been wireless enabled to facilitate good connectivity in all room spaces, making better use of IT and enabling less paper waste.
There is an ethos within <*Organisation name*> and Adult Social Care and the development of better use of technology. There is an ongoing plan with ICT for the introduction of flexible working technology to increase efficiency. A multi-disciplinary working group within <*Organisation*> is working towards this, incorporating necessary policies, procedures and resources to implement it.
ICT is aligned with present way of working but there will be a radical redesign in the next 12 months following redesign work with National Development Team for Inclusion (NDTi)
We are currently launching new ICT system to address some of the historic issues raised in previous health checks. Staff have flexible working options including mobile devices and the ability to work across bases and at home if necessary. We are looking at implementing more integrated IT systems to help with integrated working arrangements and in response to customer feedback.
Basic ICT in place to facilitate flexible/mobile working
An ASC specific ICT Board is being launched in the New Year to ensure we improve digital practice in the workplace.

Further exploring ways to integrated IT systems across health and social care - including with provider market
I&T currently enable facilitated flexible working in relation to remote working through a combination of devices and secure solutions. However, it was identified that the current IT provision did not support or align to the Adults Social Care Teams ways of working. A tender activity has recently taken place to address this, resulting in the procurement of a leading-edge solution that is compliant with the latest legislation, flexible and easy-to-use for our practitioners that supports their ways of working and us in moving to a model of outcome focused services, a system that can integrate with key <*organisation name*> systems and one that will deliver efficiencies whilst ensuring we have a complete picture of the services a client is receiving. Furthermore, the new system offers significantly improved support for integrated working and provides additional modules and functionality over the current solution and enables us to rationalise the current Adults systems digital landscape, along with deployment of a future-proof scalable model that includes access for partners delivering services for an on behalf of <*organisation name*>, open API integration and IaaS and SaaS cloud deployment with full Business Continuity and Disaster Recovery; enabling us to reduce the level of system integration, operational infrastructure and support spend. The new modules include mobile working, an integrated Portal, Digital Marketplace and enhanced, flexible reporting functionality.
ICT will be piloting new flexible working systems with adult social care to ensure maximisation of flexible working opportunities with full hard ware re-provision.
110 social workers surveyed - 93% confirmed that they do have the right technology to undertake their role- all staff work agilely.
All staff have a laptop and mobile phone which enables them to connect to the network away from the office base. However the current <*system name*> is very slow and clunky to use. <*Organisation name*> has commissioned an new web-based system <*system name*> which is currently being rolled out to Children's and will be rolled out to Adults in 12-18 months being operational by July 2019
There is a big investment in IT and digital support for Social workers including direct access from home
There has been recent significant investment in mobile technology and laptop provision and a new case management system
Facilities and the workplace are generally deemed to be good
Yes the provision of ICT is aligned to organisational ways of working, with organisational use of mobile IT and agile working processes where appropriate.
There is a significant support and investment in improving the IT support to our adult social work workforce. In addition since 2016 we have a clear '<*name*>' policy that allows workers to work flexible, from various offices and settings to encourage effective and efficient services.
Social workers can access systems, make and receive calls, share documents and dial into meetings remotely (issues in some of the integrated

teams). High speed broadband is being rolled out across <*area*> and is due for completion by December 2018
Currently undergoing procurement programme for replacement IT system. The workforce has been engaged in focus groups around requirements and have attended multiple demonstrations for various systems
ICT can be unpredictable and systems can be slow or crash. Printers are linked to computerised system and can play up causing delays.
The electronic recording system is frequently being reviewed to allow ease of access, capturing all necessary information and remaining user friendly. Where any gaps are identified, reviews are undertaken to address and resolve the issues.
We have a “End to End” pathway redesign programme in place, and as part of this re-design work we are re-aligning our organisational ways of working to include using the most up to date and efficient ICT to support delivery of Adult Social Care. A cross section of staff in Adult Social Care are members of the working parties tasked with delivering this work, and we are being supported in this by Corporate IT colleagues and ICT colleges from our Local Trust and CCG.
<*Organisation name*> is actively implementing enhanced ways of working through the provision of more responsive, innovative and effective ICT through its <*programme name*>. The service is already using Skype for Business to enable staff to connect with the people they need to reach to get their job done. With instant messaging, audio, video and web conferencing, staff can collaborate and communicate with colleagues/clients in real time, on the devices that match their professional needs.
There are perennial issues with lack of congruence with NHS IT systems
The organisation has moved towards agile working with SW having mobile phone, laptop, access to flexi scheme and an opportunity to eventually work across multiple sites
All social workers have surface pros which enables them to work more creatively and in a mobile way
<*Organisation name*> has a Director for Digital Transformation and a policy to support flexible working. Adult Social Care is aligned with ICT for casework enabling changes/adaptations to <*system name*> to improve workflow and processes. Business cases for equipment to support flexible working are currently being progressed with the Director for Digital Transformation.
We're currently undergoing a procurement for the replacement of the current IT system (<*system name*>) and then working towards a truly integrated digital operating model which will have lots of positives attached.

Table A6: Other Activities in place to reduce stress levels and promote a healthy working environment
Physical activities
Discounted gym membership (x 3)
Fitness/exercise sessions (x 3)

Healthy walks (x 2)
Links to Active <*Area name*> - sports groups, yoga, aerobics etc.
A varied programme is co-ordinated across the council; this includes physical activities (yoga, running); bike-to-work schemes;
Active City initiative
Activities in place in some teams are lunch time walks or stair walking to reduce stress and regroup.
Corporate staff events - sports day
Cycle to work scheme
Discounted activities (such as fitness and social activities)
Discounted gym membership and group exercise
Health club discounted membership; after work fitness e.g. Zumba.
<Organisation name> has a fitness Friday and wellbeing group represented by all areas. Also reduced membership for a local gym.
Physical, sporting activities
Pilates Groups
Public Health arrange and support a number of activities within the LA which focus on the health and wellbeing of staff, this includes walking sessions, yoga
Public health initiatives for example low cost gym membership fees
Reduced cost of onsite gym membership, regular get healthy initiatives like cycling to work.
Sports and leisure schemes
Swimming; Exercise classes;
Teams going for walks
There continue to be many council arranged activities for staff including rounder's games, table tennis games, cycle rides to <Name> Park, touch rugby, Hatha yoga. <*Organisation name*> has signed up to the workplace challenge. The aim of Workplace Challenge programme is to promote sport, physical activity and health improvements across England's workplaces.
Virtual sports and social club. Pilates.
We have a work place running, yoga
We provide a range of activities and initiatives such as our keeping fit and healthy initiatives that include free yoga classes, lunchtime walks, and various other sports classes at our local gymnasium and fitness centre.
Yoga, Free Swimming
Yoga, Zumba
Access to employee assistance scheme/counselling
Counselling services (x 19)
Employee Assistance Programme (x 10)

Stress assessment/management
Stress risk assessment (x 7)
Stress management training (x 4)
Stress awareness training (x 3)
E-learning around stress relief
Guidance for staff and managers in the form of a 'Stress at Work Policy' outlining how the Council will proactively aim to increase wellbeing at work and do all it reasonably can to ensure employees do not suffer stress-related illness as a result of work.
Learning support for stress management for workers and managers
Managers are encouraged to undertake stress assessments where this is indicated.
Specific guidance is available to staff and managers on stress management which includes a Stress Risk Assessment, where appropriate.
Stress action plan
Stress management policy
Stress risk assessment and plans are completed when staff raise stress as an issue. The Health Check indicates that when stress has been reported the risk assessment is always completed. However the Health Check also identified that 87% of staff were feeling stressed often, frequently and always. To understand this response we are using the tools provided by the Health and Safety Executive to evaluate work place stress. To do this we are currently completing a 3 part audit.
Stress Risk Assessments. Stress Training Courses.
Stress Team and Individual Audits with Action plans to address any issues raised
The authority has a Stress Management policy and an associated Work Related Stress Risk Assessment.
With regard to individual work place stress related referrals, in line with relevant HR policies, individuals presenting with stress must be referred to OHU. The referrals can arise from concerns raised, managers noticing behaviour changes, performance issues, sickness absences or relate to other policies in place. If work related stress factors are revealed at review, employees are referred for individual stress risk assessment with Occupational Health and Stress Management Lead. During the assessment, the employee is asked to talk about what factors are causing them to feel anxious or stressed at work. Once this is known, discussions take place with the employee's line manager and a resolution plan is finalised to address the issues raised and to support the employee in returning to work (or to remain in work if they are not off work). These plans are monitored by the Occupational Health & Safety assessor to ensure that there are positive outcomes and the resolutions are working. During the period April 2016 to March 2017 in Adult Social Care there were a total of 14 referrals for individual stress risk assessments (4 Social Workers, 10 others). Non-work related stress cases are dealt with by the Occupational Health Doctor or Nurse who provide advice

and, sometimes, referral onto other services such as counselling or stress management acupuncture.
Flexible working/Flexi time
Flexible working (x 9)
Agile working (x 2)
Flexible working and remote working (x 2)
As an organisation there is a commitment to offering flexible working to help workers to manage the pressures of work and to assist staff to enjoy a healthy life/work balance.
Encouragement of flexible working
Flexi and toil
Flexible and Home working
Flexible working (including home working). Agile working
Flexible working arrangements (TOIL)
Flexible Working, Flexi Time
Flexitime
The ability to work remotely is valued by social workers
TOIL or Flexi schemes
Supervision
Supervision (x 4)
Regular supervision (x 3)
Regular one to one supervision. Informal supervision can be requested as any time.
Active supervision
All line management supervision is recorded on the DPT Develop system where there is monitoring systems in place. The Social Work Leads are developing a system to monitor the frequency and quality of Social Work Professional Supervision for the Assigned Staff. Critically reflective supervision is offered individually and through Social Work peer supervision groups.
Formal and informal supervision
Health and wellbeing is part of a fixed agenda for supervision sessions.
Monthly supervision and supportive team environments
Reflective supervision takes place in supervision and in team reflective practice meetings
Regular line management and professional supervision every 4-6 weeks
Regular supervision with manager is crucial to try and pick up any welfare issues (change in mood/struggling with tasks) and "nip in the bud" by initiating for e.g. a Stress Risk Assessment
Staff receive monthly supervision to support resilience and reflective practice.

Supervision and appraisals are also tailored to capture indicators of potential stress in staff
Supervision audits are periodically carried out within the organisation to ensure that supervision is being received and that both managerial and professional supervision elements are included. Audits request confirmation of frequency of delivery, by whom, and are also used to identify gaps in teams or specific staffing members who may not be receiving regular and effective supervision. Reflective requirements are built into the supervision template and supervision policy.
Supervision is a key component of the support offered to practitioners.
Supervision/peer supervision
Wellbeing is integral to all supervision sessions.
Occupational Health
Occupational Health Service/Unit (x 12)
Occupational Health support (x 2)
Occupational Health referral (x 2)
Access to Occupational Health professionals
Managers and staff are able to refer to team prevents central clinical support which is made up of senior occupational health advisors, case managers, physiotherapists, occupational psychologists and mental health professionals;
Managers are encouraged to refer employees to Occupational Health at an early stage, when a perception of stress is reported and health has been/is being affected.
Occupational health assessments
Staff are aware that they can self-refer to OHU or be referred by their manager
There is a health and wellbeing Board with an associated strategy to support staff with a wide range of measures such as referral to formal occupational health services
Meditation/mindfulness
Mindfulness training (x 10)
Mindfulness sessions (x 5)
Meditation/mindfulness workshops
Mindfulness Days
Mindfulness sessions are available but limited take up
We have commissioned access to mindfulness sessions for practitioners.
Health and wellbeing information/advice
A webpage with info and advice;
Access to intranet offering a range of Support and Wellbeing initiatives
Access to public health events internally.
Advice services for all employees

Guidance available in the ‘Preventing Sickness Absence’ section of the policy
Health and wellbeing advice available for staff via Health Improvement Team,
Lunchtime seminars run by Public Health
<Organisation name> run a health and well-being week twice a year, where mental and physical health are promoted through workshops and activities throughout the council buildings.
Overall <organisation name> promotes wellbeing of staff with specialist advice / training from Occupational Health colleagues.
Self-help material and advice.
Staff have access to a handbook ‘Our Healthy Workplace’ which sets out the services, benefits and opportunities available to staff
Staff health classes
Staff wellbeing site
The intranet provides healthy lifestyle advice.
The Local Authority has a range of information/guidance available on its staff intranet related to how to deal with pressure at work
The organisation has launched a number of campaigns to support emotional and mental wellbeing in the work place in conjunction with public health
There are no activities as such but there are courses on line to help if people identify that they have an issue with alcohol for example
Training
Wellbeing sessions
Team/peer/management support
Peer support (x 6)
Accessible management support
ASYE-peer to peer forum
Designated HR rep who supports staff and managers to address mental health and other welfare issues.
Good Team Support, Supportive Management,
Informal peer support groups to meet without managers.
One team employs peer support groups that look at the causes of, and ways to reduce, stress.
Staff feedback identifies the positive use of peer support groups within teams as an effective method to also discuss and reflect upon case work, change in practice, within transformational requirements and when discussing case load priorities.
Supportive management able to discuss cases and go through any more difficult/complicated cases.
Supportive team environments

There are a number of corporate programmes in place to support staff physically and emotionally and PSW post has expectation of being able support staff in individual and groups settings
Social activities
Staff choir (x 3)
Team lunches (x 2)
Community choir, knitting groups
Craft activities
Occasional social events with team members.
Some teams have regular lunches or celebrations.
Staff parties
Staff social activities, choir
Team lunch - bring and share - could be a fun and time to relax and chat.
Virtual sports and social club
We promote social activities such as quiz nights, team lunches and dinners.
Wednesday Wellness sessions offer the opportunity for staff to sit and chat over an extended lunch.
Feedback mechanisms
A Council wide survey, once every 2 years, taking place in May.
ASC staff survey
Access to senior managers and PSW
Each year the Local Authority completes four short Staff Surveys – one of which focuses solely on Working Well and one on Working Environment. Responses to these are collated and acted upon. In October 2017 the Adults Workforce Development Board was launched where all issues relating to workforce can be discussed alongside external colleagues such as Skills for Care and the RCPA. During 2017 a number of workshops have been held across the County on Culture and these have included mixed groups as well as some specific groups for staff from Adults Services. The feedback from staff will form part of the People Strategy going forwards.
Group meetings;
Open door policy
Regular opportunities for feedback.
SW forum
Team meetings enabling opportunities to speak to "are you ok".
Team meetings, BIA forum
The Health and Safety Committee acts as a 2-way conduit for feedback on the wellbeing of the workforce.
We have a range of staff forums where support can be offered.
Resilience building/training

Resilience training (x 5)
We are developing training and learning opportunities around "building resilience"
Additional training from Research in Practice for adults (RiPfA) provided to frontline managers to assist in building resilience within teams.
Resilience through change
Resilience training for all staff as mandatory currently being run
Staff have access to wellbeing tools e.g. resilience
Professional Resilience and Emotional Intelligence training currently being developed for all social care staff.
Access to complementary therapies
Physiotherapy (x 3)
Massage (x 2)
Beauty treatments
Health and wellbeing sessions: Reiki, massage, managing anxiety, creative writing for mental health, managing stress, Indian Head massage,
Musculoskeletal Rehabilitation Service
There is also access to osteopathy, reflexology, massage,
Good working practices
Breaks away from PC
Caseload management systems in place
Caseload management tool for use in supervision
Regular breaks during the day
Staff are encouraged to take regular breaks from the computer
Staff encouraged to take breaks
Take a Break Scheme
Workload management
Workload management to ensure fair balance. Acknowledgement of levels of work and not pressuring to take on more cases. Encouragement to take full lunches and not remain late. Enough staff to cover the work. Ensuring that some lunch break is taken every day
Team away days
Team away days (x 5)
Team days/afternoons
Staff away days
CPD/Training
An area highlighted by senior managers (with a social work background) was the requirement to develop a program of professional supervision alongside social work specific CPD opportunities. Senior managers required expertise knowledge in their profession alongside leadership and managerial training.

Courses related to specific areas (such as managing difficult situations);
CPD offer to all staff which includes how to ensure a healthy work and life balance.
Protected CPD time has been given to all staff to build reflective time into work environment.
Request additional training with something they may be struggling with
Training
Health checks
Health Checks and health and wellbeing advice available for staff via Health Improvement Team.
Links with public health re: healthy life styles and health checks in work
Monthly health/welfare promotions and taster sessions e.g. health checks
Opportunities for health monitoring
Mentoring/shadowing/coaching
Coaching (x 2)
Mentoring
Mentoring/shadowing
Healthy eating initiatives/advice
Alternatives offered to chocolate in Sports initiatives.
Fruity Friday
Healthy eating advice
Our onsite canteen supply healthy food and is also a comfortable environment for workers to relax and get a cup of coffee
Office facilities
Allocated team spaces; breakout areas; access to council systems at home and in a range of public and partner sites; access to resources to support work eg translators, legal services,
Having gardens to sit in, accessible kitchen and break out areas
Permanent allocated desk space for all
Quiet working areas, break out areas, staff canteen
Reflective practice
Reflective practice
Team reflective practice meetings
Wellness recovery action plan (WRAP)
Wellness recovery action plan (WRAP) (x 3)
Other
A friendly team, working in an honest safe environment.
A range of health and wellbeing initiatives to promote healthy lifestyles.
Access to building Chaplains and Prayer rooms

Access to Trade Union support. Access to HR advisors
An element of reflection groups is being devoted to self-care on a trial basis
ASYE programme for Newly Qualified social workers
Better Health at Work activities
Designated HR rep who supports staff and managers to address mental health and other welfare issues. Lead members is mental health champion for adult social care; debriefing with critical incidents; Corporate Mental health; Assistant director personally acknowledges good work and compliments are reported through to the CEO. Staff awards. There is a corporate mental health working group in place that comprises H&S; HR; Public Health and users by experience who are developing resources to support this programme.
H&S senior managers visits to check on environment.
Healthy MINDS
Mediation Service - Mediation is an effective method of addressing ongoing staff disputes and unhelpful professional relationships. It supports two or more people or parties to explore the reasons and issues at the heart of poor working interactions in an entirely impartial way from both sides. The aim is to create a win-win outcome where both parties can move forward more productively. This is always an entirely voluntary process that any party can withdraw from at any time if they feel it is not helpful to them.
<Organisation name> has achieved Mindful Employer Status and the Healthy Workplace Award through Public Health.
<Organisation name> have looked at the recommendations from the Taylor report and Stevenson & Farmer review and were creating a Mental Health Work action plan, which fits in with the core Mental Health standards recommended.
<Organisation name> is a mindful employer. There are wellbeing champions being rolled out across the <council> to support teams at a local level, but also there is a central wellbeing service that colleagues can access at any time.
Our recent ASC staff survey indicated that we need to focus on improving the work environment and develop more activities to reduce stress levels.
Practice team in place to support complex case work.
Recently we have integrated an environmentally conscious push in our business and <council>. From this initiative we now supply electric cars and bicycles to all members of staff. Additionally, we have a brilliant organisational development team which support all workers with any healthy conscious ideas they have.
Respecting religious holidays
Signed up to time for change
Teams across adult care have developed individual wellbeing plans to help support staff in localities.

There are staff councils in some settings and a chaplaincy service which offers non-religious pastoral support to staff
We have actively promoted 5 steps to wellbeing within our workplaces.
Well-being at work service
Wellbeing events, caring about sickness policy

Table A7: Other processes in place to ensure staff welfare
Issues with processes
There is no risk assessment of roles that I am aware of other than through the job profile.
They have processes in place but these are not often reviewed. There is no 'real' system in place in the event that you were in danger out in the community. You would have to use your own initiative and dial 999
Other processes
Corporate Caution List.
Disability at Work Group
Each team and physical space.
Full Standard Operating Procedures.
Good information sharing between the integrated team members including notification through care first record and alerts.
Internal competency frameworks help to determine the knowledge / skills / experience required to undertake work at all levels (registered / unregistered roles).
Leadership Team review health and safety and sickness/accident reports monthly and scrutinise lessons learned to inform better practice and reduce risks.
LGBT Group
Maintaining working hours
Variety of policy and procedures
Warnings re potential violence from service users on case recording system
We endeavour to ensure that case allocation takes into account the worker's existing case load, level of complexity, the worker's other commitments (BIA rota/ annual leave) and stress levels.
Well-staffed HR team
Zero tolerance of abuse

Table A8: Effective and Appropriate Supervision - additional comments
Supervision
Individual/peer reflective supervision (x 6)
A supervision review is underway which will develop improved practice and procedures. Senior practitioners and team managers have been encouraged

to attend the pilot for critically reflective supervisory practice sponsored by the Chief Social Worker and we will ensure that this learning feeds into our review.
Case file audits undertaken by the DASS / assistant director and service managers quarterly; on-going file audits undertaken by group and service managers as business as usual. Peer supervision is also undertaken across the teams and with the assistant director leading discussions to share learning.
Currently reviewing arrangements for monitoring and recording quality of supervision and frequency
Head of Social Work been in post since March 17 - looking at developing monitoring and QA tools for supervision, including regular direct observations by and for Team Managers and Supervisors. Group Supervisions are in place across most teams.
I am due to undertake a supervision audit in the New year, to look at frequency/quality and effectiveness of supervision
Our supervision policy outlines the frequency and minimum amount of time which needs to be given for supervision. It also promotes quality supervision by underlying the need for reflective practice discussion and continuous professional development discussion, as well as other welfare issues. Our Social Work Standards Manager is participating in a sub group of the <area> PSW network to establish a framework for supervision policies across <area>. Regular supervision surveys of staff continue to be used to monitor the effectiveness, quality and regularity of supervision. As well as the annual health check, we conduct quarterly surveys of staff and their experience of supervision. 96% of those who had supervision indicated that reflective practice had been discussed on at least some occasions of which 53% indicated that it was discussed at every occasion. 93% of those who had supervision indicated that CPD was discussed on at least some of those occasions with 48% of those indicating it was always discussed.
Supervision is now online and able to monitored, a policy and procedures site was launched in April 2017. Feedback from individual staff and representatives at our <service improvement group> meetings confirm that overall staff feel there is quality supervision provided which helps to support their practice.
Supervision is often rushed due to supervisors' work pressures. Supervision is mainly around case load and your work.
The Team Appraisal undertaken by each Team annually addresses whether Supervision is being held on a regular basis but there is no system in place to monitor this on a rolling basis, or that the quality of Supervision is effective. All signed Supervision records should be held securely in staff PPP Folders (Performance, Practice and Personal Development Folders). From the qualified staff survey, 39% of social work staff 'strongly agree' that the quality of their Supervision is good, with a further 25% 'slightly' agreeing the quality of their supervision is good. From Qualified Staff Survey, 62% of SW staff reported that were in receipt of critically reflective supervision on an individual basis. BIAs also hold a regular peer group meeting, sharing best practice.

There is currently work being undertaken as part of the PSW action plan regarding the monitoring of supervision to ensure effectiveness across the department. This includes a review of the supervision process, introduction of case file audits policy and training for all managers.
There is no formal standardised system in place at present to monitor the frequency and quality of supervision across Adult social care, however this is being addressed via the new Service Development and Improvement team. The Quality Assurance and Business Support manager will be working with the dedicated Principle Social Worker (the PSW role was previously held by a Service Manager with other wider responsibilities) to develop more robust and routine QA processes which will include casework, practice and supervision. In addition the role of the ASYE Advanced Practitioners is being expanded to support the wider social workforce in terms of developing and improving their practice. These posts will work in close partnership with the QA manager in order to develop and embed a range of QA processes across the adult social care teams. A standardised supervision proforma ensures that all relevant areas are covered as part of supervision. We expect that the opportunity for reflection is provided in individual supervision sessions as routine practice however we recognise that people are at different stages in terms of their practice. A number of services alternate their team meeting with practice sessions or case work discussion groups with the aim if sharing experiences, reflecting on interventions and exploring good practice. Another Neighbourhood service uses monthly learning lunches to discuss and reflect on safeguarding practice. Reflective panels are held when required within the Enablement hubs to reflect on cases that the worker has found particularly problematic or where the worker feels ‘stuck’ in order to identify learning and to consider how the case can be progressed. ASYE’s are supported by dedicated Advanced Practitioners who provide reflective supervision sessions on an individual level and group basis. Reflective supervision training has been provided via the teaching partnership to managers and front line staff and RiPfA have reviewed our supervision policy and have made recommendations of how it can be strengthened in relation to reflective practice
There is no learning management system to monitor the quality or frequency of supervision. There are regular forums for peer support for specialist roles (e.g. AMHP, BIA) as well as individual opportunities for reflection.
We are currently engaged in transformation work relating to the provision of social care in our Mental Health Services. Within this work we will be strengthening the structures for supervision and support for our social work teams
We are planning to introduce an audit for the quality and frequency of supervision. Some peer supervision happens. Plans are being made to offer this to more staff.
Work ongoing in reviewing supervision and appraisal process and it is expected reflective element will be developed further. Training is to be rolled out to all supervisors. One case file is audited within monthly supervision. Good case practice examples are shared with Head of Adult Services.
Employee welfare system

80% of staff self-declare they are aware of how to access employee welfare services.
91% of staff said they knew how to access employee welfare system
Employee Assistance Programme (EAP) is delivered through <*Provider*> – a free and confidential programme 24/7 365 days a year.
In the process of developing leaflet for new social workers that provides them with information on how/where to obtain support, useful information on the organisation, websites for managing resilience.
Some staff are aware of employee welfare system, but managers are more aware of it and will advise staff of the system as required. Other support available is access to work and OH referrals to help with equipment and resources.
Staff have access to <*Provider*> a 24 hour free independent help line where employees will have access to clinical and professional expertise, providing an opportunity to talk about any work or personal issues that are affecting them. These might include; debt advice, relationships, managing money, stress management, moving house, health advice, work issues, domestic abuse, drug/alcohol addiction, family care or bereavement. <*Organisation*> staff can also access counselling and therapy services via IAPT programme. Details are provided on the <*Organisation*> Wellbeing and work life balance site.
Exit interviews
Exit interview if requested
Exit interviews - need to establish a new process to ensure leaver is able to share any concerns/issues so needs to be a third person - not line manager
Exit interviews are done by the leaver's line manager but the offer is that these can be done by others if they wish.
Exit interviews are not routine, but they are offered and staff can request this.
Exit interviews are offered via alternative route, including HR, if the leaver does not wish to hold with their direct manager.
Exit interviews are primarily conducted by line manager / supervisor. Policy makes allowance for this to be offered buy member of staff outside of this line management structure if requested.
Exit interviews can be conducted outside of line management, but this is not routine, and would tend to be on request.
Exit interviews: staff who are leaving are encouraged to complete an exit questionnaire which includes a question about whether they would also like an exit interview. If yes this can be arranged outside of the service.
Exit questionnaires can be completed online and can be anonymous however if the staff member wishes they can request for a face to face exit interview and these are completed by HR.
Leavers are able to complete an exit questionnaire online via our HR system, this is done independently of their line manager

No exit interviews completed face to face are conducted by the line manager. We are considering ways in which we can better capture an accurate picture from staff leaving the organisation, develop a clearer line of sight either via the PSW function or 'grandparent' arrangements, and develop our ability to look closer at areas where there may be high turnover rates and identify re-occurring issues within a team/area of work. There is no formal policy in place that deals with Exit Questionnaires but the following is the practice which is currently adopted. When an individual tenders their resignation they receive a letter confirming their leaving date and are invited to complete an exit questionnaire. This is currently a voluntary exercise. Completed forms are returned to the HR Business Units and should an individual raise any concerns then they are flagged to the Employee Relations Team who will discuss with the relevant party. We are considering ways in which we can better capture an accurate picture from staff leaving the organisation, develop a clearer line of sight either via the PSW function or 'grandparent' arrangements, and develop our ability to look closer at areas where there may be high turnover rates and identify re-occurring issues within a team/area of work.
Online exit questionnaire has just been developed
<Organisation> does not carry out exit interviews.
Our Principal Social Worker offers all qualified social workers exit interviews and collates themes to report back to senior managers
Staff are offered exit interview with line manager or someone else if they prefer
The option for ex line manager exit interview is available and taken up by some. There may be merit in making it mandatory
We are currently exploring ways to capture information from exit interviews more effectively to ensure that these are used for service improvements and to improve the experience of front line practitioners
When an employee is recorded as terminating the organisation an automated email and electronic link to the form is sent to the leaver. If staff do not have a personal email a paper copy will be posted out by the Employment Relations Team. Employees will still be given the opportunity to have a face to face meeting with the <Organisation> Employment Relations Team within the Human Resources Department if they request one.
Other comments
All roles have been screened and reviewed in 2017 as part of our organisation redesign and therefore the new roles and activities proposed have been scrutinised.
As a small <*organisation*>, ASC work very closely to other departments. We have a health and wellbeing board and a health and wellbeing strategy in place and is part of our 5 years plan which is fully integrated across the council. Our staff subscribe to it and value it greatly.
In regards to the safety, processes were introduce some time back, however this is not revisited or reviewed regularly. I cannot remember when this was last discussed.

Table A9: Formal career development pathways in place for social workers
CPD/Training and development programmes
All SW have access to a PQ framework - anyone recommended by their manager is funded ASYE available with accompanying university module Management courses available to aspiring managers Practice Education courses available to those interested in this role AMHP & BIA training available
AHMP training BIA training Student supervision opportunities Management training offer in development
AMHP training, BIA and PEPs available for all grade 11 SWs
An academic career development pathway is offered on an annual basis across the Adult Social Care and Commissioning Service. This pathway enables learners to make their academic learning bespoke through a Professional Development Award developed by the University of the West of England. Social Workers are funded to study towards a Post Graduate Diploma. We are currently developing a leadership development programme to replace our previous scheme, the Aspiring Team Managers Programme.
An Aspiring Leaders Course has been developed via <*scheme name*> for those front line staff, or senior social workers interested in pursuing a career into management and a Practice Leaders programme has been developed for staff whose interest lies in practice. Staff have the opportunity to become Teaching Consultants and to contribute to teaching on both the BA and MA qualifying programmes at <*University Name*>. We are currently in the process of finalising the Social Work Learning and Development Pathway for Adult social care which will map out clear pathways from the ASYE level up to Operational managers.
Appropriate training for generic practice (safeguarding, MCA, specific service user groups). Training for specialist roles - AMHP, BIA, PE We are reviewing the criteria for Advanced Practitioner status New Managers training programme has been revised to make it more skill based rather than knowledge based.
ASYE and CPD pathways including comprehensive in house training pathways Aspiring senior practitioner programme Practitioners who teach programme Social Work development programme
BIA and AMHP training & roles Practice Educator training & roles
- BIA qualification and opportunities to practice - opportunities to train and practice as an AMHP - programme to develop aspiring and new managers - practice education pathway
BIA training is planned for all social workers and PE for the majority. Post graduate training agreed on an individual basis.
Consolidation unit Practice educator Best interest assessor AMHP training
First Line Manager Training Middle management Training
In-house training and accredited programmes for unqualified staff AMHP and pre-AMHP BIA Stage 1&2 Practice Educator Diploma in Leadership and Management

• Leadership program • AMHP program • BIA program • Coaching program • Practice Educator program • Work base supervisor training • Deaf Blind program • Talent Management program • Teaching partnership secondments • PHD secondment • Post Grad Certificate in Higher Education • Principle Social Work Program
Level 3 BIA assessors AMHP training Supervision course management training Post graduate study
Link to local universities for social worker training, BIA/ AMHP training offered. Training of psychological therapies available
Opportunities to undertake accredited qualifications such as DOLS,PEPS,AMHP, Management Training which then can lead to Assistant Team Manager and Team Manager roles.
Opportunity to practice educate Opportunity to complete academic course and post qualification courses Lead roles in services on practice areas and project initiatives mentoring Secondment into new roles and opportunities in the service and across the Council
PQ Framework
PQ programs via <*University Name*>, offering Practice educator ward and Developing research
Practice Educators and supervisors CBT training programme; skilled leadership training programme; dependent on personal choice: Advanced Practitioner route - through BIA / Graduate Certificate / AMHP / DoLS / specialist practice in mental health / Learning and development: Practice Supervisor / practice educator
Practice Teaching/AMHP training. Practice Educator Training
Progression links to post qualification further study such as BIA, Practice Educator and AMHP which attracts an additional payment. Promotion opportunities are also available.
Progression via specialist training e.g. BIA, Practice Educator. Progression into leadership posts Advanced Practitioner, Team Manager and beyond
Social workers are offered the opportunity to train as AMHPs, BIAs, Practice Educators and take on students. Opportunities for external professional training.
Specialised training is available for all staff. As <*an organisation*>, we support staff to expand skills as much as possible.
Sponsorship programme for staff to complete their social work degree.
Staff have access to in house and external courses and these are going to develop further through arrangements with the Teaching Partnership.

The Learning and Development Service (tlds) provides a range of development opportunities for social workers. These include: qualifications which support professional registration requirements; learning programmes in line with local authority priorities; access to resources and tools to enable social workers to meet their continuing professional development needs. These opportunities are provided by a variety ways, including classroom based settings, small group workshops, team based activity, seminars, via e-learning, and access to webinars. Groups based learning activity often include other professionals from across the Adult Care and Health Directorate as well as with external partners from Health, private, voluntary, independent sectors care sector providers and also direct payment employers and personal assistants. Forums such as, the AMHP, <*Area name*> Safeguarding Board Practitioners' Forum, tlds Master class sessions, plus, Leadership and Management Network provide opportunities for social workers to exchange ideas, enhance their knowledge and to network with other professionals from across the wider adult social care and health workforce. Other resources include: Access to RiPfA, research, webinars and workshops. Access to locally developed as well as regional and national videos, to aid learning, provide step by step guides in relation to tasks, role and promote discussion/stimulate thoughts Presentation slides, and other electronic guides are available via a local intranet which holds relevant documents regarding policies and procedures, practice guides and references to numerous interdepartmental and external sources. Workers have access to internal YouTube channels, specifically designed to support staff learning needs e.g., 'A Day in the Life of …' series depicting the role of workers, such as AMHPs. Learning is also supported through groups such as, the <*name of group*>, which enables workers to raise issues, problem solve and influence service improvements on a wider than team as well as individual practice base.
The Practice Development Route would lead to training and practice as a Practice Educator, Best Interest Assessor or Approved Mental Health Professional.
There is a training and development programme with post qualification opportunities
There is an opportunity to second unqualified social care staff to formal social work training.
Through mandatory training and mentoring opportunities.
We also have a CPD model built around pathways and job roles and which encourages practitioners to think about progression as well as the skills/knowledge needed for their current role
Work has taken place with Local Higher Education Institute to develop integrated practice / academic pathways for practitioners
Role based progression
Advanced social worker pathways includes AHMP and BIA and practice educator. Linked career grade in children's services.

AMHP training & roles Practice Educator training & roles
AMHP, Practice educator, BIA
ASYE BIA AMHP PEPS Career progress scheme
Become an AMHP, BIA or Practice Educator Senior Practitioner
Best Interest Assessor Safeguarding Enquiry Officer Practice Educator First Line Manager Training Middle management Training AMHP Practice Champion Roles Practice Team Roles - i.e. Senior Social Worker/PSW
Best Interest Assessor/ AMHP/ Dementia champion/ Better Living (3 conversations) champion
BIA AMHP Practice Assessor/Educator
BIA, AMHP, Practice Educator,
- BIA qualification and opportunities to practice - opportunities to train and practice as an AMHP - practice education pathway
Consolidation unit Practice educator Best interest assessor AMHP
Management Practice educator AMHP BIA
Opportunity to practice educate
Practice Educator Approved Mental Health Practitioner Best Interest Assessors Leadership Development Programme Specialist mental health practitioners e.g. CBT, Eating Disorders
Practice educators have recently been able to apply for Development roles arising from the Teaching Partnership. AMHP, practice education and BIA are also routes to practice development.
Practice supervisor and educator opportunities, Senior practitioner, team manager and specialist social work roles available.
Progression is currently through the management route or through specialist posts within ASC.
Promotion of routes including practice education, BIA, AMHP and sensory specialist
The current formal career development routes in ASC are via AMHP, Practice Educator and Best Interest Assessor training. We recognise that currently there is no clearly articulated pathway for SW's to follow beyond this. However, SW's are encouraged to train to become AHMP's, BIA's or Practice Educators. It is recognised that in part due to current demands, the transformation agenda and staffing pressures, staff development opportunities arise often from service development pressures or needs, rather than responding to pre-identified development needs for individual staff.
The Practice Development Route would lead to training and practice as a Practice Educator, Best Interest Assessor or Approved Mental Health Professional. There are also Advanced Social Work Practitioner roles for those who do not wish to take a management route.
Career progression framework/scheme

3 main pathways: AMHP, Practice educator, BIA ASYE Academy trains 5 newly qualified per year Return to Social work programmes available. Progression to senior practitioner scheme
A Career progression scheme and continued opportunities to develop existing skills. Bedford tend to retain staff for a very long time and are looking to "Grow our own" by implementing an academy.
Advanced Practitioner route - through BIA / Graduate Certificate / AMHP / DoLS / specialist practice in mental health / Learning and development: Practice Supervisor / practice educator
Career Development Scheme that staff can apply for.
Career pathways are mapped across adult care services. Specialist routes exist for practitioners to progress to Best Interest assessors / AMHP's / Practice educators as well as developing specialist roles within areas of specialist practice. Work continues on embedding and strengthening national capability frameworks.
Career progression frame work in place from ASYE through to Experienced social worker.
Grade 10-11 progression scheme.
Internal progression within Levels of Social Work Support further training via BIA and Practice Educator.
Level 1 ASYE Social Worker Level 2 Social Worker Level 3 Social Worker, including practice educators and AMHP Senior Practitioners Team Managers
Opportunities to progress from L1 to L2
Progression from NQSW to SW, Experienced SW, Advanced SW, Team Manager and into specialist roles including BIA, AMHP, Safeguarding, Commissioning, PEPS.
Progression panels; people can put themselves forward for. Specialised training is available for all staff. As <an organisation>, we support staff to expand skills as much as possible.
Progression Pathway in place Grow your own scheme In-house training and accredited programmes for unqualified staff AMHP and pre-AMHP BIA Stage 1&2 Practice Educator Diploma in Leadership and Management
Progression pathways are in place up to senior practitioner or manager routes.
Social Work Progression from level 1-3
Social Work Progression Policy in place. New role of Advanced Social Worker developed.
Social Work Progression Scheme
The <Organisation name> does have a career structure. Beyond ASYE and the development of core social work skills, there continue to be opportunities to develop through a Practice Development Route rather than a Management Development Route.

There are a range of posts available for Social Workers following their first year in practice, within the Transition Service, Community and Mental Health teams, Health Interface Services/Home First, Hospice settings, Safeguarding and BIA teams. With experience, Social Workers are able to apply for Locality Lead posts within these settings or specialist roles within Learning and Development. Within our Mental Health Service, social workers have the opportunity to apply for Approved Mental Health Practitioner training and work within social care teams, AMHP hub or Inpatient Services. Following on from this there are opportunities to progress to Service Manager and Strategic Manager roles within Operational settings. Alternatively, there are managerial roles within Quality and Performance and Commissioning and Learning and Development (e.g. Principle Social Worker).
There is a career pathway developed with workforce development which is accredited and now links with our teaching partnership.
There is a clear progression framework in place for social workers which describes the CPD expectations and support from ASYE to Advanced Practitioner level. The framework links to pay and is based upon the 9 domains of the PCF. The requirements for post qualifying study are also outlined within the framework
There is a formal development pathway for social workers. This outlines year 1, 2, 3 of Practice and 1st 2 tiers of management.
Assessed and Supported Year in Employment
ASYE programme (x 9)
All NQSW’s are supported through a well-established ASYE scheme with dedicated Advanced Practitioner assessors providing reflective supervision, training and peer support groups. Following completion of the ASYE staff then complete the formal Consolidation programme.
ASYE Academy trains 5 newly qualified per year
ASYE available with accompanying university module
ASYE process and support in place.
We have been supporting the ASYE programme over the last 2 years.
We run an active ASYE programme registered with skill for care.
PDPs/Appraisal scheme
6 monthly PDRs
All social workers have a yearly appraisal, recorded on a digital management information system.
As part of the annual appraisal there is an agreed learning and development plan for each worker.
PDPs to identify learning needs and development aspirations.
PDRs completed annually and reviewed 6 monthly identifying CPD needs and agreeing how these will be met i.e. training, mentoring, e-learning, time made available for research and reading where appropriate and a culture of “growing our own” and encouraging social workers to progress
Professional Development Plans are in place

There is yearly appraisal (with a six month review)
Professional Capabilities Framework
Clear progression structure which is based on KSS and PCF
Defined development pathways aligned to the practice capability framework.
Job titles aligned to levels in the PCF.
Joint career progression pathway linked to PCF and KSS in place from ASYE year through to Assistant team manager posts.
Vacancy management
All vacancies ring-fenced for internal application prior to external adverts.
Posts are advertised internally before being opened up to external advertising
Progression within grade and on vacancy
Other
All teams report that progression was predominantly vacancy led. Teams report that utilising secondments or skill gain by shadowing others is an area where we can improve. Movement between teams to gain experience of different practice should be encouraged and facilitated to aid staff retention.
Leadership & Management Practice Teaching Advanced Practice :Best Interest Assessor/ AMHP/ Dementia champion/ Better Living (3 conversations) champion
Mentoring. Feedback from interviews. Recruitment & Selection training
New roles created in 2017 to support career development pathways for social workers from grade 5 and grade 6 to Senior Practitioners and Team Managers. This is work in progress and due to continue post March 2018.
We are currently undertaking a workforce review which is in the process of the 45 day consultation. We are working with HR to review how pay is rewarded and progression on order to support the recruitment and retention of social work staff. We are also working towards a 70/30 split to kook at a more qualified workforce. We are also considering the social work apprenticeships
We offer a <Area team name> placement for newly qualified social workers and social workers returning to practice. We are in the process of introducing a social work apprenticeship.
Policy/scheme being developed/revised
A Social Work Academy for <Area> due to be launched in January 2018. This will set out a pathway into social work and opportunities to develop within specialist practice and/or management roles.
Apprenticeship options in development
Career pathway document is currently under revision. Team's managers support that the current model is outdated.
Head of Social Work drafting a Workforce Strategy for 2018-2021 that will ensure that career development pathways are aligned with BASW and HCPC guidance. Looking to have a "Bespoke" to role suite of learning for all new starters at point of induction.

There is a draft policy in development
This Career pathway needs further development.
This is currently being developed via PSW post. At present it seems quite traditional, e.g. senior practitioner, team manager. This is a priority for development of Practice based careers, e.g. SW consultant etc.
This is something that is being looked at and worked on as part of the workforce plan. However there are internal opportunities for staff to progress
We are currently in the process of finalising the Social Work Learning and Development Pathway for Adult social care which will map out clear pathways from the ASYE level up to Operational managers.
We are currently working on developing career pathways for ASC, including social workers

Table A10: Learning and development opportunities for people who supervise social workers
Supervision training
Supervision training (x 18)
A specific training module is in development which will incorporate the forthcoming KSS from Skills for Care.
Advanced supervision training
All supervisors have attended a 2 day training programme on developing effective supervision during 2017. In addition staff who are responsible for supporting ASYEs have also attended a training event on supervising and assessing the ASYE year
ASC hold a three day Supervision course. We are currently revising our Learning & Development Programme and refresher Training for Supervision is being considered.
Current supervision training in place but under review as part of wider practice standards review. Opportunity to participate in pilot for critically reflective supervision offered to supervisors.
Practice Supervision/assessment of ASYE's
Reflective supervision course;
Reflective supervision training; rolling programme of supervision workshops;
Regular supervision skills training run by <area> education lead
Supervision course is available to all managers and will be expected to attend as part of their professional development.
Supervision module in children's and adults services.
Supervision Skills training, highly rated as good blend of theoretical models and skills practice.
Supervision training as mandatory for all supervisors
Supervision training in situ for all

Supervision training is available to all managers who provide formal supervision to qualified social work staff. This has been augmented via the Teaching Partnership’s offer of Reflective supervision training.
There are courses for all supervisors of ASYEs. There are also internal HR resources.
Training for supervisors - reflective supervision skills
Training in delivery of supervision and appraisal
Training on supervision. Training for supervisors of NQs
Training programme in place for supervisors.
We provide formal training for all practitioners who supervise front line staff. We are developing specific training for practitioners who supervise staff undertaking safeguarding work.
Workers are invited to attend a Promoting Reflective Practice in Supervision (3½ day) programme of learning. Jointly run with colleagues in children’s social care, this training provides them with the knowledge and tools to support a supervisee. As part of this training, they are encouraged to have their supervisory practice observed for which they receive constructive feedback. Those who wish to then take the learning further are able to apply for a 20 credit Graduate or Post Graduate Masters level academic module through the <*University name*>. Workers are also encouraged to undertake e-learning around the role of the supervisor.
Management training
Management training (x 16)
ILM management courses (x 5)
All managers are able to access specialist learning and development (management / leadership essential knowledge)
At present traditional team management but many SW's don't want management they want to remain in fieldwork but at higher level
First line manager’s development programme including taught sessions and action learning sets. Includes; reflective supervision performance management, management of change, motivational leadership, eligibility strengths based approaches
Generic developing leadership and management skills course and action learning sets
In house management and Supervision course is available to all managers and will be expected to attend as part of their professional development.
Management training offer in development
The formal management qualification ILM Level 5 is available for relevant staff, and the Council has a good record of balancing promotion and development from within and outside the organisation
The New Managers Programme has been revised to focus on skills - resilience, building trust and having difficult conversations.

There are a variety of management courses including stress awareness, equality and diversity etc.
PEPS Training
Practice Educator training (x 3)
Practice Education Programme Stages 1 and 2 (x 3)
A long and well-established relationship with <*University name*> exists and staff are actively encouraged to become Practice Educators in Year 3, following completion of their ASYE and Consolidation training.in year 1 and 2.
Appropriately qualified social workers are encouraged to undertake the Practice Educator programme.
Here workers are invited to attend their Practice Educator Professional Standards training at Stage 1, Stage 2 or Practice Development Educator level. This learning is across Adult Social Care and Children's and run in-house to a regional framework.
Practice Development Educator Qualification
Practice Education Programme Stage 1 and Stage 2 (new initiative in partnership with <*University name*>)
Practice Educator refresher
Practice Educators courses and opportunities
Through the teaching partnership, PE training in <area> has been expanded.
We have specific management pathways but also have Specialist Practitioner ASYE and Specialist Practitioner Education for workers who want to support social work education but not take on line management responsibilities. They form part of a virtual learning unit and provide coaching / mentoring support to the wider pool of Practice Educators.
Other training
Formal accredited programmes e.g. AYSE Assessment, AMHP (x 12)
Training through the local Teaching Partnership (x 4)
Action learning sets (x 3)
A range of opportunities based on appraisal identified development needs.
A range of training courses and updates are available each year. Specific training is available around supervision and to support ASYEs. Managers are able to access post graduate study and a number have completed the BIA course.
Access to courses provided by legal and from Learning and Development programme. Development opportunities such as BIA, practice educator and AMHP are offered.
Access to e learning on following courses Developing mental toughness Dignity in care Assertive communication Emotional Intelligence Mental Health Awareness Personal safety During the year there will also be opportunities to attend workshops and conference events to support CPD
Continued opportunities to develop existing skills

Corporate training available and access to external specialist training
eLearning is available on a range of key areas and social care has a specific training programme including legal literacy, safeguarding and the care act
Full suite of training including practice educator programme, management and leadership development skills. These are reviewed regularly in PDRs.
In-house Learning Zone (large amount of courses available). RIPfA - opportunities for training and research.
Internal and external training HEI top-up courses
Master classes on different practice areas - last series was on safeguarding
Masters route, other bespoke training as required.
Observations of Supervision with instant feedback; DoLS Training (Refresher Annually); BIA Training offered to 6 people each year; Safeguarding Training offered to all annually
Range of corporate learning and development opportunities for managers.
Specific training sessions for managers of social workers are available in such areas as safeguarding and developing coaching styles.
There are clear formal development pathways are available to social workers from newly qualified social workers, to experienced workers. We have published development pathways for social workers and for social work managers. Managers and staff also comply with any mandatory training issues by the organisation's corporate Organisational Development Team. These may include programmes, such as, Information Governance, Equality and Diversity, Risk Assessment etc.
Leadership programme
A leadership development strategy for staff
A leadership for all program
Aspiring Senior Practitioner programme
Development programme for team managers
Effective leadership programme
Leadership programmes
Management development programmes
Management programme available to all Aspiring and Future Leaders
<*Organisation Name*> Leadership Essentials and a further 5 modules are planned for 2018/19.
Our L&D section run leadership modules.
Team Leader development plan was implemented in 2017 which offered 1 to 1 coaching opportunities from an external provider and a programme of group learning events.
The Practice Leaders programme has been developed for those who want to be leaders in practice.
There is a leadership programme however this is limited. There is currently a new piloting of a leadership/management programme that is about to be

rolled out however historically there has been very little support and development opportunities for those in a supervisory role.
Wide range of opportunities are offered through the service programme and the horizons programmes for managers such as coaching, mentoring, emotional intelligence, leadership, inclusion and diversity, supporting reflective practice.
Coaching/Mentoring
Coaching and mentoring (x 2)
Mentoring (x 7)
Coaching for managers
Coaching for practice / coaching for resilience / mentoring
Access to information (e.g. research papers, community care inform)
Access RiPfA resources (x 4)
Access to community care inform (x 2)
Access to both RiP and RiPfA web based resources
Resources such as MRC and evidence based practice subscriptions
Use of materials from RIPFA, SCIE, Skills for Care etc.
CPD/PDPs
CPD programme (x 2)
A Training Needs Analysis is completed and practitioner learning and development opportunities are agreed
Continued professional development meetings across the service.
During the year there will also be opportunities to attend workshops and conference events to support CPD
Professional Development Plans are in place
They can attend courses through their own CPD/PDR requirements
We have a leadership pathway in our CPD model.
Peer support
Peer support (x 2)
A peer group of supervisors has been set up
Shadowing opportunities
All NQSWs encouraged to offer shadowing opportunities
Shadowing and observation with senior managers.
Shadowing opportunities for aspiring managers
Specialist roles
Being able to undertake specialist roles (BIA/ AMHP/ Practice education).
Development opportunities such as BIA, practice educator and AMHP are offered.
They are usually ASYE mentors/PEs

Supervision
Peer supervision (x 2)
Reflective Supervision
Learning groups for managers
Quarterly reflective learning groups for managers / leaders have been set up facilitated by Learning and development team and Principal social worker.
There are quarterly organisation wide learning briefings for managers to share with their teams. Managers are asked to contribute cases for these briefings to highlight and showcase good practice or learn from cases where something has gone wrong.
Other
2 social work briefings annually 1 adult's and children's conference annually
Advanced practitioner award
Development opportunities are now arising more frequently as a result of organisational change and responses to new areas of demand and/or new initiatives such as <devolution> and integration with Health.
Opportunities to act up as service managers
Other opportunities include practitioner forums detailing changing practice, legislative and transformational requirements.
Participation on University interview panels for prospective social work students Undertaking teaching on social work courses and training for colleagues.
Practice Educator forums
Staff identified that for the social work progression this felt as a ‘horizontal opportunity’ and not a ‘vertical’ progression unless senior management opportunities’ became available. Encouragement is there but no incentive.
Workshops

Table A11: Continuing Professional Development - additional comments
Training and development
A range of courses available internally and external and these will be further developed as the Teaching Partnership matures its relationship with the 2 Universities within the Partnership.
Although there are opportunities for development, work is on-going to widen the range of PQ frameworks available to include practice educators and childcare pathways
An academic career development pathway is offered on an annual basis across the Adult Social Care and Commissioning Service. This pathway enables learners to tailor their academic learning through a Professional Development Award developed by the <*university name*>. Social Workers are funded to study towards a Post Graduate Diploma. Included within the Career Development Pathway framework is the opportunity to undertake

PEPS, BIA and AMHP training. Leadership modules are available although these are currently under development due to the recent restructure.
Currently supported are - PEPs - AMHP - BIA - Tier 4 Management training programme - Level 5 diploma in Health and Social Care
Most of the staff responding to the Health Check had gained one or more additional qualifications over the past year ASYE,PQ and CPD modules, Practice Teaching, BIA, AMHP or other training
<*Organisation name*> support approx. 8 social workers (/OTs) for BIA training annually, with a similar number for PE and AMHP training. SCC also have a Management and Leadership Programme to support staff at all levels of their management career.
<*Organisation*> are the lead authority re Teaching Partnership Agreement (<*name*>) and various pieces of project work ongoing, for e.g. Critical Friend Programme)
Other learning opportunities are also provided through RiPfA and ccinform which we have membership with.
Professional and specialist qualifications are available and delivered annually; • AMHP training • BIA training • Practice Educator training • DeafBlind Assessor training (NVQ 3) • Leadership Program • Certified ASYE assessor and PE Assessor program under development
Staff are encouraged as part of their social work progression to complete AMP, BIA and PEP's qualifications.
The <*organisation*> invests heavily in learning opportunities across its broad and diverse workforce. We have reintroduced opportunities for our internal workforce to undertake social work training ("grow your own"). All staff (registered / unregistered) have access to research via subscriptions to CCinform and research in practice for Adults and protected CPD time. Specialist roles BIA's (DOLS) / AMHP's have specialist training / learning and development programme to assist with legal literacy and continues competence. Strong ASYE programme in place supported by monthly learning group training sessions looking at areas of practice (legal literacy / risk enablement / assessment / mental capacity etc.).
We actively support staff to train as BIA's and have significantly increased the numbers of DOLS assessors. AMHP training is available for those in year 4. The teaching partnership and the development of the learning and development pathway has created clear pathway for those interested in become leaders in either managerial or practice roles.
We are aiming to train all of our eligible social workers to train as Best Interests Assessors. We have broadened the offer of AMHP training to social workers in non-mental health settings. We have strong links through local HEIs (through Teaching Partnership) and support social workers to undertake PEPS qualifications

We are currently supporting and promoting research mindfulness in our organisation, alongside the work carried out under the <*area name*> Teaching Partnership to support social workers.
We have a formal CPD framework in place for our social workers aligned to the professional capabilities framework. Additionally we have a very robust ASYE program with close partnership working across the <*area*> region. Some specialist professional development qualifications we support our workers are ASYE, BIA, MCA Levels 2 and 3, PEPS1, PEPS2, AMHP, Reflective Supervision, utilising the Strengths based model of working and many more similar.
Career pathways/structure
Internal secondments available, Acting-up opportunities and external secondments available (currently SW on secondment to HEI)
Secondment opportunities are available for all social work staff on the basis essential criteria is met.
Social workers are encouraged to progress internally and secondment posts are used. There will be further work on this early 2018 to support staff wishing to develop further.
Staff are encouraged to consider growth and their future in Adult Social Care, and are encouraged to apply for posts internally or externally through promotion or secondments.
The <organisation> operates a formal progression panel for all Registered Social Workers (and Occupational Therapists). The membership and Terms of Reference of a Workforce Development Group has been revised to reflect a focus on the training offer, including CPD requirements for Registered Social Workers. The action plan from this health check will be part of that's groups standing agenda
The PEPS, BIA and AMHP training is built in to our career structure with pay increments attached to BIA and AMHP work and payments for students.
There is a culture of progression via promotion for social workers, however this often appears to be ‘ad hoc’. Some staff have indicated that some posts/secondments are advertised and interviewed for and some are not, and it is not always clear as to the rationale for this. Additional feedback has highlighted that people are seen to progress via secondments and usually people are aware there are opportunities, but this communication may be patchy at times. Further feedback has identified that as a result of organisational change there have been and will be a lot of opportunities for social workers to progress as a result of operational demands. The current formal career development routes in ASC are via AMHP, Practice Educator and Best Interest Assessor training, with no clearly articulated pathway for SW’s to follow beyond this.
This forms part of the clear career development pathways developed within <organisation name>.
We are developing clear CPD pathways for all social workers at all points in the development of their careers
Feedback from staff on development

87% Social workers surveyed confirmed that the <*organisation*> provided the expected level of development opportunities.
An area highlighted by senior managers (with a social work background) was the requirement to develop a program of professional supervision alongside social work specific CPD opportunities. Senior managers required expertise knowledge in their profession alongside leadership and managerial training.
Nearly three-quarters (73%) of social workers strongly agreed / agreed that <*organisation*> is a Learning Organisation with a positive learning culture: 20% of staff were not satisfied with learning and development opportunities
The last training I did was BIA for DoLs which was last year. However, I have not been able to implement my learning or complete any assessments since I have done this course due to my workload commitments. There is no other real opportunities to progress internally.
We asked staff whether 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? There were a range of different responses to this question, reflective of the individual nature of work done within different teams. The most common feedback included: • In Urgent response and Social Inclusion teams social workers are carrying out appropriate tasks. SW's take cases where there are mental capacity issues and placement may be required. Assistant Care Manager's predominately take cases with no apparent capacity issues or low level needs (as far as can be ascertained). • There are some concerns in Prevention Services as to what future expectations will be, for example, if SW's were to assess for equipment, order specific equipment and assess the person's ability to use same safely, there may be some impact on throughput, and whether this is best use of SW time. • There was some feedback about increasing administrative tasks, for example, sending letters, taking messages, SW's arranging safeguarding meetings, which can be a lengthy process. • Some concerns that the MASH seems to be the first port of call for everybody's enquiry's e.g. to speak with the police, to be referred for an assessment, to speak with allocated social workers. • Skills within staff teams and local knowledge could be used to work more closely with commissioners to help plan better future services. • Closer links between workforce development and SW's could enhance training provision and skill sharing within the ASC workforce. • Some queried when staff have additional roles, such as AMHP or BIA – there is sometimes no reduction in current caseload to accommodate additional work. • Some queried the effectiveness of current IT system in supporting social work role currently but this is being addressed – need to ensure that the demands of <*IT system*> do not further take away social workers from their face to face interventions with people.
Other comments

The department has gone through and continues with a significant transformation programme and has fully recognised the need for workforce development; support and structure. Significant investment has been made and a work force development lead is now based within the service and attends staff meetings and learning events. We have aligned practice with social work principles; the corporate plan and its application to our work and the wider citizenship agenda. Think family; community and personal resilience drive practice. Big Conversation workshops are held quarterly for all staff, led by the DASS; quarterly staff survey is presented at the Big Conversation, feedback is provided and actions taken to address results "you said - we did"; used to also track moral levels through times of significant change.
The PSW and Practice Development team are working very closely together to review and develop modern and strength based practice which encourages service user and carer participation, collaboration, reflects 'I' statements, focuses on quality improvement and pro-actively seeks service user and carer and front line social work feedback.

Table A12: Professional Registration - additional comments
Respondents' local practice
Agreed protocol across children and adult social care regarding interaction and interface with regulatory bodies
As PSW I remind HR colleagues and managers of social workers of HCPC requirements and processes to report any capability or disciplinary investigation to the regulator.
Clear adherence to HCPC regulations and referral route. <Organisation> have made referrals when deemed appropriate.
Consideration is given to informing regulator in all disciplinary and capability cases
Fitness to practice issues are raised when necessary / appropriate through formal capability processes. HCPC website offers excellent advice / guidance about when to refer. Registered staff keep a portfolio of practice that evidences capabilities (PCF) and evidence in relation to the standards of proficiency
HCPC referral will take place in the following circumstances; At the end of a process, either disciplinary or capability) or when dismissed following capability or conduct offence where appropriate. Staff feedback also emphasised the use of incident reporting alongside the raising concerns program within the organisation where necessary a proactive approach can be used wen raising concerns about practice.
Joint working between the host agency and the <organisation's> principal SWs and HR partners mean that any concerns are escalated in a timely manner and practice concerns can be triangulated with HR processes. Regular meetings between these parties ensure that any FTP concerns are escalated and acted upon appropriately.

New post of PSW in <Organisation> is the link now for two way follow up with HCPC
<*Organisation*> are currently revising Disciplinary Guidance which the PSW and Practice Development Team has led. Any concern regarding potential matters requiring HCPC notification is addressed in consultation with our HR advisors. We are aware of the ambiguity regarding Fitness to Practice (HCPC) and use the support of our HR advisors when necessary.
Professional registration policy in place
Referrals are made as required.
Reporting processes rely on line management informing HR. The process is formally recorded in our ASYE policy/procedure, however, this is not replicated in capability or disciplinary policies - a gap to now be addressed.
Service managers are aware of the process and have made referrals
Team managers will identify any issues arising in respect of fitness to practice and raise these with the service manager through planned and unplanned contacts and supervision. Colleagues from HR will advise accordingly in consultation with the relevant Head of Service and Principal Social Worker as appropriate. Issues that need escalation further are then shared with relevant Heads of Service and the DASS who are co-located together.
We are currently reviewing this to ensure a consistent approach across the <*Organisation*>
We comply with the requirements of Social Work England to report any concerns re practice.
we have a capability framework that we expect all registered SW's complete
We have an identified link HR worker who ensures HCPC are informed of all formal disciplinary, capability or conduct issues.
We will be reviewing are protocol around the above in 18/19.
Whilst practice concerns are reported to the regulator as appropriate, a process is in place to ensure issues where appropriate, can be resolved through robust action planning, mentoring, training and support
Effectiveness of process
The current process is effective
The reporting process is straightforward, however the following pathway to gather the evidence for the investigation is disproportionate.
There has recently been a situation where a social worker was referred to the regulator and this highlighted that there was sound and robust practice.
There needs to be a more consistent system
Things have improved over the last 12 months and decisions are being made in a transparent way to ensure compliance with all codes
Time taken by regulator to undertake investigations is too long, this places a high level of stress of staff involved. Feedback from regulator is poor resulting in us having to chase them for an update.

We have had reason to refer a Social Worker in the last year in respect of their fitness to practice, which on review seems to have been effectively responded to.
Number/frequency of referrals
The <*organisation*> has only had to refer colleagues on a very small number of occasions.
We have not had to inform the regulator of any concerns in the last 12 months but have done so previously
Other
When undertaking the survey with staff, some newly qualified social workers were hesitant in their responses to this. This is an area that will be addressed with staff through formal communication methods and also through supervision processes.

Table A13: Effective Partnerships - additional comments
Feedback from service users
A range of feedback mechanisms are in place and are reviewed to ensure relevance (e.g. feedback after safeguarding interventions has been revised in partnership with local self-advocacy group). Compliments are included within staff newsletter. ASYE feedback has been positive. The department facilitate the statutory surveys - Adult Social Care survey and the Survey of Adult Carers in England. There is no consistent approach to collating and responding to feedback.
Approximately 11 complaints per month. We have a service improvement plan which collates learning and monitors progress against improvement actions. We have a system of disseminating learning, but this is under review to make it more applicable to practice. Low re-referral rate - 88% not re-referred. 71.5% of service users with services found their care and support overall satisfactory. Over 80% of service users found information on support easily and 81.6% said that they had control over their daily lives
Carers' survey carried out every other year. Social Care User survey every year. We receive a range of feedback in a well-established process. Comments are analysed, if complaints are upheld then action plan is devised. Safeguarding Peer Review in 2015
Consultation and engagement took place ahead of Organisational Restructure (April 2017) - feedback in relation to practice was positive. Comments in relation to ensuring clear communications with service users and their carers led to changes with letters/leaflets and in the way we provide a duty system.
Customer feedback, both positive and negative, is recognised as an important source of customer insight that helps us to shape and improve the services we deliver. We capture and routinely monitor both complaints alongside compliments and other comments. As of 1st December 2017, Adult Social Care has the 2nd highest proportion of customer feedback received across the entire County Council. 75% of recorded feedback has been complaints and 20% formally recorded compliments. Across the Local authority, the main causes of complaints centre on policy/procedural challenges or the

perceived failure to have done something. The main reasons for compliments centre on the quality of the service received, or the customer care delivered by the workforce.

The service is working on strengthening its public-facing communications to clarify its approach to promoting people’s independence and encouraging more community-based support where appropriate or applicable. The <*organisation’s*> Customer Experience Team regularly attends Management Team meetings to report on feedback received by the service. The Service’s Quality & Performance leads also undertakes a deep-dive review of open complaints and performance at the start of each month as part of quality assurance activity. The service is working hard to ensure customer feedback opportunities are enhanced as part of routine practice. Examples include work being undertaken within our Safeguarding Service in line with Making Safeguarding Personal where customer feedback is sought and encouraged at the conclusion of any enquiry process.

Staff encourage both service users and carers to respond to an online or paper-based ‘My Safeguarding Experience’ survey. Whilst the response rate to date has been fairly low, the feedback has been overwhelmingly positive with comments praising the contributions of safeguarding staff, and confirming that they have felt listened to and supported during the process. Additionally, our Reviewing to Improve Lives team leave a feedback postcard with service users at every review encouraging them to make comments about the experience they have received. Again, whilst feedback is not routinely high, as it is voluntary, it is routinely captured, reviewed and used to inform practice.

Feedback from Adults who we provide care and support to is positive. Survey (published 23.8.17) reported 78% of Adults/Carer who were sent a Survey that they were either very, or extremely satisfied’ with the care and support they receive, with nearly 90% of the respondents saying the support services they receive helped them to feel safe.

In addition to the ASCOF national survey, we have also undertaken in 2017 a local customers and carers survey which helps us understand better the local people' views, and create action plans to make our services more effective and efficient with them.

Methods of feedback used;

• Surveys and comments cards (ele survey)

• Complaints (safeguard database)

• PALS enquiries (safeguard database)

Overall the results of the surveys are positive and as a Trust we are scoring above average on the Friends and Family Test (FFT). Feedback is triangulated to organisational and operational divisional business meetings to ensure learning, trends and action plans are received and carried out.

Most recent survey indicated that over 90% of service users were satisfied with the service they received from their social worker

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<*Organisation name*> does an annual customer survey. Plans are in place to link customer feedback to online portal and to consider how feedback can be

gathered after first contact/assessment and review - <*survey software*> developed and in place.
<*Organisation name*> is signed up to TLAP's "I" statements and has set up a "making it real" board of users / carers so that we learn from the experiences of using our services. Compliments / complaints are monitored and practice improvements identified. Caseload auditing takes place on a monthly basis to assure quality of relationship / engagement / practice with our customers.
Recommendations and Action Plan in place in response to a) National ASC survey b) ‘ What do you think’ leaflet c) Complaints d) Commissioning satisfaction survey
Satisfaction rates from carers is lower.
Service User annual Survey reports high level of satisfaction.
The <*organisation*> offers feedback opportunities to care users and their supporters, and is keen to ensure that when we get things right we build on them and when something goes wrong we learn from it and work towards improving our service. We try to resolve issues as quickly and locally as possible ‘on the spot’ so that lessons learnt have the best chance of success. Between 1 April 2016 and 31 March 2017 the <*organisation*> received 26 compliments about the delivery of its adult social care service. During the same reporting period, 86 complaints were received and of the 52 that were investigated, 48% were not upheld or only partly upheld. Only 7% were upheld. As part of the annual Adult Social Care survey, when asked “Overall, how satisfied or dissatisfied are you with the care and support services you receive” 62.5% of respondees said they were extremely or very satisfied, and a further 26.1% were quite satisfied, a total of 88.6%. Although the question doesn’t relate specifically to social work practice, the services received were as a result of social work input
We have a quarterly results published for service user feedback and track complaints and compliments.
We have an audit cycle which includes citizen and carer feedback. We gather feedback 3 - 6 monthly. We have themed quality audits which include a questionnaire to gather feedback from the citizen. This feedback has identified that citizens feel listened to, are treated with respect. Delays in communication was mentioned as an area to improve. We are asking citizens if they wish to be involved in co-production to improve the quality of our interventions and processes. We had held focus groups to support the development of the strength based approach.
We have put in place a system to capture learning from all service user feedback in addition to learning from complaints/compliments. A service user survey is about to go out
We have received 41 compliments from residents.
We received both positive and negative feedback. Positive is acknowledged and negative is responded to in order to look at how we can improve service delivery.

We have received some feedback, but are currently developing this as recognise we need a more consistent method to gather and evaluate customer feedback
We regularly audit our services independently to identify our strengths and our weakness in practice and processes so that we can continue to improve, learn and grow. For example, currently we have a safeguarding external audit in process and have just had our DTOC processes audited. Furthermore we have planned an audit on our new supervision policy. Additionally we take great focus on learning from complaints and any feedback we receive from our service users and our partners.
We run quarterly 'listening to you' surveys which capture feedback from users and carers on their experiences of Adult social care
Peer review
2 Peer reviews - one in March 2012 one in Oct 2014
A Peer Review was completed in late 2016 focussing on safeguarding, specifically in relation to the following areas; Whether our processes, procedures and systems in relation to DOLs sufficiently robust in order to fulfil our statutory duties. Whether our safeguarding partnership arrangements proactively support our domiciliary care and care home providers and whether the priorities set out in the <Council name> Safeguarding Adults Board Annual Report (15/16) need amendment, in light of any conclusions reached by the peer review. The review was very positive and an action plan was developed to progress areas for further development.
A peer review with <council name> regarding Adult Safeguarding was held approx. 2013/4.
An improvement plan was implemented following the peer review overseen by the Transforming Adult's Services Board. A return visit found improvement in all areas identified within the peer review. Commissioning was re-designed and a robust quality assurance framework implemented
Currently undergoing a peer review with <council name>, awaiting outcome
In relation to the peer review question, we have had two peer reviews in recent history, each with a specific focus although not specifically about social work service delivery.
LGA Peer Review conducted in June 2016 Working with consultants, (NDTi) as critical friend
<*Organisation name*> had LGA Peer Review of Safeguarding arrangements in December 2016. The Review considered governance arrangements and a range of services, including commissioning and the outcome overall was very positive. We have also completed TEASC and ADASS’s risk awareness tool which has been useful in identifying areas of challenge and good practice which will be analysed and benchmarked by the LGA.
Peer Review completed with <council name> in 2017 looking at learning post Care Act. Another Peer Review with them is planned for this month with a focus on wellbeing and strength based approach.

Peer Review in early 2017 focussed on safeguarding. New approach to transition recently adopted and this is being positively received by service users/families.
Peer Review to take place January 2018
Peer reviews are done through team meetings, team manager and practitioner manager meetings, also the operational meetings. ASYE and BIA forums also contribute to service delivery. A peer review is planned for April 2018, with another local authority.
Peer reviews: whilst Adult Social Care Directors have supported peer review processes in other LA areas, the service itself has not undergone any recent peer challenge experience. However, it has invited external expertise to support its transformation and improvement journey. The Somerset system has recently had an NHSI and LA Improvement visit which praised methods to turnaround the poor position on DToC. It also benefits from independent, external chairing and input to its Performance Improvement Meetings each quarter from Professional John Bolton. The NDTi have also offered a range of support, including in the delivery of Team Diagnostics and feedback to inform team improvement. The service is also benefiting from Gartner expertise in adopting more innovative approaches to delivering effective change, and tackling cultural changes needed. Additionally, independent audits are routinely undertaken via the South West Audit Partnership across a variety of adult social care areas of focus, such as DoLS, Safeguarding Performance, and Care Provider Failure.
Peer Safeguarding Review 2016 Commissioning Peer Review
Proactively instigated peer reviews: safeguarding; learning disability services and support for those who experience mental ill-health. Corporate peer review being undertaken at present. We welcome the opportunity to learn and improve that these offer.
Recent LGA review of LD services
Recent peer review of the Adult Safeguarding board which was positive- actions formed part of support Board action plan.
Safeguarding Peer Review early 2017- Overall Positive review with some learning objectives going forward
Safeguarding Peer Review in 2015
Safeguarding peer review planned for June 2018
Safeguarding peer review to take place in the New Year, awaiting engagement with other LA
The <Council name> Peer Challenge review was undertaken between the 8th and 10th of February 2017. The Trust is a s75 provider delivering the provision of Adult Care Management (ACM), Reablement and Occupational Therapy services on behalf of <Council name>. Strengths and areas for development are currently highlighted within the S75 contract and transformational delivery program.
The last <Council name> Adult Social Care Peer Challenge was conducted in November 2016.

There hasn't been a peer review take place since the last survey.
There is a clear action plan following the Peer Review which was carried out in September 2017. Many actions have already been progressed effectively.
There is a well-established Peer Review Programme (3 reviews over 4 years) most recent in October 2017
This was positive and took place June 2016
We have had a peer review with regards to safeguarding practice.
We have not held a peer review in the last 12 months.
We haven't had a peer review recently but I understand we are due to have one in the spring summer of 2018
Other
The majority of the workforce is employed by the <organisation>. There is a long history of integration in <area> with partnerships between the LA and health going back to the formation of a Care Trust.
We have re-designed the Safeguarding pathway in the last 18 months so that the MASH better responds to the person, or their representative, by involving them wherever possible and are asked what outcomes they want. Safeguarding documentation has been updated to include the views of the adult at risk, or their representative, at the point of a concern being reported right through to closure of the enquiry. The Multi-agency training programme has been reviewed to ensure that Making Safeguarding Personal is included in staff training at all levels. Multi-agency awareness training for front line staff includes the need for referrers to ensure that wherever possible, they ask the adult, or their representative, what they would like to happen before submitting a safeguarding concern. When the concern is received, MASH will confirm with the person the outcomes they want and will record these on the Enquiry Report. Performance data collated at the end of August 2017 indicates that 60% of adults involved in enquiries reported that they achieved and were satisfied with the outcome. File audits evidence that overall the person's views and wishes are central to the safeguarding process. We would like to do more work in this area to ensure that arrangements are robust; we have had discussions with Healthwatch about them undertaking a sample audit to seek the adult's views, or those of their representative, at the conclusion of safeguarding intervention. Risks are assessed during a safeguarding enquiry and where risks are identified a safeguarding plan is developed with the person or their representative. The plan is reviewed by the locality social work teams within an agreed period of time to ensure the person's ongoing safety. In the development of the Community Assets programme a series of community based events were run using the "Unconference" approach; followed up with a series of workshops – this was central to support the development of new community based approaches to deliver social care services. The conferences and workshops brought together community groups, service users and providers <*council name*> in partnership with <*area name*> CVS, has also developed the "Better Together" fostering further the relationship with the Community and Voluntary Sector

In contributing to the completion of the recent ADASS risk awareness tool, Healthwatch commented: ‘For the past 4 years the Adult Social Care Local Account has been co-produced with the <*area name*> Engagement Forum (facilitated through Healthwatch <*area name*>). Involvement this process has been supported by the partnership boards for Older People’, Carers, Learning Disabilities, Physical and Sensory Impairment and the Autism Services Development Group. Involvement in the planning and attendance at the Adult Social Care Stakeholder events across the past two years have provided a route to contribute to the direction of travel. Ongoing / Previous:

- Domiciliary Care Service Review and Commissioning (City Region Events)
- Review of the Centre for Independent Living (CIL) and input to the CIL Steering Group)
- Digital Inclusion
- Integrated Sensory Services Review
- Service Delivery Options (Whole Life Commissioning Team)
- Dementia Challenge 2020
- Adult Social Care Strategy

Adult social care continues to commission and work closely with Healthwatch in a range of ways and is pleased to say that <*area name*> Healthwatch is both an active partner and one which engages very widely with service users, families and carers.

Adult Social care has a structured programme of stakeholder events to engage agencies and providers in understanding the challenges being faced and involving them in new developments. Commissioners meet regularly with independently facilitated and active partnership groups which are well attended and where co-production of service change is a continual feature. Partnership boards and engagement forums include:

- Older People’s Partnership Board
- Physical & Sensory Impairment Partnership Board
- Learning Disabilities Partnership Board
- Carers Strategy Group
- Autism Services Development Group
- Positive Mental Health Coffee Meetings
- Carer’s Coffee Morning

In the current year in addition to regular co-production and development, specific consultation and engagement has been commissioned via surveys and events with a wide range of stakeholders, around strategic developments or service reviews. This has included the development of the Carers’ strategy refresh. Senior Care management managers attend all partnership boards for frequent feedback and engagement. Healthwatch staff are members of all strategic steering groups and attend regularly.

A second LGA Peer Review took place in 2016 and found <*area name*> residents, including people who use services, have been engaged in the development of new service models and service specifications. Service users have been engaged in tender evaluation and there has been consultation with service users as part of the contract and management review processes. There has been partnership work and co-production in, for example, the

development of extra-care housing projects. As part of the quality assessments of services via the QAF, views of service users are sought via use of questionnaires and face to face engagement. Information gathered by providers as part of their own processes to capture service user feedback is also reviewed and incorporated into the QAF Healthwatch which has a vibrant engagement forum covering all service user areas was instrumental in support ASC to engage with service users and carers on the development of the pathway. It should be recognised that this did not constitute a co-productive process with the emphasis on consultation and engagement.

The Carers Strategy was reviewed and refreshed in 2016/17 this was for a two period in anticipation that there would be a new National Carers Strategy published in 2018. This would allow for a full review of the local strategy that would take full account of the priorities set in the new National Strategy The Refocus of <*area name*> Carers' Strategy 2017-2019 involved the Carers' Partnership Board, <*area name*> Carers' Centre, Healthwatch and <*area name*> Youth Mutual. The process involved working with and listening to adult and young carers from across <*area name*> to revisit their priorities to inform the strategy. Following the adoption of the strategy, a Carers Partnership Board was established to oversee the implementation of the Carers' Strategy; it consists of carers, carer representatives, and members of key community organisations and officers of the Council. The board is a key link in the governance and decision making that impact on carers in the Borough. Care Management Teams engage with the individual, carer and families and key stakeholders to plan for the future, to identify aspirations, make informed decisions and to maximise their independence. We are confident that our partners and providers are engaged in safeguarding arrangements.

There are well established links between the Council's Safeguarding & Quality Assurance Unit and the safeguarding leads of our key statutory partners, including the CCG, Police and Healthwatch. A quarterly safeguarding manager's forum is held with social work Team Managers and Senior Practitioners. Safeguarding leads from the CCG and NHS Trusts are invited to the Safeguarding Managers Forum. The aim is to share local and national updates in safeguarding policy and to share learning from national and local reviews. <*Area name*> CCG's response to the recent ADASS/TEASC Risk Awareness Tool was: 'The CCG and LA share a common vision and understanding regarding safeguarding and work effectively together. Following a recent peer review which was undertaken, a key finding was the effective partnership working that is undertaken between both partners. The CCG have a designated lead for both Adults and Children's safeguarding and proactively engage with colleagues from the LA as part of the multidisciplinary team working'. Monitoring for high risk services takes place via the Quality Assurance and Standards (QAS) of which CQC, the CCG and Healthwatch are all members. There is an established working relationship with CQC. They are member of the QAS group and as such have access to the performance dashboards for home care and care home providers. CQC feed into the centralised log of quality concerns and share concerns they have identified with providers via this process as well as at a more generic level via the QAS group. Likewise, the Council shares concerns about providers with CQC and will provide information in advance of inspections to help inform their inspection planning.

The CCG has a Quality Improvement Manager (RGN). The post supports, where possible, on specific concerns with care homes where these are of a more clinical nature and by providing advice to the home on improvements / best practice. They liaise with other health professionals and community services over practice issues and improvements required. Healthwatch provide information on concerns notified to them via their feedback centre and have made online access to their database available to the Commissioning Team. <*Council name*> have good relationships with health partners which are reflected in the development and delivery of the BCF programme. This has continued to see the positive management of DTOC and the improvement within the residential sector in relation to quality. The relationship with Healthwatch is positive and they continue to be an integral part of the system to support transformation and improvement. This is considered to be a particular strength in <*area name*>. Work with the CVS is developing and will be enhanced by the Community Asset programme, and recently launched Better Together programme that supports the council and partners to agree aims and objectives to improve outcomes for the residents of <*area name*>. Relationships with the Acute Trust and Community Trusts are developing and will be considered as part of the 'Better Together' programme as the ACS takes shape. We engage with local partners and providers and utilise the Council's workforce development team and offer assistance wherever possible for recruitment initiatives. We offer advice on recruitment and retention on the workforce. We work with the providers in relation to training the Council offers courses to the providers for their staff to attend.
We have utilised 'How are We Doing' as a baseline measure for our transformation programme. We will introduce ongoing peer review as part of this work

Table A14: Additional comments
Information about local health check/survey
A Qualified Staff Survey was carried out (sent out to 364) (run concurrently with Children's Services) in June/July 2017, where we obtained very good data and views from 164 staff. Main themes from this was around case load management (high volumes/working overtime etc.); good support from teams and managers; lack of available learning and development opportunities and around supervision. We are currently exploring all of these and how we can continue to support our staff to deliver best practice.
From an internal questionnaire; 91% of respondents are happy and would like to progress their career in Merton 79% of respondents would recommend working in Merton to others 75.8% of respondents felt their caseloads were at a reasonable level 97% of respondents felt that the complexity of their cases was appropriate to their level of experience and knowledge
Overall our ASCOF scores for 2016/17 show an improvement in service user experience. <*Organisation name*> also collect local intelligence on a yearly basis on service user's experience of interaction with social workers/care management staff.

This year we have undertaken an organisational health check. This included a survey monkey and focus groups facilitated by the DASS, Heads of Service and PSW. Report produced, subject to council scrutiny and cascaded. Improvement plan in place and being monitored by a Practice Development Forum

Local practices/activities/issues

Adult Social Care was restructured in October 2017, with the introduction of the Integrated Practitioner and Practice Manager role.

As stated previously <*Organisation name*> is served by three social enterprises delivering social services. Each is very different but working in partnership is key throughout

<*Organisation name*> is developing a new model and practice framework to ensure Strengths Based and community focused practice.

Community Development Neighbourhood Network – strengthens the relationship with the 3rd sector and facilitates the development of local support. This will connect organisation together identifying opportunities for further growth in a way that meets the unique needs of each locality.

Local Area Coordination develops the community from the ground up – working alongside citizens. They will work closely with the lead provider in the Neighbourhood Network and target development in areas which would benefit from additional support. A Community Development Worker will be based in each Constituency and will support the Group Manager to build effective links with a range of Partners including citizens, Councillors, GPs, Vulnerable Adults Panels, Fire Service, Police, Service Providers, 3rd sector organisations and others.

Transforming Social Work Practice - This will build on the existing strengths and experience of our workforce, reinforcing core social work values. The 3 Conversations Model will be a new strengths based methodology which replaces the traditional care management approach. This gives an opportunity to engage with the citizens to empower them to identify solutions, building on their individual strengths and assets. Family Group Conferencing will provide social workers with a new strengths based approach to support planning which works particularly well with transitions, safeguarding, adults with early stage dementia and end of life practice.

Progress so far - For the past 2 years we have been working with RIPFA to develop a website providing tools to support social care practitioners to undertake strengths based social work practice. We have worked with the <*area name*> PSW network to develop a <*area name*> strengths based assessment tool. We are holding focus groups with citizens and staff before launching this document. There is clear evidence of improved partnership working and involvement of internal partners – Commissioning, Finance and Public Health

There is tangible interest in the new model from external partners such as GP, CCGs and excellent citizen feedback from focus groups. There are clear benefits of joint working with the Teaching Partnership and the Principal Social Worker Network. There has been significant benefits from learning from the experience of other local authorities.

Evaluation - There will be shared outcomes for adult social work, prevention, wellbeing, public health and Health Trusts. These outcomes will be reviewed and amended as required.

In 2017 <*Organisation name*> won the <*award name*> for Best Recruitment Initiative, skills for care, this was based on our positive social work recruitment and retention. We have only 5% turnover and vacancy rate. Our biggest area of development for social workers is to imbed reflection into all supervisions, and move to a culture of assessing strengths rather than needs.

One of my main concerns is the amount of more experienced social workers that are leaving or have left the Local authority over the last couple of years due to the increase workloads. I have witnessed a number of colleagues in adult social care going off on sick leave due to stress and not returning. This is quite worrying and leads to additional stress on the staff that remain. Also, the additional cuts made throughout the local authority is having a knock on effect on social workers workloads. Additional time is being spent on time consuming admin work and chasing up other departments on behalf of service users. For example, setting up direct payments takes time setting up with all the paperwork involved, frustrated clients venting their anger due to delays to payments as a result of staff cuts, funded travel/oyster cards been terminated leading to Social workers having to submit time consuming requests for payments which can take time to receive due to staff cuts in other area. These are only some of the areas that are affecting SW working environment adding to existing stress levels.

Staff have access to the following resources:

Sharepoint site: There is an internal communication Sharepoint site available with ASC where training resources are saved.

RIPFA: Research in Practice for Adults (RIPFA) has a range of resources that support our staff in improving outcomes for adults, their families and carers. These resources include publications and events, workshops, conferences and online learning all tailored to the specific needs of our clients. RIPFA also supports our staff by providing academic research, practice expertise and the experiences of people accessing services to enable our professionals across ASC to make evidence-informed decisions about the design and delivery of Adults' Services. RIPFA supports our learning and development by translating evidence into accessible resources designed to meet the varied learning needs and styles of different audiences across our service from frontline practitioners to Directors.

Legislation Bulletins: Legislation resources are available for ASC employees to sign up to SCIE e-bulletin, CCI e-bulletin, Skills for Care e-bulletins.

Community Care Inform Licences: This resource supports our service strategically. CCI is not just a valuable, accurate and reliable source of knowledge and information but a way in which to raise consistent quality of practice through enabling practitioners to cite research and case law when evidencing decisions as well as a key tool for workforce development strategies. CCI offers practical information that is quick to read and easy to apply in real situations which means better decisions are made earlier. CCI offer us trusted and quality assured tools that provide guidance, promote reflective practice and cover all the key areas of practice as well as complex

and niche topics which help ensure all social care and social work decisions are consistent, evidence based, analytical and defensible.

E-learning: Adult social care on-line training is available via Bertha. A new e-learning package for Adult Social Care was recently procured. 38 new e-learning courses have been procured and are open to all Adult Social Care staff and their partner agencies. The courses will be available to use from 15th September, and include a wide range of topics such as Assistive Technology, Preventing Falls, The Care Act 2014, The Role of the Social Working Adult Safeguarding and Deprivation of Liberty Safeguards (DoLS).

Communication Events: Quarterly transformation events for all staff within ASC. These provide an opportunity to network, share good practice, ensure that we are all well informed on the challenges we face and are able to move forward to make positive changes to the way we work, so we can address these challenges together.

Transforming Adults Action Group: The Transforming Adults Action Group is newly forward, with the inaugural meeting taking place in June 2017. Clear themes have developed and include; acknowledgement and examples of good practice, communication with partner agencies, staff engagement and staff wellbeing.

Ongoing actions include; How to share learning across the teams? Processes regarding Brokerage service, problems/solutions regarding AIS/Liquid Logic. Staff Engagement Quarterly newsletters have been produced highlighting the training courses and pieces of work that have been undertaken over the last 9 months. This is circulated to all staff within Adult Social Care.

We asked staff whether they have access to the right professional services to support case work–translators, legal advice, etc.? Although a range of responses were received, they were overall very positive, some areas for future work were identified and included:

• Legal advice is easily accessed by the team, one SW experienced difficulty in accessing a BSL interpreter to facilitate an assessment.

• Access to communication aids such as flash cards, books, etc would be helpful

• Makaton training very useful, but only 1 member staff completed this

• Recent positive example of access to a translator relating to a Syrian service user who was isolated and had limited resources, but awareness of translator and interpreter services needs to be raised.

• Contact with legal can prove difficult to arrive sometimes as SW's are responding to service user and family concerns/ anxieties whilst resolution is being sought - particularly over funding issues.

<*Organisation name*> has bought back in house their Social Enterprise after a 6 year period of this being led by a private enterprise. <*Organisation name*> has been working with Consultants to re-design their Adult and Learning Disability Services over the last year with great effect. We have reduced waiting lists and halved our response time. We are incorporating Strength Base approaches to our assessments and exploring the boundary between a good conversation and an eligibility assessment. We are looking at the possibility of having a contact centre co-located within our voluntary sector hub (Social Care on the High Street). We are working closely with Public

Health and have recruited a Social Care Community Navigator to support community connections and develop clearer pathways for people to navigate services without having a statutory assessment.
We are conducting a practice and performance review and will be introducing a social work practice governance board to provide assurance and standards compliance. This will feed into a PSW/Practitioner practice development forum in January which will ensure there is a direct channel of communications between operational front line practice and strategic decision making.
We have introduced a new adult social care strategy "Care Closer to Home"; developed the principle of critical; confident and competent staff to drive staff development agenda which are aligned with the corporate plan; down through service and team plans. The CEO holds regular Big Conferences for all staff and a Leadership Forum for managers. The assistant DASS is leading the corporate parenting responsibility with social workers to offer mentoring and work experience opportunities within social work teams.
We have started the 'Think ahead' scheme this September with good results. Capacity of services remains a critical issue.
We will be using our full results to work through issues identified with the workers
<*Organisation*> are looking at ways to increase Strength Based Approach practice. They are looking at an innovative model called 3 Conversations which is currently been evaluated.
Information about the response
I am awaiting the outcome of our Social Care Health Check so some averages are approximate
I am not sure of the case load to the manager and there is no option for alternative answer. Indicated caseloads are based on approximate.
<Organisation name> completed a health check survey in 2015, a majority of the actions have been completed and a new health check survey will February/March 2018.
Please note; I have filled this Health Check from the information provided to me by who was the PSW until the end of September 2017 I take up this role from November 2017. Most of the information provided was obtained in July 2017
The proportion of colleagues who contributed to questions regarding individual experiences is quite low - this probably reflects workload pressures, the number of surveys distributed recently (due to restructures, bi-annual staff survey, and to inform new ways of working; e.g. strengths based approaches).
The survey was issued to all adult social care staff across Older People Services, Learning Disability and Mental Health. HR data was sourced from HR operational staff. The responses to the Social Work Health Check contains feedback from 25 respondents.
These answers are based on a social work and practice manager survey done in 2016.

This report is the summary of the Skills Audit completed in September 2017.
This survey reflects feedback for the whole Assessment & Care Management Service, of which social workers are the primary staff group.
This survey was sent out to qualified social workers from the teams only and it does not include the unqualified staff (community care practitioners) views.
Very positive survey feedback from social work staff and first line managers at a time of internal restructure
We have recently conducted an Adult Social Care service staff health check and in the process of evaluating and analysing the responses. To some extent this has informed the completion of this survey.
Comments/suggestions about the survey
As new PSW in <*Organisation name*> (also first time post has been in situ) Would appreciate if we could have a 'word document' of questions so that this can be used for preparation for the collating information and give more time to actively engage in the teams in putting this together.
In future would suggest that this check needs to take into account the different organisational structures developing in social care. May wish to consider asking "providers" of stat social care services to respond to this health check i.e. mental health trusts.
The format of questions doesn't allow for expansion and some of the questions relating to employment and sickness are difficult to answer due to the way we collect our data does not fit with the questions.
The initial question should refer to services not teams as there are lots of teams in adult services. Questions need to be more nuanced and evidence based.
The questions are very generalised often with only yes/no or single answer lists which makes it difficult to give the full picture.
This questionnaire was difficult to respond to due to the nature of the responses required.
We struggled to answer some of the direct questions accurately in this LGA Survey - sometimes the question itself was not asked in the right way to obtain the data required. We would be very happy to meet with yourselves, should this be repeated next year, to support any future Survey.

Annex B

Social work health check and development tool

Social work health check and development tool

Part One

Guidance

This tool is intended to help support and deliver effective social work. It is a key element of the Standards for Employers of social workers and 'all employers should complete, review and publish an annual health check or audit to assess whether the practice conditions and working environment of the social work workforce are safe, effective, caring, responsive and well-led.'

Why do the health check?

The health check and development tool is an important barometer of workflow and barriers to effective practice. Doing it annually allows employers to track progress as they work on implementing the Standards and good practice. It also means that problems can be picked up and addressed in a timely fashion rather than becoming entrenched and creating a negative culture.

The tool can be used as part of an employer's retention and recruitment strategy because it means social workers feel that they are listened to and that the employer is pro-active in tackling the issues that affect them at the front-line.

It is also a way of enabling employers to provide a well led professional environment as well as enabling social work professionals to maintain their professionalism and to practice more effectively.

The health check also supports openness and accountability by providing a regular snapshot to the organisation's leaders about workflow and organisational issues.

Implementation

Organisations that have implemented health checks successfully have used a variety of methods to engage staff in the process including independently facilitated workshops with partners, team briefings and focus groups. An organisation could be a local council, an NHS Trust, an independent or community organisation and therefore the health check should be widened to a place-based approach in order to influence effective practice and Health and Social care integration.

It is recommended that Directors and Assistant Directors of social work and social care, use the health check in one-to-ones with Principal Social workers to promote a well-led and effective service.

The health check process itself is usually a positive one for staff, giving them the chance to air issues and be listened to. However, following up on what comes out of the health check is even more important. A clear agreed action plan –regularly monitored and reported back to staff – is crucial. “It’s important to look at the things you can do almost instantly, like an audit of printers and IT; stuff that can make people’s lives much easier very quickly. You must not underestimate how important these things can be to people.”

The standards for employers provide the natural headings for what such an action plan might contain (see page 7).

Employers in the Private, Voluntary and Independent sector

As outlined above, the health check is intended to be a mechanism to promote debate about the practice conditions and working environment of social workers wherever they work.

With this in mind, private, independent and voluntary sector organisations that provide services to their own clients or to those of public organisations should be able to contextualise the health check and development tool to the benefit of their service environment.

Preparing for the health check

1. Agree a joint steering group to oversee the health check process across all social work teams, which could include partners, principal social workers, practitioners and trade union representatives.

2. Agree how the results will be published – to include social work staff and elected members/trustees/board members.

3. Develop a communications strategy for explaining and reassuring social workers about what the health check is for and how it will be used. Given assurances that anything said in discussions will not be used in any way against individuals but only to inform what extra support is needed.

4. Identify and scope the sources of information needed to complete the work – this will include:
    - NMDS data
    - Performance data e.g. service response times, workflow, complaints
    - Qualitative data e.g. quality of supervision, stress, caseloads, TOIL

5. Identify resources in terms of HR, systems and IT support needed to collect the required data. Technical guidelines will be needed covering areas such as:
    - A common date or period for data capture
    - A common definition of a case, for example where families or siblings are involved
    - How the result will be analysed on an aggregated basis

6. Decide the scope: in view of close working relationships and work organisation, many organisations have extended the health check to non-social work qualified practitioners who may be contributing to casework.

7. All team members will need to be given advanced notice and time to prepare for team discussions, focus groups etc.

8. Consider whether peer or independent facilitation of sessions with social workers could be helpful

Using the results

1. The results of the health check should be captured and shared with social workers in a meaningful way.
2. A report should be published and presented to those accountable for the service i.e. Elected members, Board members and Trustees
3. An action plan should be developed and agreed with a commitment from the organisation's leaders to prioritise it.
4. The health check steering group should work together on an implementation plan with clear actions and timescales.
5. In 12 months' time, the health check may need adapting so it can specifically test whether agreed actions are having an effect.

The Social work health check and development tool

Part Two

Standard 1 - Clear Social Work Accountability Framework

This tool is a key element of Standard 1 of the Standards for Employers of Social Workers and helps assess whether the practice conditions and working environment of social workers are safe, effective, caring, responsive and well-led.

Standard 2 - Effective Workforce Planning

The team

1. Number of posts in team (including first line manager)?
2. How many unfilled posts are there in the team?
3. How many posts are being covered by agency/temporary staff?
4. How many posts are there where the post-holder is on long-term absence:
   - sick leave – more than 2 weeks due to work related stress
   - Sick leave – more than 2 weeks planned (e.g. operation)
   - maternity leave
   - other

The team member

1. How many hours do you work on average a week?
2. How often do you have line management supervision?
3. How often do you have professional supervision?
4. Have you been able to attend the CPD opportunities planned in your appraisal or development reviews?
5. What opportunities do you have to contribute to developing the profession:
   - Supervision of student(s) on placement
   - mentoring another team member
   - undertaking research
   - other (please state)

Standard 3 - Safe Workloads and Case Allocation

1. What is the average caseload for a team member, senior practitioner, team manager, held with the duty team?
2. How often are workers required to cancel meetings with people who use services and other professionals in an average week due to re-prioritisation of work?

3. Is there a system in place for casework allocation to be negotiated according to practitioner knowledge, skills and professional development needs?
4. Are there opportunities for social workers to co-work complex casework out of their scope of knowledge and experience with more experienced practitioners?

Standard 4 – Managing Risks and Resources

1. Does your organisation have a digital workplace vision involving facilitated flexible working?
2. Is the provision of ICT aligned properly with organisational ways of working and if not, what plans are in place to address this?

Standard 5 – Effective and Appropriate Supervision

1. Is there a system in place to monitor frequency and quality of supervision in order to ensure effective practice is supported?
2. Is critically reflective supervision offered individually or in a peer group to social workers?
3. Is there an employee welfare system in place and are staff aware of how they can access it?
4. Which activities are in place to reduce stress levels and promote a healthy working environment?
5. Which processes are in place to ensure staff welfare e.g. risk assessment of roles and activities, lone working policy?
6. Are exit interviews conducted by a member of staff outside of the leaver's line management?

Standard 6 – Continuing Professional Development

1. What type of formal career development pathways are in place for social workers?
2. Is there a culture of social workers being able to progress internally or externally either through promotion or secondment?
3. What learning and development opportunities are there for people who supervise social workers?
4. Are there a range of professional and specialist qualifications that social workers are supported to attain at various career levels? (PEPS, DoLS, AMHP as well as managerial/leadership and research projects)

Standard 7 – Professional Registration

1. How effective is the process to inform the regulator if there are concerns that a social worker's fitness to practice is impaired?

Standard 8 - Effective Partnerships

1. Is the feedback from service users positive, if not, what is being done to address this?
2. Have you had a Peer review to identify any strengths or weaknesses in service delivery?

Once you have completed the review, the results should be shared with social workers and stakeholders and then submitted to the Local Government Association.

The Standards for Employers at a glance

1	**Clear Social Work Accountability Framework** Employers should have in place a clear social work accountability framework informed by knowledge of good social work practice and the experience and expertise of service users, carers and practitioners.
2	**Effective Workforce Planning** Employers should 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.
3	**Safe Workloads and Case Allocation** Employers should ensure social workers have safe and manageable workloads.
4	**Managing Risks and Resources** Employers should ensure that social workers can do their jobs safely and have the practical tools and resources they need to practice effectively. Assess risks and take action to minimise and prevent them.
5	**Effective and Appropriate Supervision** Employers should ensure that social workers have regular and appropriate social work supervision.
6	**Continuing Professional Development** Employers should provide opportunities for effective continuing professional development, as well as access to research and-relevant knowledge.
7	**Professional Registration** Employers should ensure social workers can maintain their professional registration.
8	**Effective Partnerships** Employers should establish effective partnerships with higher education institutions and other organisations to support the delivery of social work education and continuing professional development.

Annex C

Survey form and notes of guidance

SOCIAL WORK HEALTH CHECK 2017

The Health Check is intended to help support and deliver effective social work. It is a key element of the Standards for Employers of social workers and 'all employers should complete, review and publish an annual health check or audit to assess whether the practice conditions and working environment of the social work workforce are safe, effective, caring, responsive and well-led.' We have created a short online survey to capture the Health Check results to inform The Chief Social Worker annual reports and identify priorities for the social work agenda.

Why do the health check survey?

The Health Check Survey is an important barometer of workflow and barriers to effective practice. Doing it annually means that problems can be picked up and addressed in a timely fashion rather than becoming entrenched and creating a negative culture.

The health check can be used as part of an employer's retention and recruitment strategy because it means social workers feel that they are listened to and that the employer is pro-active in tackling the issues that affect them at the front-line.
It is also a way of enabling employers to provide a well led professional environment as well as enabling social work professionals to maintain their professionalism and to practice more effectively.

The health check also supports openness and accountability by providing a regular snapshot to the organisation's leaders about workflow and organisational issues.

Thank you for taking part in this survey.

- You can navigate through the questions using the buttons at the bottom of each page.
- Use the 'Previous' button if you wish to amend your response to an earlier question. If you stop before completing the survey, you can return to this page using the link supplied in the e-mail and you will be able to continue from where you left off.
- To ensure your answers have been saved, click on the 'Next' button at the bottom of the page that you were working on before exiting.
- All information provided will be treated confidentially and no information about any individual authority will be published without prior permission.
- The survey will take about 10-15 minutes to complete, depending on the answers you provide.

All responses will be treated confidentially. Information will be aggregated, and no individual or authority will be identified in any publications without your consent. Identifiable information may be used internally within the LGA.

If you have any technical queries about the survey, please contact Helen Wilkinson on 020 7664 3181 or helen.wilkinson@local.gov.uk.

Please update the contact details below, so we know who to contact in case of enquiries about the data.

First name ______________________________
Surname ______________________________
Council ______________________________
Job title ______________________________
Telephone ______________________________
Email ______________________________

Effective Workforce Planning

Number of posts in team (including first line manager)?	
How many unfilled posts are there in the team?	
How many posts are being covered by agency/temporary staff?	
How many posts are there where the post-holder is on long-term absence:	
Sick leave – more than 2 weeks due to work related stress	
Sick leave – more than 2 weeks planned (e.g. operation)	
Maternity leave	
Other	

How many hours do members of the team work on average a week?

[ ]

On average, how often do members of the team have line management supervision?

❍ Once a week
❍ Once a fortnight
❍ Once a month
❍ Once every 4-6 weeks
❍ Once every 6-8 weeks
❍ Other (please specify)____________

On average, how often do team members have line professional supervision?

❍ Once a week
❍ Once a fortnight
❍ Once a month
❍ Once every 4-6 weeks
❍ Once every 6-8 weeks
❍ Other (please specify)____________

Have team members been able to attend the CPD opportunities planned in their appraisal or development reviews?

❍ Yes, all/almost
❍ Yes, most
❍ Yes, some
❍ Yes, a few
❍ No, none

What opportunities are offered to team members to contribute to developing their profession?

❍ Supervision of students on placement
❍ Mentoring programmes
❍ Opportunities to undertake research
❍ Other (please specify)____________

If you would like to make any comments or provide additional information relating to this standard you may do so here.

Safe Workloads and Case Allocation

What is the average caseload held with the duty team for the following members:

Team member ______________________________
Senior practitioner ______________________________
Team manager ______________________________

How often are workers required to cancel meetings with people who use services and other professionals in an average week due to re-prioritisation of work?

❍ Less than once a week
❍ Once a week
❍ 2-3 times a week
❍ 4-5 times a week
❍ More than 5 times a week (Please specify)____________

Is there a system in place for casework allocation to be negotiated according to practitioner knowledge, skills and professional development needs?

❍ Yes
❍ No

Are there opportunities for Social Workers to co-work complex casework or casework out of their scope of knowledge and experience with more experienced practitioners?

❍ Yes
❍ No

If you would like to make any comments or provide additional information relating to this standard you may do so here.

Managing Risks and Resources

Does your organisation have a digital workplace vision involving facilitated flexible working?

❍ Yes
❍ No

Is the provision of ICT aligned properly with organisational ways of working?

❍ Yes
❍ No

(If no) What plans are in place to address this?

If you would like to make any comments or provide additional information relating to this standard you may do so here.

Effective and Appropriate Supervision

Is there a system in place to monitor frequency and quality of supervision in order to ensure effective practice is supported?

❍ Yes
❍ No

Is critically reflective supervision offered individually or in a peer group to social workers?

❍ Yes
❍ No

Is there an employee welfare system in place?

❍ Yes
❍ No

Are staff aware of how they can access it?

❍ Yes
❍ No

Which activities are in place to reduce stress levels and promote a healthy working environment?

Which processes are in place to ensure staff welfare e.g. risk assessment of roles and activities, lone working policy?

Are exit interviews conducted by a member of staff outside of the leaver's line management?

❍ Yes
❍ No

If you would like to make any comments or provide additional information relating to this standard you may do so here.

Continuing Professional Development

What type of formal career development pathways are in place for social workers?

Is there a culture of social workers being able to progress internally or externally either through promotion or secondment?

❍ Yes
❍ No

What learning and development opportunities are there for people who supervise social workers?

Are there a range of professional and specialist qualifications that social workers are supported to attain at various career levels? (PEPS, DoLS, AMHP as well as managerial/leadership and research projects)

❍ Yes
❍ No

If you would like to make any comments or provide additional information relating to this standard you may do so here.

Professional Registration

How effective is the process to inform the regulator if there are concerns that a social worker's fitness to practice is impaired?

❍ Very effective
❍ Fairly effective

❍ Not very effective
❍ Not at all effective
❍ Don't know

Effective Partnerships

Is the feedback from service users positive?

❍ Yes
❍ No

(If no) What is being done to address this?

Have you had a Peer review to identify any strengths or weaknesses in service delivery?

❍ Yes
❍ No

If you would like to make any comments or provide additional information relating to this standard you may do so here.

If you would like to make any comments or provide additional information you may do so here

Thank you very much for your help.

Local Government Association
18 Smith Square
London
SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

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For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.