

Children's Social Work Health Check

January 2018

Table of Contents

1. Introduction	3
2. Methodology	3
3. Findings	4
4. Recommendations	10
5. Conclusion	10
6. Appendices	12

Children's Social Work Health Check 2017

1. Introduction

In order to meet the Standards for Employers of Social Workers, a review has been undertaken to assess the practice conditions and working environment of social workers within Peterborough City Council (PCC). To ensure social workers are supported to deliver safe, effective, caring, responsive and well-led practice, this health check was open to all social work staff across Children's Social Care (CSC). This report provides a summary of how social workers feel about working for PCC within CSC and any developments that may be needed to improve their frontline practice.

2. Methodology

A combination of staff surveys and focus groups informed the findings. Data information was collated from Recruitment, Human Resources, Workforce Development and Occupational Health. Relevant thematic audits also contributed to the report, alongside the latest quarterly report.

There were 41 respondents to the survey, with a wide range of participants from various roles, outlined in the below chart.

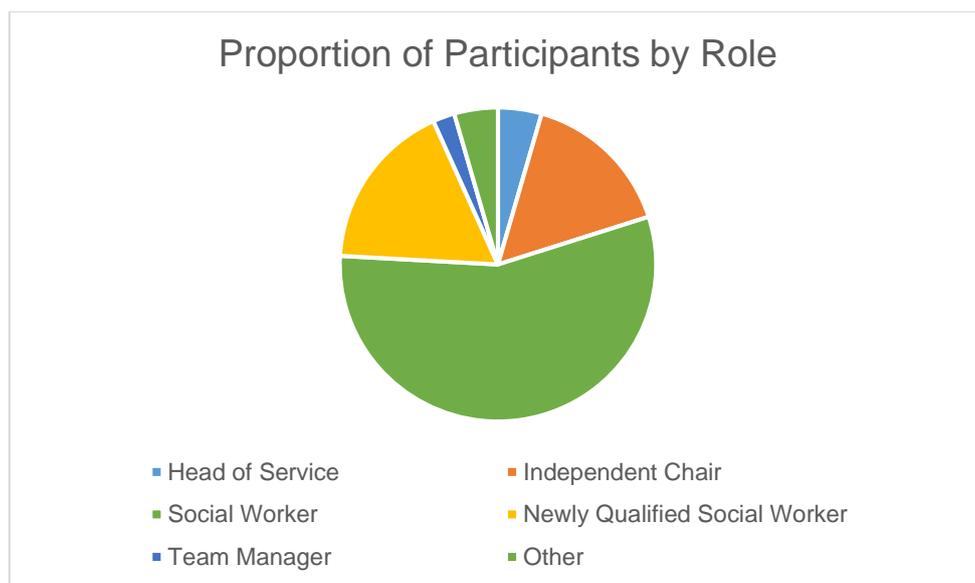


Fig.1 Chart showing the proportion of survey participants by their role.

The majority (90%) of respondents were employed on a full time basis, the remaining employed as agency workers.

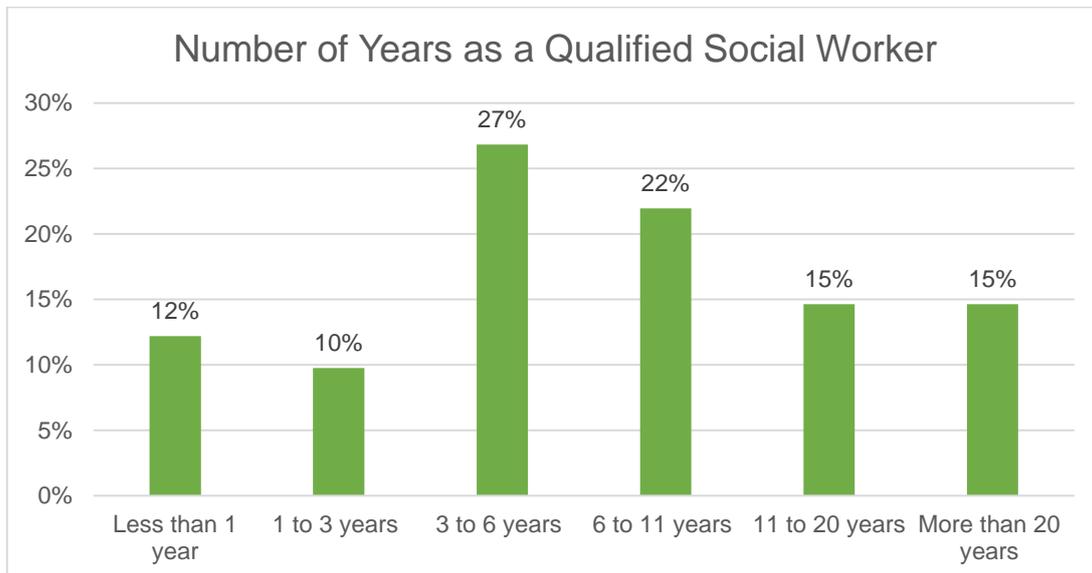


Fig.2 Chart showing the amount of years participants had as a qualified social worker.

Nearly half (49%) of participants had been qualified for three to 11 years, with 46% having worked for PCC for less than three years – illustrated in the chart below.

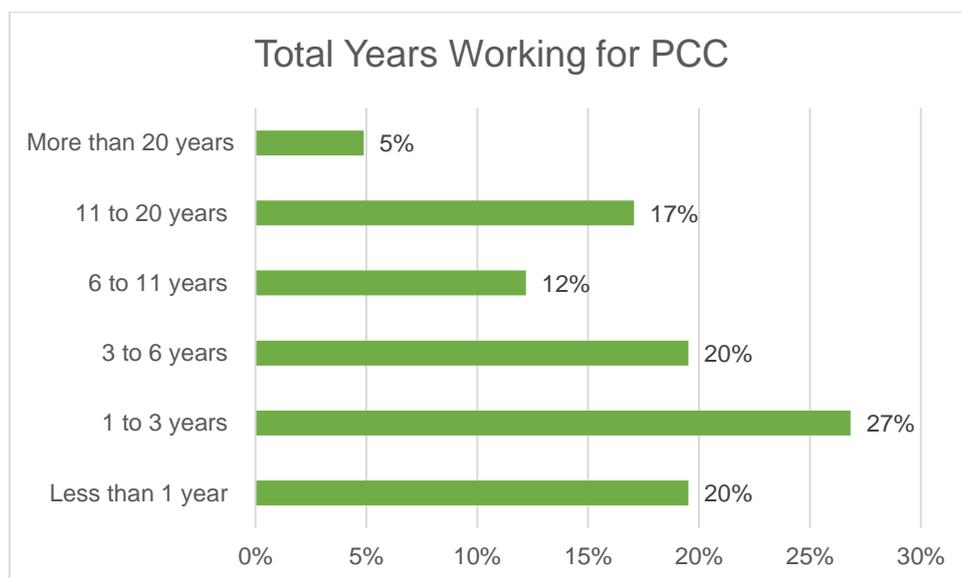


Fig.3 The total number of years working for PCC as a Social Worker.

3. Findings

Effective Workforce Planning

PCC employed a total number of 90 qualified social workers within CSC, including two Heads of Service, one group manager and 12 Team Managers. According to the Recruitment and Retention Manager, there were 16.4 full time equivalent frontline social worker posts unfilled, with 13 posts being filled by agency workers. There was a discrepancy in data reporting as the Senior HR Analyst suggested there were seven vacancies.

In terms of absence, Human Resources reported just one member of staff was off on long term sickness and no one was currently off due to work related stress. Two members of staff were currently on maternity leave and one member of staff was absent for an unspecified reason. The majority of staff (85%) had not taken any sick leave in the 12 months due stress; the 15% who had, took an average of 36 days' leave from work.

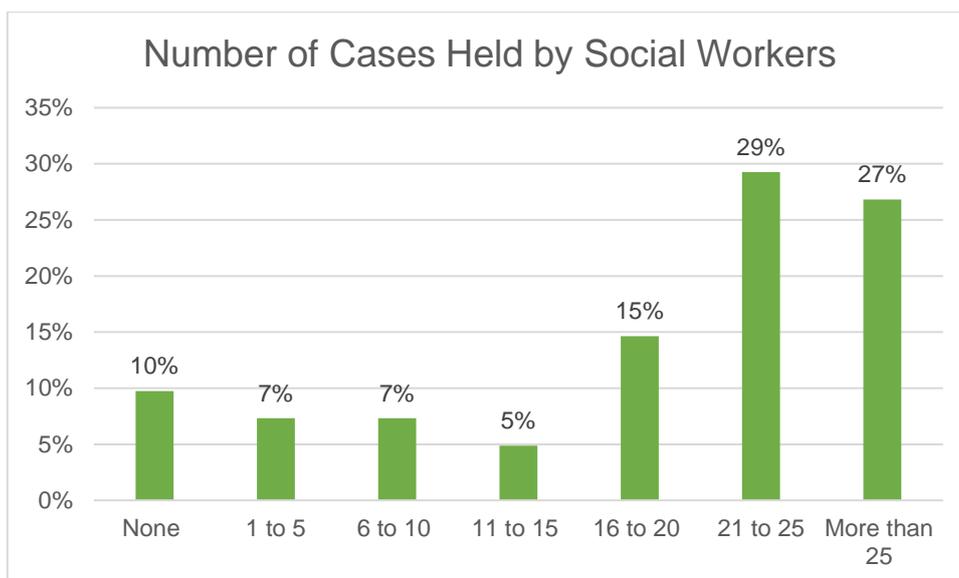


Fig.4 The caseload numbers for social workers by percentage of respondents.

Staff caseloads varied within teams, with an average of 15 cases per social worker according to performance data. However, over half of staff reported having over 21 cases in the survey, as seen in the table above. A correlation between those with higher caseloads and feeling their caseload was not manageable was found. It may be those who were struggling were more likely to partake in a survey. 12% of staff felt their caseload was manageable and 41% felt it was almost manageable.

One in five staff said they occasionally worked more hours than they were contracted to in order to keep up with their workload, with 5% reporting they never had to work more hours. The remaining participants said they had to work extra hours either most or every week. If staff accumulated flexi-time, one in four reported they could usually schedule to take it within the next working period, however 29% felt it was impossible to fit it around work commitments. The majority of staff reported they didn't carry any annual leave over from the previous year.

The majority of staff (66%) had formal supervision at least once a month, with the remaining 44% having it most months. Supervisions were rarely or never cancelled for most staff (59%) and 93% of staff reported their supervision was satisfactory to meeting their needs. Within supervision, 71% of social workers had the opportunity to discuss their learning and development needs and 61% used their supervision for reflection on practice.

In terms of contributing to the profession, CSC were involved in a pioneering project to redefine the management of children's safeguarding cases, through multidisciplinary teams. With funding from the Department of Education, both ASC and CSC professionals worked together to provide better outcomes for children and families.

Safe Workloads and Case Allocation

According to performance data, there were currently 1695 cases open to CSC within PCC; of these, 392 were awaiting assessment and 70 were overdue.

The MASH Team held 25 cases and as a rule, team managers did not hold any cases, allowing them to spend their time supporting the team. The assessment teams had 276 open assessments.

Complex cases involving risk were discussed with management and 78% of staff felt the support they received was either 'excellent' or 'good', with just 2% reporting they had received poor support in this area.

Children and families involved in safeguarding processes were discussed in a monthly, multidisciplinary case supervision, as part of the new initiative discussed previously. Both children and adults workers were expected to prepare a summary prior to meeting and they are required to agree the level of risk and actions going forward.

Following the change in safeguarding processes, the other teams within CSC also experienced restructuring. Staff did not report any issues with new processes in the survey, however there were delays reported in workflows when the system required manager's sign off on tasks to progress to the next stage. Delays were also reported when other professionals involved in a case hadn't completed / uploaded their reports, as social workers were unable to upload theirs, resulting in a delay in case recording.

According to the staff survey, just over half (54%) of social workers spent more than 11 hours completing routine admin tasks per week. The majority (78%) of workers felt they completed tasks that could be completed by support staff. 27% of staff spent less than 10% of their time uploading data onto Liquidlogic, but 46% spent more than 40% of their time inputting data onto the system. Social workers felt the business support role had changed, with a disconnect between Serco's and PCC's expectations of what the role entails. The focus group raised a need for consistency and a shared understanding of what the role involves. Social workers reported administrators scanning incorrectly, missing pages or including the wrong person's information on a record. All social workers would like to spend less time on administrative tasks and more time with families.

One third of staff spent at least five hours a week completing direct work with children and families whilst on visits. The majority (64%) of staff reported using 70% or more of their social work skills in their role. When undertaking training, 37% of staff reported occasionally having to cancel due to workloads, with 39% rarely or never cancelling and 24% often cancelling.

The database system used by social workers was Liquidlogic and 90% agreed it was effective in assisting social workers to do their job effectively. Only 7% of staff felt Liquidlogic was not well managed. Staff reported it was easy to use, particularly with practice. Social workers appreciated having a dedication team to deal with any queries and thought the induction into the system was good. Contrastingly, a number of staff reported Liquidlogic was repetitive, and delays in work due to authorisation

Managing Risks and Resources

CSC services were in a time of change, with the office location planned to move within the next six months. The new office would follow an 'agile' model of working, with six desks to every 10 members of staff, and optimum use of technology. Staff were encouraged to work out of the office or where was most convenient for them, allowing time between client visits to be used as effectively as possible. PCC was also planning to move to Google for the majority of staff. This cloud based approach to working would mean all work and applications would be accessible online, wherever staff were based. This process had begun and staff reported in the early stages that there could be improvements but half were happy with it's usability.

The majority of staff were satisfied with the level of IT support received. Nearly all staff (98%) of staff had access to laptop or Chromebook and mobile phone to enable them to work efficiently and away from the office when needed. 63% of staff had space for / had access to private rooms for confidential meetings. Over half (54%) had lockable drawers – although some teams started moving to an Agile model of working that included lockers or shared lockable cupboards for confidential information. It was widely held (93%) that the phones

provided by PCC were 'very good' and just 12% felt IT support was poor, but other social workers had very positive comments on improvements in service. Some difficulties were found in the transition to google / chrome but progress had been made and staff appreciated it took time to happen. A minority (17%) felt google was not well managed for emails. Overall social workers were happy with printers / scanners however, most (90%) thought PC speed could improve, with logging on times reported as a cause of delay in working.

The scheduling of 'Agile Workshops', which were mandatory for all staff to attend, had communicated a clear message across teams and ensured continuity in expectations. Agile ways of working were also discussed within team meetings and staff were encouraged to trial working out of office and from home to support the change.

In order to assure facilities were of good quality for social workers, they were required to complete workstation assessments, requesting any additional equipment as needed. There were also surveys of the agile transition available for staff to complete and regular 'change' communications were sent out where staff can discuss any concerns. Each team was encouraged to have a Change Champion; they met together as a group across the organisation and disseminated information to their teams.

Effective and Appropriate Supervision

PCC conducted regular thematic audits for CSC to monitor and report on the quality of supervisions for staff. The latest supervision survey was conducted in September 2017, where most (93%) staff were satisfied with the quality of their supervision and 86% reported their manager was often or always available for informal supervision.

The CSC supervision form format was replicated across ASC as it was found to be very usable and robust. There had also been recent supervision training for Team Managers on Emotional Resilience and sessions conducted by RiP (Research in Practice). There was training provided by PCC to supervisees on how to get the most out of their supervisions, and the feedback from this was positive.

Social workers received annual appraisals and managers were expected to complete the standard PCC Personal Development Review (PDR). None of the PCC CSC services follow a 360° process. 32% of staff had a performance review in the last six months that included a PDR review. Social workers benefits were reviewed annually; 61% of workers were satisfied or very satisfied with salary, and 83% were satisfied or very satisfied with their annual leave entitlement. A number of staff reported the salary didn't reflect the level of work and responsibility required for the role. A theme in feedback was the mileage rate had reduced by over half, to no longer include wear and tear on the vehicle. One social worker reported over 1,300 miles completed in one month, resulting in a significant loss of earnings. However, a number of staff explained there was an increment in their salaries to combat this.

There was an Employee Assistance Programme (EAP) which included face to face / telephone counselling and a 24 hour helpline. Half of staff within the focus group were aware of the service and reported a member of staff using it and staying with the service as a result.

Team meetings were held regularly, with 95% of staff having team meetings at least monthly. Agendas were set by managers, but staff reported being able to contribute and internal / external speakers were invited. The focus group discussed the consistency of team meetings across and sometimes the use of the meetings varied between teams. Nearly all (95%) reported receiving feedback and updates from management meetings, including cascading information and changes. Changes in service were communicated through line managers for 43% of staff, 32% of staff said they had meetings to discuss changes and just 7% said they heard change through the 'Office grapevine' first. Nearly every social worker (98%) felt they knew and could recognise some or all of senior managers and 93% staff felt

senior managers communication was partly or completely effective. Service meetings were arranged for teams that both social workers and senior managers attend.

PCC reviewed the recommendations from the Taylor report and the Stevenson & Farmer review and were creating a Mental Health Work action plan, which fits in with the core Mental Health standards recommended. PCC ran a health and well-being week twice a year, where mental and physical health were promoted through workshops and activities throughout the council buildings. The social workers could also participate in mindfulness training and stress management workshops. Managers were encouraged to refer employees to Occupational Health at an early stage, when a perception of stress was reported and health had been / was being affected.

When social workers were asked about how they felt about their jobs, 100% of staff said they felt enthusiastic about their job and 90% said time passes quickly at work. Over half (56%) of social workers surveyed felt more positive about their job than they did last year and nearly all social workers (95%) said they sometimes / often / always look forward to going to work.

Staff were asked if they wanted to add anything to their feedback. Social workers were overwhelmingly positive about how supportive their team was and how beneficial they found them to their quality of life at work. A number of staff also commented on how approachable the senior managers were, and were pleased when senior managers recognised them.

There was a whistle blowing policy in place and staff were made aware of the policy in their induction and on safeguarding awareness training.

In order to protect staff from possible harm, there was a lone working policy services had to abide by. In terms of occupational health, risk assessments were completed for each worker and external support sought, either by Health and safety or opportunities to self-refer for support. Cases involving risk were discussed with management and 98% of staff felt they were supported with risk by supervisors. When making an important decision about a case, almost 2 in 5 (39%) of social workers had always been able to access support immediately and just over half (56%) saying they had nearly always been able to access someone.

The average sickness levels in the last 12 months amongst CSC social workers was 2% less than ASC, with 4.2% days lost, compared to 3.8% of days in PCC as a whole and the overall sickness absence rate of 1.9% in the UK. The average annual days sick per CSC social worker was significantly (5 days) less than ASC with 9.5, compared to 8.5 days per average PCC employee. The Office for National Statistics state the average number of days of sick in the UK as 4.5. The top three reasons for absence within CSC social workers were 'Stress / Anxiety / Depression', 'Musculo-Skeletal' and 'Other' which was aligned with PCCs whole workforce. It was unclear whether the category of stress includes work related stress as PCC did not collect this data.

Staff reported on their stress levels within the survey, with 12% staff rarely feeling stressed and nearly half of staff (49%) only feeling stressed occasionally. There has also been a significant reduction in case loads for staff with the new Family Safeguarding approach. This led to staff feeling more able to participate in training / workshops and concentrate on their practice, rather than 'firefighting' / reactionary work.

Exit interviews for social workers were conducted by the Service Director of Children's Services and Safeguarding. Particularly positive or negative feedback was addressed through the line management chain and sent back to Human Resources.

Continuing Professional Development

Majority of staff (58%) were positive about PCC as a learning organisation and commented on the strength of the Quality Assurance in CSC and investment in RiP and CC Inform resources.

Staff were overall happy with range of training opportunities including opportunities to learn from colleagues, quality training for locums and a good quality induction for all staff. To improve, staff suggested a wider range of courses specific to individual job roles. Nearly all (95%) reported overall satisfaction with learning and development within PCC.

There were opportunities to develop within CSC, without going into management. This included being supported to progress as an Advanced Practitioner (AP), Senior Social Worker and Practice Educator (PE). The focus group reported this was usually with a view to become a manager. Staff also reported colleagues have moved up into management. When the survey asked if they wanted to add anything, staff commented on the good career progression opportunities. Staff also knew of a pathway for Newly Qualified Social Workers (NQSWS) to progress to Advanced Practitioners.

The structure for Assessed Supported Year in Employment (ASYE) social workers was in place and the Professional Development Manager for PE and ASYE reported it was being followed by managers. The learning agreement was made in the first two weeks and initiates the start of the 12 month programme. It was then reviewed quarterly, including direct observations, gathering feedback and attending workshops. This fed into a portfolio which was submitted at the end of the 12 months as evidence of practice.

In order for staff to be made more aware of how to progress in the organisation, the focus group suggested a section to be created on the intranet on career progression with links to training and resources to access. This would improve transparency for staff and increase understanding of what was available and expected of them in order to progress their career with PCC.

Some services appeared to support their staff differently to others as the focus group were divided in the opinion of having a culture of progression within PCC CSC. Social workers reported seeing colleagues move up into management, although 'time served' and the potential loss of the member of staff was perceived the reason why, over merit or skill.

Professional Registration

The majority of staff were satisfied with the training provided by PCC and found it helped keep their practice up to date. However, some felt the training offered could be improved to meet the required level for registration.

Social workers reported there could be more support in maintaining their registration and Continued Professional Development (CPD) portfolio. The Workforce Development Manager suggested staff use an online log and this message was reinforced through an email update. It was also being considered to include reviewing the workers CPD portfolio within the PCC PDR process.

Reimbursement of the registration fee for social workers had recently been changed, however staff reported the lift in salary increment supported them to offset the cost of up-keeping their registration.

The process for informing the Regulator if there were concerns regarding a social workers practice was led by management and used in partnership with HR.

Effective Partnerships

PCC endeavoured to collect feedback the children and families involved in their services. This included support groups for families receiving support with a Child in Need plan or a

Child Protection plan, involving young people to become 'Young Inspectors' of the services they receive and regular feedback questionnaires.

Feedback from children and their families was monitored overall on a quarterly basis in CSC. Both compliments and complaints were reported on and followed up. In the reports, there was a variety of positive and negative feedback, where the positive was celebrated and shared and the negative was investigated and responded to. In the latest report, the total number of compliments had been increasing quarter on quarter, with the majority of compliments being received from children / families and other agencies. Feedback from professionals was also included in the quarterly report and spoke positively of social workers professionalism and expertise / knowledge. The focus group reported most feedback being informal and verbally from their children and families. It was agreed by the group that social workers should pass this onto their managers more often.

Social workers reported an improvement over the past year in working effectively across partnerships. There were a number of relationships social workers had with other agencies maintained through their own networks. The focus group reported an improvement in how other agencies perceived PCC CSC; further discussion revealed this was as a result of delivering a better service over the years and therefore improved opinion of PCC CSC generally.

PCC Senior managers communicate with partner agencies within Cambridgeshire and Peterborough through the Safeguarding Boards. The introduction of multidisciplinary teams in the Family Safeguarding service promoted communication between agencies and was on a journey to provide better outcomes for children and their families.

4. Recommendations

The following recommendations are made on the basis of this Social Work Health Check:

- Encourage staff to share the positive feedback they receive from children and families.
- Ways of progressing within CSC were already formally outlined. Sharing this on the intranet and with teams will improve knowledge of the potential pathways.
- Reminder to staff of the Employee Assistance Programme to increase awareness.
- To consider a 360 degree PDR process and review the CPD portfolio within the review.

5. Conclusion

CSC within PCC was undergoing a substantial change in team structures and processes in Family safeguarding at the time of this report. Evidence of the new ways of working and reduced caseloads could already be seen in social workers feeling less stressed and caseloads allowing staff to be more proactive in improving their practice. The introduction of the Family Safeguarding Teams will also develop and support multiagency working and deliver effective communication across partnerships.

Social workers were very vocal and positive about the support they received from their teams and the positive impact the senior management team had on staff. The average caseload of 15 had reduced dramatically since the last health check and was significantly lower than the national average. The number of cases social workers reported holding in the survey were higher than the performance data showed; a possible reason for this could be due to the reduction in cases was due to the restructuring of teams and the outcomes from this may not have been felt at the time of survey.

Encouragingly, social workers were overall happy with resources provided by PCC and IT support. The PCC CSC database system had limitations causing delays in workflows / case progression. This, combined with high levels of administrative tasks prevented staff from spending time with families and children. The new 'workbook' aspect of the restructure will assist a number of teams with this high level of recording and process authorisation; this should be reflected in the next health check.

Sickness levels recorded with PCC CSC were low and the majority of sick leave was taken by staff for reasons other than stress, which was again, significantly less than the national average. A reminder to staff about the Employee Assistance Programme was sent after conducting the health check, to raise awareness of the programme and what it offers.

Staff were overall happy with PCC as a learning organisation but would like more support with their CPD. As a result of this health check, Workforce Development are looking at leading a workshop for supporting SWs with their portfolio. PCC could also promote the career development pathway on insite and provide resources of how to achieve skills needed to progress within CSC.

Children's social care is a demanding and challenging environment, and PCC's social workers are clearly passionate about working with children and families. It is hoped that 2018's report will demonstrate the impact of the new family safeguarding approach and evidence of meeting social workers desired wishes of reduced caseloads and spending more time directly with families.

6. Appendices

1. Staff survey

Section One – About You	
1.1	What is your role?
1.2	How many years have you worked for Peterborough Children's Services?
1.3	On which of the following basis are you employed?
1.4	How many years of qualified social work experience do you have in total?
Section Two – Workload Management	
2.1	Do you work over and above your contracted hours in order to keep up with your workload?
2.2	When you accumulate flexi-time, how do you take it?
2.3	Did you carry annual leave over from last year because you were unable to schedule in sufficient time to take it?
2.4	How often do you have to cancel or re-arrange training or other professional development activities (previously agreed with your line manager/Supervisor) due to case work demands?
2.5	How would you describe your work stress levels?
2.6	Have you taken sick leave in the last year due to stress at work?
2.7	Please state how many days.
2.8	How many cases are currently allocated to you?
2.9	How manageable is your case load?
2.10	How much of the working week do you spend carrying out direct work with children, young people and their families on visits?

2.11	What percentage of your social work skills are you using at work?	
2.12	How many hours a week on average do you spend carrying out routine admin tasks?	
2.13	Are there any tasks you are currently carrying out that could be carried out by support staff?	
Section Three – Tools for the Job		
3.1	Please tick below all the resources you have to access (list of resources).	
3.2	How well are we doing with our ICT Support? <ul style="list-style-type: none"> • Liquidlogic • Google Chrome for emails • Photocopier / Scanner reliability • Phone Line • PC Speed. 	
3.3	How effective is Liquidlogic in assisting you to do your job effectively?	
3.4	Please give your views about Liquidlogic - please include strengths and areas for improvement including any suggestions for change.	
3.5	How much time in your typical day do you spend uploading data on Liquidlogic?	
3.6	Tick below your level of satisfaction with your Liquidlogic.	
3.7	How do you usually receive information about changes within your service?	
Section Four – Learning and Development		
4.1	How would you describe Peterborough Children's Social Care as a learning organisation?	
4.2	What areas would you describe as good in relation to Peterborough as a learning organisation?	

4.3	What areas do you think could be improved in relation to Peterborough as a learning organisation?	
4.4	How satisfied are you with the learning and development opportunities on offer to you from Peterborough City Council?	
4.5	How often do you have Team Meetings?	
4.6	Do you receive regular feedback and updates from Management meetings?	
Section Five – Supervision and Performance Management		
5.1	How often do you receive formal supervision with your Line Manager / Supervisor	
5.2	How often do supervision sessions get postponed or cancelled?	
5.3	How would you rate you supervision sessions?	
5.4	Which of the following have you had the opportunity of within your supervision session? (Please tick as appropriate)	
5.5	How would you rate the support that you receive from your Line Manager / Supervisor when you have complex cases involving risk?	
5.6	Do you have sufficient access to discuss urgent issues outside of supervision?	
5.7	Have you ever felt that you have needed to make an important decision relating to a case and have not been able to access support to do so?	
5.8	Have you undertaken a performance management review, incorporating an update of your personal development plan in the last 6 months?	
Section Six – General Viewpoint		

6.1	I know who the Children's Services Senior Managers are and can recognise them.	
6.2	What are your views about communication between staff and senior managers? How effective is this communication?	
6.3	I feel more positive about my role and employment than I did this time last year.	
6.4	I look forward to going to work.	
6.5	I feel enthusiastic about my job.	
6.6	Time passes quickly when I am working.	
6.7	Please tick the section that most reflects your views about your salary and annual leave.	
6.8	Please state one or two aspects of your job that you would change if you could. This can include any aspect of your role, learning and development or working environment.	
6.9	Please state one or two aspects that make you feel positive about Peterborough City Council as an employer and contribute to you wanting to continue working in Peterborough. This can include any aspect of your role, learning and development or working environment.	
6.10	Would you like to have an opportunity to discuss the feedback you have provided in this survey in more detail or discuss receiving support?	