

Adults Social Work Health Check

November 2017

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Adults 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. 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 Adult Social Care. This report provides a summary of how social workers feel about working for PCC within ASC and any developments that may be needed to improve their frontline practice.

2. Methodology

A combination of staff surveys, discussions with Heads of Service and Team Managers, interviews with individual members of staff and focus groups of staff from various teams informed the findings. Data information was collated from Recruitment, Human Resources and Occupational Health.

List of teams involved in staff interviews and focus groups:

- 0-25 Team
- Review / Assessment Team
- Long Term Team
- Older Persons Mental Health Social Care Team
- Peterborough Adult Locality Team
- Mental Health In Reach Team (HMP).

The table below outlines the teams that partook in the staff survey.

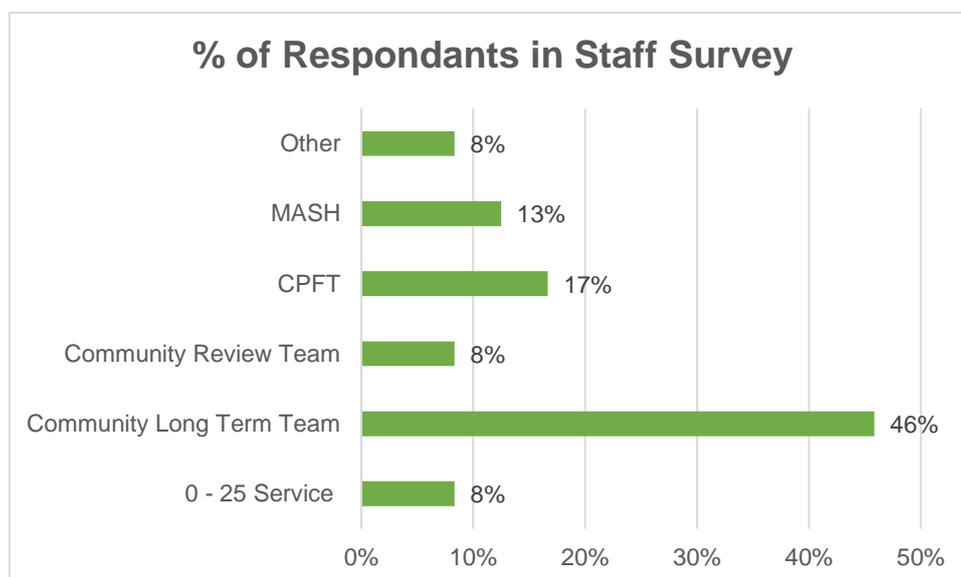


Fig.1 Chart detailing the staff survey participation by team.

There was a wide range of participants from various teams and different roles, outlined in the below chart.

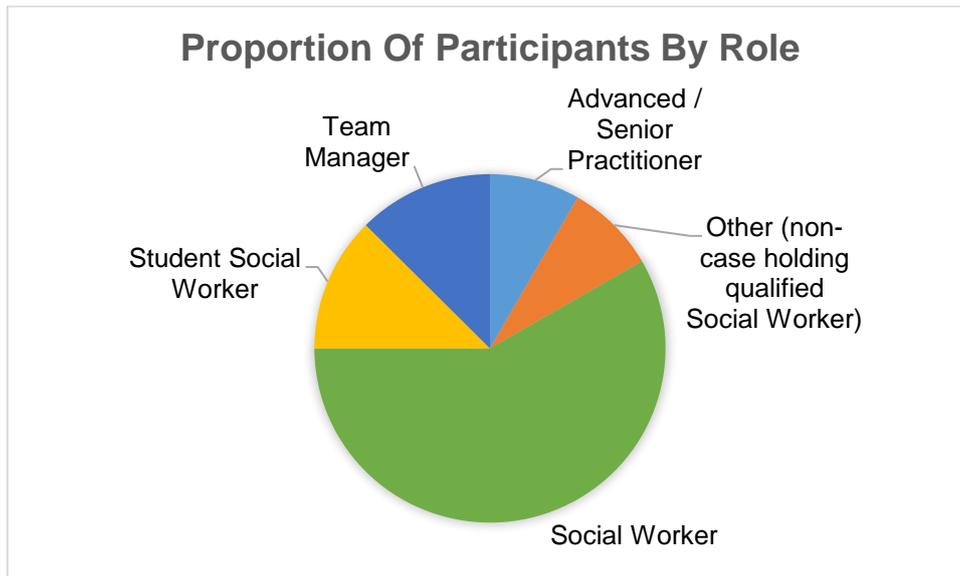


Fig.2 Chart showing the proportion of survey participants by their role.

The majority (67%) of respondents were employed on a full time basis, with one in four part time and the remaining 8% on placement or agency.

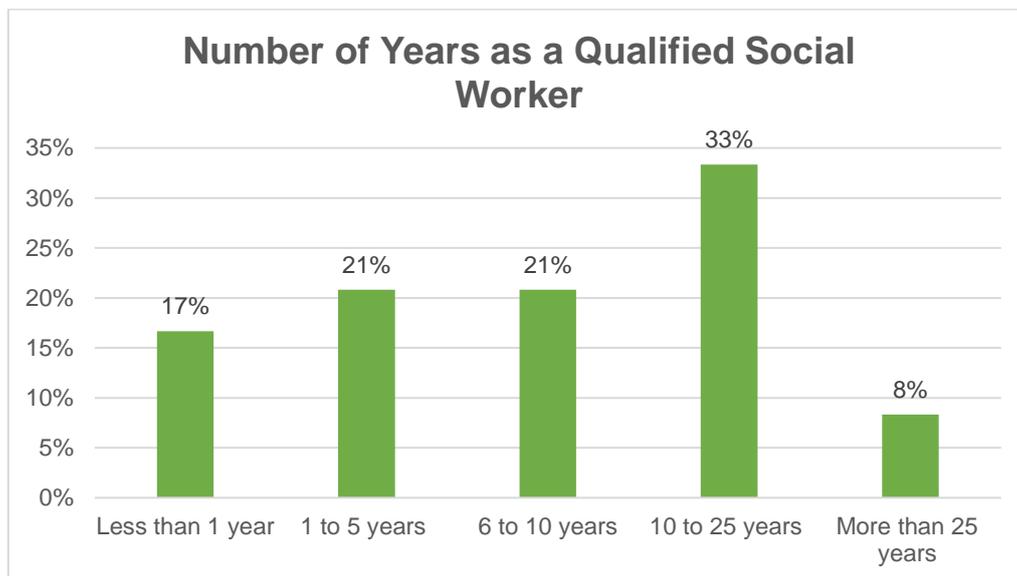


Fig.3 Chart showing the amount of years participants had as a qualified social worker.

More than two in five social workers have been qualified for over 10 years, with 13% having worked for PCC for over 10 years – illustrated in the chart below.

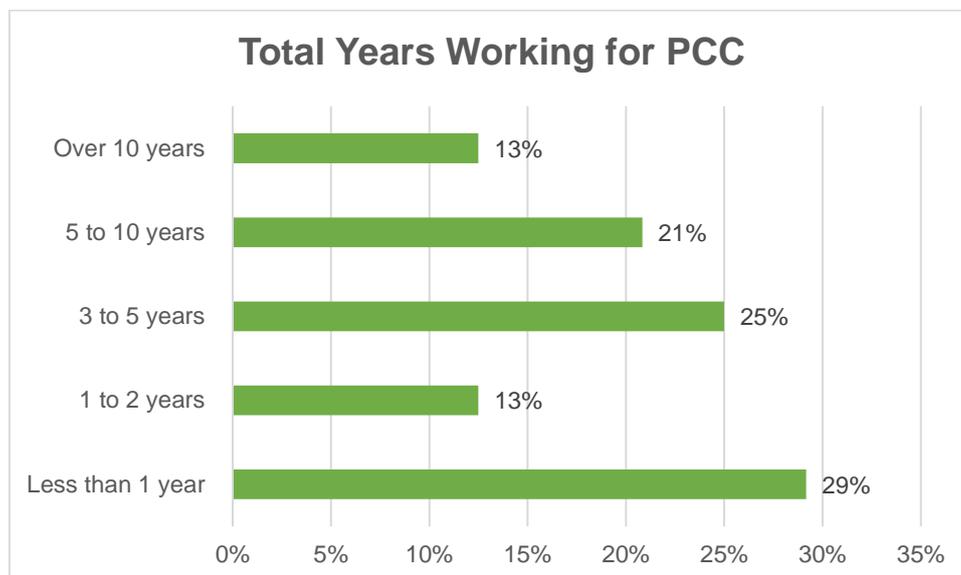


Fig.4 The total number of years working for PCC as a Social Worker.

3. Findings

Effective Workforce Planning

Peterborough City Council (PCC) employ a total number of 66 qualified social workers within Adult Social Care (ASC), including three Heads of Service and, and nine Team Managers. One Head of Service reported no vacancies, another had three unfilled posts and the third required four qualified social workers, including one Team Lead and one Social Care Lead, totalling an overall deficit of seven qualified workers across services. It was reported all services are using temporary staff, totalling 18 agency social workers. One service had four vacancies for permanent staff resulting in 25% of the team unfilled, of which three were filled by agency staff. It is worth noting, one service had 10 agency staff to provide development opportunities to permanent staff by allowing cover of their workload who were working on projects or acting up.

There appeared to be discrepancies in the information gathered from services and Human Resources. The Recruitment and Retention Manager reported there was just one social worker vacancy within ASC and this was being covered by agency staff. They also reported there were 11 agency social workers in post, but just one was covering a vacancy. The Senior HR Analyst suggested there were 13 vacancies, of which one was a Manager, four were Approved Mental Health Practitioners (AMHP) and eight were social worker posts, reflecting what the Heads of Service reported.

In terms of absence, this was reported as very low by the Heads of Service. One service had no staff on long term absence and another had just one on maternity leave. The third had one planned long term absence due to an operation and two other members of staff on long term sick leave. This didn't correlate to the HR report of two members of staff on maternity leave and 10 members of staff reported to be on long term sickness. Seven of these were due to stress, anxiety or depression; it was not clear if this number was due to work-related stress, as it was not information recorded by PCC. The remaining three members of staff were on long term sickness due to physical illness.

In terms of caseloads, Heads of Service reported full time staff had an average case load of anything between 10 and 27 cases. The Short Term and Long Term Teams had 10-15 and 24-25 cases respectively. The 0-25 Team average out at 23 cases for children's workers and as many as 27 for adult workers. This was reflected in the staff survey, where the average case load over all services was 18 and the maximum reported was 27. Most staff felt their workload was suitable, however 29% felt their caseload was unmanageable. One member of

staff was training to become an AMHP and their caseload had decreased as a result, however it was reflected that those studying the course in the past had no case load as it is a full time course. It had been difficult for this worker to balance full time studying with a case load.

Overall ASC social workers work within their contracted hours, with just 8% reporting to work over 40 hours a week. Staff reported annual leave was easy to book and most had just a few days left to book, outlined below.

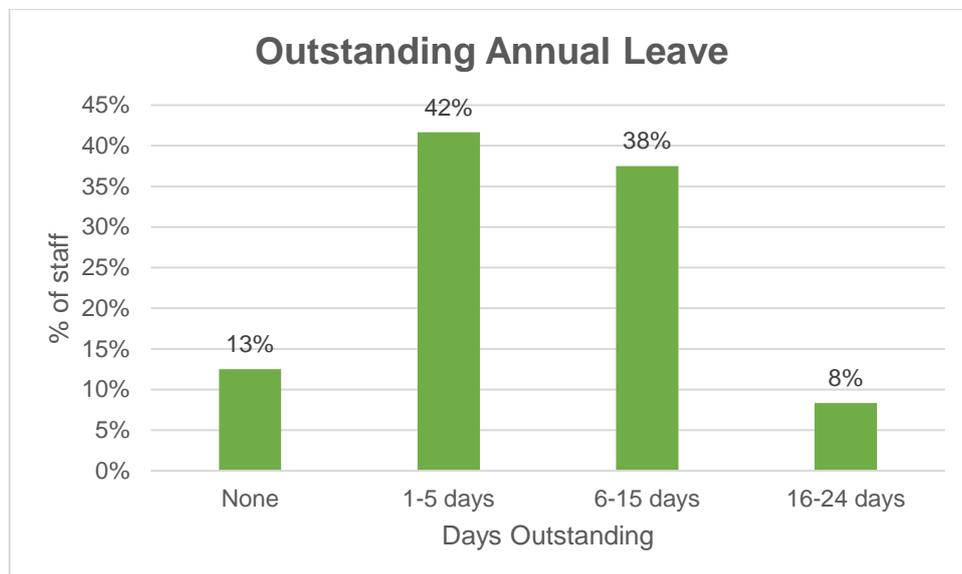


Fig.5 Chart detailing the total annual leave staff reported left to book.

Management supervision is regular and made a priority, with 100% of staff reporting supervision to discuss their cases at least monthly.

75% of staff felt they were able to attend the development opportunities identified in their appraisal/PDP. In the focus group, those who were AMHPs have to attend quarterly update training as a legal requirement of their role, but with over 25 AMHPs in the area, there are only 18 places for the training. The AMHPs who contributed to this survey echoed the same concerns of not being able to complete this mandatory training for their role.

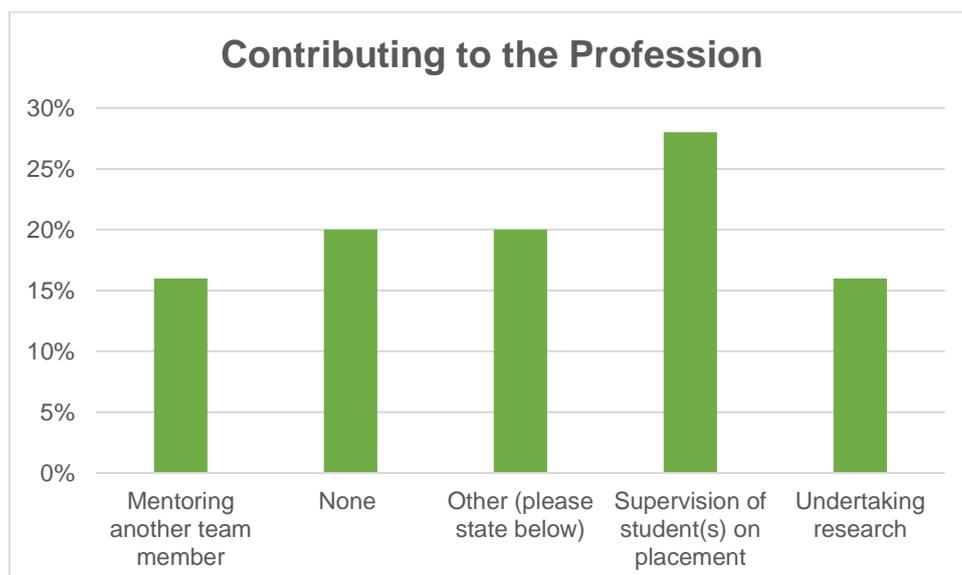


Fig.6 Opportunities for staff to contribute to Social Work as a profession

80% of staff felt that they were given an opportunity to contribute to the development of their profession, with other options such as working within multidisciplinary teams, shadowing and being an MND Champion.

Safe Workloads and Case Allocation

The Heads of Service reported an overall low number of cases awaiting assessments. One service had no assessments overdue and another had a robust referral process to ensure any higher priority cases are assessed quickly. One allocated cases immediately when they comes in, one service worked within 24 hours and another service followed the Care Programme Approach to risk assess cases.

Cases held in the duty teams were low in order to ensure capacity for reactive work. The social workers in the duty team were all Senior Practitioners and held an average of 5 cases each. In the other services, Senior Practitioners held a reduced case load of an average 10 cases. Team managers did not hold cases in any team.

67% of staff cancelled meetings with service users or professionals one to two times in an average week due to re-prioritisation of work. The remaining 33% reported they never have to do this.

In order to escalate and alert senior managers to cases, one service had a fortnightly high risk, multidisciplinary meeting to discuss where cases may be a risk to the local authority or an adult may be a risk to themselves or others. One service did not have a high risk list, and considered all cases to have a level of risk involved to be open to the service. When asked about cases that may pose a risk to the organisation, there were currently no cases under this description, however the service shared information on a need to know basis and the managers brought it to the Heads of service's attention if necessary. One team had an open communication process between staff and management / senior management to ensure any cases were discussed and actioned appropriately.

One Head of Service reported no blocks in workflows as the system worked well. Another service endeavoured to consult their staff on any changes and improvements, and was open to suggestions from staff on working efficiently. Some of the challenges to improving were often due to processes being slow to change and lack of resources.

Overall, social workers reported their skills being used effectively in their role and Heads of Service felt the use of administrators and business support enabled this. A high proportion of time spent on administrative tasks was reported across services. Some of this work could be completed by administrators, however staff found it easier and quicker to do it themselves. The administration roles were at capacity, with some not scanning documents onto the databases or typing documents, letters and so on, which the social workers felt was something they should do. When a task was accepted, it was reported to take five to six weeks to complete; tasks were often time dependant, resulting in social workers doing it themselves.

The Heads of Service felt the business support role had changed, with a disconnect between Serco's and PCC's expectations of what the role entails - what they 'should' do and what they're commissioned to do. They echoed the feedback from staff of tasks such as uploading documents and typing up minutes being done by social workers themselves, but reported they would like more administrative support for their team.

Two services used more than one system. One service worked across adults and children's services, utilising both Frameworki and Liquidlogic; another was involved with both health and social care, accessing both Frameworki and Rio. As a result, work was often duplicated as the two systems don't communicate with one and other. Social workers reported needing to complete assessments on both Rio and Frameworki, as the assessment completed on Frameworki cannot be uploaded to Rio, but the Rio assessment is not Care Act compliant so

another was needed to be completed. In essence, these social workers were completing three assessments, including the same information, as the systems didn't work together.

The above points have had a detrimental impact on time spent with clients, with all workers across services reporting spending more time in the office / at their desk than with service users. Two workers reported a 50:50 split between the office and out with service users, and one said 90% of their time is taken up in the office with just 10% of time with families. It was reported they felt their work was process driven and not what social work is about. Many discussed wanting to spend more time with service users, but only having time to complete reactive work and 'fire-fighting'. One social worker had 25 cases, each needing home visits every four weeks. As the children were of school age, this left just one visit a day able to be done after school within office hours. This resulted in a maximum of 20 visits being able to be completed in a four week period, without meetings that clash.

Managing Risks and Resources

Two of the services are currently in a time of change, with the office location planning to be moved within the next nine months. The new office will follow an 'agile' model of working, with six desks to every 10 members of staff, and optimum use of technology. Staff are encouraged to work out of the office or where is most convenient for them, allowing time between client visits to be used as effectively as possible. PCC is also planning to move to Google for the majority of staff. This cloud based approach to working will mean all work and applications will be accessible online, wherever staff are based.

The distribution of technology to staff was varied, with some members of staff having chromebooks / laptops alongside smart phones, and others not having any technology. There is a team that works outside of PCC as it is commissioned to the CCG (CPFT). These staff members have limited access to PCC resources due to their lack of a Google account, resulting in no access to the intranet, where, amongst other things, policies and procedures can be found. This creates a barrier in communicating changes, events and a wide array of new information to this particular area of PCC employees. Staff have reported feeling very 'left out' and 'forgotten' as a result.

The scheduling of 'Agile Workshops' that are mandatory for all staff to attend has made the message clear across teams and ensured continuity is expectations. The Heads of Service reported their teams were embracing the agile way of working and had a regular agenda in team meetings for coming up with ideas for new ways of working.

In order to assure facilities are of good quality for social workers, they are required to complete workstation assessments, requesting any additional equipment as needed. There are also surveys of the agile transition available for staff to complete and regular 'change' communications sent out where staff can discuss any concerns.

There was also a reported decline in quality of IT support since Serco took over. It was recognised when the technology worked, it was very effective and made the social workers jobs easier. However, they felt the waiting times for IT support has increased and their knowledge of issues had decreased.

Effective and Appropriate Supervision

Not all Heads of Service have oversight of supervisions of social workers, however the local authority as a whole conduct regular audits of supervisions of staff. One Head of service receives copies of supervision paperwork every month by the managers. Another regularly discusses their expectations of frequency and quality of supervisions with Team Managers.

The latest supervision survey was conducted in August 2017, where 87% staff had at least monthly supervision and 96% of staff felt the frequency of their supervisions was sufficient to meet their needs. 85% reported their supervision as good or excellent in quality of feedback

and guiding their practice. These results were closely reflected in the survey conducted for this report, whereby 83% of respondents reported receiving supervision at least monthly. 100% felt they received enough supervision, even those who said they had it two monthly.

The ASC supervision form was updated to follow the format of the CSC form to provide a more robust meeting for staff. There has also been recent supervision training for Team Managers on Emotional Resilience and sessions conducted by RiPFA.

Social workers receive annual appraisals and managers are expected to complete the standard PCC PDR. None of the services follow a 360° process. Social workers didn't always feel they had the opportunity to address areas identified in their appraisals.

There is an Employee Assistance Programme which includes face to face/telephone counselling and a 24 hour helpline, however only 42% of staff were aware of this and knew how to access it.

Team meetings were regular and at least monthly across services. Most teams have a range of meetings, including practice workshops, team meetings, safeguarding is a prominent theme in the majority of meetings. Agendas are set by managers and invite internal / external speakers to contribute. Senior social workers or leads are asked to provide updates in some meetings. Only one team had a rotation of the social workers chairing the meetings, the rest were chaired by managers. Each Head of Service could see the benefit of this and would consider the use of a rolling chair in future.

Social workers reported seeing members of the senior management team once a month in the social care meetings. Some said they are not involved in every meeting, but they may see them in the Social Work Forum held quarterly. There were no other opportunities where senior management were visible.

PCC 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. PCC 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. The social workers could also participate in mindfulness training and stress management workshops. 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.

One Head of Service said they encouraged as relaxed an atmosphere as possible through an open door policy. They tried to be flexible for staff and held regular parties to staff retiring and birthdays, hiring rooms with buffets and music. Another Head of Service felt PCC didn't do a great deal specifically to improve wellbeing of social workers; the case loads were high and the work was extremely complex, leading to high stress levels. Their service had been under review for over four years, which lent a deal of uncertainty and discord within the teams. However, this was combatted by the highly supportive culture of the team, where staff rely on each other to offload. This was echoed by the discussions held with staff in this team, who felt they had a strong team, and received a lot of help from within the team, which in turn reduced their stress levels.

There was a whistle blowing policy in place and 96% of staff were aware of the process. Staff were made aware of the policy in their induction and on safeguarding awareness training. One Head of service admitted they did not make their staff aware of it explicitly and another felt it may be useful to send out a reminder to staff. One service had a process that was well promoted within the service, where staff can fill in a form anonymously online.

In order to protect staff from possible harm, there was a lone working policy services must abide to. One service has a high risk spreadsheet that included adults who may be a risk to staff. This allowed for risk assessment and planning of two staff members/meeting in public

places. Risk assessments were completed whether risk was known or suspected and meetings were held with professionals to discuss the best intervention to take. As the authority become more agile in it's working, one service had a system in place whereby any staff member out of the office after 5pm had another person they checked in with to ensure they were safe. In terms of occupational health, risk assessments are completed for each worker and external support sought, either by Health and safety or opportunities to self-refer for support.

The average sickness levels in the last 12 months amongst social workers is 6.3% days lost, compared to 3.9% 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 social worker is 14, 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. A PCC ASC social worker is three times more likely to be sick than the average UK worker. The top three reasons for absence within ASC social workers are 'Stress / Anxiety / Depression', 'Musculo-Skeletal' and 'Other' which is aligned with PCCs whole workforce. It is unclear whether the category of stress includes work related stress as PCC does not collect this data.

Services don't usually conduct their own exit interviews, the forms are sent out by HR Support to all leavers. These are reviewed by HR and any concerning feedback is provided to Human Resources Business Partners to discuss with the Head of Service. Any remedial or mitigating action is considered to create a positive working environment. There Heads of Services had not reported receiving any feedback from HR following this process, thus could not report on any action taken.

Continuing Professional Development

The Heads of Service had varied opinions on professional development. One service was very proactive in developing its staff by identifying potential, particularly in management, and allowed staff to act up to 'test' it. This was reflected in the survey results, where members of this service felt they were encouraged to grow and managers would deputise tasks and projects to staff to allow them to improve and learn. The Head of Service also explained they had arranged Practice Educator training, however there was very low attendance, but they had staff in training to become AMHPs. Another Head of Service felt they did not have enough to offer their staff, as they needed specialist training, but there was no budget for this. This was also reflected by their team, who felt they needed in depth training on the complex cases they work with and the training provided was very generic and low level.

54% of staff reported they were not given opportunity to progress without going into management. This was a shared message across services from both management and staff that opportunities to progress usually involved stepping up into management, however the management roles were not often available so staff would look elsewhere. One head of Service felt there wasn't a need for extra opportunities as 'no one particularly wants it'.

In terms of formal career development pathways, there is a sponsorship programme where unqualified staff complete their social work degree. There was an uptake of two members of staff onto this in 2017. One Head of Service explained this programme stopped for three years due to funding, but has been able to put one of their own members of the team on this year.

The structure for ASYE social workers was in place and had been followed by managers. The learning agreement is made in the first two weeks and initiates the start of the 12 month programme. It is then reviewed quarterly, including direct observations, gathering feedback and attending workshops. This feeds into a portfolio which is submitted at the end of the 12 months as evidence of practice.

Most staff (79%) are aware of what is needed of them in order to progress and are able to discuss this with their manager. Some staff explained this was not discussed often however,

as supervision is taken up with practice and case discussion, as opposed to their own wellbeing and development.

Of the survey respondents, 42% felt there was a culture of social workers progressing through promotion or secondment, with some services scored considerably higher than others. One Head of Service said there no culture of progression at all, however another explained that although there is not a lot of opportunity due to a high retention rate and therefore no vacancies, they use the social workers in their own service to act up on projects and back fill their role with agency staff. This allows them to try something new and develop new skills.

To improve professional development with ASC, workers suggested reducing case-loads to provide more time for CPD or those who mentor and consideration of how agile working will impact social workers accessing peer support and colleagues expertise.

Professional Registration

When discussed, there was a divide in social workers feeling supported in maintaining their professional registration. Many felt the support in supervision and the training provided by PCC was sufficient to keep their competency high; others felt there was no interest in their professional registration by the authority as registration was not discussed in supervision or appraisal. The majority of staff reported an awareness that their registration was their responsibility, however a third of staff felt they should be more supported, as they weren't 'sure what would happen if they were asked to provide their portfolio as they don't have one and they've never been encouraged or asked by their manager'. Heads of Service spoke about ensuring the case loads for social workers were varied and developed social workers skills.

Heads of service explained social workers were supported to meeting the Regulators standards through supervision and training. Supervision can also be an opportunity for managers to address any issues in conduct, through performance management and the disciplinary procedure where necessary.

The process for informing the Regulator if there are concerns was reported as effective and used in partnership with HR. One Head of Service had not had to use it but they were aware of it if required. Another had only used it a few times but the Regulator responded quickly and they had always been informed of the decision. Another Head of Service explained they had three HCPC referrals in process at the time of this report.

Effective Partnerships

The annual Service User Survey found PCC ASC achieving over and above the national average in service user satisfaction. Feedback from service users is monitored on a quarterly basis overall in ASC. Both compliments and complaints are 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. Overall, service users were satisfied with the response from the authority. Services conduct annual surveys of the service users and one found the results from this years had improved on the previous years. The two complaints one service received that were escalated to the ombudsman were about panel decisions regarding funding packages of care, as the service oversees the transition between children and adult services for their service users and managing expectations in resources can be difficult. One service is going to consider their feedback process and what they can do to improve and include more of the service users views. Staff reported the feedback they received was overwhelmingly positive, with service users grateful and reassured by the work they had done. Social workers didn't always share this with their manager as it's often over the phone.

Feedback from professionals is also included in the quarterly report and spoke positively of the support social workers have given and the 'above and beyond' attitude they have. One Head of Service said the feedback is very informal, over the telephone or a comment on an email, but it is not always passed on for the report. There was no formal process in place for gathering professionals feedback in the services.

Peterborough City Council works closely partner agencies within Cambridgeshire and Peterborough through Safeguarding Boards where senior managers communicate.

Staff in each service have reported they endeavour to work effectively across partnerships. Social workers felt they had good relationships with agencies they worked with regularly and held effective multi-disciplinary meetings. There are improvements to be made with those who don't often work with ASC and clarification over roles and responsibility of social workers is needed. The social workers in the focus groups felt they were held in high regard by other agencies, often perceived as experts in their field. Some partner agencies however had told them their thresholds for services were too high.

4. Recommendations

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

- Sharing good practice between services in professional development of their social work team to provide staff with a consistently high quality approach to CPD.
- Encouraging staff to share the compliments they receive from service users.
- A number of suggested improvements from staff were already in place – such as developing to become an AMHP/Practice Educator. Better communication of these opportunities would benefit a large number of social workers.
- Communication to staff about how agile working will affect social work and a space for staff to voice their concerns over the 'isolation' it may bring, with reassurances for those feeling anxious about the change.

5. Conclusion

ASC within PCC is performing well, with overall feedback from social workers positive across services. Staff are happy with the level of support they receive from their teams and managers, with high satisfaction in the supervision they receive. Some teams have higher case loads, but the average case number amongst social workers involved in the health is 17 (not including team managers, senior social workers) and sits lower than the national average. Most social workers were happy with their caseloads and those who wanted more opportunity to develop weren't aware of the opportunities already available the authority.

Retention of staff continues to be a strength, as outlined in the previous health check. The findings of the 2017 health check are not dissimilar to those of last year. Improvements can be seen, notably the reduction in number of unallocated cases and quality of supervision.

Services can be proactive in developing their staff and ensuring there are opportunities for their professional growth. Due to the diverse nature of services, a wide range of approaches are used. In sharing their good practice, services can help one and other improve on the wellbeing of their social workers.

Every social worker involved in the survey, focus groups or interviews were positive about the supportive environment of their team, and felt they all stuck together to support one and other. The team culture and comradery has been a prominent feature throughout the health check. There were concerns over an agile working environment and how this might affect ASC specifically, which the authority can easily address.

The reduction in funding and resources is apparent across services in a myriad of ways; from learning and development for staff, to resource eligibility for service users. This has a knock on affect to the service social workers can provide and subsequently the outcomes for adults in Peterborough.

6. Appendices

1. Staff survey

ASC Health Check Staff Survey

Please complete the questions below to provide feedback on your role within PCC. Your answers will remain anonymous, so please be as honest as you can. We will use your answers to provide an insight to the Department of Health of what it's like working within Adult Social Care (ASC).

Team name	Your role
Section One – About You	
How long have you worked within ASC in Peterborough?	
On what basis are you employed?	
What's your total number of years as a qualified social worker?	
Section Two – Your time	
How many hours do you work on average a week?	
Do you feel your workload is manageable?	
How much annual leave do you have outstanding? Is it easy to book?	
How much TOIL or flexi-time do you have outstanding? Are you able to take it?	
In an average week, how often do you have to cancel meetings with service users and other professionals due to re-prioritisation of work?	
Section Three – Your Development	
What opportunities do you have to contribute to developing the profession?	<input type="checkbox"/> Supervision of student(s) on placement <input type="checkbox"/> Mentoring another team member <input type="checkbox"/> Undertaking research <input type="checkbox"/> Other (please state)
Are you aware of how you can access the employee welfare system?	
Are you aware of the whistleblowing process?	

How often do you have line management supervision?	
How often do you have professional supervision?	
Have you been able to attend the CPD opportunities planned in your appraisal or development reviews?	
Are you aware of what is required to progress in your role? Are you given opportunity to discuss this with your manager?	
Are you given opportunities to progress without going in to management e.g. Best Interest Assessor, Practice Educator or Approved Mental Health Professional?	
Would you say there is a culture of social workers progressing through promotion or secondment?	

2. Questions for Heads of Service / Team Managers

Service Name	
Section One – Team and Workload	
<ol style="list-style-type: none"> 1. Total number of posts in teams, including managers? 2. How many unfilled posts are there in the team? 3. How many posts are being covered by agency/temporary staff? 	
<ol style="list-style-type: none"> 4. How many posts are there where the post-holder is on long-term absence: <ul style="list-style-type: none"> • sick leave – more than 2 weeks due to work related stress • Sick leave – more than 2 weeks planned (e.g. operation) • maternity leave • other 	
<ol style="list-style-type: none"> 5. How many cases to SWs hold? 6. How many of these are awaiting assessment? 	

7. What is the average caseload for a team member, senior practitioner, team manager, held with the duty team?	
8. How are cases risk assessed or prioritised for your team?	
9. What is the escalation process for these cases and alerts to senior managers?	
10. Have you identified any blocks in workflows and if so what action has been taken to resolve them?	
Section Two – Team Management	
1. Do you think your social workers are using their skills to the best of their ability? Is there anything you think they might be doing that could be completed by someone else, for example an administrator or professional? 2. How is this reviewed within your teams?	
3. Do you monitor frequency and quality of supervision in order to ensure effective practice is supported? Is it a 360 degree process?	
4. How often do team meetings take place, who chairs and are staff invited to contribute to and lead items on the agenda?	
5. Which activities are in place to reduce stress levels and promote a healthy working environment?	
6. How do you make your staff aware of the whistleblowing policy?	
7. Which processes are in place to ensure staff welfare e.g. risk assessment of roles and activities, lone working policy?	
8. Do you conduct exit interviews? If so, what action is taken regarding the outcomes?	

Section Three – CPD	
1. What professional development opportunities do you provide for social workers? Are there opportunities to progress without going into management? Such as BIA, AMHP, PE?	
2. Would you say there is a culture of social workers being able to progress through promotion or secondment?	
Section Four – Professional Registration	
1. How do you support social workers in maintaining their professional registration and their competence, credibility, and currency, as well as enabling professional accountability?	
2. What support is given to social workers in meeting the Regulator’s standards of conduct, performance and ethics?	
3. How effective is the process to inform the regulator if there are concerns that a social worker’s fitness to practice is impaired?	
Section Five – Partnerships	
1. Is the feedback from SU’s positive? What is done to improve and to address any issues?	
2. What is the feedback from partner agencies/other professionals?	

3. Questions for staff interviews and focus groups

Team name	Your role
Section One – You	
1. Do you feel your skills are being used effectively within your team?	

2. Are you completing tasks which require your skills or could they be done more effectively by someone else, such as an administrator or another professional?	
3. Is there anything you'd like to be doing that you're not currently able to do in your role?	
4. Do you feel you can spend enough time with service users? What is your ratio of office based work to time spent in the field?	
Section Two – Tools, Training, CPD	
5. Do you have the resources needed for your role? Such as IT, access, phones, etc.	
6. Are you able to access training necessary for your role? Do you ever have to cancel due to workload?	
7. Do you feel you have the tools to do your role effectively?	
8. Are you able to discuss your CPD regularly? Do you feel supported in upkeeping your registration?	
Section Three – Supervision, Management	
9. How regular and effective is your supervision? Do you get to use the time for your own needs? Do they get cancelled or postponed?	
10. How often to see the senior managers? Do you interact with them?	
Section Four – Partnerships	
11. Do you think you and your team are working effectively across partnerships and with other agencies?	

12. How well do you think other agencies understand your role and responsibilities?	
13. How do you think other agencies perceive your team?	
14. What sort of feedback do you get from your service users?	

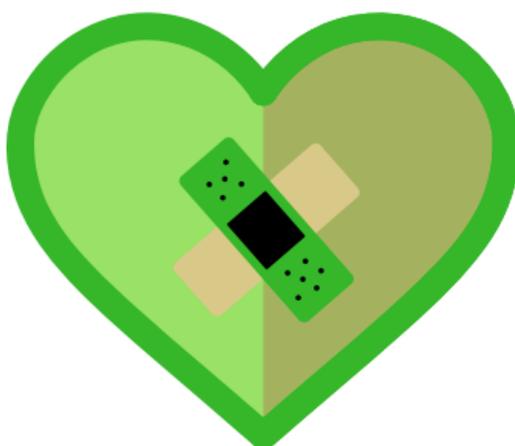
4. Poster

Have Your Say. Be Heard. Support Change.

ASC SOCIAL WORK HEALTH CHECK

We are currently conducting a health check of all our
Social Workers in Adult Social Care.

We want to know how you find working for PCC



Complete the Google survey to be counted, either via email or on
the QA Insite page

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