

## **SOCIAL WORK 'HEALTH CHECK' REPORT 2013**

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## **1. Acknowledgments**

This report is the result of the input of social work staff across the children's social care division who have contributed by participating in a staff survey and focus groups.

Diana Bentley, Principal Child and Family Social Worker was supported by colleagues from the Social Work Practice support Service, Workforce and Organisational Development Team, Complaints and Information Team, Health and Safety Team, Executive Support, The Improvement Programme and the Management Information (HR-Pay & Learning and Development) Team.

The project was sponsored by Steve Edwards, Service Director for Children's Social Care.

Martin Sleath, Joint Branch Secretary, Notts Unison and Sandra Duckworth from GMB were made aware that the Health Check 2013 was going to be completed and advanced notice was given about the dates for the planned focus groups.

## **2. Executive Summary**

The Social Work Task Force in its final report published in November 2009, asked employers of social workers to undertake a regular 'health check' with their workforce. This report is a summary of the responses made to the 2013 Nottinghamshire County Council, Children's Social Care social worker 'health check' and gives some insight into how child care social workers in Nottinghamshire perceive that they are being supported to undertake their work.

Health check's were completed by Nottinghamshire County Council, Children's Social Care in 2011 and 2012 which resulted in action plans being designed, agreed and implemented aimed at promoting the wellbeing of social workers, in Children's Social Care. This report will provide a comparison to previous data where useful. However it is acknowledged that a 'like for like' comparison is not possible in all areas due to changes to the operating model since the previous health check was completed.

To complete the 2013 health check the Principal Social Worker has ascertained the views of, and gathered current information from, practicing social workers. Information and statistical data has also been collated from a wide range of sources, including current available performance data, workforce data, a staff survey of all qualified social workers and targeted focus groups.

Since the health check 2012 was completed social workers working for Nottinghamshire County Council, Children's Social Care have been working extremely hard and meeting the challenge of increasing numbers of referrals, assessments, numbers of children subject of child protection plans and numbers of children who are looked after by the Council. During this period the Children's Social Care department has adopted a new operating model and increased the number of social workers working in the service.

The evidence collated for this report confirms that for many social workers this has been a demanding time. The data available suggests that nationally and regionally local authorities are struggling to recruit and retain experienced social workers to child care fieldwork posts. In Nottinghamshire we have been able to recruit Newly Qualified Social workers with a large proportion of these new employees gaining the experience and skills required to enable them to progress to Band B posts. Respondents to the staff survey have identified that workers starting new posts with the department are receiving better inductions than they did last year and have also commented that the support given via the Assessed and Supported Year of Employment (ASYE) scheme is good.

Social Workers in fieldwork teams have confirmed that there are relevant training opportunities available which they are able to access. Some more experienced social workers and workers in non-fieldwork teams commented that they would like to have access to more specialist and role specific learning opportunities.

Most social workers in fieldwork and non-fieldwork teams confirmed that they have timely and good quality supervision. The health check 2013 confirmed that

the grading for the quality and quantity of supervision given by staff was higher than the previous year; social workers also felt that managers were giving supervision a higher priority than last year and confirmed that less supervision sessions were now cancelled.

The health check 2012 identified that there was a need for a greater understanding of staff safety and as a result of this further information, guidance and team briefings have been provided. It was therefore disappointing that in 2013 fewer staff feel that there are adequate control measures to ensure staff safety than in either 2011 or 2012. This is therefore an issue which does require urgent attention.

The staff who contributed to the health check 2013 identified that to enable them to continue to give a quality of service to vulnerable children and families in Nottinghamshire they will need some additional help and support most notably with:

- Stability of workforce and retention of experienced staff
- Manageable and equitable caseloads
- Consistent working practices regarding the accruing and taking of time off in lieu (TOIL) and application of flexible working arrangements
- Consistent application of the Employee Performance and Development Review (EPDR) process
- Access to Nottinghamshire County Council IT systems where they are needed.

In order to provide the workforce with the support they need to undertake their duties and responsibilities a number of recommendations have been made:

1. Implementing and maintaining a long term and sustainable strategy to support workforce stability, including the retention of experienced staff, reducing the use of agency staff and the recruitment of new members of the workforce.
2. Development of an effective communication strategy so that staff feel engaged in discussions with senior managers rather than receiving e-mail correspondence.
3. Team Managers and Children's Service Managers for fieldwork teams to ensure that there is compliance with the completion of workload management scores, that they are used as a tool to monitor work allocation within teams / service areas and that quarterly returns are made to the social work practice support service.
4. Further exploration of how and when practice guidance regarding the consistent use of TOIL and flexible working arrangements can be disseminated.

5. The social work practice support service to explore how the current Nottinghamshire EPDR process can be developed to include the social work professional capabilities framework and how this can be used in a meaningful way to promote the development of the workforce and identify relevant learning and training opportunities.
6. Identification of appropriate learning and developmental opportunities for experienced social workers and social workers in specialist roles.
7. Social workers to be provided with the technology they require to do their job, including access to appropriate office space, touchdown facilities, home working and mobile technology.
8. Social work support service to collaborate with the Health and Safety Team to devise an implementation strategy to embed practice standards for the safety of the workforce into practice.
9. Social work practice support service to produce practice guidance regarding facilitating and managing effective team meetings. This should include learning from examples of well functioning team meetings and disseminating to all.
10. Engagement with Trade Unions with the implementation of the action plan.

### **3. Introduction and background information**

This report is a summary of the responses made to the 2013 Nottinghamshire County Council, Children's Social Care social worker 'health check'.

The Social Work Task Force in its final report published in November 2009 asked employers of social workers to undertake a regular 'health check' with their workforce covering areas of:

- Effective workload management
- Pro-active workflow management
- Having the right tools to do the job
- A healthy workplace
- Effective service delivery

Rather than just a statistical analysis of data, it was suggested that the framework should be used as a tool to promote debate at all levels within the organisation, and recommended that staff should be involved in the response. The findings from the health check should be reported annually to the Portfolio Holder for Children, Families and Cultural Services.

Health check's were completed by Nottinghamshire County Council, Children's Social Care in 2011 and 2012 which resulted in action plans being designed, agreed and implemented aimed at promoting the wellbeing of social workers in Children's Social Care.

Readers of this report need to be aware that in December 2012 Nottinghamshire County Council, Children's Social Care implemented a new operating model which is designed to be sustainable and cost effective and to improve outcomes for children and young people. As a consequence some field work teams were re-configured and workflows changed. This report will provide a comparison to previous data where useful, however it is acknowledged that a 'like for like' comparison is not possible in all areas due to changes to the operating model since the previous health check was completed in 2012.

### **4. Health check project objectives and methodology**

The aim of the health check has been to gather relevant information which can inform conclusions and recommendations to improve the working environment and health of our social workers. To complete the 2013 health check the Principal Social Worker has ascertained the views of, and gathered current information from, practicing social workers. Information and statistical data has also been collated from a wide range of sources.

Information is drawn from the following sources in completing this report:

- Current available performance data
- Workforce data
- A staff survey of social workers
- Targeted focus groups

In September 2013 an electronic staff survey was sent to all of 432 qualified social workers (including managers) working for children's social care in fieldwork teams and non-fieldwork teams. In total 167 social workers and managers responded to the staff survey, a response rate of 38.6% (an increase of 7% since 2012). Of these 121 were completed by fieldwork social workers and managers (from the Multi-Agency Safeguarding Hub (MASH), Assessment Team's, District Child Protection Team's, Children's Disability Service, Permanence Team, Looked After Children (LAC) Team, Court Team and Practice Support) and 46 by social workers and managers from non-fieldwork services including, the Adoption Team (including Support After Adoption), Aftercare, Fostering, Safeguarding and Independent Review, Group Homes and Child and Adolescent Mental Health Services (CAMHS).

It had been hoped that for the purpose of this 'health check' the corporate staff survey 2013 would have been available and that comparisons across divisions and departments could have been made. Unfortunately at the time of writing this report this information had not been distributed.

In 2013 88% of social workers who responded to the survey were permanent employees of Nottinghamshire County Council (compared to 92% in 2012).

Three focus groups were arranged in October 2013, and all of the 432 children's social care social workers and managers were sent invitations to attend these meetings. There was a disappointing participation rate in the focus groups compared to 2012. The participants all worked in fieldwork teams (District Child Protection) from three different localities, and although the views of the participants cannot be considered representative of the workforce, there was some interesting and useful suggestions were made during these focus groups which will be referred to in the report.

## **5. Effective workload management including vacancy rates and workload**

### **Vacancy rate**

The vacancy rate is reported at nil due to the use of agency (interim) staff to cover staff vacancies.

In March 2013 the Department for Education published a children's social care workforce report which showed that in England in December 2012 the majority (92%) of the children's workforce were directly employed by the local authority. The remaining 8% of staff were bank, pool and agency staff.

Over the last year Nottinghamshire County Council has used agency (interim) social workers to cover a wide range of social work posts. The use of agency workers has increased, in November 2011 there were 55 agency social workers (including managers) and in October 2013 there were 65 agency social workers (including managers) representing an 18% increase. This needs to be viewed in the context of an increased establishment of social worker posts. An additional 20 social worker posts were created as part of the Children's Social Care investment

plan in 2013/14, and Council policy is to maintain a safe service by using agency staff to cover vacancies and long term absence.

The table below gives a breakdown of the roles which agency social workers were filling and the reason for the vacancy on 1<sup>st</sup> October 2013.

Job Title	Additional Capacity	Long Term Sickness absence	Maternity Leave	Newly Qualified Social Worker support	Secondment	Suspension	Vacancy	Grand Total
Service Manager	1						2	3
Social Worker	10	2	9	9	2	1	17	50
Team Manager	3		1		1		7	12
Grand Total	14	2	10	9	3	1	26	65

Employment of agency social workers (including managers) at 1 October 2013

It is of note that on 1<sup>st</sup> October 2013 that 9 agency social workers were being employed to give “newly qualified social worker support”. This frees up the capacity of social work practice consultants who would normally undertake this role to deliver other targeted practice improvement support.

Nottinghamshire County Council, Children’s Social Care has continued to recruit to permanent vacancies, and have over the last three years succeeded in recruiting a significant number of Newly Qualified Social Workers (NQSW).

Permanent recruitment of experienced social workers (including managers) is a challenge faced by Nottinghamshire County Council, Children’s Social Care and nationally by all authorities. Gail Kinman, Professor of Occupational Psychology at Bedfordshire University, cited in Community Care January 2013 advised that research shows that the average practising social worker lasts just eight years on the frontline.

Nottinghamshire County Council provides an Assessed and Supported Year in Employment (ASYE) for newly qualified social workers who enter the workforce. The table below shows how many Newly Qualified Social Workers have entered the ASYE Programme (formally NQSW) over the last three years.

Completed NQSW Scheme	2011 - 2012	27
Completed NQSW (ASYE) Scheme	2012 - 2013	23
Entered NQSW (ASYE) scheme	2013	48
<b>TOTAL NQSW recruited over 3 years</b>		<b>98</b>

When social workers have approximately 3 or 4 years post qualifying experience they can make an application for progression from pay scale Band A to Band B. To make a formal application for progression social workers must put together a portfolio to demonstrate attainment of relevant competencies through learning and development, that they have satisfactory performance and conduct and are appropriately skilled and qualified to undertake more complex casework.



In 2011, 25 social workers successfully progressed from Band A to Band B. In 2012 19 social workers progressed and in 2013 there have been 27 qualified social workers who have progressed. This indicates that as well as recruiting newly qualified social workers, Nottinghamshire Children's Social Care has been able to retain many of these workers.

### Stability of workforce

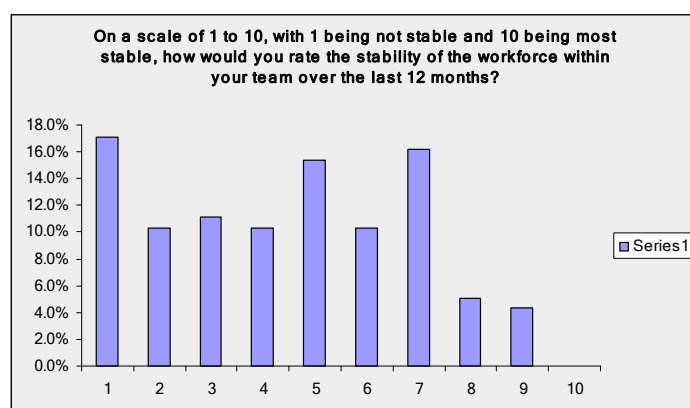
The table below identifies how many of the social workers who responded to the health check survey in 2012 and 2013 had worked for the department up to and over 12 months.

How long have you been in post?				
	Field work, social workers		Non-field work services, social workers	
	Response Percentage 2012	Response Percentage 2013	Response Percentage 2012	Response Percentage 2013
0 to 12 months	23.5%	25%	6.5%	13%
12 months +	76.5%	75%	93.5%	87%

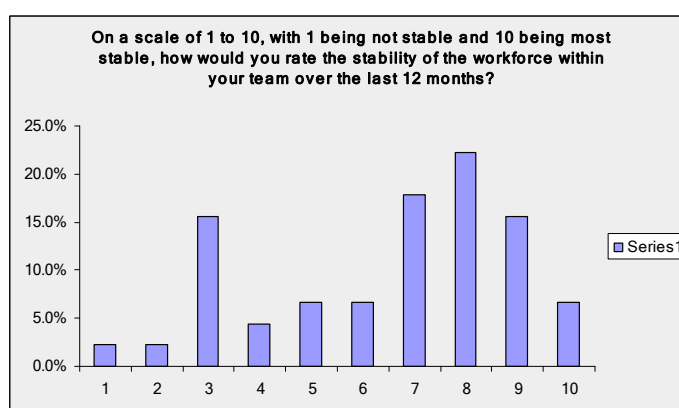
Health Check Survey 2012 and 2013

Respondents to the staff survey were asked to grade the stability of the workforce within their own team, 10 being the most stable and 1 being the most unstable.

Graph 1 below show the response received from social workers (including managers) in fieldwork teams and Graph 2 shows the response from social workers (including managers) in non-fieldwork teams. This shows that only 10% of respondents in fieldwork teams rated the stability of the workforce in their teams as 8/10 or higher, whereas the for non-fieldwork teams 44% of social workers rated the stability of workforce in their team as 8/10 or higher.



(Graph One) Social Workers – Field Work Teams  
Health Check Survey 2013



(Graph Two) Social Workers – Non Field Work Teams  
Health Check Survey 2013

(Graph 1) 117 respondents Fieldwork Teams – Survey 2013

49 social workers in fieldwork teams gave supplementary information about the stability of their team and the impact this has. These comments were largely consistent expressing concerns regarding the number of staffing changes and instability caused by permanent and experienced staff leaving, people being on

long term sick leave and a high turnover of agency social workers and agency managers.

It is also of note that workers from different fieldwork teams also made comment that the lack of consistency in management also has a negative impact on the stability and wellbeing of the workforce. Social workers have commented that high turnover of managers (including agency) and different management styles have exacerbated the difficulties.

Some workers also commented that the implementation of the new operating model in December 2012 caused some level of instability, which is continuing due uncertainty about future changes.

13 social workers in non-fieldwork teams also gave supplementary information about the stability of their teams. Most of these responses echoed the comments above about staff leaving, agency staff, maternity leave and sickness contributing to a feeling of instability in their teams. There however were some positive comments including:

“The team has a wide range of experienced managers who all work together to develop the work of child protection and child safeguarding.”

The small number of social workers who attended focus groups also commented on the feeling of instability within their teams which they feel is caused by high case loads, workers anxiety about the amount of work they have, and the turnover of staff.

The table below shows turnover of permanent staff in the 12 month period April 2012 to March 2013. This shows that in this period 19 more people left their posts than started. However it is positive to note that of those who left their posts 13 people (15% of leavers) did so because of promotion and continued working for Nottinghamshire County Council, Children's Social Care.

		Starters	Leavers		
		TOTAL Starters	Leaving NCC	Promoted to other NCC post	TOTAL Leavers (including promotions)
Fieldwork	Social Work Services	32	25	7	32
	Children's Disability Service	15	21	2	23
Non-fieldwork	Access to resources	18	24	1	25
	Safeguarding and ind. review	2	3	3	6
<b>TOTAL</b>		<b>67</b>	<b>73</b>	<b>13</b>	<b>86</b>

BMS - Children's Social Care

Further statistics provided for the period April 2013 to July 2013 show that an additional 22 people have been promoted to new posts within the department.

The table below identifies the reasons why people left their posts 01/04/2012 – 31/03/2013

<b>Reason for Leaving</b>	<b>Number of Workers 01/04/2012 – 31/03/2013</b>
Retirement Early	2
Retirement Normal	7
Resign Job Related Reasons	17
Resign Personal Reasons	38
Retirement Ill Health	4
Resign Following Career Break	1
Dismissal Capability	3
Resign Not Known	2
Dismissal Conduct/Gross Conduct	1
Redundancy Compulsory	1
Resign Education/Retraining	4
End Fixed Term Contract	4
TUPE Transfer	1
Other	1
<b>TOTAL</b>	<b>86</b>

BMS - Children's Social Care

The recruitment and retention of permanent and experienced social workers (including managers) does continue to be a challenge faced by all local authorities. However, despite the feeling in some fieldwork teams that there are no or fewer experienced social workers when answering the social work survey, 25% of respondents from fieldwork services had been in their post for over 5 years and 42% of non-fieldwork services social workers had been in their post for over five years.

It is acknowledged that the use of temporary agency staff and potential subsequent changes can and lead to some team members feeling unsettled. However it is essential that social work posts are filled to ensure the Council is able to provide a safe service in children's social care. It also needs to be recognised that in the broader context the staffing establishment has increased, which is positive, but some posts have had to be filled by agency staff until we are able to recruit permanent staff. It is anticipated that the work being planned and undertaken as part of the Children's Social Care Transformation Programme will have a positive impact in helping to fill current vacancies with permanent staff. This work includes reviewing our marketing materials, facilitating recruitment events and producing a recruitment and retention strategy for the division.

### Workloads

The table below identifies how many cases (individual children) were open to an allocated social worker in Children's Social Care on 12<sup>th</sup> October 2013, which teams these cases were open to and whether the child was the subject of a child in need assessment or plan, a child protection plan or a looked after child.

Group	No. of Cases	%	CIN	CPP	LAC
Assessment North	235	5%	26		6
Assessment South	262	6%	11		2
CDS	383	9%	243	36	45
District CPT	2,268	53%	933	647	85
MASH	2	0%			
Other	17	0%	6	2	2
Through Care	1,110	26%	26	15	788
<b>Total:</b>	<b>4,277</b>	<b>100%</b>	<b>1,245</b>	<b>700</b>	<b>928</b>

Business Objects Caseloads 12<sup>th</sup> October 2013

Due to the changes in team configuration and workflow it is not possible to do a direct comparison with data from the health checks completed in 2011 and 2012. However it is possible to compare the total number of open cases at the time of each health check.

This shows that in the 16 month period from 7 March 2011 to 12 July 2012 there was a 5.8% increase in the number of allocated cases within fieldwork teams. From 12 July 2012 to 12 October 2013 there has been a 22% increase in the number of cases with an allocated social worker.

	Open Case 07.03.2011	Open Cases 12.07.2012	Open Cases 12.10.2013
<b>Total number of children with an allocated social worker</b>	<b>3228</b>	<b>3417</b>	4277 – 105 (cases with more than one allocated worker) = <b>4172</b>

The number of allocated cases only offers a crude measure of the work being undertaken and does not represent the complexity of the work, the skill required to do it and the time scale in which it should be completed.

A workload management (WLM) tool is in operation in fieldwork teams with managers expected to complete scores regarding the workloads of individuals on a monthly basis. These scores take into account the number of cases as well as the complexity, risk, time and type of work undertaken by each worker.

A point system is used to indicate the likely demand of a social workers caseload:

- Caseloads of 75 to 95 points = Sustainable workload
- Caseloads of 96 to 110 points = Demanding workload
- Caseloads of 111+ = High Workload

The ideal score for social workers would be in the sustainable range, although competent and experienced social workers can, at times, have case weighted scores that fall within a higher range. The WLM scores should be used by managers to chart the workload for the individual workers over time and also how one social worker's workload compares with colleagues.

On a quarterly basis (March, June, September, December) WLM scores for all teams are collated by the Social Work Practice Support Service so that a service wide analysis of workflow and case allocation can be charted.

The table below offers a summary of the workload management scores for Reception and Assessment Teams (R&A) and Assessment Teams June 2012 to June 2013. This shows that in the teams where reports have been completed the majority of workers have 'sustainable' caseloads.

R&A TOTALS		'sustainable' (75 to 95 points)	'demanding' (95 to 110 points)	'high' (110+ points)
June 2012	20 SW Staff	13 (65%)		7 (35%)
September 2012	15 SW Staff	14 (93%)	1 (7%)	

Assessment TOTALS		'sustainable' (75 to 95 points)	'demanding' (95 to 110 points)	'high' (110+ points)
December 2012	14 SW Staff	11 (79%)	2 (14%)	1 (7%)
March 2013	3 SW Staff	2 (67%)		1 (33%)
June 2013	25 SW Staff	23 (92%)	2 (8%)	

The table below offers a summary of the workload management scores for Children's Services Teams (CST) and District Child Protection Teams (DCPT) June 2012 to June 2013. Since December 2012 this shows an increase in the number of workers with a 'demanding' caseload.

CST TOTALS		'sustainable' (75 to 95 points)	'demanding' (95 to 110 points)	'high' (110+ points)
June 2012	95 SW Staff	62 (65%)	23 (26%)	10 (11%)
September 2012	95 SW Staff	60 (64%)	26 (27%)	9 (9%)

DCPT TOTALS		'sustainable' (75 to 95 points)	'demanding' (95 to 110 points)	'high' (110+ points)
December 2012	68 SW Staff	57 (86%)	3 (5%)	6 (9%)
March 2013	53 SW Staff	39 (74%)	9 (17%)	5 (9%)
June 2013	59 SW Staff	44 (75%)	14 (24%)	1 (1%)

The table below offers a summary of the workload management scores for the Children's Disability Service (CDS) June 2012 to June 2013, which shows an increase in the numbers of workers who have 'high' caseloads.

CDS TOTALS	Social work role	'sustainable' (75 to 95 points)	'demanding' (95 to 110 points)	'high' (110+ points)
June 2012	15 SW Staff	14 (93%)	1 (7%)	
September 2012	15 SW Staff	13 (87%)	2 (13%)	
December 2012	16 SW Staff	13 (81%)	3 (19%)	
March 2013	11 SW Staff	8 (73%)	2 (18%)	1 (9%)
June 2013	15 SW Staff	10 (67%)	2 (13%)	3 (20%)

The table below shows the workload management scores for the Court Team since December 2012 (when the team was created). The figures available show that the majority of social workers in the Court Team have either 'demanding' or 'high' caseloads.

Court TOTALS		'sustainable' (75 to 95 points)	'demanding' (95 to 110 points)	'high' (110+ points)
December 2012	15 SW Staff	2 (13%)	1 (17%)	12 (80%)
March 2013	10 SW Staff	1 (10%)	2 (20%)	7 (70%)
June 2013	No Return			

The table below offers a summary of the workload management scores for the Permanence Team, which also shows an increase in the numbers of workers who have 'high' caseloads.

Permanence TOTALS	Social work role	'sustainable' (75 to 95 points)	'demanding' (95 to 110 points)	'high' (110+ points)
June 2013	13 SW Staff	8 (62%)	5 (38%)	
September 2012	14 SW Staff	10 (71%)	4 (29%)	
December 2013	15 SW Staff	12 (80%)	2 (13%)	1 (7%)
March 2013	15 SW Staff	10 (67%)	3 (20%)	2 (13%)

Despite some workers in some teams having demanding or high caseloads the overall analysis shows that the majority of workers do have sustainable caseloads.

The health check 2011 identified that the WLM system should be used consistently to ensure workloads are equitable and help reduce the level of Time Off in Lieu (TOIL) accrued by staff. In the 2012 and 2013 social work surveys field work social workers were asked whether or not their managers use the workload management tool as a part of their supervision session.

Does your manager use the workload management tool as a part of your supervision session?				
	Response 2012		Response 2013	
	Percentage	Number	Percentage	Number
Yes	55%	41	40%	48
No	8%	6	12%	14
Sometimes	16%	12	26%	31
N/A	21%	16	12%	14
<b>TOTAL</b>		<b>75</b>		<b>120</b>

Social Work Health Check Survey 2012 and 2013

This identifies that in 2012 just over half of the social workers in fieldwork teams were regularly having a workload management score completed in their supervision. However in 2013 this figure has significantly reduced to only 40% of fieldwork Social Workers regularly having a workload management score completed in supervision.

Lack of compliance with the WLM score system makes this an unreliable representation of the workload of the workforce as a whole. It has been recognised that following the implementation of the new operating model in December 2012 the WLM score system did not fully represent the work which is now being undertaken in different teams. To address this from October 2013 a new WLM score system was implemented which should now be used by all fieldwork teams.



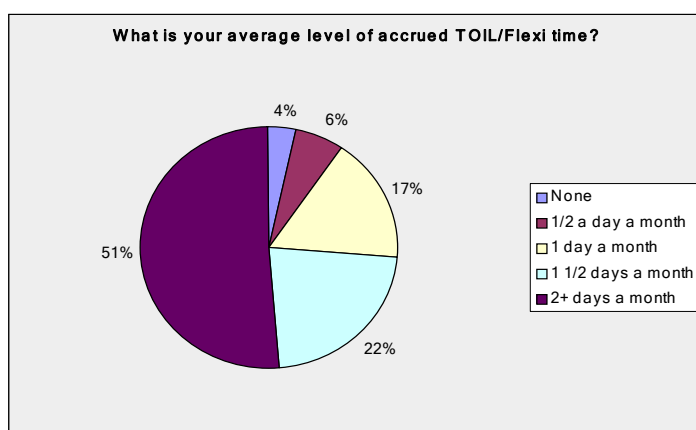
Future compliance with the completion of WLM returns by managers will be monitored by the divisional leadership team so that action can be taken if managers do not complete them.

### Average hours worked by staff on a weekly basis

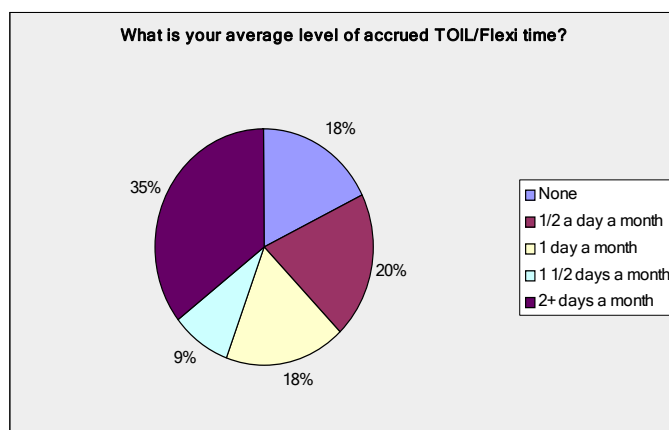
Findings from the 2013 staff survey show that 51% of our social workers from field work teams (58 people) and 36% of our social workers from non-fieldwork (16 people) stated that they normally worked in excess of 2 additional days per month.

In 2013, 39 of the 167 respondents (23%) felt that they were normally able to take TOIL / flexi time within one month of accruing it, a 10% reduction since 2012 when 33% gave this answer. It is notable that the response rate for social workers in fieldwork teams is similar to 2012, however social workers in non-fieldwork teams feel less able to take TOIL/flexi leave than they did in 2012.

The diagrams below show average levels of TOIL / flexi time accrued each month for social workers in fieldwork and non-fieldwork teams.



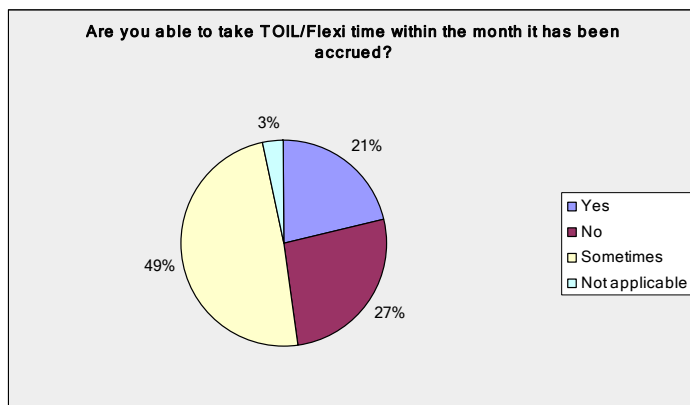
Social Workers – Field Work Teams  
Health Check Survey 2013



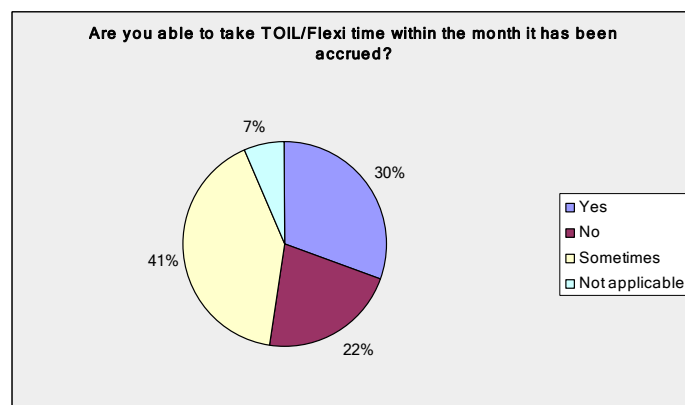
Social Workers – Non Field Work Teams  
Health Check Survey 2013

89% of social workers who responded to the staff survey confirmed that they had to get prior agreement before they were able to take TOIL / flexi time. Workers who did not always have to get prior agreement stated that they record TOIL/flexi leave on the 'whereabouts' system so that everyone knows what they are doing. It was reported that in some teams workers were not expected to formally book TOIL unless they were taking either a half day or full day off. If small amounts of time were taken then workers would be expected to manage this themselves.

Following the health check completed in 2011 and 2012 inconsistencies in practice were identified and it was recommended that practice guidance regarding TOIL and flexi leave should be issued to children's social care staff. A Managers Information and Guidance document regarding working patterns / time off provisions was developed with Trade Union and HR colleagues, and formal guidance on the use of TOIL was issued to staff and managers in November 2013.



Social Workers – Field Work Teams  
Health Check Survey 2013



Social Workers – Non Field Work Teams  
Health Check Survey 2013

The Health Check survey 2013 continues to identify that the majority of social workers regularly work additional hours with (as detailed in the diagram above) a significant number never, or only sometimes, able to claim back the hours they had worked. The issue of managers practice guidance needs to be re-considered so that managers are able to consistently apply support the workforce.

### Annual leave

The annual leave year runs from 1 April to 31 March each year. Every social worker has a paid annual leave entitlement which is worked out according to the individual's terms and conditions of employment and number of year's service for the department. Leave entitlement should normally be taken during the appropriate leave year, but up to 3 days may be carried forward to the next leave year. Carrying forward in excess of 3 days is only permitted at the discretion of the line manager.

111 (70%) of social workers who responded to the survey confirmed that at the end of the last annual leave year they did not have any more than 3 days annual leave to carry over. This represents a 14% reduction since 2012 in the numbers of social workers who carried over more than 3 days annual leave to the next financial year.

Of those who had not been able to take their annual leave entitlement within the year, 4 social workers from non-fieldwork services (9.3%) and 10 social workers from fieldwork teams (8.6%) advised that this had been due to personal choice. 10 social workers (23%) from non-fieldwork services and 38 social workers (32%) from field work teams reported that they had had to carry over more than 3 days annual leave due to their workload. This shows a slight shift from the response in 2012, with fewer workers in fieldwork and more workers in non-fieldwork teams having more than 3 days annual leave to carry over in 2013 than in 2012.

Some social workers provided additional information about their ability to take their annual leave during the financial year. Three workers confirmed that they did not taken their annual leave due to having periods of sickness, but a further 14 people identified that they had between 5-10 unused days annual leave, and in some of these instances the social workers lost some of this entitlement.



## Induction

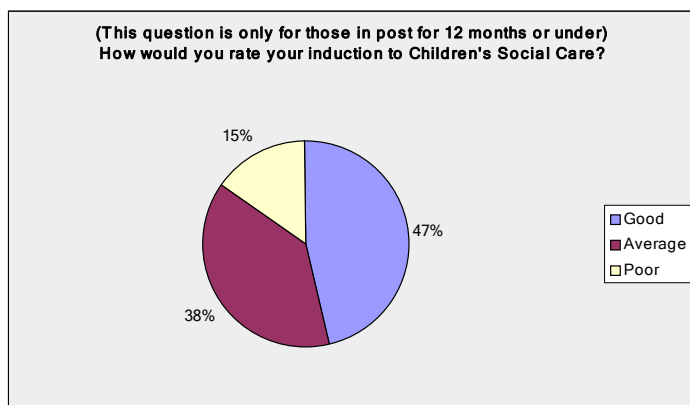
A good induction is absolutely vital as it ensures that starters are settled and feel confident in their new role.

In 2012 Newly Qualified and other social workers newly appointed to the department who participated in focus groups identified a varied experience of induction. Some experienced a well-planned and informative induction period, while others had an extremely poor experience.

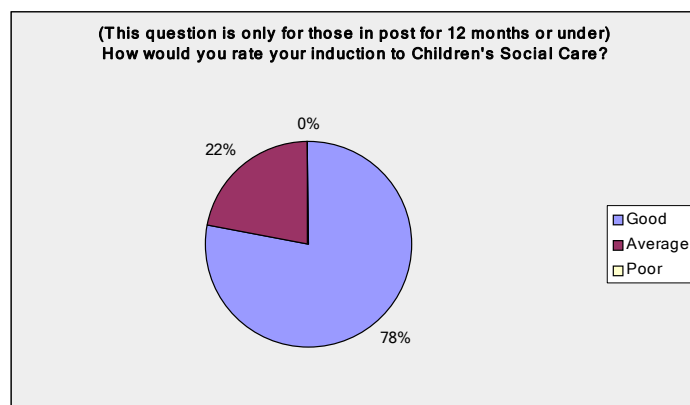
For this reason the 2012 action plan identified the need to improve the induction process for new starters and for managers to be advised of their responsibility toward new starters. Since this time a new Children's Social Care induction pack has been developed which should be given to all new starters to the division. The social work practice support service has also started to facilitate fortnightly induction workshops for new starters.

The diagram below represents the response of 39 social workers who responded to the health check survey 2013 who had started a new post in a fieldwork team, and 9 workers who started a post in a non-fieldwork team during the last 12 months.

In the fieldwork teams 47% (18 people) graded their induction as good, 38% (15 people) as average and 15% (6 people) as poor. In the non-fieldwork teams 78% (7 people) of the new starters graded their induction as good, 22% (2 people) graded their induction as average and no one felt their induction was poor.



Social Workers – Field Work Teams  
Health Check Survey 2013



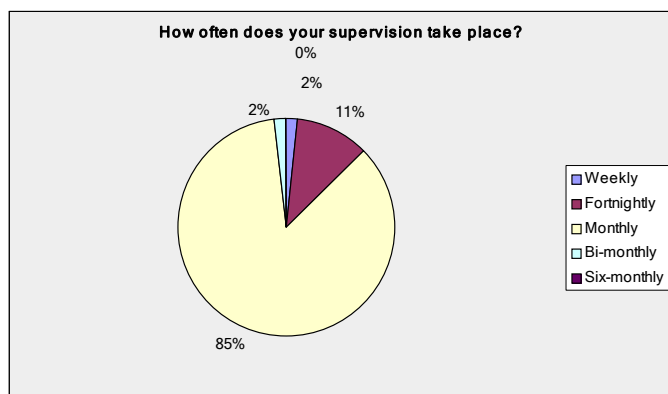
Social Workers – Non Field Work Teams  
Health Check Survey 2013

There remains some room for further improvement but the feedback received regarding inductions does indicate that there has been an improvement in the quality of the induction given to social workers starting a new post.

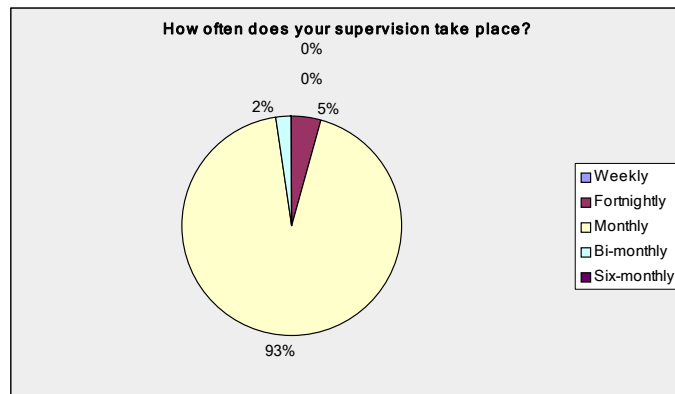
## Staff supervision and development

Nottinghamshire County Council, Children's Social Care has a formal supervision policy and additional practice guidance outlining expectations for supervision. The social work health check survey 2013 showed that social workers feel that the frequency and quality of supervision they receive is continuing to improve.

98% of the social workers who responded to the survey confirmed that their supervision takes place at least on a monthly basis, with some of these having fortnightly supervision and the remaining 2% of respondents reported that they had bi-monthly supervision. This shows a 6% increase from 2012 when 92% of social workers had supervision at least on a monthly basis.



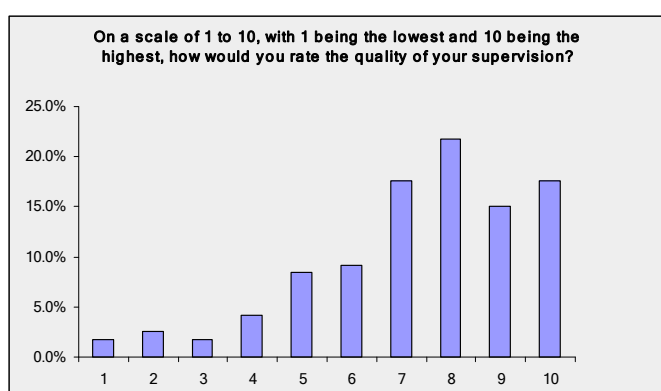
Social Workers – Field Work Teams  
Health Check Survey 2013



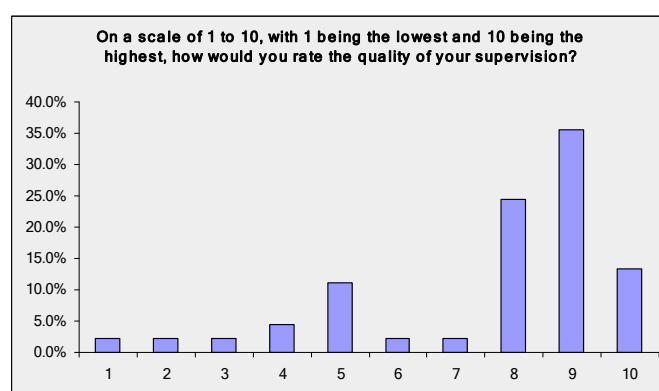
Social Workers – Non Field Work Teams  
Health Check Survey 2013

The results of the 2013 survey identify that fewer supervision sessions are cancelled than in 2012. 72% of fieldwork social workers reported that if supervision is cancelled it was re-arranged immediately. In non-fieldwork services supervision was re-arranged immediately in 97% of cases.

61% of social workers who completed the survey rated the quality of their supervision to be 8/10 or higher. The graphs below show 54% of respondents from fieldwork teams and 73% of respondents from non-fieldwork teams rated the quality of supervision as 8/10 or higher, with only 6% of respondents (10 people) from across the service rating the quality of their supervision as 3/10 or lower.



Social Workers – Field Work Teams  
Health Check Survey 2013



Social Workers – Non Field Work Teams  
Health Check Survey 2013

Nottinghamshire County Council has a formal Employee Performance and Development Review process (EPDR). The table below shows that staff feel the identification of their training needs through the EPDR process has reduced over the last three years, from 32% in 2011 to 26% in 2012 and 8% in 2013.

Are your training needs identified through the EPDR process?							
	2011	2012			2013		
	All staff	Fieldwork	Non-Fieldwork	All staff	Fieldwork	Non-Fieldwork	All staff
Most	32% (42 people)	31% (21 people)	24% (10 people)	26%	9% (9 people)	7% (3 people)	8%
Some	53% (70 people)	46% (37 people)	50% (21 people)	49%	60% (63 people)	29% (12 people)	51%
None	14% (19 people)	23% (19 people)	26% (11 people)	25%	31% (33 people)	63% (26 people)	40%
	<b>TOTAL 131 respondents</b>	<b>TOTAL 119 respondents</b>			<b>TOTAL 146 respondents</b>		

Social Work Health Check Survey 2011, 2012 and 2013

These trends suggest that, although the frequency and quality of staff supervision is increasing, less meaningful EPDR's are taking place year on year.

During the staff focus groups one group of social workers confirmed that they did have EPDR's completed by their managers on a regular basis. These workers felt that these were largely paper exercise and did not have any impact.

79% of respondents to the social work survey in 2013 were aware of the Nottinghamshire County Council Competency Framework and the levels appropriate to their role.

The social work health check survey confirmed that, despite training needs not being identified during the EPDR process, 91% of social workers in field work teams and 71% of social workers in non-fieldwork teams still felt that there were relevant training options open to them. However, once booked onto training events 45% of field work social workers reported that they had previously needed to cancel training or Continuous Professional Development (CPD) events due to re-prioritisation of their workload. 22% of non-fieldwork social workers also had to cancel training and CPD events for the same reason.

Social workers who attended focus groups confirmed that they had access to the correct training for their roles. Including comments from one worker that "there is some really good training .... (which is) not hard to access". Another social worker also supported this view and confirmed that "managers are always supportive" when you want to go on training. One worker in one focus group commented that despite their being some useful training available they have not been able to take advantage of this due to being "overworked".

During the focus groups social workers commented that for the first 2 or 3 years of their social work career there are good training courses and opportunities for learning. However for more experienced workers there seem to be less opportunities and no specific career development opportunities for social workers who want to remain working in fieldwork teams, but do not want to become managers.

Some experienced social workers take on additional responsibilities by acting as practice educators to support students on placements, being mentors for Newly Qualified Social Worker's undertaking their Assessed and Supported Year of Employment (ASYE), being members of Adoption Panel or Fostering Panel, and representing the department in other forums.

The Workforce and Organisational Development Team have confirmed that in the 12 month period April 2012 – March 2013 Nottinghamshire County Council, Children Families and Cultural Services hosted 24 social work placements for students from 7 local universities (Nottingham Trent University, The University of Nottingham, Sheffield Hallam University, University of Sheffield, University of Lincoln, University of Derby and the University of York)

These placements took place in Bassetlaw, Browtowe, Gedling, Mansfield and Ashfield Children's Services Teams, South Reception and Assessment Team (prior to the new operating model), the Youth Offending Service, Children's Disability Service, Fostering Team, Clayfields Secure Residential Unit, Permanence Team, Court Team and Mansfield and Ashfield District Child Protection Teams.

The Workforce and Organisational Development Team report that year on year it is becoming more difficult to identify Practice Educators within teams who are able to supervise and assess students whilst on placement. Historically there have been a group of experienced social workers and trained practice educators who have undertaken this role. However due to a variety of factors there are fewer trained Practice Educators now available within the department. Factors which have impacted on the availability have included; workers who have undertaken the practice educators training being promoted to Team Manager or Social Work Practice Consultant Posts, staff becoming mentors to social workers completing their Assessed and Supported Year in Employment not being able to act as a practice educator at the same time, some practice educators have left the department, some have not completed their enhanced training and some people have reported that due to pressures of work they have not been able to be a practice educator this year.

As a result most of the student placements were supervised by a practice educator from outside the host team.

Two newly qualified social workers (not NCC trainees) who attended a social work focus group commented that whilst at university they had specifically wanted to do their final placement in a statutory child care team. However due to a lack of availability of placements they (and some of their fellow student colleagues) had been forced to accept placements in other settings. They commented that this now means that they have begun working for the department without the full range of skills and experiences they should have.

Students who have positive placements with us are also more likely to want to come and work for the department on a permanent basis in the future, and in this scenario they will come equipped with a good awareness of departmental policy, procedure and work systems.

For many social workers having additional or new responsibilities are often rewarding, and give additional development opportunities. Of those that responded to the social work survey 2013 only 30% (48 people) reported that they were able to undertake additional duties and responsibilities. When giving supplementary information several people reported that they would like to be able

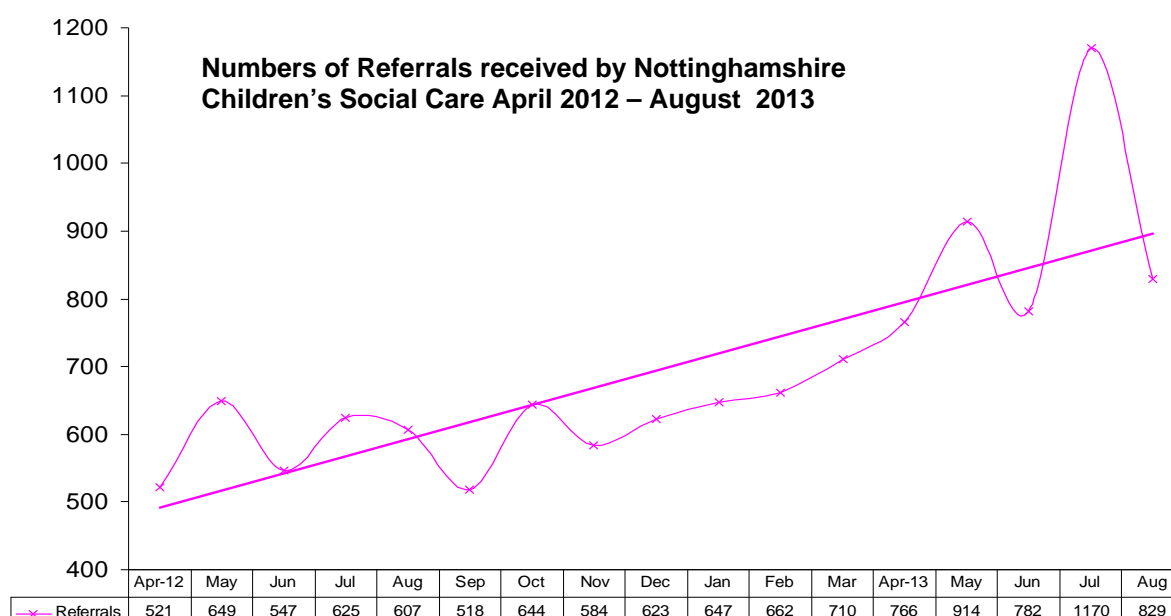
to undertake additional responsibilities, but were unable due to pressure of work in their team at the current time

Following the health check completed in 2012 a recommendation was made that further work was needed to evaluate the number of workers who are able to act as practice educator. Practice educator training is being made available for appropriately experienced staff and further work is being undertaken to support social workers to take on this role..

## **6. Proactive Workload Management**

### **Number of unallocated cases**

During the period since the last health check was completed there has been continuing pressure on the service with numbers of referrals, assessments being undertaken and cases open to children's social care continuing to increase.



In recognition of the additional pressures there has been an increase in the number of social worker posts, most of which have either been appointed to or have been filled by interim (agency) social workers. This means that there are currently no unallocated cases within children's social care.

31% of social workers reported that due to the nature of their duties they did not need to transfer cases to other teams. Of those who did need to transfer work 62% confirmed that cases were always or regularly transferred at an agreed point in a timely manner. The table below shows that the case transfer process has improved overall since 2011.

Are you able to transfer cases in a timely manner at agreed points?			
	2011	2012	2013
Always	4.5%	20%	14%
Regularly	42%	52%	48%
Occasionally	21%	9.5%	23%
Rarely	32%	16%	12%
Never			3%

### Re-referral rates

The table below demonstrates that, although there has been a steady increase in the number of referrals taken by children's social care, the average number of re-referrals has remained fairly consistent between 25% and 27% (April 2011-Oct 2013)

Fiscal Year	Type	No Of Referrals	No Of Re Referrals	% of Re-Referrals
2011/12	Pre MASH	7,156	1,948	27
2011/12	Total:	7,156	1,948	27

Fiscal Year	Type	No Of Referrals	No Of Re Referrals	% of Re-Referrals
2012/13	MASH	2,711	628	23
	Pre MASH	4,822	1,221	25
2012/13	Total:	7,533	1,849	25

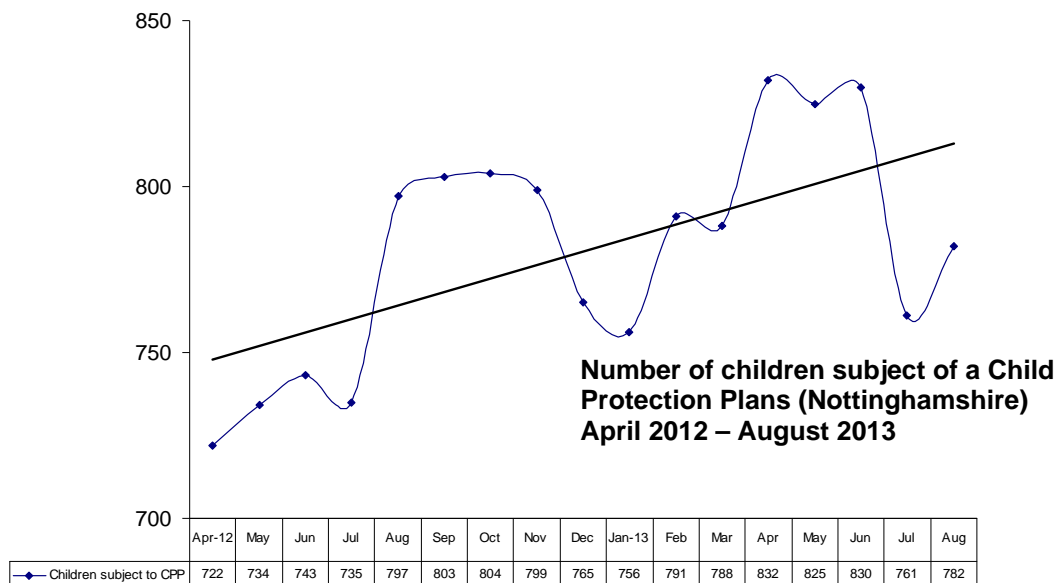
Fiscal Year	Type	No Of Referrals	No Of Re Referrals	% of Re-Referrals
2013/14	MASH	5,458	1,357	25
2013/14	Total:	5,458	1,357	25
Total:		20,147	5,154	26

Business Objects 12<sup>th</sup> October\_2013

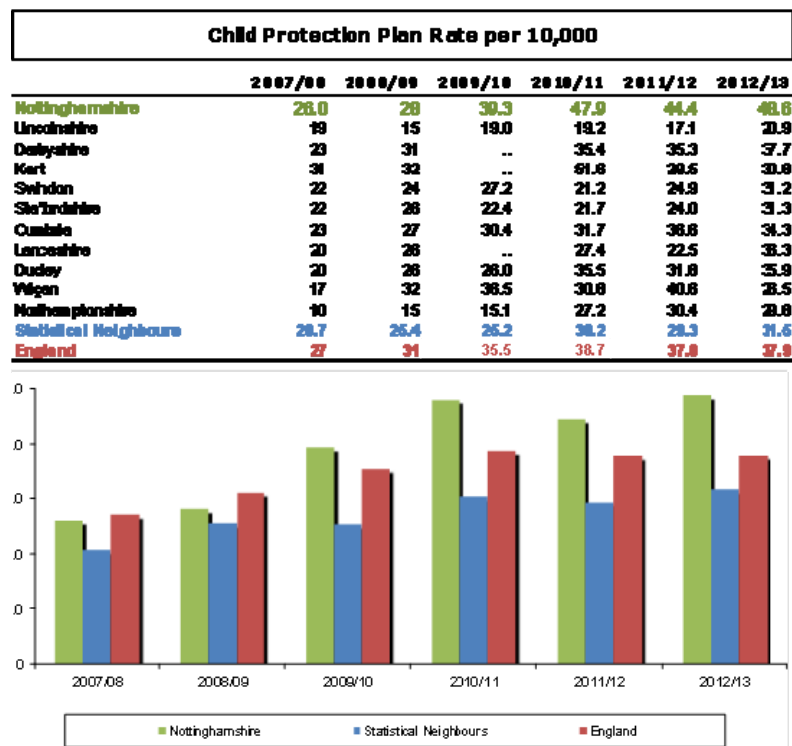
### Change in workflow over time (peaks and troughs)

The following graphs illustrate the level of work being undertaken by children's social care workers.

Over the 18 month period April 2012 – August 2013 there have been fluctuations in the numbers of children subject to child protection plans.

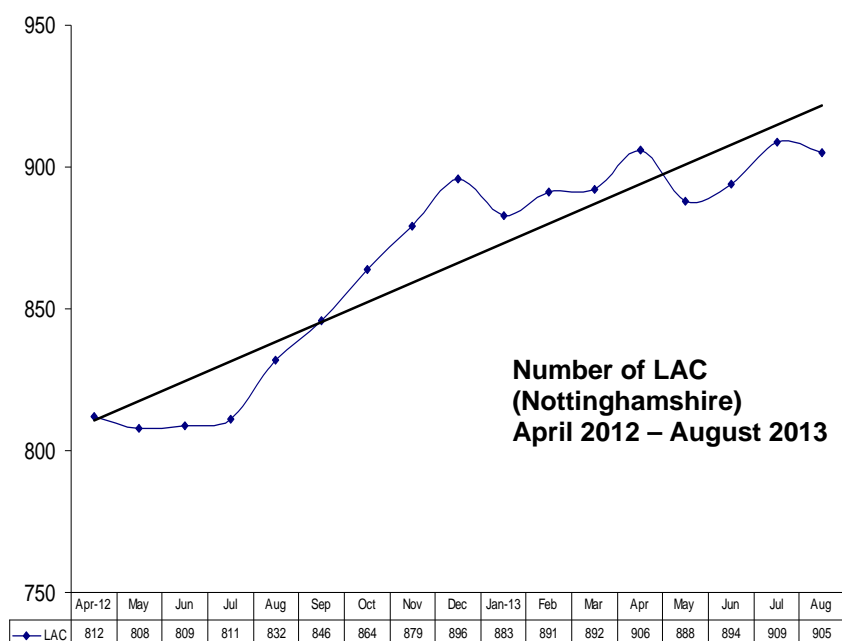


This reduction in the number of child protection plans does begin to bring Nottinghamshire back towards the levels in our comparable councils (statistical neighbour authorities) and with the average for England:



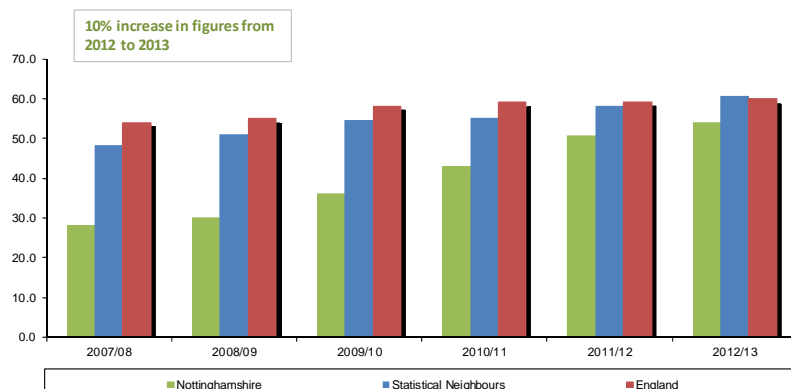
DfE Statistical First Release 2012-13

The number of children who are looked after by the local authority continued to rise to a peak in April 2013, but since this time has remained fairly constant.



Nottinghamshire has traditionally had lower numbers of Looked After Children (LAC), which might be taken as an indication that some children were not being appropriately taken into the care in the past. Central government has recently voiced it's support for local authorities to bring more children into care when it is appropriate to do so. Comparison with our statistical neighbours and the average for England does show that we are now approaching LAC numbers which are more in line with what might be expected in a county like Nottinghamshire.

Looked after children per 10,000						
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	28.0	30.0	36.0	43.0	50.5	53.9
Lincolnshire	38.0	39.0	38.0	35.0	36.0	41.0
Derbyshire	34.0	35.0	40.0	42.0	45.0	43.0
Kent	44.0	46.0	47.0	54.0	56.0	56.0
Swindon	52.0	55.0	56.0	53.0	54.0	53.0
Staffordshire	38.0	41.0	44.0	47.0	51.0	56.0
Cumbria	48.0	45.0	52.0	53.0	63.0	66.0
Lancashire	51.0	50.0	52.0	53.0	54.0	61.0
Dudley	76.0	82.0	93.0	93.0	100.0	108.0
Wigan	64.0	73.0	77.0	71.0	71.0	75.0
Northamptonshire	36.0	42.0	46.0	48.0	51.0	46.0
Statistical Neighbours	48.1	50.8	54.5	54.9	58.1	60.5
England	54.0	55.0	58.0	59.0	59.1	60.0



DfE Statistical First Release 2012-13



## Efficiency of commissioned services, relationships with other agencies, transfer between teams / services

On the 6<sup>th</sup> September 2010 (Revised 2012) the Nottinghamshire Pathway to Provision was implemented providing guidance for the children's workforce regarding multi-agency thresholds for service provision.

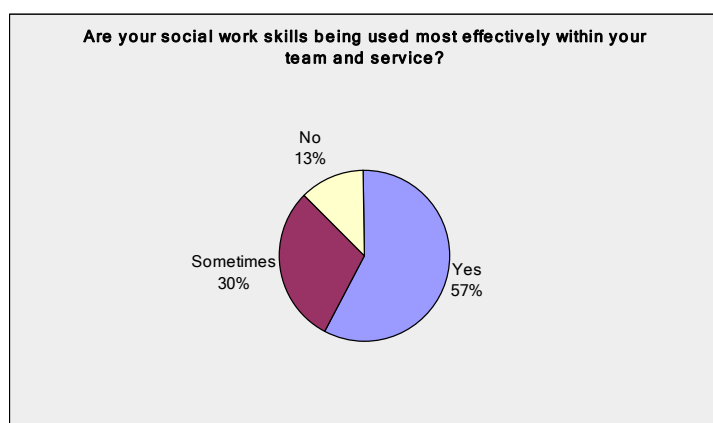
Within focus groups social workers commented that they felt that the “step down process” for identifying a lead professional when a social worker was no longer needed was often problematic, with few professionals from other agencies wanting to take this role and other agencies often feeling that children's social care should continue to be the lead agency.

In November 2013 a revised version of the Pathway to Provision was approved by the Nottinghamshire Safeguarding Children Board. This latest version has been updated to reflect the establishment of the Early Help Unit as a front door to core early help services. The development of the Early Help Unit will support the relationship between early help and statutory services, giving greater clarity around step down processes.

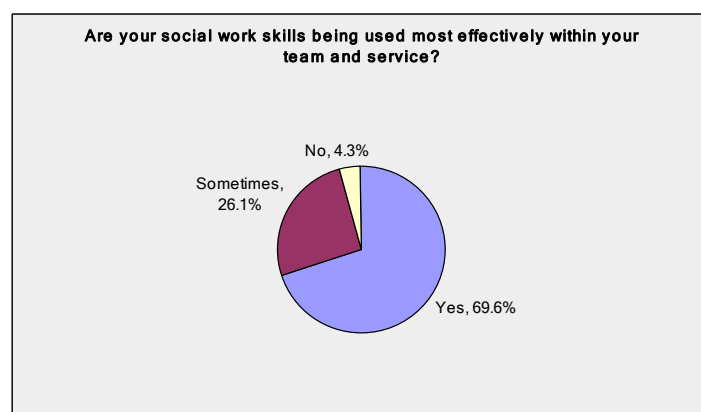
## Efficient use of skills

As part of the health check staff survey 2013, social workers were asked whether the most efficient use of their skills was being utilised within their team and the wider service.

In 2012 social workers in fieldwork teams and non-fieldwork services were very similar, showing that 75% of social workers did feel that their skills are being effectively used in their teams. In 2013 fewer workers feel that their skills are being used most effectively, with the most significant reduction being in fieldwork teams where 57% (69 people) feel that their skills are being effectively used.



Social Workers – Field Work Teams  
Health Check Survey 2013



Social Workers – Non Field Work Teams  
Health Check Survey 2013

83% of social workers in fieldwork teams (a 10% increase since 2012) and 58% of social workers working in non-fieldwork services (a 3% decrease from 2012) felt that some of the tasks they do could be undertaken by someone else.

102 respondents gave additional information. One person identified that in their team / service area there had recently been 2 new business support appointments which would now address this deficit, whereas the other 101 respondents expressed a consistent view that further business support was needed to complete basic, yet time consuming and important, administrative tasks e.g. typing documents, typing and sending letters, scanning and uploading documents, shredding and disposal of confidential waste, minute taking and printing documents for meetings. Respondents also identified that there was a need for more specialist administrative support such as that which was previously offered by the Team Support Worker, which included completing authorised services for financial payments, direct payments and payments to foster carers, sending out and logging medicals and personal education plans.

Some staff attending a focus group commented that since the new operating model was implemented and specialist countywide social work teams in the Through Care Service had moved to Ollerton, social workers in other districts were having to provide a duty service for service users who attended their local offices whilst their own social worker are now based in Ollerton.

Some social workers identified that they could be supported by having more people who could arrange and supervise contact between children and their parents and some managers suggested that there should be more support with administration for the recruitment process. A review of the Contact Service has now commenced and recruitment support is being offered within the Children's Social Care Transformation Programme.

## **7. Having the right tools to do the job**

### **Access to equipment, professional support services and resources**

Respondents to the survey were asked where they access NCC IT to do their work. The table below shows the answers given by social workers in both fieldwork and non-fieldwork teams.

	<b>Field work, social workers</b>		<b>Non-fieldwork services, social workers</b>	
	Response Percentage	Response Count	Response Percentage	Response Count
Home	71%	84	78%	36
Mobile device	9%	11	18%	8
My work base	94%	112	96%	43
Touchdown zones	63%	75	53%	24
Any other NCC building	30%	36	44%	20
Other		9		2
<b>TOTAL</b>		<b>119 answered question</b>		<b>45 answered question</b>

This highlights the fact that social workers regularly use their work base, but due to the mobile nature of their job, they also access work based computers from a variety of settings.

These figures show that since 2012 there has been a decrease in the number of social workers who are accessing NCC IT systems at home (22% decrease in non-fieldwork and 16% reduction in fieldwork). At the same time there has been a 10% increase in the numbers of fieldwork social workers who are accessing NCC IT systems at "Touchdown Zones". There was also further comment from a number of social workers suggesting that more touchdown facilities are required.

30% of fieldwork and 18% of non-fieldwork social workers advised that they were not always able to access NCC IT systems when they needed it. Several respondents commented that they had requested home working, but this was not possible either because they did not have internet access at home or did not have a personal laptop they could use for work purposes. Some other respondents commented that home working was not always efficient because the system performance was too slow to use, and for some there have been issues due to incompatibility between home working and personal computers which was outside the remit of NCC ICT.

Comments were also made that internet access was often slow at office bases and that IT systems were in need of upgrading. This issue will hopefully be addressed in due course as the Council's Computer Equipment Replacement Programme is rolled out to upgrade all PC's and laptops to the Windows 7 platform.

Social workers in both fieldwork and non-fieldwork teams identified that better IT access when "on the move" would be very useful. Suggestions were made regarding more use of Wi-Fi in offices and via hot spots, further roll out of the i-pad / tablet trial and more staff being allowed access to smart phones.

Comments were made in a focus group that rather than the use of i-pads, NCC should explore other tablets which are cheaper to purchase and also compatible with existing IT systems. One social worker commented that there were issues with worker/desk ratios This is being addressed by the NCC Ways of Working Programme as it completes audits of all major office bases and implements new ways of working for all staff.

Social workers were asked whether or not they have access to the right professional support for their work, such as legal advice and translators:

	Field work, social workers		Non-Field work, social workers	
	Response Percentage	Response Count	Response Percentage	Response Count
Yes	90.5%	105	85%	34
No	9.5%	11	15%	6

Health Check Survey 2013

9 people advised that the translator / interpreters service is not available at short notice and therefore often not able to support with unplanned or urgent visits, and on occasion when an interpreter has been booked they have not always turned up. In contrast one person did comment that there was an "excellent translator service - they are very quick in responding to requests".

Non-fieldwork social workers who gave supplementary information suggested that better support and advice regarding access to adoption records, medical advice

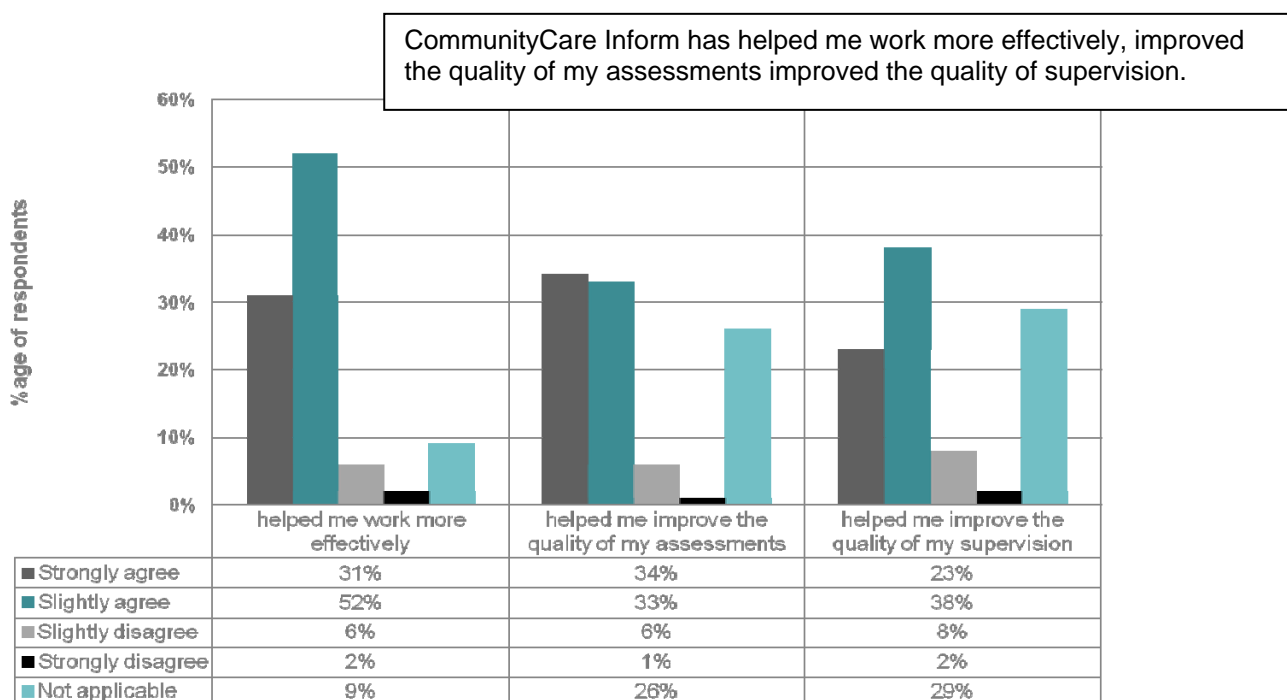
for the fostering service and better consultation with experts (mental health, autism and therapists) would be welcomed.

67% of fieldwork social workers who responded to the 2013 health check survey reported that they had access to resources for research, a 7% increase since 2012. 85% of social workers in non-fieldwork teams felt that they had the right access to resources for research, and 20% of the social workers who gave supplementary information advised that they have found 'CommunityCare Inform' to be a valuable resource to use.

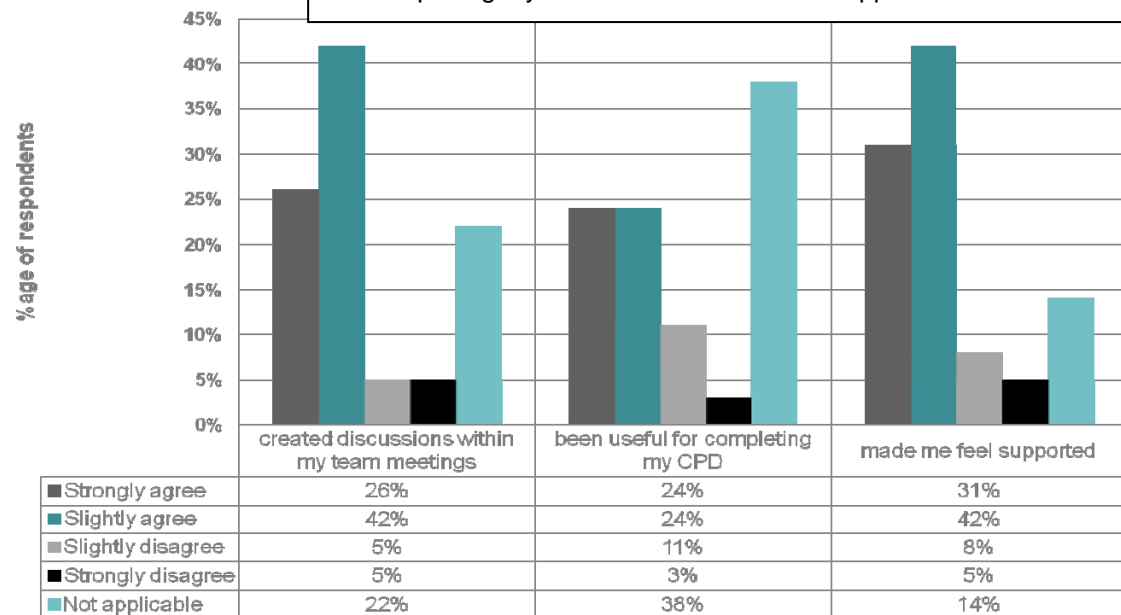
Following the health check 2012, Nottinghamshire County Council entered into a contract with CommunityCare Inform, a subscription based website which provides specialist resources, legal advice and research for children's social care workers. For the period Sept 2012 to Oct 2013 Children's Social Care purchased 220 individual licences which were distributed to practitioners across all teams and service areas.

In September 2013 40% of CommunityCare Inform users responded to a survey, the results of which are detailed in the graphs below.

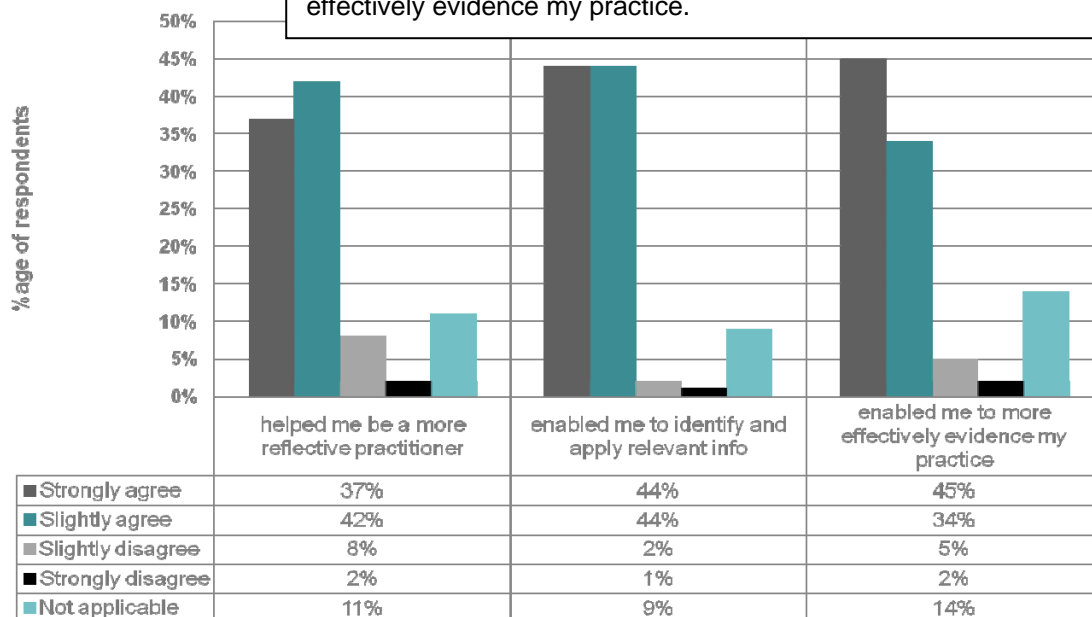
These show that the vast majority of users feel that this resource has supported their personal development, the quality of their work and helped to improve supervision.



CommunityCare Inform has created discussion within my team, been useful for completing my CPD and made me feel supported.



CommunityCare Inform has helped me be a more reflective practitioner, enabled me to identify and apply relevant info, and enabled me to more effectively evidence my practice.



Due to the positive impact of having access to CommunityCare Inform a decision has been made to extend this contract for a further year.

In the Health check 2012 social workers felt that the department should produce guidance and tools which are available to all staff to support the completion of assessments, and communication with children and families. The social work practice support service has now established an intranet site where resources and tools can be accessed by all employees of the department. In the next 12 months it is hoped that this work will be developed further with more practice briefings and dissemination of resources and tools to social workers.

## **8. A Healthy Work Place**

### **Arrangements for monitoring levels and quality of supervision**

The Quality Management Framework – Supervision Frequency guidance requires all managers to submit a quarterly return that reports the frequency of supervision for the workers they supervise.

The Quality Management Framework Supervision Frequency Report for July to September 2013 shows that based on the 54 returns received, 1,164 supervision sessions were expected over the quarter.(assuming that all staff would receive supervision once every four weeks in line with policy. In total, 1,068 supervision sessions were achieved (92%). The principal reason provided for the 96 missed supervision sessions was annual leave.

### **Arrangements for staff appraisals**

Nottinghamshire County Council introduced a new corporate EPDR and competency framework, which became mandatory for all employees from April 2012.

The health check social work survey 2013 identified that 40% of social workers did not have any of their training or developmental needs identified during the EPDR process, which suggests that the EPDR process is not being effectively or consistently applied.

The Quality Management Framework – Supervision Frequency audit tool asks the manager to confirm whether their staffs have a current EPDR on file. Of those who responded (July – Sept 2013), 61% of staff have a current/up-to-date EPDR. From the remainder 6% are indicated as being agency staff, 5% are noted as scheduled to happen in the next quarter and 6% are noted as being new staff with their EPDRs to be arranged. Twenty-two staff (5%) are noted as “Relief Workers, no EPDR required”. A further 2 staff were noted as leaving, so it was not worth updating their EPDR. This leaves 17% of the staff without an explanation for there being no current EPDR, or no planned EPDR date.

During the social work focus groups 2 workers who had only been appointed to the department within the last two months did not know about the EPDR process. They did confirm that as part of the Assessed and Supported Year of Employment (ASYE) they were expected to complete a training plan with their mentor and maintain a continuing professional development record which they felt was the equivalent of an EPDR and would not want to duplicate this.

Other workers did confirm that they did have a current EPDR but were not convinced of the value of the process or that there was sufficient follow-up.

Following the completion of the health check in 2012 a recommendation was made that managers should have EPDR training. Some managers did attend the corporate EPDR training but found that it did not meet the specific needs of Social Work Team Managers who manage social workers who have their own set of professional capabilities as well as the corporate competency framework. Further

consideration needs to be given to how the NCC EPDR process can be consistently used to reflect the social work professional capabilities framework.

### Employee welfare system and access

Nottinghamshire County Council, Occupational Health (OH) Services has a dedicated team of skilled and experienced OH professionals who are able provide confidential and impartial advice and support on matters relating to employees work, working environment and health. They aim to enable and support employees achieve and maintain a fit and healthy lifestyle, and advise and support managers on providing a safe and healthy working environment.

Managers can refer employees to OH or for counselling if they are concerned that their health is affecting attendance, performance or conduct, or equally if work is affecting the health of an employee. Staff who are returning to work following long terms absence are also assessed to ensure they are fit for work and receive the necessary support to enable them to return to work safely.

### Team meetings

The table below shows that since 2012 the overall the frequency of team meetings for field work teams has slightly reduced, whereas the frequency of team meetings for non-fieldwork teams has remained almost the same.

How often to team meetings take place?				
	2012		2013	
	Fieldwork	Non-Fieldwork	Fieldwork	Non-Fieldwork
Weekly	3%	0	0	0
Fortnightly	17%	19%	9%	16%
Monthly	70%	64%	84%	66%
Bimonthly	4%	0	7%	14%
Six monthly			1%	4.5%
Never	0	2%	0	0

Health Check Survey 2012 and 2013

In 2013 89% of respondents to the survey stated that they felt their team meetings were held regularly enough, the same response rate as in 2012.

87% of respondents reported that all team members were required to attend team meetings. 35 social workers gave supplementary information. In non-fieldwork teams most of the responses indicated that when possible team members did attend their team meetings. People were sometimes not able to attend due to part time working and having appointments they could not cancel. In fieldwork teams there were the same reasons cited for non-attendance, and also that it was not always possible to prioritise team meetings.

In 2013 89% of respondents felt that they always had an opportunity to contribute to the team meeting agenda, which is a reduction from 97.5% in 2012..

100% of respondents in non-fieldwork teams confirmed that actions arising from team meeting were always recorded. In field work teams 87.5% of actions were *always* recorded, with 10% of teams *sometimes* recording the agreed actions.



Despite records of agreed actions being taken at most team meetings, there is perception (especially in fieldwork teams) that the agreed actions are not carried out. The table below shows that in fieldwork teams there has been a 16% reduction (since 2012) in agreed actions being carried out.

Are actions given at team meetings carried out?				
	Fieldwork, social workers		Non-Fieldwork, social workers	
	2012	2013	2012	2013
Yes	54%	38%	71%	77%
No	3%	6%	0	0
Sometimes	43%	56%	29%	23%

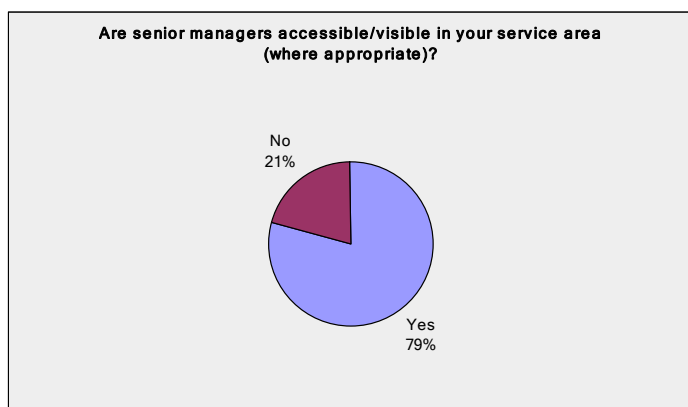
Health Check Survey 2012 and 2013

Information provided indicates that the value of team meetings within Fieldwork Teams has declined, with less workers feeling the need to attend and less meaningful actions actually happening following the team meetings.

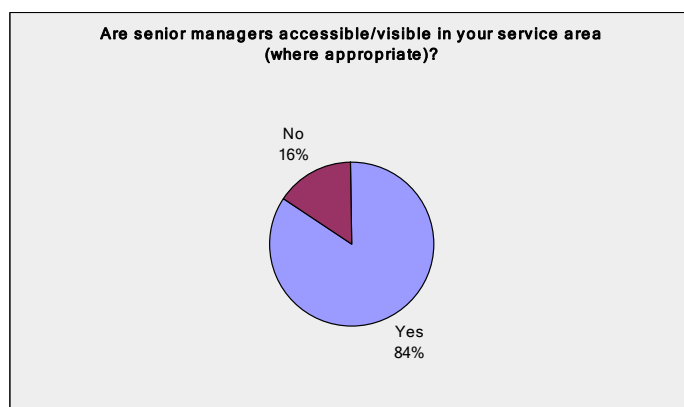
Effective Team Meetings assist in engaging team members and can help to create a shared understanding / ethos, boost morale, provide an opportunity for learning and development, increase effectiveness, predict future staffing / workflow issues, and create a smoother running team. Further work needs to be undertaken to learn from examples of good and well-functioning team meetings and for this to be disseminated across the whole of children's social care.

#### Accessibility to senior managers

Evidence from the survey indicates that the majority of child care social workers (80%) feel that senior managers are accessible and visible within their service.



Social Workers – Field Work Teams 2013



Social Workers – Non Field Work Teams 2013

The table below shows that most respondents to the social work survey believe that senior managers do have input in cases at appropriate times.

Do senior managers have input into cases at the appropriate point?		
	Fieldwork	Non-fieldwork
Yes	87.5%	84.4%
No	8.3%	2.2%
Not applicable	4.2%	13%

Health Check Survey 2013

Some social workers did supply additional information which did highlight some frustrations with delayed decision making from Service Managers regarding finance. Issues were raised regarding Service Managers not being based in the



same building or available to communicate directly with social workers, referring them to their line management through the Team Manager.

In fieldwork teams 69% of social workers felt that there were effective lines of communication between the workforce and senior managers and in non-field work teams 87% of social workers felt that there were effective lines of communication.

Although these are generally positive responses there is scope for lines of communication between the workforce and senior managers to be improved. Suggestions were made that senior managers could try to be more interactive and have discussions with social workers rather than sending e-mails via team managers which are often issued in response to a particular event or practice issue. A series of social worker forums has been introduced to give senior colleagues, including the Chief Executive, Corporate Director and Service Director, the opportunity to hear from front line staff in Children's Social Care and work with them on a range of issues.

#### Whistle-blowing policy

Whistleblowing is the term used to describe the situation where an employee raises a concern about "a problem" within the County Council which could threaten customers, colleagues, the public or the County Council's own reputation. If anyone has a concern about wrongdoing or malpractice within the County Council, they are encouraged to report this in accordance with the County Council's Whistleblowing Policy. The Whistleblowing Policy is available on-line and all new starters to the authority should be made aware of this during their induction.

89% of respondents to the survey confirmed they were aware of this policy.

#### Processes for ensuring staff safety whilst working away from the office base including out of hours

Nottinghamshire County Council is required to provide a safe environment, safe equipment and safe systems of work for its employees and those who may be affected by their work. These requirements are applicable to all work situations and particular attention must be paid to situations where staff work alone or outside normal working hours.

Over the last three years social workers have been asked whether there are effective processes in place to monitor their personal safety. The table below shows the response rate for all social workers to this question, and shows that there has been a 14% reduction since 2011.

Do you feel that we have effective processes in place to monitor personal safety?			
	2011	2012	2013
Yes	61%	51%	47%
No	39%	49%	53%

Following the health check 2011 and 2012 action was taken to try to improve the processes within teams to monitor personal safety. This has included joint planning with the Health and Safety Team, Social Work Practice Consultants providing briefings to teams about personal safety, Team Managers being issued with guidance regarding assessing risks to the workforce, the revision of the lone working policy for Children's Social Care and the inclusion of personal safety planning in induction workshops, for all new starters.

The table below shows that there is a significant difference between workers in fieldwork and non-fieldwork teams, with far more social workers in non-fieldwork teams feeling that there are adequate safeguards in place to monitor their personal safety whilst at work.

<b>Do you feel that we have effective processes in place to monitor personal safety?</b>				
	<b>Fieldwork</b>		<b>Non-Fieldwork</b>	
Yes	40%	47	67%	28
No	60%	71	33%	14

Health Check Survey 2013

Nottinghamshire County Council has a formal process in place where staff are expected to report incidents to their manager (and the Health and Safety Team) so that appropriate risk assessments can be undertaken. Reports should be made for a number of incidents including when there are road traffic collisions, near misses, physical violence, verbal abuse or threats, work-related Injury, work related illness or anti-social behaviour.

The table below shows how many incidents for these categories were formally reported by all Children's Social Care staff in the period April to September 2013

<b>Incident Type</b>	<b>No. of Incidents</b>
Work-related Injury	16
Near Miss	13
Road Traffic Collision	1
Work-related Illness	1
Anti Social Behaviour	9
Physical Violence	101
Verbal Abuse or Threat	5
<b>TOTAL</b>	<b>146</b>

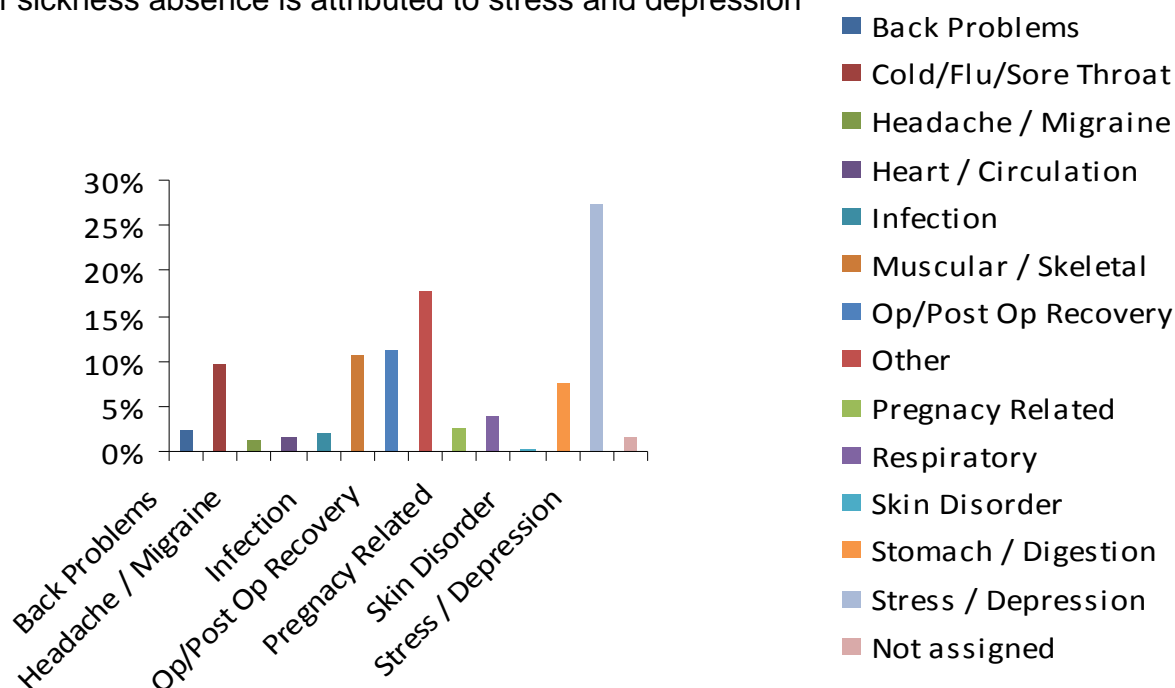
It is worth noting the vast majority of incidents of physical violence were reported by staff working in residential units, including our secure unit. These are environments in which 24 hour care is provided to some of our most challenging young people, but positively a higher percentage of staff felt safe than in fieldwork services. The table below shows the incidents which were formally reported during the same period by staff in fieldwork teams.

Incident Type	No. of Incidents
Work-related Injury	5
Road Traffic Collision	1
Work-related Illness	1
Verbal Abuse or Threat	1
<b>TOTAL</b>	<b>8</b>

The evidence received suggests that there is a mismatch between the concerns raised in field work teams that there are not appropriate measures in place to monitor personal safety, and the number of actual incidents which have been reported. This could be due to a number of reasons including the fear of violence or aggression being greater than the actual risk, under reporting of incidents or possibly greater awareness of lone working procedures increasing the feeling of vulnerability. Whatever the reason for the inconsistency there is a need to ensure that there are adequate control measures in place to promote the safety of staff and that staff are aware of these. A reminder about the need to have such measures in place was sent to managers at the end of November 2013, and all staff have been issued with a new Health and Safety tips booklet.

### Absence Management

The following table gives a breakdown of the absence statistics relating to the period April 2012 to July 2013. Within Children's Social Care the greatest amount (28%) of sickness absence is attributed to stress and depression



Information provided in the staff survey suggests that there are currently many stress factors impacting on the workforce including the increasing numbers of referrals and assessments being completed and the retention of staff and balance of experience in fieldwork teams. . Although we are aware that effective management of stress is crucial to ensuring the effectiveness of the organisation

by improving well-being, reducing absenteeism, greater retention of employees and reduced costs, Children's Social Care does continue to have a high rate of sickness absence which is attributed to stress. Issues of health and safety, including monitoring and addressing levels of stress within the workforce, need further attention and will be addressed as part of the health check action plan.

## **9. Effective service delivery**

### **Findings from compliments, comments and complaints**

It is important to understand complaints in the context of whole service provision and the number referral and cases which are dealt with by Children's Social Care (see section 6 Proactive Workload Management).

The table below highlights there has been a small decrease in the number of complaints received by the Complaints & Information Team

<b>Children's Social Care Complaints by Service Area</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
Access to Resources	8	10	6
Social Work Services North	37	51	65
Social Work Services South	127	169	151
Children's Disability Service	18	18	17
Safeguarding & Independent Review	1	4	10
<b>TOTAL</b>	<b>191</b>	<b>252</b>	<b>249</b>

Complaints & Information Team 2012-13 draft annual report

A breakdown of the last three years categories of complaints in Children's Social Care are detailed in the table below.

<b>Category of Complaint</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
Assessment / Decision	33	69	84
Communication	46	77	61
Service Provision	62	42	33
Staffing	50	64	71
<b>TOTAL</b>	<b>191</b>	<b>252</b>	<b>249</b>

Complaints & Information Team 2012-13 draft annual report

The children's social care complaints process contains three stages and it is encouraging to note that in 2012/13 220 complaints were concluded at the first stage of the process.

The nature of the work in children's social care means that complaints are often specific to an individual family's circumstances. Issues arising from complaints have been regularly discussed at both management and team meetings, and

when there has been a specific need there have been amendments made to departmental policy and guidance.

83% of social workers who responded to the staff survey confirmed that they have previously received a personal compliment. The Complaints & Information Team have confirmed that over the last three years they have received a small number of compliments regarding Children's Social Care staff; 2010-11 (9 compliments received), 2011-12 (15 compliments received ), 2012-13 (6 compliments received ) and April to Aug 2013 (6 compliments received)

Additional information provided by workers who completed the survey identified that different managers choose to acknowledge compliments in different ways, the most common method of recognising a compliment was for this to be discussed in supervision by the line manager. Several of the respondents commented that they would like compliments to be acknowledged more formally by service managers or group managers.

## **10. Summary and concluding remarks**

The health check report 2013 gives some insight into how child care social workers in Nottinghamshire perceive that they are being supported to undertake their work. This report also gives some comparison with the findings of previous health checks completed in 2011 and 2012.

Since the health check 2012 was completed social workers working for Nottinghamshire County Council, Children's Social Care have been working extremely hard and meeting the challenge of increasing numbers of referrals, assessments, numbers of children subject of child protection plans and numbers of children who are looked after by the department. During this period the department has adopted a new operating model and increased the number of social workers working in the service.

The evidence collated for this report confirms that for many social workers this has been a demanding time. The data available suggests that nationally and regionally local authorities are struggling to recruit and retain experienced social workers to child care field work posts. In Nottinghamshire we have been able to recruit Newly Qualified Social Workers with a large proportion of these new employees gaining the experience and skills required to enable them to progress to Band B posts. Respondents to the staff survey have identified that workers starting new posts with the department are receiving a better induction than they did last year, and have also commented that the support given via the Assessed and Supported Year of Employment scheme is good.

Social Workers in field work teams have confirmed that there are relevant training opportunities available which they are able to access. Some more experienced social workers and workers in non-field work teams commented that they would like to have access to more specialist and role specific learning opportunities.

Most social workers in field work and non-field work teams confirmed that they have timely and good quality supervision. The health check 2013 confirmed that the grading of the quality and quantity of supervision given to staff was slightly

higher than the previous year; social workers also felt that managers were giving supervision a higher priority than last year and confirmed that less supervision sessions were now cancelled.

The staff who contributed to the health check 2013 identified that, to enable them to continue to give a quality of service to vulnerable children and families in Nottinghamshire, they will need some additional help and support most notably with the:

- Stability of workforce and retention of experienced staff
- Manageable and equitable caseloads
- Consistent working practices regarding the accruing and taking of time off in lieu (TOIL) and application of flexible working arrangements
- Consistent application of the Employee Performance and Development Review process
- Access to Nottinghamshire County Council IT systems where they are needed

The health check 2012 identified that there was a need for a greater understanding of staff safety and as a result of this further information, guidance and team briefings have been provided. It was therefore disappointing that in 2013 fewer staff feel that there are adequate control measures to ensure staff safety than in either 2011 or 2013. This is therefore an issue which does require urgent attention.

## **11. Recommendations**

1. Implementing and maintaining a long term and sustainable strategy to support workforce stability, including the retention of experienced staff, reducing the use of agency staff and the recruitment of new members of the workforce.
2. Development of an effective communication strategy so that staff feel engaged in discussions with senior managers rather than receiving e-mail correspondence.
3. Team Managers and Children's Service Managers for fieldwork teams to ensure that there is compliance with the completion of workload management scores, that they are used as a tool to monitor work allocation with in teams / service areas and that quarterly returns are made to the social work practice support service.
4. Further exploration of how and when practice guidance regarding the consistent use of TOIL and flexible working arrangements can be disseminated.
5. The social work practice support service to explore how the current Nottinghamshire EPDR process can be developed to include the social work professional capabilities framework and how this can be used in a

meaningful way to promote the development of the workforce and identify relevant learning and training opportunities.

6. Identification of appropriate learning and developmental opportunities for experienced social workers and social workers in specialist roles.
7. Social workers to be provided with the technology they require to do their job, including access to appropriate office space, touchdown facilities, home working and mobile technology.
8. Social work support service to collaborate with the Health and Safety Team to devise an implementation strategy to embed practice standards for the safety of the workforce into practice.
9. Social work practice support service to produce practice guidance regarding facilitating and managing effective Team meetings. This should include learning from examples of well-functioning team meetings and disseminating to all.
10. Engagement with Trade Unions with the implementation of the action plan.