

Children, Families and Cultural Services**Children's Services Health Check Report 2015****Contents**

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1. Introduction and background information

This report is a summary of the responses made to the 2015 Nottinghamshire County Council Children's Services Health Check,

The Children's Services Workforce Development Plan (2014-16) identified a number of priorities which included the implementation of an annual 'health check' across Children's Services in line with the Children's Social Care's health check.

Nottinghamshire Children's Social Care has successfully undertaken four annual 'health checks' between 2011 and 2014) which have identified a range of issues which have led to action plans being developed and implemented. This has enabled ongoing learning and comparison with previous years and is a valuable tool to monitor the progress of the organisation.

The use of 'health check' surveys was identified as a tool to engage staff in issues regarding working conditions in the final report of the Social Work Task Force (SWTF) published in 2009¹. The report identified the following five key areas on which health checks should focus:

- Workload management.
- Case allocation
- Having the right tools to do the job
- A healthy workplace
- Effective service delivery

2. Children's Services 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 wellbeing of front practitioners and their managers working in children's services.

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

- Workforce data
- A staff survey of front line practitioners and their managers
- Workshops with focus groups
- Nottinghamshire County Council, Children's Social care 'health check' 2014

¹ Social Work Task Force ***Building a safe, confident future - The final report of the Social Work Task Force***
<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/01114-2009DOM-EN.pdf> (December 2009)

In February 2015, an electronic staff survey was sent to 742 front line practitioners and their managers across children's services². In total 303 staff replied which represented a response rate of 41%. This compares to the response rate of 48% (an increase of 10% from 2013 and a 17% increase since 2012) for the 2014 Social Worker Health Check.

The distribution of the health check survey and the completion rates across the Department's three divisions is shown below in **Table 2.1**.

Table 2.1 - the distribution and completion of questionnaires by Division

Division	Number of staff invited to complete the Health Check Survey (% of the total)	Number of staff completing the Health Check Survey (% of the total)
Children's Social Care - non-Social Workers	318 (42.6%)	105 (34.7%)
Education Standards and Inclusion	151 (20.2%)	52 (17.2%)
Youth, Families and Culture	273 (36.6%)	126 (41.6%)
Other	-	23 (7.6%)
Total	742	303 (40.8%)

Source: Children's Health Check Survey 2015

In the case of the Children's Services' 'health check' survey, 89% of those who responded to the survey were permanent employees of Nottinghamshire County Council compared to 88% of those who responded to the 2014 Social Workers' 'health check' survey.

A number of workshops looking at the 'health check' survey were arranged for staff in March 2015. All staff sent the electronic survey were invited to attend these workshops. Only 19 staff attended which is less than 3 per cent of the total workforce covered by the survey or 6per cent of those who responded.

3. The workforce and how it is supported

A. The stability of workforce

Table 3.1 below shows how long respondents to both the Children's Services and Social Worker 'health check' surveys have worked in their current posts.

² **Children's Services covered by the 'Children's Services health check survey'** included the following service areas: **Children's Social Care** (Non-Social Workers in the Early Help Unit, MASH and Assessment Teams, Leaving Care, Children's Disability Service, Mainstream Residential, Family Support and Fostering and Adoption Support); **Education Standards and Inclusion** (Support for Schools Service and SEND Policy and Provision); **Youth Families and Culture** (Targeted Support, Supporting Families, Youth Justice and Youth Service)

Table 3.1 – the length of time staff have been in their current post

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families	Children's Social Workers (Fieldwork)	Children's Social Workers (non-fieldwork)
0 – 1 year	6%	9%	20%	32%	10%
1 – 2 years	18%	9%	24%	36%	22%
3 – 4 years	12%	19%	23%	12%	25%
5 – 9 years	19%	28%	18%	20%	42%
10 years and over	45%	36%	17%		

Source: Children's Health Check Survey 2015 / Social Work Health Check Survey 2014

Across the Department 50 per cent of the children's workforce, excluding social workers, have been in their current roles for more than 5 years. Amongst social workers in fieldwork teams this fell to only 20 per cent. The percentage for those in posts for two years or less was 31 per cent of respondents to the Children's Services survey with considerable variations across the three divisions. In comparison, 68 per cent of fieldwork social workers had in post for two years or less. This data clearly identifies the variations in the stability of the workforce across the Department.

There is also a considerable variation in the age of the workforce across the Department. **Table 3.2** below shows the ages of staff responding both to the Children's Services and the Social Worker Health Check surveys. The age profile of staff working in Children's Services (53 per cent) and Social Workers in non-field work teams (64 per cent) is considerably higher than for Social Workers in fieldwork teams (35 per cent). For future successful workforce planning it will be important to consider the implications of an aging workforce over the next decade.

Table 3.2 the age of participants in the Children's Services and Social Worker health check surveys

Division	Children's Services	Social Workers (Fieldwork teams)	Social Workers (non-fieldwork teams)
16-25 years	2%	6%	2%
26-35	18%	27%	11%
36-45	26%	31%	25%
46-55	38%	28%	35%
56-65	13%	6%	25%
Over 65	2%	1%	4%

Source: Children's Health Check Survey 2015 // Social Work Health Check Survey 2014

Respondents to both 'health check' surveys were asked a number of questions about how they felt about their current role. **Table 3.3** below shows the responses to the question about whether or not staff felt happy in their role. Overall 68 per cent of staff responding to the Children's Services 'health check' survey described themselves as 'happy'. The corresponding figure for Social Workers was 63%. The percentage feeling unhappy was lowest across the Children's Social Care Division.

Table 3.3 how would you describe yourself feeling in your current role?

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families	Children's Social Workers
Happy	72%	67%	64%	63%
Unhappy	6%	9%	10%	6%
Neither happy or unhappy	20%	22%	25%	30%
No view	1%	2%	1%	1%

Source: Children's Health Check Survey 2015 // Social Work Health Check Survey 2014

In the response to the question about how staff would describe their current role there was a similar response from Children's Social Workers and staff in the Youth and Families division, whilst non- social worker staff in Children's Social Care found their current roles significantly more rewarding or fulfilling as shown in **Table 3.4** below.

Table 3.4 - how would you describe your current role?

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families	Children's Social Workers
Rewarding <u>or</u> Fulfilling	74%	65%	60%	60%
Frustrating	10%	24%	22%	21%

Source: Children's Health Check Survey 2015 // Social Work Health Check Survey 2014

22 staff provided additional comments in response to this question including:

- *The support we are able to offer is hindered by the amount of paperwork/ red tape/ PBR/ assessments we need to do which prevents us from spending time directly with the family supporting and promoting sustained positive change*
- *Too much paperwork that prevents direct work with service user*
- *I believe my job would be more rewarding / fulfilling if there were clear opportunities to progress*
- *Recurrent 188 notices. The threat of losing my job every year for past 5 years. Too much re-structuring*
- *Stressed and feel workload is unmanageable*
- *Frustrations around procedures making things take much longer.*

The 'health check' surveys asked staff about the role they hoped to have in 12 months' time. The **Table 3.5** below shows the responses made across the department

Table 3.5 - what do you hope to be doing in twelve months' time?

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families	Children's Social Workers
Working in the same job	68%	74%	57%	55%
Working for Nottinghamshire County Council in a different role	23%	9%	19%	19%
Working for another organisation in a similar role	0%	2%	5%	7%
Working for another organisation in a different role	0%	4%	5%	3%
Other	10%	11%	13%	16%

Source: Children's Health Check Survey 2015 // Social Work Health Check Survey 2014

Across the department over half of the workforce is intending to be in the same job in 12 months' time. Those hoping to remain working for Nottinghamshire County Council in twelve months' time ranged from 84 per cent amongst Social workers to 91 per cent amongst non-social workers in Children's Social Care.

In contrast, Hays UK salary and recruiting trends 2015³ suggests that up to 70% of companies are planning to recruit new staff over the next 12 months and 61% of employees questioned anticipated moving jobs in the next 12 months.

The most recent 'health check' surveys staff were asked what factors would encourage them to remain working in their current role. **Table 3.6** below shows the responses made to this question and the four factors which are seen as most important in encouraging staff to remain in their current roles within children's services are:

1. Less bureaucracy
2. Higher salary
3. Improved work life balance
4. Career development

A similar response resulted from 'health check' survey of Social Workers, though with a higher salary being the strongest factor and having more time with children and their families being a much more important factor.

³ Hays UK Salary & Recruiting Trends 2015 <http://www.hays.co.uk/salary-guide/index.htm>

Table 3.6 - the factors which would encourage staff to remain in their current roles?

	Children's Services 'health check'		Children's Social Workers 'health check'	
Factor	%	Rank	%	Rank
Less bureaucracy	47%	1	63%	3
Improved work / life balance	39%	3	65%	2
Improved technology	32%	5	42%	5
Higher Salary	43%	2	70%	1
Flexible working hours	29%	7	35%	7
Improved office environment	25%	10	32%	8
More face to face time with children and their families	27%	9	55%	4
Improved learning and development opportunities	29%	7	28%	10
Career development	36%	4	37%	6
Increased job satisfaction	32%	5	29%	9

Source: Children's Health Check Survey 2015 // Social Work Health Check Survey 2014

34 staff gave supplementary information regarding factors which would encourage them to continue working for Nottinghamshire County Council, these responses included:

- *I have not been in the post for long. Everything has worked really well. I have already been on some training and would love more opportunities*
- *Technology is expensive to purchase and maintain however seems to be more and more essential, this can help us as workers to deliver our service and also maintain the endless service standards of making notes, referrals, contacts, replying to emails, requesting stats.*
- *Being listened to and being recognised for your knowledge and understanding of your area of work*
- *Fairness in case allocation*
- *Opportunities for secondment*
- *Less change*
- *Feeling like I make a difference would increase job satisfaction*

B. Average hours worked by staff on a weekly basis

The 'health check survey asked staff whether they work additional hours beyond those they are paid for. The results are set out in **Table 3.7** below.

Table 3.7 - the percentage of staff who work additional hours beyond the ones they are paid for?

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families
Regularly	33%	67%	39%
Occasionally	45%	31%	44%
Rarely	11%	2%	10%
Never	11%	0%	7%

Source: Children's Health Check Survey 2015

Less than 10 per cent of the staff completing the 'health check' survey stated they rarely or never work additional hours beyond the ones they are paid for. In contrast 67 per cent of staff in the Education Standards and Inclusion Division regularly work in excess of the hours they are paid for. The Social Worker 'health check' survey found 70 % of those in fieldwork teams regularly worked additional hours.

Findings from the 'health check' survey show in **Table 3.8** that 13 per cent of respondents worked over 2 additional days each month. This compares to a figure of 50 per cent of social workers in fieldwork teams and 29 per cent of social workers from non-fieldwork teams.

Table 3.8 – average level of accrued TOIL / flexi time per month

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families
None	34%	63%	24%
½ a day	30%	5%	19%
1 day	21%	12%	19%
1 ½ days	7%	2%	23%
2 + days	8%	17%	15%

Source: Children's Health Check Survey 2015

In response to the question about whether or not they are able to take TOIL / flexi time within one month of accruing it, 47 per cent replied that it was always possible and a further 40 per cent replied that it was possible sometimes.

C. Induction

A good induction is absolutely vital, it ensures that starters are settled and feel confident in their new role. Only the 40 members of staff in post for less than eighteen were directed to

the question about induction in the Children's Services 'health check' survey. Just over half of respondents judged their induction to have been good. This compares with 66 per cent for fieldwork Social Workers and 100% of non-fieldwork Social Workers who judged their induction to have been good.

Several staff made additional comments including the ones below:

- *I was made very aware that any support I may need was available, and how to access that support*
- *More formal induction activities around BMS, payroll etc. would have been helpful*
- *Induction package would have been useful. Managers open to questions. Your own experience respected*
- *To know what mandatory training was required, and ideally for this to be pre booked for when the post starts*
- *Very supportive team, as a whole, ensuring I felt supported using new processes, accessing new agencies etc.*
- *There is a lack of consistency in the approach to induction to the job role. Some fundamental systems and processes are not covered and too much is "left to be found out on the job" leaving new staff feeling frustrated and working ineffective*
- *I was dropped in at the deep end: home visits without having shadowed anyone, put into volatile situations without any experience*
- *I was offered a two week 'induction' which involved a few visits shadowing various colleagues of which only a few of these happened. I had whole days with nothing to do*
- *I had full induction from all the team in relation to my role. There was an induction booklet and timetable when I first joined the team. The team is very supportive and is happy for me to ask about anything I am unsure of*
- *There was a range of shadowing opportunities with other experienced members of the team*
- *Induction was disjointed and disorganised.*

D. Staff supervision and development

The Department's supervision policy states the frequency and format of supervision will relate to the role and/or needs of individual employees. However the frequency of supervision should be every six weeks as a minimum for one to one meetings.

Nearly 61 per cent of respondents to the Children's Services 'health check' survey stated they had supervision at least six weeks with a further 23 per cent stating they had supervision at least every two months. A number of staff completing the survey stated they *never received* supervision or *as and when their manager decided it would be useful*. With such a key support process as supervision it is important for the Department to have a consistent approach which includes all staff.

Staff responding to the Children's Services 'health check' survey rated the quality of their supervision on a scale of 1 (low) to 10 (high) as being 7.6. Nearly 80 per cent of respondents stated that their supervision included an opportunity for reflective practice and 89 per cent stated that current workloads were either always (68 per cent) discussed or sometimes (21 per cent) as part of supervision.

Nottinghamshire County Council has a formal annual Employee Performance and Development Review process (EPDR). 80 per cent of respondents to the Children's Services 'health check' survey reported as having the annual EPDR completed including the six monthly review.

Overall, less than 50 per cent of staff had identified any of the training they had attended in the previous 12 months through the EPDR process. This contrasts with the Social Worker 'health check' survey where 67 per cent of fieldwork social workers stated that all or most of their training was identified as part of the EPDR process.

The Children's Services 'health check' survey confirmed that despite training needs not consistently being identified during the EPDR process, 73 per cent of staff felt there were relevant Continuing Professional Development options available to them through the County Council. However this percentage was lower than that recorded by the Social Worker 'health check' survey in which 92 per cent of social workers in fieldwork teams and 80 per cent of social workers in non-fieldwork teams felt that there were relevant training options open to them (showing an increase since last year).

4. Having the right tools to do the job

Respondents to the Children's Services 'health check' survey were asked where they accessed Nottinghamshire County Council's ICT network to do their work. A significant proportion (over 20 per cent) accessed the NCC network from home. It is too early to report on the impact of the mobilisation project on access to the network.

Both 'health check' surveys asked staff whether they were able to access Nottinghamshire County Council ICT network when they needed to. **Table 4.1** provides details of the responses to this question from across the department.

Table 4.1 are you able to access Nottinghamshire County Council ICT network when you need to?

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families	Children's Social Workers (Fieldwork)	Children's Social Workers (non-fieldwork)
Yes	80%	58%	70%	67%	76%
No	20%	42%	30%	33%	24%

Source: Children's Health Check Survey 2015

Nearly 30 per cent of respondents to the Children's Services 'health check' survey provided supplementary information to this question.

Most of these comments related to access problems at home or the need to have mobile access to e-mails and electronic records. The mobilisation project should assist in addressing some of these issues and it will be interesting to see how the responses change significantly in twelve months' time.

Staff were also asked whether or not they have access to the right professional support for their work such as legal advice and translators. Overall 88 per cent of respondents to the

Children 'health check' survey confirmed that they did have access to the right professional support.

In response to the question about access to the right resources to support their work, 74% of respondents to the Children's Services 'health check' survey stated they had access to the necessary resources.

Nottinghamshire Safeguarding Children's Board have transferred its procedures and practice guidance from paper documents to an electronic format (managed by tri.x) which everyone can access. Over half (54 per cent) of respondents to the Children's Services 'health check' had never accessed the (tri.x) Interagency Safeguarding Children Procedures of the Nottinghamshire Safeguarding Children Board (NSCB)⁴. This compares with 25 per cent of fieldwork social workers and 46 per cent of non-fieldwork workers who had never accessed the procedures.

5. A Healthy Work Place

A. Employee welfare system and access

Nottinghamshire County Council, Occupational Health (OH) Services has a team of OH professionals who provide confidential and impartial advice and support on matters relating to employees work. They aim to enable and support employees achieve and maintain a fit and healthy lifestyle, and advice 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 health is affecting attendance, performance or conduct of an employee or if work is affecting their health. Also staff who are returning to work following long terms absence are assessed to ensure they are fit and receive the necessary support to enable them to return to work safely.

B. 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.

Table 5.1 below shows the reported frequency of team meetings in 2014 across the Department. Overall 81 per cent of respondents to the Children's Services 'health check' survey had team meetings on a monthly (or more frequent) basis. This was less than the responses to the Social Worker 'health check', though much of the difference can be accounted for by the lower frequency of team meetings in the Education Standards and Inclusion Division.

⁴ <http://nottinghamshirescb.proceduresonline.com/index.htm>

Table 5.1 the frequency of team meetings

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families	Children's Social Workers (Fieldwork)	Children's Social Workers (non-fieldwork)
Weekly	35%	5%	0%	1%	0
Fortnightly	17%	30%	7%	8%	21%
Monthly	31%	23%	81%	85%	75%
Bimonthly	13%	34%	10%	6%	4%
Six monthly	1%	0%	1%	0	0
Never	0%	0%	0%	0	0

Source: Children's Health Check Survey 2015 / Social Work Health Check Survey 2014

Overall 90 per cent of respondents to the Children's Services survey stated that they felt that their team meetings were held regularly enough.

A high percentage of respondents (91 per cent) to the Children's Services 'health check' survey confirmed that actions arising from the team meeting were always recorded. **Table 5.2** records the responses to the question regarding the implementation of actions agreed at team meetings.

Table 5.2 – are actions agreed at team meetings carried out?

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families	Children's Social Workers (Fieldwork)	Children's Social Workers (non-fieldwork)
Yes	68%	82%	74%	57%	65%
No	0%	0%	0%	2%	0%
Sometimes	32%	18%	26%	40%	35%

Source: Children's Health Check Survey 2015 / Social Work Health Check Survey 2014

C. Accessibility to senior managers

Responses to both the Children's Services (79%) and Social Worker (81 per cent) Health Checks indicate that staff feel senior managers are accessible and visible within their service.

Over 80 per cent of respondents to the Children's Services 'health check' survey felt that there were effective lines of communication between the workforce and senior managers. **Table 5.3** provides a breakdown by division and the results of the 2014 'health check' survey of Social Workers.

Table 5.3 – do you feel that there are effective lines of communication between you and senior managers?

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families	Children's Social Workers (Fieldwork)	Children's Social Workers (non-fieldwork)
Yes	74%	72%	87%	84%	91%
No	26%	28%	13%	16%	9%

Source: Children's Health Check Survey 2015 / Social Work Health Check Survey 2014

D. 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.

In response to the question about their awareness of a whistle-blowing policy, 71 per cent of respondents to the Children's Services 'health check' survey stated they were aware of the policy. This is significantly lower than the 89 per cent of respondents to the Social Worker survey. **Table 5.4** below provides the breakdown of responses to the Children's Services 'health check' survey by division.

Table 5.4 – are you aware of the whistle-blowing policy?

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families
Yes	89%	58%	61%
No	11%	42%	39%

Source: Children's Health Check Survey 2015

E. 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. Overall, 85 per cent of respondents to the Children's Health Check Survey felt that there were effective processes in place to monitor personal safety. **Table 5.5** provides a breakdown across the three divisions together with the response from fieldwork social workers to their 'health check' survey.

Table 5.5 – do you feel there are effective processes in place to monitor personal safety?

Division	Children's Social Care (non-Social Workers)	Education Standards and Inclusion	Youth and Families	Children's Social Workers (Fieldwork)
Yes	94%	85%	78%	84%
No	6%	15%	22%	16%

Source: Children's Health Check Survey 2015 / Social Work Health Check Survey 2014

Nottinghamshire County Council has a formal process in place through which 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.

F. Absence Management

Table 5.6 below shows the number of day's absence by division for the period April 2014 to March 2015.

Table 5.6 – number of days absence by division during 2014-2015

Division	Children's Social Care	Education Standards and Inclusion	Youth and Families
Number of days	10,970	3554	10,964

Source: BMS

Table 5.7 overleaf provides information on the reasons for absences during the period April 2014 to March 2015. Absences related stress or depression accounted for nearly one quarter of all absences followed by time off for operations and post operation recovery.

Table 5.7 – the reasons for absence in the Children, Families and Cultural Services Department 2014-2015

Reason for absence ⁵	Total	Percentage ⁶
Back Problems	31	5.5%
Cold/Flu/Sore Throat	48	8.5%

⁵ Information from BMS based upon the number of triggers (either greater than two weeks over twelve months or three separate absences over six months)

⁶ Excludes reasons less than 5% of the total absences

Reason for absence ⁵	Total	Percentage ⁶
Muscular / Skeletal	65	11.5%
Op/Post Op Recovery	94	16.7%
Other	75	13.3%
Stomach / Digestion	37	6.6%
Stress / Depression	136	24.2%

Source: BMS

G. Compliments and Complaints

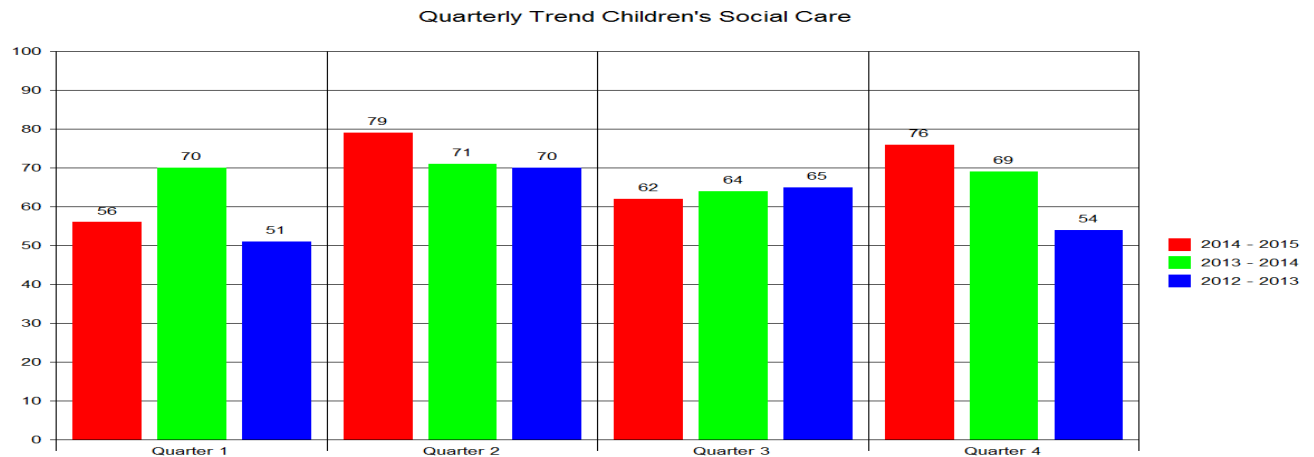
The Children's Services 'health check' survey asked staff if they had ever received personal praise in relation to their work. Nine out of ten staff who responded stated that they had received praise about their work. The question had a high level of individual responses, nearly fifty of all staff responding to the question. A selection of these comments is listed below:

- By my supervisor, and it was logged in my supervision notes
- Informally & EDPR score
- Yes, emails received as thanks.
- Can't think of a recent situation
- COPIES OF LETTER ETC ARE IN MY FILE
- Mentioned in team meeting
- Feel appreciated but not specifically received praise
- Yes QA forms
- Yes through case audits and supervision
- E-mail from Steve Edwards after he had received positive feedback from a young person Independent

The department receives quarterly reports from the Corporate Complaints and Information Team. This provides information about the numbers of complaints received, the types of complaints, the outcomes of the complaints at stages one and two of the complaints procedures.

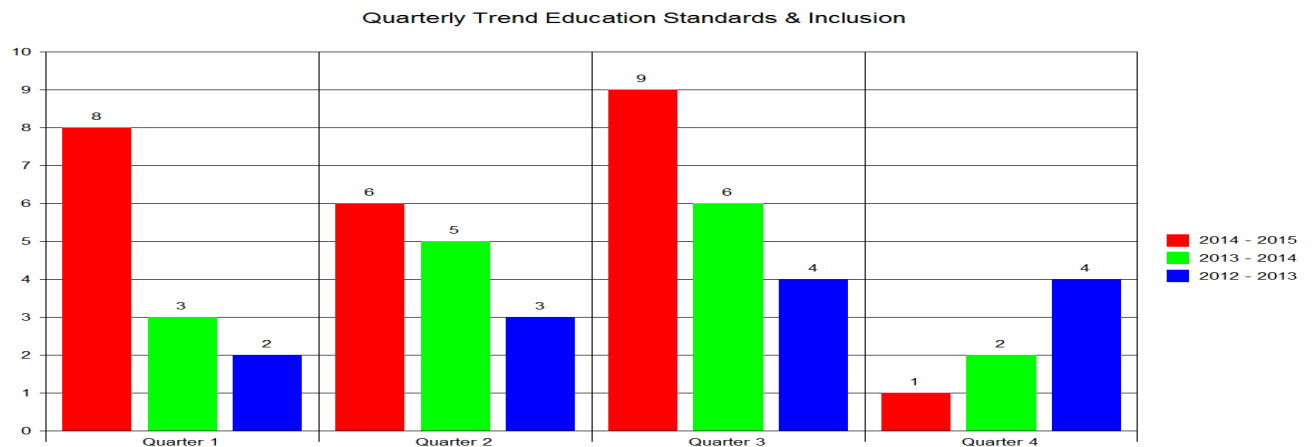
Tables 5.8a, 8b and 8c provide information about the numbers of complaints each quarter received by the Department's three divisions over the last three years. The majority of complaints have consistently been about the services provided by the Children's Social Care division.

Table 5.8 a Complaints quarterly trend for Children's Social Care



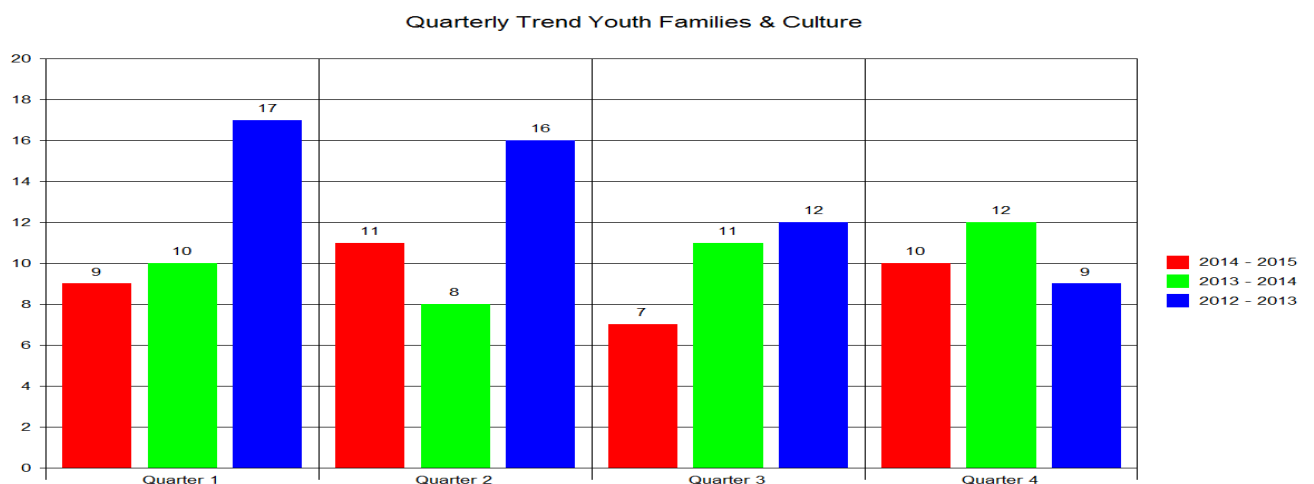
Financial Year Quarterly Trends

Table 5.8b Complaints quarterly trend for Education Standards and Inclusion



Financial Year Quarterly Trends

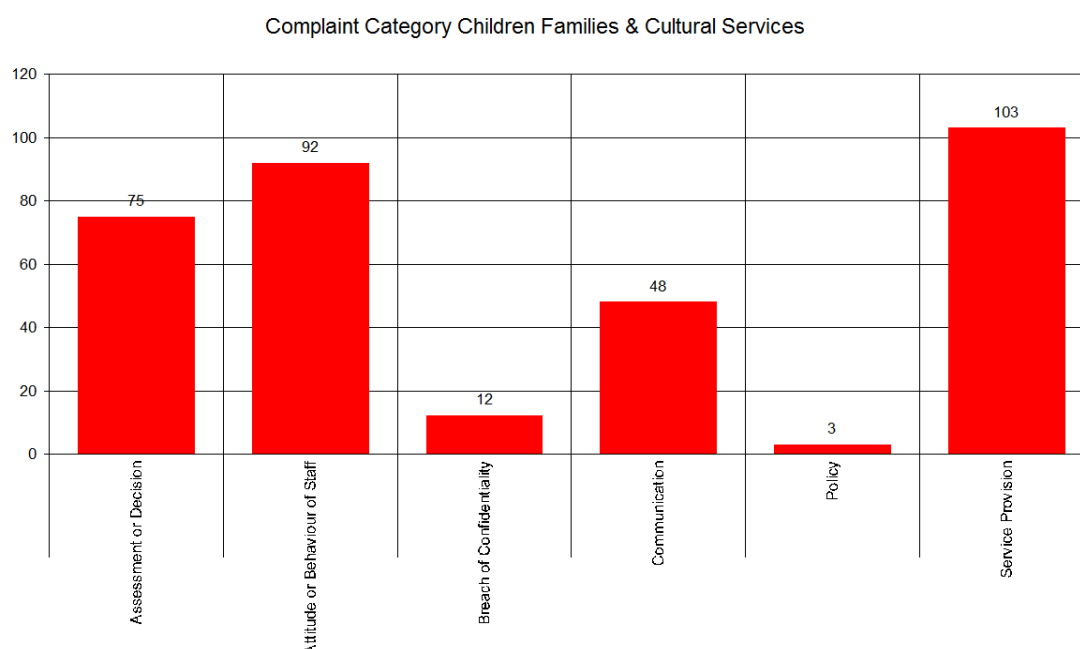
Table 5.8c Complaints quarterly trend for Youth Families & Culture



Financial Year Quarterly Trends

Table 5.9 below provides a breakdown of categories of complaints used by the Corporate Complaints and Information Team for the department during 2014 -2015. Nearly sixty per of all complaints were related to either the provision of services or the outcomes of assessments undertaken for children or young people.

Table 5.9 the category of complaint received by the department during 2014-2015



Complaint Categories for complaints received in 2014/15

6. Conclusion

The results from the Children's Services 'health check' survey together with the Social Work 'health check' provide a comprehensive overview of the County Council's workforce who work directly with children and families in Nottinghamshire.

Overall the results from the first Children's Services 'health check' survey are positive with the majority of staff happy in their roles and over sixty per cent of them describing their role as either rewarding or fulfilling, and over 75 per cent hoping in twelve months to be still employed by Nottinghamshire County Council.

The workshops held with staff reflected well the results of the survey. Many of the staff were mobile workers and could recognise the potential benefits of the workforce mobilisation programme. Other issues identified in the workshops which were not covered by the survey included: the need for information (e.g. policy changes, referral forms) to be kept up to date on the intranet, concerns regarding open plan offices, being able to easily access information about workforce development activities, the use of different client recording systems.

The results from this year's survey will enable the Department to be able to benchmark itself against the results of the survey in subsequent years and to monitor the impact of

actions undertaken by the Department arising from the recommendations of the survey results.

7. Recommendations

Based upon the results of the health check survey there are a number of recommendations for the Department to consider implementing over the next twelve months:

1. To bring together as a single health check survey in 2015-16, the Children's Services and Social Work surveys
2. To undertake a review of the Department's workforce in order to identify any additional areas of service delivery facing, or likely to face, retention and recruitment issues in the next few years
3. To consider the Department's approach to succession planning especially in specialist areas
4. To review the Department's induction processes to ensure a consistent approach for all new starters
5. To develop a consistent approach to supervision across the department including an entitlement to supervision at least every six weeks with a written record
6. To develop a more explicit link between the Employee Performance and Development Review (EPDR) process and the identification of workforce development needs
7. To ensure all staff are aware of how to access, and make use of, the online Interagency Safeguarding procedures of the Nottinghamshire Safeguarding Children Board (NSCB) (<http://nottinghamshirescb.proceduresonline.com/index.htm>)
8. To ensure all team managers are more confident in identifying, and dealing with, issues of stress and depression, and how to mitigate the circumstances in the working environment which might lead to staff suffering from stress etc.
9. To review the impact of current workforce mobilisation programme on the perceived levels of administration faced by front line practitioners and access to the NCC network as and when required
10. To ensure the Department takes a consistent approach to staff working additional hours having the opportunity to take this time off within a reasonable time period.

Next steps

- The recommendations will be incorporated into an action plan which will be reviewed by the Children's Services Leadership Team every six months.
- They will also be reflected in the Children's Service Workforce Development Offer for 2015-2016 and where appropriate in the revised Children's Services Workforce Development Strategy.