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Adults and Safer City Scrutiny Panel Meeting
Tuesday, 25 September 2018

Dear Councillor

ADULTS AND SAFER CITY SCRUTINY PANEL - TUESDAY, 25TH SEPTEMBER, 2018

I am now able to enclose, for consideration at next Tuesday, 25th September, 2018 meeting of the Adults and Safer City Scrutiny Panel, the following reports that were unavailable when the agenda was printed.

Agenda No   Item

5   **Adults Social Worker Health Check survey (report to follow)** **(Pages 3 - 32)**

[Louise Haughton, Principal Social Worker to present report]

If you have any queries about this meeting, please contact the democratic support team:

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Agenda Item No: 5

Adult and Safer City Scrutiny Panel

25 September 2018

Report title	Adults Social Work Health Check 2018
Cabinet member with lead responsibility	Councillor Sandra Samuels Cabinet Member for Adults
Wards affected	All
Accountable director	David Watts, Director of Adults Services
Originating service	Adult Social Care
Accountable employee(s)	Louise Haughton — Principal Social Worker Tel — 01902 555345 Email — louise.haughton@wolverhampton.gov.uk Jenny Rogers — Advanced Practitioner Quality and Improvement Tel — 01902 555704 Email — jennifer.rogers@wolverhampton.gov.uk
Report to be/has been considered by	Adult Social Care Management Team — 14 August 2018 PLT — 20 August SEB — 18 September 2018

Recommendations for decision:

Scrutiny Panel is recommended to:

1. Note and comment on the findings of the Adults Social Work Health Check for 2018

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1.0   Purpose

1.1   The City of Wolverhampton Council carries out a survey each year to check the "health" of its social workers. This report presents an overview of the findings of this year's survey.

2.0   Background

2.1   The national Social Work Task Force final report, published in November 2009, recommended a framework to assist employers and practitioners to assess the "health" of their organisation on a range of issues affecting the workload of social workers and to support the implementation of a set of national Standards for Employers and Supervision Framework.

2.2   The framework identifies five key topics to support organisations to undertake a self-assessment to identify current strengths and areas that require improvement. The five key topics are:
   • Effective Workload Management
   • Pro-active Workflow Management
   • Having the Right Tools for the Job
   • A Healthy Workplace
   • Effective Service Delivery

2.3   The key findings are presented across each of the five topics and concludes with areas identified for improvement and to improve social work practice in the city.

2.4   The Health Check was circulated via an online survey between 6 April 2018 and 15 June 2018. All registered social workers, including agency staff, were invited to complete the online survey.

2.5   The survey was distributed to 126 registered adult social work staff. There were 84 respondents to the survey (67%). This is slightly higher than last year's response rate of 60% (80 respondents out of 133).

3.0   Overview and key findings

3.1   The overall picture from this year's Health Check is extremely positive and shows improvement in some key areas.

3.2   The findings indicate that there is a strong sense of pride about working for the City of Wolverhampton Council, which is reflected in the high numbers of social workers who are not thinking of leaving the Council in the next 12 months.

3.3   Wolverhampton continues to demonstrate a strong learning culture. Responses suggest that social workers recognise that there is a commitment to investing in the workforce. More social workers this year are satisfied with the learning opportunities available to them than in previous years and there

has been a significant increase in the number of social workers accessing research to inform their practice.

3.4 Fewer social workers are expressing that they always or often feel stressed this year and the data from previous annual Health Checks indicate that there has been ongoing improvement in this area since 2016. Communication in the organisation is a key strength, particularly between management and frontline staff.

3.5 The survey reveals that social workers are working more hours on average than in 2017, but caseloads remain stable and in a reasonable range. The majority feel that their caseloads are manageable and more social workers feel this way compared to previous years. The increase in working hours is likely to be due to the impact of administrative tasks, lengthy forms and processes taking up more of social workers time. This is being addressed by the introduction of the 3 Conversations model in 2018-2019.

3.6 The number of social workers receiving monthly supervision has decreased slightly since last year. This is likely to be attributed to some management vacancies and sickness in a few teams which is now no longer having such a significant impact as earlier in the year. However, the majority of social workers are satisfied or very satisfied with the support of their line manager and the quality of supervision remains high, although there has been some decline since last year which will be addressed by the introduction of a revised supervision policy in the autumn.

4.0 Recommendations and actions

4.1 An action plan has been completed as a result of this Health Check survey to address the key areas of improvement. The findings will also inform the workforce development plans for the coming year.

4.2 There will be quarterly engagement on the progress of the action plan. All progress and updates will be discussed at the Social Work conference in March 2018 where the plan will be signed off.

5.0 Financial implications

5.1 The findings of the Health Check and the subsequent action plan are key to running a cost effective and efficient service. Sickness and absence from work can be costly to organisations so it is important that action is taken to try and minimise this as much as possible and support a healthy workforce. There are no direct financial implications arising from this report.
` [DD/19092018/F]

6.0 Legal implications

6.1 There are no legal implications arising out of this report.
TC/19092018/E

7.0   Equalities implications

7.1   There are no equalities implications arising out of this report.

8.0   Environmental implications

8.1   There are no direct environmental implications arising out of this report.

9.0   Human resources implications

9.1   There are no Human Resource implications arising out of this report.

10.0   Corporate landlord implications

10.1   There are no specific Corporate landlord implications arising out of this report.

11.0   Schedule of background papers

11.1   Appendix A: Adult Social Work Health Check 2018 Dashboard
        Appendix B: Adult Social Work Health Check Survey Report 2018

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Wolverhampton People Directorate
Adult Social Care

Social Work Health Check 2018
Summary Report

Version	Date	Author	Change Record
1.0	29 June 2018	Stephen Morgan	First draft
2.0	18 July 2018	Jenny Rogers	Final draft

Contents

1. Introduction

1.1 The national Social Work Task Force final report, published in November 2009, recommended a framework to assist employers and practitioners to assess the "health" of their organisation on a range of issues affecting the workload of social workers and to support the implementation of a set of national Standards for Employers and Supervision Framework.

1.2 The framework identifies five key topics to support organisations to undertake a self-assessment to identify current strengths and areas that require improvement. The five key topics are:
- Effective Workload Management
- Pro-active Workflow Management
- Having the Right Tools for the Job
- A Healthy Workplace
- Effective Service Delivery

1.3 City of Wolverhampton Council (CWC) has undertaken a full Social Work Health Check as part of our ongoing self-assessment in order to inform our improvement journey. The key findings are presented across each of the five topics and concludes with areas identified for improvement and to improve social work practice in the city.

1.4 A total of 84 responses were received, although not every respondent answered every survey question. The percentages referred to therefore reflect the percentage of respondents to each question rather than the survey as a whole.

2. Methodology

2.1 The health check was circulated via an online survey between 6 April 2018 and 15 June 2018. All registered social workers, including agency staff, were invited to complete the online survey. The survey asked questions about them, their work, the support they receive and how they feel about their job.

2.2 The health check is repeated annually so that improvements can be demonstrated and areas for further development identified.

2.3 The survey was distributed to 126 registered adult social work staff and information received is assumed to be direct from the Social Worker.

2.4 The limitation of this methodology is that information is subjective as it is self-reported by Social Workers themselves.

2.5 Despite this limitation, the results do provide a single source of rich, direct, time-specific information which will be used in triangulation with other data sources. This will then provide a comprehensive picture of the current 'health' of Wolverhampton's social care workforce across adult's services.

3.   Respondent Characteristics

3.1   There were 84 respondents to the survey (67%) from the following service areas:
- Mental Health Team 16.4% (10 out of 25)
- Adult Care Team East (ACTE) 14.8% (9 out of 23)
- Hospital Team 13.1% (8 out of 19)
- Safeguarding 8.2% (5 out of 7)
- Adult Care Team West (ACTW) 8.2% (5 out of 20)
- Adult Care Team North (ACTN) 4.9% (3 out of 20)
- Emergency Duty Team 1.6% (1 out of 6)
- Other 16.4% (10)
- Preferred not to say 16.4% (10)
- Skipped the question (23)

3.2   The breakdown of job roles of respondents was:
- Social Worker 59.5%
- Social Work Unit Manager 15.5%
- Student Social Worker 8.3%
- Newly Qualified Social Worker / ASYE 4.8%
- Senior Manager 3.6%
- Senior Social Work Unit Manager 2.4%
- Other 6.0%

3.3.   Last year's response rate was 60% (80 respondents out of 133) so the response rate this year has slightly increased.

3.4   The majority of respondents (35.7%) this year have worked for CWC as a qualified social worker for one to three years. 25% have worked for CWC for more than 11 years (figure 1).

3.5   Most respondents (50%) have more than 11 years qualified social work experience in total (figure 1), followed by 20.2% who have 7 to 11 years.
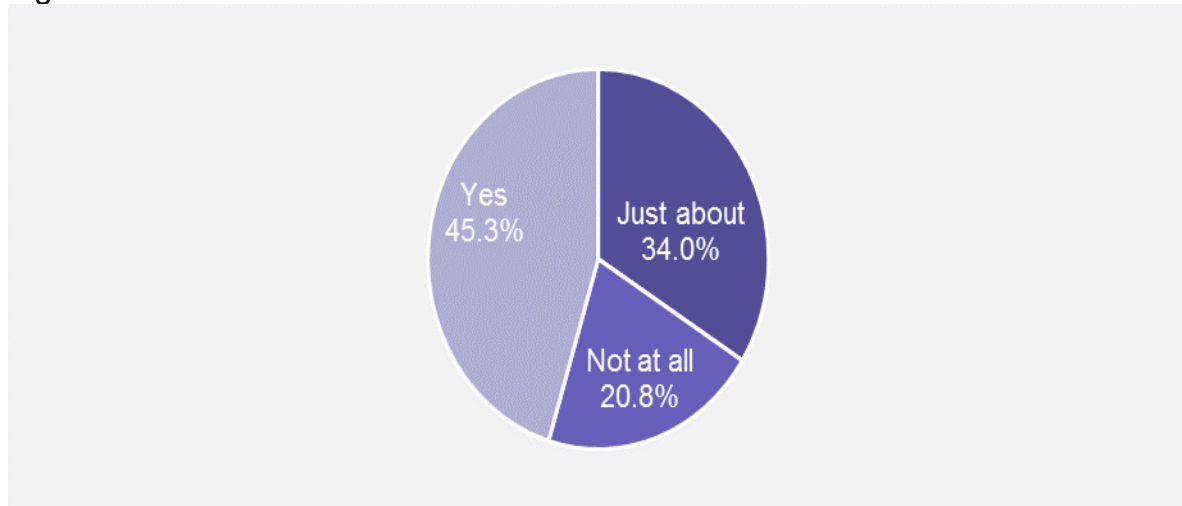
Figure 1
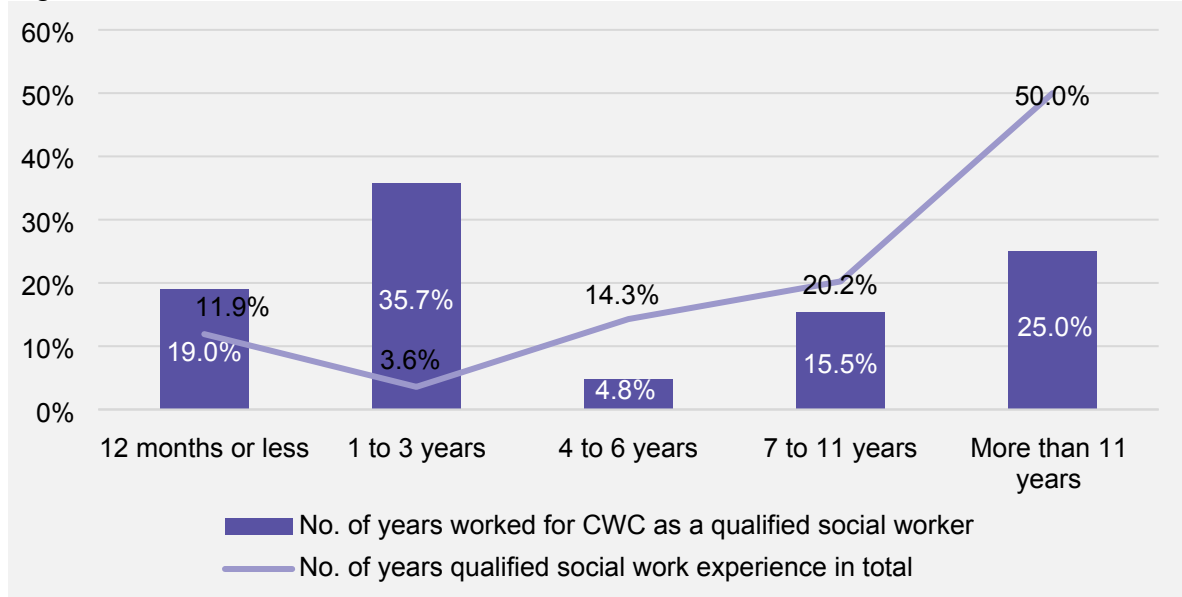
4 Effective Workload Management
(a) Caseloads

4.1 Almost 70% of respondents held a caseload. The highest number of cases allocated was 37 and the lowest was 6, this includes part time workers.

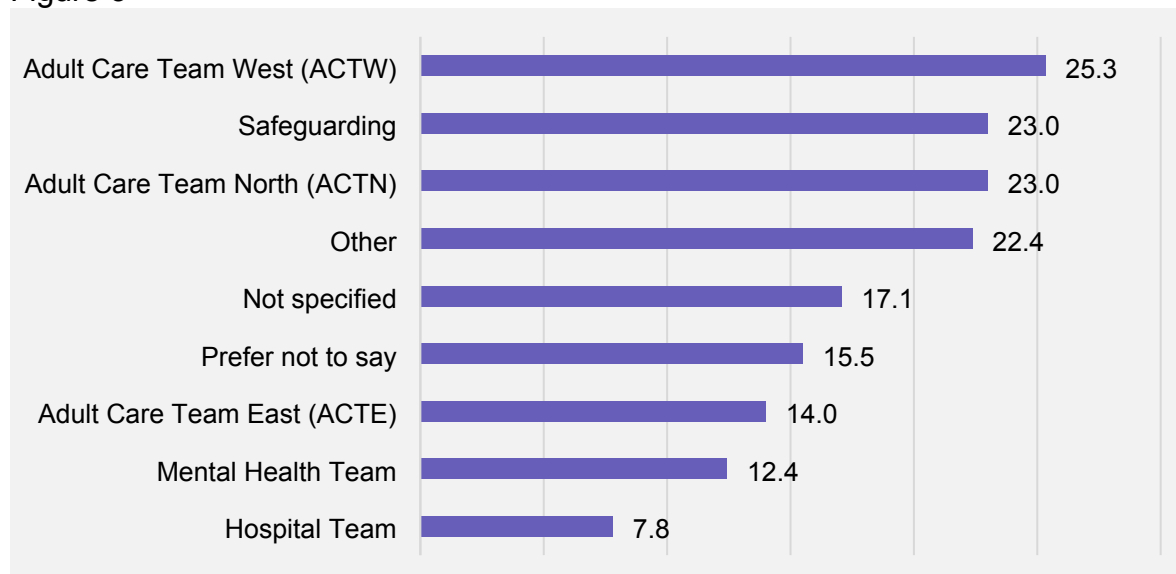4.2 Most respondents that held a caseload said that it was manageable or *just about* manageable (figure 2):

Figure 2

4.3 The average caseload for full time social workers (excluding student social workers and ASYE) was 19.2. This is consistent with last year's average, which was 18.5, and the findings of the 2016 survey (18.7). This suggests that caseloads have stayed relatively static over the last 3 years.

4.4 Half of the respondents working full time held between 20 and 29 cases.

4.5   Of those who work full time the majority stated that their caseloads were manageable or *just about* manageable:
- just about" manageable (39.5%)
- "yes", manageable (36.9%)
- "not at all" manageable (23.7%)

4.6   The average caseload for part time social workers (excluding student social workers and ASYE) was 10.2, which is about the same as last year's survey results (11). Half held less than 10 cases.

4.7   The majority who work part time stated that their caseload was manageable or *just about* manageable:
- "just about" manageable (40%)
- "yes", manageable (40%)
- "not at all" manageable (20%)

4.8   The average caseload for student social workers was 10.9 with the highest being 24. Almost 60% held less than 10 cases.

4.9   A high number of student social workers stated that their caseload was manageable:
- "yes", manageable (71.4%)
- "just about" manageable (14.3%)
- "not at all" manageable (14.3%)

4.10   The average caseload for ASYE respondents was 11.7 with the highest being 12. All held between 10 and 19 cases.

4.11   All ASYE's said that their caseload was manageable.

4.12   Adult Care Team West (ACTW) had the greatest average number of cases allocated per worker (25.3), closely followed by Safeguarding and Adult Care Team North (ACTN) both with an average of 23 cases allocated per worker (figure 3). However, it should be noted that complexity of cases and other duties, such as undertaking AMHP (Advanced Mental Health Practitioner) and BIA (Best Interests Assessor) work as well as duty, is not factored into the caseload question in this survey. The figures also includes part time workers which could affect the overall average.

Figure 3

Team	Value
Adult Care Team West (ACTW)	25.3
Safeguarding	23.0
Adult Care Team North (ACTN)	23.0
Other	22.4
Not specified	17.1
Prefer not to say	15.5
Adult Care Team East (ACTE)	14.0
Mental Health Team	12.4
Hospital Team	7.8

(b) Workload and hours worked

4.13 Just over 60% of respondents stated they had to work over and above their contracted hours to keep up with their workload *every week* or *most* weeks (figure 4):

Figure 4

[CATEGORY NAME] 6.4%
Every week 23.1%
[CATEGORY NAME] 32.1%
[CATEGORY NAME] 38.5%
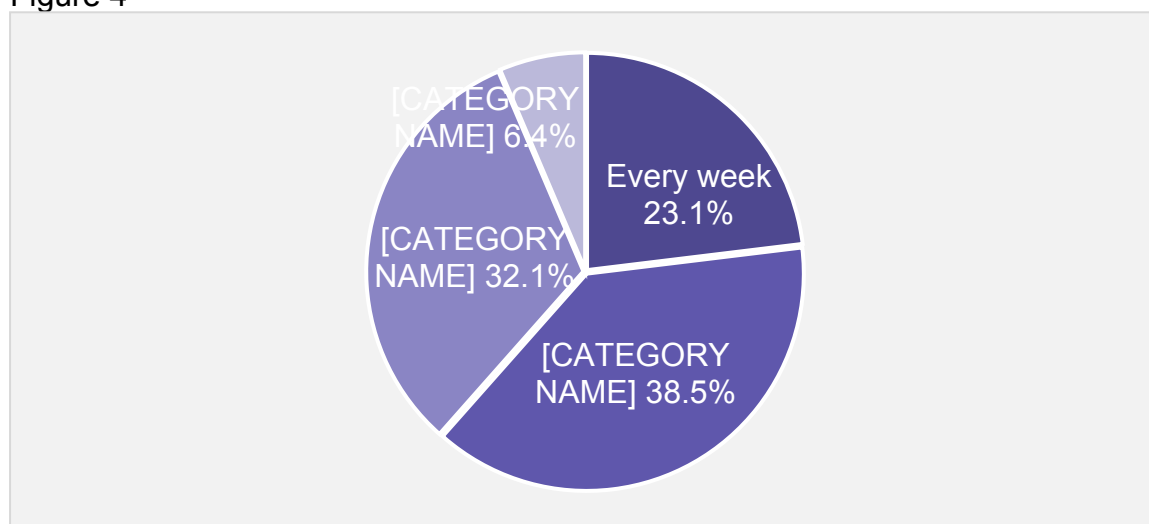
4.14 This is similar to last year when the number of respondents who worked over and above contracted hours *every* or *most weeks* was 59%.

4.15 Almost 80% of respondents said they had to undertake work in their own time, such as weekends or evenings, to meet deadlines. This is similar to 2017 when the number was 80.8%.

4.16 The number of hours worked in a typical week did not vary significantly between service areas and ranged from 18 hours to 50 hours:
- Full time employees average 40.4 hours worked per week
- Part time employees average 25.4 hours worked per week (the majority of these respondents are contracted to work 18.5 hours a week however several work up to 30 hours a week which may have affected this average)

4.17 Only 16.7% of respondents said they were required to carry over annual leave from the previous year because their workload meant they had insufficient time to take it, which is consistent with responses received around caseload manageability, workload and hours worked. This is lower than last year (19.2%) and more in line with 2016 and 2015 results (16.33% and 17.5%).

(c) Stress

4.18 Feelings of stress amongst respondents due to workload or nature of work was relatively high, but the number of people always or often feeling stressed has reduced to 41% from 57% in 2017:
- 44.5% reported occasionally feeling stressed
- 29.5% reported often feeling stressed
- 14.5% reported rarely or never feeling stressed
- 11.5% reported always feeling stressed

4.19 Sick leave due to stress at work was not as significant, although this has increased by just over 4% since last year:
- 12.8% of respondents had taken sick leave due to stress at work

(d) Learning and development opportunities

4.20 There was a mixed response from respondents for rating their Adults Services induction. While 49.2% were satisfied or very satisfied, a further 33.9% were neither satisfied nor dissatisfied and 9.2% said they did not receive an induction.

4.21 The 83% who said they did not receive an induction also said they have worked for CWC as a qualified social worker for 7 years or more. This suggests that there is not a current issue with inductions taking place for newer staff.

4.22 Just over 40% of respondents had occasionally found it necessary to cancel training or development activities over the last 12 months because of their workload. This has increased by 15% since last year. However there are

significantly fewer people who often or always have to rearrange training compared to 2017 (19.2% compared to 31.5%).

4.23   Respondents frequently stated that there should be:
- A formal structured induction plan or programme
- A longer induction period
- Increased shadowing opportunities
- Introductions to other teams and agencies

4.24   60% of respondents agreed or strongly agreed that CWC is a learning organisation and has a positive learning culture, while 38.5% neither agree nor disagree. This number has fallen since last year when 73% agreed or strongly agreed with this statement.

4.25   A common theme amongst respondents was a preference for workshops, face to face and classroom training over e-learning.

4.26   Over half (53.9%) of the respondents were satisfied or very satisfied with the learning and development opportunities on offer at CWC with 38.5% being neither satisfied nor dissatisfied. Fewer than 8% were not satisfied with the opportunities available. This is consistent with the findings from last year's survey.

4.27   Respondents commonly said they would like:
- More face to face training opportunities
- Mental capacity training

4.28   Several respondents said that they would welcome shadowing opportunities with other teams (i.e. mental health / forensics).

4.29   Team champions were introduced as a result of last year's Social Worker Health Check. Support/guidance from a 'team champion' has only been accessed by 10.8% of respondents this year. On a scale of 1 to 10 (with 10 being very effective), of the respondents who had accessed support/guidance; 33.3% rated 7 or above, 25% rated 5, and 41.7% rated 4 or below. Respondents gave different responses for the subjects discussed but they included checking court documents, information technology and CHC.

4.30   The low number of responses indicate that team champions are not generally being approached for support/guidance. In view of the effectiveness ratings given, there is a possibility that this is because there is a lack of confidence in the effectiveness of support that is being provided. However, because team champions were only introduced in early 2018, it is more likely that there is a lack of awareness of team champions in general.

(e) Supervision

4.31   51.3% of respondents said they received a formal supervision with their line

manager/supervisor at least once a month. This is a slight decrease since last year when the number receiving monthly supervision was 57.6%. However those receiving supervision *most months* has increased to 47.4%, from 37.9% in 2017.

4.32   Supervisions were *rarely* postponed or cancelled for 44.9% of respondents and *sometimes* for 38.5%, which would indicate that most take place as planned.

4.33   The quality of supervisions appears to be high with 67.9% of respondents answering that they were satisfied (52.6%) or very satisfied (15.4%) with the quality of their supervisions, and only 9% being dissatisfied. However satisfaction rates have dropped slightly since last year when the proportion of respondents who were satisfied or very satisfied was 74%.

4.34   A high number of respondents (just over 88%) said they had sufficient opportunity within supervision to discuss caseload and workload management, which is fairly consistent with last year's survey results (90%). The majority of respondents (68%) had sufficient opportunity to identify further personal learning, career and development opportunities. 64.1% said here was enough time to reflect on decision making and intervention, which was slightly less than in 2017 (71.2%)

4.35   The number of respondents who have received an observation of practice this year has increased with 39.7% having been observed in 2018 compared with 28.8% in 2017. The most common explanations given for not receiving one was "don't know", "not suggested/arranged", "not required" and "not requested".

4.36   The number who have had an appraisal in the last 12 months has also risen. This year 75.6% had had an appraisal, compared with 65.2% in 2017.
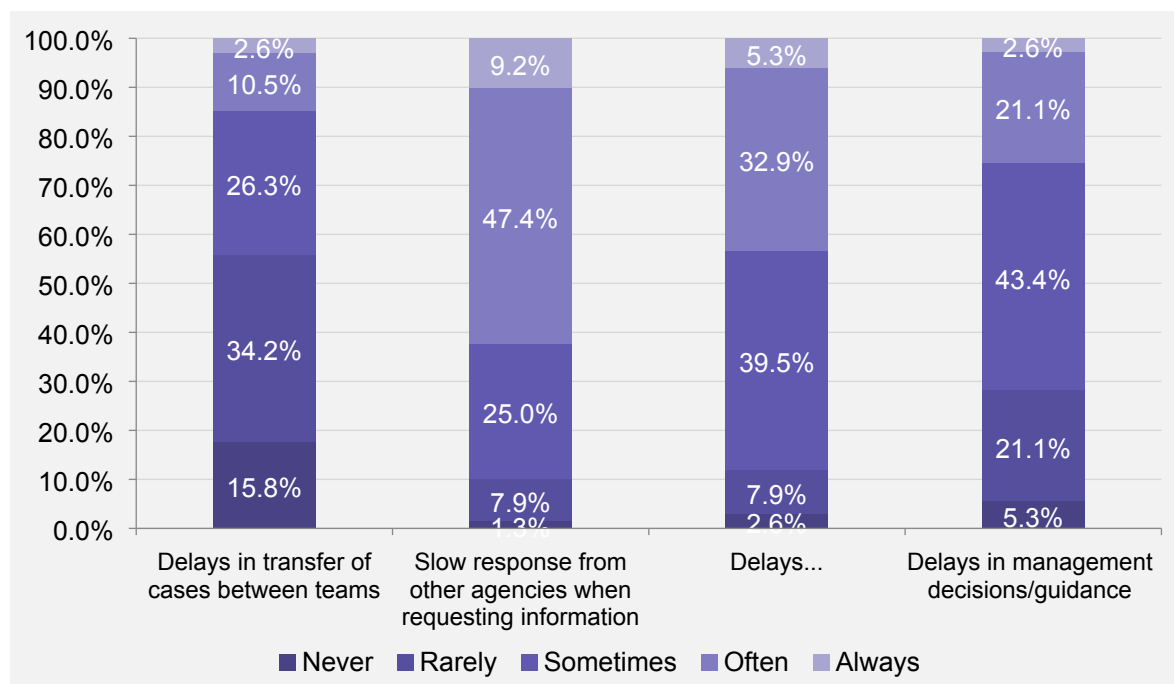
5   Proactive Workflow Management
(a) Delays and obstacles to work

5.1   Slow responses from other agencies when requesting information was reported to be the most significant factor in creating delays and obstacles with 47.4% of respondents stating this was often an issue and for 9.2% always an issue (figure 5).

Figure 5*

Bar chart with the following values:

Category	Never	Rarely	Sometimes	Often	Always
Delays in transfer of cases between teams	15.8%	34.2%	26.3%	10.5%	2.6%
Slow response from other agencies when requesting information	1.3%	7.9%	25.0%	47.4%	9.2%
Delays...	2.6%	7.9%	39.5%	32.9%	5.3%
Delays in management decisions/guidance	5.3%	21.1%	43.4%	21.1%	2.6%

Legend: ■ Never ■ Rarely ■ Sometimes ■ Often ■ Always

* excludes N/A responses so may not total 100%

5.2 Slow running PC's were experienced by 21.1% on a daily (1.3%) or weekly (19.7%) basis. Poor mobile phone signal or connection was experienced by 18.4% of respondents on a daily (9.2%) or weekly (9.2%).

(b) Efficient use of skills

5.3 Respondents were asked to rate how effectively their skills as a social worker were being used in their current role, with 1 being "not at all" and 5 "very much so". 73.7% of respondents rated 4 or 5 and so believe their skills as a social worker are currently being used effectively (figure 6). This has increased significantly since last year when the number was 61.5%.

5.4 A common theme for those who felt their skills were not being effectively used was having to spend too much time completing paperwork and carrying out administrative tasks.

Figure 6
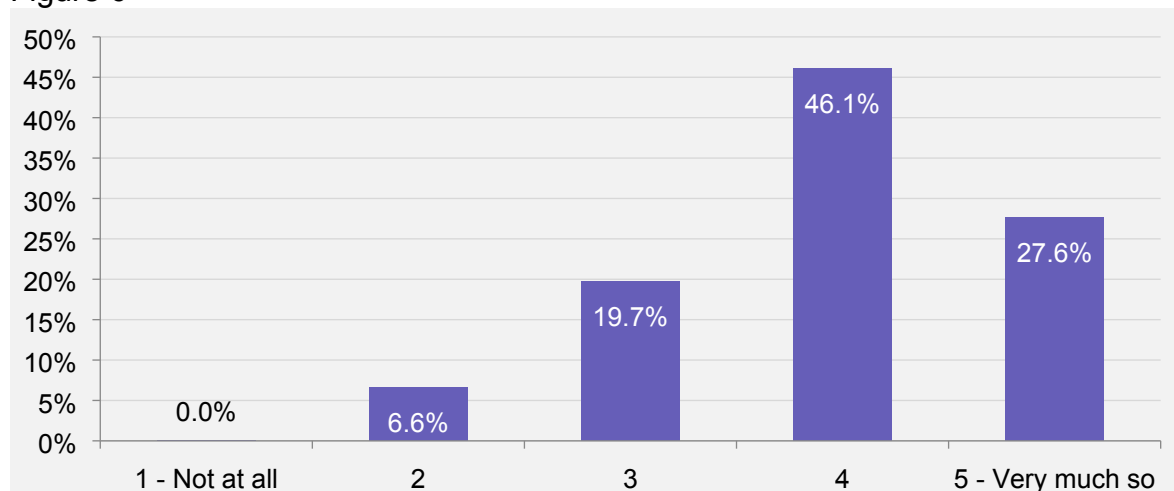
5.5 In addition to their current role, 48.7% of respondents said they undertook additional responsibilities, with BIA, AMHP supervision and other supervision duties being the most notable. This is less than last year when 60% of respondents said that they undertook additional roles.

6. Having the Right Tools for the Job
(a) Access to Resources and Support

6.1 Most respondents found it either "easy" or "neither easy nor difficult" to access appropriate support (figure 7). Interpreting was the service found most "difficult" to access (15.4%) although this was less of an issue compared with last year (26.5%).

6.2 Support with Case Management System / Care First was found to be "easy" to access by 56.9% of respondents and Administrative Support "easy" by 53.9% of respondents. This suggests that, although there is a common view that respondents would like to spend less time on administrative tasks, many are finding it easy to access administrative support and support with Case Management System / Care First. Additionally, although slow running PC's are an issue for some, most respondents find it easy to access ICT support (49.2%).

Figure 7
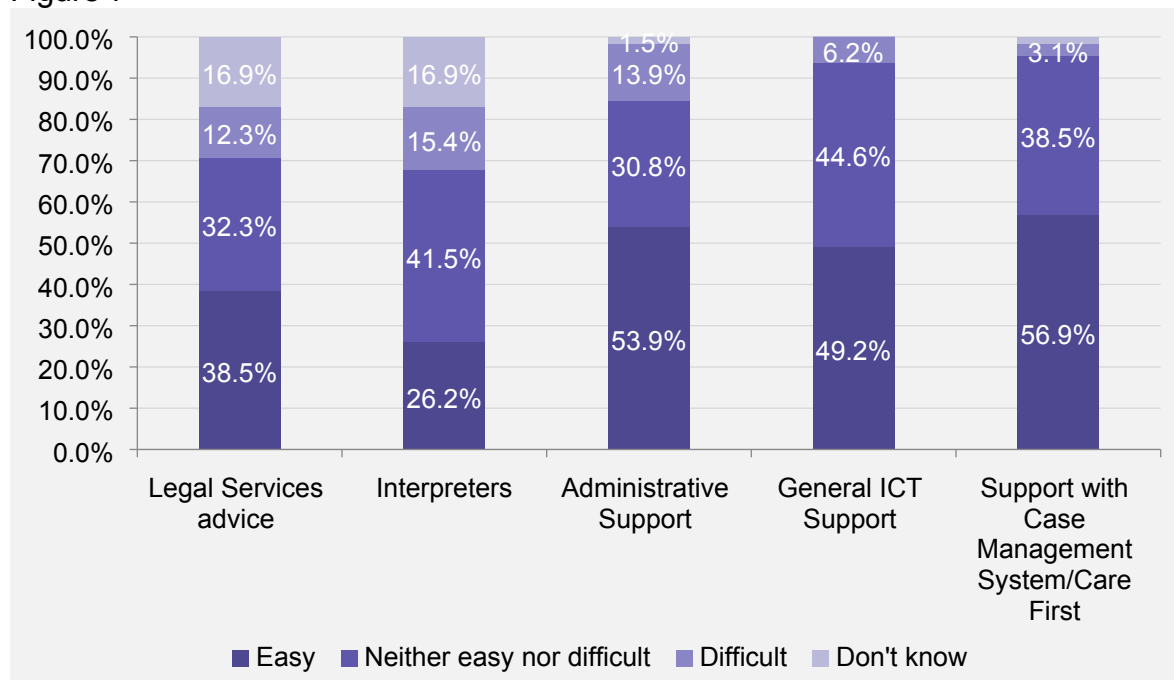
6.3   Apart from legal advice, which was 4% more difficult to access this year, the services identified in figure 8 were easier to access than in 2017.

6.4   The majority of respondents have access to laptops (98.5%) and mobile phones (96.9%) to support mobile working, although there were a small number of comments regarding poor internet connection for mobile phones.

6.5   67.7% of respondents said they had access to lockable storage for personal items (compared to 55% in 2017) and 60% felt they had adequate access to private meeting space, which is significantly more than last year (39%).

6.6   Resources such as Community Care Inform articles are accessed regularly by 83.1% of respondents via their manager or relevant websites / articles. The most common reason for not doing so was insufficient time. Last year the number of respondents who had accessed RiPfA was 27.3%. This suggests that the subscription to Community Care Inform is being used effectively.

6.7   69.2% rated themselves 4 or 5 (with 5 being "very confident") when asked how confident they were of working in an evidence informed way. Only 1.5% stated they were "not at all" confident. Many respondents said they use research and training to help them do this. Others responded that evidence is not always accessible or is limited due to time constraints.

(b) Care First

6.8   The vast majority of respondents said they spend a significant amount of time inputting data onto case management systems.

6.9   Over half (50.8%) stated they spend between 51% – 75% of their contracted working hours inputting data and a further 30.8% spend over 75% of their contracted hours inputting data. This is slightly more (7%) than last year. The results are consistent with the majority of respondents saying they have to work in excess of their contracted hours to get their job done and wanting to spend less time on administrative tasks.

(c) Direct work

6.10   Meetings with people with care and support needs are sometimes cancelled by respondents (30.3%) but *rarely* or *never* by 44.7%. The most common recurring theme for meetings being cancelled is "dealing with urgent or crisis work".

6.11   The average number of hours in a typical week spent undertaking direct work with adults and their families across all respondents is 9.6 hours. Two thirds of respondents said they work less than 10 hours per week undertaking direct work (figure 8). This is consistent with respondents suggesting they feel they spend too much time on paperwork and administrative tasks and could again explain why most respondents said they work over their contracted hours to get the job done. There has been no change in the amount of time social workers spend doing direct work with adults since the last Health Check.

Figure 8
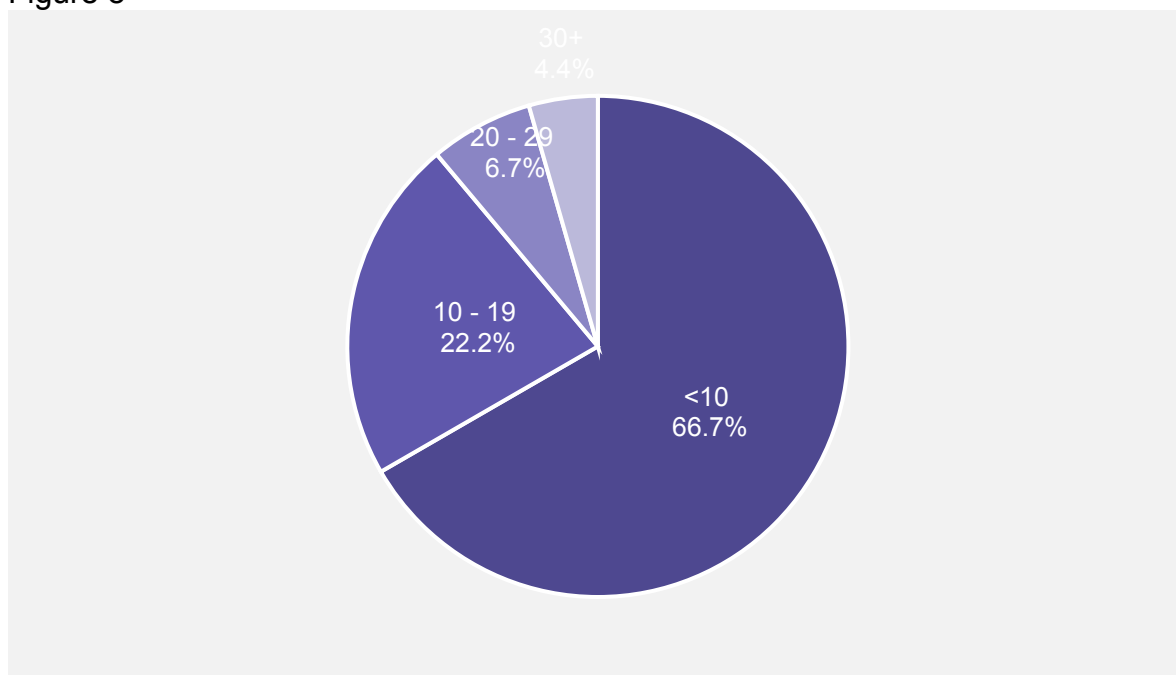
6.12   Almost 65% of respondents who said they spend less than 10 hours per week working directly with adults and their families also said they spend 51% or more of their contracted hours inputting data onto systems (figure 9).

Figure 9
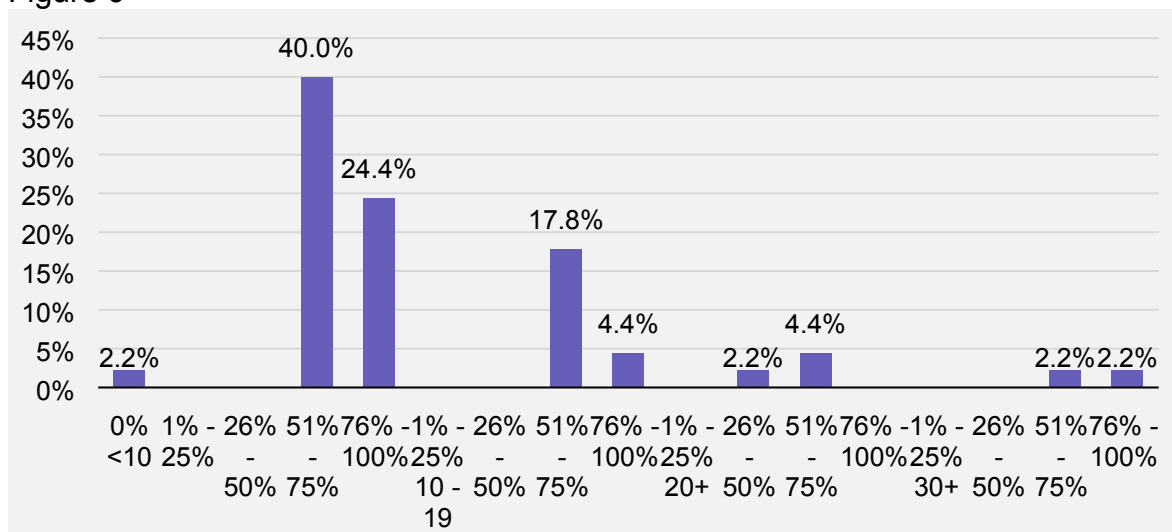
6.13   There are apparent inconsistencies in those responses that state 30+ hours per week are spent directly working with adults and their families but 51% - 100% of contracted hours are also spent inputting data. This could be due to respondents underestimating the number of hours on average worked per week; either under or overestimating the amount of time spent direct working; overestimating the amount of time spent inputting data; or a combination of these.

6.14   There is a generally positive correlation between the number of hours worked in an average week and the number of hours direct work undertaken with adults and their families (figure 10). This would suggest that respondents spending more time with adults and their families work longer hours, which is consistent with previous answers around working over contracted hours to ensure the job is completed (including paperwork and other administrative tasks).
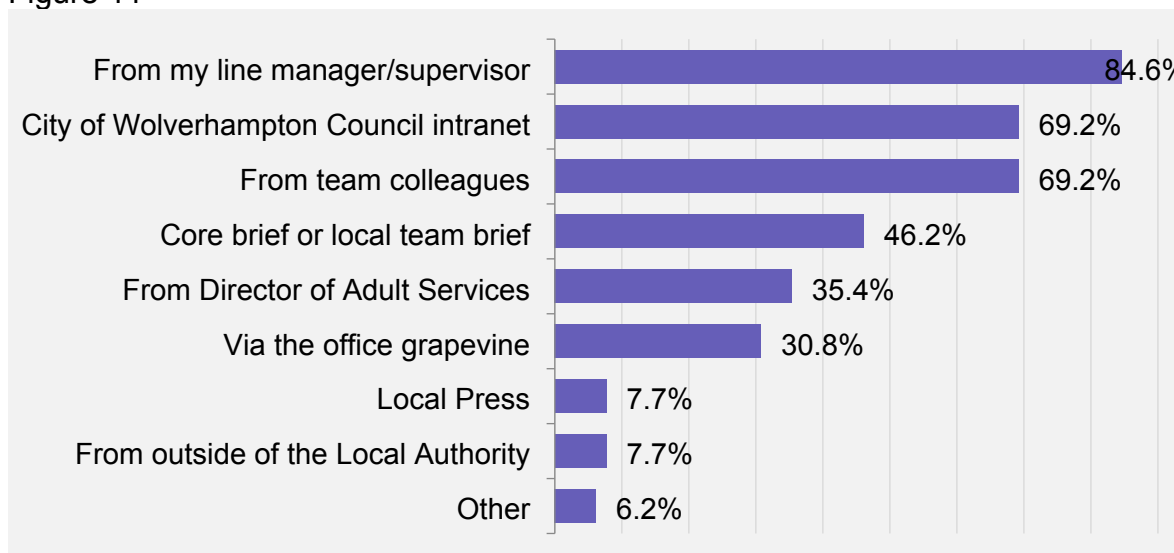
Figure 10
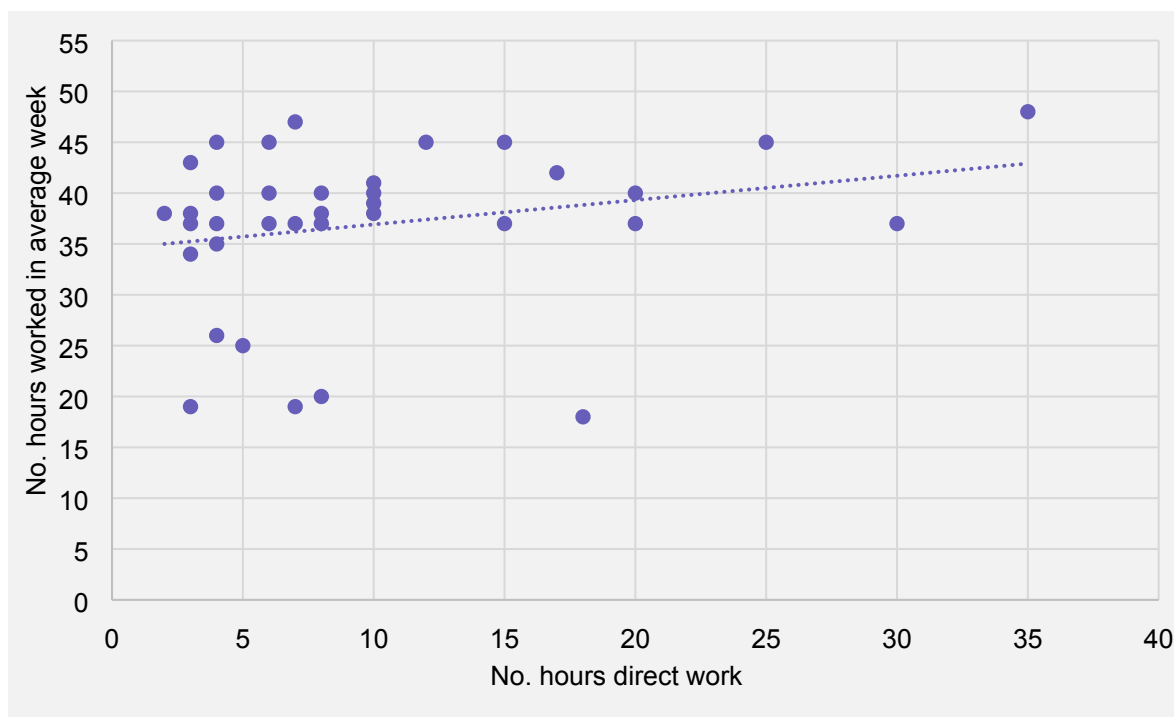
(d) Team Meetings and information sharing

6.15   Respondents said they utilise different sources for information relating to their area of work with most respondents getting the information from their line manager/supervisor, the intranet or colleagues (figure 11).

Figure 11

6.16   The preferred sources of information for respondents are similar to last year:
- From my line manager/supervisor (92.3%)
- From Director of Adult Services (60.0%)
- Core brief or local team brief (50.8%)

6.17   For 75.4% of respondents, team meetings take place monthly and weekly for 21.5%. Over 90% feel able to contribute to their team meeting agenda.

6.18   Communication between management and frontline staff is felt to be effective and appropriate for 75.4% of respondents. This is consistent with the findings from last year's survey.

7   A Healthy Workplace
(a) Management Support

7.1   75% of respondents holding a caseload said they were satisfied or very satisfied with the support they receive from their line manager/supervisor with complex cases involving risk or safeguarding. Only 3.3% were dissatisfied or very dissatisfied.

7.2   Most respondents (66.7%) holding a caseload stated that they have been able to access support to make an important decision relating to a case.

(b) Change

7.3   63.5% of respondents said they know who the Adult's Services senior managers are and can recognise them.

7.4   Only 30.2% of respondents agreed or strongly agreed that staff are consulted and involved in proposed changes. However this has improved since last year (23.4%).

8   Effective Service Delivery
(a) Pride and Motivation

8.1   The majority (65.1%) of respondents feel enthusiastic about their job, which is consistent with the 2017 survey findings (65.6%). Only 11% do not look forward to coming to work.

8.2   Just over 60% feel proud to work for CWC, which is comparable with last year's result (59.4%).

8.3   Respondents were asked to state one or two things they would change about their job if they could (based on the last 12 months). Frequent themes included:
- Smaller caseloads
- Less administration, including less paperwork and less time spent inputting data (consistent with responses to previous questions).
- Increased and/or better training opportunities

8.4   Respondents were asked to state one or two things that made them feel positive about CWC as an employee (based on the last 12 months). Common themes included:
- Introduction of the 3 Conversations approach

- Opportunities for further learning and training
- Supportive colleagues and managers

8.5 Some examples of the comments received were:
- "Wolverhampton is constantly being developed and is a forward-thinking council. I am proud to work for the council."
- "Clear direction of travel and vision"
- "Lots of briefings to keep you up to date"
- "Very welcomed as a student"

8.6 More respondents (68.3%) are not thinking of leaving the council in the next 12 months than are. This is consistent with the 2017 survey findings when the number was 70%. However of those who are thinking of leaving, more respondents this year are thinking of leaving for a new job/career (23.8% compared to 9.4%).

8.7 Most respondents (55.6%) said that training and development opportunities would influence their decision to stay working at CWC, followed by pay and other benefits (52.4%) and more manageable caseloads (50.8%) (figure 12).

Figure 12
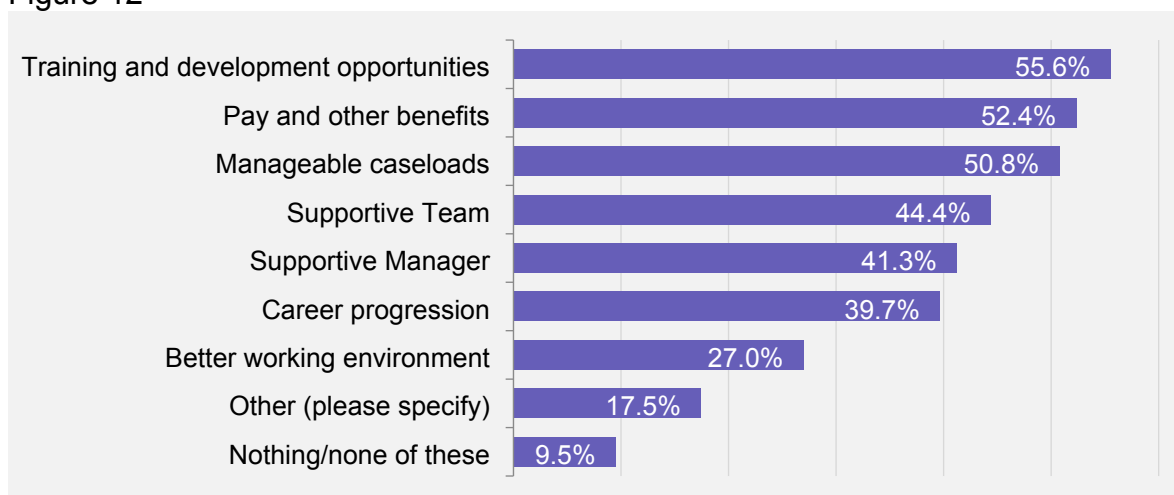
8.8 The responses to the survey seem to reveal some conflicting information around training and development. Although nearly 54% of respondents are satisfied with training and development opportunities and 60.0% agree that CWC is a learning organisation and has a positive learning culture, there is a recurring theme that many respondents would like more, and improved, training opportunities, delivered in different ways. There does not appear to be any particular pattern to this observation.

9. Conclusion

9.1 This summary report has focused on the key findings from the views and experiences of over half of Wolverhampton's social work practitioners. It indicates that in the main social workers are feeling positive about working for

the City of Wolverhampton Council. This is likely to have a favourable impact on the recruitment and retention of social workers.

9.2   There is evidence of positive line management support and supervision, which is considered to be of a high quality. However, there is a need to ensure this management oversight and support is mirrored in direct observations of practice so that there is triangulation between this, supervision and reflective practice.

9.3   Wolverhampton continues to demonstrate a strong learning culture. Social worker responses suggest that they recognise that there is a commitment to investing in the workforce and they are utilising the opportunities available to progress and gain specialist skills.

9.4   Communication in the organisation is a key strength, particularly between management and frontline staff. There are weekly or monthly team meetings taking place regularly. The line manager is the main communication channel staff use, and would prefer to use, to be updated about information.

9.5   The survey reveals that a high percentage of workers have taken work home to complete in their own time. However, caseloads are generally within a reasonable range and the majority of staff feel that their caseloads are manageable. The number of hours' staff are working over could, to some extent, be due to the impact of administrative tasks and processes.

9.6   There are inconsistencies in several areas, such as the request for more learning and development opportunities, which may warrant further investigation.

9.7   The information collected from the survey identifies a number of areas of strength and also areas for improvement summarised below.

9.8   Areas of strength:
- Over 75% of full and part time social workers feel that their caseloads are manageable.
- Over 85% of student social workers feel that their caseloads are manageable and all of the ASYEs.
- Over 80% have not carried over annual leave due to workload. Fewer people have had to do this in 2018 compared with last year.
- There are significantly fewer people who often or always have to rearrange training compared to 2017 (19.2% compared to 31.5%).
- More than 85% have not taken sick leave due to stress at work.
- There has been a 15% reduction in the number of respondents saying they regularly feel stressed at work since last year.
- The majority were satisfied with the quality of their supervisions.
- There was sufficient opportunity within supervision to discuss caseload and workload management in most cases.
- More respondents than last year believe their skills as a social worker are being used effectively (over 70%).

- Most do not find it difficult to access appropriate support for services, particularly administrative and with case management systems.
- Almost 100% have equipment that enables smart working.
- Nearly 70% are confident that they work in an evidence informed way.
- Almost all have team meetings at least monthly.
- Over 90% feel able to contribute to their team meeting agenda.
- Three quarters feel that communication between management and frontline staff is effective and appropriate.
- 60% agree that CWC is a learning organisation and has a positive learning culture.
- Over half are satisfied with learning and development opportunities at CWC. Only 7% were not happy with the opportunities available.
- 65% feel enthusiastic about their job.
- More than 60% feel proud to work for CWC.
- The majority are satisfied with the support they receive from their line manager/supervisor with complex cases involving risk or safeguarding.
- Nearly 70% are not thinking of leaving the authority in the next 12 months.

9.9   Areas for improvement:
- Around 20% of full and part time social workers feel their caseload is "not at all" manageable.
- Just over 60% work over their contracted hours to keep up with their workload. This figure is consistent with last year's survey.
- Nearly 80% had to undertake work in their own time, which is similar to last year.
- 40% regularly feel stressed about their workload or nature of work, although this number has reduced by just over 15% compared with 2017.
- Just over half have monthly supervisions and they are sometimes cancelled.
- One quarter reported that they have not had an appraisal in the last 12 months.
- 60% have not received an observation of practice in the past 6 months.
- Just over 50% report spending more than half of their contracted hours inputting data onto systems.
- Two-thirds of respondents spend less than 10 hours a week working directly with people with care and support needs.
- Only 30% of respondents feel consulted and involved in proposed changes.
- Support/guidance from a 'team champion' has only been accessed by 10% of respondents.
- Many respondents feel e-learning does not suit their learning style. A common theme amongst respondents was a preference for workshops, face to face and classroom training.

10   Recommendations and actions
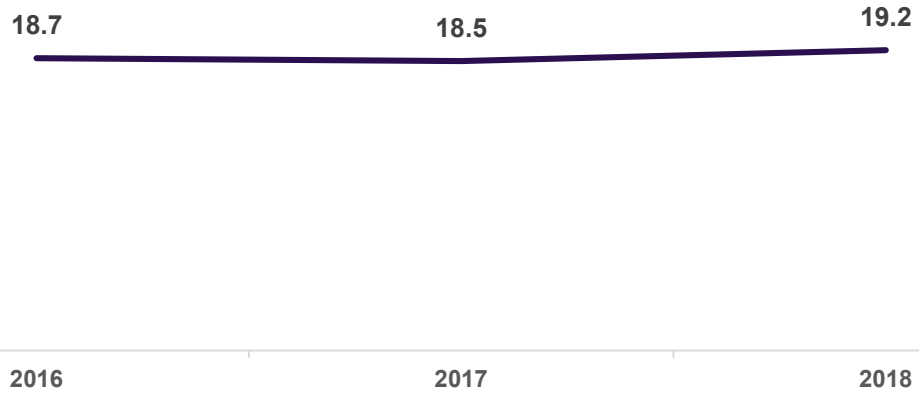
10.1   An action plan has been completed as a result of this Health Check survey to address the key areas of improvement.

10.2   A briefing note highlighting the main findings will be sent out to teams for discussion at team meetings.

10.3   There will be quarterly engagement on the progress of the action plan. All progress and updates will be discussed at the Social Work conference in March 2018 where the plan will be signed off.
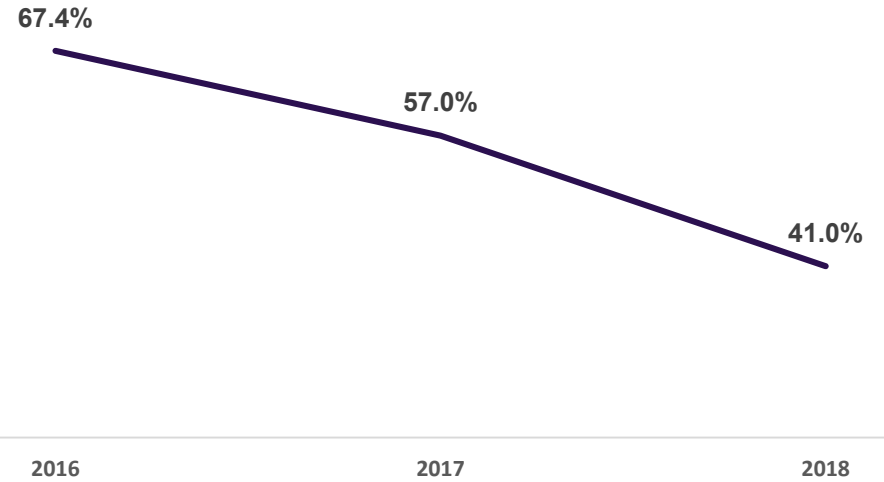
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Adult Social Work Health Check 2018

CITY OF
WOLVERHAMPTON
COUNCIL

Effective Workload Management

Average number of cases held

18.7   18.5   19.2

2016   2017   2018

% of people always or often feeling stressed

67.4%

57.0%

41.0%

2016   2017   2018

Caseload Manageability

2016
- No: 24.0%
- Just about: 34.0%
- Yes: 42.0%

2017
- No: 25.0%
- Just about: 45.0%
- Yes: 30.0%

2018
- No: 20.8%
- Just about: 34.0%
- Yes: 45.3%

■ Yes ■ Just about ■ No
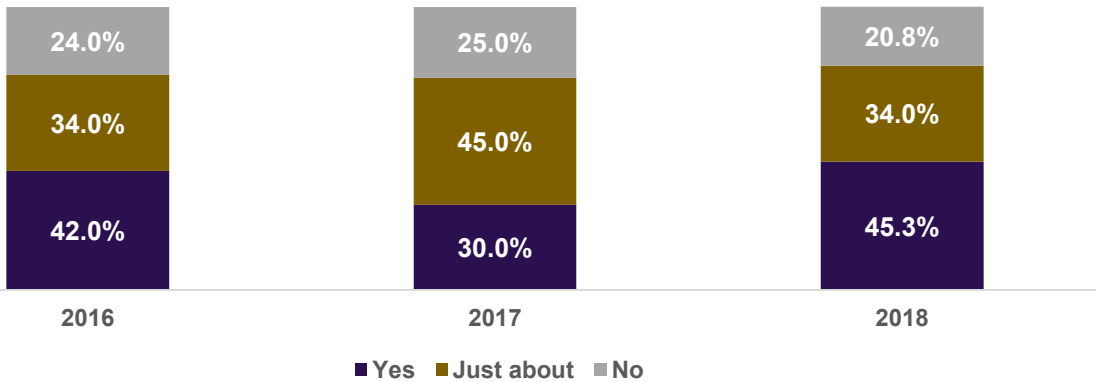
Number of hours worked per average week

	37 or less	38-42	43-47	48+
2017	51.0%	42.0%	7.0%	0.0%
2018	41.0%	35.9%	16.7%	6.4%

■ 2017 ■ 2018

Adult Social Work Health Check 2018
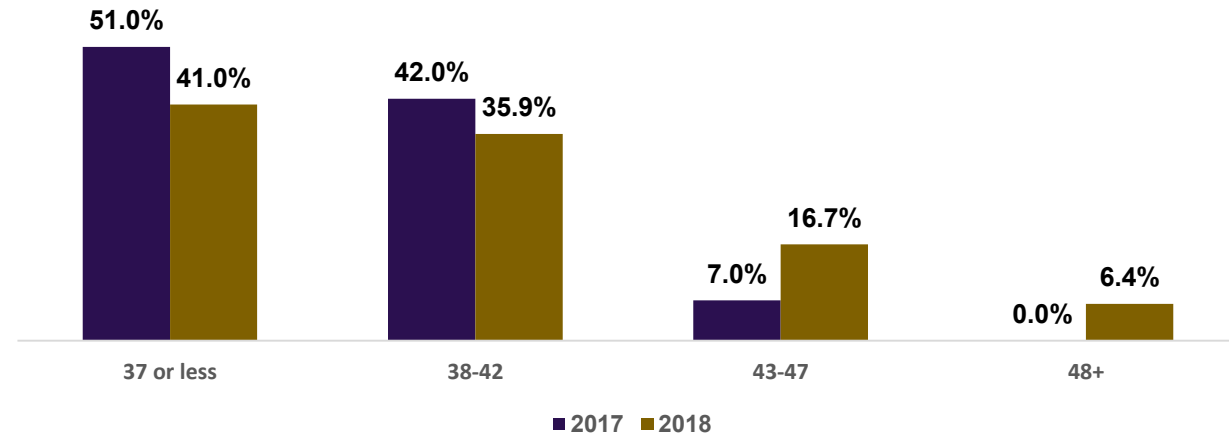
CITY OF
WOLVERHAMPTON
C O U N C I L

Effective Workload Management / Having the Right Tools for the Job / Healthy Workplace

% Receiving monthly supervision

- 2016: 39.0%
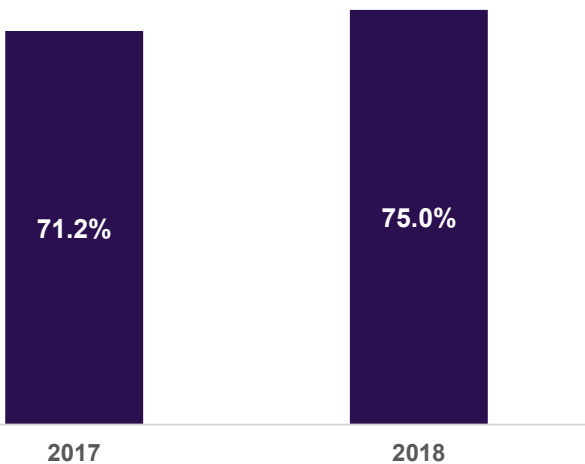- 2017: 57.6%
- 2018: 51.3%
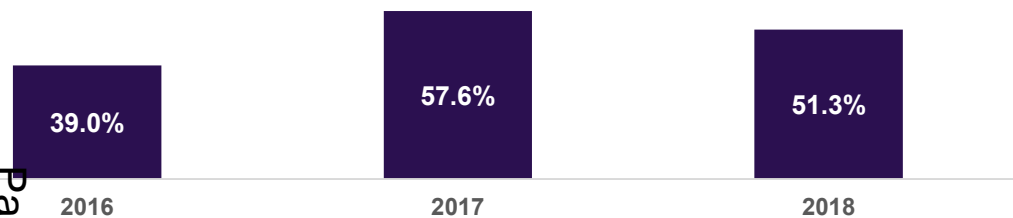
% satisified with quality of supervision

| | 4.5% | 9.0% |
| 2016: 68.3% | 2017: 74.3% | 2018: 67.9% |

■ Very satisfied/ satisfied   ■ Not satisfied
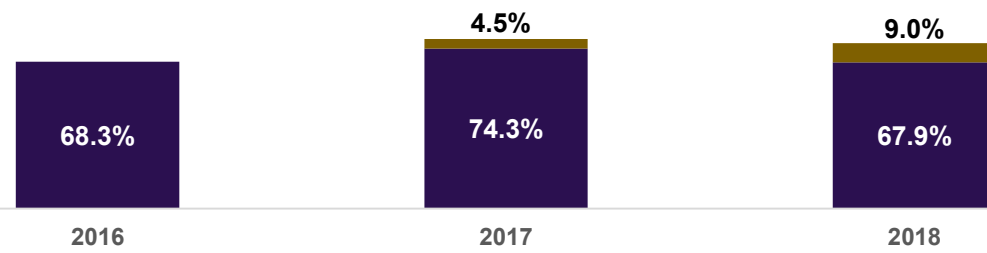
% satisfied with support from line manager/supervisor

- 2017: 71.2%
- 2018: 75.0%

% accessing articles/research

- 2017: 27.3%
- 2018: 83.1%
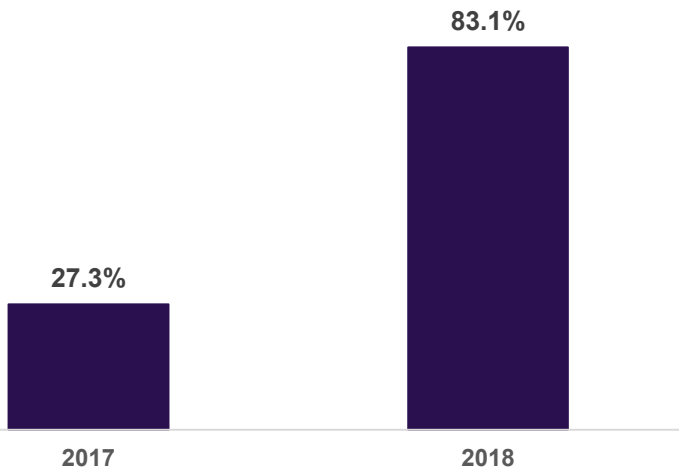
% who have had an observation of practice

- 2016: 12.2%
- 2017: 28.8%
- 2018: 39.7%
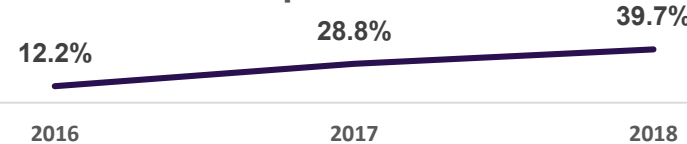
Avg. no. hours per week direct work with families

- 2016: 10.0
- 2017: 10.0
- 2018: 10.0

Adult Social Work Health Check 2018

CITY OF WOLVERHAMPTON COUNCIL
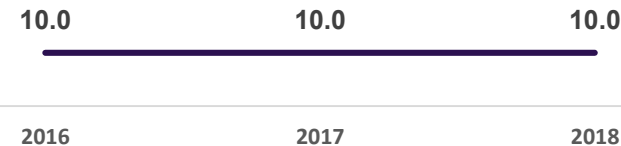
Having the Right Tools for the Job / Effective Service Delivery

Page 31

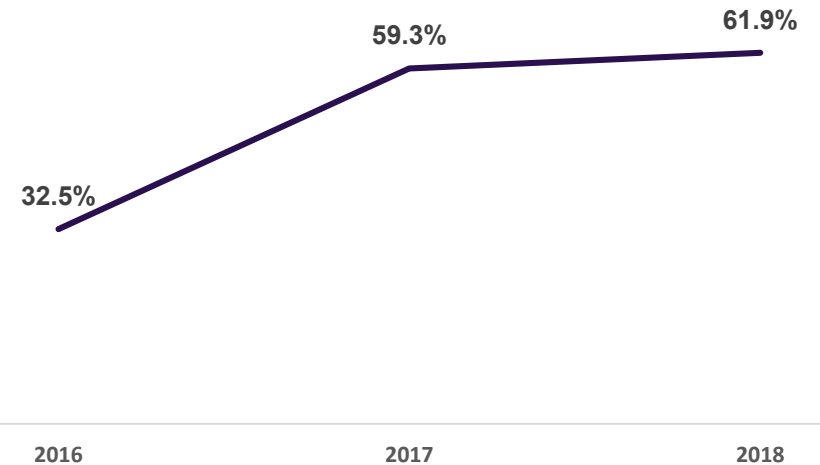**% feel communication between management and frontline staff effective and appropriate**

65.0% — 2016
72.7% — 2017
75.4% — 2018
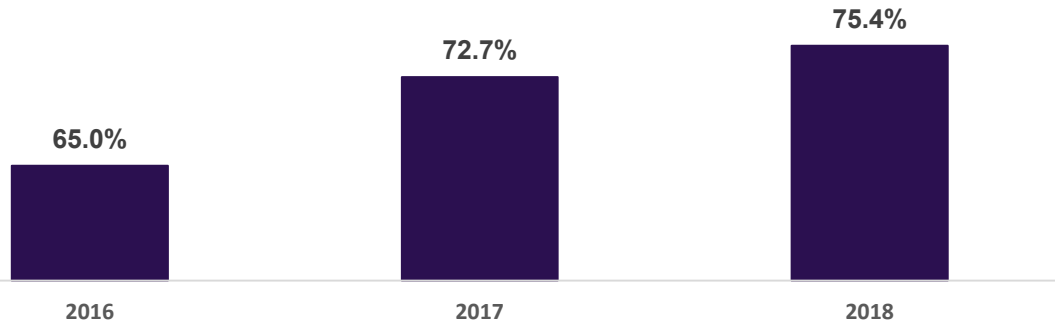
% satisfied with learning opportunities

36.6% — 2016
51.5% — 2017
53.9% — 2018
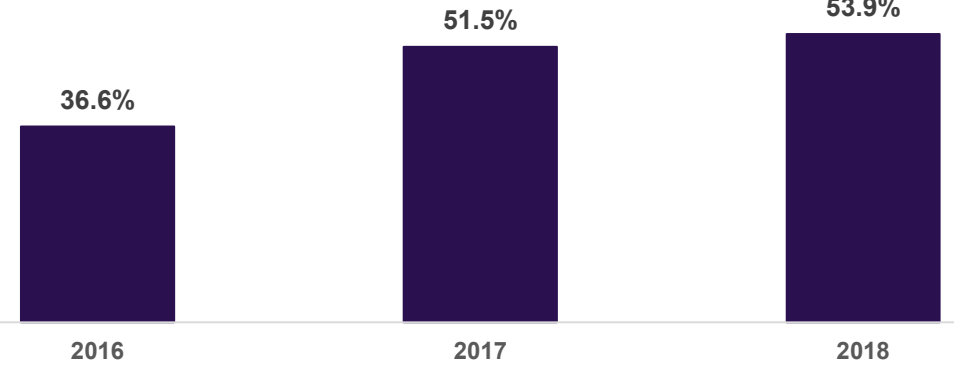
% not thinking of leaving the council in next 12 months

70.0% — 2017
68.3% — 2018

% feel proud to work for CWC

32.5% — 2016
59.3% — 2017
61.9% — 2018

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