

Adults and Safer City Scrutiny Panel

7 November 2017

Time 6.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny
Venue Training Room, Ground Floor, Civic Centre, St Peter's Square, Wolverhampton
WV1 1SH

Membership

Chair Cllr Linda Leach (Lab)
Vice-chair Cllr Patricia Patten (Con)

Labour

Cllr Ian Claymore
Cllr Dr Michael Hardacre
Cllr Rupinderjit Kaur
Cllr Elias Mattu
Cllr Lynne Moran
Cllr Anwen Muston
Cllr Rita Potter
Cllr Sandra Samuels OBE
Cllr Tersaim Singh

Conservative

Cllr Barry Findlay

UKIP

Cllr Malcolm Gwinnett

Quorum for this meeting is three Councillors.

Information for the Public

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Wolverhampton WV1 1RL

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[NOT PROTECTIVELY MARKED]

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

- 1 **Apologies**
- 2 **Declarations of Interest**
- 3 **Minutes of previous meetings** (Pages 5 - 10)
- 4 **Matters arising**

DISCUSSION ITEMS

- 5 **Draft Budget and Medium Term Financial Strategy 2018-19 to 2019-20**
[Report will be sent to follow]
- 6 **Adult Safeguarding Board Annual Report**
[Linda Sanders, Independent Chair, City of Wolverhampton's Safeguarding Boards to present report. Report will be sent to follow]
- 7 **Update on Mental Capacity Act - Deprivation of Liberty** (Pages 11 - 14)
[Paula Morris, Safeguarding Manager – Adults, to present briefing paper]
- 8 **Social Work Health Check - Wolverhampton** (Pages 15 - 40)
[Louise Haughton, Principal Social Worker, to present report]

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Attendance

Members of the Adults and Safer City Scrutiny Panel

Cllr Ian Claymore
Cllr Barry Findlay
Cllr Malcolm Gwinnett
Cllr Dr Michael Hardacre
Cllr Rupinderjit Kaur
Cllr Linda Leach (Chair)
Cllr Lynne Moran
Cllr Anwen Muston
Cllr Rita Potter
Cllr Tersaim Singh

Witnesses

Chief Inspector Beth Bridges, West Midlands
Police

Employees

Dereck Francis	Democratic Services Officer
Earl Piggott-Smith	Scrutiny Officer
Karen Samuels	Head of Community Safety
Pippa Thomas	Management Graduate Trainee
David Watts	Director of Adults Services

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies**
Apologies for absence were submitted on behalf of Councillors Elias Mattu and Patricia Patten.
- 2 Declarations of Interest**
No declarations of interests were made.
- 3 Minutes of previous meetings (13 June 2017)**
Resolved:
That the minutes of the previous meeting held on 13 June 2017 be approved as a correct record and signed by the Chair.

4 **Matters arising**

With reference to Minute No. 5 (Draft People Directorate Commissioning Strategy), members of the panel asked whether the issues they had raised on the draft Commissioning Strategy had been taken on board, and if so whether they would be receiving a copy of the finalised engagement documents prior to their circulation for the consultation exercise. David Watts, Director of Adults Services, confirmed that an easy read version of the draft Strategy was being developed. The Head of Commissioning was also redrafting the draft Strategy along the terms raised by the Panel.

The Director added that arrangements would be made for the panel to receive the final version of the draft strategy and the condensed version prior to its submission to Cabinet.

5 **Wolverhampton's Approach to Tackling Modern Slavery**

Pippa Thomas, Management Graduate Trainee, delivered a PowerPoint presentation on the Council's approach to tackling modern day slavery. The panel also received a detailed report on modern slavery and steps to develop the Council's and partnership response to modern day slavery in Wolverhampton.

The panel were invited to comment on the current draft modern slavery action plan delivered through the Wolverhampton Anti-Slavery Partnership (WASP) and the extent to which the Council was compliant with the provisions of the [Modern Slavery Act 2015](#). City of Wolverhampton Council leads on efforts to tackle the issue of modern slavery locally.

The Panel asked whether the Government would provide new funding to local authorities or partner agencies to tackle the problem. Karen Samuels, Head of Community Safety, advised the panel that no extra funding was anticipated from Government to support the work.

The Head of Community Safety reported that the Government was reviewing the National Framework around its approach to modern slavery. The Council had fed into the Government consultation on proposed changes to national policy. The Council's approach was that any abuse was a safeguarding issue and the response to the situation needed to be looked at in those terms. The Council's corporate response was to therefore embed tackling modern slavery in its existing safeguarding procedures and to draw down on a national contract provided by the Salvation Army.

Chief Inspector Beth Bridges, West Midlands Police, was in attendance for this item. On the question of funding she added that WM Police was ready to deal with this issue. A central structure was in place and everyone in WM Police had some level of responsibility for tackling modern slavery as part of their role. WM Police could commit to this and would respond in terms of resources, as appropriate.

In response to other questions from the panel, the Chief Inspector reported on how the Police were alerted to the recently reported suspected cases of modern slavery at Ming Moons Chinese restaurant in Wolverhampton and the role local intelligence played in bringing the restaurant to their attention. Chief Inspector added that there was a need for the police to develop its intelligence networks in order respond to cases of this nature in the future.

The Chief Inspector also confirmed that calling the police would be the easiest way to report a suspected case of slavery. The panel were assured that all calls on this issue would be taken seriously by the police.

The Chief Inspector advised the panel that an online reporting tool had been soft launched during the summer and was scheduled to be fully launched in October 2017.

The Chief Inspector also responded to a question about concerns about the level of police resources within Wolverhampton and explained that policy for allocating resources was based on an assessment of policing demand and priorities.

The panel made the following observations on the report and the WASP draft modern slavery action plan 2017 and the draft City of Wolverhampton Council modern slavery implementation plan 2017-2018:

- Councillors would benefit from the e-learning training package if it could be enhanced for them. Discussions should take place with the Member Development Team to see what could be offered.
- In terms of cross border issues, it was worrying if agencies are aware of women who have been victimised but who are afraid to complain.
- Supported accommodation is an issue that needs to be considered as part of any multi agency response.
- The information sharing agreement underpins a lot of the partnership work and therefore it was essential that an agreement be put in place.
- The areas for improvement highlighted in the implementation plan require redrafting into specific outcomes.
- The questions the panel listed in the report were impossible for them to answer and suggested that members of the WASP and the West Midlands Anti-Slavery Network should be asked to respond.

The panel queried where the Council was a year ago, in terms of the objectives and legal requirements set out in the two documents. The Head of Community Safety responded that the position a year ago, was unclear and that the current position should be viewed as the point on which to baseline future progress – the response to include an assessment about the current position and where it plans to be in a years' time. The panel were not clear where the enforcement and oversight of the Section 54 Statement referred to in the Modern Slavery Implementation Plan 2017-2018 would happen and further details were requested on this issue.

The Head of Community Safety reported that she had undertaken an assessment of the Council's approach to tackling modern slavery. The current position was reflected in the draft Implementation plan. The Head of Community Safety advised the panel that action owners responsible for delivering targets and clear timescales would be added. Head of Community Safety advised the panel that the document should be considered as being the start of a conversation with the agencies and service leads who had the knowledge and expertise on the subject. The Head of Community Safety reported that she would be happy to report back in 12 months on progress and where the Council stood in terms of its approach to tackling modern slavery.

In response to other questions, the Panel was informed that:

- Paragraph 2.3 of the report is just an example of the types of abuse. There was no suggestion that forced labour and organ harvesting are prevalent in Wolverhampton, however there is evidence of it happening nationally. There were also suggestions nationally of human traffickers involved in 'baby farming' to access benefits.
- The Head of Community Safety advised the panel that the City of Wolverhampton Council was further forward in terms of its approach to tackling modern slavery compared to other West Midlands Council's. However, there was acceptance that there was still a long way to go to tackle the issue, which is often hidden. The work to date had been about setting the foundations for future action.
- The Council received national data on the types of abuse that are more prevalent. The National Crime Agency also produce quarterly reporting on its website. The National referral data is inadequate on the national level but the Council had to work with it. Anecdotally, at a WASP meeting partners were asked of their experiences of identifying victims. The Department for Work and Pensions (DWP) representative said they could identify two dozen potential victims on any given day but were not aware of systems for reporting concerns.
- The underreporting of actual or suspected case of modern day slavery is an issue. The Head of Community Safety commented that it is everyone's responsibility to be alert to the signs of modern slavery and to know how to report it. To support this, work, it was important for people to have an awareness of the issue and provide information. The reporting would improve with the provision of online reporting.
- The reason why a lot of the action plan is about raising awareness is because victims themselves do not necessarily recognise that they are victims. Their situation is a way of life to them and comparatively better than the experiences which made them to decide to leave their country of origin. The Chief Inspector added that although more work is needed to identify 'hidden victims' it is thought that the actual prevalence is still comparatively low.
- Eastern European males are being targeted and transported across the city/country to work for pay, but are of risk of exploitation.
- As the Council builds on the local intelligence picture the trends will become clearer. The Head of Community Safety added that it was important that the Council looked wider than its boundary in order see where the links are to modern slavery elsewhere.
- The Head of Community Safety advised the panel that in terms of people from abroad, if their right to stay in the country is being used against them by the people abusing them, it would be a safeguarding issue to be dealt with through the Council's safeguarding arrangements.
- The [Independent Commissioner for Slavery](#), Kevin Hyland, has a small team but no resources. The Independent Commissioner leads efforts nationally to tackle modern slavery and human trafficking. The issue of information sharing between organisations has been highlighted as a big issue.
- A desktop exercise on an 'end to end' walk through of a modern slavery case would shortly be taking place in Bilston. The Head of Community Safety added that it was hoped that the exercise would provide more insight into what needs to be put in place.

Resolved:

1. That a progress report be submitted to the panel in September 2018 on the progress made by the Council in its response to tackling modern slavery. The report to set out where we are now and expectations about where will be in terms of implementing the actions detailed in the Modern Slavery Implementation Plan 2017-2018.
2. That a paper on the outcome of the 'end to end' table top exercise on a modern slavery case be circulated to the panel together with information on the e-learning training package on modern slavery once more detail is available.
3. That the following questions be referred to Wolverhampton Anti-Slavery Partnership and the West Midlands Anti-Slavery Network for a written response:
 - a. How well is the Council working with partners to prevent, and support victims of, human trafficking and modern slavery?
 - b. How is the Council encouraging the sharing of information between partners to pursue and bring to justice those facilitating human trafficking and modern slavery?
 - c. How is the Council engaging with local communities to raise awareness and encourage the reporting of any suspicious activity about this issue?
 - d. What best practice exists locally and nationally which could also be considered by the Wolverhampton Anti-Slavery Partnership (WASP) in their approach to preventing human trafficking and modern slavery?

The Head of Community Safety to collate responses and forward a draft to panel members. The Head of Community Safety to provide an update on progress to the panel meeting on 7 November 2017.

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Agenda Item No: 7
**Adults and Safer City
Scrutiny Panel**
7 November 2017

Date 25.10.2017

Briefing Paper

To: The Chair, Councillors of Adults and Safer City Scrutiny Panel

Title: Deprivation of Liberty Safeguards (DoLS)

a) Background

The briefing paper seeks to provide the panel with an update on the legislation regarding Deprivation of Liberty Safeguards (DoLS), including local arrangements and performance in Wolverhampton. The briefing paper also seeks to outline some of the impending issues both locally and nationally that will need to be considered to ensure adequate safeguards are in place for adults who lack mental capacity to consent to their accommodation, care and treatment in our City.

b) Key Issues

The Mental Capacity Act 2005 - Deprivation of Liberty Safeguards (DoLS), came into force in England and Wales in April 2009 to offer legal protection to people who lack mental capacity to receive care in registered care homes or hospitals. The aim was to ensure that if a person's life is so restricted that they have been deprived of their liberty, there should be an independent assessment leading to the authorisation of the deprivation.

In March 2014, the Supreme Court published its judgement in the case of [P v Cheshire West](#) and another, and [P and Q v Surrey County Council](#). This significant judgement transformed the understanding of who required a DoLS authorisation. Since the 'Cheshire West Ruling', almost everyone who is in hospital or a care home and unable to give a valid consent to being there, now requires a DoLS assessment to be completed and authorised by the Supervisory Body (City of Wolverhampton Council).

It is fair to say that every Council across the country is finding the ability to meet DoLS demand, in its current format, challenging. City of Wolverhampton Council agreed significant short term investment to clear the backlog of DoLS referrals this year. The backlog of assessments previously stood at 253 in January 2017. The backlog of assessments had been reduced to 17 cases.

The DoLS assessment process requires six assessments to be completed, four by the Best Interest Assessor (BIA) employed by the Supervisory Body – City of Wolverhampton. The four assessments are confirmation of Age, No Refusals, Mental Capacity and Best Interests.

An independent Mental Health Assessor (Doctor) is required to complete the other two assessments confirming Eligibility and Mental Disorder diagnosis.

The Supervisory Body – City of Wolverhampton Council, is responsible for co-ordinating all six assessments and paying for the Mental Health Assessor (MHA) reports. The MHA reports cost £175 each (not including travel costs). The Supervisory Body is also responsible for ensuring that an Independent Mental Capacity Act (IMCA) advocate is available to the person or a Paid Person's Representative – this is a safeguard to provide challenge against the DoLS where necessary. This is a further financial cost to the Supervisory Body.

City of Wolverhampton DoLS Performance

Table 1

2017	April	May	June	July	Aug	Sept
DoLS Applications Received	54	60	69	92	102	81
Current Authorisations in Force	457	470	494	472	524	562
Current Applications Awaiting Assessments	211	172	86	44	91	17
Applications in Breach	175	157	47	23	70	12

Table 1 above illustrates local DoLS Team performance April - September 2017. Referrals considerably increased in Q2. Based on current referral rates, DoLS are forecast to reach 950 authorisations in force in 2017-2018. Every authorisation must be renewed annually as a minimum. The ability of the DoLS Team to sustain this performance level within available resources is under review.

The backlog (applications awaiting assessment) has reduced from 211 to 12 between April and September 2017. This has been achieved by better business as usual performance and the backlog of assessments being completed by an external agency. This was achieved with increased short term investment for this year. The numbers of applications in breach (applicants unlawfully deprived of their liberty whilst awaiting assessment), has reduced from 175 in Q1 to 12 in Q2. The team has implemented a shorter renewal form, (an ADASS ratified form), that aims to expedite the current review process.

Between January and March 2017, Court of Protection applications relating to deprivation of liberty in supported living placements has also increased by 43% on the equivalent quarter in 2016. The table below illustrates this.

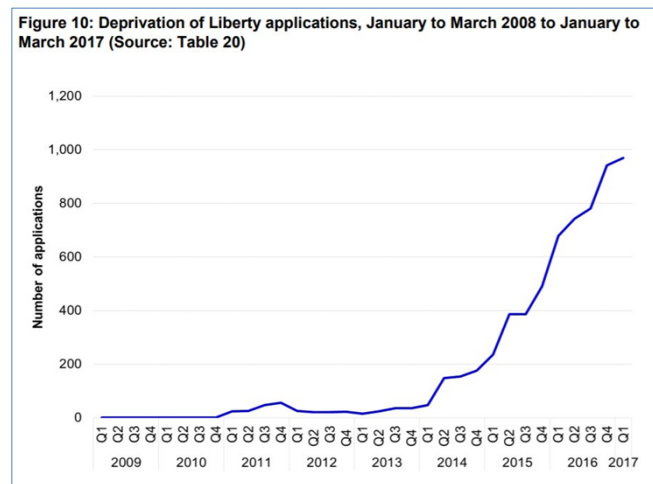


Figure 10 Ministry of Justice, National Statistics, Family Court Statistics Quarterly, England and Wales, January to March 2017 available at: <https://www.gov.uk/government/statistics/family-court-statistics-quarterly-january-to-march-2017>

Risks, development and challenges

The Local Authority is legally required to act as the Supervisory Body in accordance with Schedule A1 to the Mental Capacity Act 2005. The statutory instrument - Mental Capacity, England – 2008 – No. 1858 contains the regulations for the Deprivation of Liberty Safeguards.

The Law Commission have completed a comprehensive review of the DoLS process and published their report in the Spring 2017. Following public consultation, the [Law Commission has recommended replacing DoLS with a new scheme - Liberty Protection Safeguards](#) as it deemed the current process not fit for purpose. According to the Law Commissions report, full compliance with the Supreme Court's decision in *Cheshire West* would now cost an estimated £2.155 billion per year if fully compliant.

It is anticipated that the Law Commission's recommendations will not be processed by Government in the next two years due to the heavy legislative work schedule linked to Brexit. Therefore, the current system appears unlikely to change imminently.

On 2 May 2017, four councils lost a High Court challenge against the Government regarding funding for DoLS, [R \(Liverpool City Council and ors\) v Secretary of State for Health \[2017\] EWHC 986](#). It is fair to say that all Supervisory Bodies find the demands of the DoLS process in its current format a significant financial and resource intensive challenge. The short-term investment the City of Wolverhampton Council made this year to clear the backlog is significant, other Councils have chosen not to do so and many continue to report a backlog of applications in breach of an authorised DoLS being in place.

Summary

The Deprivation of Liberty Safeguards Team aim to monitor, review and complete assessments with an expedited process to manage demand with the resources available. The members of the team continually aim to ensure that all assessments are managed within lawful processes and follow best practice guidance.

Changes to the DoLS process as recommended by the Law Commission regarding Liberty Protection Safeguards, (or any interim measures Government may implement), will require action.

It is noteworthy that referrals continue to rise therefore local performance, resources and capacity will need to continue to be reviewed as this trajectory continues.

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Briefing Note

Title: 2017 Adult Social Work Health Check Survey – overview of findings

Prepared by: Jenny Rogers

Intended audience: Internal Partner organisation Public Confidential

Purpose

This briefing paper presents the key findings of the 2017 Adult Social Work Health Check and makes comparisons with last year's survey results.

Recommendation

1. To consider the findings of the Adult Social Work Health Check 2017.

Background and context

The national Social Work Task Force final report (November, 2009) recommended the application of a framework to assist employers in assessing the "health" of their organisation on a range of issues affecting the workload of social workers. It was intended that this framework would also support the implementation of a set of national standards for employers and a supervision framework for practitioners.

The framework identifies five key topics to support organisations to undertake a self-assessment to identify current strengths and areas that require improvement:

1. Effective Workload Management
2. Pro-active Workflow Management
3. Having the Right Tools to Do the Job
4. A Healthy Workplace
5. Effective Service Delivery

Wolverhampton has undertaken a full Social Work Health Check as part of the on-going self-assessment to inform its improvement journey. The key findings are presented across each of the five topics and conclude with areas for improvement. These will be used to inform the implementation of the Employer Standards and improve social work practice in the city.

Overview

The 2017 Adult Social Work Health Check took place via an online survey between 13 April 2017 and 24 May 2017. All registered social workers (including agency workers), irrespective of their role within the People Directorate, were invited to complete the online survey, which asked questions about them, their work, the support they get and how they feel about their job. This Health Check is carried out annually.

The survey was distributed to 133 registered adult social workers and 80 responses were received. Last year there were 51 responses, so there has been an improvement in the number of social workers completing the survey in 2017.

It was strongly evident from the survey responses that there is a significant commitment and desire to provide excellent services and make a real difference for adults in Wolverhampton.

The full report accompanies this briefing paper, but the following is an outline of the key findings from the survey.

Key Findings

a) Effective workload management

The results of the 2017 survey indicated that on average social workers hold 18.5 cases. This is consistent with the results of the 2016 Health Check when the average caseload was 18.7. In 2015 the average was very slightly higher at 19.7. This suggests that caseloads have stayed relatively static over the last 3 years and are within a reasonable range.

There were 6 social workers who work part time and caseloads for this group ranged from 0 to 14. The average caseload was 11. The reason for one social worker not having any cases is because they work for the Emergency Duty Team (EDT). Workers in EDT would not normally have a caseload. The other part time social worker with 2 cases only does duty work, which accounts for the low caseload.

Almost all of the social workers (full time and part time) who responded who hold caseloads, have between 10 and 30 allocated cases (88%). The number of adult social workers who have a caseload fewer than 10 cases is 8% and only 4% have more than 30.

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.

Over half of the respondents reported that their caseloads *are manageable or just about manageable* (58%). The number of people reporting unmanageable caseloads was 19% and has reduced by 5.3% since last year.

There were half a dozen part time workers who took part in this survey, which is a relatively small sample. However, 50% of this group felt that their caseloads were *not manageable or just about manageable*. This may suggest that caseloads for part time social workers need to be considered as an area for improvement.

The number of social workers reporting that they have worked over their contracted hours *most weeks* in the last 12 months has slightly improved since the 2016 Health Check. However, those working more than their contracted hours *every week* has increased by 4.3%:

2016	2017
<ul style="list-style-type: none"> 40.82% of social workers reported that they worked over their contracted hours <i>most weeks</i> 20.4% reported that they work over their contracted hours <i>every week</i> 	<ul style="list-style-type: none"> 34.2% reported that they worked over and above their contracted hours <i>most weeks</i>; 24.7% reported that they work over their contracted hours <i>every week</i>

Almost half of social workers work more than 37 hours a week, with 42% working between 38-42 hours a week and 7% working between 43-47 hours. However, none worked more than 48 hours a week.

A high number of respondents stated that they have undertaken work in their own time in the last 12 months (80.8%). This is very similar to the findings of the 2016 survey when the figure was 79.52%. In 2015 the proportion was 74.6%, which indicates a slight upwards trend in this area.

Sickness levels have significantly dropped since last year, with 8.2% stating that they have been off sick in 2017 compared with 20.41% in 2016.

Stress levels are high, with 57% of social workers always, or often, feeling stressed. However, this has decreased by 10% since last year.

Slightly more social workers are carrying over annual leave due to workload demands in 2017 than previously. This year 19.2% of social workers confirmed that they had to do this compared with 16.33% in 2016.

There is evidence of positive line management support and supervision, which takes place on a regular basis, and is considered by 73.4% of respondents to be of a high quality. 57.6% of respondents receive formal supervision at least once a month. This has improved since 2016 when the number was 39.02%.

It was reported that 51.5% of workers never, or rarely, have supervisions cancelled. However, 40.9% sometimes have sessions cancelled, which is a significant proportion, but there has been improvement since last year:

2016	2017
<ul style="list-style-type: none"> • 46.34% <i>never or rarely</i> had supervision sessions cancelled or postponed • 43.9% had supervision sessions cancelled <i>sometimes</i> • 9.8% <i>frequently</i> had supervision cancelled or postponed 	<ul style="list-style-type: none"> • 51.5% <i>never or rarely</i> had supervision sessions cancelled or postponed • 40.9% had supervision sessions cancelled <i>sometimes</i> • 7.6% <i>frequently</i> had supervision cancelled or postponed

The number of respondents who have not had an observation in the last 12 months is high (71.2%), but has improved since 2016 when 87.8% of people hadn't had an observation of their practice.

The number of appraisals being carried out this year is low and is an area for improvement, with only 65.2% of respondents having had one compared with 92.68% last year. The data from Agresso suggests that 72.5% of social workers from Older People, Disabilities and Mental Health had had an appraisal by 30 April 2017. The disparity in figures could be skewed by agency social workers and student social workers who may not necessarily receive an appraisal, but would have completed the survey.

A high proportion of social workers (73%) felt that Wolverhampton is a learning organisation with a positive learning culture. This is a significant improvement since last year when only 41% of social workers agreed, or strongly agreed, that Wolverhampton has a positive learning culture. Some comments from the respondents included:

“Access to learning is encouraged, as is personal career development”.

“Our PSW has bought lots of training opportunities, which I have welcomed”.

The majority of social workers (51.5%) were satisfied with the learning and development opportunities available. However, there were some suggestions for improvement. This included offering less e-learning and more face to face training. Some additional learning and development

opportunities social workers would like to see offered included Mental Capacity Act / DoLS and supervision / leadership training. However, most of these topics (the Mental Capacity Act, DoLS and leadership training) are priorities in the Workforce development plan for 2017/18. Another comment of note included:

“More on the job developments, e.g. developing champions for different areas of practice / skill sets may be a good idea”.

b) Proactive Workflow Management

The majority of social workers (61.5%) felt that their skills were being used effectively in their role. No one felt that their skills were *not used at all*.

Many of the respondents who felt that their skills were not being used effectively cited administrative tasks as the main issue (16 out of 53 comments).

Slow running PCs and Care First going offline are the main problems workers face on a daily and weekly basis which cause delays.

c) Having the right tools to do the job

Half of respondents said that they felt they work in an evidence based way, but only 37.9% stated that they access resources and materials to support their practice.

Only 27.3% had accessed materials on RiPFA (Research in Practice for Adults) over the last year. The subscription has now been cancelled and the data suggests that this decision was justified, as it does not appear to have been widely used and therefore was not cost effective.

Communication in the organisation is a key strength, particularly between management and frontline employees. There are weekly or monthly team meetings taking place nearly all of the time (99%). The manager is seen as the main communication channel employees use, and would prefer to use, to be updated about information.

Time spent inputting onto Care First is high, with the majority spending more than 50% of their contracted hours on this task.

The average time spent working directly with adults is just 10 hours a week, which correlates to the significant time spent inputting onto Care First. There has been no change since the last Health Check when the average number of hours spent with service users was also 10 hours a week.

d) A Healthy Workplace

The majority of respondents felt enthusiastic about their job (65.6%) and look forward to going to work (50%). Some comments included:

“There is a consistent message and a feeling of unity about the council that hasn’t existed in the past.”

“Overall the City of Wolverhampton Council seems forward thinking and progressive and so to be part of this is very positive”.

A number of respondents identified the training and development opportunities available and the support from their manager as reasons why they felt positive about the City of Wolverhampton Council as an employer. Nearly three quarters (71.2%) were either satisfied or very satisfied with

the support of their manager and 77.3% said they were able to access support when they needed to make important decisions.

However, 32.8% disagreed or strongly disagreed that they had been consulted with and involved in proposed changes over the last 12 months. This is an improvement since last year though when 42.5% disagreed or strongly disagreed with this statement.

e) Effective Service Delivery

More than half of the respondents stated that they *feel proud to work for the City of Wolverhampton Council* (59.3%) and only 6.3% disagreed or strongly disagreed with this statement. Last year the number of those who strongly disagreed or disagreed with this statement was much higher (17.5%).

Over 70% of respondents stated that they were not considering leaving the authority in the next 12 months. A very small number (9.4%) are thinking about leaving to take up a new job or career. When asked, what would influence their decision to stay at the City of Wolverhampton Council, the majority (65.6%) stated that having a supportive manager would be the main factor.

Impact on the City of Wolverhampton Council and / or City

The adults Social Work Health Check indicates that in the main social workers are feeling more 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.

Social worker responses suggest that they recognise there is a commitment to investing in the workforce and they are utilising the opportunities available to progress and gain specialist skills. Social workers have been very enthusiastic about the training and development opportunities that they have been afforded in the last 12 to 18 months. The longer-term impact of the training will be measured over the next six months via bi-monthly casefile audits.

Actions / recommendations

An action plan has been completed as a result of this Health Check survey to address the key areas of improvement. The action plan accompanies this briefing paper.

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.

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

Financial implications

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.

Legal implications

There are no direct legal implications arising out of this report.

Equalities implications

There are no direct equality implications arising out of this report.

Environmental implications

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

Human resources implications

There are no HR implications arising out of this report.

Corporate landlord implications

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

Wolverhampton People Directorate Adult Social Care

Social Work Health Check 2017 Summary Report

June 2017

1.0 Introduction

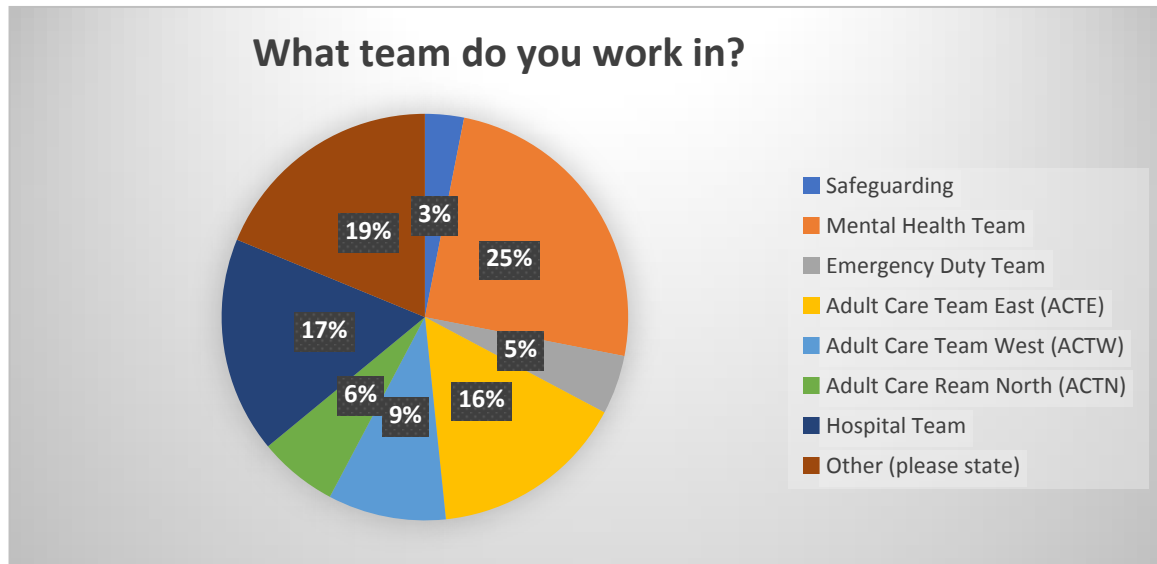
- 1.1 The national Social Work Task Force final report (Nov. 2009) recommended the application of a framework to assist employers in assessing the “health” of their organisation on a range of issues affecting the workload of social workers. It was intended that this framework would also support the implementation of a set of national standards for employers and a supervision framework for practitioners.
- 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.
- 1.3 The five key topics are:
 1. Effective Workload Management
 2. Pro-active Workflow Management
 3. Having the Right Tools to Do the Job
 4. A Healthy Workplace
 5. Effective Service Delivery
- 1.4 Wolverhampton has undertaken a full Social Work Health Check as part of the on-going self-assessment to inform its improvement journey. The key findings are presented across each of the five topics and conclude with areas for improvement. These will be used to inform the implementation of the Employer Standards and improve social work practice in the city.

2.0 Methodology

- 2.1 Wolverhampton’s health check was circulated via an online survey between 13/04/17 and 24/05/17. All registered social workers (including agency staff), irrespective of their role within the People Directorate, were invited to complete the online survey. There were questions about them, their work, the support they get 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 133 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.

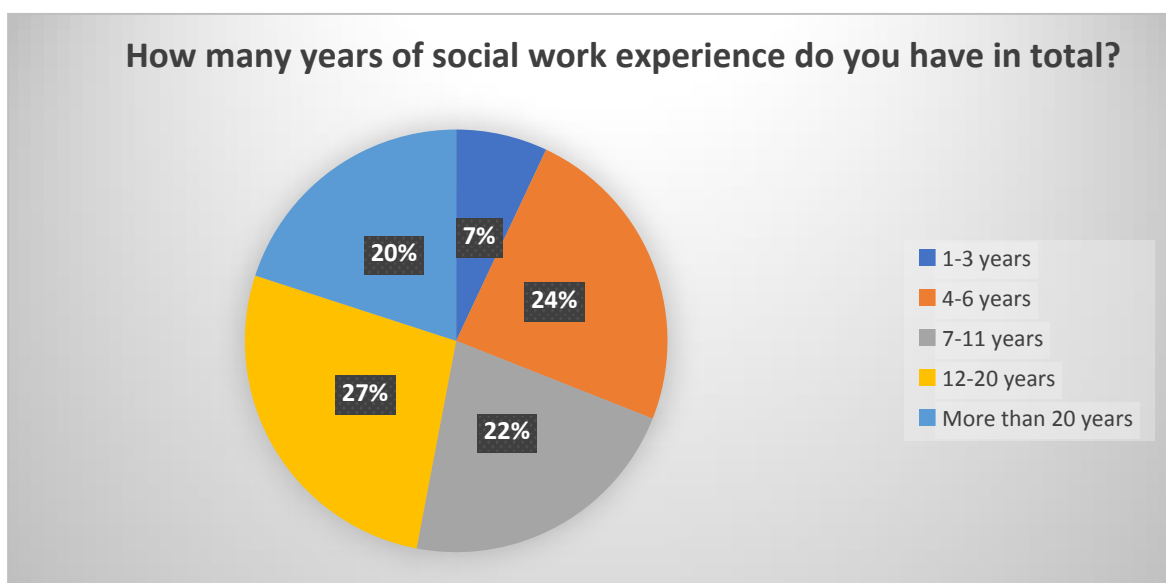
3.0 Overall response

3.1 The response rate was 60% (80 respondents) from the following service areas:



3.2 Last year's response rate was 25.12% (51 respondents), so there has been a significant improvement in the number of social workers completing the survey.

3.3. No newly qualified social workers completed the survey. The highest number of respondents had between 12-20 years post qualifying experience. There does not appear to be any correlation between the number of years' experience and the number of cases held by a worker.



- 3.4 Over half of the respondents have been working for Wolverhampton City Council for more than 7 years, with 33% of these having been employed in excess of 11 years.
- 3.5 It should be noted that not all respondents completed each question so there is a variance in the total number of respondents to each question.

4 Key Findings

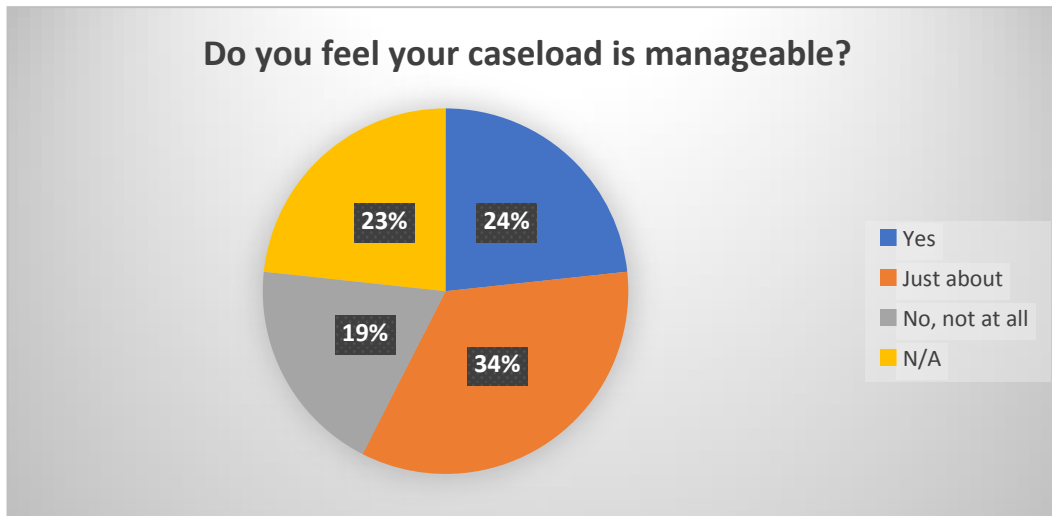
4.1 Effective Workload Management

a) Caseloads

- 4.1.1 Of the 73 respondents who answered this question, 71% had a caseload. The results indicated that on average social workers held 18.5 cases. This is consistent with the results of the 2016 Health Check when the average caseload was 18.7. In 2015 the caseload average was very slightly higher at 19.7. This suggests that caseloads have stayed relatively static over the last 3 years.
- 4.1.2 In terms of caseloads:
- The highest number of allocated cases was 37
 - The lowest number of allocated cases was 2
- 4.1.3 There were 21 responses where caseloads were 0. For averaging purposes these outliers have been removed.
- 4.1.4 Almost all of the social workers who responded who hold caseloads, have between 10 and 30 allocated cases (88%). The number of adult social workers who have a caseload fewer than 10 cases is 8% and only 4% have more than 30.
- 4.1.5 In the main, caseloads across the Adult Care Teams (North, East and West) were similar, ranging from 16 to 37.
- 4.1.6 The hospital team had a lower caseload range, starting at 9 and peaking at 19. The reasons for the lower caseload of 11 in one case is due to the respondent working part time hours. There were also 3 others who stated that they had only worked for the Council for 12 months or less, which could account for them having low caseloads.
- 4.1.7 The respondents who stated that they worked in the Mental Health team had a range of caseloads from between 10 and 26. A part time worker has one of the lower caseloads (14 cases), which would be expected. 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.

4.1.8 Overall figures on how manageable the respondents find their caseloads:



4.1.9 This means that just over half of the 73 respondents reported that their caseloads are manageable or just about manageable (58%). There has been a reduction in the number of people reporting unmanageable caseloads compared with 2016, where the number was 24.3%, and is now more in line with the 2015 results, which was 19%.

4.1.10 There were 2 student social workers who responded to the survey. One had a caseload of 5 and the other had a caseload of 10. Both stated that the number of cases they held were manageable.

4.1.11 There were 47 qualified social workers in non-management roles. The average caseload for this group was 20. Opinions were divided about whether caseloads were manageable, but the majority (64%) indicated that they were *manageable* or *just about manageable* and 22% stated that they were not. 7% of respondents said that this question was not applicable and a further 7% did not answer.

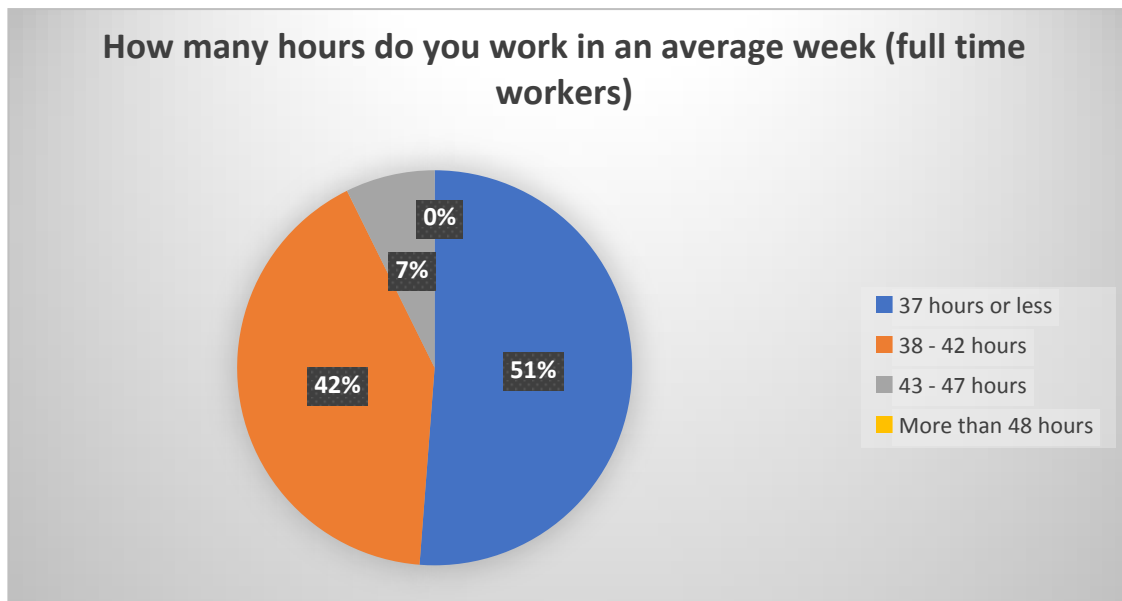
4.1.12 There were 6 social workers who work part time and caseloads for this group ranged from 0 to 14. The average caseload was 11.

4.1.13 Of the part time social workers, 4 work 18.5 hours a week. Caseloads in this group varied. Half (1 with 12 cases and the other with 14) stated that their caseloads *were unmanageable*; while the others, who had significantly fewer cases (0 and 2), felt that their caseloads *were manageable*. The reason for one social worker not having any cases is because they work for the Emergency Duty Team (EDT). Workers in EDT would not normally have a caseload. The other part time social worker with 2 cases only does duty work, which accounts for the low caseload.

- 4.1.14 The remaining part time social workers work 25 hours a week and both hold the same number of cases (11). One felt that this was *just about manageable*, while the other did not respond to this question.
- 4.1.15 Although the sample of part time workers in this survey was relatively small, the number who felt that their caseloads were *not manageable* or *just about manageable* may suggest that caseloads for part time social workers need to be considered as an area for improvement.
- 4.1.16 It is important to note that out of the 8 Social Work Unit Managers (SWUMs) who responded to the questionnaire, 1 stated that they hold a caseload of 7 cases, which they felt was manageable. The other SWUMs held no cases.

b) Hours worked

- 4.1.17 Of those that responded, 34.2% reported that in the last 12 months they worked over and above their contracted hours *most weeks*; with 24.7% reporting that they do this *every week*. The number of staff working over most weeks has slightly improved since the 2016 Health Check (40.8%), but those working more than their contracted hours *every week* has increased since last year when the number was 20.4%.
- 4.1.18 A high number of respondents stated that they have undertaken work in their own time in the last 12 months (80.8%). This is very similar to the findings of the 2016 survey where the figure was 79.52%. In 2015 the proportion was 74.6%, which indicates an upwards trend in this area.
- 4.1.19 There were 73 responses to the question about whether workers had carried over annual leave due to workload demands. A relatively low number confirmed that they had had to do this (19.2%), which is an increase compared to 2016 (16.33%) and 2015 (17.5%).
- 4.1.20 Just over half of full time staff work an average of 37 or less hours in a typical week, with 42% working between 38-42 hours. No one works more than 48 hours in a typical week.



4.1.21 From the responses, 4 social workers are contracted to work 18.5 hours. Of this group, all but 1 work over their contracted hours, with 2 working an average of 24 hours and the other working 21 hours. The remaining worker works 18 hours on average in a typical week.

4.1.22 There are also 2 workers who are employed for 25 hours a week. Both work 25 hours on average.

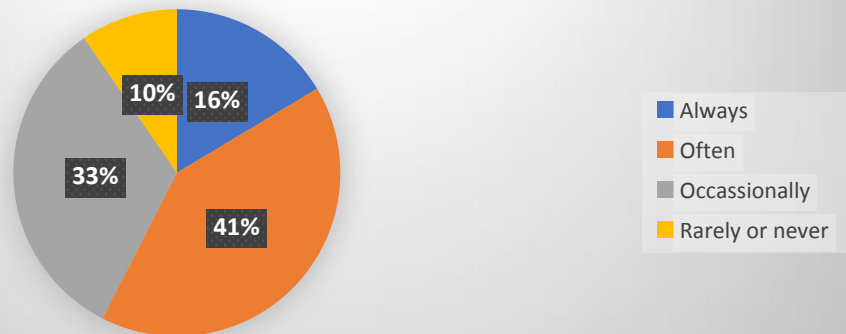
4.1.23 This data about average hours worked corresponds with the results of the manageability of caseloads question, where half of those contracted to work 18.5 hours stated that they were not manageable. However, the 2 workers contracted to work 25 hours felt that their cases were manageable.

c) Stress

4.1.24 Stress amongst social workers is high, but those taking sickness due to stress is not; with 8.2% stating they had taken sick leave due to stress in the last year. This is a significant improvement since 2016 when the number of people who had taken sick leave was 20.41%.

4.1.25 The following information was elicited, which indicates that just under half of the respondents often felt stressed:

How often, if at all, do you feel stressed about your workload or the nature of your work?



4.1.26 Stress levels appear to have reduced since last year with a 6% decrease in the number who *always* feel stressed and a 4% fall in the number of workers who *often* feel stressed at work. There has not been any change in the proportion of those who *rarely or never feel stressed* since 2016, but there has been a 10% rise in those who feel stressed occasionally.

d) Learning and Development Opportunities

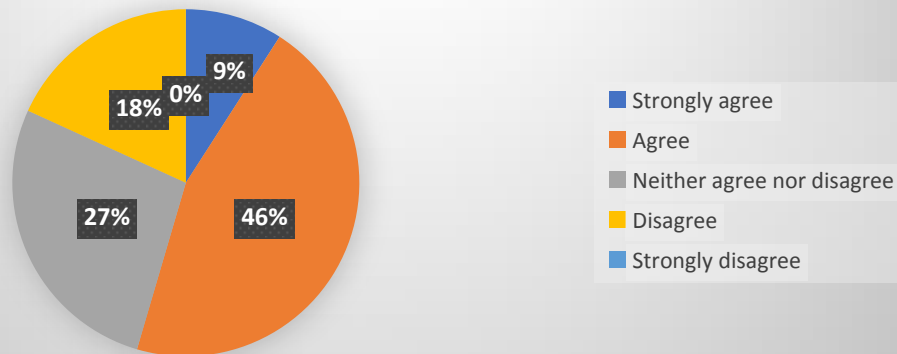
4.1.27 When asked how they would rate the induction they received when they first started with their current team at Wolverhampton City Council,

- 10.6% were very satisfied
- 30.3% were satisfied
- 30.3% were neither satisfied nor dissatisfied
- 10.6% were dissatisfied
- 13.6% said that they did not receive any induction

4.1.28 A total of 66 respondents commented on what they felt would improve inductions. There were 7 respondents who commented that more shadowing opportunities would be beneficial and 6 people referred to the need for a more structured plan. A further 3 workers would have liked to have had a detailed induction pack, including guidance on processes and policies. 2 people mentioned issues with IT and not being set up on Agresso properly. Another 2 stated that they felt that inductions have improved and 5 more were very positive about the induction they had received.

4.1.29 Nearly three-quarters (73%) of social workers *strongly agreed / agreed* that Wolverhampton is a Learning Organisation with a positive learning culture:

To what extent would you agree that "Wolverhampton a learning organisation with a positive learning culture"?



4.1.30 Respondents were asked to comment on this question and to provide any ideas that might contribute to the development of a learning culture. 29 responses were received. There were 13 positive comments including:

"Since I joined the organisation I have been afforded growth and development opportunities that have been useful in building my confidence and skills in my social work role"

"Access to learning is encouraged, as is personal career development".

"Our PSW has bought lots of training opportunities, which I have welcomed".

4.1.31 Common areas where it was felt that improvements were needed to enable the development of a learning culture were:

- 31% said that there is too much e-learning and face to face training is much more beneficial.
- 18% said that they needed more time to be able to do training; they felt their workloads and stress levels prevented this.
- 7% said that agency social workers have no access to training.

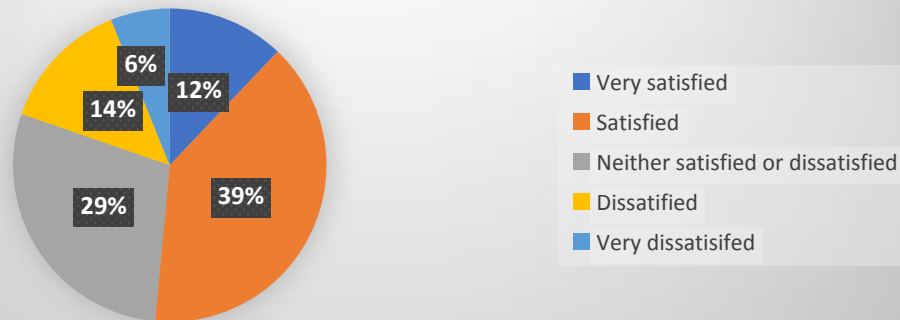
4.1.32 Other comments of note included:

"The Council is supportive of having students, but does not offer adequate support to practice educators who are expected to fulfil this role with a full caseload. There are no forums for Practice Educators as there are with other specialisms (AMHPs, BIAs).

"Further work needs to be done to link (the Learning and Development workplan for adult social care) with appraisals".

4.1.33 There were 51.5 % of staff who stated they were either *very satisfied* or *satisfied* with the learning and development opportunities on offer within Wolverhampton City Council:

How satisfied or dissatisfied are you with the learning opportunities and development opportunities available to you at Wolverhampton City Council?



4.1.34 The majority of staff were satisfied / very satisfied with the training on offer.

- 12.1% were very satisfied
- 39.4% felt satisfied
- 28.8% were neither satisfied nor dissatisfied
- 13.6% were dissatisfied
- 6.1% were strongly dissatisfied

4.1.35 During the last 12 months, 39.7% of respondents reported that they rarely or never had to cancel or rearrange training and development opportunities due to workload. However, the proportion reporting that they *have often* had to rearrange or cancel training has increased by 6% since last year and there has been a 2.7% rise in the number of people who *always* have to cancel training.

- 39.7% said they *never or rarely*
- 26% said they *occasionally*
- 28.8% said they *often*
- 2.7% said they *always*
- 2.7% said they *had not booked any training or development opportunities*

4.1.36 Social workers were asked what additional learning and development opportunities they would like to see offered. There were 66 responses to this question. There were several areas identified by 3 or more people:

- 6 respondents wanted to see training on, and more opportunities to develop skills in relation to, the Mental Capacity Act and DoLS.
- 5 respondents requested a programme to support social workers into management and also training regarding supervision and leadership.
- 4 respondents were interested in Practice Educator training.
- 3 respondents wanted to have the opportunity to train as a BIA or AMHP.

4.1.37 Other comments of relevance included:

“More on the job developments, e.g. developing champions for different areas of practice / skill sets may be a good idea”.

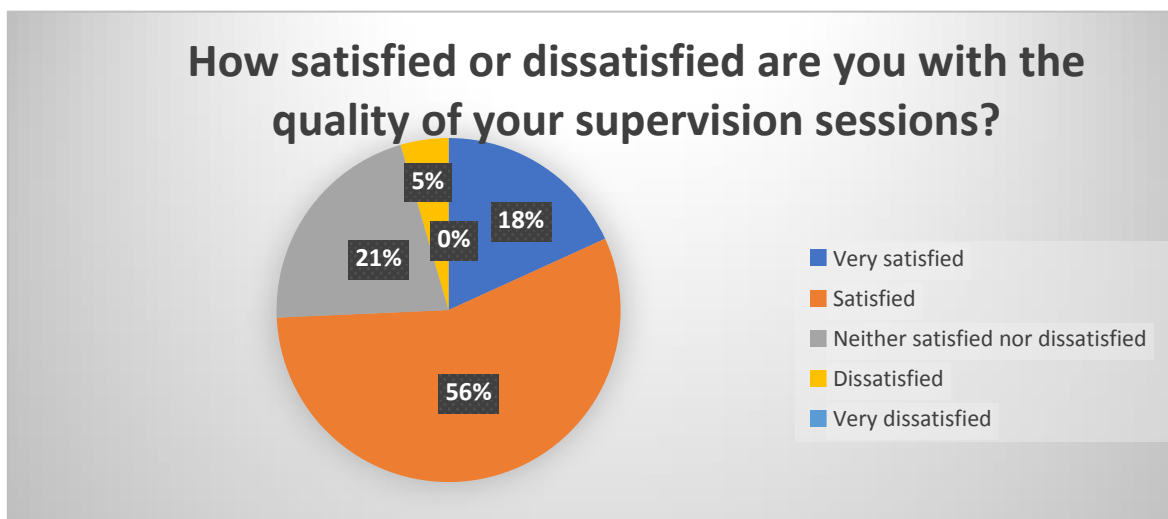
“The Emergency Duty Team are experts in this field (the whole family approach) as they are a generic team, but they have never been asked to ...offer any expertise.”

e) Supervision

4.1.38 Of the staff surveyed, 57.6% receive formal supervision at least once a month. This has improved since the 2016 health check survey where the number was 39.02%. The number receiving supervision *most months* in 2017 was 37.9%, with the remainder (4.5%) having supervision every 6 months.

4.1.39 Nearly three quarters of the respondents (74.3%) rated the quality of supervision in Wolverhampton positively. Specifically:

- 71.2% stated that they had sufficient time on decision making and intervention.
- 90.9% stating that they had sufficient opportunity to discuss caseload and workload management.
- 68.2% felt they had time to discuss training and career opportunities.
- Only 6.1% said that they didn't get opportunity to discuss any of these in supervision, which is slightly less than in 2016 (7.32%).



4.1.40 The responses suggest that just over 50% of managers and staff make time for supervision sessions. However, there is a significant proportion who *sometimes* have supervisions cancelled or postponed. This has slightly improved since last year:

:

- 51.5% *never or rarely* had supervision sessions cancelled or postponed (in 2016 this figure was 46.34%)

- 40.9% had supervision sessions cancelled *sometimes* (in 2016 this figure was 43.9%)
- 7.6% *frequently* had supervision cancelled or postponed (in 2016 this figure was 9.8%)

4.1.41 When asked if an observation of practice had taken place in the last 6 months, 71.2% said that they had not had one. The main explanations for this were that observations had not been discussed between the worker and their manager, they were office based or were a new starter / agency worker. However, the number of observations taking place has improved since last year (87.8%).

4.1.42 The number of workers who have had an appraisal in the last 12 months has dropped significantly. This year 65.2% had had an appraisal, compared with 92.68% in 2016. However, the data from Agresso suggests that 72.5% of workers from Older People, Disabilities and Mental Health had had an appraisal by 30th April 2017. The disparity in figures could be skewed by agency social workers and student social workers who may not necessarily receive an appraisal, but would have completed the survey.

4.2 Proactive Workflow Management

a) Delays and obstacles to work

4.2.1 Social workers experience most delays due to slow responses from other agencies when requesting information or referring; with 71.3% *sometimes* or *often* delayed and 71.4% *sometimes* or *often* delayed when referring to other agencies.

4.2.2 The 4 problems experienced by respondents on a daily basis were:

- Slow running PCs (26%)
- Case Manager system/CareFirst going offline (9%)
- Outlook inbox too congested (3%)
- Photocopier/printer unreliable (1%)

4.2.3 The top 2 weekly problems were:

- Case Manager system/CareFirst going offline (38%)
- Slow running PCs (28%)

b) Efficient use of skills

4.2.4 Respondents were asked to rate how efficiently they thought their skills as a Social Worker were being used in their current role. The majority felt positive about this:

- 28.6% - '5' (*Very much so*)
- 32.9% - '4'
- 28.6% - '3'
- 10% - '2'
- 0% - '1' (*not at all*).

- 4.2.5 Many of the respondents who felt that their skills were not being used effectively cited administrative tasks as the main issue (16 out of 53 comments).
- 4.2.6 Additional tasks are undertaken by 60% of staff who completed the survey. Most respondents referred to their BIA, AMPH and Practice Educator role in addition to the supervision and mentoring of other social care staff and students.

4.3 Having the right tools to do the job

- 4.3.1 The majority of respondents have access to a variety of resources including:
- Laptops for mobile working (81.2%)
 - Mobile phones (72.5%)
 - Lockable drawers for personal items (55.1%)
 - Mobile tablets / Care first (36.2%)
 - Adequate private meeting space (39.1%).
- 4.3.2 The most notable change is the number of respondents who stated that they have access to lockable drawers for personal items, as this figure has reduced by 19% since last year.
- 4.3.3 Respondents are not regularly accessing resources to support an evidence informed approach to practice. Only 37.9% had accessed such materials in the last year. However, 50% said that they felt confident that they were working in evidence informed ways. It is unclear how the 12.1% of respondents are updating their knowledge and skills to ensure they are acting in an evidenced based way if they are not accessing relevant resources.
- 4.3.4 Of the 54.6% who had created an account on the Research in Practice for Adults website, only 27.3% had used some of the materials. 45.5% of respondents stated that they were unaware of the resources available.
- 4.3.5 When asked how easy it was to access services to support day-to-day practice, 68 respondents responded as follows:

	Easy	Neither easy nor difficult	Difficult	Don't know
Legal services advice	23	26	6	13
Interpreters	24	16	18	10
Administrative support	39	18	10	1
General ICT support	30	25	14	0
Support with case management	34	24	8	3

system / Care First				
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4.3.6 This indicates that approximately a quarter of the social workers find arranging interpreters and general ICT support most difficult to access in their daily work, but in the main workers find it generally easy to access most of these services.

a) Team Meetings and information sharing

4.3.7 The top three communication channels staff used in practice were:

- Line Manager / Supervisor (88.4%)
- Team colleagues (60.9%)
- Core brief / local team brief (49.3%)

4.3.8 The top three communication channels staff would prefer are:

- Line Manager / Supervisor (83%)
- Intranet (65.5%)
- From the Strategic Director (59%)

4.3.9 Team meetings are happening on a regular basis with 99% taking place either weekly or monthly. The majority of meetings however happen monthly (72.7%).

4.3.10 Communication between management and frontline staff is felt to be effective and appropriate, with 72.7% of responses confirming this view.

b) Care First

4.3.11 Time spent inputting onto CareFirst is high, with 73.9% of respondents reported that they spend more than 50% of their contracted working hours inputting during a typical working day. Only 7.2% spend less than 25% of their hours inputting onto CareFirst.

4.3.12 This information correlates with the average number of hours' respondents say they are spending in a typical week undertaking direct work with adults (10 hours). There has been no change in the amount of time social workers spend doing direct work with adults since the last Health Check.

4.4 A Healthy Workplace (See also Sections for Stress, Team Meetings, and Supervision)

4.4.1 Social workers were asked to what extent they agreed or disagreed with the following statements. There were 64 respondents to this question:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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I know who the Adult's Services Senior Managers are and can recognise them	13	28	11	11	1
Staff are consulted and involved in proposed changes	3	12	28	17	4
I look forward to going to work	5	27	21	9	2
I feel enthusiastic about my job	12	30	15	6	1
I feel proud to work for Wolverhampton City Council	11	27	22	3	1

4.4.2 The majority of respondents feel *enthusiastic about their job* (65.6%) and 50% strongly agree or agree that they look forward to going to work. A number of people felt that they had been *consulted and involved in proposed changes* (23.4%), but more social workers disagreed or strongly disagreed with the statement (32.8%). However, this is an improvement since last year when 42.5% disagreed or strongly disagreed that they had been consulted with about proposed changes.

a) Support from Line Managers

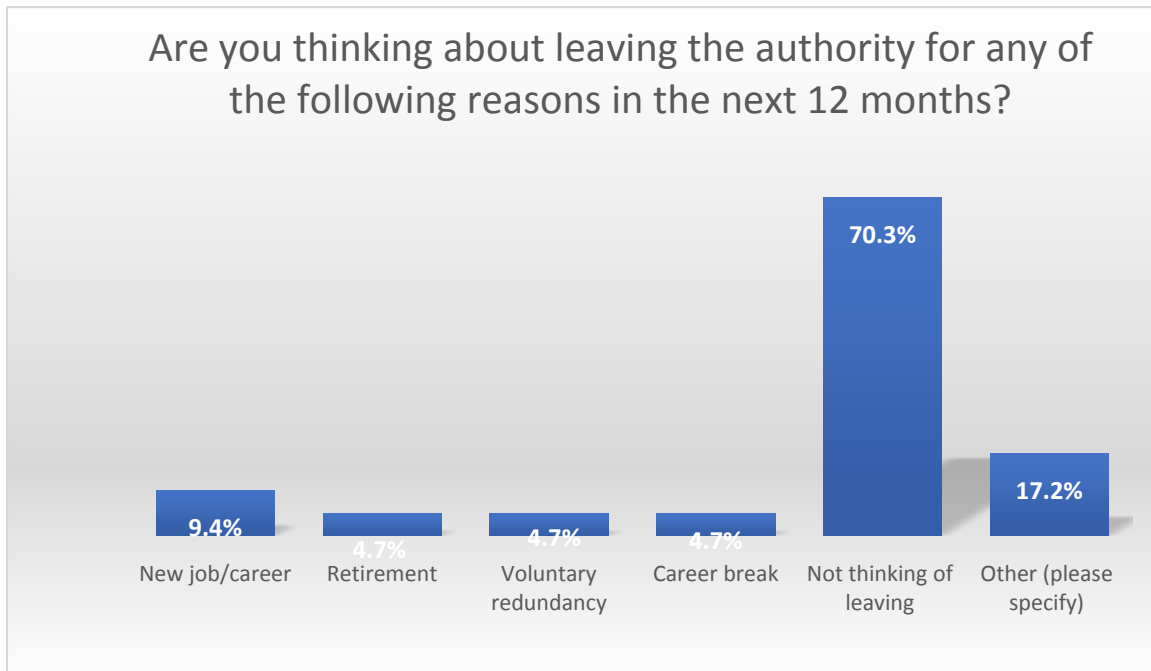
- 4.4.3 There were 71.2% of respondents who were either satisfied or very satisfied with the support from their line manager when they had a complex case involving risk or safeguarding. Only 4.5% reported that they were dissatisfied.
- 4.4.4 Respondents were more likely to be able (than unable) to access support when making important decisions. Most (77.3%) indicated that they had been able to access support when needing to make an important decision relating to a case, with 22.7% identifying that they hadn't had support when they most needed it.

4.5 Effective Service Delivery

a) Pride and Motivation

- 4.5.1 More than half of the respondents strongly agreed or agreed that they *feel proud to work for Wolverhampton City Council* (59.3%) and only 6.3% disagreed or strongly disagreed with this statement. There has been an improvement since last year when the number of those who strongly disagreed or disagreed with this statement was 17.5%.

4.5.2 Over 70% of respondents stated that they were not considering leaving the authority in the next 12 months. A very small number (9.4%) are thinking about leaving to take up a new job or career.



4.5.3 When asked, what would influence their decision to stay at the City of Wolverhampton Council, the majority (65.6%) stated that having a supportive manager would be the main factor.

4.5.4 Social workers were also asked what makes them feel positive about Wolverhampton City Council as an employer. Common themes were:

- Training and development opportunities available (16 responses)
- The support from their managers (11 responses)
- Working in friendly teams with supportive colleagues (7 responses)

4.5.5 Some examples of the comments received were:

“There is a strong commitment to investing in its employees and with learning and development.”

“There is a consistent message and a feeling of unity about the council that hasn’t existed in the past.”

“Overall the City of Wolverhampton Council seems forward thinking and progressive and so to be part of this is very positive”.

“I feel privileged to be able to work in a small community team with a range of mental health professionals. I am well supported by my team and believe I do a good job.”

4.5.6 There were 7 people who provided their employee number to discuss their feedback further. The majority of these had no preference about who they wished to discuss their comments with. However, 1 specified that they wanted to discuss this specifically with their line manager and the other asked to speak to Human Resources.

5 Conclusion

5.1 This summary report has focused on the key findings from the views and experiences of over half of Wolverhampton's frontline social work practitioners. It was strongly evident from the survey responses that there is a significant commitment and desire to provide excellent services and make a real difference for adults in Wolverhampton.

5.2 There is evidence of positive line management support and supervision, which takes place on a regular basis, and 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. Appraisals also need to be carried out more widely and is an area for improvement.

5.3 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.

5.4 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.

5.4 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 ICT problems have on their time on a daily basis.

5.5 The other critical area for consideration to improve social work intervention and timeliness of this, is around responses from other agencies and transferring cases to other agencies for intervention. There are reported difficulties in this area which impacts not only on the service user, but also on the ability of the social worker to address need in a timely manner.

5.6 Key strengths:

- Over half (57.5%) of respondents reported that their caseloads were manageable. The average number of cases is 18.5 cases and most caseloads are within a reasonable range.

- Average caseloads have remained relatively stable when compared with the results of the 2016 and 2015 Health Check surveys.
- There has been a reduction in the number of social workers reporting unmanageable caseloads since last year when the number was 24.3%. This year the proportion of social workers who feel that their caseloads are not manageable is 19%.
- Sickness levels have dropped since last year, with 8.2% stating that they have been off sick in 2017, compared with 20.41% in 2016.
- A high proportion of social workers (73%) felt that Wolverhampton is a learning organisation with a positive learning culture.
- The majority of staff (51.5%) were satisfied with the learning and development opportunities available.
- Over half of the social workers receive supervision at least once a month (57.6%). This is an improvement since last year when monthly supervision rates were much lower at 39.02%.
- A high number (74.3%) were positive about the quality of supervision.
- The majority (61.5%) felt that their skills were being used effectively in their role. No one felt that their skills were not used at all.
- Communication between frontline staff and managers is viewed by 72.7% as effective and appropriate, with team meetings taking place either weekly or monthly 99% of the time.
- The majority of respondents felt enthusiastic about their job (65.6%) and more than half feel proud to work for Wolverhampton (59.3%).
- A number of respondents identified the training and development opportunities available and the support from their manager as reasons why they felt positive about Wolverhampton City Council as an employer.
- Nearly three quarters (71.2%) were either satisfied or very satisfied with the support of their manager and 77.3% said they were able to access support when they needed to make important decisions.
- Over 70% were not considering leaving the authority in the next 12 months.

5.7 Areas for Improvements:

- Although the sample of part time workers in this survey was relatively small, the number who felt that their caseloads were *not manageable* or *just about manageable* may suggest that caseloads for part time social workers need to be considered as an area for improvement.

- A high number of respondents stated that they have undertaken work in their own time in the last 12 months (80.8%).
- It was reported that 51.5% of workers never, or rarely, have supervisions cancelled. However, 40.9% have sometimes had sessions cancelled and 7.6% frequently had supervision postponed, which is a significant proportion.
- Almost half of staff work more than 37 hours a week, with 42% working between 38-42 hours a week and 7% working between 43-47 hours. However, none of the respondents work more than 48 hours a week.
- More social workers are carrying over annual leave due to workload demands in 2017 than previously. This year 19.2% of social workers confirmed that they had to do this compared with 16.33% in 2016.
- The responses from the survey identify that stress levels are high, with 57% of social workers always, or often, feeling stressed.
- Although it was felt by a high proportion of social workers that Wolverhampton had a positive learning culture, there were a few areas where some workers felt improvements could be made. This included offering less e-learning and more face to face training. Suggestions about additional learning and development opportunities workers would like to see offered included Mental Capacity Act / DoLS and supervision / leadership training. However, most of these topics (the Mental Capacity Act, DoLS and leadership training) are priorities in the Workforce development plan for 2017/18.
- There has been a slight increase in the number of people always (2.7%) and often (6%) cancelling or rearranging training due to workload since last year. However, the majority (65.7%) said that they never, rarely or only occasionally had to cancel or rearrange training.
- The number of respondents (71.2%) who have not had an observation in the last 12 months is high, but this is an improvement since last year when 87.8% of people hadn't had an observation of their practice.
- The number of appraisals being carried out this year is low, with only 65.2% of staff having had one compared with 92.68% last year. However, this does not correspond with the data from Agresso, which suggests that 82% of workers from Older People, Disabilities and Mental Health had had an appraisal by 31st March 2017. The disparity in figures could be skewed by agency social workers and student social workers who may not necessarily receive an appraisal, but would have completed the survey.
- Slow running PCs and Care First going offline are the main problems workers face on a daily and weekly basis which cause delays.

- Time spent inputting onto Care First is high, with the majority spending more than 50% of their contracted hours on this task.
- The average time spent working directing with adults is just 10 hours a week, which correlates to the significant time spent inputting onto Care First and delays experienced with the device and / or system.
- Half of respondents said that they felt they work in an evidence based way, but only 37.9% stated they access resources and materials to support their practice.
- Only 27.3% had accessed materials on RiPfA over the last year. The subscription has now been cancelled and the data suggests that this decision was justified as it does not appear to have been widely used and thus was not cost effective.
- 32.8% disagreed and strongly disagreed that they had been consulted with and involved in proposed changes over the last 12 months.

6. Recommendations and actions

- 6.1 An action plan has been completed as a result of this Health Check survey to address the key areas of improvement.
- 6.2 A briefing note highlighting the main findings will be sent out to teams for discussion at team meetings.
- 6.3 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.