

# Briefing Note

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

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

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

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.