

Wolverhampton People Directorate Adult Social Care

Social Work Health Check 2017 Summary Report

June 2017

1.0 Introduction

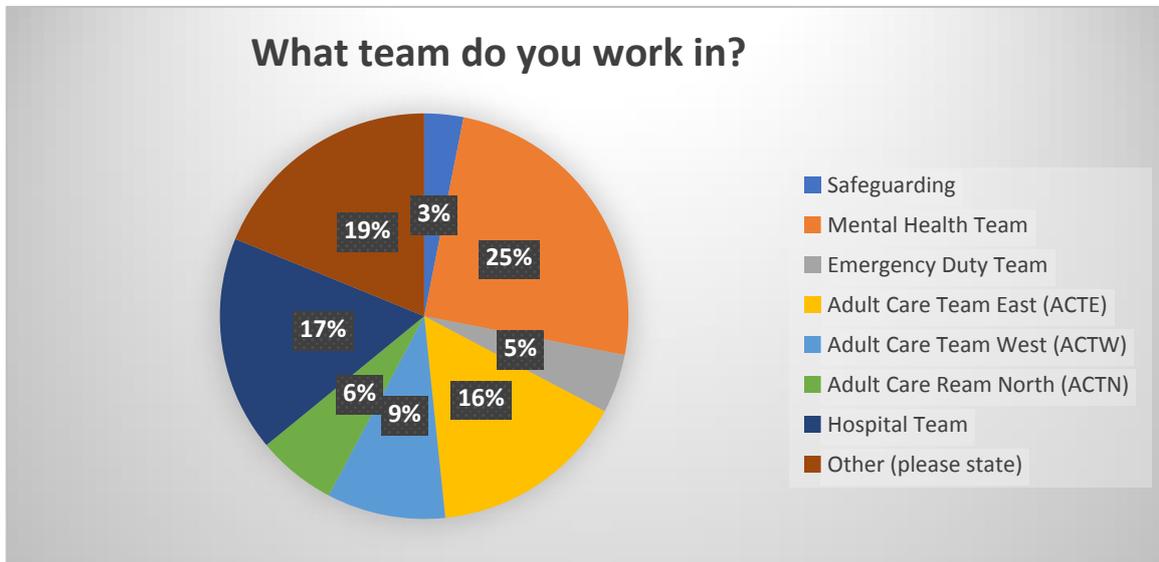
- 1.1 The national Social Work Task Force final report (Nov. 2009) recommended the application of a framework to assist employers in assessing the “health” of their organisation on a range of issues affecting the workload of social workers. It was intended that this framework would also support the implementation 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.

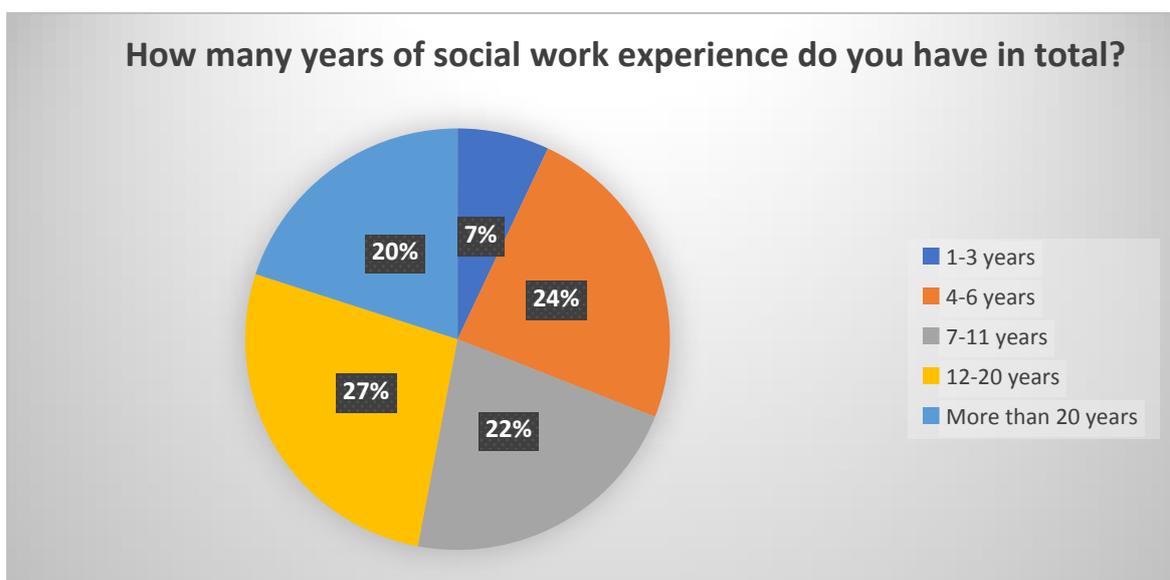
3.0 Overall response

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

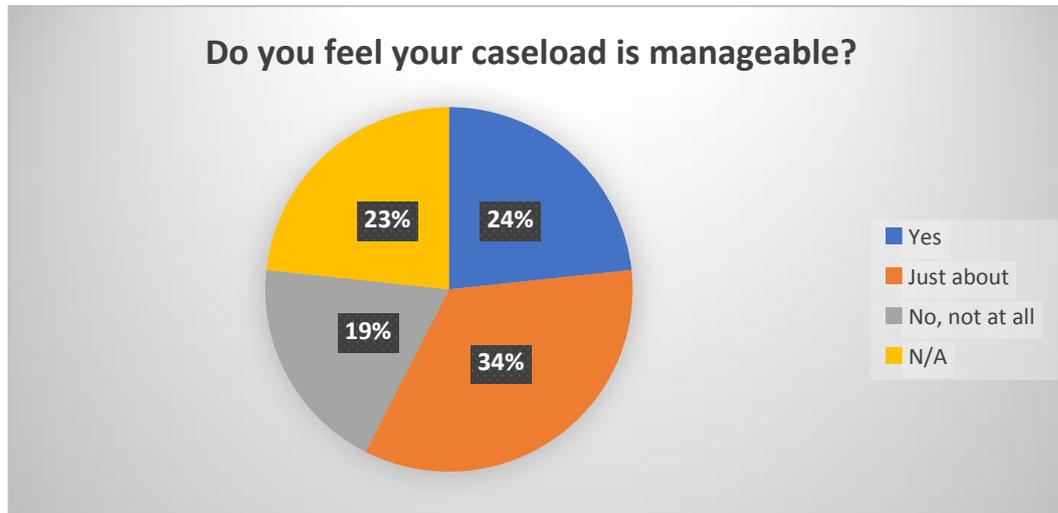
4.1 Effective Workload Management

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.

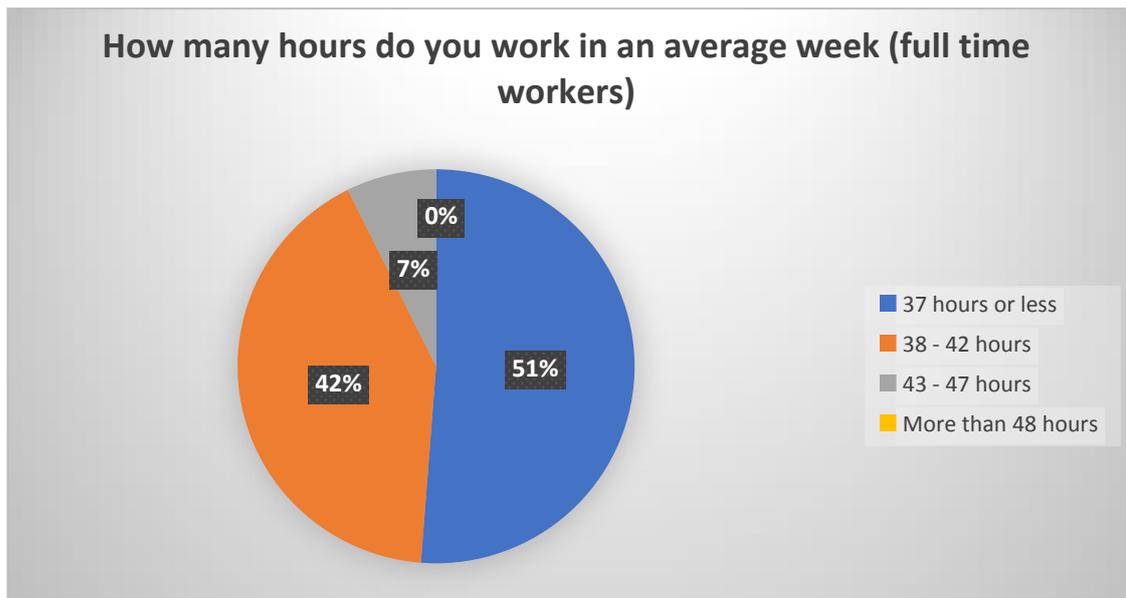
4.1.12 There were 6 social workers who work part time and caseloads for this group ranged from 0 to 14. The average caseload was 11.

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

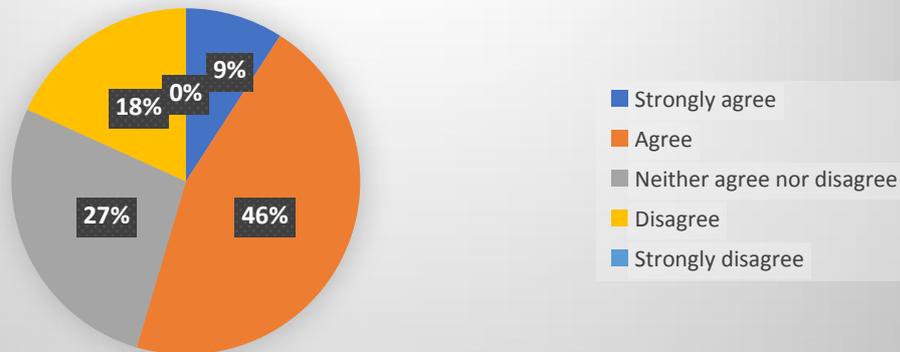
4.1.27 When asked how they would rate the induction they received when they first started with their current team at Wolverhampton City Council,

- 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.

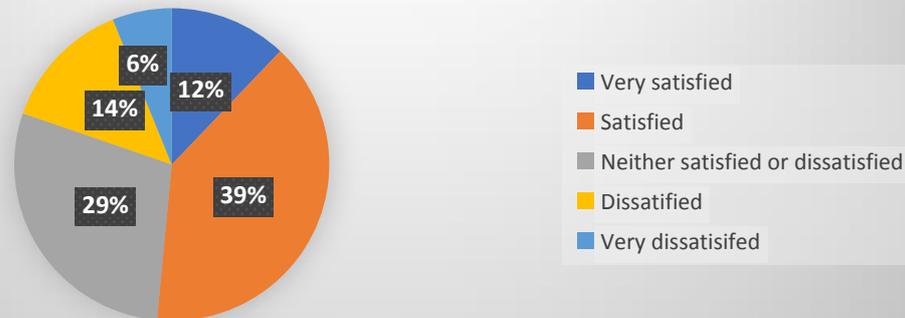
4.1.32 Other comments of note included:

"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”.

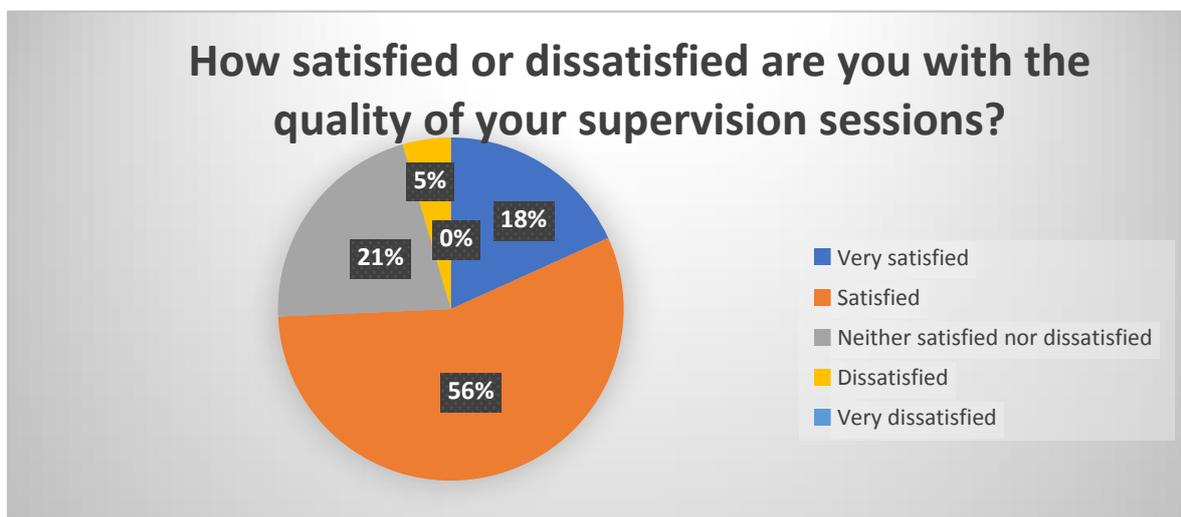
“The Emergency Duty Team are experts in this field (the whole family approach) as they are a generic team, but they have never been asked to ...offer any expertise.”

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

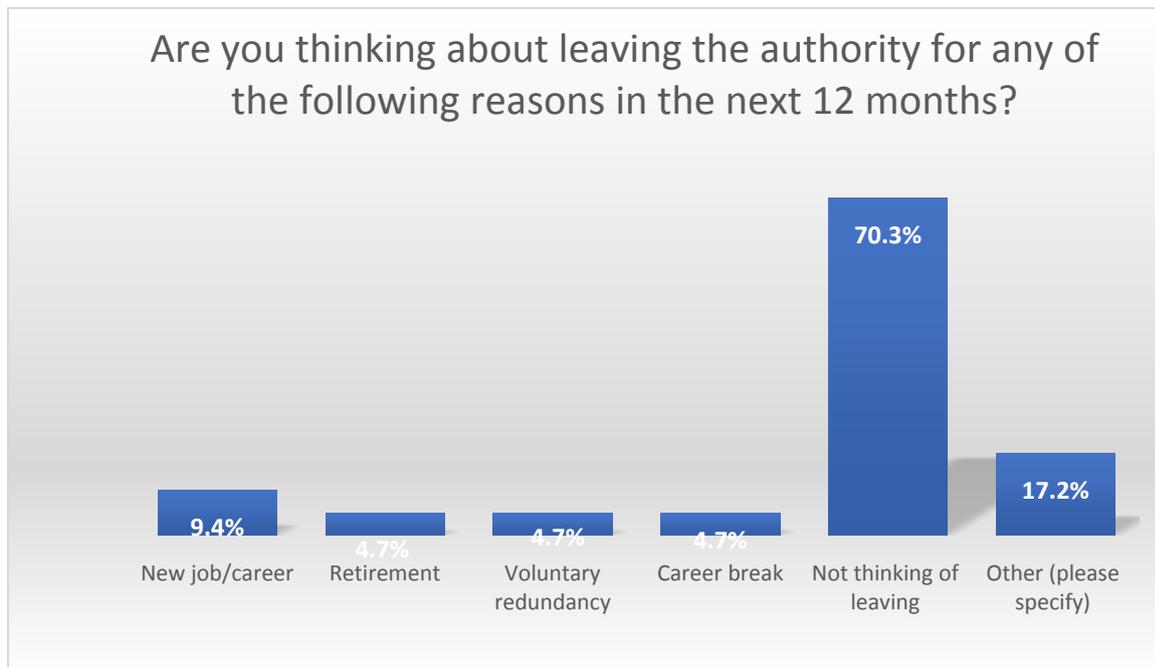
- 4.4.3 There were 71.2% of respondents who were either satisfied or very satisfied with the support from their line manager when they had a complex case involving risk or safeguarding. Only 4.5% reported that they were dissatisfied.
- 4.4.4 Respondents were more likely to be able (than unable) to access 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.